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

European Risk Observatory
Overview report

European Agency
for Safety and Health
at Work

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Executive Summary

This report presents a qualitative study of worker representation on occupational safety and health (OSH) in the European Union (EU) and is a follow-up to the second European Survey of Enterprises on New and Emerging Risks (ESENER-2). It considers current practices within the EU and what these suggest about the influences that determine them. The study focuses on the representation of workers' interests in safety and health as experienced by the representatives themselves, by their fellow workers and by their employers and managers. It is based on in-depth interviews with participants in 143 different establishments of various sizes, consisting of equal proportions of small (between 10 and 49 employees), medium (between 50 and 249 employees) and large (more than 250 employees) establishments. These establishments are situated in seven EU Member States (Belgium, Estonia, Greece, Spain, Netherlands, Sweden and the United Kingdom), representing a range of different regulatory and industrial relations contexts. The majority of the interviewees were selected from the population of respondents who had participated in ESENER-2 and who had agreed to be contacted for follow-up investigations. They were drawn equally from three sectors: private manufacturing, the public sector and private services. Their analysis was supported by a review of the literature and additional interviews with key informants in relevant organisations, as well as by a further quantitative analysis of relevant ESENER-2 data.

Key findings

The results of the secondary quantitative analysis of ESENER-2 broadly confirmed what had been expected based on the review of the research literature. The results add further empirical evidence to support the well-established association between the presence of arrangements for worker representation on safety and health and that of management arrangements for safety and health. That is, they demonstrate not only the existence of arrangements for worker representation in many European workplaces but also the existence of a large number of worker representatives who contribute to the operation of these arrangements, which are associated with best practices in relation to OSH management more generally.

The results therefore also corroborate and are consistent with the more detailed quantitative findings of ESENER-1. While, for various reasons having to do with the survey methods, they probably overestimate the presence of representatives in comparison with the more conservative estimates of most national surveys, the trends demonstrated are similar in national and European surveys in all the countries that were studied. However, these positive findings need to be considered alongside the evidence of the decline in worker representation on OSH in some countries; this is happening at the same time as a continuing decline in organised labour, to which it is probably related. As a result, while worker representatives and joint arrangements represent a significant contribution to the resources for preventive OSH in the EU, there is nevertheless a substantial proportion of workers who are not represented on OSH in their workplaces despite the statutory entitlements to such representation that exist in all Member States. Furthermore, many workers, such as those in smaller firms, are not covered by these statutory entitlements. In both situations, it appears that the proportion of workers without representation is increasing.

Some of the reasons for this partial and incomplete cover of workers with representation and joint arrangements can be found in the nature of the legislative measures on worker representation on OSH in many EU Member States. As previous research has shown, these are, in practice, facilitatory rather than compulsory, and they are seldom the subject of intervention or enforcement action by regulatory inspectorates. The measures rely on the influence of trade unions, workers' organisations in workplaces and employers for their implementation and operation. This report confirms that this is still the case in most EU Member States. Our qualitative findings further indicate that, with the possible exception of Sweden, there is very limited, if any, contact between regulatory inspectors and worker representatives in nearly all the establishments studied; there is even less indication of any regulatory intervention in support of worker representation.

This is only part of the story, however, as our review and analysis of quantitative evidence also indicate that, in at least some countries in these changing times, there has been not only a reduction in representative arrangements but also a parallel increase in other methods of consultation; in particular,

employers increasingly claim to have adopted some form of direct consultation with workers on OSH matters. These changes hinted at the possibility of qualitative changes that might be taking place in the practice of representation, raising a host of questions that the quantitative data could not answer. They concerned, for example, the quality of representation, its operation, support for it and its character within establishments, as well as the qualities of the individuals and institutions involved and their means of engagement with representation on OSH. Such questions were the focus of the qualitative analysis, which, in turn, addressed patterns of representation and their relationship with risk management arrangements, support for representation and, finally, experiences of representing workers on OSH in establishments where there were no formal arrangements in accordance with statutory requirements on such matters.

Our study found strong qualitative evidence that confirms and corroborates previous research. Despite differences in statutory provisions and labour relations institutions, in most countries where some, if not all, of the preconditions for the effectiveness of worker representation identified in previous research are in place there was evidence of its continued effectiveness. Specifically, where there is a strong legislative steer; employer/management commitment to participatory approaches to OSH; supportive worker and union organisation inside and outside the establishment; and well-trained and well-informed worker representatives, there is robust evidence of autonomous worker-centred approaches to OSH among representatives and their representative institutions and a positive relationship between these approaches and the arrangements employers make to manage OSH in these establishments. Representatives in such establishments behaved in ways identified in previous research when engaging with managers, using the available regulatory support for their activities and seeking information and support to help them do so. This was the case in Belgium, the Netherlands, Spain, Sweden and the United Kingdom, and to a lesser extent in Greece and Estonia.

