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# **AN EVALUATION OF THE EFFECTIVENESS OF INTERVENTION STRATEGIES FOR THE PROMOTION OF HEALTH AND SAFETY PERFORMANCE IN SMALL FIRMS**

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# **AN EVALUATION OF THE EFFECTIVENESS OF INTERVENTION STRATEGIES FOR THE PROMOTION OF HEALTH AND SAFETY PERFORMANCE IN SMALL FIRMS**

## **Summary**

Recognition of the contribution of small firms to the UK economy has grown considerably since 1995 when this research first began. The poor record of small firms in managing health and safety effectively has caused concern, and efforts made to improve knowledge and awareness of the target group through various initiatives have had some success.

This research thesis attempts to identify the range of intervention routes and methods available to reach the target group, and to consider ways of evaluating the outcome of such efforts. Various interventions were tested with small firms, including a Workshop; use of Questionnaires; short postal Reply Slip survey; leading to a closer evaluation of a specific industry – the Licensed Trade.

Attitudes and beliefs of the sample were identified, and observations carried out to consider actions taken by workers and others in the workplace. These empirical research findings were used to develop the theme of Primary and Secondary interventions intended to change behaviours, and to confirm assumptions about what small firms currently do to manage health and safety risks.

Guidance for small firms was developed as a Secondary intervention tool to support Primary interventions, such as inspection or insurance provision.

## **Key Words:**

**Small Firms; Primary and Secondary Interventionists; intervention strategies; demonstrating compliance; catalyst for action.**

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# AN EVALUATION OF THE EFFECTIVENESS OF INTERVENTION STRATEGIES FOR THE PROMOTION OF HEALTH AND SAFETY PERFORMANCE IN SMALL FIRMS

## Chapter 1: Introduction

### *1:1 Statement of the problem being investigated*

The importance of smaller firms to the UK economy has grown over the last five years, regulatory changes and pressures from within Europe have increased, and representative groups such as the Federation of Small Businesses (FSB) have grown in size and influence. There is now increasing interest in the way small firms operate and manage their business. In June 1999 the then Secretary of State for Trade and Industry Stephen Byers MP stated that

*“Small firms are some of the most dynamic, enterprising and ambitious firms in the country. They are an important source of entrepreneurship and innovation. Being small can have its price, however. Small firms can find access to the information and finance they need more difficult.*

*They have far fewer resources to get to grips with government regulation: and less opportunity to influence government thinking.” [DTI The Small Business Service consultation document 1999]*

The Federation of Small Businesses (FSB) is a member organization representing the views and concerns of around 160,000 small firms in the UK [2001 figures], both nationally and internationally. It is a non-party political campaigning pressure group that aims to influence government policy through consultation and policy-level action. It carries out large-scale surveys of members and produces a range of publications such as “Barriers to survival and growth in UK Small Firms” [FSB/University of Strathclyde

October 2000] and an annual Manifesto for Small Businesses [FSB 44/01 2001] that is submitted to the Prime Minister each year. It has a governing body, National Council, made up of representatives from 32 Regions around the UK, and a national Policy team.

The author's Chairmanship in 1993 of the Employment Affairs Committee on the national Policy group of the FSB, included elements of Employment Law/ Training & Education/ Equal Opportunities/ and Health & Safety so provided valuable background experience. In 1996, this remit was broken down still further, with the author becoming Chairman of the H&S Committee as a separate unit until 1999. The position was taken up again by the author from July 2000 as "Health & Safety and Risk Management (HSR) Policy Committee Chairperson.

The genesis of the research was the author's MBA studies into management styles and training in small firms, and identification of the practical problems these firms face when trying to manage health and safety in particular. The link between these elements is fundamental to the research. The more flexible, "fluid" management style often found in small and micro businesses does not easily lend itself to the more structured, systematic approach required in order to demonstrate to enforcers, and other stakeholders, that they are managing and controlling health and safety adequately.

Building on this experience, between 1993-1995, the author was a member of the British Standards Institution (BSI) Occupational Health & Safety Committee (OHS/1), developing guidelines to help small firms tackle health and safety management in a practical way. This work led to the BSI Guide BS 8800[BSI 1996b]. In addition, the author has been an Alternate UK Member of the Advisory Committee to the European Commission on Safety Health and Hygiene (ACSHH) since 1997, and is currently a member of the Fire Safety Advisory Board's Fire Safety Legislation Working Group (FSLWG). She has, therefore, been a participant observer throughout the research, taking an active part in the decision-making process at national and European level on the management of safety, health and other risks.

The growth in the small firms sector has been matched by a growth in intermediaries, or “interventionists”, such as Business Links, and interventions intended to help and support them in the area of health and safety. At the time, there appeared to be little in the way of a cohesive or holistic approach, so successes have often, therefore, been spasmodic or limited to specific regions or industry sectors.

There also existed a wide range of guidance and support for businesses. However, anecdotal feedback from a variety of sources, including evidence given to the House of Commons Select Committee on Business Links and TECs in 1996, suggested that guidance was often considered confusing, lengthy, too technical, and inaccessible to many small business owners whose prime concern was producing the goods or service and paying the bills. Provision of business support services varied across the country, both in extent and quality, sometimes restricted to firms above a certain size, often seen as expensive, and therefore perceived as inaccessible to those who might benefit most from them [FSB 1996].

It was important, therefore, not to duplicate existing sources but to gain a clearer understanding of where gaps in provision existed, to fill these gaps, and where possible to act as a motivator for action. As a cross-sector small business support group, the author felt that the FSB could do more to provide such guidance and support for members. The strategic aims of the research were to:

- identify existing intermediary routes and interventions;
- evaluate their effectiveness;
- develop appropriate guidance and/or support services if found to be necessary.

Clearly, there were further options that could be considered, and indeed these form part of on-going research within the FSB. For example, the development of sector-specific material needs to be evaluated over time, and the success of the author’s publication “Practical Health and Safety Management for Small Businesses” in 2000 will be monitored very carefully [Jeynes 2000c].

A key element of the research was to focus more closely on how health and safety is managed in small firms, with a view to identifying the most effective routes and methods for encouraging a more proactive stance by owners and employees within this sector. It has attempted to identify some of the main success factors or elements of various intervention methods, the beliefs and perceptions of the businesses that took part, and their main concerns about health and safety generally.

In essence, the research brings together non-research experience of the author with reference to data from a variety of sources, seeking to confirm the key issues and factors that influence small firms when attempting to manage risks in their business, and to provide insights into the way they behave.

### ***1:2 Context of the research – the Challenges facing Small Firms***

The definition of “Small Firm” is problematic because so many different criteria can be used apart from number of employees. However, the European Commission’s agreement to accept a definition of up to 50 employees as a small firm represented a breakthrough during the mid 1990s, as clearly a firm of around 200+ employees needs a much more substantial management support structure in place than one with around 30 people [Jeynes, FIOH 1999e].

The definition accepted for this research is [FSB 2001]:

- a micro firm has between 0-9 employees
- a small firm has between 10-49 employees
- a medium firm has 50-249 employees
- a large firm has 250+ employees.

Current statistics suggest that over 90% of all firms in the UK employ fewer than 10 people, accounting for over 50% of the private sector workforce (12 million people).

The UK has an admirable record internationally for steadily decreasing numbers of fatalities in the workplace, with the latest available figures published for 1997/98 at 268 workers/ 210 employees, and 58 self-employed workers [HSC 1998]. It is widely accepted [FSB/Jeynes 1997a] that under-reporting of accidents and major illnesses is considerable, but fatalities remain as the most reliable figures. There have been rises during this period too, but as with all statistics they have to be seen in context, and the changing pattern of industry sectors [Jeynes; HSE/Clifton FIOH 25; Walters/James 1998].

Consultancy and service sector working does not entail the same risks as the shrinking manufacturing sectors [Daily Telegraph 1997], and the impact of exporting the more hazardous aspects of work needs to be considered carefully. While these published figures give a bald statement, they cannot provide details of how or why incidents occurred, nor indications of awareness levels amongst the small business sector of their legal obligations regarding Health & Safety Management.

Since the 1970s, UK industry has changed in structure from primarily manufacturing based to predominantly service provision. During this period, the size of firms grew quite dramatically in some sectors, with mergers and take-overs, and many industries under the control and ownership of large international organizations. During the early '80s, there was a trend towards downsizing with smaller, decentralized business units. From this time until 1996, the total number of businesses actually grew from 2.4 million to 3.7 million, with the vast majority of these being sole traders or partners without employees. In addition, there has been rapid growth in the use of telecommunications, part-time and temporary employment contracts, and home-working [DTI 1998].

The need to acknowledge the specific needs of small firms in relation to the practical application of the regulations, and the disproportionate burden that falls on smaller organizations lacking administrative support systems, led to the launch of the HSC's "Small Firms Strategy" in 1997.

The response was extremely encouraging for HSC, with a very clear picture emerging of the main issues concerning small firms, and a surprising amount of agreement amongst respondents. Considering these results alongside the findings of the 1994 Review of Health and Safety, the new Small Firms Strategy was put into words. There was some criticism of the Strategy at the time, not least from the present author who is quoted in the Financial Times “Small Enterprises: Health & Safety in the Workplace” document [Financial Times 1996]. However, despite criticisms that “nothing new” was being said, this was the first time that HSC had publicly differentiated between industry generally and the “small firms sector”, so must be applauded at least on those grounds.

Traditionally, the Health and Safety Commission (HSC) has worked effectively as a tripartite body bringing together the views of industry, employees, and the consumer. Given the significant growth in very small firms, and the recognition that organizations such as CBI primarily represent the views and concerns of larger firms in the UK, it was felt that perhaps the addition of a small firms’ representative voice might be valuable to address this imbalance. [FSB/Jeynes 1997a; interview with HSC Chairman October 1996; Financial Times 1996]. There is little evidence that this has happened, although reference to the needs of small firms is frequently made [National Occupational Health Forum 2000]. However, it has been identified as one of the Aims for the government’s “Revitalising Health & Safety” initiative in 2000, so perhaps there will be a change in the future.

Business start-ups are generally fairly evenly balanced by business failures, except during recession years, and the picture in 1997 of 500,000 people starting their own business, and 480,000 ceasing to trade [DTI 1998] seems to be fairly typical. The growth in small firms is particularly significant in relation to the development and enforcement of legislation, given that:

- 94% of firms are classed as “micro” businesses employing fewer than ten people;
- 99% of all businesses employ fewer than 50;
- only 7000 firms in the UK employ more than 250 employees [HSE 1998; DTI 1998].

The changing rate of business start-ups must also be seen in the light of government actions. For example, there was considerable pressure for the unemployed to consider starting their own business when the unemployment figures were around three million in the mid-1980s. Financial incentives such as the Enterprise Allowance Scheme (widely known as the £40 a week scheme) were offered, but little real training and support. It was generally accepted that two thirds of start-ups would fail within the first 18 months, but the withdrawal of this scheme in many parts of the UK and better, more focussed Business Planning Training has seen a much stronger success rate for new businesses in recent years [Barclays Small Business Review 1998; WCC Economic Development Unit 1998/99].

Alongside this changing structure has been a change both in the nature and extent of health and safety legislation in the UK [HSE/Clifton 1998]. While the 1974 Health & Safety at Work Act represented a significant change of approach, it was based on the traditional business structure of the period. As we have seen from the scenario outlined above, the impact of this piece of legislation has become diluted over recent years, and has been superseded to some extent by the “management” emphasis of later European legislation through a Risk Assessment approach [Walters/James 1998]. The current “Revitalising Health and Safety” initiative [2000] headed by the Deputy Prime Minister emphasises still further the changing regulatory and social environment that exists today.

Membership of the European Union has brought with it a stream of health and safety legislation, and more recently a desire to bring all Member states into closer alignment on both Employment Protection and Health & Safety [FSB 1999a; EC/UNICE 1999/2000]. During the later part of the 1980s, there were many developments in Europe related to health and safety, which resulted in the significant “EC Workplace Directive (89/654/EEC)”. Once transposed into national legislation, this resulted in the set of regulations colloquially known as the “Six Pack” which were in force from 1st January 1993.

These include the:

- Workplace (Health, Safety and Welfare) Regulations
- Management of Health and Safety at Work Regulations
- Provision and Use of Work Equipment Regulations
- Personal Protective Equipment at Work Regulations
- Health and Safety (Display Screen Equipment) Regulations
- Manual Handling Operations Regulations

These have been closely followed by many other Directives which seem to be blurring the edges between different disciplines when transposed into national legislation - for example, the Fire Precautions (Workplace) Regulations 1997 and the Working Time Regulations 1998.

The mid 1990s saw the then government's stated commitment to "Deregulation" - or "Better Regulation" as it is now known - and the start of the 1994 Review of Health and Safety. Against this picture was that of growth in support organizations and services for business, with greater emphasis on recognising the needs of smaller firms.

These changes represent a significant challenge for small firms, and indeed other stakeholder groups, as do recent shifts of social responsibilities onto employers.

While they could represent the impetus for a change of attitude and approach within this sector, it may be useful to summarize them as Internal and External Pressures (Fig: 1:1 below). If these pressures are considered alongside the myriad of other pressures facing any business in the current competitive climate, we can see why health and safety management is often sidelined in very small firms.

**Fig 1:1 Internal and External Pressures on Business**



[J.Jeynes 2000 (a)]

### **1:3 Summary of Aims and Objectives**

The research fell naturally into four stages, taking advantage of opportunities that arose to take it forward, as well as following a pre-planned route (also see 1:5 “Route Map through the thesis”). These are:

Stage One - An historical overview to describe more closely the nature of the problem;

Stage Two - Identifying potential routes and methods of intervention;

Stage Three- Testing various methods to identify attitudes and current actions on health and safety in targeted group of FSB members;

Stage Four - More focussed analysis of situation in specific industry sector (Licensed Trade /owners of small Pubs).

As these represent distinct aspects of the research process, the Aims and Objectives and Methodologies used will be described against each of the Stages.

#### **Stage One: Aims and objectives.**

Overall aims were fairly broad at this stage, mainly involved with analysing and understanding the nature of the situation within which small firms operate, acknowledging their contribution to the economy. It was important, therefore, to place the research within the context of UK industry. The Aims were:

- to identify the current situation in the UK regarding occupational health and safety management in the UK, with reference to its position within Europe;
- to provide a coherent overview of how small firms currently manage health and safety;
- to consider any mismatch between regulatory requirements on small firms and evidence of their compliance.

More specific objectives were to:

- identify catalysts that would encourage action on the part of the individual firm;
- identify current levels of knowledge and awareness of small firms' concerns at national and international levels, in both the regulators and support bodies;
- consider the potential impact the FSB could have on members.

Chapter 2:1 explores these aims and objectives in more detail, and the assumptions that underpin them. The subject area is vast so it became clear very early in the research process that the channels of investigation would need to become more focussed.

However, it was vital that this stage was completed in sufficient depth in order to clarify the real concerns and issues that were only just being recognised as significant within the small firms' context.

### **Stage Two: Aims and objectives**

Based on the findings at Stage One, the aims were identified broadly as:

- to identify the range of intermediary routes available to reach small firms;
- to consider the different methods used by each intermediary;
- to consider the effectiveness of each intervention in encouraging action.

More specifically, the objectives were to:

- identify both public and private sector intervention routes and methods;
- identify and evaluate the range of methods used, including their intended outcomes;
- identify what or who might act as a "catalyst for action" in an individual firm.

In practice, it was important at this stage to revisit the initial aims, objectives and assumptions in order to clarify exactly what the purpose of the research was, and in particular to look more closely at definitions of the terms used. This also involved further review of current literature as different avenues of investigation appeared.

### **Stage Three: Aims and objectives.**

#### ***Chapter 5: Aims and Objectives - Workshop***

- to identify a specific target group of small businesses, in this case those considered to be “low risk”;
- to identify the target group’s level of knowledge of health and safety requirements;
- to gain a clearer picture of what member small firms already do in order to comply with relevant H&S legislation;
- to identify their concerns in this area;
- to encourage action through attendance at a national Workshop;
- to provide access to a range of professional advice and guidance in a non-threatening environment, supported by relevant literature.

#### ***Chapter 6: Aims and Objectives - Questionnaire***

To support the Workshop activities, objectives for the development and use of the Questionnaire were:

- to identify what small firms currently do to manage health and safety;
- to gain insights into their attitudes and beliefs about OH&S;
- to review their perceptions of hazard/risk/controls;
- to identify the relationship (if any) between the size of firm and actions/ attitudes/ perceptions;
- and crucially, what motivates them to act.

#### ***Chapter 7: Aims and Objectives - Mailshot and Reply Slip***

While the Questionnaire was intended to provide some detailed insights, the simple four-question Reply Slip was intended to provide a “snapshot” view of the current level of action amongst small firms. Specific objectives were:

- to raise awareness of some of the most common misconceptions voiced by members about H&S;

- to encourage those in low-risk sectors to consider how they manage health and safety;
- to encourage action on the part of those who were unable to attend a Workshop but who still required information on H&S;
- to get a better picture of what members had already done in relation to appointing a responsible person, deciding a Policy, and carrying out Risk Assessments;
- to identify their greatest concerns in this area.

#### **Stage Four: Aims and objectives**

Having identified a specific industry sector to investigate in more depth, aims at this stage were to:

- consider whether issues and concerns are similar within a specific industry sector group as they are across wider industries;
- consider the various methods for addressing the problems identified;
- identify, and try out, an appropriate tool to help small firms address these problems.

To support these aims, the objectives were to:

- identify current industry concerns;
- compare the researcher's list of assumed concerns with those identified by respondents in the target group;
- identify what measures are already in place to control or deal with these concerns;
- review the options available for addressing these concerns;
- consider various options for producing guidance that will fill any gaps identified in current support systems.

#### ***1:4 Summary of Methodologies employed***

A wide range of methodologies was employed throughout the research project according to the evidence being collected and collated. It was intended to explore as wide a range of methods as possible to avoid any bias introduced by relying too heavily on one or two options. Most were identified beforehand, but several were of an opportunist nature as situations arose that provided valuable insights in the field. There were clear advantages

to be gained from the author's work at a national and international level, particularly as the emphasis has changed over recent years from safety issues in the workplace to consideration of health protection.

Each stage of the research employed different methodologies, and these are described in more detail in the relevant chapters. Briefly, they are summarised separately below for the four stages.

### **Stage One: Identifying the current situation**

Desk research included reviews of existing documents such as public Consultation Documents, articles in journals, government papers, conference papers. The author took part in work placements at HSE and the European Commission, accessing less-easily obtained documents and interviewing staff in relevant departments.

As a member of various Committees and Working Groups, the author was also able to access discussion notes and Minutes of meetings, and to discuss issues with a wide range of people involved in occupational health and safety. Informal and formal interviews took place with key people, and feedback from small businesses was available directly through FSB membership.

### **Stage Two: Characteristics of Intervention Routes**

In addition to the methods used at Stage 1, this stage involved more structured and semi-structured interviews with major players in this field, and attendance at meetings of various interest groups. Many of the Intermediaries had internal evaluations of interventions that were made available to the author for review. It was particularly valuable at this stage to consult directly with some of the major Intermediaries, such as HSE and Local Authority inspectors, and the Insurance industry. A major part of this stage also involved informal discussions with health and safety professionals to discuss findings, and to clarify or confirm points as they emerged.

### **Stage Three: Trial of three intervention methods.**

Although three methods were identified, they were not separate stand-alone activities but fitted together as part of a collective approach. This involved:

- identifying a target group of FSB members from the (then) total of 130,000;
- a group of 11,000 were chosen on the basis of an assumption of low risk, according to their own choice of industry classification;
- a mail-shot was sent inviting them to attend a workshop and/or receive a pack of relevant Health and Safety literature;
- a Reply Slip required them to answer four basic questions related to health and safety;
- a Workshop was held with support from HSE;
- a Questionnaire was developed and piloted with a small group of members;
- the amended Questionnaire was Piloted with those who attended the Workshop (around 50 people);
- after analysis and amendment, a further version of the Questionnaire was sent to several groups of members at Branch level via the Regional Organiser structure.

The results were analysed and a further stage of the research was identified which focussed more closely on one sector.

### **Stage Four: A sector-specific intervention.**

Interview sheets were developed and key people associated with the Licensed Trade were interviewed. A different Questionnaire was developed which incorporated some of the main points raised at Stage Three, and other points which were identified at interview as significant risks for this sector. This was carried out on a face-to-face basis, and some were distributed by post. In fact, this was not a successful method and an alternative Observation Sheet was produced.

Crucially at this stage, it was important to test out ways of combining Primary and Secondary interventions. Therefore, analysis of the sector was carried out alongside a partnership project between the FSB, Hampshire Fire Authority and Basingstoke and Deane Business Partnership, to produce a four-fold filofax size flyer with a series of

bullet points identifying major risks in the industry. These were distributed to small licensed premises by the Local Authority.

A further intervention was developed by the author and published by Butterworth Heinemann [ J.Jeynes “Practical Health & Safety Management for Small Businesses” 2000c]. This guidance is targeted at small firms or small business units, and includes sections aimed specifically at individual industry sectors.

### ***1:5 Route Map through the thesis***

In order to make it easier to navigate through the findings of the research, a summary of Stages One – Four is included [overleaf]. This identifies the main activities carried out at each stage. A separate list identifies Tables, Diagrams, Charts etc. Copies of the various Questionnaires, Observation Sheet, Interview sheets and the Licensed Trade flyer produced are included as Appendix material for information.

**Route Map through the Research.**

STAGE ONE	STAGE TWO	STAGE THREE	STAGE FOUR
<p><b>Chapter 1:</b></p> <ul style="list-style-type: none"> <li>• Introduction</li> <li>• The problem</li> <li>• Strategic aims</li> <li>• Context of research</li> <li>• Aims &amp; objectives</li> <li>• Methodologies</li> </ul> <p><b>Chapter 2:</b></p> <ul style="list-style-type: none"> <li>• Assumptions</li> <li>• Historical overview of Small Firms and health and safety</li> </ul>	<p><b>Chapter 3:</b></p> <p>Characteristics of</p> <ul style="list-style-type: none"> <li>• Intervention routes</li> <li>• Types of intervention</li> <li>• Intermediaries</li> <li>• Potential results of interventions</li> </ul> <p><b>Chapter 4:</b></p> <ul style="list-style-type: none"> <li>• Attitudes</li> <li>• A marketing approach</li> <li>• Size implications</li> <li>• Motivation</li> <li>• Primary &amp; Secondary Interventions</li> <li>• A Model for successful intervention</li> </ul>	<p><i>Trial of 3 Interventions</i></p> <p><b>Chapter 5:</b></p> <p>a) Workshop</p> <p><b>Chapter 6:</b></p> <p>b) Questionnaire</p> <p><b>Chapter 7:</b></p> <p>b) Mailshot and Reply Slip</p> <p><b>Chapter 8:</b></p> <ul style="list-style-type: none"> <li>• Evaluation of Stage 3</li> <li>• Identify specific sector to consider in detail</li> </ul>	<p><b>Chapter 9:</b></p> <p>Sector specific Intervention</p> <ul style="list-style-type: none"> <li>• Interviews with the Licensed trade</li> <li>• Questionnaire face-to-face and by post</li> <li>• Observations</li> <li>• Partnership project to produce a relevant flyer</li> </ul> <p><b>Chapter 10:</b></p> <p>Guidance on Managing H&amp;S Risk</p> <p><b>Chapter 11:</b></p> <p>Discussion of the findings</p> <p><b>Chapter 12:</b></p> <p>Conclusions and future work</p>

## **STAGE ONE – Historical Review**

### **Chapter 2: Review of Small Firms and Health & Safety Management**

#### ***2:1 Aims and Objectives for Stage One – Identifying the current situation***

The aims and objectives have changed considerably over the period of study, but it is still valuable to consider the original aims, and to identify how and why they have changed.

#### ***Aims and Objectives.***

The overall aim of the research was to analyse and understand the nature of the situation within which small firms operate, acknowledge their contribution to the economy, and place the research within the context of UK industry generally. Potentially there were two main options for taking the research forward, either as a strategic overview of an emerging international situation regarding Management System Standards; or as a practical, applications based research project focussed on small firms themselves. In the context of this second option, it was decided to focus on the potential role of Intermediaries to act as a “catalyst for action” by small firms.

The aims at this stage were, therefore:

- to identify the current situation in the UK regarding the management of Occupational Health and Safety in the workplace;
- to provide a coherent overview of what Small Firms actually do in order to manage their health and safety obligations;
- to consider any mismatch between what the regulations require them to do and what they actually do;
- and (given certain assumptions) to find appropriate means for encouraging a more proactive approach to managing health and safety by those firms.

*Hypothesis explored further.*

Given the scenario presented earlier, there were several assumptions that underpinned the hypothesis behind this research, based on personal experience, anecdotal evidence, and a growing workload in the field of health and safety generally. The assumptions hypothesized were:

- ❖ workers in a firm employing fewer than 50 people are more likely to suffer accident or ill-health than those in a larger business;
- ❖ despite this, the volume of small firms (between 3.5 and 5 million depending on the source figures and definitions used) in the UK means that personal experience of being part of, or observing, a serious accident or incident in a small firms is limited, therefore knowledge of the potential consequences is low;
- ❖ small firms owners do not know or fully understand their legal obligations regarding health and safety in the workplace;
- ❖ there is not a shortage of information and guidance on H&S, rather there is “information overload” with much of it in an inappropriate format. Consequently, small firms’ owners do not know which bits apply to them so do not use any of it;
- ❖ small firms avoid dealing with health and safety issues unless encouraged or forced to do so;
- ❖ there are many methods and avenues available to intervene and provide the catalyst for action;
- ❖ these potential interventions do not of themselves result in action in small firms without the presence of a crucial “link”;
- ❖ this link or catalyst for encouraging/forcing action can be internal or external to the firm;
- ❖ time and cost are crucial factors in whether small firms take action to control health and safety hazards.

By the end of two years, additional assumptions emerged, becoming more focussed as:

- ❖ all interventions will individually be of limited value unless something acts as a

catalyst, such as an accident; an inspection; other external person comes into the firm; an internal member of staff is or becomes “committed” to a positive approach to H&S;

- ❖ if any positive change is to be actioned, it will only take place if an individual (internal or external) is committed enough to take it forward. Who is that person?
- ❖ That person may be or become committed as a result of:
  - i. having witnessed the negative impact of not managing H&S effectively - for example, losing a court case; witnessing a severe accident/incident; losing an order because of a direct link between H&S and quality;
  - ii. having worked previously in a firm where H&S has been positively managed as the norm;
  - iii. having recently joined the firm as a H&S specialist or non-specialist;
  - iv. H&S being part of their own training, either as an integral part of technical or management training, or as specific H&S Training Programme;
  - v. their position within the firm requires them to be responsible for H&S - this will not necessarily reflect their commitment, but might include a specific budget allocation;
  - vi. being an external person, with or without a good working relationship with the firm, maybe as an Inspector/Accountant/Business Adviser/Training Provider/ Insurance assessor/Trade association representative/ Stakeholder. It could in fact be any “significant other” as a friend, colleague or relative.

Having identified a set of aims and the assumptions that underpin them, objectives were formalized in order to test out the validity of these assumptions. These were to:

1. identify what the FSB could do to encourage positive action from members;
2. find effective routes to reach them;
3. identify “catalysts” that would prompt action on their part, other than an accident occurring or a threat of/actual visit from a H&S Inspector;

4. identify those in the organization who are committed to positive management of health and safety, and why;
5. identify firms where no internal person is committed;
6. consider how to introduce an appropriate committed external person;
7. consider how valid this intermediary route is in fulfilling the stated aims;
8. identify intervention methods worth channelling resources into to achieve the aims.

Clearly, these are very broad objectives that reflect early stages of the research process, and form part of the development process for the various Questionnaires that were used. At this stage, they were primarily used as background prompts for the evaluation of desk and primary research carried out at Stage One, and to formulate the beginnings of a theoretical model for Stage Two. Later Chapters consider whether they were actually achieved or not.

## ***2:2 Methodology***

Various methods were used to explore the historical context of the research theme, both pre-planned and opportunist. The role of the author as small firms' representative, and as a Member of ACSHH, proved to be very valuable. It provided an extremely diverse and unique opportunity to access desk research sources not otherwise easily available, and to discuss the broader issues surrounding small firms management in both formal and informal interview situations. This led to constant re-evaluation of underlying assumptions, and an opportunity to explore research ideas and proposals with other professionals in the field of occupational health and safety.

The three-week placement at HSE in London and Bootle provided the historical context detail of enforcement practices and beliefs, through semi-structured interviews and observation. A similar two week placement a year later at the offices of the Directorate General Five (DG V) in Luxembourg - the department of the European Commission responsible for Health and Safety policy combined with Social and Employment issues -

provided a much clearer picture of the European legislative framework within which UK regulation and enforcement takes place.

The author was allowed access to Reports, and feedback provided by other EU member states, on the impact of the Workplace Directive and Management Regulations. This ensured a broader comparison between different enforcement procedures across Europe, and an opportunity to interview staff in the Legal Department [Jeynes 1998b/ 1998c/ 1999a].

The author played an active part in various committees and sub-groups, having a direct input into the development of information packages and guidance specifically aimed at small firms. Theoretical desk research was undertaken via:

- \* Consultation Documents;
- \* UK and EU Communication Papers;
- \* legislative sources;
- \* FSB, ROSPA, and other Intermediary sources;
- \* Insurance industry;
- \* government departments, including HSE;
- \* professional books and journals.

The FSB membership base provided direct feedback from firms, either member-generated or as a response to specific questions from the author and later stages of the research made greater use of this resource. It is important to note that although there are between 2-3 million small firms in the UK, the majority of them do not join any support group. However, membership of the FSB as the largest such group in the UK does appear to be representative of small businesses generally.

Its “Barriers to Survival and Growth” survey is based on 22,000 member respondents from across all areas of the UK, “broadly reflecting the distribution of FSB membership and the national profile of SMEs” generally [FSB 2000c]. The survey identified a profile of 83.4% respondents employing fewer than 9 full-time staff and a further 15.3% between

10-49 staff.

The author attended two HSC/HSE Breakfast Meetings (in Blackburn and Birmingham), to identify the public position taken by HSC/HSE to the whole issue of small firms and health and safety, and to gauge the responses of local firms to this opportunity to speak directly with enforcers. The Blackburn meeting was particularly valuable, as it was specifically geared towards the Local Authority enforced sectors often associated with smaller firms, and strong criticism of the inconsistencies in enforcement practices found in some Local Authority inspectors was voiced by the then Chairman of HSC, Mr Frank Davies CBE.

### ***2:3 An historical overview of the situation***

At this stage, a closer analysis and evaluation of the work of HSC/HSE was carried out by the author through a three-week placement at HSE organized by the Whitehall and Industry Group (WIG) in London. There were very specific objectives for this placement, which dictated the structure and the format of three weeks that were spread over the year to accommodate the large number of staff and departments to be contacted.

Objectives for the Placement with HSE in 1996 were to:

- i. identify the different remits of HSC/HSE and gain a fuller understanding of what HSE does;
- ii. identify the Consultation Process in full and see where/whether FSB can have an input to this procedure before a Consultation Document is issued for public comment;
- iii. identify how European Directives are translated and incorporated into UK legislation and regulation;
- iv. identify the views of HSE on the work of BSI and ISO regarding standardisation of H&S Management systems;
- v. review literature produced by HSE, plus its strategy on publications and

information for small firms to identify where there may be gaps or inconsistencies in this strategy, and consider how these might be addressed;

- vi. identify a potential role for FSB in improving literature and channels of dissemination.

Discussions and interviews took place with staff from HSE's Policy Unit; Local Authority Unit; Field Operations Division; DIAS in Bootle; Solicitors Office; Information library; and the International Division. Several interviews took place with the chairman of HSC Mr Frank Davies CBE, and attendance at Small Firms Forum Breakfast meetings was also included. In addition, it provided an opportunity to discuss the development of OH&S National Vocational Qualifications (NVQ) by the Occupational Health & Safety Lead Body (OH&SLB) taking place at that time.

The main findings [FSB/Jeynes 1997a] were that:

- it was valuable to see how different parts of HSE work, and particularly how they relate to other enforcement agencies, the government, and the public. There is confusion amongst the public and the small business sector about who and what HSE is;
- the Review of Health & Safety Regulation was a useful document as a starting point for the "Deregulation" initiative;
- inconsistency between HSE and Local Authority inspections was a major issue, but the work of the HELA Group was starting to address this;
- the Consultation process is lengthy, and there should be potential for greater involvement of FSB at an earlier stage;
- a wealth of literature was available to help businesses tackle H&S, but much of it too long, complicated, or inaccessible. A consistent strategy on information dissemination was needed;
- a simple "entry level" document that stimulates general consideration of H&S issues would be valuable (something that RoSPA had consistently sought);
- significant potential for the use of Bookfinder and the HSE Infoline services;
- there was greater willingness at a local level to provide advice and guidance to

businesses than expected, with potential to use Workplace Contact Officers (WCOs) more.

Issues identified at the time included the need to review all publications to identify how far they were still appropriate for the intended audience, and to identify gaps in provision. A “whole-picture” strategy was needed for accessing the growing range of information services for business. Although not a unanimous view throughout HSE at the time, experience of the author suggests that there was - and still is - a need for sector-specific provision of guidance, even if this only relates to the cover or labelling and the bulk of the content is generic.

Informal discussions with businesses at Breakfast Meetings and during visits with Inspectors suggested that there was some uncertainty about the role of HSE at the time, and concern about inconsistencies between HSE and Local Authority inspectors on interpretation of the regulatory requirements. As noted previously, the procedures surrounding the Consultation process caused some concern, as it was felt that decisions had already been made before organizations without direct links to the Health and Safety Commission, such as the FSB, had an opportunity to comment.

One of the objectives was to identify the position of HSE regarding Occupational Health & Safety Management System (OH&SMS) Standards. The HSE had a voice on the BSI HS/1 committee alongside representatives from a wide variety of industry groups. The general feeling at the time was that guidelines such as BS8800 would be valuable for small firms who might wish to put a formal management system in place. However, Minutes from the meetings that took place between 1994-96 demonstrate that there were some fundamental differences in approach about the extent to which:

- a) Guidelines were preferable to the quasi-legal status of an Approved Code of Practice (AcoP);
- b) small firms needed detailed guidance on how to carry out the required activities - that is, the depth and breadth of detail needed within the main document and annexes;
- c) the format should match that of existing third party certification schemes, such as ISO

9000 series ( BS5750) or ISO 14000 series (BS7750), to facilitate incorporating OH&S management into existing management systems ), [BSI/HS/1 1994-1995];  
d) any guidelines were needed at all, given the existence of so much material purporting to provide advice and guidance.

In the author's view, such differences appeared to be related to the variety of backgrounds committee members came from, the public stance their own organization was taking in regard to these issues, and also the industry sector they represented. The FSB Policy position at that time was to keep the document as strictly guidance only, with absolutely no direct application to a third party certification scheme. This was based on the view that a much smaller proportion of very small firms had ISO 9000 or ISO 14000 systems in place, specifically because of the practical difficulties experienced when trying to establish and maintain such a system [FSB 1997].

The BS8800 Guidelines contain detailed guidance in the Annex sections, for those who wish to carry out some of the activities themselves, with the main body of the standard remaining fairly brief. An earlier HSE publication "You can do it!", to which the author contributed, did tackle many similar issues but in a more practical way. It is interesting to consider whether the different formats of these documents reflect, perhaps, the originating producer's agenda rather than differences in the target audience - a crucial factor in the development of this research.

In 1995, there was considerable pressure building to make OH&S management an integral part of Quality and Environment management systems, particularly from more highly regulated industries such as the Chemicals industry, and indeed many H&S professionals through bodies such as IOSH. There was also increasing pressure, particularly from Pacific Rim countries, to introduce an international third party certification scheme for OH&S management. Although the majority of BSI HS/1 Committee members were against such a scheme, those in favour were significant players in UK industry and not therefore to be ignored.

The positions of the four main Stakeholder groups of Employers / Employees & Unions / H&S Professionals and Insurance industry / and the Legislators, were identified in focus group meetings and supported by a questionnaire survey [BSI 1996a]. The stated position of HSE on this issue was neutral, based on the need for commercial pressure to decide whether it was required or not [BSI 1996a]. The author was elected to represent the UK Industry Stakeholder group at the ISO conference in Geneva, arguing against the proposal with particular emphasis on the potential difficulties for smaller businesses [BSI/MacGregor 1996; ISO 1996].

Despite strong arguments presented by some countries, notably Norway and Australia, there was considerable agreement amongst major international representatives that such a standard would do little to address the very poor health and safety record in some countries. On the other hand, it could potentially present additional burdens to many industries trying to comply with an “international” standard that tried to cover all situations and environments. The stated views of the vast majority of those attending also reflected the UK picture of little awareness of H&S issues in very small firms, and poor demonstration of compliance with regulations [ISO 1996].

The objectives for the research during the placement were broadly met, although “a greater involvement by FSB before public consultation stage”, had only just begun by 1999, spurred on by the pressure brought by the FSB when giving evidence to the Health & Safety Panel of the Better Regulation Task Force at the end of 1998, and their subsequent Findings presented to Ministers early in 1999 [ Better Regulation Task Force 1999].

There was considerable activity in the field of H&S and Small Firms from other organizations during this period, including RoSPA, the TUC, Mental Health Interagency Group, plus academic research, local and international initiatives. However, feedback from those involved in these organizations (during formal and informal interview discussions with the author) suggested that there was little cohesion or co-ordination between these initiatives, valuable as they were on an individual basis.

RoSPA had long been concerned about the approach of SMEs to safety management, and had tried various methods to encourage a more positive approach [Bibbings 1995a/ 1995b]. Their annual competition for firms to gain recognition as “good” managers of health and safety, often resulting in improved accident figures, was expanded to include other criteria to encourage a more holistic approach to H&S.

RoSPA produced their own Small Firms Strategy document [Bibbings 1995a/ 1995b], and a Review of their Annual Competition format, seeking views of others via a Public Consultation process [RoSPA 1996; 1997a; 1997b].