However, cases in which these practices were highly prominent were not in the majority among the 143 establishments. Indeed, they were exceptional. We have not attempted to quantify their presence in the different countries because we were not dealing with a representative sample and, therefore, such a quantification would be misleading. However, examples of worker representatives being able to operate in this way seemed to be more numerous in Sweden and possibly also in Belgium and the Netherlands. This may reflect, in part, the resilience of the trade union presence in establishments in these countries, as well as the continued national statutory support for organised labour institutions in workplaces, such as works councils and joint health and safety committees. More broadly, it may also be related to the resilience of corporatist institutions and path dependency in the varieties of capitalism represented by the political economies of these countries.

However, we found much that was of interest with regard to the effects of the changes that have taken place since the introduction or extensive revision of statutory measures on worker representation on OSH in the countries we studied. In many cases, there was evidence of the emergence of a different approach from that which previous research has found to be effective. In particular, the strong influence of managerial arrangements for OSH into which arrangements for worker representation on OSH appear to have been incorporated to varying degrees was evident in a substantial proportion of cases. Even when representation had not been incorporated into such systems, the guiding hand of managers was nevertheless often apparent in the arrangements made for worker representation on OSH and in their operation. This was true even in many cases where workplace organised labour institutions had quite a strong presence.

In all these situations, the behaviour of the representatives was often quite different from the so-called knowledge activism previously identified by some researchers as representing the most effective form of engagement of worker representatives on OSH. Indeed, their behaviour was more typically described as their being 'the eyes and ears of safety managers', both by managers and by the representatives themselves. A key finding from our qualitative research, therefore, is that a change may have taken place since the implementation of regulatory provisions that were largely based on pluralist assumptions about the conduct of industrial relations and the capacity of organised labour inside and outside establishments to support the autonomy of worker representatives in their dealings with managers in regard to OSH.

The determinants of practice

Worker representation on OSH is strongly affected by its context, which influences both the processes and practices it involves as well as their outcomes. Previous studies have categorised such contextual determinants as:

- those within the establishment that have a direct influence on the presence and operation of arrangements for worker representation on OSH and on how representatives act;
- other internal determinants that influence the quality of representation on OSH more indirectly; and
- other determinants that operate largely from outside the workplace and act even more indirectly but are important in terms of how worker representation is both constructed and construed within workplaces.

Internal determinants include:

- establishment size and sector;
- knowledge held by employers, managers, workers and their representatives about regulatory requirements on worker representation;
- risk profiles of the establishment and the commitment of managers to introducing and supporting participatory arrangements for safety and health to address these;
- the relationship of these arrangements with those of the employer addressing OSH management more generally;
- institutional arrangements for worker representation on OSH in the workplace;
- the extent to which OSH is explicitly addressed in collective agreements in the establishment, or in other agreements made between employers and worker representatives;
- the extent to which representation on OSH is prioritised by organised workers in the establishment; and
- the awareness of OSH among workers.

Many of these determinants also help to influence which people are selected or appointed as worker health and safety representatives or committee members, what special skills they possess and their access to the training they may be entitled to receive. The determinants also influence the means that are used in practice to operationalise the various functions and entitlements given to representatives and/or committee members by statute or otherwise, that is, to enable them to carry out their roles.

There are also more indirect determinants of the presence and role of worker representation on OSH in establishments, such as:

- those relating to the organisation of employment within the establishment (e.g. the use of temporary or agency employees, contractors and subcontractors, and so on); and
- the organisation of work (e.g. shift patterns, the internal organisation of the labour process and work intensity).

These factors affect the presence and role of arrangements for worker representation, as do the extent of trade union membership and the role of representation on OSH within broader provisions for labour relations and collective bargaining in the establishment.

Other determinants, operating from outside an establishment, influence the ways things are done within it. For example, macro-economic factors related to the labour market influence job security, job flexibility and the labour market power of individual workers, and this may have a bearing on the nature and extent of the arrangements that employers are prepared to make for representative participation, as well as on the ways in which representatives carry out their roles. Other external influences include the presence or absence of preventive services; the nature of external trade union support and commitment to worker representation on OSH; the nature of sector- or national-level agreements on procedures for collective bargaining and the extent to which these, or other agreements at these levels, refer to OSH; and the business position of the establishment in relation to its buyers and suppliers. Finally, although regulatory requirements on worker representation on OSH can be seen as a determinant operating within establishments, they have a wider role as elements of a nexus of regulation that applies to both

OSH matters and labour relations. The effects of these regulatory requirements are, in turn, influenced by the compliance priorities and strategies of the agencies responsible for their administration and enforcement, which may be further dependent on the prevailing climate for governance, regulation and labour relations, as well as on the public perception of the risks subject to such regulation.

The following section briefly outlines what our findings suggest regarding the influence of some of the key elements of the determinants outlined above and the ways in which their influence has developed and changed since statutory measures on worker representation on OSH were introduced.

Workplace size and sector

Allowing for the heterogeneity of establishments overall and the differing national contexts, the research found the expected influence of workplace size on arrangements for representing workers on OSH. There was a greater prevalence of direct methods of consultation with workers in smaller establishments and little sign of formal arrangements for representation in these establishments. There was also a stronger sense of social cohesion and close personal relations between managers and workers in some smaller establishments. In the relatively few cases where formal arrangements were in place, managers had introduced them in conformity with certification standards and/or the demands of clients on which the organisation depended for its business. They were almost never the result of the demands of workers within the establishment and they did not usually include elected worker representatives. More often, they were arrangements for regular works safety meetings, or, occasionally, they involved the appointment of a workers' 'safety representative' by managers. In many of these smaller establishments, work — including arrangements for OSH — was subject to a greater extent to the influence of external determinants resulting from the nature of business relationships with clients than seemed to be the case in larger organisations. One exception to this pattern was found in Sweden, where comparatively high levels of trade union membership meant that nearly all of the smaller establishments had trade union members working in them and, as a result, had in place formal arrangements in accordance with statutory requirements.

The influence of the risk profiles of the establishments on both the presence of representative arrangements and their operation was less obvious. There were substantial differences in the presence and practice of arrangements for worker representation between manufacturing establishments and those engaged in public or private services; however, to explain these differences solely as responses to different risk profiles would seriously misrepresent the situation. While risk profile undoubtedly played a role in influencing the ways in which workers were represented on OSH, this was in combination with a variety of other features including, for example, different ways of organising work and employment, different external pressures in relation to resourcing and different expectations among workers, who might, for example, be predominantly manual workers, administrative workers or care workers, with different levels of qualifications, skills and professionalisation. These features acted to help determine the extent to which workers in different establishments were given responsibility for OSH management and the autonomy they were allowed in this regard. There were also different management and industrial relations institutions and traditions in the sectors, which further influenced the ways in which workers were represented on OSH at the establishment level. Finally, the power and presence of organised labour within workplaces had an influence. All these factors acted in concert with the risk profiles of the establishments to influence the presence and operation of arrangements for worker representation on OSH.

A further sector- and size-related feature was the different arrangements that existed among establishments for involving external prevention services. These have also been discussed in previous research, which has demonstrated what the effects of national regulatory context, risk profile, workplace size and sector are on the availability, nature and uptake of prevention services. Some of these differences were reflected in the experiences reported in our study, as were differences in the rights of the representative institutions within establishments to influence the employer's choice of such services. Generally, representatives reported mixed experiences in relation to their contact with prevention services. Some representatives seemed to have had little say in the appointment of the providers of these services but were satisfied with the personal contact they had had with them. In some cases, external preventive services had conducted risk assessments without the representative's involvement, but the representative had subsequently been consulted on the results of these activities by

management. Overall, the mixed experiences reported would seem to support extending the statutory requirements found in some Member States with regard to cooperation between preventive services and institutions for worker representation to all Member States, especially in relation to the right to veto the provider chosen to deliver such services.