In discussions with RoSPA, it was also identified that Business Advisers could play a crucial role in encouraging SMEs to treat H&S management as an integral part of running their business [ RoSPA/Bibbings 1995]. This resulted in the author acting as Consultant on the RoSPA “Health & Safety for Business Advisers” Project in 1996, to explore this intervention route further, without suggesting that Business Advisers should be H&S professionals [ RoSPA/OPAL Services 1997]

At the same time, an alternative view was emerging from the TUC, as they were concerned that the government commitment to deregulation would result in less protection for workers in crucial areas of health and safety [TUC 1996-97]. While Union membership is generally concentrated within larger organizations, there is still a significant proportion working within SME sectors. As Unions have traditionally provided the training, advice and support for Safety Representatives, there was also concern about the diminishing role of such Representatives in firms cutting back on staff, training, and other costs following the recession. As more Line Managers were given responsibility for day-to-day management of H&S issues, the role of the Safety Rep was diminished still further.

The TUC/CBI/IOSH project was specifically set up to identify more closely the role of H&S professionals, including those external to the firm who acted as consultants. The

results of this project do present a different slant to the research debate, as the emphasis is on technical expertise in the field of H&S rather than responsibility for its management - an emphasis more often found in small firms. [TUC/IOSH/CBI 1997].

The final element of the preliminary research is the potential contribution of trade support bodies in raising awareness and encouraging action on the part of small business members. As the biggest small firms' representative group in the UK, the FSB represents a significant base of feedback to support this research. There are two critical points to be noted at this stage - one is the nature and structure of a small firms compared with a larger organization; and the other is the considerable diversity of the sector [DTI 1998; FSB 1999a] which makes a generic approach to H&S strategic or policy planning so unsatisfactory.

In 1995, membership of the FSB was around 75,000 and this figure had doubled by 1999. The national Policy position of the organization is to **“encourage greater awareness and knowledge of members' legal obligations regarding health and safety in the workplace, whilst ensuring legislators fully understand the practical implications facing small business units trying to comply”**[FSB Policy 1997;1999a]

This research is not confined to small firms who are members of FSB, but where situations have occurred naturally, the members' views have been included. Of particular relevance were the 1997 European Health & Safety Week activities of FSB, which were supported financially by HSE, and which provided a valuable opportunity to identify the real situation amongst genuine small firms. A later section of this report provides an evaluation of those activities, and the contribution made to research results.

## **STAGE TWO – Characteristics of Interventionists**

### **Chapter 3: Identifying Characteristics of Intervention Routes and Methods**

#### ***3:1 Aims and Objectives for Stage Two – Identifying potential Intervention routes and methods for reaching small firms***

Building on the Assumptions identified at Stage One, that is that various Intermediary routes exist to reach small firms, and various methods are used to encourage action, the Aims were:

- to identify the range of intermediary routes currently available to reach small firms;
- to consider the different methods used by each to reach the target group;
- to evaluate the effectiveness of each intervention in encouraging action.

In order to achieve these aims, objectives were to:

- identify the range of public and private sector intervention routes and methods;
- consider the characteristics of each, and their specific role in relation to a) health and safety and b) small firms in particular;
- identify and evaluate the various routes used to reach the target group;
- identify and evaluate the range of methods used to reach the target group;
- compare and contrast outcomes of these efforts, and evaluate effectiveness of each;
- identify the possible “catalysts” that would make small firms take action on H&S.

#### ***3:2 Methodology***

As well as the ongoing methodology employed in Stage One for exploring the general background to the project, further techniques were used to reach the objectives listed above, including:

- semi-structured Questionnaires to identify sources of health and safety information or

guidance used by Business Advisers;

- review of internal and published evaluations of initiatives undertaken by intermediaries;
- anecdotal evidence of the range of intermediaries used by small firms;
- structured and semi-structured interviews with intermediaries to consider effectiveness of methods and routes used;
- attendance at Minuted meetings of relevant interest groups.

Structured face-to-face interviews were carried out with some of the main interventionists in order to support the comprehensive investigations carried out during placements at HSE and DG V. These discussions provided additional opportunities to probe some of the author's assumptions and beliefs, and to check that the subjective evaluations carried out later were based on a proper understanding of the current situation. Interview questions were prepared, to determine the respondent's views of the general situation relative to health and safety risk management in small firms, the main issues or concerns affecting them, and what support measures their organization had in place.

In July 1998 a short six-question survey was sent to 20 Business Advisers who had taken part in the RoSPA Business Adviser's project two years earlier [RoSPA/Opal Services 1997]. This asked for feedback on:

- rating their level of awareness of current health & safety legislation and general H&S Management requirements before the seminars;
- rating their level of awareness on these issues following the seminars;
- aspects of the content they found particularly helpful with clients;
- which elements they use most often with clients;
- the main industry sectors of clients;
- the business advice organization they work for.

To support the interviews with the insurance industry, a day was spent with administrative staff at Warren Hill Insurance Brokers' Head Office, and two further days were spent visiting local small firms with the author and two CU Risk Surveyors, one as

Property surveyor and the other as Liability surveyor.

### **3:3 Analysis of characteristics of different Interventions**

A wide range of potential intervention routes were identified, and typical methods used by these groups to try to encourage small firms to take some positive action on health and safety management in their own firm. Based on these market research findings, interviews and the author's own experience of working in the sector, the main characteristics of each intervention were summarized as below.

#### **a) Inspection visits**

During the 3 week placement at various offices of HSE in 1997, visits to firms with HSE and Local Authority inspectors and discussions with other inspection staff over a period of one year, supported by feedback from small businesses themselves, it was identified that:

Characteristics:	Reference source:
HSE inspectors deal with higher risk industries, including construction, mining, agriculture, and manufacturing	HSC/HELA 1999
LA inspectors are responsible for lower risk industries, such as shops, offices, food premises, and leisure facilities, with some significant hazards associated with some of these in recent years	HSC/HELA 1999
The percentage of firms actually visited by HSE is fairly limited but generally higher for LA inspections which are around 26 per 100 premises	HSC/HELA 2000
visits are based on Risk Rating basis reflecting current priorities, such as food preparation	HSC/HELA 1998a/1999/ 2000

Visits are more likely to be instigated by the inspection authority than sought out by small firms themselves; they are generally considered negatively by small firms, although this attitude becomes more positive after a visit	BCC report 1995; FSB/Jeynes 1997a
inconsistency is often cited as a problem at local level although this appears to have improved over recent years	FSB 1998-2000; HSC/HELA Strategy 1998-2000
there have been some very significant activities across the UK to improve links between various enforcement bodies	“Revitalising Health & Safety” 2000; DETR 1999; HSC/HELA Strategy 2001-2004
firms do not pay for visits at present, although there is a government shift to charging for a wide range of services in some industrial sectors, as suggested in HSC’s COMAH Consultations in 1999. Such an approach in respect of HSE’s fundamental role is strongly opposed by FSB amongst others.	FSB 1999b; Calor 1999
However, the FSB accepts that costs will be incurred if actions are required by the firm following a visit, and of course in the case of any prosecution action	FSB 1997
The number of prosecutions is low but concerted pressure from HSC/HSE to increase fines and penalties on prosecution has led to a change of approach by the Courts and much higher fines being levied	HSC 1998; Campbell 1996; “Revitalising Health & Safety” 2000
visits may be primarily informative rather than enforcement based, and may lead to actions to improve the approach to H&S in the firm	HSC/HELA 1998b example Kirklees LA
Evidence does not suggest that long-term changes of attitude necessarily occur with prosecution	RoSPA/Opal Services 1997

***b) Advice and guidance***

A range of advice and guidance services are available through intermediaries such as Business Advisers, Chambers of Commerce and Business Links, trade associations, suppliers and insurance providers, although outcomes depend on catalyst for initial action and power of the “committed person”. The services they provide were evaluated with indications that:

Characteristics:	Reference sources:
Some HSE offices use non-inspection Workplace Contact Officers (WCOs) who act as the link between local firms and HSE enforcers	HSE/DUBS 185/1998; FSB/Jeynes 1997a
One WCO commented that “a fairly small percentage of firms are contacted this way, depending on geographic location, but generally this is viewed more positively by firms than visits from Inspectors”	FSB/Jeynes 1997a
WCOs usually provide free advice and guidance	
contact may lead to increased knowledge and awareness, though results will depend on the original catalyst for action	
a variety of telephone sources exist, such as HSE Infoline/ HSE Books/ FSB 24 hour Legal Advice Line, plus many government and commercial service providers via the internet	
all have steadily increased in usage over last 3 years, with FSB analysis showing the largest percentage of queries (16.4%) relate to health/safety/fire concerns	FSB 2000d
guidance is sought out by the firm, and therefore likely to be seen as positive, but could also be imposed as the result of an inspection	HSE/DUBS 1998
potential outcome is increased knowledge and awareness, plus encouragement or opportunity to act	RoSPA/Opal Services 1997

**c) Publications**

A comprehensive list of publications was reviewed, including free and priced guidance, videos, IT, internet formats, from both government and commercial sources. Materials reviewed included HSE free and priced publications catalogues and leaflets; HSE Books website; Croners and Tolleys publications; government web sites including DTI, Department of Health and Department of Environment sites; European Health & safety Agency (Bilbao) website; trade publications such as those for construction or licensed trade; standards. The main characteristics are summarised below as:

Characteristics:	Reference source:
A wide range of publications is available primarily aimed at increasing knowledge and awareness, some specifically aimed at encouraging action	HSE's "5 Steps to Risk Assessment" and "You Can do It"
Potentially this action could lead to long-term changes of attitude and approach, depending on the catalyst for action to seek guidance	HSE/DUBS 1998; RoSPA/Opal Services 1997
production of sector specific material by HSE is generally in response to incidents such as guidance for Leisure Centres following canoeing accidents	FSB/Jeynes 1997a
There has been a strong resistance to producing sector-specific guidance despite regularly repeated requests from organizations such as FSB, BLRA, and indeed some Local Authority Inspectors	HSE/HELA Employer Group meetings Minutes 1999; King 1998
"Revitalising Health & Safety" 2000 includes reference to sector specific issues in the targets	Revitalising Health & Safety" 2000
production of sector specific guidance in the UK is more likely to be by trade associations, compared with a wide range produced by the Irish Health & Safety Authority and the European Commission Safety Checks Initiative	Jeynes 1998b; 1998c; 1999a

The insurance industry, Standards bodies and other associations produce a range of materials targeted to their client group, including topics such as Stress in the Workplace	Loss Prevention Council 1998
Often this is an invited intervention by recipient firms so potentially viewed positively	D.Perry interview at Warren Hill 1998
Use of media to promote messages to a wider public, including storylines in popular TV soaps [gas incidents], as well as continued targeting via advertisements and promotions in the Trade Press	ITV Coronation Street 1998-9; HSE 1995b
Use of TV aimed at business audience, for example BBC Enterprise Zone series of ten programmes on Health & Safety and Small Firms, featuring the author as “expert”	HSE/BBC 1998 (also see HSE Video Catalogue 1999)

The author suggests that such programmes are likely to increase knowledge and awareness, but only likely to result in action if accessed by the right person in the firm. A question arises about whether having to pay for such guidance impacts on the decision to act, although later discussions in Chapter 8 suggest cost may not be a prime demotivator.

*d) Consultancy, Training, Seminars*

The author has worked as a Management Training Consultant for 14 years, with a range of client groups that include the plastics processing manufacturing sector. Direct personal experience of working in this area for many years does, therefore, form the basis of professional awareness based on the market analysis function of the business. Such analysis suggests that:

Characteristics:	Reference source:
Use of such services is often based on some need for action already identified in the firm, therefore likely to be a secondary rather than primary intervention	Jeynes 1997b; HSE/DUBS 1998
It is more likely to be invited than imposed, and more likely to be prompted by another intervention	Jeynes 1998e; Jeynes 2000c; HSE/DUBS 1998
May be part of a membership package, such as RoSPA or professional body such as IOSH, and usually involving some cost to the firm or individual though not necessarily prohibitive	RoSPA/Opal Services 1997; HSC/HELA 1998b

#### *e) Specifications*

These may be legally imposed, such as prescriptive requirements of some health and safety legislation, or related to “license to operate” requirements, either locally or nationally, and may overlap with different government departments. The main features are that:

Characteristics:	Reference source:
Insurance requirements often specify preferred or mandatory means of handling / storing/ disposing of materials and are likely to be viewed negatively by many small firms, often entailing an obligation to act	Interviews with A.Keys Commercial Union; D.Perry Warren Hill
other specifications might relate to industry standards, British standards (BSI) or international standards (ISO), often voluntary rather than mandatory	BSI 1996b; UNICE/CBI 2000
the issue of “voluntary” or “mandatory” standards is of concern where major clients insist on compliance on a contractual basis, which may then be unavoidable and perceived as negative by a small firm	HSE/Rimington 1998; Vassie/Tomas/Oliver 2000

contract specifications may in themselves represent a negative pressure on small firms through the supply chain, although potentially they could be used as a positive catalyst for action with the support of the client firm	HSE/ Rimmington 1998
The use of such specifications are likely to result in action, whether short or long term, but may not necessarily reflect commitment	Jeynes/Hawkins/Smith/Booth 1999

***f) Campaigns and other Initiatives***

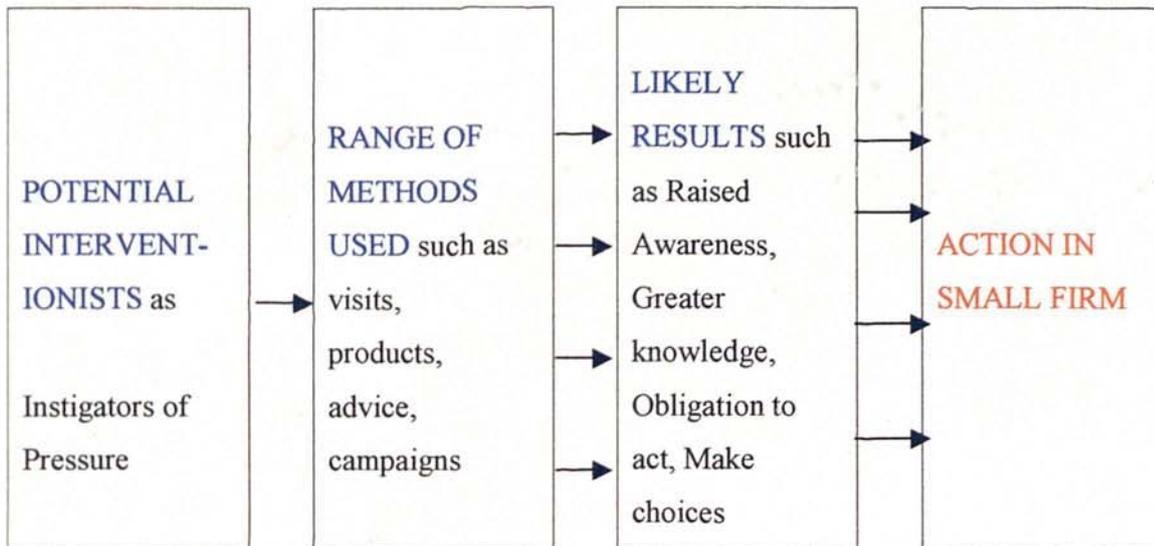
It is impossible to review every campaign that may be running at any one time, but some of the most common or high-profile ones are considered here. They include:

Characteristics:	Reference source:
European initiatives such as “European Health & Safety Week” and “PRevents” help to raise awareness, usually associated with local events, but tend to be small scale and low take-up	ACSHH 2000 Infocom 160500
government led campaigns, including HSE driven, are often high profile, such as “Gas Safety” related to rented premises, or hazards to Farmers using traditional sheep-dip methods	HSE/DIAS 1996
potentially most effective when sector specific and targeted using a range of intermediaries such as Trade Associations or business support groups	RoSPA 1997a; 1997b
union-led campaigns, more recently related to health issues, often in conjunction with other organizations or government bodies. Less coverage of small firms sector with union membership, but often high-profile	TUC/IOSH/CBI 1997

a wide range of Local Authority initiatives, aimed specifically at small firms and using a variety of methods to encourage action	HSC/HELA 1998b
such campaigns are generally viewed positively by firms locally, intended to be affordable, and frequently assessed as successful with the target group at local level	HSC/Ledsome & Mawer 1998; HSC/HELA 1998b
Lead Authority Partnership Schemes (LAP), intended to be a positive measure to assist small firms, are a useful initiative to reduce confusion and inconsistency of approach for firms operating across LA boundaries (but note comments at Stage Four of the research)	LACOTS 1999
LAPs are generally a large firm initiative, but efforts have been made recently to make the system less bureaucratic and more attractive to SMEs	HSC/HELA 1999/2000
Business Partnership schemes are growing in numbers around UK. Examples include Basingstoke and Deane, where they enthusiastically took on board the FSB project for the Licensed Trade (see Chapter 9)	LBP 1999
The intended outcome of partnership schemes is a positive impact on enforcement procedures, and improvement of understanding on both sides.	HSC/HELA 2000

These potential interventionists were considered as sources of pressure on the target group to encourage action of some kind. They were therefore viewed as instigators of pressure, each employing a variety of methods to reach the client with different expectations of results likely from each intervention. A basic model was drawn to summarize the range of interventions possible, outlined below, and to attempt to identify the main features or factors of each.

**Fig 3:1 Interventions**



This model was used to produce **Fig 3:2**, “Potential Intervention Methods and Routes”, see on the next page, which shows a summary of potential interventions, methods used, likely result of such an intervention, and finally whether it is likely to result in action by the target group. It is not necessarily a full list of methods used by each Interventionist, but does represent their main areas of activity with Small Firms. Evaluations are the author’s own, based on Stage 1 research, the literature review and anecdotal evidence from experience as a Management Training Consultant in manufacturing firms (for 13 years), and Tutor on Business Start-up training programmes.

For example, “Methods used” are taken from the interventionists’ own literature, and confirmed during interviews. For “Likely result” evaluations, these were also confirmed during interviews and discussions with enforcers, insurers and standards bodies, plus direct contact with other intermediaries and organizations through the author’s consultancy work. Others are subjective evaluations of the author based on personal experience. Evaluations of likely outcomes – that is, action in the firm – are based on a combination of these sources as a participant observer.

As the summary suggests, there are few interventions that are consistently likely to result in action, while others often have the potential to according to the motivations behind the intervention. These intervention routes were, therefore, considered more closely from the recipient Small Firm’s point of view rather than the provider’s, to consider additional features such as whether it was an invited or imposed intervention, and whether the firm generally saw it as negative or positive. **Fig 3:3**, “Evaluation of Interventions”, presents this more detailed model.

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**Fig 3:2 Potential Intervention Methods and Routes**

<b>Interventionists</b>	<b>Methods used</b>	<b>Likely result</b>	<b>Action in SF?</b>
<b>Enforcers</b> * HSE/EHO * other LA	Inspections Visits Seminars Guidance lit Campaigns	Obligation to act Opportunity to act Encourage action knowledge Awareness	Yes S/T Possibly L/T Possibly No No
<b>Insurance:</b> * Brokers * Assessors	Insurance cover Guidance Services	Take action Knowledge Opportunity to act	Yes S/T & L/T No Possibly
<b>Intermediaries:</b> * Business Advisers * Ch of Commerce * Consultants(gen) * H&S Professionals * Training providers	Visits Advice Guidance Services Training	Encourage action Knowledge Knowledge Opportunity to act Knowledge/awareness	Possibly Possibly No unless cost Not if expensive no
<b>Other Organisations:</b> *RoSPA * TUC * FSB/others * Trade Associations * Clubs/Networks etc * Professional Bodies	Competitions Campaigns Guidance Training Seminars Services	Demonstrate actions Awareness Knowledge Knowledge/awareness Awareness Opportunity to act	Possibly No No No No Possibly
<b>Banks:</b> * Business Advisers	Meetings	Awareness	No unless oblig
<b>Standards Bodies:</b> * BSI * ISO * sector bodies	Standards Guidance ACoPS Support servs	Encourage action Knowledge Encourage action Opportunity to act	Possibly no Possibly Possibly
<b>Others:</b> * Customers * Suppliers  * Media * Committed Workers	Public opinion Guidance Products Publicity/PR Demands/Law	Marketing decision Knowledge Knowledge/choice Aware of image Opportunity to act	Possibly S/T? No Possibly if costs Possibly Possibly

Key: S/T=short term L/T=long term

**Fig 3:3 Evaluation of Interventions**

<b>Interventions</b>	<b>Methods used</b>	<b>choice</b>	<b>Likely result</b>	<b>Pos/Neg</b>	<b>Cost</b>	<b>Action?</b>	<b>ST/LT</b>
<b><i>Enforcers</i></b>							
* HSE	Inspections	<b>Imposed -</b>	Obligation to act	<b>neg -</b>	free	<b>yes</b>	ST/LT
	Guidance	<b>Invited +</b>	Opp to act/knowledge	<b>pos +</b>	free/paid	<b>Possibly</b>	LT
* Local Authority	Inspections	<b>imposed -</b>	Obligation to act	<b>neg -</b>	free	<b>yes</b>	ST
	Guidance	<b>invited +</b>	Opp to act/knowledge	<b>pos +</b>	free/paid	<b>Possibly</b>	LT
<b><i>Intermediaries:</i></b>							
* Business Advisers	Visits	<b>Invited +</b>	Encourage action	<b>pos +</b>	paid	<b>Possibly</b>	ST/LT
* PYBT	Adv/guidance	<b>Invited +</b>	Knowledge	<b>pos +</b>	free	<b>Possibly</b>	LT
* H&S Professionals	Adv/guidance	<b>Invited +</b>	Opp to act/knowledge	<b>pos +</b>	paid	<b>cost?</b>	ST/LT
* Training providers	Training	<b>Invited +</b>	Knowledge/awareness	<b>pos +</b>	paid	<b>Possibly</b>	LT
<b><i>Other Organisations:</i></b>							
*RoSPA	Competitions	<b>Invited +</b>	Demonstrate actions	<b>pos +</b>	free	<b>yes</b>	ST
	Services	<b>Invited +</b>	Knowledge	<b>pos +</b>	paid	<b>Possibly</b>	ST/LT
* TUC	Campaigns	<b>either</b>	Awareness	<b>pos/neg</b>	free	<b>Possibly</b>	ST/LT
* FSB/others	Guidance	<b>Invited +</b>	Knowledge	<b>pos +</b>	free	<b>Possibly</b>	ST/LT
<b><i>Banks:</i></b>							
* Business Advisers	Prep of Plans	<b>either</b>	Opp to act/knowledge	<b>pos/neg</b>	paid	<b>if obliged</b>	ST
<b><i>Insurance:</i></b>							
Brokers/Assessors	Insurance cover	<b>Imposed -</b>	Take action	<b>neg -</b>	paid	<b>Yes</b>	ST
<b><i>Standards Bodies:</i></b>							
* BSI/ISO/others	Standards	<b>Invited +</b>	Encourage action	<b>pos/neg</b>	paid	<b>Possibly</b>	ST/LT
<b><i>Others:</i></b>							
* Customers	Public opinion	<b>Imposed -</b>	Marketing decision	<b>neg -</b>	a cost	<b>Possibly</b>	ST/LT
* Business customers	specify req'ments	<b>Imposed -</b>	Take action	<b>neg -</b>	a cost	<b>Yes</b>	ST/LT
* Suppliers	Products	<b>Invited +</b>	Knowledge/choice	<b>pos +</b>	a cost	<b>Possibly</b>	ST

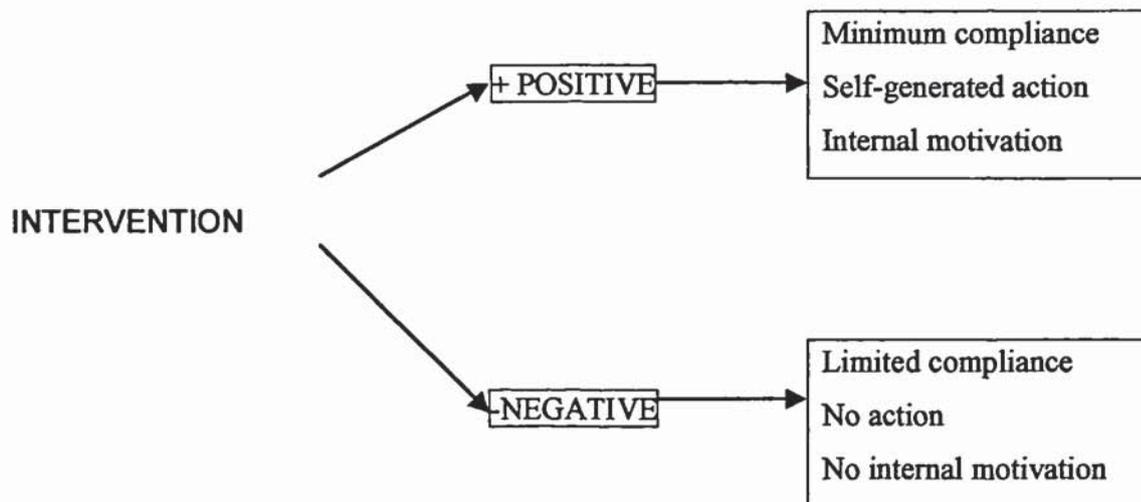
Key: ST=short term LT=long term neg=negative pos=positive

Much of this is a subjective analysis to some extent, although by this stage of the research the author had first hand experience of several of the interventions, both as recipient and as provider. It was also based on the underlying assumptions behind the research, namely that

- a variety of intervention methods exist, but there needs to be a desire to act by a person or persons;
- without this motivation to act, little will occur to change behaviour, attitudes, or outcomes;
- this person(s) may be internal or external to the firm.

The impact of the intervention is defined as positive or negative according to the following definitions.

**Fig 3:4 Defining the outcomes.**



It could reasonably be argued that the lack of internal motivation does not necessarily equate with a negative outcome, but in this model it relates to the recipient's perception of the intervention itself, rather than the final outcome or actions taken. The reference to "Short" or "Long" term relates to a continuum of options rather than easily definable discrete categories, ranging from short to long term – see Fig 3:5.

**Fig 3:5 The continuum of potential outcomes**

SHORT-TERM (-)		LONG-TERM (+)		
Nothing	Bare minimum	Enough	More than required	On-going action
No external or internal motivation	External motivation No internal motivation	Perhaps a combination of internal & external motivation	Internal motivation with some external support	Self generated internal motivation
-	-	+	+	+

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Some Intermediaries have a variety of intervention methods that may have very different objectives and results, so the methods listed in Fig 3:3 were then considered rather than interventionists, and broken down into six main categories identified by:

- INTERVENTION TYPE
- INTERVENTIONIST
- CONSEQUENCE OR RESULT.

**Fig 3:6 Categories of Intervention Types/ Methods/ Results.**

	<i>Intervention Type</i>	<i>Interventionist</i>	<i>Result</i>
<b>A</b>	INSPECTIONS	HSE Local Authority EHO	Obligation or Opportunity to Act
<b>B</b>	ADVICE AND GUIDANCE	HSE/WCOs/LA IT & TELEPHONE INTERMEDIARIES	Opportunity to Act Knowledge & Awareness
<b>C</b>	PUBLICATIONS	HSE/LA/Government Trade Associations Suppliers	Knowledge & Awareness
<b>D</b>	CONSULTANCY, TRAINING, SEMINARS	Business Advisers Chambers Commerce RoSPA H&S Professionals	Opportunity to Act Knowledge & Awareness
<b>E</b>	SPECIFICATIONS	BSI/ISO/ILO HSE/ EC/ LA Clients/ Suppliers Insurance	Obligation to Act
<b>F</b>	CAMPAIGNS	HSE/ EC/ LA Unions RoSPA/ FSB/ IOSH Government	Opportunity to Act Knowledge & Awareness

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### ***3:4 Evaluating the Methodology***

Although the author's experience and work in this field had led to the initial assumptions that a variety of routes and methods existed, and that there appeared to be little coherence in approaches taken, this stage of the research illustrated just how diverse the intermediary route was.

Interviews and discussions confirmed the increased emphasis on targeting smaller enterprises in order to encourage action on health and safety issues, and in many cases some imaginative projects had been developed. For example, of the Business Advisers attending the RoSPA training programme, all those who responded to the follow-up survey (55%) noted that their knowledge and awareness had increased as a direct result of attending, and almost 75% of them identified "knowing how to access relevant guidance" particularly helpful in their work with small firm clients.

Clearly this direct experience of working in the field establishes the basis of author bias early on in the research process. In order to reduce this as much as possible, interviews were carried out with senior representatives of relevant bodies in face-to-face situation. Interview questions were pre-set for the main part, with additional questions specific to the interviewee's organization. It was made clear to interviewees that this was part of the formal research process rather than informal discussions.

The interview with a H&S Professional body was useful to confirm views about aspects of health and safety management that small firms are good or bad at. To gain a clearer understanding of the H&S Professional's view, Stephen Fulwell the Head of Technical Affairs at the Institution of Occupational Safety and Health (IOSH), was interviewed [Annex 1: IOSH 15/12/98]. He provided a summary of the background to the work of IOSH, the discussed the main issues identified as concerns relevant to small firms

Results of the interview are summarized below.

Interview: S.Fulwell IOSH	
IOSH membership:	25,000 members
Services available:	Information service available to non-members not generally accessed by small firms
	IOSH works through intermediaries to reach small firms
Concerns of small firms:	Increased pressures on business generally and subsequent decline in the importance afforded health & safety.
	Legislation viewed as “a constraint” and “too complex” to be meaningful to the non-expert.
	While they are generally poor at accident investigation, their strengths lie in a better understanding of day-to-day risks.
	Once motivated, they can benefit from smaller “chain of command” to initiate more effective controls
Future needs of IOSH and target group:	It is important to “find an appropriate route to motivate people to act” given the main challenge of survival in an increasingly competitive marketplace.

A further group of Interventionists interviewed were those from the insurance industry, including insurance brokers, assessors and underwriters.

Interview: Commercial Union 1997	
Insurance industry view:	(we) “take the long term view that fewer accidents and losses in a secure, safe working environment lead to better morale.
	Consistent control over premium levels is then based on good claims experience.

An in-depth interview was carried out with David Perry the Managing Director of Warren Hill, a major insurance broker who provides services to FSB members [Annex 2 16/9/98]. He provided a detailed description of how the company works, and how clients are initially dealt with over the telephone so that proposal Forms are already partially completed before they are sent out. This works particularly well with property risks as potential areas of difficulty are talked through with an informed person. The main points made during the interview are summarized below.

Interview: D.Perry Warren Hill 16/9/98	
First stages and Proposal Form;	Difficult to make the form less detailed as situations are very complex in individual firms. Talking with someone at the initial stages helps to reduce confusion.
Annual completion of forms:	Vital that growing firms keep insurance provider up to date with "material changes"
	Firms often see insurance as a technical subject so do not always recognize what constitutes a "material" change
Potential problems with claims:	If the Proposal Form is incorrectly completed this may invalidate the claim
Trends in industry/type of claims:	Theft is main source of claims especially frequent claims; there is concern over "no go" areas and malicious damage
	Combined efforts by all parties are needed, such as installation of additional CCTV and security measures, Police action etc
	Security is a big issue for small firms

Following interviews with those in the insurance industry, visits with insurance assessors

to small firms in the Worcestershire area provided an ideal opportunity to test out some of the assumptions underpinning the research, and to gain a practical insight into what the insurance industry is looking for.

At a government level, the Project Manager of Workplace Health Advisory Team (WHAT) at the Health Education Authority was interviewed about the LA partnership alliances [1998 see Annex 3]. This campaign was based on a Canadian model and involved local businesses working with each other and their LA to address health issues. A “Health Needs Assessment” toolkit was used [Fife Healthcare NHS Trust 1997] initially by firms, then local alliances or discussion groups were established in order to pool information and resources.

Various points emerged from the interview, notably that:

This was an LA-enforced sector initiative rather than HSE, as it is part of their remit;
Firms originally targeted were those with up to 200 employees, but this was revised to 100 following discussions;
The “Health Needs Assessment” toolkit has a straightforward, easy to use Checklist structure that can be utilised by small firms;
Where alliances had been established, it was stated that the major reason for taking part was “to enhance the image and reputation” of the business [quoted from Nissan].
There must be a concerted campaign “with commitment and consistency from all the relevant agencies” if the issue of health in the workplace was to be managed better.

Health concerns have subsequently been raised as a significant issue on the government’s Health and Safety agenda for the future [“Revitalising Health & Safety” 2000].

**Review of interview findings**

The series of interviews was a significant factor in the subsequent identification and evaluation of characteristics of different interventions. Whilst a body of knowledge can

be built up from first-hand experience of such interventions, and from reviews carried out by the interventionists themselves, it is important to explore and confirm these perceptions directly with the main players themselves. The interviews were, therefore, a successful means by which to analyse characteristics of an emerging picture of Primary and Secondary interventions.

In addition, they also confirmed the author's view that there was:

- considerable overlap of effort by various intermediaries;
- a significant amount of duplication of effort and use of resources;
- many locally-based initiatives that people in other geographical regions were unaware of;
- poor dissemination of results;
- a lot of small scale relevant research being carried out by H&S professionals as individuals on Diploma/ Bachelors/ Masters programmes, not as easily accessible as they would be at a higher Research Degree level.

It became clear that it was important to take a "step back" in the research at this time in order to consider more clearly what the author meant by terms such as "intermediary; interventions; effectiveness; catalysts; managing health and safety".

The author's business experience included the use of a wide range of management concepts, with extensive use of marketing and customer-oriented methods and tools. At this stage of the research, the importance of the relationship between the needs and wants of the target group of small firms, and the choice of intervention method used by intermediaries, was emerging. It provided a different dimension for taking the research forward, and for considering the whole issue of inputs - outputs - motivation. At the end of Stage Two of the research, the principles of a model to explore this further were beginning to emerge. These are considered more fully in the next Chapter.

## Chapter 4: Developing a model to identify potential catalysts for action

### **4:1 Attitudes towards health and safety**

The previous Chapter identified a set of characteristics typical of various intervention routes and methods used to reach small firms. It is useful at this stage of the research to use this analysis, and to develop a model for identifying potential catalysts for action that can be tested further at Stages Three and Four. If we look at the potential impact of the various interventions outlined in Fig 3:2 and 3:3, factors that appear to be relevant to the proposed model depend on whether interventions are:

- imposed rather than sought out by the firm;
- perceived as negative rather than positive by the firm;
- legally based, perhaps through health and safety or other legislation.

However, questions then arise about whether the resultant action has long or short term effects, and indeed whether there is any impact on the attitudes of people within the firm. The concept of the Know/Care options, as identified by Bibbings & Booth (personal communication) is also an important element of the underlying ethics, beliefs and culture within the firm. The four options identified below relate quite closely to the evaluation of short or long term commitment noted earlier, and touch on the motivation issues which are considered later.

**Fig 4:1 Attitudes towards health and safety**

DO KNOW/ DO CARE	=	seek information/ do as much as possible/ confirm actions are acceptable
DON'T KNOW/ DO CARE	=	prepared to seek and use information/advice/ guidance
DO KNOW/ DON'T CARE	=	do the absolute minimum required
DON'T KNOW/ DON'T CARE	=	take no action unless forced to

This concept also appears relevant when applied to the target group of small firms' owner/managers and entrepreneurs using broader marketing concepts not specifically tied to health and safety management functions. If one of the ultimate aims is more effective management of occupational health issues as part of an integrated approach to managing diverse elements, as propounded by the author and others for many years, [Jeynes 1998;1999] then the author suggests that a more holistic "marketing" approach may be worth closer consideration.

#### ***4:2 Taking a marketing approach***

The principles of marketing used in this thesis [OU/Cranfield School of Management 1988] are based on the notion that it is about matching the product or service available to the needs of the customer. It is important to understand why the customer decides to buy, how they make their buying decision, and what the advantages or benefits are to them from choosing this particular product or service. Lots of different elements can influence their decision, which is not always very rational, but price is generally NOT the main criteria. The business environment in which they operate will have an influence, as identified in Fig 1:1 "Internal and External pressures on business".

A "market led" approach identifies customer requirements and creates products in response. At the other end of the scale, a "product led" approach creates products then tries to find a suitable market for them, which is likely to be much more difficult and limited in its success.

Based on the literature, author's practical experience as a training provider and MBA post-graduate studies [Opal Services 1987-2000; OU/ MBA 1986-1989; European Observatory 1997; NACETT lectures 2000 P69], these concepts have been used to define the most important elements of successful marketing strategies for health and safety oriented interventions.

**a) *Client Oriented***

This approach is generally based on the response to client demand and is more likely to be:

- based on client needs and direct communication with the client;
- flexible, tailor-made provision;
- sector specific taking into account industry needs;
- provided in a format, at a time and place to suit the client;
- at a competitive price through a variety of providers;
- related to benefits to employers and employees, as identified;
- of benefit to the business, with potential competitive advantages identified, (+);
- targeted at the decision maker in the firm.

**b) *Product oriented***

This approach is more likely to be targeted broadly at “business” with little or no direct contact with a specific client, so tends to be:

- generic, with a legally-based content;
- compliance focus, provider-led;
- associated with penalties for none-action (-);
- based on externally fixed and identified goals;
- of single, or limited, choice of format;
- less widely accessible;
- at a time and place to suit the provider.

As with the Bibbings/Booth outline, this can apply to areas other than OH&S, such as staff training. In relation to health and safety management, it may be useful to bear these elements in mind when considering the preferred properties of interventions as well as the four “know and care” options identified. Thus, the client-oriented approach may be more valuable against the two options that include a “do care” component, while the product-oriented may be the most appropriate in the “don’t care” scenarios.

Given the assumption that whether an intervention is perceived as positive or negative has relevance to both the likelihood of long/short-term action and internalisation of the commitment to carry it forward, the argument can be taken a step further to propose that no single approach is feasible [HSE/WRIGHT 179/1998; Budworth 2000]. These approaches can, therefore, be combined with the four attitude options of Bibbings/Booth as follows, reflecting to some extent the approach identified by Pederson in relation to management of environmental issues [Pederson 2000].

Fig 4:2 Client-led and Product-led approaches.

Client – led (+)	Do know/ Do care	Approach based on ethical considerations
	Don't know/Do care	Sell business benefits as well as ethics
Product – led (-)	Do know/ Don't care	Sell fear of penalties & litigation
	Don't know/Don't care	Specified & enforced action the only way

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The majority of interventions are intended to increase knowledge and awareness to some extent, and we have already highlighted the potential importance of a “committed person” to ensure action is taken. In the context of small or micro firms, it is worth returning to a fundamental question, namely “Why does anyone start a business?” Reasons are varied, and the emphasis may change somewhat according to the wider social and economic climate [EC 1999 Employment Trends No 31], but consistently the following are cited by those starting their own business [WCC/PYBT1992-99; HSE/WRIGHT 179/1998]:

- \* to be their own boss;
- \* to make money;
- \* to make decisions and have a say in how the business operates;
- \* no other jobs available;
- \* job satisfaction;
- \* more flexible organization of work to fit other commitments or responsibilities;
- \* to use their skills and talents more fully.

Apart from the second one, which is rather a vain hope given the evidence [DTI 1998;

DfEE/BMRB 1997] that the average working week of a self-employed individual is between 60 and 70 hours, and average income is £11,000 [1998-99 figures; DfEE/BMRB 1997], the others are based on the fact that entrepreneurs feel they are good at making a product or providing a service, and have power over the decision making process [Jeynes 1997a; 1998e; 2000a].

This control is an important element of the “aspirations” of would-be entrepreneurs which Ritchie [Ritchie/Eversley/Gibb 1982] suggested was more likely to be personal than business oriented, seeking the autonomy and self-fulfillment desires described by Maslow and others [HSE/WRIGHT 179/1998; Jeynes 2000a “Crafts & the Entrepreneur”; Bjurstrom 1998; Vyakarnam/Bailey/Myers 1992]. The degree of power or control actually available to a small firm is not clear, but likely to be limited when considered relative to bargaining positions [Vyakarnam/Bailey/Myers 1992].

In any event, entrepreneurs do not generally establish a business because they want to provide jobs for other people, are good at general administration or interpreting and complying with legislation. There would seem, therefore, to be other considerations that relate to their commitment to positive health and safety management as an integral part of running the business. S. Deacon in “Measuring Business Value in H&S” [Deacon 1995] refers to “conviction management, a commitment to doing the right thing” [P29] as an important element of business decision-making, springing directly from the “core set of values” in the firm. It appears reasonable to assume that this core set of values is established by the entrepreneur starting the business, and indeed is not easy to change.

The importance of senior management commitment is a recurring theme throughout the relevant literature, appearing as a crucial factor in the success of any health and safety action [Vassie/Cox 1998; PREvents 1998; Jeynes 2000d; Jeynes 2000e; Hawkins/Booth 1998; HSE/WRIGHT 179/1998]. It would seem that any widespread change will only occur if there is a change at senior manager level [Cooper 1995; IPD 1996].

The British Chambers of Commerce survey in 1995 [BCC 1995] confirmed that the

“majority regard health and safety as important, but adopt a common-sense approach to managing it”. The author’s findings also suggest the assumption that small firms are inherently “uncaring” is unfounded, as is the belief that they think lower standards should apply to them [HSE/Clifton 1998]. However, evidence suggests that it is not placed very high on the business agenda [McGuire 1998; RRC 2001].

Becoming an employer represents a considerable step in the organization of the business, and for many entrepreneurs a fundamental change of management style and approach to handling the multi-faceted requirements of running a successful and compliant small firm. In particular, the notion of power or control is an important one. The power base changes as the business expands and develops, and the entrepreneur may no longer be in complete control of the business. Experience of the author to date, since establishing Opal Services in 1987, is that this change in management approach can occur at various sizes of business units, but tends to become more apparent around the 50 employee stage.

At this stage, business owners realise that they can no longer manage and control the business in the same way they could at earlier stages. The shift to more high-technology knowledge-based small firms could well alter this pattern as they have to focus more closely on conditions that encourage “creativity”, and are therefore more person-centred [Lane, Waterman, Sypol 2000].

The government’s push for a flexible workforce has resulted in great uncertainty for employees in some industries, as they are obliged to work on temporary, short-term contracts or indeed as self employed individuals, where clearly this is not the case and they are employees in all but name. [Marmot 1998]. Continued increases in employment legislation and benefits for employees exacerbates the situation, putting undue pressure on employers and making it extremely difficult to continue employing people in traditional, full time employment [Croners 1998; SYSDM 1998 Trends; EU AHG Doc 0727/97; HSC 1999a; TUC 1999;]. The Better Regulation Task Force (BRTF) report [BRTF 2000] identifies some of the most significant regulatory burdens on small firms, and is pessimistic about how this provides the necessary environment for such enterprises

to compete effectively.

All of these influences can have a significant effect on the “committed person”, whether this is the owner of the business or an employee. Retention of knowledge within the firm may be affected by high turnover of staff, and the further issue of competence may also be difficult in such situations [Lane, Waterman, Sypol 2000]. The diversity of businesses makes it difficult to view “small firms” as an homogenous group, thus making its definition and control that much more fraught for the legislators and enforcers [SYSDM 1998 Intro & UK section]. This is true for many areas of enforcement, including environment, as documented by Hillary in her recent publication, *Business Imperatives* [Hillary (Ed.) 2000].

#### ***4:3 Organisation size implications***

The size and sectoral spread of target small firms is an important element of attempting to evaluate intervention success factors more closely. Changes identified earlier, and an increase in high value “knowledge based” businesses with few staff, make definitions based on the number of employees problematic [SYSDM 1998 pps 6-7; Croners 152/1998]. Other measures such as turnover may also give a skewed picture, depending on the type of industry, location, profit margins, and indeed effectiveness of business management itself.

Evidence suggests that there are factors related to the size of the organization that impact on the way health and safety is organized. Zoltan & Audretsch [1993] do not believe existing evidence “indicates that small firms and plants are...burdened with an inherent size disadvantage”. Michael S. Wright in HSE Contract Report 179/1998 positively states that “there are no unique SME factors” that influence motivation for proactive H&S management [p46], and that self-compliance is still valid for low-risk SMEs [P36], although he does not define this. It is worth reviewing this element if only to counter the often-voiced belief that:

“small firms are just scaled down versions of larger organizations” [Frank Davies

HSC Chairman 1996/1997].

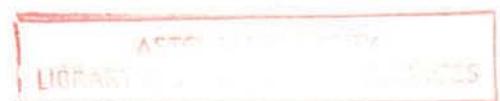
The diagram in section 1:2 illustrates the wide range of pressures exerted on businesses of all sizes that can be potential motivators for health and safety management. Clearly, the priorities given to each of these elements will vary according to the size, nature, and industry sector of the individual firm, but it is suggested here that they are of particular significance to small firms. Although the impact of an accident can be more devastating in a small enterprise than in a large organization, smaller firms have less direct experience of this and tend to take a more “holistic” view of their risks. This does not necessarily fit easily with the insurance industry’s approach to identifying risks for premium purposes [Budworth 2000].

Evidence related to management style and the way businesses are organized suggests that there are significant differences between micro and larger organizations. Rimington [HSE/Rimington 1998] noted that small firms had size advantages in their ability to be flexible and react quickly to situations, but disadvantages related to formalised record-keeping systems. In addition, the shift to goal setting rather than prescriptive legislation offers flexibility for all businesses, but relies on the existence of a structured management system in place and an ability to translate and apply requirements to the individual firm.

The author believes that, given the evidence so far, a reasonable hypothesis may be that inherent size disadvantages are related to levels of knowledge and awareness and the ability to demonstrate compliance satisfactorily, rather than whether firms can or do comply [Jeynes 1998; 1999; 2000; RRC 2001].

#### **4:4 Motivation**

Intrinsic or internal motivation to take action is, therefore, a significant factor when developing the model. Many of the early theoretical models on motivation, such as Maslow’s hierarchical structure of needs [The Economist/Barrow 1987] and Hertzberg’s motivating factors, have been criticised [OU MBA 1986; Hawkins/Booth 1998] for being



too rigid and simplistic. Herzberg's recognition of both demotivating and motivating factors as separate, discrete elements has more relevance in the field of health and safety generally. Welfare and environmental issues such as lighting, heating and providing adequate rest areas are a fundamental part of current H&S legislation, and there is evidence to support the negative impact these conditions have on workers when they are missing or inadequate. In particular, much of the recent work on stress, such as the EU "Guidance on work-related stress" [EC 2000; Loss Prevention Council 1999] identifies these conditions as contributing to the incidence of stress in the workplace.

However, these theories relate specifically to workers rather than entrepreneurs or business owners, and indeed are based on original work carried out in large, traditionally structured organizations. The "hygiene factors" as demotivators do not equate so readily with micro firms. Traditionally, many small firms have started off in inadequate or inappropriate premises because of resource constraints. Many of the factors listed above are then considered to be luxuries. It could be argued, therefore, that business owners from such a background will be less likely to appreciate the suggested demotivating nature of their absence on the workforce, as they themselves did not find them demotivating.

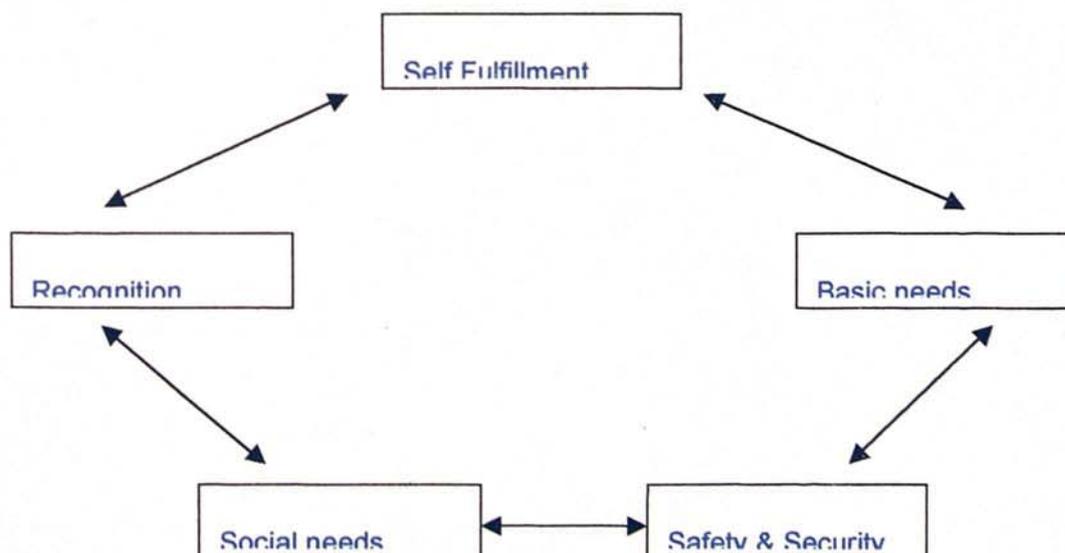
The situation becomes more complex when we consider the motivations of small employers to comply with the requirements of H&S regulations, and to manage H&S effectively. Wright identifies [HSE/WRIGHT 179/1998] a set of primary and secondary motivators in this context which provide a useful starting point for further discussion. While the author of that Report states that there is, in essence "little difference between large and small firms", as we have seen, the author of this thesis argues that the evidence suggests otherwise, and that there are significant differences between the two. The notion that "the majority of small firms owners are motivated by self-fulfillment needs" is somewhat simplistic [DfEE 1997; HSE/Wright 179/1998] and there is little indication of what evidence this statement is based on.

This may, be the case for some entrepreneurs, particularly those in art and design or craft sectors. Feedback from graduates attending the Local Authority six-day Business Start-up training course (whose numbers have grown significantly since 1998), supports this point [WCC/EDU 1999]. Their choice of self-employment is often based on their desire to work closely with a client, developing design ideas and practising their craft in a creative atmosphere not generally associated with commercial design houses [Jeynes 2000a].

While this is indeed an attractive option, experience of the author suggests the reality of self-employment is that opportunities for satisfying self-fulfillment desires are extremely limited, and are generally overshadowed by commercial pressures to generate sufficient income. Maslow’s hierarchy of needs is too rigid in this case, as the entry point for the entrepreneur is likely to be at the higher levels of motivation, and it is not always clear how basic needs are met.

The following diagram illustrates a different interpretation of the elements of such needs hierarchies in relation to a craft entrepreneur, based on feedback from the client group that their motivations may fluctuate between basic needs, security and recognition at various times, with self-fulfillment as a “constant” [Jeynes 2000a].

**Fig 4:3 Motivations that exist Concurrently**



As a significant proportion of self-employment is from the craft sectors, especially in rural areas, this is a concept that would benefit from further research. It would be useful to identify more closely the motivations of such entrepreneurs, and any correlation between this and success or failure rates of businesses, as well as any differences in attitudes towards compliance with relevant legislation. This fits well with Wright's model of management motivation [Fig 5/P21 HSE/Wright 179/1998] where demand and supply, cultural acceptance of risks and levels of H&S knowledge are critical factors in where firms are placed on the "Size of Firm" and "Perceptions/costs of Risks" continuum. Firms from the rural craft sectors may well operate at the elastic demand/ low perception of risk level. In addition, those small firms identified earlier in "Don't Know/Don't Care" scenario would clearly be placed in the bottom left-hand quadrant Wright equates with lowest intrinsic and extrinsic motivation.

The author would also argue that sector specific issues are particularly relevant in this context, and that external pressures, such as those identified earlier, are very relevant to Wright's approach of identifying potential Internal and External Motivators [HSE/WRIGHT 179/1998], although such motivators are extremely complex and not necessarily "solely related to work" [Cooper 1995]. Wright also identifies the main motivators for action on health and safety as "loss of credibility" and because it is "morally correct" to do so, although he does acknowledge that adverse publicity is not a significant issue for small firms [see also Tilley 2000 "Small Firms' Environmental Ethics"]. Triggers for action do not appear to be financial or fear of prosecution [HSE/DUBS 185/1998; HSE/WRIGHT 179/1998], although the author suggests that "fear of litigation" is increasingly a trigger or catalyst for action [Jeynes 2000d].

Regarding these Internal Pressures identified, it is also proposed that McGregor's Theory X and Theory Y has some relevance in this context, not only in relation to employers and entrepreneurs, but also those that act as enforcers of the regulations. The autocratic approach traditionally associated with management in hierarchical organizations (Theory X styles) can be found in firms of all sizes, particularly in process-oriented industries where the choices available to workers are fairly limited [Smith/Pugh 1994]. In addition,

the largely prescriptive development of health and safety legislation in its infancy reflected this approach, and lent itself to enforcement action that also fitted the Theory X profile. The move towards goal setting regulation does represent a shift towards a Theory Y model, and consequently requires that shift to be reflected in the approach of both employers and enforcers [Hawkins/Booth 1998].

Wright [HSE/WRIGHT 179/1998] notes that there is room for the alternative argument for prescription, in that it “relies less on base knowledge and awareness of small firms for interpretation” [P44]. This issue of knowledge and awareness is a critical one, whether as the starting point and basis for action in the firm, or as the intended outcome of an intervention. Evidence suggests that while there is likely to be a lower level of OH&S knowledge and awareness in small firms than in larger organizations [Gadd/Dickety 2000 HSL; RRC 2001], there are higher levels of “awareness and involvement of senior management” in UK SMEs than in Spanish ones [Vassie/Tomas/Oliver 2000]. Such findings are interesting, though not necessarily directly transferable given their sample firms of up to 500 employees.

Wright also suggests that increased awareness of risks due to education may increase “intrinsic motivation”, although Johannson argues that training “as a stand-alone activity” is unlikely to be successful unless there is already a perceived need within the firm [Johannson 2000]. As the Cranfield “Mental Health in the Workplace” project suggests, much of the training received by those in management positions relates to specific aspects of health and safety such as Mental Health, so there is a need “to bridge the gap between general awareness and action” [Cranfield 1996]. The provision of health and safety training at senior level has been explored elsewhere by Hawkins & Booth [1998], identifying a depressing paucity of provision in MBA level programmes generally. At the same time, it is suggested that few health and safety practitioners receive any formal management training and development.

Guidance has a part to play, needing to be relevant, specific, precise, and in an appropriate format to assist small firms [HSE/DUBS 1998; Clark 2000; Hillary 2000], with the caveat that “guidance alone is not a compelling factor” in whether corrective action is taken to control risks [H.Dalrymple BSI/HS1 minutes 1999]. This element of knowledge and awareness relates more closely to the “input” stage of hazard awareness in the Hale and Glendon model, with some support at the risk assessment “process” stage.

It is proposed that small firms often do not get past the “input” stage, or have a flawed approach to the “process” stage, so interventions that have improvement of knowledge and awareness as their intended outcome have a valuable part to play in the equation. However, interventions that potentially have action as the intended outcome, such as the “selection and adoption of measures to reduce risk” [Hale and Glendon 1995], would seem to be the preferred outcomes aimed for.

The Trade Union perspective on whether there are business size implications related to health and safety management suggests they accept that differences exist. Various research reports [Frick, Walters 1998; Walters, James 1998] concludes that workers are twice as likely to be injured if they work in a small rather than a large firm, and this is one of the main issues raised in their response to the HSC Consultation Document on employee involvement [2000]. Although this position is echoed in the European Commission findings noted earlier [Eurostat 2000a], it does raise questions about the age of the research, the size and type of firms sampled, the number of firms considered to be “small”, and indeed the definition used for a “small firm” at that time.

It may be more valuable to identify what it is about union involvement that makes a difference, and whether this relates to membership status or the positive motivation of the “critical person” hypothesised in this research. In addition, it would be useful to consider how apparent differences can be measured and monitored over time. At the time of writing, there is no major piece of evidence that brings together results of research activities carried out to counter the union argument that the situation will only improve if there is greater unionisation in smaller firms.

The FSB position is that there may indeed be things that can be learned from the union approach to health and safety, but pressure to increase union membership and recognition in micro or small firms is not necessarily the way [FSB 2000a]. It will be interesting to see how far this argument develops in the future.

The difficulties experienced by micro and small firms in taking a formal approach such as that suggested in Standards for OH&S Management are widely documented at national [BSI 1996/1997; BS 8800 Guidelines 1996; Smith/Hunt/Green “Managing Safety the BS8800 Way” 1998; Vassie/Cox 1998; Hawkins/Booth 1998], and European level [Antonsson 1999; Work Life 2000/June 1999].

There is a growing body of evidence that shows supply-chain pressure is the most significant factor in whether smaller businesses take the formal “standards” approach to managing OH&S [HSE/Rimington 1998; HSE/Wright 179/1998; Vassie/Cox 1998]. This factor was identified by FSB members who took part in the BSI survey of 1998, confirming that out of the sample 58 firms, only 6% would seek certification to such a scheme, and only as a result of pressure from larger clients [BSI 1996a]. It was a factor identified by firms who took part in the UK Prevents [PR Event 1998 p10 UK report] and by Vassie/Cox’s research that said firms were “forced down the route by their customers who operated ‘no BS5750/no contract’” [Vassie/Cox 1998].

Vassie and Cox were particularly critical of the “impact of BS5750, and in particular the burden it had placed on some companies in terms of increased costs and documentation”. It was felt by sample firms that the “costs far outweighed the benefits”, a view widely held in relation to environmental management systems in small firms [Ludevid 2000; Gerstenfeld & Roberts 2000]. It is often viewed as a luxury item with no impact on returns to the business – a view echoed by Business Advisers who said OH&S itself was not generally seen as “an enabler to growth” [HSE/DUBS 185/1998].

Even up to the 500-employee level, there is criticism of such formalized management systems [Vassie/Cox 1998; Vassie/Tomas/Oliver 2000], although there appears to be greater likelihood of engaging with such a system for OH&S if a Quality or Environment management system is already in place.

It is felt by many that the “majority of schemes do not take account of the particular needs of SMEs” [Vassie/Cox 1998; Jeynes 1998e; Jeynes 2000b], and are more likely to be positively received by small firms if they are low-cost, easy to monitor, and sector-specific.

Despite the existence of such evidence, the new draft Introductory Guide on OH&S Management Systems, produced for UNICE by the CBI, disappointingly does nothing to address this issue [UNICE/CBI 2000].

#### ***4:5 Primary and Secondary interventions***

Based on these findings, the proposed model might include measurement of the impact of interventions by reference to the following four criteria:

- awareness and increase in knowledge;
- agreement to take action through the “committed person”;
- action which may involve a change in behaviour;
- and attitude relative to the culture and beliefs in the firm.

**Fig 4:4 Four Criteria to Measure Impact of Intervention**



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On closer examination, the analyses in Chapter 3 can be broken down still further into *Primary and Secondary Interventionists*. For this model, *Primary Interventions* would be classified as those that come from *external* bodies including:

- HSE/LA (noting that this does not just refer to “inspections”);
- Insurers (and possibly Banks or Accountants as they too may specify requirements);
- Business clients via specifications.

*Secondary interventions* represent *mechanisms* by which Primary Interventionists bring about change in the target firm, and include:

- Advice and Guidance;
- Publications;
- Consultancy and Training.

Thus, Primary interventions may be perceived more negatively by the firm, and may well be imposed rather than invited, yet potentially they can consistently bring about action – that is, changes in behaviour – within the firm. There may also be an increase in knowledge and awareness, but their impact on attitudes and beliefs in the long term is likely to be limited, as is the potential to instill commitment.

There has been research carried out into the profile of entrepreneurs for many years, and the picture is generally one of an individual who is a risk taker/ independent/ able to make decisions quickly on limited information/ enjoys change and a challenge [Smith/Pugh 1994]. Characteristics NOT generally associated with entrepreneurs are organizational skills/ attention to record-keeping procedures/ rule-led/ delegation skills/ and task rather than people oriented.

If this hypothesis of the typical profile of an entrepreneur is correct, then it is likely that the conditions accepted as the norm by the business owner are also considered by them to be acceptable for their workers. In this scenario, the impact of workplace hazards, such as the existence of undue pressures resulting in high stress levels for their workers for instance, will not necessarily be recognised as such [HSE 2000; NOHF 1999-2000; EC Employment & Social Affairs Committee 2000].

The author believes that this does represent a unique SME factor “that influences motivation for proactive health and safety management” [HSE/WRIGHT 179/1998].

Secondary interventions, on the other hand, may be perceived positively by the firm, and are thus more likely (though not exclusively) to be invited rather than imposed.

Potentially, they can raise knowledge and awareness, and bring about changes in attitudes and beliefs by working through the critical “committed person”.

The hypothesis stated here is, therefore, that:

- ❖ *“a combination of Primary Intervention and Secondary Intervention is more likely to result in action AND commitment in small firms, as such a combination addresses all four criteria of: Awareness – Agreement – Action – Attitude”.*

#### **4:6 Closer consideration of Interventionists**

Three interventionists warrant closer consideration in the context of this model because of their potentially broader base of impact. These are the Trade Unions, the internal “committed person”, and Campaigns or Initiatives.

##### **1. Trade Unions**

The definition of union intervention as either Primary or Secondary depends considerably on the context. Potentially, such an intervention can be primary in that it impacts significantly on behaviour within the firm, although questions about whether it is imposed or invited/ perceived positively or negatively are not taken up within this research. In addition, the potential to change attitudes or gain commitment depends substantially on the union power base within the individual firm. The union representative may indeed be the “committed person”, and potential to increase knowledge and awareness in the firm is considerable [UMIST/IOSH conference 2000; European Foundation 1997].

However, research suggests [TUC/IOSH/CBI 1997] that the extent of influence of the union in relation to health and safety is relative to the recognition of the issue at Board level in the firm. In the context of small firms, where union membership and recognition is limited, such an intervention is more likely to be Secondary. This does not take away its potential to then have a significant impact, of course, but it is more likely to be in conjunction with a Primary intervention, such as a proposed legal requirement to use Roving Safety Representatives [HSC 1999b].

## ***2. The internal “committed person”***

As we have seen in earlier sections, the role of the “committed person” is a crucial element of this research. In the context of a micro firm in particular, for any positive long-term outcome to be achieved, the committed person must be at the most senior level and probably the owner/manager him/herself.

In the proposed model, the internal committed person must be viewed as a Primary Interventionist, in that they:

- define the attitudes and beliefs within the firm;
- must have a basic knowledge and awareness of the principles of effective health and safety management (as they are committed);
- have the authority to agree actions required;
- directly monitor or oversee actions or behaviours of others.

As the initial research hypothesis suggests, this committed person would seem to be the critical link, in that other Primary or Secondary interventions exist independently of the firm and will not be engaged with effectively except through a committed person. This does, therefore, represent a further option to that stated previously, that is:

- ***The preferred interventionist is the internal committed person as they can positively impact on all four criteria.***

However, it is also likely that they will need input from both Primary and Secondary sources to enable them through the provision of relevant tools and support.

## **3. Campaigns or Initiatives**

Crucially, the intervention category including “Campaigns and Initiatives” can also be both Primary and Secondary interventions, depending on where they emanate from and their outcome objectives. They too have the potential to impact significantly in all four criteria areas.

In reality, the situation is not quite so tidy, but as a model to explore it does provide the basis for taking a more focussed view of potential intervention routes and methods in later stages of the research. The author's work with an intermediary organization specifically targeted towards small firms – that is, as a Secondary Interventionist – presented an opportunity to test this hypothesis further through FSB member feedback.

The insurance route is a potentially significant one, as the interview with David Perry of Warren Hill suggests [Annex 2]. While “insurance is based on risk and controls in place to manage or reduce that risk”, it seems to be an ideally matched intervention to encourage action on the part of the firm. The confusion for businesses generally relates to the way premiums are calculated, and the fact that “legislation is minimum requirement not necessarily related to potential damage to property and insurance liabilities” [Perry 1998].

Despite the fact that no standard formula appears to be used for deciding discounts, there is potential for applying a percentage discount on the total liability based on evidence of good risk management. At the time of the interview, the greatest challenge was keeping premium rates at an affordable level given the need for increased cover based on:

- the continued shift of responsibilities onto the employer;
- higher frequency of theft, especially repeat theft;
- rising levels of litigation and amounts of damages paid out.

Referring back to the aims and objectives identified for the research at that time, it was decided that although the Insurance intervention route warranted further exploration, other routes would be considered first. Bearing in mind motivational pressures within the firm which play a crucial part in the success or failure of any intervention activity, Stage Three tests three different intervention methods from Fig 3:3 to consider the extent to which such methods address the criteria of:

❖ *Awareness – Agreement – Action – Attitude.*

These interventions will be assessed against the proposed model, Fig 4:5, to evaluate their effectiveness and potential to result in change. The model below summarises the findings and can be considered against a variety of intervention methods. For example, referring back to Fig 3:3, a visit from a Business Link Business Adviser may be requested by the firm, viewed positively and thus assumes some level of motivation on their part. If there is real commitment, then action is likely to be long-term. In the absence of either internal motivation and commitment or external obligation to act, action may be minimal or short term.

**Fig 4:5 Proposed Model for Assessing the Success of Interventions**



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Stage Four tests the hypothesis further by combining Primary and Secondary interventionist pressure in the context of a specific industry sector, in this case the Licensed Trade.

## **STAGE THREE – Trial of three Interventions to reach Small Firms**

This stage of the research is intended to bring together several elements of the findings and assumptions so far, and to find out to what extent these are valid. While not necessarily taking a unique factor for closer consideration, it does represent an important stage of the research by consolidating the existing body of evidence and confirming its continued validity. The uniqueness of this stage relates to the prior identification of a model for evaluating intervention methods and routes, and the adoption of a substantial research effort to test it out with a relevant target group.

This stage was specifically targeted at members of the FSB, who were considered to be representative of small firms generally, rather than the wider population of small business owners. The three elements of the intervention have been considered separately in the following three Chapters 5-7, although in practice they were all part of the same initiative. In addition, they are not so easily considered sequentially, so the findings are presented in the order of the Workshop, the use of a detailed Questionnaire, and finally the Mailshot and Reply Slip responses. The results of all three elements are then discussed and evaluated in Chapter 8 before moving on to the next discrete stage of the research process.

## Chapter 5: Method 1 – a Workshop.

Three intervention methods were identified that would take forward the stated hypotheses,

- a) an event – in this case a Workshop on Health and Safety;
- b) the use of a detailed Questionnaire at the Workshop and via the local FSB Branch network [Annexes 5-7];
- c) a targeted Mailshot which incorporated a simple 4-question Reply Slip [Annex 4].

These methods were intended to confirm the extent to which the original hypothesis and assumptions underpinning it were valid, namely that:

- something must act as a catalyst for action
- a critical “committed person” is required to move it forward
- this critical person may be internal to the firm – in a Small Firm assumed to be the owner/manager – or from an external source.

Further, it was vital at this stage to identify what Small Firms were actually doing to manage health and safety, their attitudes and beliefs in relation to health and safety, and finally their perceptions of hazard/risk/control measures. Finally, it was necessary to test out the potential for using a Secondary intervention route of a business support organization - the FSB – as a “catalyst for action”.

At the same time, an opportunity arose for the FSB to receive financial support from HSE to organize an event for European Health & Safety Week 1997. This did, therefore, extend the possibilities for testing out the different interventions directly with members which would otherwise have been financially prohibitive, for example mailing 11,000 members. One of the most significant challenges was to find a way to encourage action from a sector notoriously difficult to mobilise on health and safety issues.

### ***5:1 Aims and Objectives for holding a Workshop***

Specifically, these were to:

- identify a specific target group of small businesses, in this case those considered to be “low risk”;
- identify the target group’s level of knowledge of health and safety requirements;
- gain a clearer picture of what member small firms already do in order to comply with relevant Health and Safety legislation;
- identify their concerns in this area;
- encourage action through attendance at a national Workshop;
- provide access to a range of professional advice and guidance in a non-threatening environment, supported by relevant literature.

### ***5:2 Methodology***

A target group of FSB members was identified according to their own statement of industry type, and specifically from sectors considered to be “low risk” and inspected by LA rather than HSE inspectors. These included self-employed individuals as well as employers, and the full membership of the time was used rather than using a sampling basis in order to avoid bias. It was felt that while we could do little about “self-selection” by those who reacted positively to the intervention, we could remove this from the initial contact stage.

The target industries included shops, offices, service providers, plus butchers, hairdressers, dry cleaners and furniture restoration as these last four categories had contacted the FSB with concerns on health and safety during the previous 12 months, and each had specific types of hazard to deal with.

List of targeted industries:

Type of industry	Number of FSB members
Butcher/ Delicatessan/Fishmonger	850 approximately
Grocer/ Greengrocer/ Frozen food/general store	1750
Wholesale	950
Stationery/ paper goods/ clothes etc	1130
Offices such as accountants/solicitors	950
Other retailers	2375
COSHH relevant businesses such as Dry Cleaners/ hairdressers/ French polishing	2100

A range of potential issues was identified by members of the FSB Health and Safety Committee, with the author acting as Chairman, in order to decide the content and structure for the Workshop. These included the principles of Risk Assessment; COSHH assessment; the newly introduced Fire Regulations; and general health and safety management issues. It was important to include access to professional health and safety “experts” so that members could receive individual help and advice if necessary. Various professionals were invited to participate, including EHOs, HSE inspectors, Fire specialists, insurance representatives, and H&S Consultants.

A single double-sided, A4 sheet was developed to go out in a separate mailing to the target group [Annex 4]. It was decided not to include it with the bi-monthly journal as internal research showed that members do not always open these immediately, so could miss the Workshop date inadvertently. It included an invitation to attend the event, but if unable to attend they could still request a Delegate Pack of relevant health and safety literature using a reply slip attached (see Chapter 7 for analysis of Reply Slip responses). No return postage was included. The other side of the flyer identified the five main misconceptions that small businesses have about H&S, plus a note that each was incorrect. The intention was that even if people did not wish to take any action, their initial skim reading of the flyer should raise their superficial awareness of some issues.

A central venue was chosen to enable more people to travel to the event without too much difficulty. The Botanical Gardens in Birmingham was chosen, and did provide an excellent venue for the event that took place in September 1997. It was particularly important to arrange tables in such a way as to encourage small group, informal discussions between participants from similar industry backgrounds. Groups were arranged as follows:

- Hairdressers and florists;
- Butchers and food retailers;
- General retailing;
- Services and production.

The day was structured around initial presentations from three speakers, each talk only 15 minutes long, then completion of the Questionnaire. This was followed by group discussions with an expert at each table. Main issues and concerns were identified beforehand as a large group so that they had a starting point for discussions. Lunch and refreshments were provided, plus a comprehensive Delegate pack of free and priced HSE publications. Delegates had a choice of relevant priced publications according to their industry sector.

### ***5:3 Analysis of results***

35 FSB members attended the Workshop, some bringing a colleague with them. In addition, there were five members of the FSB H&S Committee plus the author as Workshop Chairman, three other speakers, and two Environmental Health Officers from Hereford and Worcester. Detailed Questionnaires (Version 2) were completed by all participants, providing a picture of attitudes towards health and safety in the target group, and a database for more detailed evaluation in the future.

Every participant agreed to go away and actually do something following the Workshop, and almost all of them stated that they now felt more confident about their own ability to take such action. The chosen Workshop format worked particularly well, as everyone had the opportunity to discuss their own situation with an expert, as well as exploring issues

and increasing levels of awareness. Although the original intention had been for attendance by 150 delegates, in practice this would have been much more difficult to control, and likely to be less productive from the delegate's point of view with such large numbers.

Delegates found it useful to be in a group with others from similar industry sectors, as discussions were then focussed on common issues relevant to that group. There were sufficient numbers of health and safety professionals present to enable each group of participants to ask questions and discuss points in a more informal setting than the large-group "presentation" format earlier in the day.

One-to-one and small group discussions between the author and delegates provided valuable feedback and confirmation of assumptions about issues that concerned them. However, it was also an opportunity to clarify Reply Slip responses about the type of concerns owners had, particularly the emphasis on safety of customers which had not previously been considered by the author, but which confirmed comments made during interview with the insurance industry about increasing litigation concerns [Warren Hill; Willis Corroon].

Local EHOs found the opportunity to speak directly with firms very valuable, especially as they were from outside the LA area so not enforced by them personally. It was agreed that the format of the day had been very effective in reaching the aims and objectives set, and in encouraging a positive response from small firms through a member group – see later evaluations of this Stage of the research.

## Chapter 6: Designing and using a Questionnaire

### **6:1 Aims and Objectives**

In order to take full advantage of the opportunity to reach small firms directly at an event such as the FSB Workshop held in September 1997, a Questionnaire was developed as a means of testing the author's assumptions and of meeting the objectives outlined. While not necessarily the most effective tool for gaining data on **all** the research issues, some fundamental questions could potentially be explored by this method. The Workshop provided a valuable opportunity to pilot the questionnaire, albeit with a biased, self-selected sample group, before using it more widely with other businesses.

Questions that might usefully be explored by this method included:

- is there a relationship between the size of firm and existence of a Health and Safety Policy?
- Is there a relationship between previous employment and current attitudes towards H&S?
- Is it general management issues or specific industry hazards that concern them?
- What are respondents' attitudes towards H&S management, enforcement, near-misses?
- What makes them actually DO anything about H&S – that is, what motivates them to take action?
- Where are the gaps in their knowledge about compliance requirements?

More specific objectives for the development and use of the Questionnaire were to:

- identify what small firms currently do to manage health and safety;
- gain insights into their attitudes and beliefs about OH&S;
- review their perceptions of hazard/risk/controls;
- identify the relationship (if any) between the size of firm and actions/ attitudes/ perceptions;

- identify what motivates them to act.

## **6:2 Methodology**

The methodology employed to develop a suitably relevant and robust questionnaire was based on the following principles.

1. Initial identification of relevant questions, based on findings from earlier stages of the research, discussed with members of H&S Committee to confirm relevance.
2. Questions arranged to form a structured Questionnaire, with a range of responses from Likert scale options to simple “Yes/No” answers.      VERSION 1 (6:3)
3. Questionnaire piloted with 10 respondents in face-to-face situation to identify ease of use, confusion about the process, understanding and ability to answer questions asked.
4. Feedback was analysed and the Questionnaire amended accordingly. Two questions were removed, later “Yes/No” questions amended. Although the scale of 1-9 for responses was not liked by all respondents, it was decided to leave it for the next pilot group to test.      VERSION 2 (6:4)
5. The amended Questionnaire was used with participants at the FSB Workshop, in the presence of the author, and results analysed.
6. Following more detailed analysis, further amendments were made to the wording of some questions, options for two later questions were reduced, and the response scale for questions 1-17 was reduced from 1-9 to 1-7.
7. Responses were also analysed to see whether questions were still relevant to the research.      VERSION 3 (6:5)
8. The final version, Version 3, was distributed via the FSB Branch network of members to be completed in group face-to-face situations at their local Branch meetings, without the author present. These respondents were from a wider variety of industry sectors, being geographically based rather than industry based.
9. Results were analysed in various ways, including raw score totals and average score profiles; weighted question responses; and identifying critical questions.

### **6:3 Analysis of Results of Version 1**

As stated above, the original Questionnaire was developed from discussions between the author and members of the FSB H&S Committee who are all small firms owners themselves. A covering sheet gave reasons for the survey, and instructions on how to complete the questionnaire.

Questions 1 – 17 provided respondents with an opportunity to give a graded response based on a Likert scale of 1-9, with:

- 1 = strongly disagree with the statement.
- 9 = strongly agree with the statement.

This order for the grading was chosen to enable a total score evaluation of responses that represents:

- a low score of 1 or 2 = a negative or poor approach to managing health and safety.
- a high score of 8 or 9 = a positive approach to managing health and safety.

As the example at Annex 5 shows, Questions 18-20 were YES/NO options, Questions 21-22 open questions, and Questions 23-24 provided background data related to the number of employees and industry sector.

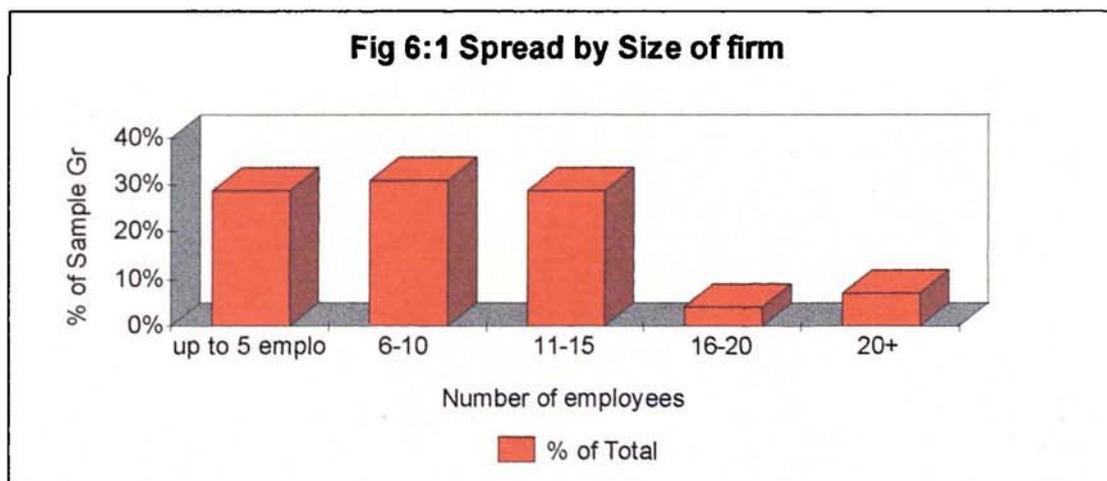
The initial Pilot group of 10 small firm owners completed the questionnaire, and during a verbal feedback session with the author were asked to comment on the following points:

- whether instructions for completing the questionnaire were appropriate, helpful, worded clearly;
- ease of use of 1-9 scale for responses;
- apparent relevance of questions;
- wording of questions relative to how easy/difficult it was to answer them;
- the use of YES/NO options for Q18-20;
- any other comments on format/content/structure of questionnaire.

Feedback from this sample suggested that once they got used to using a 1-9 scale, it became easier to answer the questions. Four of the ten found the scale acceptable, but six said they would have preferred a narrower choice of ratings, perhaps 1-7. It was agreed that the 1-9 option would stay for the pilot group at the Workshop to get a broader base of feedback on this point. No one found any major problems with answering the questions, although comments were made about how keen they would actually be if it was a postal survey rather than in a group setting. Minor layout changes were made, and Version 2 was prepared for participants at the Workshop to pilot [Annex 6].

#### **6:4 Analysis of Version 2**

This was piloted with 33 respondents at the FSB Workshop in October 1997. Although there were more than 33 participants, several were employees of large organizations such as the Local Authority or HSE, or they were accompanying FSB members. Therefore, the actual number of eligible delegates who fitted the criteria of being self-employed or running their own business was 33. All respondents had already completed the reply Slip survey [see Chapter 7 analysis] to acknowledge they would attend the event. Respondents completed individual questionnaires during a set period during the day's programme, taking a coffee break once completed so giving flexibility to the finish time.



**Fig 6:2 Spreadsheet analysis of scores**

**Raw Score analysis (1-9)**

Score>	1	2	3	4	5	6	7	8	9
Q1	5	1	5	1	6	0	3	3	9
Q2	4	2	2	1	10	1	3	3	7
Q3	4	1	1	2	1	1	3	2	18
Q4	4	1	3	3	7	3	3	6	3
Q5	5	1	0	0	6	3	3	3	12
Q6	7	3	5	0	8	0	3	2	5
Q7	14	1	4	1	2	0	3	1	7
Q8	16	0	0	1	5	0	4	2	5
Q10	1	2	1	1	5	1	1	5	16
Q11	3	2	3	1	8	2	1	5	8
Q12	1	2	2	3	10	3	2	5	5
Q13	7	0	6	5	10	0	0	2	3
Q14	5	2	6	5	7	3	1	0	4
Q15	5	2	5	0	3	4	6	2	6
Q16	5	0	1	4	7	2	5	1	8
Q17	11	1	2	1	6	2	2	3	5

**6:2 (i) Rating spread for Policy issues**

Score>	1	2	3	4	5	6	7	8	9
Q1	5	1	5	1	6	0	3	3	9
Q2	4	2	2	1	10	1	3	3	7
Q3	4	1	1	2	1	1	3	2	18
Q4	4	1	3	3	7	3	3	6	3
Q13	7	0	6	5	10	0	0	2	3

**6:2 (ii) Rating spread for Management issues**

Score>	1	2	3	4	5	6	7	8	9
Q5	5	1	0	0	6	3	3	3	12
Q10	1	2	1	1	5	1	1	5	16
Q11	3	2	3	1	8	2	1	5	8
Q12	1	2	2	3	10	3	2	5	5
Q14	5	2	6	5	7	3	1	0	4
Q15	5	2	5	0	3	4	6	2	6

**6:2 (iii) Rating spread for Risk Assessment issues**

Score>	1	2	3	4	5	6	7	8	9
Q6	7	3	5	0	8	0	3	2	5
Q7	14	1	4	1	2	0	3	1	7
Q8	16	0	0	1	5	0	4	2	5
Q16	5	0	1	4	7	2	5	1	8

**Fig 6:1** shows a breakdown of respondents according to their firm size, with a fairly even spread across the three groups of below 5; 6-10;11-15 employees at 29%; 31%; 29% respectively, and much smaller proportion of respondents in firms above that size.

**Fig 6:2** is based on the spreadsheet analysis of respondents' scores against each question, to identify the pattern of scoring. To make it easier to reflect on the findings, these results were then grouped into broad categories of:

- i. Policy issues;
- ii. Management issues;
- iii. Risk Assessment issues;
- iv. Total scores

#### ***i Policy issues***

Q1: There is a clearly defined Health & Safety policy in my firm.

Q2: Everyone in the organisation is made aware of the Health & Safety policy.

Q3: A named person has overall responsibility for Health & Safety matters.

Q4: Current Health & Safety legislation is too complicated for us to understand.

Q13: We are fully aware of current health and safety legislation that applies to our business.

While 36% said they had a clearly defined policy (score8/9) only 21% thought everyone in the firm knew what it was. However, 54% stated that there was a named person with specific responsibility for dealing with health and safety.

There were mixed responses to the questions about legislation, with 84% scoring a negative 1-5 against their awareness of relevant legislation (Q13), 21 % saying definitely

NO, and only 9% confident to rate their knowledge as a 9 score. On the other hand, there was a wider spread in answer to Q4, with a 30% grouping around the middle score range and 33.3% a definite YES (legislation is too complicated).

ii. *Management issues.*

Q5: There is a clear commitment to health and safety management at senior levels in the firm.

Q10: Health & Safety implications are part of all management decisions.

Q11: Senior management regularly reviews internal health and safety data.

Q14: Health & Safety targets are set and monitored.

Q12: Sufficient resources are allocated to manage health and safety effectively.

Q15: Sometimes health and safety takes second place behind other work pressures.

The majority agreed there was some commitment to health and safety at senior management level, 27% giving a 5/6 score and 33% a definite 8/9 score on Q5. For Q10 63% (8/9 rating) confirming health and safety was part of all management decisions, and a smaller but still significant 39% of the sample confirmed regular reviews by management (Q11).

On the other hand, only 12% said targets were set while 15% said they definitely were not. This last position was tempered somewhat by the 27% of 8/9 (definitely Yes) ratings for Q12 on allocation of resources, and an additional 36% in the middle “to some extent” range. It is assumed that these responses represent their belief about the level of resources made available for health and safety issues, and do not include any measure of where or how such levels are set, nor indeed whether they actually are adequate in the event of them being called on. No clear picture emerged of whether other work pressures have priority over health and safety.

iii. *Risk Assessment issues*

Q6: A full Risk Assessment programme has been implemented throughout the firm.

Q7: Results of Risk Assessments have been recorded.

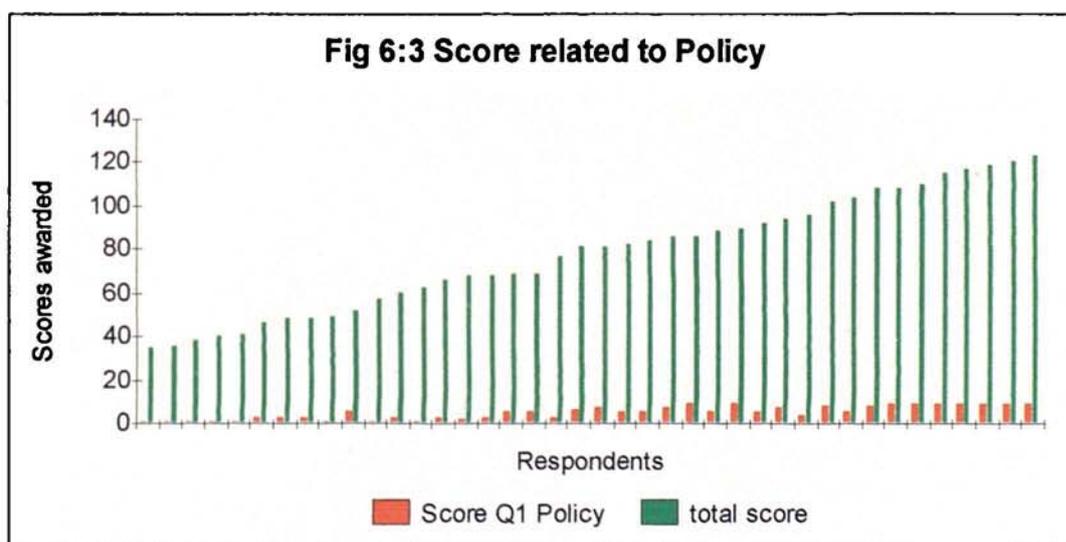
Q8: near-misses and minor accidents are not really worth recording.

Q16: All staff have received relevant health and safety training.

In response to Q6, 21% said NO; 27% said some(5/6 score); 15% said YES Risk Assessments had been carried out, although fewer respondents were able to confirm that results had been recorded – 42% definitely not. Around half - 48% - thought near-misses should be recorded, and most staff seem to have received some training (Q16) with scores bunched around the middle at 54%, plus 24% definite YES responses.

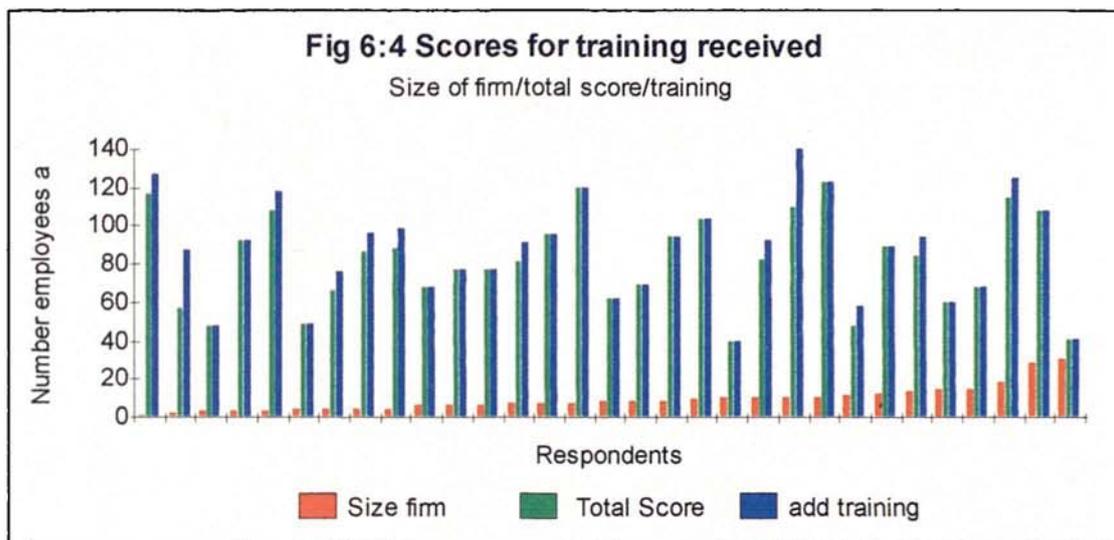
#### *iv. Total scores*

Noting that ratings for Questions 4; 8; 15 were transposed when entered on the spreadsheet, and that a score for Q9 on views about the role of prosecutions was excluded from this part of the analysis, ratings from each individual respondent were added together to form a Total Rating Score. These were analysed to see if any further patterns emerged in responses.



**Fig 6:3** shows there is a positive correlation (88%) between the total score and the existence of a H&S policy ( a high score for Q1 stating that a policy exists, a low score that there is no knowledge of the existence of a policy), in that:

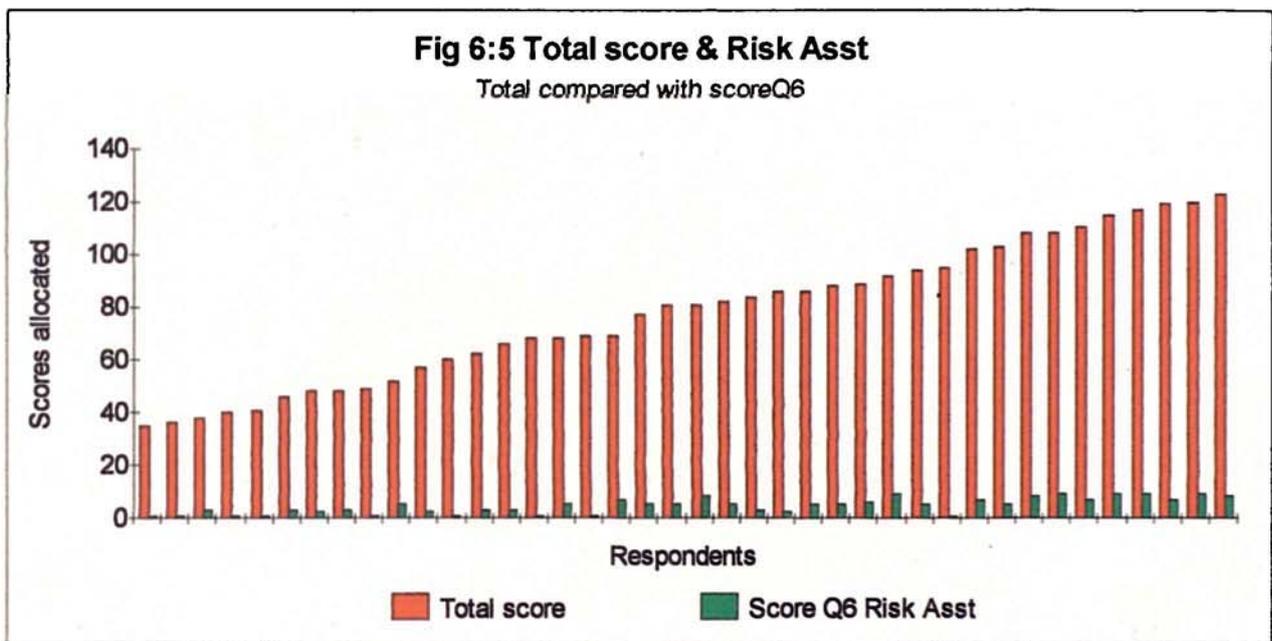
- a low total score was supported by a low score for Q1 in all 6 of the lowest scoring responses;
- a high total score reflected a high policy (Q1) score in all 5 of the highest scoring responses.



**Fig 6:4** illustrates that when an extra score of 10 is added for each positive response to Q16 on whether staff have received relevant training, the impact seems to be greater around the mid-range scores and in four of the six highest scoring respondents (correlation of 95%). However, three out of the lowest scoring respondents also incorporate a positive score for training received despite their poor ratings, and when viewed as ascending scores, this does not appear to relate directly to the size of firm. While the majority of respondents had not received any formal health and safety training, out of the 12 positive training scores, half are from the smallest firms in the sample group.

Responses to Q14 “Health & Safety targets are set and monitored”, and Q15 concerning the impact of other work pressures, were considered to identify any link between the two, but results were not sufficiently clear-cut to draw any conclusion. It may be that the two elements are not necessarily linked in the mind of the respondent, or indeed dependent on each other in practical terms.

Fig 6:5 suggests that there seems to be no consistent relationship between the total score and results of Risk Assessments being recorded, except in the case of the very high or very low scoring respondents, although these are not totally consistent (only 66%



correlation in this case).

Initial responses identified that 15% of the sample group had witnessed an accident in their own workplace, and 33% in previous employment. Allocating a score of 10 for each positive answer to this question (Q18) suggested some relationship between this and the total score. However, 40% of the top scorers had no such experience, and one of the three lowest scoring respondents *had* witnessed the results of an accident at work, so there is insufficient evidence to draw any real conclusions on this point.

On the other hand, Fig 6:6 suggests that experience of working in a large organization does appear to be a feature of 64% of respondents in 80+ total score bracket, although



this spread is only 50/50 amongst the top 4 scorers.

The table below (Fig 6:7) shows the spread of organizations that respondents identified they would contact for information on health and safety. In this instance, because the sample group was primarily from the FSB, results reflect this and are not representative of a wider small firms sample group. However, note also comments about the RoSPA Business Advisers' project and sources of information they use.

**Fig 6:7 Organisations contacted on Health & Safety matters**

<b>Organisation contacted:</b>	<b>% of Sample</b>
Federation of Small Businesses	45%
Health & Safety Executive	24%
Local Authority	10%
Citizen's Advice Bureau	6%
Other	15%

Total scores of respondents for Questions 1-17 were distributed in the following way (excluding additional scores for training etc):

**Fig 6:8 Distribution of scores**

<b>SCORE</b>	<b>% of TOTAL SAMPLE</b>
0 – 39	7.5%
40 – 59	20.0%
60 – 79	22.5%
80 – 99	27.5%
100 – 119	17.5%
120 +	5.0%

As we can see, the largest proportion of 27.5% is in the mid-range bracket of 80-99 score, a further 50% of respondents being below this level and a respectable 17.5% scoring between 100-120.

Three questions were considered critical and given a ×2 score in order to determine any obvious relationship between total scores and the addition of weighted values These were:

- Q1 There is a clearly defined Health & Safety Policy in my firm.

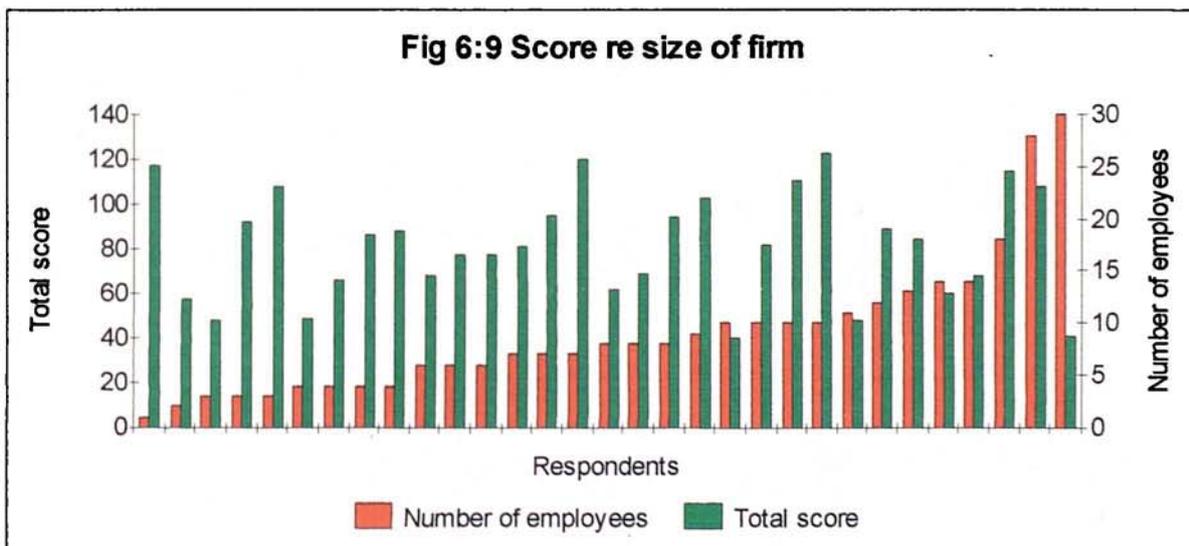
- Q3 A named person has overall responsibility for Health & Safety matters.
- Q6 A full Risk Assessment programme has been implemented throughout the organization.

Further questions were also considered, including:

- Q10 Health and Safety implications are part of all management decisions.
- Q12 Sufficient resources are allocated to manage Health & Safety effectively.

All of these elements were compared with total scores, but no significant change of pattern or positioning of respondents was evident. As expected, a small difference was evident at the lowest end of the scoring scale and a larger difference at the highest end, reflecting the original scores given to each. It is arguable whether this indicates the original questions were so good that they accurately represent the true picture, or that they were so bad they tell us nothing.

**Fig 6:9** shows total scores relative to the size of firm of the sample group. It clearly shows that there is little correlation ( $-.03$ ) between the size of firm and the total ratings given against the survey questions.



### **6:5 Analysis of Version 3**

As Version 2 was piloted with the author and respondents both present, feedback was provided on the structure and content of the questionnaire. While generally happy (30%) or very happy (55%) with the way the questionnaire was organized, some constructive points were raised. The sample group agreed that a scale of 1 – 7 would be easier to use, as in practice very few ratings of 2 or 6 were allocated.

It was noted that Q11 and Q14 were very similar, so in the final Version Q11 became: “Managing Health and Safety properly benefits the business”. This was a positive question that therefore incorporates a high rating as a positive score. Q17 was also changed, as it was similar to Q21, to become: “It costs the business more to have accidents than to prevent them”. This then allowed evaluation of attitudes of respondents, taking into account the issue of answering in a socially accepted way.

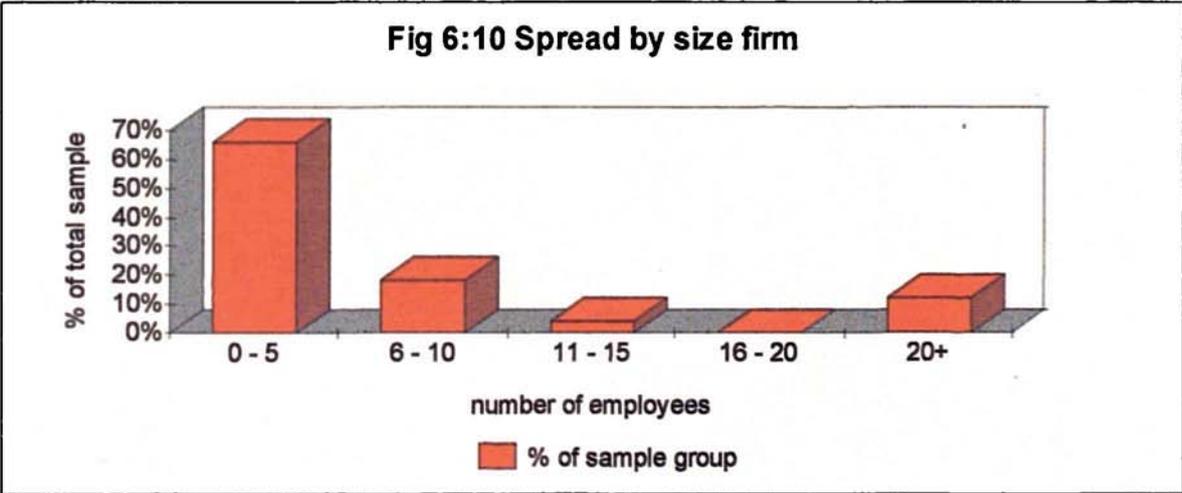
Q19 was amended to give a single option of “more than 200 employees”, rather than two options of “201-500” and “501+”. In addition, Q22 was changed to ask respondents what their main concern was, on the basis that the front page states this is what we wanted to know, but the question was not actually asked in Version 2. This makes a valuable contribution to the results and also fits more closely with the findings of the Reply Slip analysis later.

The front page was amended to make the instructions clearer, the heading “How to Complete” was made larger, in bold, and centred. The final amended version was discussed with members of the Health & Safety Committee to identify any further amendments needed. Version 3 was then distributed via the Regional Organiser network to FSB members to complete at local Branch meetings in England [Annex 7].

Thus completion was carried out distant from the author, but in a group setting rather than as a mailed survey. This choice was made on the basis of feedback from the Version

2 group who confirmed that they preferred to complete such surveys as part of an event, as they were unlikely to complete it if required to do so in isolation. The covering instruction page was also crucial in ensuring respondents recognized how valuable their input was to the work of their representative organization (FSB).

Responses were received from three Branch meetings, Nottingham & Derby/ West Midlands/ Suffolk, totalling 60 in all. Responses were analysed in a similar way to Version 2, based on Total Scores for Q1-17. There was a greater proportion of respondents in this sample who were either self-employed or employing fewer than 5 people; fewer in the 6-15 bracket; and around the same proportion in the 20+ bracket. In both sample groups (for Versions 2 and 3) there were few respondents employing between 16-20 staff – see Fig 6:10.



When results were analysed in the same way as for Version 2, and grouped into sections related to Policy/ Management/ Risk Assessments, the following trends emerged:

***i. Policy issues***

There was a fairly even spread of scores for the existence of a Policy (Q1), with bunched responses across the spectrum when considering whether everyone in the firm knew about it (Q2). 53% said there was a named person responsible for health and safety (Q3).

There was also an even spread of responses across the scale regarding legislation, with 60% giving a negative rating against their knowledge of relevant legislation (Q4), and only 6% able to give a confident YES score. 76% of respondents gave a mid-range score on whether they thought legislation was too complicated (Q13).

#### *ii. Management issues*

The majority of respondents gave a positive score for commitment by management, 24% giving a 4 or 5 score and 29% a definite YES score of 7. As with Version 2, Questions 10 and 11 concerning management commitment and review of safety data had significant ratings around the middle scores, plus 65% of respondents confirming management priorities.

29% confirmed resources were allocated to health and safety, with a further 47% in the middle range of scores. There was a significant spread of 35% - 12% - 35% of responses respectively across ratings 1-3, suggesting that other work pressures did not necessarily have priority over health and safety.

#### *iii. Risk Assessment issues*

There was a distinct polarisation of responses in this grouping, with 29% saying a full programme of Risk Assessments had been carried out but 35% saying they definitely had not. Despite the same 29% respondents confirming that results had been recorded, a greater proportion at 47% noted that even where a partial Risk Assessment programme was in place, results were not recorded (but note comments about sample firm size).

Over half have a positive rating to whether near-misses should be recorded, but there was a wide spread of ratings allocated on this question. While 29% of respondents said staff had received Health & Safety training (score of 6 or 7), 47% suggested they had not (1 or 2 score).

*iv. Total scores*

With a few exceptions around the mid-range score, the emerging pattern is that:

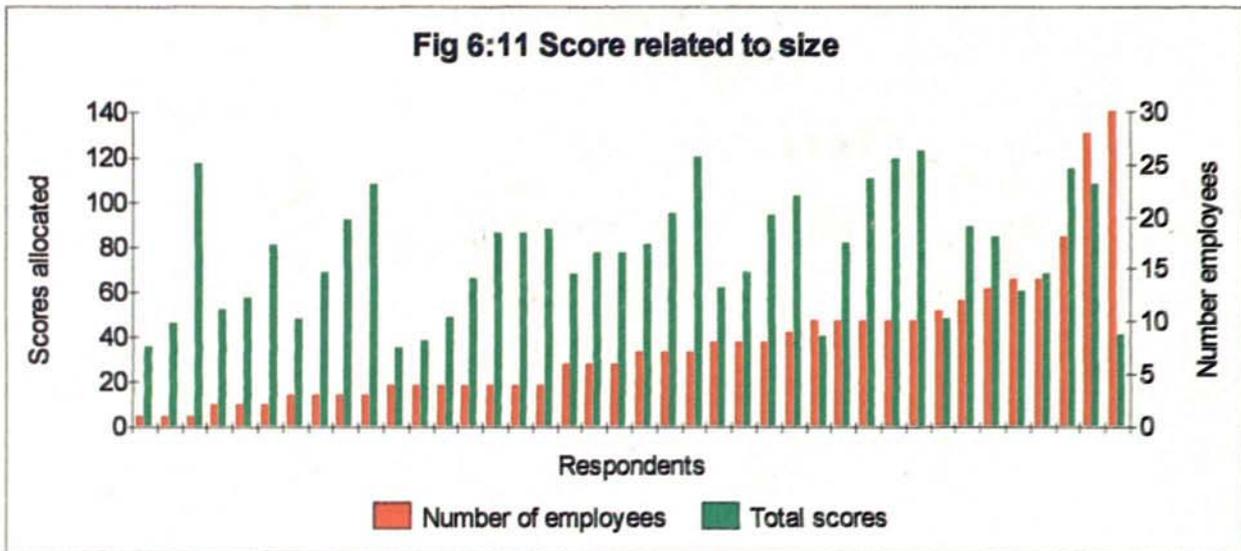
- six of the lowest scoring respondents also gave the lowest ratings of 1-3 for Q1;
- eight of the highest scoring respondents gave the highest ratings of 6-7 for Q1.

As with Version 2, an extra score added to represent a positive response to whether training was received. This showed four out of five of the top-scoring respondents had an additional score for training, but three of the four lowest scoring respondents had NOT received any training.

No clear link exists between whether Health & Safety targets are set or other work pressures take priority over health and safety. There does appear to be some link between the total score and Risk Assessments being recorded, but this is not consistent across the sample.

As with Version 2, experience of witnessing an accident in the workplace did not appear to be a significant factor of total scores achieved. The spread of responses is also wide in relation to experience of working in a larger organization, although in this sample group 87% of the nine highest scoring respondents had worked in firms with more than 200 employees.

When Total Scores were considered relative to the size of firm, in **Fig 6:11**, apart from two extremes of one of the very smallest firms having the highest overall score and the largest firm having the lowest score, no definite pattern emerges across the sample group. Responses suggest that this lack of consistency is also true for the total score relative to industry sector.



As Version 3 included reference to concerns of respondents, this question was considered alongside the industry sectors of the sample group. As the table below shows (Fig 6:12), the most significant groupings appear with “Knowing how to comply with changing

**Fig 6:12 Concerns related to Industry Sector**

Sector	knowledge	NONE	Comply	Injuries	Other	COSHH	Fire	Time
Retail	17	32	10	14	8	1	5	2
Services	10	13	6	5	5	1	0	0
Hairdressing	7	3	1	2	3	4	0	0
Butchers	5	4	2	3	2	0	0	0
Wholesale	3	4	1	4	0	1	0	0
Other	4	6	3	4	1	2	2	0

regulations” in 66% of Retail respondent firms, and 60% of Service sector firms. “Lack of knowledge” was also an issue for 33% Retail, and to some extent in Motor Vehicle repair. Although “Time” appeared as an issue for 1 manufacturing firm and 1 construction company, this only represented 3% of responses.

## **Chapter 7: Mailshot and Reply Slip responses**

### **7:1 Aims and Objectives**

While the Questionnaire was intended to provide some detailed insights, the simple four-question Reply Slip was intended to provide a “snapshot” view of the current level of action amongst the sample group considered to be representative of the national small firms sector. Broadly, the intention was to draw out the most fundamental questions from the Questionnaire, and present them in the shortest, simplest format to encourage a greater response. The Mailshot was a useful vehicle for reaching the target group.

Specific objectives were to:

- raise awareness of some of the most common misconceptions voiced by members about H&S;
- encourage those in low-risk sectors to consider how they manage health and safety;
- encourage action on the part of those who were unable to attend a Workshop but who still required information on H&S;
- get a better picture of what members had already done in relation to appointing a Responsible Person, deciding a Policy, and carrying out Risk Assessments;
- identify their greatest concerns in this area.

It is important to note that there is no testing in this context of individual perceptions of risk, nor their ability to reasonably assess the risks in their own workplace. Rather, it is their belief in, or perception of, what they have done as constituting an “adequate risk assessment”. How “adequate” is defined is, of course, the contentious issue for legislators and enforcers as well as businesses.

### **7:2 Methodology**

An A4 flyer was used to:

- i) highlight the main misconceptions held by small firms about H&S, such as the law does not apply if you are self employed or employ fewer than five people;

- ii) get the simple message across even if this did not result in action at that time;
- iii) invite members to attend an event.

A Reply Slip was incorporated which asked for basic contact information (name/ address/ business type/ number of employees), and if people could not attend the event, they could still request a Delegate Pack of relevant HSE literature. The four main elements were extracted from the full Questionnaire, and included on the Reply Slip as four simple questions:

- Do you have a named person responsible for H&S?
- Do you have a H&S Policy?
- Have you carried out any Risk Assessments?
- What are your main concerns at the moment?

Responses were analysed and results compared with results from the more detailed Questionnaire discussed in Chapter 6 that does, in effect, include the same questions.

### **7:3 Analysis of Results**

11,000 individual FSB members in the target group were mailed with the flyer identifying the main misconceptions about H&S. The target response rate was 1.5% [OU/Cranfield MBA 1988], on the basis that:

- it was an unsolicited mailshot;
- a large proportion of recipients were self employed individuals;
- and these were low-risk businesses.

The Reply Slips returned represented virtually 2% response, and only 6.6% of these returns did not complete the four questions. 180 FSB members were unable to attend the planned Workshop, but requested further information and a Delegate Pack.

It was difficult to follow up those that did not respond, given the large number of firms mailed. In this case, it was decided to take no further action with the non-respondent group, but rather to concentrate on those that took some action to respond.

The initial raw score analysis provided an interesting picture of actions taken by respondents in relation to complying with the basic principles of current legislation, that is:

- whether someone is nominated specifically with responsibility for health and safety issues in the firm;
- the existence of a Policy, whether written or not;
- that Risk Assessments have been carried out.

It must be reiterated again that there is no element of judgement attached to these questions, either related to extent or adequacy of actions taken by respondents. Given that no definition of “Health and Safety Policy” or “Risk Assessment” was provided, nor indeed any reference to the competence or authority of the “nominated person”, responses were therefore accepted as valid on the basis that the respondent believed the case to be correct. If the respondent recognised the reference to Policy or Risk Assessment, they should have some notion of what these terms are referring to in this context in order to answer affirmatively. The more detailed Questionnaire discussed in Chapter 6 addresses these points more fully.

The following table gives a profile of respondents by industry, identifying the most significant groupings based on the initial target group of low-risk sectors.

**Fig 7:1 Profile of Respondents by Industry Sector**

INDUSTRY SECTOR	% RESPONSES
Retail	44.5%
Services	20.5%
Hairdressers	9.5%
Butchers	8%
Wholesale	6.5%
Other	11%
<b>Total:</b>	<b>100 %</b>

In this sample, by far the largest sector is Retail, at 44.5%, plus a further 6.5% defined as wholesale by respondents, making a majority overall. Further significant groups are in the service sector, and the substantial “Other” category of 11% which supports the view that the small firms sector is made up of a diverse group of self employed individuals and business units.

A significant contribution to the survey came from Butchers and Hairdressers at 8% and 9.5% respectively, although the percentage of participants from these groups who attended the workshop was significantly greater.

Noting that analysis is based on simple YES or NO responses to each question, the table below (Fig 7:2) identifies the range of responses to the three critical questions according to size of firm, plus a breakdown of responses according to each category of number of employees.

**Fig 7:2 Profile by size of firm**

Number employees	% sample	Q1:Person	Q2:Risk Asst	Q3:Policy
0	12%	2%	4%	3.5%
1 – 5	53%	37%	18%	20%
6 – 10	23%	13%	8%	14%
11 – 15	5%	3%	1.5%	3%
16+	7%	5%	3.5%	4.5%
% said YES to Q1 – Q3				

As we can see from this analysis, 60% of respondents had a Person nominated with responsibility for H&S, and although 45% had a Policy in place only 35% of the total sample had carried out any Risk Assessments (according to their own definitions). So while just over half the sample did NOT have a Policy in place, 60% had at least made some effort by appointing a named person. However, this still leaves two out of three without any form of Risk Assessment, including employers. Of those who did have a Policy in place, approximately 23% were self-employed or employed fewer than five

people. Of those with no Policy, however, almost 80% were self employed or employed fewer than five.

This has been broken down further according to the combination of YES responses to the three questions, Q1 – Q3. The table below (Fig 7:3) summarises this breakdown.

**Fig 7:3 Combination of measures in place**

<b>Key:</b>	<b>Measures in place:</b>	<b>% total sample</b>
<b>A</b>	<b>Policy + Person + Risk Assessment</b>	<b>23%</b>
<b>B</b>	<b>Policy + Person</b>	<b>15%</b>
<b>C</b>	<b>Policy + Risk Assessment</b>	<b>3%</b>
<b>D</b>	<b>Policy</b>	<b>4%</b>
<b>E</b>	<b>Person + Risk Assessment</b>	<b>6%</b>
<b>F</b>	<b>Person</b>	<b>3%</b>
<b>G</b>	<b>Risk Assessment</b>	<b>16%</b>
<b>H</b>	<b>NONE</b>	<b>30%</b>
		<b>100%</b>

Distinctions are less clear when comparing the two largest groups of respondents who either had none of the three elements in place – 30% of total sample - or all three – 23% of total sample. In this case, 70% of Group H (No/No/No) and 64% of Group A (Yes/Yes/Yes) had fewer than five employees.

60% of all respondents had identified someone with specific responsibilities for dealing with health and safety. Of more interest is the 16% of respondents who had NO Policy or responsible Person but HAD carried out Risk Assessments, and the further 15% who DID have a person and a Policy, but had not assessed risks.

The first, Group G, were primarily in retail (76% of them) and 93% had responsibility for employees. The second, Group B, were also primarily in retail or similar industries (68%) and ALL employing staff. As 31% of the total respondents, they represent a significant proportion of the target group who do not appear to be complying with the fundamental requirements of current health and safety legislation.

However, as later discussions show, the issue of how respondents interpreted the questions is crucial, as is their understanding of what “Risk Assessments” are and what constitutes a “H&S Policy”. The initial reaction is to wonder what respondents believe a policy is if the firm has indeed carried out risk assessments and has someone with specific responsibility for health and safety – but no policy.

Just as significant for potential interventionists is the breakdown of concerns as identified by the sample group (Fig 7:4). By far the most frequently expressed concern was “lack of knowledge or information (at 26%) followed by “no concerns” at 22.5%. This is perhaps more worrying given the picture of lack of risk assessment action by many of the respondents already identified.

**Fig 7:4 Concerns identified by respondents**

<b>Key:</b>	<b>Concerns identified:</b>	<b>% total sample</b>
<b>A</b>	<b>Lack of knowledge &amp; information</b>	<b>26%</b>
<b>B</b>	Knowing how to comply	16.5%
<b>C</b>	Slips, trips, and injuries	16%
<b>D</b>	Other (crime/ food handling etc)	11%
<b>E</b>	COSHH	3.5%
<b>F</b>	Fire regulations	3.5%
<b>G</b>	Time	1%
<b>H</b>	<b>Stated as NONE</b>	<b>22.5%</b>
		100%

Concerns raised consistently by respondents covered the whole range of enterprises irrespective of size, with any differences likely to be relative to the size of sample group rather than any fundamental differences in organizational structure. In addition, respondents tended to identify just one concern on the Reply Slip (as asked), but in the face-to-face environment of the Workshop were able to elaborate on the type and extent of concerns related to health and safety.

Lack of knowledge and information is a significant concern across sectors alongside problems related to compliance. Respondents were concerned about basic slips, trips and

injuries across all sectors, and perhaps surprisingly especially within service sector firms. The results also confirmed assumptions about significant issues for butchers being safety, plus COSHH concerns being significant in hairdressing.

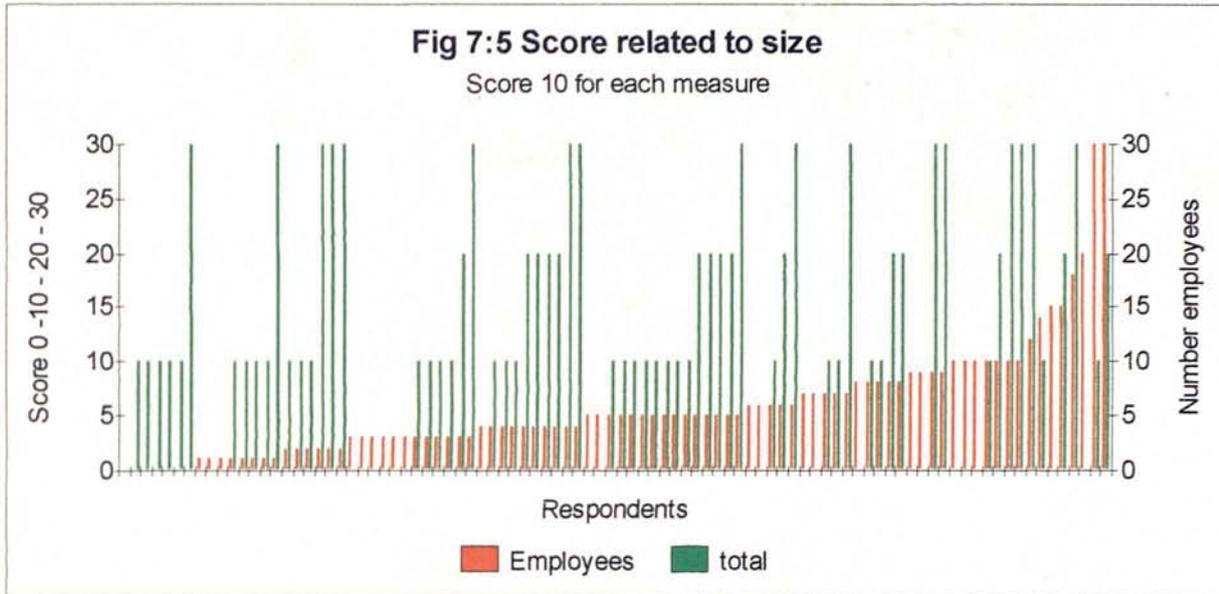
It is worth noting that “Time” was only specified as a concern by just 1% of respondents, and cost did not feature at all. It is worth looking more closely at such results which do not easily fit with expectations, given that these two concerns are frequently perceived as major obstacles for small firms trying to manage health and safety more effectively. This point is discussed more fully in the following chapter (Chapter 8), bearing in mind that results must be evaluated against the backdrop of the target sample group and their apparent lack of knowledge or awareness in this field.

A scoring system was used to analyse the data further, with particular reference to Questions 1 – 3 and their relationship with size/ industry sector/ concerns of the firm. A YES answer was allocated a score of 10, and a NO answer a zero score for all three questions. Thus, the maximum score was 30 and the minimum was 0, although there is of course no reference to which of the three questions a respondent’s total score included.

As we can see from Fig 7:5 below, there is no apparent relationship between size of firm and score, with a fairly even distribution of 0 – 10 – 20 – 30 scores across all firm sizes. There are some clusters evident, for example:

- the zero score around the one – three employee firms, becoming less evident from the four-employee level;
- a 10 score around the 0 - one employee level and, interestingly, around the five employee level;
- few 20 scores at the 0 - three employee level, though some clustered around the four-five level;
- just one 30 score at 0 employee level; small clusters at one - two employees; and a reasonable spread across the rest of the sample.

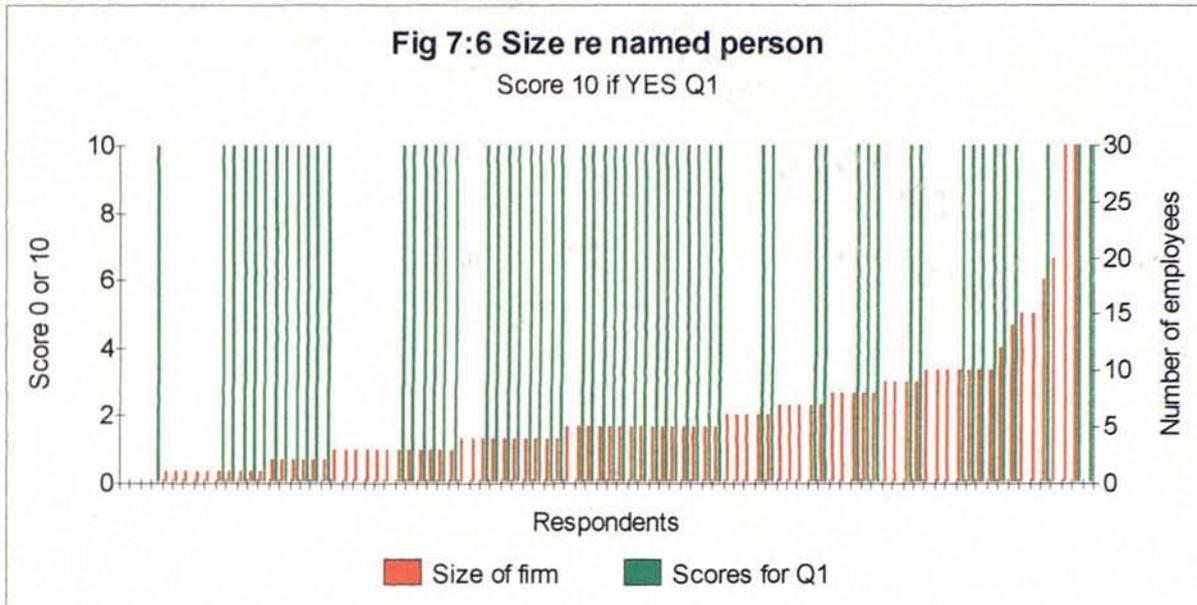
Individual management elements of Named Person, Risk Assessment and Policy were each considered against the size of firm.



**Fig 7:6** considers the existence of a named person in relation to size of firm. Although there is a significant grouping of zero scores against 0 employees – that is, self-employed individuals – the question is open to different interpretations by the respondent. For instance:

- Does it mean an extra person named as responsible?
- Should there be someone else?
- Is the respondent aware that the owner-manager is the responsible person by default?
- Is it so obvious that they are responsible that it is unnecessary to answer the question?

There is a significant cluster around the four - five employee level, and again at 10+ employee level, with a reasonably even spread between.



The table below, **Fig 7:7** looks at the size of firm relative to whether Risk Assessments have been carried out. As we have already seen, there is much lower evidence of this level of action on health and safety, and indeed significant clusters of zero responses featured throughout the size range. However, positive responses (that is, a 10 score) do appear in groups at two-three/ four-five/ 10 employee levels.

**Fig 7:7 Size of firm relative to Risk Assessments**

Number of employees	% of each category with Risk Assessments
0 – 5	32%
6 – 10	42%
11 – 15	50%
16 - 30	50%

**Fig 7:8** illustrates the much lower incidence of a policy in place, with positive scores spread throughout the full range of firm sizes, and certainly not restricted to larger firms

in the sample. There is a greater incidence of zero responses in the smallest firms (as expected), but not exclusively confined to this end of the scale, and evidence of proportionately greater existence of a Policy (in whatever form) at the larger-firm end of the scale.

**Fig 7:8 Size of firm relative to existence of OH&S Policy**

Number of employees	% of each category with Policy
0 – 5	50%
6 – 10	26%
11 – 15	50%
16 – 30	25%

Finally, scores 0 – 30 ( 10 for each YES score on Questions 1-3) were considered against each industry sector, suggesting:

- a spread of scores across retail and service sector firms, with a larger proportion having no measures in place;
- of the sample hairdressing firms, there was a greater incidence of 30 scores than zero scores, as generally there were some or all measures in place;
- butchers and wholesalers, on the other hand, were more likely to have a zero or 10 score with only a small minority at 30;
- the “other” category includes a range of different firms, some with potentially higher risks than others (such as furniture repair). There is a marginally higher proportion of this group with 20 score, that is with two out of three measures in place, but also a significant number with none.

## **Chapter 8: Evaluation of results and further investigation**

Having analysed results of three surveys, it is essential to consider what the results indicate in relation to the original hypotheses and, indeed, whether they provide anything useful to the wider debate. For example, did these interventions provide evidence to support original assumptions? Have they clarified the main issues or added a further smoke screen? A further question must also be “How reliable are the findings?”

There is the issue of how representative the sample groups were of small firms generally, but as noted earlier in Chapter 2, the most recent research from the FSB suggests that the membership profile reflects that of small firms generally in the UK. Participants were all members of the FSB, from a membership of 150,000 out of a potential 3 million small firms, and there is always an issue of self-selection by those who choose to take part. These points were taken on board by the author, and the potential negative impact of such issues tackled as much as possible. In this case:

- all members within the chosen industry sectors (broadly categorized as “low risk” and primarily Local Authority enforced) were mailed rather than sampling;
- members throughout the UK were targeted not just specific geographic regions;
- the Workshop was held in a central location to ease travelling problems;
- FSB Branch meetings were held in different regions;
- Reply Slip responses did not appear to come only from those already in control of health and safety, nor those with no systems in place at all;
- Questionnaires appear to have produced consistent results throughout the different stages of development.

Feedback from members at branch level via Version 3 of the Questionnaire was valuable in that respondents were not forewarned that they would be asked to take part in a survey. This reduced the self-selection in respect of action on occupational health and safety, although the inherent self-selection to network with other firms still remained. These

responses could have been analysed separately to identify any geographic bias, but given the small sample size at each location, it was decided that each would be insufficient to provide reliable data analysis. This is an option for future research, as it would be useful to consider potential differences related to location; industry breakdown; Local Authority or HSE activity at local level etc.

At first sight, the response rate to the mailshot seems quite poor at 210 responses from 11,000 mailed. However, several points must be borne in mind:

- the target group was Local Authority enforced, generally categorised as “low risk”, so the need to take action may not have seemed so urgent to the target group;
- a 1.5% response was aimed for, and almost 2% was achieved, though not all to attend the Workshop;
- there was sufficient rate of completion of questions on the Reply Slip (210) to provide a valid investigative sample;
- the exercise was viewed as a successful intervention from the FSB’s point of view as all members of the target group had received some simple but vital information, and 210 members had been encouraged to take some action on health and safety that they would not otherwise have done.

The evaluation has been broken down into three sections

8:1 Methodology

8:2 Discussion of findings

8:3 Focus on Stage 4 of the Research

### **8:1. Methodology**

Positive outcomes from the Workshop were that the mailshot acted as a catalyst for action which would not otherwise have existed, members had an opportunity to talk with similar businesses who were experiencing similar problems in relation to health and safety, and they each had their own supply of relevant literature found for them. The choice of speakers and format of the day worked well so that all participants were able to ask questions and clarify their own understanding of the issues. Certainly there appeared

to be improved relationships between participants and inspectors, and a greater willingness to go away and contact their own local inspectors for information in the future.

There was a good spread of size of firms representing the typical member profile. From the author's point of view, this was an ideal opportunity to gain a clearer understanding of what small firms were currently doing to manage health and safety, and to identify gaps in their knowledge or understanding.

Negative outcomes included the fact that participants were not actually asked about concerns, although it developed during discussions and they had all completed the Reply Slip before they attended. There were fewer delegates than originally anticipated, but in practice the smaller group worked much more effectively. Such an event is expensive per capita, due to the size of the initial mailing, but less expensive than one-to-one contact in the individual's firm, and does rely on the existence of internal motivation to take part.

Not enough was made of the event by asking delegates "Why?" they came. They were asked informally on the day, and the main reasons stated were:

- the flyer made them realise they needed to find out more;
- they saw the invitation to attend as a member benefit to take advantage of;
- it was free as were the publications;
- they already had some contact with their local inspectors and knew they needed to take some action.

Unfortunately, these were not formally asked as questions, so no statistical breakdown is available. However, the vast majority of delegates cited one of the first three of these reasons, and only three individuals stated the last option to the author's knowledge.

Positive outcomes from use of the Questionnaire were related to the fact that results were consistent between Versions 2 and 3, suggesting that the structure was fundamentally sound. People did not appear to answer in a "socially acceptable" way, as much of their feedback was negative about their own performance. It did meet most of the specified

objectives for its use, and both this and the Workshop illustrated the widespread confusion about what small businesses should actually be doing to comply with the legislation.

The use of a Likert-scaled rating for Questions 1-17 was very useful, although a scale of 1-7 was more user-friendly than 1-9, and it was helpful to break down responses into categories related to Policy/ Management/ Risk Assessment issues for analysis. There was some ambiguity about results achieved by using weighted scores, in that there appeared to be only minor changes in overall pattern of responses with just one or two individuals moving from one category rating to another (usually down). The author questions whether this relates to:

- the choice of questions where a weighted score was applied;
- the level of weighting applied (the score was doubled on chosen questions);
- incorrect assumptions about the relative importance of elements covered by the questionnaire;
- correct assumptions about the relationship between weighted elements and total scores.

Negative outcomes were that it was time-consuming to produce and pilot, and unlikely to work in a postal situation as respondents said they found pressure of the group situation helpful, which echoes the findings of the UK PRevents in 1998 [PRevents 1998]. While the face-to-face option therefore restricts the potential numbers of the sample group, this is countered by the validity of members of these sample groups as genuine small firms and the opportunity to confirm and clarify responses in discussion.

It was difficult to make the questionnaire any shorter and still get the range of responses required, although it does not appear to have really tackled the question of motivation. Some questions were irrelevant to the research, such as who they would contact for information – there is a clear FSB bias in the responses. Their relationship with the inspector is interesting but not really vital in this context, and their views about the role of prosecutions are part of a much bigger question. Particularly problematic is how

respondents interpret the question, and whether they are thinking of prosecutions against themselves or others in the context of a “level playing field” and the informal economy [FSB 1998/ 1999/ 2000].

Although simple in essence, the mailshot and Reply Slip provided some valuable insights. There was a better response rate than anticipated, giving a good sample size for analysis and a good cross-section of members regarding sector and business size. The author believes that it is reasonable to assume that for every one person who took action as a result of receiving the mailshot, between four and ten others would have read the main points and noted the statements made [OU/Cranfield School of Management 1988]. It is also important to remember that it cannot be assumed that all 11,000 firms mailed held the stated misconceptions about health and safety, nor that they are not fulfilling their legal obligations satisfactorily.

Though unproven, it is a reasonable assumption that while they may not have responded to the request for action from the FSB, the flyer may still have acted as a catalyst for action via a different intervention route. The Reply Slip was quick and easy to complete with short questions about contact details that helped to identify relevant sector-specific literature to be included in the Delegate Pack. It did provide a “snapshot” of the situation in sample firms at the time, as intended, with clear groupings of responses, and also provided an opportunity to confirm validity of findings from the more detailed Questionnaire at the Workshop and later.

On the negative side, there was no judgement attached to adequacy of any Policy that existed; no judgement about the degree of responsibility/authority/competence of the named person; nor any clear definition of what level of assessment of risks had taken place. There was no evidence required to substantiate respondents’ replies, but note that delegates at the Workshop did have an opportunity to review their original answer to these questions, and to further qualify their responses via the Questionnaire.

There was a potential problem of interpretation of a “named person” when the firm only consisted of the self-employed owner and perhaps one or two staff. It was time-consuming and costly to administer printing and mailing 11,000 fliers, dealing with 210 responses, and distributing the Delegate Packs to everyone. The cost per person who took action was approximately £43, £12-£15 of which was the cost of relevant publications.

### **8:2 Discussion of findings**

When evaluating the findings of Version 2 and 3 of the Questionnaire plus the Reply Slips, it is useful to consider them in relation to the Aims and Objectives identified for Stage Three of the research. These include to:

- identify what small firms currently do to manage health and safety;
- gain insights into their attitudes towards, and beliefs about, health and safety;
- identify what sample groups have already done in relation to appointing a responsible person, deciding policy, and carrying out risk assessments;
- identify their greatest concerns related to health and safety;
- identify relationships between size of the firm and these issues.

#### **What are small firms currently doing about managing health and safety?**

The majority of small firms have a person nominated with responsibility for health and safety – 53-54% of Questionnaire respondents confirm this, with around 60% of the wider Reply Slip responses. The question is interesting in relation to self-employed individuals or micro firms where it is assumed the owner is the “responsible person” by default, whether they realise it or not. While it may be interpreted that the large proportion of positive responses acknowledges that someone should be specifically responsible for health and safety issues, the still significant group of 40% who do not do so cannot be ignored. Wright [HSE/WRIGHT 179/1998 ] noted that “where accountability is not defined (the named person) may fail to act” appropriately and take on board their responsibilities.

Whether the existence of such a named person is relevant to how effectively firms manage health and safety is an interesting one. While the majority of small firms have a person in place, which must therefore be seen as a positive step, the author suggests that this is not necessarily a significant factor in how well they fulfil their legal obligations.

The existence of a Health & Safety Policy may be of more relevance, as Tait and Walker found in their work with small firms [Tait/Walker 1998]. The findings at Stage Three of this research identifies that 36-45% respondents (Reply Slip/Versions 2 and 3 Questionnaire) said they had a policy, with the majority therefore without one. In neither the Questionnaires nor the reply Slip was the term "Policy" defined, with individuals making a response based on their own interpretation and definition.

The additional opportunity to talk directly with some of the sample group at the Workshop was a crucial element of the research findings, in that it adds an extra dimension to the responses made. It was clear during these discussions that many people were confused about what a Policy actually does or should consist of, and by the end of the day's events many realised that they did in fact have a policy on health and safety. In addition, analysis of Reply Slip findings in Chapter 7 support the hypothesis that more firms are likely to have an OH&S policy in place in practical terms, given the stated actions firms have taken without such a policy.

Given the earlier caveat about definitions of terms, between 35% - 50% had carried out Risk Assessments to some extent, 42% - 47% saying they definitely had not, and around 45% not recording the results. Whether results were recorded or not may just be an academic point given the make-up of sample groups, as there is no legal requirement to record the findings of Risk Assessments if fewer than five people are employed, and more than half the total respondents fall within this category. As Tait and Walker [1998] suggest in their research and Case Studies based on small firms, a simple but adequate system can be based around the effective use of a Policy and Risk Assessments.

Whether firms have actually carried out Risk Assessments, therefore, is very relevant in this context. Analyses in previous Chapters suggest there are significant groups of small firms, possibly related to industry sector, where no risk assessments have been carried out despite a legal requirement to do so since 1993. This somewhat negative view needs to be tempered by findings from Workshop respondents, where confusion about what risk assessment actually means suggests that it is often done unwittingly, thus potentially reducing the negative impact suggested earlier. This does exacerbate likely problems in demonstrating compliance to external bodies, supporting the hypothesis outlined in Chapter 4, and is clearly an issue for interventionists to consider.

There seems to be a reasonably consistent picture of adequate resources being allocated to health and safety, with around 70% respondents suggesting this is the case at least to some extent. Given previous comments about “cost” and “time” not appearing as major concerns for respondents, and perhaps not such significant obstacles for small firms as were initially assumed, this requires fuller consideration. Initial assumptions include reference to time and cost as barriers to action on health and safety. Although they did not appear as primary concerns for small firms, they are nevertheless secondary factors that impact on actions.

Wright identifies such secondary issues as factors that reduce motivation to act [HSE/Wright 179/1998]. The author argues that cost is likely to act as a barrier to “effective” action on the part of the firm once it has been identified as necessary. Motivation and commitment for action may be present, and rather than acting as a demotivator, cost becomes an element of the selection of measures at the “output” stage of the Hale and Glendon model [Hale & Glendon 1995]. Cost does not, therefore, reduce the motivation to take action to control risks, but may modify the level of action taken as it becomes a significant factor of the critical question of control adequacy, particularly for small firms with limited resources. The author suggests that this reflects the problem of demonstrating compliance to stakeholders as identified more clearly in Chapter 10.

Training emerges consistently as an issue for small firms. The picture emerging from the research so far suggests 24% - 29% of staff receive Health & Safety training, with other staff receiving some form of training to a lesser degree. However, the amount/ type/ relevance of training received, or indeed the proportion of staff that receives it, is not clear from these findings, and is borne out by the research findings of RRC Business Training in their “Health and Safety in Businesses” survey [RRC 2001].

There is little evidence generally that confirms direct links between training received and subsequent impact on performance, although there are references to OH&S performance being “influenced by training, culture and attitudes of colleagues” [Cooper 1995]. There appears to be poor use of Training Needs Analysis techniques in firms generally [DfEE /GHK1997; author’s experience as OPAL Services], and particularly in relation to health and safety training needs. Although it appears that small firms undertake less formal training than larger organizations, there is no evidence that in-house provision is less satisfactory [Gadd/Dickety 2000 (HSL)].

### **Attitudes and beliefs**

There are clear indications that the vast majority of small firms are not aware of relevant health and safety legislation that applies to them – between 60%-80% of respondents – with only around 6%-9% willing to give a confident YES response to the question. It does not appear to be because they think the legislation is too complicated, as most gave a mid-range “to some extent” response, but rather that they do not know how to access it (this view is supported by comments from the Workshop).

This fits closely with earlier assumptions stated by the author, that there is not a lack of information but rather it is not easily accessible to the target group [Gadd/Dickety 2000; HSE/Clifton 1998]. An illustration of this is the requirement since July 2000 for the new Health & Safety Poster to be displayed, but little evidence of direct contact with relevant small businesses in the UK to notify them of this change to the legal requirements by the government.

On the question of management commitment and the importance given to health and safety issues, the picture was not as bleak as expected. Bearing in mind earlier comments about health and safety policy, there was a significant majority of respondents who said that H&S was an important element of management decisions, although how this translates into action was not clear. It appears that health and safety targets are set and monitored to some extent, mainly informally, and supported by necessary resources. In addition, there is no clear indication that other work pressures take precedence over health and safety in absolute terms. Attitudes towards near-misses are more ambivalent, with groupings of scores across the whole spectrum, though the majority of respondents thought it was important to record them.

One of the assumptions behind this stage of the research was that experience of working in a large firm, or having witnessed an accident at work, would have a positive impact on future attitudes and actions regarding health and safety. In both sample groups of the Questionnaire at least one of the lowest-scoring respondents had themselves witnessed an accident in the workplace. The relationship was strongest in the Workshop group of respondents (Version 2) where 2/3 of the top-scoring individuals had witnessed an accident, and 2/4 of the top scorers in the Version 3 group. This is potentially an important factor in individual actions on health and safety following such an event, but this is not sufficiently confirmed in these findings.

There would also seem to be a strong link between total scores of respondents and their previous experience of working in a firm of 200+ employees, as both Questionnaire groups had a large majority of the top-scoring respondents with such work experience. A wide variety of interpretations are possible on this question, but the author suggests that the more formally-structured approach to managing health and safety in a larger organization means that the baseline level of knowledge and awareness is greater in employees than it might otherwise be. Therefore, knowledge and awareness is brought with the individual when they establish their own firm, becoming an integral part of the health and safety culture within the new firm.

This need for a sound base of knowledge at the start-up stage of the firm is a critical one, and has considerable potential for secondary interventionists to develop further. It also links closely with identification of specific training needs, the type of training received by respondents, and how significant the impact of relevant training can be.

### **Concerns identified**

As noted already, concerns expressed consistently by respondents were lack of knowledge and confusion about the law and how to comply with it. There were more firms in the Reply Slip group who identified slips, trips and injuries as concerns, possibly due to the wider spread of size and type of firm than was the case at Branch meetings.

This is an interesting point in that:

- Reply Slips were from a target group that included a large proportion of retail firms;
- While this group were prepared to mail responses back, they do not appear to be the predominant group who attend Branch meetings (Version 3 Questionnaire);
- Over two thirds of attendees at Branch meetings were self-employed or employed fewer than 5 people, whereas the Reply Slip responses consisted of a much greater spread up to 20+ employees;
- Version 3 of the Questionnaire was not restricted to the same industry sectors as Version 2 or the Reply Slip had been.

Despite these differences, the clear message is still that the majority of firms are concerned that they do not know what they should be doing in the area of health and safety management. The other significant finding is that Time and Cost are not seen as the main concern by small firms, although both are significant factors in how or whether necessary actions on health and safety are taken sufficiently. Perhaps more worrying about results of the research so far is the large proportion of small firms who state that they have no concerns, yet support this with responses that suggest they may also not be complying with the fundamental requirements of health and safety law.

### **Relationship with size of firm.**

In all methods used at Stage 3 of the research, there is no clear relationship between the total score achieved and the size of firm. At the simpler scoring level of the Reply Slip, there is a greater proportion of zero/10 scores at the “fewer than 5 employees” level, and groups of higher scores at the 20+ employee level, but in between these two extremes no clear pattern emerges.

This is very much the case with both Versions 2 and 3 of the more detailed Questionnaire, with some polarisation at extremes of the spectrum, but no clear pattern in between. There also appears to be no correlation between size of firm and concerns, as this seems to be more closely linked to industry sector than number of employees.

Results were inconclusive regarding weighted scores for questions, in that the overall pattern of responses was not changed in any meaningful way. The Distribution Curve for total scores is very similar for both Versions 2 and 3 of the Questionnaire with a similar spread of % responses for each category. Differences between the two versions were greatest at the lower end of the scores, but compensating for each other by just +1.5% to -1% for the most part.

### ***8:3 Focus on Stage Four of the Research***

One of the positive outcomes from this stage of the research is that the breadth of findings provides a good base from which to focus on the next stage. On the basis that results seem to be less clearly related to size of firm than type of industry, it was decided to focus more closely on a specific sector. It was important to see whether the findings at Stage Three could be confirmed within a more specific sample group, and to identify where and how concerns may differ when a sector is analysed more closely.

Elements taken from Stage Three and incorporated into Stage Four were:

- contact with FSB members as part of the sample group;

- to look more closely at the impact of training within the next sample group, experience of working in a large organization, and management commitment.

In particular, it is important to consider what evidence exists to demonstrate actions, attitudes and beliefs of the sample group in addition to questionnaire responses. It was also decided to include small firms not affiliated to the FSB in order to ensure a cross section of businesses.

Chapter 9 gives a more detailed picture of the process by which the licensed Trade was chosen as the sector for Stage Four research, and the findings on how effectively small firms are managing health and safety in the industry.

## STAGE FOUR – A Sector specific Intervention

### Chapter 9: The Licensed Trade

#### *9:1 Introduction*

The research was focussed on a specific industry carrying out a closer analysis of problems, hazards and controls, in order to identify the most appropriate intervention methods if necessary. Three industries were considered at the early stages:

- butchers, because feedback from Stage Three suggested they were concerned about accidents to both staff and customers, plus food hygiene issues;
- the Licensed trade, as they have a wide range of concerns, particularly health (smoking) and personal safety;
- newsagents, particularly regarding protection of Young Workers. Discussions were taking place at this time with Test Valley EHO who were deciding their Small Firms Strategy, and this appeared to be an industry that was finding it difficult to comply with relevant legislation.

In addition, DG V of the European Commission was producing industry-specific Health & Safety Checklists aimed at micro business owners, including these three industries [Jeynes 1999a; Klusmann 1998]. It was considered that newsagents were too specific a group from general retail, but “retail” was too broad a category. The two remaining choices were each considered against a list of perceived problems associated with managing health and safety in their industry, in order to check actual hazards against this hypothetical list during this stage. **Tables 9:1 and 9:2** below illustrate the potential problems identified beforehand by the researcher.

**Fig 9:1 Potential OH&S Problems – Butchers**

Potential problem areas:		
<ul style="list-style-type: none"> <li>• Heavy work needing physical strength and exertion therefore potential for harm;</li> <li>• Using sharp knives, cutting and grinding equipment;</li> <li>• Exposure to chemicals in some processes;</li> <li>• Significant overlap between H&amp;S and Food Hygiene requirements;</li> <li>• Often long-established firms with "family" traditions and practices;</li> <li>• Close awareness of safety aspects, but not necessarily health issues;</li> <li>• Confusion over volume of controls needed to establish, monitor and record to satisfy enforcers;</li> <li>• Public concerns about food; traceability of supplies;</li> <li>• New Fire Regulations may apply in some premises;</li> <li>• Wide range of PPE available - how to choose the right one?</li> </ul>		
<b>Hazards:</b>	<u>Safety</u>	<u>Health</u>
Preparation areas	<ul style="list-style-type: none"> <li>- use of knives-cuts to hands/legs/torso</li> <li>- cutting &amp; grinding equipment</li> <li>- lifting and moving large carcasses</li> <li>- repetitive movements/twisting</li> <li>- burns &amp; scalds from cooking processes</li> <li>- greasy and wet floors</li> <li>- electrical and other fires</li> <li>- cleaning equipment/materials/chemicals:</li> </ul>	<ul style="list-style-type: none"> <li>noisy machines</li> <li>changes in temperature</li> <li>need correct PPE</li> <li>inhalation;skin reactions;COSHH</li> </ul>
Shop/Service areas	<ul style="list-style-type: none"> <li>- use of knives &amp; cutting tools</li> <li>- slips and trips</li> <li>- cleaning equipment/materials/chemicals</li> <li>- dealing with the public(possibly</li> </ul>	<ul style="list-style-type: none"> <li>temperatures</li> <li>welfare facilities</li> <li>inhalation;skin washing facilities</li> </ul>

**Fig 9:2 Potential OH&S problems – Licensed Trade**

<b>Potential problem areas:</b>		
<ul style="list-style-type: none"> <li>• Status (owners/tenants/managers) and extent of responsibilities;</li> <li>• Long hours; part-time staff; high staff turnover; low wages;</li> <li>• Health and safety both potential issues</li> <li>• Overlap with EHOs and Food Hygiene regs/ Fire regs/ crime &amp; violence/ police/ licensing requirements;</li> <li>• Breadth of size and type of firms in industry;</li> <li>• Lack of fire drills and formal procedures;</li> <li>• NOT young persons under 18 years old as employees, but children on some premises.</li> </ul>		
<b>Hazards:</b>	<b>Safety</b>	<b>Health</b>
Bar	<ul style="list-style-type: none"> <li>- bottling up; bending &amp; lifting</li> <li>- changing &amp; moving barrels</li> <li>- wet floors; slips &amp; trips</li> <li>- lack of storage space</li> <li>- stacking tables/chairs for cleaning</li> <li>- broken glass</li> </ul>	<ul style="list-style-type: none"> <li>smoking</li> <li>verbal abuse</li> <li>violence</li> <li>safety after hours</li> <li>lighting</li> <li>ventilation</li> </ul>
Food Preparation	<ul style="list-style-type: none"> <li>- burns and scalds</li> <li>- greasy/wet floors</li> <li>- slicing/rotating equipment</li> <li>- electrical or other fires</li> </ul>	<ul style="list-style-type: none"> <li>lighting</li> <li>ventilation</li> </ul>
Food consumption	<ul style="list-style-type: none"> <li>- awkward serving areas (reaching/stretching)</li> <li>- weight of hot serving plates</li> <li>- carrying too much when clearing away</li> </ul>	
Activity areas for children	<ul style="list-style-type: none"> <li>- bumps/slips/running</li> <li>- falls; dropping objects</li> </ul>	STRESS
Cleaning	<ul style="list-style-type: none"> <li>- use of heavy equipment</li> <li>- lifting and moving furniture</li> </ul>	<ul style="list-style-type: none"> <li>use of chemicals</li> <li>fumes; dermatitis</li> </ul>

At the same time, a combination of events occurred over a fairly short space of time related to the Licensed Trade, including:

- a request to the author as Chairman of FSB Health & Safety Committee to provide some guidance or workshop facility for members in the trade, following requests from members;
- discussions with HELA group member from Brewers and Licensed Retailers Association (BLRA), who identified that their members ( 80 of the biggest brewers and retailers in the UK) were finding it difficult to reach or control Tenants/ Tied Landlords on health and safety issues compared with managed premises (where the Landlord is an employee);
- discussions with the FSB's main insurance brokers, Warren Hill, who were keen to help members manage health, safety and security more effectively, and were willing to consider producing guidance or checklists in partnership with a major insurer;
- continued work with the Fire Authorities nationally to find an acceptable approach to Fire Risk Assessment that fits with the HSE approach.

Given the researcher's prior experience of managing in the trade, this opportunity to focus more closely on the licensed trade was taken up, particularly smaller pubs rather than hotels or restaurants. More crucially, there is a high rate of consistency of conditions found in the licensed trade, largely due to regulatory requirements for conformance in production and sale of the products, irrespective of the size or type of outlet. This clear recognition of industry boundaries, coupled with a substantial FSB membership base, made it a more realistic option than might be the case in a more diverse industry sector.

Various changes were taking place in the industry at the time. In addition to the catalysts identified above, the industry was clearly undergoing significant change in structure, with 5000 pub closures expected over a 5 year period. Large-scale "selling off" of managed or tenanted pubs by the big brewers followed the 1990 Monopolies and Mergers commission (MMC) report that obliged them to reduce "tied" estates by around 10,000. This resulted in new types of tenancy agreements, the growth of many smaller independent companies, but also a realignment that still left around six major players in the industry [Rushe 1999]. See Fig 9:3 below.

**Fig 9:3 Major owners of Pubs 1999.**

Company	Number of Pubs	Owner
Inntrepreneur	1200	Nomura
Unique	2600	Nomura
Greenalls	1240	Nomura
Phoenix	500	Nomura
Punch Taverns	2303	Bankers Trust (American)
Enterprise	1823	Quoted
Pubmaster	1550	NatWest Ventures
Alehouse/Ushers	764	Alchemy
Avebury	700	Daiwa

Source: Publican's handbook 1999: reprinted in Sunday Times 18/4/99

For the purposes of this research, the following categories are used to define pub ownership status.

**Fig 9:4 Pub ownership status**

MANAGER - an employee	TENANT - renting premises but running own business	FREE HOUSE - own premises and business	TIED to supplier
			FREE to buy anywhere

At the same time, government and public pressure was building for more positive action regarding occupational and public health, with specific emphasis on smoking, violence and alcohol (abuse) policies.

At the Local Authority/ HSE (HELA) conference in November 1998 [HSC/HELA 1998] Rita King of BLRA presented the industry view regarding these issues, noting that "there

is no common solution to addressing smoking in pubs”, and that the hospitality industry “has to strike a balance between meeting the needs of its customers and minimising, as far as possible, employee exposure to environmental cigarette smoke”.

It was widely felt at the time that “improving overall air quality” was a more viable option for many pubs, especially the small ones [King 1998; FSB 1998]. These views were echoed by Roger Barker in his article in December 1998 [Barker 1998], noting that approximately 70% of adults at that time were non-smokers. Total bans on smoking in public places have not been totally successful, with Toronto having to repeal its ban after just 3 weeks due to public opposition [Barker 1998].

Environmental Health officers in some part of the UK were encouraging landlords to tackle the issue through various schemes, but as Ms King pointed out, the crucial aim was to find “suitable solutions which are acceptable to government and at the same time practical for the industry” [King 1998].

A further major concern for the licensed trade was, and continues to be, that of violence. While “the pub industry takes public order issues” very seriously [King], various strategies had been tried in order to “design out” conflict situations, including physical layout elements in individual pubs/ raising employee awareness and skills in dealing with violence/ and provision of appropriate training. As a “cash business”, pubs are prime targets for robbery, so employee safety is of particular concern to landlords. Linked with this was the growing evidence of stress, plus increased commercial pressures in the trade as a “fiercely competitive” and “highly regulated” industry.

By the end of 1998, the Health Education Authority had produced half a million “Take Heart from Sensible Drinking” leaflets warning people about the link between alcohol and raised blood pressure. By May 1999, Alcohol Concern had produced proposals for a national Alcohol Strategy [Alcohol Concern 1999] whose aims were to reduce:

- the level of alcohol induced ill-health;
- the number of alcohol related injuries;

- the rate of alcohol related crime;
- the number of alcohol related road accidents;
- economic loss in the workplace due to alcohol misuse.

Of particular interest to employer representative groups, including the FSB, were the suggestions to create a two-level licensing system covering premises and individual licensees separately, and the introduction of obligatory training for licensees who would also be required to identify a staff training plan.

Hearing damage to bar staff was identified as a significant issue in a joint report by the TUC and Royal National Institute for Deaf People, published in 1999. A follow-up article in the press noted that “workers in industries not usually associated with a noisy environment are being exposed to loud, sometimes painful, noise levels leaving them with dulled hearing, tinnitus and the risk of long-term damage” [Hall 1999].

Finally, the latest statistics available at the time, for the period 1991/92 to 1996/97, illustrated that public bars were a significant cause for concern in fatality figures for both staff and customers. Five out of ten fatalities to employees in Hotel and Catering 1991-1997 were in public bars, with two of these deaths occurring “on the stairs”. Ten out of twenty fatalities to members of the public in this industry sector were also in pubs, four on the stairs and a remarkable five “in the cellar” – note these are NOT employees. 23% of all major injuries in the sector were in pubs plus 17% “over 3 day”, with 17% of major injuries affecting members of the public [Key Fact Sheet HSE/HELA 1998].

These statistics must also be viewed alongside the suggestion that reporting of accidents and injuries in all sectors is not reliable, although fatalities generally are accepted as a true reflection of the situation. There is also a potential issue related to whether rates of accident reporting are related to size of firm, or in this industry ownership status, although this is not directly addressed in this research report.

### ***9:2 Aims and Objectives for Stage Four – evaluating the use of different interventions in a chosen sector***

Given the scenario outlined above, and earlier research findings, the aims at Stage Four of the research were to test the author's perception of the problems associated with managing health and safety in a small firm, to consider what options were available for addressing these problems, and whether guidance was in fact a relevant option as the contribution from a secondary intervention source.

More specific aims were to:

- ◆ consider whether issues and concerns related to a specific industry group are reflected across small firms as a whole;
- ◆ consider various methods for addressing the problems identified;
- ◆ identify, and try out, an appropriate tool to help small firms address these problems.

To support these aims, objectives were to:

- ◆ identify current industry concerns;
- ◆ compare the researcher's list of assumed concerns with those identified by respondents in the target group;
- ◆ identify what measures are already in place to control or deal with these concerns;
- ◆ review the options available for addressing these concerns;
- ◆ consider various options for producing guidance that will fill any gaps identified in current support systems.

### ***9:3 Methodology***

A range of different methods were used to meet the objectives outlined above, including:

- i. structured interviews were undertaken with senior personnel representing the major brewers and retailers (BLRA) and small independent Licensees (FSB);

- ii. face-to-face interviews were carried out with licensees at 4 different types of premises, using the preliminary Draft 1 questionnaire to check content/structure/ and identify gaps;
- iii. development and use of Questionnaire with Licensees, conducted face-to-face with researcher or by post;
- iv. development of shorter Observation Checklist to be used by researcher;
- v. discussions with Basingstoke & Deane Business Partnership Scheme (local business and Local Authority representatives), members of FSB, and representatives from the Fire Authority, to confirm problems in industry and to produce a Checklist form of guidance;
- vi. development of sector-specific section in publication “Practical Health & Safety Management for Small Businesses”.

#### **9:4 Analysis of results**

##### ***I Interviews***

Interview question sheets were prepared beforehand, and interviewees were provided with the researcher’s list of specific Industry Problems. Responses were noted to all questions, and both interviewees were keen to provide as much assistance as possible. The main points arising from the interviews are summarised below [also see Interview questions at Annexes 7 & 8].

##### **a) Rita King from BLRA**

Membership of BLRA is primarily the biggest brewers and retailers, around 80 companies representing 37,000 pubs and 98% of brewing production in the UK. The minimum number of pub outlets required for membership is 80, and these are either managed or tenanted. At this time, member companies were starting to streamline their operations to concentrate on either tenancies or managed premises, for instance Bass had just sold its tenanted estate.

Their newsletter “The Digest” is generally well received by members, and is used to disseminate relevant news about the industry, relying on these members to pass information on to their own groups. It is considered to be an effective tool, although members had identified problems in reaching tenants on health and safety issues as they have less direct control over the running of the business than they do over their employed Managers.

Specific research is usually linked to government actions, and recent polls had been carried out on smoking and alcohol policies. The interviewee believed that consultation with employees was not a strength with firms in the trade, but that training was much stronger than observers thought. The biggest issues of concern for the industry were thought to be:

- crime against pubs, where the support of the local Police was vital;
- smoking, although this was a very difficult issue to address at a practical level;
- stress and occupational health with government priorities in this area;
- violence and the proposed Crime and Disorder Bill.

With reference to the question on enforcement, there had been problems with the Lead Authority Partnership scheme (LAP) if the Local Authority chose to ignore the home authority position. More problems were experienced in relation to Trading Standards and Food & Hygiene regulations, with “inconsistency of approach” and “different local agendas”. A recent problem related to the dispute over who was legally responsible for provision, maintenance, or control related to fire and H&S risks in premises - the company/ licensee/tenant - particularly for equipment used in “confined spaces”.

Ms King stated that risks from carbon dioxide gas in cellars were thought to be high, but “in reality, very few accidents” had occurred, and certainly no fatalities related to this. While HSE had stated that “pubs are not high risk” regarding confined spaces, they had then used it as an example in their published literature. BLRA and HSE were working together to produce generic risk assessment and guidance for the licensed trade, for example “Manual Handling in the Brewing and Licensed Retail industry”.

**b) FSB Licensed Trade Committee interview**

The Chairman of the Committee, (the late) Tom Preece, was interviewed at the London office. There were currently around 4000 out of the total 130,000 members in the trade, but no research had been done with this particular group, and no guidance was provided for or passed on to members in relation to health and safety.

The main issues of concern for licensed trade members (from individual feedback received) were imposed changes to contractual arrangements, particularly changes to tenancy agreements, and the fact that many small pubs were closing as large chains of premises were being established. A further issue was one of access to trade discounts on beer purchases that many were excluded from, thereby skewing the competitive basis of operating. It was noted that the Working Time regulations might have an impact on the industry, although how this would operate in practice the interviewee was not sure.

Other potential problems were considered, including the impact of the new Fire Precautions (Workplace) Regulations, as many of the tenanted or free-house pubs were very old premises with low ceiling, uneven floors and steps, and little opportunity to carry out substantial structural changes. Regarding enforcement, the conflict between health and safety regulatory requirements and those of the Food & Hygiene regulations were mentioned. For example, a gap under the door to a kitchen was “big enough for a mouse to get through” according to the environmental health inspector and therefore needed attention, while the health and safety inspector said it was unnecessary. It was agreed that the FSB would consider being involved in the production of guidance for Licensed Trade members.

c) A major brewery declined to be interviewed.

**ii. Interviews with Licensees.**

It was important to test out the assumptions behind the questionnaire with individual licensees as well as representatives of their interests, and to test the content and structure

of questions before using with a larger sample group. The initial Draft questionnaire was used in face-to-face interview situations with four licensees of different status:

1. Brewery Manager
2. Brewery Tenant (tied)
3. Private Tenant
4. Free-house owner run – the only interviewee who belonged to a support organization.

Evaluation of results from Stage Three was made, and the use of a similar type of Questionnaire was considered a valid method for collecting data from sample groups in the industry, given the wide range of potential issues identified. It is worth reviewing at this point exactly what the purpose was behind the questionnaire, and what data was being sought. It was intended to answer the following questions:

- What do respondents do already to manage health and safety?
- Have they got a H&S Policy? Have they carried out Risk Assessments?
- What are the main risks to employees and customers?
- What do they recognize as “hazards”?
- What do they see as the main causes of accidents in their own pub?
- How far are recognized hazards under control?
- How seriously do they view hazards?
- Where do they find information on H&S and who do they go to for advice?
- Are they members of support groups, and if so what do they get from them?
- What is the most effective tool or method for reaching them?
- What are serious issues; which things are adequately controlled; are they right in their assumptions about what they should be doing in the judgement by the researcher?

The rating scale approach had been quite valuable in judging responses to Questionnaires at Stage Three, and had allowed for more accurate representation of the extent to which some of the issues had been addressed, unlike the simple YES/NO responses on the Reply Slip. However, there was still some doubt about whether a scale from 1-7 was relevant to most respondents who, when talking informally with the researcher, tended to view their responses on a “definitely yes or no”/ “more or less yes or no”/ or “don’t

know, not sure” basis. It was decided, therefore, to restrict the range to 1-5 for responses on attitudes and beliefs, and reduce it still further to a tri-scale “no/some/full” for controls in place.

There was some confusion initially with the rating system for Questions 16 – 48, but once familiar with the process, it did not present any major problems. Respondents identified some additional issues omitted from the questionnaire, but these related to Food & Hygiene rather than health and safety, so the next draft was not amended to any great extent. However, the question asking whether further important issues had been omitted was retained for the next draft in order to counteract potential researcher bias. The font was changed to make columns clearer and layout more user-friendly, with bold type to emphasise rating scales, and minor wording changes. The definition of extremes 1 and 5 were also swapped on later versions, as respondents wanted to choose “1” as a definite yes rather than “5”.

Three of this small sample had been in the trade around 7-8 years, and one for 25 years. They were all in premises older than 100 years. The average number of staff was 6, three of the four pubs were primarily wet sales outlets, and they all said they had carried out Risk Assessments and had a Health & Safety policy. They identified telephone Helplines and Guidance as likely to be most useful, and all said CD/IT versions would not be relevant to them.

These interviews confirmed the general situation facing landlords at an individual and national level. Having also identified attitudes towards health and safety; management actions undertaken; and areas of confusion or uncertainty amongst low risk small firms at the earlier stage, this now fed into the development of the more specific and detailed questionnaire aimed at the licensed trade sector.

### *iii. Development and use of Questionnaire.*

The questionnaire was broken down into three sections, starting with details already known by the respondent, such as licensee status and physical properties of the pub. The second section asked general questions related to policy and management of health and safety, identifying attitudes and beliefs of respondents. The third section concentrated specifically on hazards, risks and controls likely to be present in a typical pub, broadly broken down into groups as:

- Q16 – Q18 manual handling;
- Q19 – Q23 food preparation and service;
- Q24 – Q28 the physical environment;
- Q29 – 31 the use of chemicals;
- Q32 – Q36 health issues including smoking;
- Q37 – Q39 violence;
- Q40 – Q43 security;
- Q44 – Q48 fire risks.

It was also important to know what, if any, guidance respondents had received on how to deal with these issues, and what type of assistance they look for (Q14).

Draft 1 was piloted with respondents on 18<sup>th</sup> January 1999 with the researcher present (but not researcher-led), minor amendments made to a second draft and the final version, Draft 3 [Annex 9] was sent by post on 28<sup>th</sup> February 1999 to a random sample of 50 FSB members in the licensed trade, with an accompanying letter explaining its purpose.

The response rate at 10% appears to be reasonable for such a mailing, but with just five respondents this was insufficient to provide a valid sample group for analysis. Responses were interesting, but it was clear that while respondents were willing to complete the detailed questionnaire in a face-to-face situation, they were not sufficiently motivated to respond by post.

*iv. Development of an Observation Checklist.*

Given the limited value of the questionnaire method for collecting evidence about what is happening in the licensed trade, and the interviews initially with licensees that suggested that sometimes the licensee's stated view was not always borne out through casual observation by the interviewer/researcher, a structured observation sheet was considered as an alternative method for collecting relevant evidence. Though not 100% reliable, there is a fair degree of inference that can be drawn from observing actions by workers, and indeed from evidence of signs, notices or certificates displayed.

All the aims and assumptions were, therefore, revisited and a core set of criteria identified that could be observed by the researcher, supported by informal questions to staff for clarification if necessary. It was still considered to be relevant that type of premises, number of serving rooms and number of staff were identified. While not so easy to observe status of the licensee, it is a simple question to ask, and may indeed be relevant in the context of experience of working in a large organization such as a brewery manager. Considering whether age of premises mattered, it was decided that it could well impact on fire, security and safety matters, and certainly physical features such as low ceilings and uneven floors or stairs that are associated with very old premises.

Policy issues such as staff smoking or signs displayed could be observed, as could some elements of training such as Certificates or First Aid personnel details displayed, or the way staff served customers. It is also possible to see evidence of risk assessments having been carried out, with warning notices displayed for staff and customers, procedures followed for safe use of equipment or lifting objects. Fig 9:5 shows the observation list and scoring system for each of the 20 questions.



The results were initially analysed including the allocated score for age of premises, to identify more clearly whether there was any relationship between this and other elements. The very oldest pubs and pre-war premises were clearly at the lowest end of the scoring range, and the youngest pubs at the highest levels. This also fitted with the size of premises, as more modern pubs tended to include eating facilities and more rooms, plus the % wet sales was lower at this end of the scale of scores. In addition, they were primarily managed houses (as suggested previously), and 22 out of the top scoring 25 premises were members of some trade or support association.

There were clear gradings of evidence of smoking policies in place, and of displays of First Aid information and certificates. Staff training was not such a clear-cut issue, as observation ratings varied across the total score range. General housekeeping, use of equipment and manual handling procedures scored more highly in the top scorers than in the lowest scorers, as did fire risk management but to a much less well-defined extent. The distribution of scores is illustrated below in Fig 9:6.

**Fig 9:6 Distribution of Scores including “age of premises”.**

<b>Total score</b>	<b>% of Sample</b>
0 - 69	12%
70 - 79	20%
80 - 89	30%
90 - 99	12%
100 - 110	14%
111 - 120	12%

It was also considered prudent to consider the results excluding the rating for age of premises, given the arbitrary allocation of the scores between 10 and 30 (see Fig 9:7). Results were sorted by total score to identify any major differences between the two options. In fact, the five lowest scoring samples and the four highest scoring samples stayed in the same position, and the only significant moves were three of the original

higher scorers exchanged places with three from the middle range. The table below, Fig 9:7 below shows the altered distribution of scores.

**Fig 9:7 Distribution of Scores excluding “age of premises”.**

Total Score	% of Sample
0 - 49	6%
50 - 59	18%
60 - 69	22%
70 - 79	34%
80 - 89	18%
90 - 99	2%

This did not radically alter the original position, as there were still clear-cut divisions related to ratings against evidence of smoking policies, warning signs and information signs displayed, the safe use of equipment and manual handling techniques, and certainly First Aid notices or display of certificates. In this option, irrespective of age of premises, a clearer division was apparent in relation to fire hazards and controls, with lower rating scores concentrated at the lowest scoring end of the range. Evidence of obstructions was also more clearly related to total score in this instance.

The most relevant result from this observation tool is the very clear relationship emerging between the size of firm and the total score, whichever scoring system is used. This is clearly seen where (exclusive of score for the age of premises):

- the lowest scoring 14 firms – 28% of total sample – employ up to 5 people;
- over 40% of the middle-range scoring firms employ between 6 and 15 staff;
- and the highest scoring firms employ more than 16 staff.

This suggests a much stronger link between size of firm and evidence of actions to manage health and safety and control risks in this sample than previously identified.

There are various factors that might account for this result.

- concentration on a specified industry sector reduces the impact of extreme conditions and risks found when looking across a broad spread of diverse, unrelated businesses.
- The licensed trade as an industry sector is a much more clearly defined group that operates under fairly similar – though not identical of course – trading conditions, so may of necessity exhibit consistent approaches to health and safety.
- Those who work in the industry are likely to follow very similar training programmes, in many areas a requirement of granting a license.
- The use of an observation checklist rather than reliance on self-completed questionnaires, may either reflect the expectations and value judgements of the observer to the detriment of objective analysis, or indeed identify more clearly what actually happens in the firm than what people think should be happening.

Given the stated attempts to reduce observer bias as much as possible, by looking for specific actions or behaviours and by working in pairs, the author believes that in this instance the industry sector (by virtue of its conformity) allows a closer evaluation of the relationship with size of firm than might otherwise be the case.

The results do seem to confirm earlier findings about perceptions of hazard and risk within the trade, and lack of awareness of some fundamental issues such as fire risks. There appears to be a relationship between experience of working in a large organization - in this case, as a manager with a brewery – and approaches to managing risks. The question of training is crucial in this context, and based on these findings, the author is currently discussing with the British Institute of Innkeepers (BII) ways to enhance the health and safety elements of the basic training for licensees.

The picture emerging from the evidence is that smaller owner-manager license holders are more likely to be in older premises, employ fewer than five staff, concentrate more on wet sales than food, and are less likely to belong to a trade or support body.

v. *Working with the Basingstoke & Deane Business Partnership.*

During the early part of 1999 the author, as Chairman of FSB Health & Safety Committee, began consultations with the Basingstoke and Deane (B&D) Business Partnership and the Hampshire Fire Authority to produce the “Handy Checklist & Specialist Advice” leaflet for Licensed premises (Annex.13). B&D worked, with input from local FSB members, on producing bullet-point lists that brought specific legal requirements to the notice of licensees in public houses. Comments were made on the first draft version, particularly as health and safety issues were included under the heading of Food Safety rather than separately. This was itself a significant reflection on Local Authority inspectors’ views about the distinction between Food & Hygiene and Health & Safety legislative requirements, and without input from the author it would have served to reinforce these misconceptions in businesses themselves.

The suggested amendments were taken on board, and the Checklist published in November 1999 for distribution to licensed premises in Hampshire Local Authority area. The original intention had been to distribute the leaflets to FSB members in the licensed trade (see previous Interview notes), and to include research questions with this mailing. However, due to internal political changes within the organization, this was not actioned. Feedback from the Chief and Assistant Chief Fire Officers’ Association (CACFOA) national fire safety committee was extremely positive about the potential value of the checklist in raising awareness amongst the target businesses.

vi. *Development of sector specific guidance in “Practical Health & Safety Management for Small Businesses.”*

Chapter 10 of this report gives a detailed picture of the development, structure and potential application of the guidance produced by the author. However, it is worth including a reference here to the sector specific section of the publication in the context of the licensed trade.

All the research to this stage had identified a sector specific approach as a productive route to explore further, whether to encourage small firms to take action, such as the Workshop and Reply Slip mailing at Stage Three, or to develop suitable support tools or mechanisms geared towards the needs of a specific sector. Both the Fire Authorities and Local Authority EHOs had identified a need for some material aimed at licensees, and production of the Checklist described above was one option.

Given this perceived need and the preferences identified in questionnaire responses, and with reference to the model outlined in Chapter 4, it was felt that for any guidance to have the maximum impact it must address the specific concerns of the industry. As well as referring to the Checklist produced in association with Basingstoke & Deane Business Partnership, and issues identified in questionnaire responses, the author used other sources of reference including:

- EC “Safety Check for Catering Establishments” EN/05/96/52330000.P00(DE);
- Worksheet 11 “Safety in Bars & Public Houses” produced by Health & Safety Authority in Ireland;
- “Safety in the Pub” guide produced by BLRA.

Major issues were identified and separated into sections under headings of:

- Safety;
- Health;
- Fire;
- Security;
- Environment;

in keeping with the format of the publication Section 16:20 P163-165 “Practical H&S Management for Small Businesses” [Jeynes 2000c].

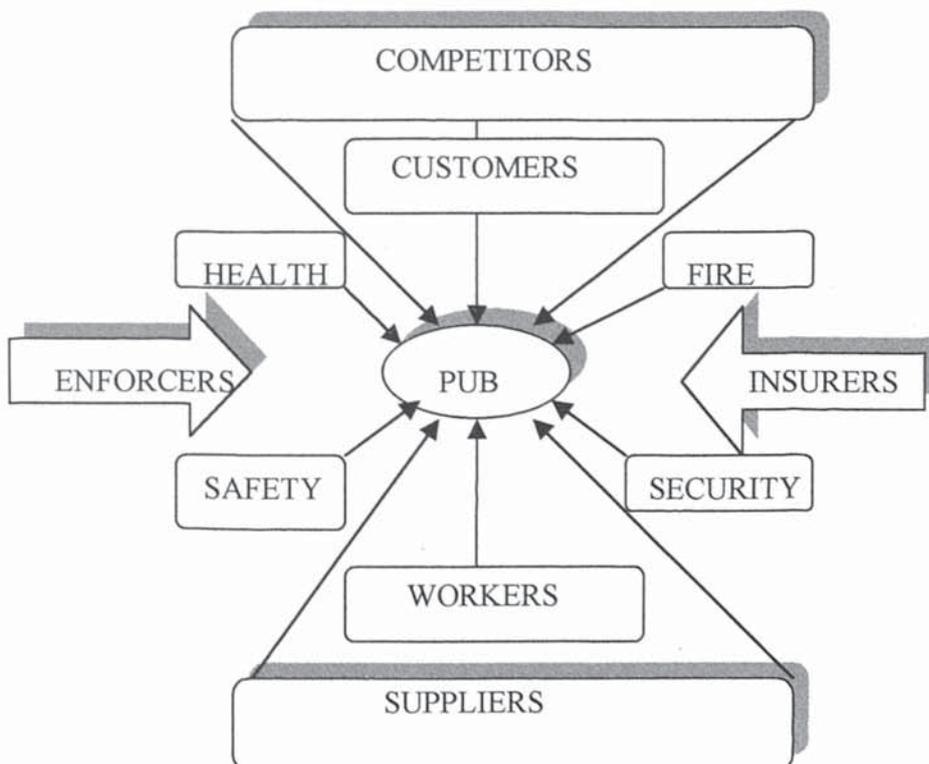
It must be pointed out that these are points of reference for those in the industry *in addition to* the principles and activities outlined in the main body of the book, rather than in isolation. They are, therefore, action points rather than just reminders of their existence.

### 9:5 Evaluation of results

The starting point for this stage of the research was confirmation of the chosen industry sector, identification of potential problems based on earlier research results, and clarification via representatives from the industry. As the Introduction to this chapter shows, changes to the structure of the industry have had considerable impact on individual firms, mainly negative for the smallest firms within the sector.

Eighteen months on from the initial evaluation of the industry, the situation has worsened. There are pub closures every week, 61,000 pubs in the UK are owned by pub chains rather than breweries [Zobel 2000], and the largest of these holding companies (Nomura) have faced angry protests and legal actions brought by disaffected tenants. The outcome of action brought in the European Courts on EU Competition is not expected until 2001, and the Office of Fair Trading review results late 2000. Pressures on licensees are thus considerable, and health and safety pressures increasingly so (Fig 9:8).

**Fig 9:8 Pressures on licensed premises**



Potential problems identified beforehand by the author were confirmed as typical, although stress and noise were not mentioned; violence and risks from stairs or cellars were not rated highly; and ventilation systems were viewed as a more serious concern than smoking itself. Training is a significant issue in the industry, with respondents less confident that all staff were receiving relevant training. A significant proportion of the sample group belong to a professional organization, and as one of these organizations British Institute of Innkeeping's stated challenge is to "find ways of making training more accessible and attractive to the non-managed estate which accounts for some 75% of the UK's pubs" [B.I.I. 1997]. Despite the difficulties they have in reaching the tenanted sectors of their estates, the larger members of BLRA continue to stress their "commitment to training", investing in excess of £30m in 1997. It is interesting that the top three reasons for training included "to meet health and safety requirements" (92%), though nowhere is this reflected in the list of benefits they expect from training [BLRA 1997].

Were the stated objectives achieved during Stage Four of the research? Current concerns have been specified by licensees themselves, through observed practice, and on a broader scale by their industry representatives. They were comparable with those identified by the author beforehand, although the depth of concern about food and hygiene problems had not been sufficiently appreciated. There was some valuable feedback on the few questionnaires received about how well individual respondents consider they control risks and the measures they have in place. However, given the observation evidence, it is doubtful whether the confident scoring of 4 or 5 against the existence of a policy, and risk assessments being carried out, was actually justified.

Much effort is expended on providing relevant advice, guidance and support to licensees through intermediaries such as BLRA, BII and Local Authorities. A crucial finding of this research is identification of the preferred methods of respondents for receiving this guidance, particularly on a one-to-one basis, and earlier analyses of Primary and Secondary interventions. These underpin the subsequent development of materials to fill

apparent gaps in provision, certainly with the sector specific sections of the author's publication and, to a lesser extent, the Checklist distributed as a joint intervention.

Was the methodology as effective as expected? The structured interviews provided a sound context for exploring the industry and noting where some of the external pressures on small firms come from. It was also useful to speak directly with licensees, and thus to judge the extent to which their stated position was reflected in actions around them. Such confounding factors were taken on board and compensated, to some extent, by the later Observation activities.

The questionnaire itself was of limited value, with understandable reluctance and lack of motivation on the part of business owners struggling with additional, extremely damaging external pressures. It did give an indication of areas of concern, particularly the preferred types of guidance, and the extent to which they thought risks were under control.

The Observation sheet was a more effective method of data collection, as it illustrated what people actually did rather than what the owner/manager thought workers did. It was useful to consider the range of actions that could be observed in this way, and to what extent they demonstrated attitudes and beliefs in the firm as well as compliance with the law. Perhaps more relevant to this approach is the value of combining Observations/ Questionnaires/ Interviews with individual licensees.

This combined approach did, in fact, suggest a further consideration in this context. A strong case seemed to emerge that even where managers worked in similar types of pubs for the same brewery, receiving the same training and support, their personal commitment to positive health and safety management was a crucial factor in whether this was translated into action in their pub. Several examples emerged where the attitude and commitment of the manager directly influenced the way health and safety was managed and the corresponding attitude of employees. This supports other research findings that commitment from the top is as crucial as commitment throughout the firm [Prevent 1998; Vassie/Cox 1998; Deacon 1995; HSE/Wright 179/1998].

It is worth looking again at the wide range of scores achieved by brewery managers on the Observation sheets, and for the larger breweries to consider this in relation to existing systems for monitoring health and safety performance of licensees.

The Licensed Trade Checklist was not the author's preferred option for filling any gaps in support for licensees, but was a useful product that brought together various interventionists to demonstrate their co-operation in this context. Its impact will be monitored, and considered alongside other supporting activities for the industry. Development of the sector specific section of the publication for small firms was intended to counter some of the problems found earlier in the research programme, particularly the emphasis in other publications on legal requirements rather than the needs of the client group [Ashe-Roy 2000]. However, it is still part of generic guidance aimed at this client group.

At the time of writing, the book has been on general sale for a short time, but initial feedback from local licensees has been very positive noting how "informative" and "easy to read" it is. It is vital to monitor its impact closely over the next 12 months, to identify whether its intended aim – to act as a catalyst for action on the part of the user – is realised. Review questions put to a group of reviewers included reference to what circumstances would make them "very likely" to use the guide. The top scoring options were "if an Inspector said I should" (of course!), and "if my insurer said I should". The lowest scoring option was "if I saw it advertised".

While the research questions have all been answered to a greater or lesser degree at this final stage of the research, Chapter 12 identifies the way forward for both Primary and Secondary Interventionists and is therefore a crucial element of the work.

## **Chapter 10: Development of publication “Practical Health & Safety Management for Small Businesses”**

### ***10:1 Reflections on why the publication was produced***

It is useful to reflect on why the author chose to write a book on health and safety, *Practical Health and Safety Management for Small Businesses* [Jeynes 2000c], in this format. In order to use the results of the research in the most productive way, it seemed an appropriate outcome. Evidence suggested that guidance available at the time was inappropriate, and that perhaps an alternative should be developed. A lot of information exists, but it does not appear to be in a format that smaller businesses can access easily [HSE/DUBS 185/1998; HSE/Clifton 1998; Clark 2000; Jeynes 2000e]. Many people suggest that businesses still say “tell us what to do and we will do it”. The author believes, and evidence from the FSB Workshop supports this, that they do not actually mean all the fine details of what they have to do, but rather they want to know where to start and how to go about the process.

If an inspector calls and gives them an enforcement notice or notice of some kind, then it may be easier to just carry out the actions listed to comply, although as the model in Chapter 4 suggests, this is likely to be very short-term. The guide is intended to bridge the gap between minimal compliance in the short term and positive action that represents long term commitment. The crucial point is that most guidance is written by technical experts using fairly technical language, starting from the point “the law says you must do this, so here are ways you can do it”, or “this is the evidence you must produce to comply with the law”. If that exists already, and clearly doesn’t work [HSE/Clifton 1998; HSE 1998; Jeynes 1999e; 2000d; 2000e], then an alternative approach must be taken, which is what the author has intended here.

The initial assumption is that the owner knows about his/her business, and what happens there. So, the question “what do you actually do in this business?” would seem to be a

more logical starting point, in that they know about the business, and have the back-up information to support what they say. They can start putting together some fairly straightforward, but structured, data to start the process. The guide asks users:

- Why are you doing this?
- What is the motivation for picking up the guide and taking any action at all to change or review the way you manage health & safety?
- Why is it necessary to do something differently in the approach you take?”

Clearly, there are lots of different motivations for taking action, and this is one of the fundamental questions raised at the beginning of the Research thesis and explored further in Chapter 3 and Chapter 4. Why does a small firm owner decide that some action needs to be taken in the area of health and safety management? Making them consider this at the beginning helps them consider the outcomes they wish to achieve from using the guidance.

Potential motivations are identified, such as an accident, injury or damage only incident. Serious accidents have to be reported under RIDDOR, and may result in an official Accident Investigation taking place. This may be the motivator, but as we have seen this is likely to be a negative motivator for the user. The purpose behind the actions taken now may be to identify what went wrong, and presumably how to put it right and ensure it doesn't happen again, but this can be a short-term very localised view, and not necessarily act as the positive catalyst for change we are seeking. Alternatively, a visit from an Inspector may have identified things that need to be put right or dealt with in some way, but if the business concentrates exclusively on the points raised, action is likely to be minimal and short term.

Other motivations include insurance requirements, where proposal forms ask to see evidence that they are organising and managing health, safety and fire risks, as well as other risks. This could well be more all-embracing than the requirements from an inspection, and can be viewed as positive or negative. There may be pressure from

clients, employees, and others seeking evidence of compliance with internationally-recognized Management System Standards mentioned earlier.

All these motivations have different starting points, and potentially different routes for reaching the objectives, but whatever the initial motivation, the guide is intended to provide a structured logical approach for anyone following it. They will therefore produce a comprehensive picture of the business in relation to health, safety, fire, security and other risks within that business, how they have identified them, where the evidence is to show this, and what they intend to do to control risks.

### ***10:2 Structure and contents of the publication***

Based on evidence described earlier in the report, a practical approach is proposed that starts from a collection of evidence either ready made or put together specially. The use of Checklists in isolation can be quite useful, but it is felt by enforcers and some health and safety professionals that this only gives part of the picture, not real evidence or indication of what the company has actually done [HELA 1999]. Some checklists are included, in order to summarise points made in the text at each section, rather than as a list of Yes/No questions asking “have you done ....?” As a first principle, the user identifies the context in which they are operating, demonstrated in much the same way they would need to when producing a Business Plan to apply for funding. This involves fairly straightforward questions, ones they can answer easily, are not too complicated, and are all based on information already existing in the firm.

Starting with a floor plan, the guide accentuates that this is a practical exercise based simply on where the business operates from, and provides a physical focal point for users. Most businesses if they rent premises should already have a site plan, similarly if they own the premises, but in any event it should not be difficult to obtain one. Having said that, previous comments about the use of guidance, and the amount of effort people have to expend in order to carry out tasks set, means that fairly standard floor plans have been included so that they can amend these in order to make the task quicker and easier. The

publication starts, therefore, by viewing where they operate from, as a visitor to the site for the first time, perhaps as a customer or delivery person.

It encourages the user to look and think - where do visitors come in; where do pedestrian and vehicle routes cross; where are the particularly hazardous points where these routes cross, and particularly areas where vehicles are regularly reversing or turning. It starts, therefore, from a simple point that doesn't take too long to complete, and stresses the fact that plans do not have to be to scale, as an outline drawing is sufficient for these purposes. This forms the basis for future activities as other details are added to plans, including:

- security and where lights or CCTV is sited;
- where doors open;
- bottle stores, and other external features.

Internal features are added, including stairs, reception, kitchen and rest areas plus basic areas in premises. Sample Plans are included in the guide and represent a small unit that is part of a bigger building or site; a typical shop unit in a town centre; houses converted into offices; and a typical public house. This approach was chosen to enable users to quickly start identifying potentially hazardous situations that can arise. A crucial element of the activity is that the user answers questions about different areas on the plan, and examples prompt consideration of aspects they may not previously have thought about.

Therefore it involves physical activity, considered to be within the capabilities of any business owner-manager. It encourages people to notice, and reflect on, potential hazards such as piles of rubbish that have built up around the site, and that have been there so long that people are used to seeing them. Or, for instance, obsolete machinery or equipment that has been kept in much the same way that householders do, on the basis that it might come in useful sometime, but of course never does.

Having completed this stage, it is a logical progression for the user to move on to questions about the product and process, analysing what happens from input stage with

supplies and storage, through various actions to output as delivery to the customer. The floor plan is used to identify movements of people, work in progress and various other activities on site. Following the process, procedures are looked at more closely, where possible referring to any Procedure Manuals or other documentation already in place.

Reference is made to the eight principles of organizing and managing risks identified as the “8 Ps” – Premises Product Process Procedures People Purchasing Protection/Prevention and Policy – based on the “4 Ps” marketing model of Price/Product/Place/Promotion.

The rest of the book refers to these principles, each chapter of the book identifying which of the principle is referred to. Although it represents a model to underpin the structure of the book, it is not overly stressed from the reader’s perspective. This structure has been explored further by the author, outside the context of this publication. It was felt that the principles of Risk Management generally could be encompassed within a similar model, and this has resulted in a theoretical construct based on “The 10 Principles of Risk Management – the 10 Ps” (see Chapter 12).

The guide is organized so that safety hazards are considered first, on the basis that evidence suggests these are generally easier to recognise for non-specialists [NOHF 1999; Stage Three and Stage Four survey results]. These are followed by health issues, discussed in the same way as the safety ones, then fire hazards. Very little reference is made to the legislative requirements at this stage, although it does become more apparent later. Security is incorporated with both safety and fire risks [Perry 1998; Willis Corroon 1998], and some elements of environment incorporated with health risks. As a direct result of this research and evidence that inspectors & businesses have consistently asked for sector-specific guidance, this has been taken on board in the guide. To address this concern, later sections of the guide consider typical small businesses in specific sectors, identifying particular hazards or concerns that need to be addressed in addition to the generic requirements of earlier sections.

### **10:3 Use of the guide by Small Firms**

Having considered safety, security, health and fire risks based on the structure of the premises, procedures and people involved in the organization, the policy is developed in a more structured way using the evidence produced by the user. As noted earlier, the purpose of the guidance is to enable the user to demonstrate to others - whether inspectors, clients, insurers or other interested parties - that they:

- (a) are aware of what is going on in the business;
- (b) have identified the main hazards;
- (c) have assessed the risks arising from these;
- (d) have looked at controls and systems in place to deal with issues effectively.

Given that that is the stated purpose of the Guide, evidence generated such as Checklists, internal documents, floor plans and photographs, are invaluable. The guide includes a range of photographs to prompt further questions for consideration and help them to apply the principles to their own situation, as well as photographs of existing small businesses throughout providing visual clues and ideas. It became evident during the research process, for example from FSB workshop delegate feedback, that this was a vital element to enable users to become comfortable with the process and therefore be able to continue by themselves.

There may still be some need for specialist professional help, for example when assessing noise levels, as the guide is not sufficiently detailed in some places. However, its primary purpose is to get businesses themselves to organise and arrange their health, safety, fire, security risk management in a way that identifies what they need to be doing in the future, based on a clearer picture of what they are actually doing at present. This is one of the fundamental aims behind its development.

There are references to relevant legislation within the guide, with statements alongside different sections – for example, where it refers to RIDDOR there is a quote from the official HSE leaflet. Legal references are also included in sector-specific sections, where further sources of information are identified. However, such references are limited, and the intention is that users should have a sufficiently broad base of knowledge through using the guide that they can say, “ I am managing my health and safety risks in some way. I am doing my best and I have identified where I may need to do more in the future”.

It is intended to be an acceptable approach people can adapt and use whenever they are assessing the risks and relevance of procedures currently or in the future. Based on that premise, the author believes this publication meets many of the concerns identified by various stakeholder groups during the research process, and has identified a practical approach that can be widely used [Ashe-Roy 2000].

#### ***10:4 Evaluating this approach***

To what extent does this approach fulfill the expectations of the different stakeholder groups? It is useful to reflect on what the major stakeholders are looking for from business in relation to managing risks.

##### **10:4.i. Insurance industry**

Earlier interviews identify their primary concern as buildings and premises and the risks to them [Perry 1998; Willis Corroon 1998; Budworth 2000]. Clearly, starting from a floor and site plan that identifies specific features, being able to show which parts of the premises present problems, and evaluating which processes are more hazardous than others, should go some way towards fulfilling those requirements. There may still be specific points that need to be addressed by the business, but the evidence they have generated should show which things they believe need to be addressed, where more security is needed, or where more comprehensive maintenance is required. On the other

hand, they should be able to demonstrate to insurers that they have an approach, strategy and policy in place for dealing with the risks identified.

#### **10:4:ii. Local Authority, HSE, or other Inspectors**

One of their stated [FSB/Jeynes 1997a] concerns is that there is not just a nice glossy Health and Safety Procedure manual, but that people are actually dealing with and managing the issues related to health and safety in an appropriate manner. The approach suggested in the guide helps users to do this, and to provide evidence that demonstrates they have things organized and under control. This evidence will not be presented in any particular format, but its strength is that it is not prepared by outside contractors, so is owned by the firm and exists as a direct result of their work and input. There may be elements that still need to be addressed, but the author suggests that it should provide a solid base to start from that may, in fact, be a significant improvement on the existing situation amongst the target group.

#### **10:4:iii. Fire Authority Inspectors**

Feedback in 1998 from Fire Authorities around the UK [Jeynes 1999b] made it clear when new Fire Risk Assessment regulations came into force, that they were not primarily concerned with what they considered to be low risk firms. They expressed more concern about those identified as high risk, generally businesses that come within the Fire Certificate scheme. Current reform of the Fire Safety regulations, through the Fire Safety Legislation Working Group (FSLWG) of the Fire Safety Advisory Board, may remove the existing Fire Certificate category, shifting more closely to a system that reflects the risk assessment approach of recent legislation. This will inevitably lead to establishing different criteria for allocating risk ratings to premises to decide local visit strategies. In any event, whatever fire risk rating firms are given, if they follow this approach, they may not have covered every aspect in sufficient detail, but will have gone a long way towards showing that they know what the risks are in their own firm.

The author believes users will have done what they are required to do – that is, carry out a fire risk assessment, identifying potential hazards, risks and control measures needed.

The question of whether it is sufficient will depend largely on the size and type of firm and the industry sector they operate in. However, as the article in Fire Prevention shows, many authorities are looking for evidence that some form of fire risk assessment has been carried out in the first instance, providing any further assistance or guidance to the business themselves if they feel it is necessary. The author believes, therefore, that this stakeholder group should find the approach suggested in the guide valuable.

#### **10:4:iv. Workers**

Staff working in the business should also find the guide valuable, given the crucial part they play in the organization and the way it operates. They should be able to see that efforts have been made to tackle health, safety, security and fire issues seriously, and in an appropriate way. As they will be directly involved in activities suggested in the guide, they should have considerable opportunities to ensure that shortcomings are recognised and targets are met effectively. In some firms, use of the guide should be viewed positively if only because something is being done where it may not have been done previously.

#### **10:4:v. Tender for contracts**

This is an area where specific requirements are laid down by others outside the firm. They generally want to see a Health and Safety Policy statement, but increasingly also require people to complete forms with specific details. The guide provides a mechanism for firms to have all the relevant information together for answering queries or questions when tendering for a contract.

#### **10:4:vi. Other interested parties**

An issue dealt with in detail in other Chapters is that of British and International Management System standards. So, for example, British Standard BS8800 was originally produced as guidelines [options for review currently being considered August 2001], and other publications have been produced to assist businesses wanting to take a more formal “standards” approach [Smith,Hunt,Green 1998]. The author’s guidance does not take such a formalised approach as that of a British Standard, but it does enable the firm to

collect data on all the elements needed if they then want to reorganize it and establish a more formal “systems” approach.

### **10:5 Summary**

The approach taken in this guide helps to establish a starting point for firms if future trends are not specification standards for very small firms, but rather continual improvement standards based on:

“ where are you now; where do you want to be; and how will you get there?”

The guide is intended to help firms do this. The author believes the approach identified in the guide helps Small Firms manage risks, and is soundly based on research findings and continuing work. It is a practical “where are we now, what are we doing, how are we doing it?” exercise that leads people into complying with legal requirements, without starting from “this is what the law requires, and therefore you must do it” standpoint which has clearly not worked previously.

Although a Secondary rather than Primary intervention method, the guide provides a valuable mechanism to support any “obligation to act”, and is potentially a crucial element in the successful achievement of desired outcomes. Referring back to the proposed model in Fig 4:5, if the firm is internally motivated to seek out such a publication, it is likely to be viewed as positive and be based on some level of internal commitment. The result of such an intervention may be fairly limited and short term, or it may form the basis for long-term action as levels of awareness are raised.

On the other hand, if there is some obligation to use the guide with limited enthusiasm on the part of the firm, it is still likely to result in action and identification/review of procedures if only in the short term.

Alone it may therefore address the three criteria of Awareness/ Agreement/ Action, though not necessarily the fourth criteria of Attitude. However, if combined with a

Primary source of intervention, particularly over the longer term, all four criteria are likely to be met.

It is particularly interesting to note that the new countries applying to join the European Union, particularly Hungary and Poland, are interested in this type of guidance, and keen to use it with enterprises in their own countries. The enthusiasm is coming from the Labour Inspectorate side in Poland, and the Enterprise Support side in Hungary. If it can be seen to be effective in these emerging countries, there is potential for the suggested fundamental approach to be transposed into inspection regimes in other developing countries.

## **Chapter 11: Discussion of findings**

Having completed Stage Four of the planned research programme, it is timely to evaluate the research process, the outcomes, and their relevance to the ongoing debate on health and safety management in UK small firms. Recommendations for future action in this field, and areas where further research is required, are considered further in Chapter 12 “The Way ahead for Interventionists”. This chapter concentrates on the following areas:

1. the research process and methodology;
2. regulations and their impact on the target sector;
3. size implications for the management of health and safety in small firms;
4. review of findings;
5. acknowledgement of issues not dealt with here.

### **11.1. Research process and methodology**

Although this report identifies four distinct stages to the research, there was not in practice such a clear distinction between each. The nature of the work undertaken by the author during the research period (of around 5 years) meant that external events steered the progress of activities, not always positively. This is a dynamic and rapidly changing topic, and as such it was vital to take advantage of any opportunities to take the research forward and test out hypotheses, as well as keeping up to date with developments in the field.

There were distinct advantages for the author due to the nature of her work during this period. This included membership of ACSHH and various national government committees or bodies; representing the concerns of small firms nationally and internationally about health and safety regulation; and through dealing directly with a wide range of small firms through her own business. In addition, the opportunities to take part in work placements at HSE and DG V of the European Commission in Luxembourg, to attend the training week for ACSHH members in Florence, and to take part in visits with Inspectors and Insurance Assessors, provided access to information and experts in

the field not otherwise available. Of most value to the research was direct access to small firms across industries that provided relevant, valid, up-to-date feedback.

As with all research, particularly over a long period of time, choices were made that constituted fundamental “crossroads” and therefore had a direct impact on the conclusions reached. The earliest such choice was whether to take a strategic evaluative approach to the role and application of Management System Standards for occupational health and safety as they applied to small firms. There was considerable potential to develop this theme, given the author’s position on the BSI drafting panel for BS8800/ her input at international level on behalf of the UK at the Geneva ISO conference/ her contribution to the Swedish project on OH&S MSS in Europe/ and the subsequent questionnaire to FSB members about their views on such standards. Indeed, there is still much work to do in this area, and the author continues to be directly involved in Europe-wide discussions through the UNICE Sub-Group on Standardization.

However, there was a greater urgency at the time to focus on small firms themselves, and to take a more formal approach to addressing the practical problems of compliance as well as the widespread confusion about what they were actually supposed to be doing. As a business owner and part of the intermediary structure in Europe, particularly that of a small firms representative group lobbying at a national policy level, the author was ideally placed to bring together the various strands of research, combining practical and policy issues within an academic framework.

A more holistic approach was needed, and a closer evaluation of intervention routes and methods was vital to combat the apparent duplication of effort and resources across the UK, with little dissemination of results [Gadd/Dickety 2000 (HSL); HSE/DUBS 185/1998].

Further significant choices included the decision to combine various methods at Stage 3 with the Workshop and questionnaires. This proved to be a very positive choice, providing significant research data, but was only possible because of funding from HSE

for European Health & Safety Week 1997. The support from FSB, and the clear benefits for members taking part, was of course a vital part of the equation. Though simple in essence, the Reply Slip was a valuable tool for providing a “snapshot” view of the existing situation amongst members, with the Workshop providing an ideal opportunity to explore this in more detail. It was also a crucial element in the development and use of the questionnaire at later meetings of FSB members at regional level.

Clearly the subsequent choice of industry sector was an important element of the research process, and results at Stage 4 could well have been very different. Having said that, many industry sectors with substantial concentrations of small businesses have undergone considerable, and often damaging, changes during the last two years. Contractual conditions and the introduction of new health and safety legislation have been major problems in many industries, such as the Care sector, agriculture and food production. It is reasonable to assume that the use of observation checklists would have been more appropriate than postal questionnaires for these groups too, given the considerable pressures business owners are working under [Hillary 2000].

The competitive pressures exerted on all businesses represent a significant barrier to carrying out field research, but this is compounded further by the inherent characteristics of the target group. That is, reduced numbers of individuals involved in the firm, often accompanied by limited access to resources. Taking part in such research is not generally given a high priority rating by small firms, and indeed this is a legitimate position to take [Hillary 2000]. In this research, one of the challenges for the researcher was to find sufficient numbers of business owners who were motivated enough to want to take part, so it incorporated some measures intended to increase this motivation.

At Stage Three, measures included a free Delegate pack of relevant information, an opportunity to attend a free learning event, and questionnaires completed at Branch meetings were secondary to the reason for being there. Crucially, Stage Four was less successful from this point of view, as nothing was offered as an incentive to take part. There were some mitigating factors related to the use of the Licensed Trade

questionnaire, as face-to-face discussions had identified the potential for an apparent mismatch between the responses to questions and the visual indicators of what was actually happening on a daily basis.

Other challenges apart from response rates include cost, time and actually asking the right questions [Hawkins & Booth 1998]. As noted previously, much of the Stage Three work could not have taken place without funding support. No such support was available for Stage Four, so a wider trawl of potential respondents was not possible. The development of the licensed Trade Checklist was jointly funded with the Basingstoke and Deane Business Partnership, with the larger part of the costs covered by them. No funding support was available for the development of the author's publication.

While the author is broadly satisfied with the relevance and applicability of questions asked during the research process, there are some errors or omissions. Despite the stated emphasis on motivation of businesses to take action, questions asked did not address this issue sufficiently. The opportunities to explore this in more depth at the Workshop were not taken up (except informally), the questionnaire did not include a question that specifically addressed this issue although some inferences could be drawn from the responses, and it was not addressed at all in the Licensed Trade questionnaire nor could be observed as an element of the Observation Checklist.

It was considered in the short questionnaires that asked for FSB members' views on OH&S MSS, and in the feedback sheets from licensees who reviewed the author's publication at the end of Stage Four. From the review of why/if they would be likely to use such guidance, the picture quickly emerged that it would only be likely if an inspector said they should, or their insurers insisted on it.

Perceptions about hazards and risks were confirmed through questions at various stages of the research, and consistently through a variety of respondents' views. Existing solutions and how they might be applied, or gaps in provision, were addressed to some extent. Some issues that could have been explored further included competence of people

in the organization (as there was no evaluative reference to what training people had received), and the relationship with their insurers.

### **11:2 Regulations and their impact on the target sector**

At a European level, the concern at present is that priority is given to producing support tools that “facilitate its (the law’s) practical application in all companies, taking account of the specific needs of small and very small businesses” [UNICE 2000; EC/BEST 1998]. Any risk prevention system has to relate to “an economically realistic framework”, particularly with regard to employment. The FSB has long stated that worker protection measures introduced in such a way that they close down the business are no protection for workers at all.

Alarm has been growing for some time at the proliferation of new regulations being introduced, changes in work organization and business structures, and considerable overlap between government departments as OH&S becomes more significant politically [HSE/Gibby 1999; HSE/Clifton 1998; EC/BEST Vol 1.1998; Jeynes 1996-99]. Indeed, at the World Summit on Small Business 2000, it was noted that “the accumulative impact ...of regulations (on small businesses)...create a formidable barrier to growth and are a major contribution to the failure rate of SMEs. Over a period of 20 years, more than 64,000 regulations have been introduced within the European Union... and in 1999 alone, the (UK) government introduced 3,438 new regulations” [FSB NW9/00:2000b].

The issue of financial burden is a difficult one. There is a perception that it will cost money to comply with all relevant health and safety law, and in some situations this may be the case [HSE/Wright 179/1998; Tait/Walker 1998; Vassie/Cox 1998]. There are insufficient numbers of real Case Studies across a range of industries that demonstrate the balance between costs and benefits. Cost Benefit Analysis carried out at a national level for “UK plc” is totally unsatisfactory and meaningless to a firm with a turnover of £50,000 -£100,000 a year. The burden of compliance is disproportionately applied to the

smallest firms who have to introduce the same measures as large multi-nationals (BRTF 2000; FSB 1998;2000a-d).

Having said that, cost is not the *primary* concern of research respondents, although obviously it is an issue when putting necessary measures into place. The proposals to provide grants and/or tax concessions to small firms investing in safer and healthier processes or machinery is extremely welcome, and is likely to be a significant catalyst for action once businesses know what is required. [Revitalising Health & Safety 2000]. It has been several years since the original “Cost of Accidents” was produced by HSE, and a more up-to-date version that takes into account the current competitive climate, currently in production, will be extremely valuable to interventionists. Priorities in Europe include studies of the socio-economic costs of occupational accidents and diseases, in order to assess whether legislation is actually effective “in creating and maintaining the right safety and health conditions” [European Commission 1999].

Within the context of review and evaluation of legislation European wide, it is worth considering the suite of “Management” regulations introduced in 1993 and their impact on small firms. By moving away from the prescriptive approach of the 1974 HASWA, it potentially allows for greater flexibility that should, therefore, be ideally suited to the diversity of small firms. Any such flexibility is, however, balanced by other constraints.

**Fig 11:1 Freedoms versus Constraints of Goal-setting Regulations**

FREEDOMS	CONSTRAINTS
<ul style="list-style-type: none"> <li>- flexibility that reflects the size and structure of the organization</li> <li>- opportunity to choose the most appropriate means for controlling risks</li> <li>- variety of ways to demonstrate compliance</li> <li>- retention of “as far as reasonably practicable”</li> </ul>	<ul style="list-style-type: none"> <li>- existence of specifications in some areas still</li> <li>- may be a less formal management system in place to support this approach</li> <li>- enforcement practices vary</li> <li>- significant European pressure for changes to regulations</li> </ul>

J.Jeynes 2000d

Just as important, though not specifically tackled in this research, is the continued “blurring of the edges” between OH&S and other disciplines as new legislation is introduced [Jeynes 2000d; 2001; HSE/Gibby 1999], and especially the introduction of social protection measures under the banner of OH&S law rather than employment law. Given the confusion evident in small firms generally regarding legislative requirements, these overlaps between work and lifestyle, occupational health and public health, are likely to deepen this confusion further [ EC/BEST 1998; Marmot 1998].

If we then add the alarming increase in litigation claims over recent years, and the potential impact of the Human Rights Bill in the Autumn of 2000, the role of the insurer appears to take on much greater significance [Budworth 2000]. This is discussed in more detail in the next Chapter, as it clearly emerges as potentially one of the most effective routes for bringing about change.

The question of adequacy of actions to demonstrate compliance is also problematic. As we have seen, there is no evaluative judgement made in the Reply Slip responses from the sample group, so if for example they state that risk assessments have been carried out, the statement is accepted at face value. However, it has been evident in other contacts with respondents that whether such risk assessments are “sufficient” is not the main concern, as generally respondents were more likely to understate than overstate the level of actions taken [Workshop discussions between delegates, Inspectors and the researcher]. In the case of fire risk assessments carried out in very small firms, feedback from the fire Authorities themselves suggested that sufficiency was an issue they could deal with on an individual basis, and that positive action by the firm was a valuable starting point [Jeynes 1999b].

The issue of adequacy was more closely addressed in the questionnaires, and more so in the Licensed Trade survey where respondents had to evaluate the adequacy of controls in place. The Observation sheet also enabled an evaluative analysis by the researcher based on visual evidence. The issue has been tackled still further with the development of

practical guidance for small firms, specifically aimed at helping them produce a range of evidence to demonstrate to others the extent to which they are complying with the law.

### **11.3 Practical management of health and safety in small firms**

There are practical considerations relative to the size of the firm that must be acknowledged, certainly in relation to health and safety management. Formal management systems and support structures are not in place in micro firms of up to 10 employees as they are in large organizations employing over 200 people [HSE/Wright 179/1998; Jeynes 1997/1998; HSE/Rimington 1998]. Such micro firms are unlikely to be unionised, and are more likely to be in more hazardous industry sectors, or those that rely on face-to-face contact with customers [Walters/James 1998]. They tend, therefore, NOT to be in industries that are easily mechanised, can use IT to any significant degree, or can offer flexibility in work organization [European Foundation 1997a;1997b; HSE/Clifton 1998].

In the EU as a whole, the “risk of having an accident at work [is] higher for workers in local units of companies with fewer than 50 employees and for the self-employed” [Eurostat 2000]. These figures are somewhat out of date and have to be viewed alongside the changes discussed in Chapter 1 where:

- the pattern of work has changed;
- there has been a reduction in manufacturing and increase in service industries;
- the most hazardous aspects of business have been contracted out by large firms to small ones, usually the more labour-intensive tasks that rely on use of PPE;
- and demographic changes mean an aging work population, with fewer injuries but more fatalities amongst older men at work, and a plateau in fatalities generally.

In addition, reference to unionised workplaces being safer than non-union ones is based on research carried out some years ago, and in any event, it is not clear which specific elements of union involvement actually contribute to good/bad safety performance.

Clearly, just paying a membership subscription is not sufficient in itself to impact on such performance.

Some relationships between size of firm and findings have emerged. The more detailed cross-sector questionnaire used in Stage Three did not show any significant relationship between total score and number of employees, although this may be due in part to interpretation of the questions and levels of background knowledge of respondents. In contrast, the focus on a specific industry sector gave a very different picture. In this instance, there seemed to be clear link between total scores and number of employees. Issues most closely related to size of firm were perceptions of hazard and risk, especially fire risk, accompanied by a concentration of respondents in older premises where adequate facilities were less common.

This supports the author's view that it is vital to consider small firms in terms of their industry sector in order to gain any meaningful picture of the way they manage health and safety. It is unhelpful to consider "small firms" as a generic group given the diversity of business structures and exposure to hazards for those who work in them.

The internal and external pressures on firms, identified in Fig 1:1 of Chapter 1, have been confirmed by the research. While these pressures and the competitive environment for businesses today apply to all firms irrespective of size, their ability to deal with such pressures in an effective way relies greatly on the size or structure of the individual firm.

This is shown clearly in Stage Four where the difficulties experienced by the licensed trade impact more on the smallest players. As a reasonably well-defined sectoral group, it is likely that the small-scale findings of this research can be applied to the wider membership of the industry.

One of the strongest message emerging from the research is that while a plethora of information, guidance and support is available widely, small firms' owners find it difficult to access it effectively [HSE/DUBS 185/1998; Gadd/Dickety 2000 (HSL);

Jeynes 1998e; FSB/Jeynes 1997a]. In addition, those that consider themselves reasonably aware of what they should be doing to comply with the law do not always demonstrate this compliance with corresponding actions [Tait/Walker 1998]. As one respondent said “if you don’t know what you are supposed to know, you don’t know the right questions to ask!”

The assumptions identified at the beginning of Stage One, Chapter 2:1, appear to have been confirmed by the research findings. Statistically, there does appear to be a greater likelihood of sustaining injury in a small firm than a large one, and this is unlikely to change significantly if those activities that are inherently hazardous continue to be performed by contracted-out providers rather than by employees of large firms. While it is reasonable to assume that personal experience of witnessing an accident at work is limited, the findings in this case were inconclusive on whether such experience actually acted as a catalyst for action, or led to a more positive approach to health and safety in the future.

As noted already, evidence suggests that understanding of legal obligations related to health and safety is limited in small firms, and that they are poor at accessing relevant sources of information or guidance. On the other hand, the assumption that employers only deal with such issues if encouraged or forced to is not as clear-cut as the statement suggests. Many Workshop participants were taking some actions to control risks in their business without apparent external pressure to do so, and often in an ad-hoc, confused manner. Although this group is self-selected to some extent, face-to-face discussions with somewhat reluctant licensee respondents suggested that there was some level of inherent motivation to “do something about health and safety”.

There may indeed be specific elements of regulatory requirements that employers do only when “encouraged or forced to”, but these seem to be more closely related to management or organizational issues rather than specific risk management. Evaluation of various interventions possible, and those chosen for this research, confirms that they do not necessarily result in action unless there is some catalyst for action [Budworth 2000].

Above all, any action will depend on how relevant it is perceived to be to the individual firm [Tait/Walker 1998; Hillary ed. 2000]. As Stage Three evidence suggests, this is not the same as saying cost or time implications are the most important concerns. The interventions by the FSB for this project were viewed positively by respondents who were members, and they confirmed that the invitation to the Workshop acted as a positive catalyst for action.

#### **11.4 Review of findings**

To what extent do the findings support or refute the original assumptions, and the research methodology result in meeting stated aims and objectives? If we consider the initial overall aim to test the assumptions that:

1. small firms do not manage health and safety effectively;
2. they do not do so unless obliged or forced to;
3. there is little difference between large and small firms;
4. intervention routes are limited in scope and effectiveness;

there is some evidence to support the assumptions, but the picture may not be as bleak as it is often made out to be.

The results of the Reply Slip analysis were fairly ambivalent in that they did illustrate a spread of stated actions across the spectrum of size and type of business. If the measure of “effective management” of OH&S is the level of compliance with regulatory requirements, it could be argued that the results suggest this is pretty poor. However, there has to be a guarded approach to interpreting the data on the basis that the sample group is fairly representative but not huge. It is self-selecting to some extent, but does not appear to exhibit “socially acceptable” responses, and it is a self-reporting activity that is always open to criticism.

On the other hand, the follow-up survey of members in a face-to-face situation with a more in-depth questionnaire did not identify a worse scenario than Reply Slip results. On the contrary, the second survey highlighted the very real problems of confusion and

misunderstanding about what the law required, and identified some firms who believed they were not doing enough to comply but were in fact doing so.

The Licensed trade questionnaire led, at least superficially, to an arbitrary risk assessment by respondents, as they were asked to make a judgement about the seriousness of risks associated with specific hazards, and the control measures they had in place to reduce the risk. The Observation sheet, on the other hand, actually went back several steps by considering what they were not doing, and why small firms were considered to be ineffective when dealing with risks. It also relied on different assumptions, unstated until now, about what the researcher thought they should be doing to comply with the law, and what evidence existed to demonstrate that they were doing this.

While the questionnaire gave their view of what they thought they were doing, it is clear from the research findings that their perceptions might be clouded by:

- what they think they should be doing based on limited knowledge and awareness;
- what they consider to be adequate or appropriate actions given this partial view;
- their own assumptions and beliefs about what happens in their business, rather than observing it critically for themselves.

Given the limited value of using self-completed questionnaires, the observation sheet proved itself to be a valuable tool for testing out the respondents' as well as the researcher's assumptions. Crucially, it considered visual evidence of actions taken in the business by workers themselves, rather than just the views expressed by the owner/manager. This leads to the author's question of where the balance is between this evidence at an inspection or visit, and reliance on other forms of evidence in the absence of face-to-face contact?

Evidence suggests that there is a gulf between what owner-managers may think is happening in the firm, and what workers actually do. Why the differences? Which is the "correct" version? For instance, if people are trained in the safe use of equipment and all the right procedures are in place, what is the true position when direct observation shows

them working in a dangerous manner? Apart from the possible issue of inadequate supervision, to what extent does the balance of individual responsibility serve the requirements of OH&S regulations?

We have already considered the question of whether they take action voluntarily or not, and the issue is not proven by the research. However, note their responses to the initial review of use of the published practical guidance, and that they are most likely to use it if obliged to by a Primary Interventionist. As noted earlier, differences between large and small firms are largely related to interpretation and application of the law to their individual situation, implementation of requirements and ability to demonstrate compliance to others [Jeynes 1999c; 1999e; 2000d; 2000e].

The role of the Interventionist is a crucial element of the research, and worthy of further discussion. Although not exhaustive, the list of various intervention routes and methods covers the main examples found in the UK. The outcomes aimed for may be very different, but ultimately the aim must be to bring about a change in some way. It is not always clear that the purpose behind the intervention has been considered in any detail, asking such questions as:

- what is the outcome required – greater awareness? If so, of what? How will results be checked?
- Assuming action is expected in the absence of any already – what action? Long or short term? How much will it cost?
- What changes will actually be evident? Will these be long or short term?
- What benefits will accrue to the employer? The workers? Society? Others?
- Are there potential financial benefits, such as reduced insurance premiums?
- How will the intervention's success be measured or monitored?

Evidence generally suggests that guidance specifically aimed at small firms can be “helpful and effective in implementation of legal provisions” [EC 1999]. In addition, there is evidence that the “organization of awareness-raising campaigns, underpinned by publication of a range of tools aimed at the man in the street, can play a fundamental role

in the medium term” [UNICE 2000]. However, it is important to be very specific about what can realistically be achieved.

For instance, the various interventions identified were considered against whether they were seeking to instigate change or “successful” change. Many do, in fact, concentrate on bringing about a change of knowledge/ attitudes/ actions etc, but the issue of whether it is successful change or not is addressed later, usually through an additional or alternative intervention.

The role of Management System Standards (MSS) has been discussed already, and certainly there is potential for there to be a change in practices as an outcome. In the context of small firms, though, this is less likely to be viewed positively, and introduction of a MSS does not in itself necessarily reflect a successful change [Jeynes/Hawkins/ Smith/Booth 1999; Hawkins/Booth 1998; Vassie/Cox 1998]. The issue of the nature or character of any guidance is also important, particularly an evaluation of the utility of this particular form of guidance for very small firms. This evaluation should include:

- that level of expertise they need in order to use it;
- the financial outlay required;
- what disruption is likely for existing work procedures;
- how relevant it is to the business;
- how manageable it will be in their circumstances.

Of particular relevance are the findings of the research on the preferred format of guidance for small firms. Speaking to someone either face-to-face or via a telephone helpline was still the preferred option, followed by paper-based guidance. There is evidence that visual media are effective, whether as popular TV “soaps” or short business programmes targeting small firms (such as the BBC Enterprise Zone series featuring the author), and IT versions are now rapidly becoming more popular with target firms.

The role of the “committed person” in relation to the potential catalyst for action is a significant element of the research aims and objectives, one of them being to identify

positive catalysts for action. **Fig 11:2** summarises the main features of a situation that potentially leads to the need for action. This is based around a Problem Solving approach, identifying a problem as a situation or event that is outside the norm, something that does not happen as it usually does.

**Fig 11: 2 A Problem Solving approach**



There is potentially a role for interventionists to play at each of the five stages identified in Fig 11:2, providing guidance, assistance, and possible solutions. In this case it is useful to take a marketing approach based on who the client is, what he/she wants and needs, any special features and costs involved, and how they will access it. On the other hand, the interventionist may be the catalyst for action initially, identifying that a problem exists, or indeed by creating the problem in the first place. Any of the stages offer potential catalysts for action.

Referring back to the list of options in Chapter 2, the notion of a “committed person” is a critical link in the equation. It opens up questions about how to introduce an appropriate external person, or how to target the possible internal one, and additionally to identify intervention methods that are worth channelling resources into in order to reach this person.

A firm employing an external person to be responsible for monitoring health and safety performance in the firm every three or four months may suggest some form of commitment, but does not suggest changed attitudes in the long term, nor any desire to ensure people work in a safe manner. A more valuable example is the firm that introduces company-wide supervisor and manager training, insisting on a substantial input on health and safety, and crucially allowing time to take on board day-to-day responsibilities in this area [example of author’s clients]. In this case, the committed person is a senior Director in the firm with sufficient authority to make sure it is implemented.

Evidence from research at Stage Four supports the original hypothesis of the critical committed person. Even where managers of licensed premises receive similar training, guidance and support from their employer (the brewery), their individual commitment to its implementation is crucial. It is worth noting that in this instance, their effectiveness in managing health and safety does not rely on external inspection efforts from their distant employer, nor any difference in actions from the local enforcement authority.

The low response rates to interventions made at Stages Three and Four of the research should be seen in relation to the target sector. It is more productive to consider the impact of the interventions made, and the fact that such interventions did act as a positive catalyst for firms taking part in the research, resulting in actions that would not otherwise have occurred.

The production of the Licensed Trade Checklist in partnership with Basingstoke and Deane was not the original preferred option for producing guidance. The Checklist was a compromise on the basis of cost and complexity of production, but gained from its greater potential impact with target licensees through its combination of Primary and Secondary interventionists. Its impact in the medium term is yet to be evaluated.

Potentially the practical guidance produced by the author [Jeynes 2000c] can have a significant impact on the target group, acting as a positive catalyst for action or supporting other intervention actions. It is a tool for Primary interventionists, such as Inspectors or insurers, to assist firms in establishing an approach to managing health and safety that fulfills their evidence requirements.

Feedback from health and safety professionals during its first year of publication [Asher-Roy 2000; OH Today 2001] is that it is relevant to the target group, recognizing the practical issues that affect them. It is perceived as a valuable resource that professionals can use with clients on a one-to-one basis with limited external support required. Evidence of actions taken can then be clearly identified.

For Secondary Interventionists such as business support organizations, Business Link, the Small Business Service etc, it provides client firms with easy-to-follow guidance that does not need direct input by professionals to implement, so making other additional support required affordable. Business Advisers in particular have identified the publication as a valuable tool for supporting clients, being affordable and readily available [Business Adviser 2001]. It has also proved to be a useful resource for

independent consultants who offer the publication as a part of their normal service to clients [feedback received verbally from several Consultants].

For the small firm itself, it provides a means to establish a workable approach to managing health and safety that can be applied to managing other risks, as well as increasing knowledge and awareness of relevant issues. Members of the FSB, for example, have bought the publication at local Branch Meetings where health and safety has been the subject of presentations [FSB “Voice” 2000;2001]. A new internet site, Egrindstone, is aimed at entrepreneurs and others working from home. It included a positive review of the book following an interview with the author and based on feedback from small business owners themselves [Scanlon 2001].

Production of the guidance was based on research evidence that highlighted a gap in current provision, and crucially that a sector-specific element was vital. Preliminary feedback received so far states that the sector-specific section of the publication is “relevant and helpful” to the target user and to a range of intermediaries, and is recognised as providing a “relevant, jargon free” practical tool for small businesses [Ashe-Roy 2000].

Finally, it is clear that while the role of Primary and Secondary interventions are crucial in bringing about change in the way small firms manage risks in the workplace, the commitment of a responsible person is the crucial link. However, there also needs to be a strategy in place that is systematic, identifies priorities, timescales and resource implications, and then ensures that resource requirements are budgeted for. As O’Loughlin notes “The most important single factor in the success or failure of the strategy will be the commitment and focus of senior management” [O’Loughlin 1999]. These research findings confirm that view.

### **11:5 Acknowledgement of issues not dealt with here**

There were many issues that emerged during the research process that could usefully be explored further. These include:

- evaluation of existing Cost Benefit Analysis concepts and their relevance/accuracy when applied in a small firms context;
- the competence required by individuals working in a small firms environment; what the law requires; where competence is gained; training received, both general and specialist (but note reference to the author's input to EuroSafety Conference);
- how accidents or incidents are reported and investigated, and more in-depth consideration of near-misses with the sample group.

In addition, specific elements of the original research aims and objectives have not been sufficiently investigated in the author's view. There is still insufficient data on how and why individuals are committed to managing risks more positively, and what motivates them to do so. The question of adequacy is not fully resolved, nor is the debate about how small firms can demonstrate their compliance with relevant regulations.

It is envisaged that the use of the guidance published by the author will provide further insights in this area. In addition, it would be valuable to explore similar issues in other industry sectors. The role of the insurance industry as a Primary intervention and a positive catalyst for action is particularly relevant in the context of small firms, and is explored further in Chapter 12 "The Way Ahead".

## Chapter 12: Conclusions and the Way Ahead

### 12:1 Conclusions

Now completed to the end of Stage Four, the research has provided some valuable evidence about the way small firms approach health and safety risk management, and the problems they face when trying to demonstrate their compliance with relevant legislation. The findings have been discussed at some length throughout this Report, but it is worth drawing out the most important conclusions for reference. What has the research found?

The following table summarises the main findings of this research, giving page numbers of where reference to the points can be found, plus notes on the type of evidence supporting these conclusions. Numbers 1-9 are based on interpretation of the various data sources referenced and supported through interviews, personal feedback and discussions with a range of interested parties. Numbers 10-23 illustrate the results of empirical research based on questionnaires, surveys, observation and direct questioning of major players in the field.

<b>PAGE:</b>	<b>FINDINGS: INTERPRETIVE</b>	<b>EVIDENCE:</b>
P25 P34 P38/39 - Fig 3:2/3:3 P139 - Fig 9:14	1. All the external pressures outlined in Fig 1:1 exist, with social, economic and competitive pressures growing in significance. Internal pressures are significant for small firms, as suggested, particularly cultural and ethical factors.	Interviews; BSI and use of standards; BRTF report; FSB contact with members.
P43 P52	2. While these pressures and the competitive environment for businesses today apply to all firms irrespective of size, their ability to deal with such pressures in an effective way relies	IOSH interview; Contract Report 179

	greatly on the size or structure of the individual firm.	
Chapter 1	3. It is not clear whether the current trend of greater accidents in small firms is due to less management control, or is linked to other changes. For instance, reporting requirements, the expanding list of hazardous substances to be controlled, or down-sizing and exporting the most hazardous occupations outside traditional “employment” structures.	Interviews; HSC/HSE literature; EU documents.
P38/39 – Fig 3:2/ 3:3 P45 P49 Fig 4:2	4. Stage Two of the research provides a valuable summary of different intermediary routes and methods of intervention, and a broader look at evaluating their effectiveness. The issue of “intended outcomes” is important, as is the marketing approach suggested in Chapter 4:2 which acknowledges the links between client- or provider- led approaches and potential results.	Published literature; HSE and HELA reports On initiatives; RoSPA/ IOSH/ TECs and other bodies’ Reports; FSB reports.
P108	5. There is a considerable volume of information and guidance aimed at small firms, but no consistency in the initial point of contact. While the use of IT has grown during the period of this research, and could potentially be of more value to the target group, this increased access has to be viewed cautiously. Direct one-to-one contact is still the preferred format for many small firms.	As above; Evaluation of Stage 3 findings.
P58-59 P167	6. In the context of small firms, introduction of a MSS is less likely to be viewed positively, and if firms are forced to go down the	BSI reports; FSB feedback and reports;

	certification route by clients, this is unlikely to result in internal commitment or motivation to improve health and safety performance.	Research papers;
P64 P143-153	7. As an external committed person, the insurance provider has more direct contact with the firm than enforcers presently do, so would seem to offer a potentially valuable Primary intervention route. This is particularly so if combined with a Secondary intervention tool which is relevant, easy-to-use, cost-effective, and does not rely on a high level of technical expertise.	Interviews; Guidance produced by industry.
P47-49	8. The marketing approach, and subsequent findings of the research effort, represent critical findings of the research, and should be considered seriously by those developing service provision targeted at small and micro firms.	Business Management literature; MBA course materials; Analysis of findings.
P60 P65	9. The proposed model, Fig 4:5, offers a valuable tool for considering the potential success of an intervention and to evaluate outcomes as identified in Fig 4:4.	Interpretation of existing evidence.
<b>PAGE:</b>	<b>FINDINGS: EMPIRICAL</b>	<b>EVIDENCE:</b>
P86-88 P93-96	10. It is too simplistic to suggest small firms take no action on health and safety unless encouraged or forced to do so. An intervention of some kind may trigger a more focussed approach to taking action, often building on existing, sometimes patchy measures already in place.	Questionnaire responses; Reply Slip responses.
P105-108	11. Evidence suggests that there are inherent	HSE/Rimington report

	size disadvantages related to ability to demonstrate compliance, rather than whether they do/do not comply.	
P50 P86 P95-96 P128	12. The apparent confusion, misinformation, lack of knowledge and awareness within the sample groups supports the view that there are also size disadvantages relative to ability to fully understand compliance requirements, or indeed the extent of their responsibilities.	Questionnaire responses; Reply Slip responses; BCC survey.
P89 Fig 6:12 P128	13. They appear to be aware of the main hazards in their industry, though how risks are controlled is less clear. The picture is not clear on which concerns worry them overall.	IOSH interviews; Reply Slip responses; Licensed Trade surveys.
P49 Fig 4:2 P53	14. There was no evidence that the majority of small firms has a negative view of health and safety or wish to ignore their duties in this area, as there was evidence of inherent motivation to “do something about health and safety”.	Review of Client/Product led approaches; Contract Report 179.
P51	15. Resource issues, though important, did not emerge as <i>primary</i> concerns of these sample groups.	Questionnaire responses.
P89 Fig 6:12 P96 P107	16. Initial assumptions include reference to time and cost as barriers to action on health and safety. Although they did not appear as primary concerns for small firms, they are nevertheless secondary factors that act as barriers to “effective” action on the part of the firm once it has been identified as necessary. Cost does not, therefore, reduce the motivation to act, but may impact on control adequacy.	Questionnaire responses; Reply Slip responses; Analysis of Stage 3 interventions.
P86-88	17. The majority of small firms have a person	Questionnaire

P109	nominated with responsibility for health and safety, adequate resources seem to be allocated to health and safety, and staff receive some form of Health & Safety training. There is no clear indication that other work pressures take precedence over health and safety in absolute terms.	responses; Evaluation of Stage 3 results.
P109-110	18. There is some evidence that experience of working in a large organisation has some impact on future attitudes towards health and safety. Though not explored further in this research, this could be due to factors such as internalisation of knowledge and procedures over time/ access to training/ or experience of working in a unionised industry.	Evaluation of Stage 3 results.
P88	19. What does not emerge clearly is the impact of having witnessed an accident, either in their own business or previous employment, on present attitudes towards risks. While such experience may be limited, the findings in this case were inconclusive on whether such experience actually acted as a catalyst for action, or led to a more positive approach to health and safety in the future.	Questionnaire responses.
P109 P140-141	20. The assumptions about the need for a catalyst and a committed person to take forward any action on health and safety seem to be well founded. Commitment from the top is a crucial factor in the way health and safety is managed and the corresponding attitude of employees.	Evaluation Stage 3 results; Licensed Trade observations, discussions and analysis.

P51 P60-65 P152-153 P170	21. Research has helped to define more clearly the interventions that might constitute a “catalyst” – Primary or Secondary – and the crucial role of the “committed person” in bringing about change.	Licensed Trade results; Feedback on author’s Guide for small firms; Published sources.
P138-141	22. Observation and Questionnaire evidence suggests that there is a gulf between what owner-managers think is happening in the firm, and what workers actually do.	Licensed Trade observations and questionnaires.

A critical outcome of the research is reference to Primary and Secondary interventions, with a clearer explanation of the potential role of each in instigating changed behaviour. Crucially, it is the combination of both that the author believes emerges so clearly from this work, and the belief that no one method of intervention will be successful on its own.

## ***12:2 The way ahead***

There is much that can be done to build on recent efforts to improve health and safety management in small firms. The following section identifies actions that interventionists can take to strengthen the situation still further.

### ***12.2.1 Government action***

Due in part to the Deputy Prime Minister’s intention to bring it to the fore of public attention at the 25th Anniversary of the 1974 HSWA, the profile of health and safety in the UK has been raised considerably through publicity around the Revitalising Health & Safety initiative. As noted when it was launched, its proposals are regularly referred to in relation to all major initiatives introduced under the banner of health and safety, so it can be argued that the original intention of “revitalizing” interest in and awareness of the

importance of protecting people has been fulfilled.

Features of recent developments in health and safety generally include:

- combining public health with occupational health and safety;
- blurring the distinction between workplace health and lifestyle choices;
- extending the role of the employer in prevention, health surveillance and monitoring etc;
- combining health and safety with environmental and other areas of protection;
- shift to H&S Risk Assessment approach to Fire regulations and other regulatory regimes;
- overlap between government departments on issues of health and safety.

Where these represent concerns for small firms is in the shift of responsibility onto the employer for more and more elements outside their control, and greater pressure to be a “tool” for passing on social and health information or guidance at the workplace [National Occupational Health Strategy 1999]. This is accompanied by further pressures to broaden insurance cover, by government wishing to reduce the industrial injuries benefit bill [Dept of Health 1998], the unions [TUC 1999], and the insurance industry itself as litigation becomes the norm [Warren Hill 1998; Budworth 2000].

The tendency for professionals across Health, Safety, Occupational Hygiene etc to retain their particular technical bias and individuality, only serves to add to the confusion outside professional spheres on what “occupational health” actually is. Some agreement on a definition would be invaluable, and indeed some recognition of the overlap between disciplines would be a major step forward [Jeynes 1999e]. In addition, it is vital to provide a coherent, affordable and accessible Occupational Health Service nationally, so that firms can obtain impartial advice and guidance as their range of responsibilities increases [Jeynes 1998d; Jeynes 2001].

The proposed launch of the “NHS Plus” project, aimed specifically at small firms on a

regional basis, may address this issue in the near future. It is an initiative welcomed by organizations such as the FSB, who were involved in preliminary discussions to identify the range and type of services that would help smaller enterprises. As we have noted already that cost is not a primary concern for small firms, it nevertheless does act as an inhibitor to action, so clearly the value of such an initiative is to retain the notion of “affordability” for the target group of clients.

The increased pressure to address the needs of an ageing population/ more flexible working patterns/ and the introduction of new technologies, also represents an increased need for monitoring the potential impact of EU Directives and to make full use of derogations where possible. A period of consolidation and reduction in the issue of new or amended Directives is vital if firms are to establish effective, internal systems for managing OH&S.

The constant stream of changes over the last 5 years, many of which have been significant rather than just minor changes, has just served to increase confusion about what actions are required from firms. This has implications for the government when deciding the most appropriate methods for disseminating information to industry, especially smaller firms. However, this has to be balanced by the need to use a goal-setting rather than prescriptive approach, and avoidance of being seen as introducing restrictive requirements that impact negatively on the competitiveness of small and micro firms.

#### ***12.2.ii. Health & Safety Executive and Local Authority***

Evidence suggests there is more scope yet in trying to systematically raise levels of knowledge and awareness of what small employers need to do in order to fulfill their legal obligations. The evidence also supports the author’s initial view that a sector specific approach is likely to be more effective than a generic one, given the diversity of businesses that make up the “sector”. It is time for HSE to seriously reconsider their long-standing position of a generic approach, and to provide assistance to those

interventionists who are trying to reach target groups. The author welcomes the development of a Support Policy Action Group (SPAG) by HSE which will look at this issue carefully, and notes that the findings reported in Chapters 3 and 4 have already proved of interest to the Chairman and members of this Group [2001].

Significant inroads have been made to reach small firms through Local Authority enforcement routes, particularly relevant given the increase in service industries which are primarily enforced by LAs, and the decline in manufacturing traditionally HSE enforced. It would seem that this aspect of health and safety enforcement is often overlooked [HSE/DUBS 185/1998], despite the greater frequency of contact with local firms and greater volume of Inspectors. It is, therefore, vital to retain the contact with employers through HELA that has been valuable during the period of this research.

### *12.2.iii. Information and guidance*

There is considerable potential to widen the routes by which information and guidance on health and safety issues is passed on to people. The increasing use of the media over recent years has proved effective in raising the profile of specific health and safety issues, for example the CORGI/Gas fitter storyline in Coronation Street, and the accident on a small construction site. This is even more effective when accompanied by a telephone helpline or details where further information can be obtained [FSB 1999a; 2000d]. There would seem to be more potential for extending this, but preferably as a normal element of life rather than a one-off event. Less dramatic from a TV point of view, but then it would be nice to see some actual Consultation with Employees, or at least Induction Training for new staff.

The statistics highlight the particular vulnerability of men in the 24-35 age group for serious accidents and fatalities, as well as young workers. As the market for magazines directed specifically at young men has grown so dramatically over recent years [Writing Magazine 1999], this seems to be a potentially valuable avenue to explore their attitudes to life style and occupational health and safety issues.

Despite the school curriculum being full to overflowing - a problem exacerbated by government policy - there is scope to encourage greater awareness of a wide range of health and safety issues, as suggested in the Revitalising Health & Safety aims. Perhaps of greater concern is the lack of knowledge and awareness of health and safety generally amongst teachers in schools and colleges [Hawkins 1999], and the paucity of H&S management that appears in supervisor, manager, and senior manager training programmes.

Clearly this is a vital area for future action to improve the situation, and the author is aware of several education and training providers where this is currently being given a higher profile. The FSB, for instance, offered an MBA sponsorship for study at Manchester Business School for the first time in 2001. The author, as member of the interview panel, confirmed with the Business School that health, safety and other risks would be included within the study programme as an integral issue rather than an optional module. In addition, the introduction of Citizenship as a new curriculum area in schools from 2001/2 may provide for greater awareness of risks at an earlier age.

#### *12.2.iv. Business support bodies*

The earlier analysis of various intervention routes and methods identified a wide range of business support bodies that can potentially have a positive impact on health and safety management in small firms. There needs to be a greater base of knowledge about the potential impact of health, safety, fire and environment legislation on other business decisions, particularly for the small firm client. It is vital, therefore, that this is also an integral part of training received by business advisers, whether from Banks, Business Links, or other support agencies and there is already evidence that the Small Business Service at regional level is taking this on board [personal discussions including Gloucestershire and London SBS representatives].

The RoSPA pilot project on this element was extremely positive for those who attended,

and should be considered for further development or dissemination nationally. It is also worth noting that advisers attached to the Banks were conspicuous in their absence from the pilot project, but could be a positive secondary – or even primary in some cases – interventionist. The author believes that there should be a requirement that Business Plans and funding applications include a section on the impact of relevant legislation on the business, and consideration of how they intend to accommodate these requirements. As Accountants are frequently the first point of contact for advice, it is vital that their own levels of knowledge are raised specifically in the areas of risk management considered here.

The Small Business Service could potentially have a positive impact on the target group. As well as making services available to all small firms whatever their size, they must review services regularly to ensure they remain relevant and actually reach their target. It is particularly important that they continue to work directly with a wide range of intermediaries to reach small firms, and to ensure there is less duplication of effort and resources.

Business support organizations such as the FSB have a crucial role to play in encouraging action in their member firms. There are many areas where they can and do have a positive impact, including:

- lobbying government on the practical implications of implementing regulations;
- identifying concerns of small businesses, particularly on a sector-specific basis;
- having an input at earlier stages of development of regulations, guidance etc;
- developing Case Study data on small firms;
- carrying out research consistently;
- providing guidance and support in relevant, appropriate format on sector specific basis;
- monitoring the use of guidance, and identifying motivators for actions;
- working closely with Primary Interventionists to reach small firms.

### *12.2.v. Commercial pressures*

While it is valuable for large organizations to share their expertise in OH&S risk management with smaller suppliers, it is crucial that a wide range of options is available for small suppliers to demonstrate their compliance. More importantly, it is vital that large clients do not insist on the presence of a specific Management System Standard or Scheme in place, but identify exactly what it is they wish to confirm about the supplier's management of health and safety risks when setting contract criteria [HSE/ Rimington 1998; Vassie/Cox 1998].

In the author's view, while international pressure to introduce occupational health and safety Management System Standards has increased considerably over last 3 years, there has also been a reluctance to take the same approach as that of earlier versions of ISO 9000. Those involved in this field will recall the tremendous problems very small firms experienced when they were required to follow this approach despite it being very bureaucratic, detailed, and often totally inappropriate for very small firms [Jeynes 1997a; Antonsson/Worklife 2000; Vassie/Cox 1998;].

There are clear indications that while certificated MS Standards may be appropriate for medium or large sized enterprises with sufficient management and administrative systems in place, it is clearly not the best system for micro or very small firms [Vassie/Cox 1998; Hillary 2000; Whalley 2000; FSB/Whalley 1998]. Further evidence produced by the Swedish Research Institute on behalf of the European Commission [Antonsson/Worklife 2000], where Sweden has a requirement for businesses of any size to have such a system in place, shows that in northern European states which are often perceived to be more highly regulated than other EU member states, they still only have partial success in compliance in this area. This has resulted in the view that a "systematic approach to managing OH&S is more appropriate than an OH&S Management System standard" [Antonsson 2000; Jeynes 1998e; 2000b; 2000d].

During the earlier stages of this research, there did not appear to be widespread

commercial demand for formal third party certification schemes for OH&S MSSs, certainly not in smaller firms, although they were of some value to larger, more formally structured organizations [Booth/Jeynes/Hawkins/Smith 1999; BSI HS/1 2000; Vassie/Cox 1998]. When firms were forced to go down the certification route by clients, this did not necessarily result in internal commitment or motivation to improve health and safety performance (however that might be measured), certainly not in the long term.

However, at this point [2001], where the BSI guidelines BS8800 require a five-year review, there is increasing evidence from FSB members that although this is not their choice, they are increasingly being required to comply with such formal standards. Consequently, there is greater pressure than before to ensure that the revision of standards related to managing health and safety should enable users to align them with any existing systems within the firm. It is still important to note that this does not represent a call for a single integrated Management System Standard for Quality/Environment/Health & Safety, and that Action Point 4 of the “Revitalising Health & Safety” strategy must not be interpreted as a requirement for everyone to have such a formal system in place.

#### ***12.2.vi. Insurance providers***

As a potential external committed person, the insurance provider has more direct contact with the firm than enforcers presently do. It would be useful to know what triggers action by them or the small firm client, other than a claim. If we accept the notion that “insurance assessors have a different agenda from legislators” [Jeynes 1998f], it would be useful to identify the difference between “good or bad” firms relative to the range and type of claims made, perhaps through the use of post-loss trends.

The question of reductions in premiums dependent on evidence of appropriate Risk Management strategies is problematic, given the difficulties in confirming the robustness of these strategies. As T.Budworth of Norwich Union noted [Budworth 2000], measuring reductions in negative outcomes as a direct result of good management practices is difficult, and may involve some considerable time delay. In addition, we have already

noted how problematic outcome measurement is in itself [Bibbings/ RoSPA DASH 2000; FSB 2000d]. It is vital that pressure from the insurance industry does not result in reliance on producing hard-copy evidence of a formal management system that may be inappropriate, and indeed separated from commitment.

### *12.2.vii. Small Businesses*

Entrepreneurs and employers themselves have a fundamental role in bringing about any improvements in health and safety performance at the micro and small enterprise level. One of the consistent principles throughout the research is that internal motivation and commitment of the small business owner/manager must drive actions to establish a healthier, safer work environment that is sustainable.

The author's guidance for small businesses [Jeynes 2000c] is intended to provide a tool for firms to be able to demonstrate they have some form of system in place that reflects their individual workplace environment. While the guide is intended to assist firms in the process of identifying and managing fire, health, safety, security and environmental risks to their business, it cannot motivate them to take the initial step in the chain of actions required to reach their goals just by its existence. As we have seen, there has to be someone or something that acts as the catalyst for action.

Potentially, it can act as the secondary intervention "tool" that supports the primary intervention, so encouraging a more positive route through the flow-chart model ( Fig 4:5 Chapter 4) to commitment and long-term action. There still remains a question of whether this does in fact result in commitment, or by virtue of its combination with another interventionist it actually takes away any intrinsic motivation.

### ***12.2.viii. Final comments***

It is useful to consider whether the original objectives have now been achieved, and what future goals may still exist. Certainly the range of intervention routes and methods identified was valuable in the development of the model to evaluate outcomes. The importance of a catalyst for action has been demonstrated through empirical research with valid and relevant sample groups, and the definition of Primary or Secondary interventions is extremely helpful when considering potential impact of proposed actions with the target group.

Further work still needs to be done to identify:

- existing perceptions of risk management in small firms relative to the combined elements safety/health/fire/security/environment;
- the potential level of pressure needed by insurance providers to encourage action;
- how firms can realistically confirm they have a suitable system in place;
- the real impact of pressure on insurance premiums and patterns of claims in the long-term;
- long term changes in attitudes, behaviours, knowledge and awareness in small firms following use of the author's guide;
- effectiveness of use of different tools, such as BS 8800-based standards, with a control group not introduced to such tools or systems.

What is clear is that the whole issue of health and safety in the workplace has shifted considerably since the introduction of the Health & Safety at Work Act of 1974, relying much more heavily now on commitment, motivation and indeed personality traits of the individual to make it work. The research has not fully addressed the more complex issue of motivation to take action by the firm, with Stage 4 of the research on the Licensed Trade giving some indication of how important this internal pressure is, given the existence of similar external pressures for positive action but individual reluctance to act on it.

The author believes that much of this resistance to take action stems from the all-embracing philosophy underpinning a goal-setting approach which does not sit easily with attitudes and beliefs found in the wider population. The marketing approach explored here goes some way to acknowledging these different perspectives, and the various “Know/Care” options suggested also rely heavily on differing attitudes of people in organizations. Based on these findings, the author believes that if the right combination of Primary and Secondary interventions is developed, there can be significant benefits for all concerned, and long-term commitment encouraged.

Many of the original criticisms leveled at the legislators and enforcers at the early stages of this research are no longer valid, with clear evidence that the stated concerns of people, including the author, are being addressed. However, there is still much work to be done across academic and professional disciplines, despite some progress in this area, to identify more clearly the inherent personal qualities, attitudes and beliefs of people, and to apply the results of this analysis to the control of occupational health and safety risks in the workplace. Unless this route is taken, it is unlikely that there will be any significant improvement in the protection of workers from the less-than-satisfactory statistical plateau we have now reached.

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## **APPENDICES 1-10**

**Annex 1**

**INTERVIEW QUESTIONS** : Organisation:- Institution of Occupational Safety and Health (IOSH)

**Interviewee** Stephen Fulwell

**Date:** 15<sup>th</sup> December 1998

**Membership profile**

**What publications and/or other means do you use to reach members?**

**Do you undertake research on specific subjects?**

**If so, why?**

**What are recent/ongoing topics covered?**

**What sort of guidance do you produce? type/format**

**Why/how do you decide what to produce?**

**How do you contact small firms (up to 50 employees)?**

**How do they contact you? how/why**

**What have been the main issues of concern over the last 2 years?**

**What are the issues likely to be over coming 2 years?**

**What are the main challenges facing your members?**

**What are the main challenges facing small firms?**

**What aspects of health & safety management do you believe small firms are good/bad at?**

## **Annex 2**

**INTERVIEW QUESTIONS:** Warren Hill Insurance Brokers – interviewee David Perry MD

### **a) Queries/comments from FSB Health & Safety Committee**

1. Why do insurance companies only tell you when you submit a claim that locks, for example, are not acceptable, or insufficient?
2. Why does the insurance industry ask for "more than" the legislation - ie how different are the agendas?
3. Ref the FSB Legal Advice Line - is there a statistical breakdown to identify insurance enquiries? any industry/claim type patterns or trends? why do people phone?

### **b) Broad queries about how the industry works.**

- deciding premiums:-

4. describe the Proposal Form and procedures for completion
5. analysis of effectiveness of the Warren Hill phone service
6. formula or process for deciding any discounts for clients
7. how many post-loss surveys done (%)? how do they affect future premium levels? what are the main findings from carrying them out?

- managing risks:-

8. use of Audit sheets or Checklists
9. any sector specific data collected? any sector specific initiatives worked on?
10. what evidence is looked for re links between health, safety, security, fire, other liabilities in internal systems?
11. impact of new Fire Precautions(Workplace)Regulations 1997
12. who monitors improvements in risk management in firms? what measures are used?

-committed person and why:-

13. who takes responsibility for insurance decisions
14. what triggers the insurance industry to contact the firm
15. what triggers the (small ?) firm to contact insurers
16. what makes them actually DO anything with the information and guidance they receive

-the Insurance Industry:-

17. the extent to which they offer "practical solutions" to problems; what do they see as problems
18. what are the recent trends & challenges ahead for the industry
19. how wide is the gap between "good" and "bad" firms? what measures are used to define this - number of accidents/claims history/documentation/procedures?
20. what impact is current emphasis on OHS and workplace health going to have in future?
21. what impact will government's proposed shift of responsibility for Industrial Injuries Benefits to employers have on the industry

## **Annex 3**

### **INTERVIEW QUESTIONS: Organisation:- Workplace Health Advisory Team**

1. Ref the summary report of the research stage of WHAT initiative, is there a larger Report available? If so, can I have a copy?
2. Where can I access the Canadian references?
3. any particular industrial areas looked at in more detail in WHAT project? If so, which ones?
4. Anything carried out with the licensed trade ie Pubs? (details)
5. Where did you try to initiate Alliances but were unsuccessful? Why was this?
6. Where they were established, any indication of WHY the people were committed?
7. Regarding Local Authority partnerships/Alliances, did you include HSE inspectors as well as EHOs? Are HSE inspectors interested?
8. What is the "Bromley exhibition" made up of - is it transferable elsewhere?
9. Can I have a copy of the SME Resource Pack? Is it generally available? Is it free? Can we (FSB) have any bulk amounts for our 1999 Conference?
10. What Health Needs Assessment tools/models are available or were used?
11. What would be the catalyst for action on the part of a small firm to take part in this?
12. Where is the Project going now? How can FSB be involved?
13. Are there any links/similarities with the Scottish model currently underway?

## **HEALTH & SAFETY - YOU CANNOT AFFORD TO IGNORE IT!**

Many small businesses find it difficult to manage health and safety, or even know where to start. Some common statements made by FSB Members:-

- 1) "I'm a self-employed individual, no employees, so Health and Safety legislation doesn't apply to me".

**WRONG!**

You still have legal duties even if you do not employ others.

- 2) "I employ fewer than 5 people, so Health and Safety legislation doesn't apply to me".

**WRONG!**

You do not have to have a WRITTEN policy for dealing with health and safety unless you employ 5 people or more - but you **STILL** have to have a policy even if you employ just one person.

- 3) "I only have a small office/shop/work unit, so Health and Safety legislation doesn't apply to me".

**WRONG!**

Many accidents result from "slips and trips" which can occur in any premises.

- 4) "The legislation says you must employ a Health and Safety Specialist".

**WRONG!**

It says that someone must be responsible for health and safety in your workplace and they need to be "competent" - this can just as easily be you.

- 5) "My Landlord takes care of all health and safety details".

**WRONG!**

Health and Safety compliance is **YOUR** business's responsibility.

- 6) "It costs money to comply with Health and Safety legislation".

**NOT NECESSARILY!**

It might, of course, but it might just require you to think more carefully about how safely you work. It is almost certain, however, that it will cost you more if you cannot show your Insurance Broker that you are managing Health and Safety effectively.

**What is the FSB doing for YOU to help you get it RIGHT?**

~~Do you know that~~ Invitation to attend Workshop

- the new Fire Regulations in December 1997 will apply to small shops and offices, previously excluded?
- there are changes to accident reporting procedures?
- you need to regularly review and update your Risk Assessment?

Get the answers from the professionals, free of charge, as a membership benefit at the:

**FSB HEALTH AND SAFETY WORKSHOP**  
 at  
*The Botanical Gardens, Birmingham*  
 on  
**WEDNESDAY 22nd OCTOBER 1997 10.00-4.00p.m.**

With support from the Health and Safety Executive, the Workshop includes:-

- Buffet lunch and refreshments
- Delegate Pack of RELEVANT Health and Safety literature (normal value: approx. £10)
- An opportunity for YOU to discuss issues that affect YOUR business

On behalf of members of the Health & Safety Committee, I look forward to seeing you at the Workshop,

Jacqueline Jeynes  
Health & Safety Committee Chairman

X

PLEASE COMPLETE & RETURN THIS SLIP TO: FSB, 2 Catherine Place, Westminster, London SW1E 6HF ASAP.

*(Please delete as appropriate)*

I wish to\*/ cannot \*attend the Workshop on 22nd October 1997

I cannot attend but please send me information on future FSB initiatives on Health & Safety\*

*Even if you cannot attend, please answer the following questions and forward to the London Office*

1. Is someone in your firm nominated with responsibility for Health & Safety?  
 No \_\_\_ Yes \_\_\_  
 (If yes, what position do they hold in the firm?) \_\_\_\_\_
2. Have you carried out any Risk Assessments in your business? No \_\_\_ Yes \_\_\_
3. Do you have a Health & Safety Policy (written or unwritten)? No \_\_\_ Yes \_\_\_
4. What is the biggest concern you have about Health & Safety in your business?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

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No. of Employees: \_\_\_\_\_

## **Annex 5: Version 2 Questionnaire**

### **FEDERATION OF SMALL BUSINESSES' HEALTH & SAFETY QUESTIONNAIRE.**

October 1997

In order to represent Small Firms' concerns about health and safety in the workplace, we need to get a much clearer picture of

- what you think about health and safety generally
- what you are currently doing to comply with legislation
- where the gaps are
- what your greatest concerns are about health and safety.

This questionnaire has been developed to tell us just those things, and gives you an opportunity to state your opinion in an anonymous way.

Some of the questions are straightforward YES/NO options, while others consist of a statement that you agree or disagree with on a scale of 1 – 9. Please add any comments you want to as you go through the questions, either about the questions asked or the questionnaire itself.

Please do complete the questionnaire as it will form a vital part of the FSB's lobbying on your behalf in the future.

Thank you for your time.

Jacqueline Jeynes  
Health & Safety Policy Chairman FSB

#### **HOW TO COMPLETE THE QUESTIONNAIRE**

##### **Questions 1-17**

If you strongly agree with the statement, please circle (9)

If you strongly disagree with the statement, please circle (1)

If you feel your view is somewhere between these two extremes then circle one of the numbers (2) – (8) to show how much you agree or disagree with the statement.

Questions 18 – 20: Please circle (YES) or (NO) as appropriate.

Federation of Small Businesses Health & Safety Survey

Annex 5: Version 2 Questionnaire

Please circle numbers 1 - 9 for questions 1 - 17 according to how strongly you agree with the statement.

1. There is a clearly defined Health & Safety policy in my firm.  
1 2 3 4 5 6 7 8 9
2. Everyone in the organisation is made aware of the Health & Safety policy.  
1 2 3 4 5 6 7 8 9
3. A named person has overall responsibility for Health & Safety matters  
1 2 3 4 5 6 7 8 9
4. Current Health & Safety legislation is too complicated for us to understand  
1 2 3 4 5 6 7 8 9
5. There is clear commitment to health and safety management at senior levels in the firm  
1 2 3 4 5 6 7 8 9
6. A full Risk Assessment programme has been implemented throughout the organisation.  
1 2 3 4 5 6 7 8 9
7. Results of Risk Assessments have been recorded.  
1 2 3 4 5 6 7 8 9
8. Near misses and minor accidents are not really worth recording  
1 2 3 4 5 6 7 8 9
9. Prosecutions brought by HSE are the best way to make small firms comply with health and safety legislation  
1 2 3 4 5 6 7 8 9
10. Health & Safety implications are part of all management decisions  
1 2 3 4 5 6 7 8 9
11. Senior management regularly reviews internal health and safety data  
1 2 3 4 5 6 7 8 9
12. Sufficient resources are allocated to manage health & safety effectively  
1 2 3 4 5 6 7 8 9

13. We are fully aware of current health & safety legislation

that applies to our business

1 2 3 4 5 6 7 8 9

14. Health & safety targets are set and monitored

1 2 3 4 5 6 7 8 9

15. Sometimes health & safety takes second place behind other work pressures

1 2 3 4 5 6 7 8 9

16. All staff receive relevant health & safety training

1 2 3 4 5 6 7 8 9

17. We have a positive relationship with our local HSE/Local Authority Inspector.

1 2 3 4 5 6 7 8 9

18. Have you experienced or witnessed a serious accident in the workplace

a) in your own firm YES NO

b) in previous employment YES NO

19. Have you ever worked in an organisation employing

a) 100 - 200 employees YES NO

b) 201 - 500 employees YES NO

c) 501 plus employees YES NO

20. Have you received any formal training on health & safety

a) at start-up stage of business YES NO

b) during last 12 months YES NO

c) during the last 1 - 5 years YES NO

21. Has your firm had a visit from a health & safety Inspector YES NO

If YES,

a) when was the last visit?

b) please rate the inspector for helpfulness on a scale of 1 - 5 1 extremely helpful ..... 5 extremely unhelpful

22. If you have any queries about health & safety, which organisation are you most likely to contact?

23. Please state the main activities of your business

24. Please state number of employees including the owner.

Thank you for your help.

## **Annex 6: Version 3 Questionnaire**

### **FEDERATION OF SMALL BUSINESSES' HEALTH & SAFETY QUESTIONNAIRE.**

October 1997

In order to represent Small Firms' concerns about health and safety in the workplace, we need to get a much clearer picture of

- what you think about health and safety generally
- what you are currently doing to comply with legislation
- where the gaps are
- what your greatest concerns are about health and safety.

This questionnaire has been developed to tell us just those things, and gives you an opportunity to state your opinion in an anonymous way.

Some of the questions are straightforward YES/NO options, while others consist of a statement that you agree or disagree with on a scale of 1 – 9. Please add any comments you want to as you go through the questions, either about the questions asked or the questionnaire itself.

Please do complete the questionnaire as it will form a vital part of the FSB's lobbying on your behalf in the future.

Thank you for your time.

Jacqueline Jeynes  
Health & Safety Policy Chairman FSB

#### **HOW TO COMPLETE THE QUESTIONNAIRE**

##### **Questions 1-17**

If you strongly agree with the statement, please circle (7)

If you strongly disagree with the statement, please circle (1)

If you feel your view is somewhere between these two extremes then circle one of the numbers (2) – (6) to show how much you agree or disagree with the statement.

Questions 18 – 20: Please circle (YES) or (NO) as appropriate.

Federation of Small Businesses Health & Safety Survey

Please circle (1) if you strongly disagree;  
Please circle (7) if you strongly agree.

1. There is a clearly defined Health & Safety policy in my firm.  
1 2 3 4 5 6 7
2. Everyone in the organisation is made aware of the Health & Safety policy  
1 2 3 4 5 6 7
3. A named person has overall responsibility for Health & Safety matters  
1 2 3 4 5 6 7
4. Current Health & Safety legislation is too complicated for us to understand  
1 2 3 4 5 6 7
5. There is clear commitment to health and safety management at senior levels in the firm  
1 2 3 4 5 6 7
6. A Risk Assessment programme has been implemented throughout the organisation.  
1 2 3 4 5 6 7
7. Results of Risk Assessments have been recorded.  
1 2 3 4 5 6 7
8. Near misses and minor accidents are not really worth recording  
1 2 3 4 5 6 7
9. Prosecutions brought by HSE are the best way to make small firms comply with health and safety legislation  
1 2 3 4 5 6 7
10. Health & Safety implications are part of all management decisions  
1 2 3 4 5 6 7
11. Managing health & safety properly benefits the business  
1 2 3 4 5 6 7
12. Sufficient resources are allocated to manage health & safety effectively  
1 2 3 4 5 6 7

13. We are fully aware of current health & safety legislation that applies to our business  
1 2 3 4 5 6 7

14. Health & safety targets are set and monitored  
1 2 3 4 5 6 7

15. Sometimes health & safety takes second place behind other work pressures  
1 2 3 4 5 6 7

16. All staff receive relevant health & safety training  
1 2 3 4 5 6 7

17. It costs the business more to have accidents than to prevent them.  
1 2 3 4 5 6 7

18. Have you experienced or witnessed a serious accident in the workplace  
a) in your own firm YES NO  
b) in previous employment YES NO

19. Have you ever worked in an organisation employing more than 200 employees?  
YES NO

20. Have you received any formal training on health & safety  
a) at start-up stage of business YES NO  
b) during last 12 months YES NO  
c) during the last 1 - 5 years YES NO

21. Has your firm had a visit from a health & safety Inspector  
If YES,  
a) when was the last visit?  
b) please rate the inspector for helpfulness on a scale of 1 - 5; 1 extremely helpful ..... 5 extremely unhelpful

22. What is your main concern about health & safety at the present time?

23. Please state the main activities of your business

24. Please state number of employees including the owner.

Thank you for your help.

**Annex 7**

**INTERVIEW QUESTIONS :** Organisation:- Brewers and Licensed Retailers Association (BLRA)

**Interviewee** Rita King

**Date:** December 1998

**Membership profile**

**What publications and/or other means do you use to reach members?**

**Do you undertake research on specific subjects?  
If so, why?**

**What are recent/ongoing topics covered?**

**What sort of guidance do you produce? type/format**

**Why/how do you decide what to produce?**

**How do you contact small firms (up to 50 employees)?**

**How do they contact you? how/why**

**What have been the main issues of concern over the last 2 years?**

**What are the issues likely to be over coming 2 years?**

**What are the main challenges facing your members?**

**What are the main challenges facing small firms?**

**What aspects of health & safety management do you believe small firms are good/bad at?**

**INTERVIEW QUESTIONS CONTINUED:**

Comments on relationships with enforcement officers:

Are local partnerships or Lead Authority Partnership Schemes used by members?

Any problems/issues concerning different or conflicting information at inspection visits?

General trends in the industry:

Question: If I want to raise awareness of health and safety in pubs, what are the main points I should bear in mind, and what is likely to be the most effective method/route?

## **Annex 8**

### **INTERVIEW QUESTIONS : Organisation:- FSB Licensed Trade Committee**

**Date:** 15<sup>th</sup> January 1999

**Membership profile:** around 4000 pubs excluding restaurants

**What publications and/or other means do you use to reach members?**

*First Voice* – glossy magazine bi-monthly and *Voice* – regional newsletter

**Do you undertake research on specific subjects?** Not recently

**If so, why?** There has been some recent research on Esso stations, as part of the licensed premises remit

**What are recent/ongoing topics covered?** Competition policy; EC DG IV and OFT

**What sort of guidance do you produce? type/format**

One on insolvency, glossy pamphlet

One on self-employment vs incorporation (limited company), bigger discussion document

**What, if any, guidance from other sources to you pass on to members?**

None in this remit

**Why/how do you decide to produce FSB publications/guidance etc for licensees?**

Prompted by rapidly changing economic and legislative environment

**How do you contact small firms (up to 50 employees)?**

Directly in reply to any queries from members; local meetings (usually fewer than 50 attendees)

**How do they contact you? how/why**

**What have been the main issues of concern over the last 2 years?**

Onerous contracts

**What are the issues likely to be over coming 2 years?**

Protection of very small pubs – there are lots closing at present – and competition policy

**What are the main challenges facing your members?**

Increased competition generally

**What are the main challenges facing Free Trade members particularly?**

Public image – easier to be recognized as part of a national or regional chain than as an individual

**What are the main challenges facing Tenant landlords particularly?**

Access to comparable trade discounts

Is there anything you think should be added to the list of "Specific Industry Problems" enclosed?

Number of hours worked and impact of Working Time Directive

**What impact will the new Fire regulations have on your members?**

Financial impact on older premises

Older, tenanted pubs are more likely to be closed if they cannot comply

**Have you any evidence of problems associated with the type or extent of health and safety inspections members get/ areas of conflict etc?**

One in Norfolk – gap under door to kitchen was said to “allow a mouse to enter” (EHO) but the HSE inspector said this was “rubbish” and the door was OK

**Does the FSB signpost licensed trade members (specifically pub landlords) to other trade associations? to providers of relevant insurance packages?**

No, not really. The FSB insurers Warren Hill provide information, and members can access the 24 hour Legal Advice Line with individual queries

**What aspects of health & safety management do you believe small firms are good/bad at?**

In pubs, steps are often a problem and physical characteristics of premises such as low ceilings or narrow corridors

**If the FSB wants to help pub owners manage their health and safety responsibilities more effectively, what do you consider would be appropriate initiatives to try?**

More and better guidance, maybe PC versions as well as paper-based

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Thank you for agreeing to take part in this survey of pub landlords, and the issues that concern you. Please return the completed form to: Jacqueline Jaynes (FSB) 12 Knight St, St John's, Worcester WR2 5DB.

**Part 1: About your pub.**

- Q1 Which of the following best describes your licensee status? Please tick  
 Brewery Manager..... Brewery Tenant..... Private Manager.....  
 Private Tenant..... Freehouse/owner run..... Other.....
- Q2 How long have you been a Licensee  
 a) on these premises?.....Years and (b) in total?.....years
- Q3 Are any relevant Trade Discounts passed on to you? Yes..... No.....
- Q4 How many staff do you employ (including yourself)? .....
- Q5 What proportion (approx) of your turnover relates to  
 a) wet sales.....% b) food/ catering.....% c) cigarette/games machines.....%
- Q6 Approximately how old are your premises? .....
- Q7 What best describes the location of your pub? please  
 tick one category  
 a) village pub..... b) city/town pub..... c) suburban pub.....  
 d) rural/country pub..... e) other.....
- Q8 If your pub caters for a particular customer age group, please tick the  
 category(ies) that apply  
 a) age 18-24 years..... b) age 25-34 years..... c) age 35-49 years.....  
 d) age 50+ years..... e) not applicable.....
- Q9 Do you belong to any industry or trade association? Yes..... No.....
- Q10. If you answered YES to Q9, please list the associations you belong to:

**Part 2: About health and safety generally.**

Q11 What do you see as the main causes of accidents in your pub? please list

Q12 What do you see as the main causes of ill-health in your pub? please list

Q13 Where do you usually go for information on health and safety issues?

Q14 on a scale between 1 - 5, with **1 = very unhelpful and 5 = very helpful** rate the following forms of guidance on how helpful they are/might be to you. Please circle your preferred rating score for each:

- a) Leaflets 1...2...3...4...5
- b) "How to" guides 1...2...3...4...5
- c) Checklists to complete yourself. 1...2...3...4...5
- d) CD/computer versions of (c) 1...2...3...4...5
- e) phone "Helpline" 1...2...3...4...5
- f) one-to-one discussion on-site 1...2...3...4...5
- g) attending training courses 1...2...3...4...5

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Q15 on a scale of 1 - 5, with **1 = strongly agree and 5 = strongly disagree** rate the following statements on how true you think they are for your pub. Please circle your preferred rating score for each:

- a) There is a clearly defined Health & Safety policy in my firm 1...2...3...4...5
- b) A full Risk Assessment programme has been implemented throughout the organisation 1...2...3...4...5
- c) We are fully aware of current Health & Safety legislation that applies to us 1...2...3...4...5
- d) All staff receive relevant Health & Safety training 1...2...3...4...5

**Part 3: About specific issues**

As a licensee, how seriously do you consider the following issues to be for your pub? You will already be controlling some of these issues, but others may need to be considered further.

As before, on a scale between 1 - 5, with 1 = very serious/of great concern and 5 = not serious/of little concern, please rate the following issues.

In addition, there are three further columns alongside each issue, to circle according to how much you feel these issues are under control

(i) = NO controls (ii) = some controls (iii) = fully under control

	How serious for you?	How well controlled?
Q16 Bending/lifting/moving heavy objects	1...2...3...4...5	i ii iii
Q17 carrying large/awkward loads	1...2...3...4...5	i ii iii
Q18 dropping heavy loads/objects	1...2...3...4...5	i ii iii
Q19 handling broken glass	1...2...3...4...5	i ii iii
Q20 using knives, sharp instruments	1...2...3...4...5	i ii iii
Q21 using slicing/rotating equipment	1...2...3...4...5	i ii iii
Q22 scalds from glass washing machines	1...2...3...4...5	i ii iii
Q23 scalds/burns from cookers etc	1...2...3...4...5	i ii iii
Q24 greasy or wet floors	1...2...3...4...5	i ii iii
Q25 steep or uneven steps	1...2...3...4...5	i ii iii
Q26 inadequate storage space	1...2...3...4...5	i ii iii
Q27 poor lighting	1...2...3...4...5	i ii iii
Q28 uneven floors	1...2...3...4...5	i ii iii
Q29 use of chemicals for cleaning etc	1...2...3...4...5	i ii iii
Q30 use or storage of flammable materials	1...2...3...4...5	i ii iii
Q31 disposal of waste materials	1...2...3...4...5	i ii iii

Annex 9: Licensed Trade Questionnaire

1 = very serious/of great concern	5 = not serious/of little concern	How serious for you?	How well controlled?
Q32 smoking by staff		1...2...3...4...5	i ii iii
Q33 smoking by customers		1...2...3...4...5	i ii iii
Q34 inadequate ventilation systems		1...2...3...4...5	i ii iii
Q35 noise levels (incl music systems)		1...2...3...4...5	i ii iii
Q36 inadequate washing facilities		1...2...3...4...5	i ii iii
Q37 violence to staff		1...2...3...4...5	i ii iii
Q38 stress/verbal abuse of staff		1...2...3...4...5	i ii iii
Q39 safety of staff after hours		1...2...3...4...5	i ii iii
Q40 theft by staff		1...2...3...4...5	i ii iii
Q41 theft by others		1...2...3...4...5	i ii iii
Q42 potential for break-in out of hours		1...2...3...4...5	i ii iii
Q43 adequate alarm systems		1...2...3...4...5	i ii iii
Q44 fire training for staff		1...2...3...4...5	i ii iii
Q45 access/egress (ie exits) difficulties		1...2...3...4...5	i ii iii
Q46 provision of fire fighting equipment		1...2...3...4...5	i ii iii
Q47 potential for arson attacks		1...2...3...4...5	i ii iii
Q48 adequate fire alarm systems		1...2...3...4...5	i ii iii
Q49 Have you received any guidance on how to deal with any of these potential risks? a) Yes... b) No...			
Q50 If YES, what guidance did you receive and where from?			

Are there any other issues of concern not mentioned here? If so, please state them below.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.

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