Relations with safety management systems within establishments

A well-established and significant direct determinant of practice on worker representation is its relationship to the arrangements made by employers to manage OSH in the establishment, and this was clearly the case in the establishments studied here. There are, however, some disturbing developments. One of the products of the process-based regulation of OSH in the Member States of the EU has been the increasing adoption of management systems approaches to OSH, especially among larger organisations. As is well documented, these systems are widely accepted by employers as providing the framework for their compliance with regulatory requirements to manage risk competently and with the appropriate expertise — such as is provided in the now long-standing transposition of EU measures such as the EU Framework Directive 89/391. A further product of these measures seems to have been the widespread use of safety and health practitioners of one sort or another to help to operationalise the arrangements made for OSH in larger organisations. Therefore, both systems for managing safety and health and people designated as responsible for monitoring their operation were commonly present in the larger organisations studied in all sectors, and in the private manufacturing sector in particular. In many of these cases, not surprisingly, worker representatives who were dealing with OSH worked in close cooperation with the safety practitioners whose job it was to ensure the operation of arrangements for OSH management. The nature of this working relationship varied among establishments, as did the way in which it influenced the role of worker representatives. In some cases, such as those reported in detail from Sweden, good practice in this relationship required both managers and representatives to have a clear understanding that there were common procedures for the operation of safety management in the establishment and that both parties needed to use them competently. At the same time, it was acknowledged that such relationships allowed room for different perspectives on OSH issues, and consultative procedures were in place to resolve any conflict that might arise from these differences. In some of cases relating to the involvement of the works council in OSH activities, a similar approach was reported to be taken in the Netherlands. However, alongside these examples, there were many others in which the relationship between the representatives, the arrangements for managing safety and the managers operating them was less balanced. In these cases, widely reported from all the countries we studied, representatives functioned as part of the system for managing safety, usually following the lead of the responsible safety practitioners and often reporting to them. Questions arise with regard to why this was so and what has determined developments in this direction, as well as whether or not such developments have resulted in the effective representation of workers' OSH interests.

In many of the cases we studied, it appeared that the proximal reasons for the ways in which worker representation fitted into arrangements for OSH management had quite a lot to do with the personalities of the key players involved. For example, it was clear that some safety managers and prevention advisers believed themselves to have been instrumental in shaping the nature of the arrangements in place. Safety representatives and works councils had responded to their initiatives by fitting into these systems in roles and functions largely determined by the direction of the safety manager or prevention adviser, who assumed control over the whole operation of the system thus created. In these cases, representatives tended to defer to the perceived superior knowledge and expertise possessed by the safety practitioner, often turning to them as their major source of information and advice on OSH in the establishment.

However, it is also clear that there were other determinants that enabled safety managers and prevention advisers to assume these positions and exercise such control. A more in-depth qualitative analysis than was possible in this study of the relationships involved in risk prevention within workplaces and the contexts in which it occurs is required before definitive conclusions about these underlying determinants can be arrived at. However, when the information we have obtained from these cases is combined with the wider research presented in recent research literature on the structure and organisation of work today, public perception of risk and the role of regulation, as well as on the nature and role of power in workplace relations, the character of these determinants seems fairly clear. While

the prominence of OSH management arrangements is, in part, explained as a combination of employers responding to process-based regulatory requirements by adopting OSH management systems and the appointment of specialists to deliver the OSH competence that is also a statutory requirement, in many cases the incorporation of worker safety representatives into these arrangements was arguably also influenced by the particular character of the OSH management systems in question. In our study, these were often dominated by behaviour-based approaches that militated against an autonomous role for worker representatives. This occurred particularly in cases where there was also a reduced presence of organised labour both within and outside establishments, and where organisational and structural changes in the nature of both work and employment reduced opportunities for representation. In these situations, the influence of wider changes in public understanding of both collective action at work and regulating OSH could also be seen.

Influence of union membership and other arrangements for collective bargaining in establishments

Trade union membership within establishments has both a direct and an indirect influence and is an important determinant of arrangements for worker representation on OSH. In some countries, such as the United Kingdom and Sweden, it directly affected the kinds of arrangements in place. In all countries, unions and the wider arrangements for collective bargaining that they have usually helped to create have an indirect but nevertheless important influence on the form and practice of worker representation on OSH. The research literature, as well as trade union rhetoric, suggests a 'preferred model' in which worker safety and health representatives ideally operate from within the workers' collective organisation in establishments; the representative is supported by the organisation's prioritisation of OSH in collective agreements with employers, as well as by the activities of the other representative institutions in the establishment. In this model, representatives are trained and informed by trade unions using worker-centred education techniques that combine an understanding of the representative role with that of technical and legal matters relating to OSH.

We found that, in establishments in virtually all of the countries we studied, where there was a strong presence of organised labour (whether through union organisation or through works councils) and OSH issues were prioritised, there was usually effective representation of these issues to management. However, the way in which such representation occurred varied across a spectrum ranging from conflict to consensus and, as the previous subsection suggests, the cases we studied provided quite strong evidence of its moderation by the arrangements for OSH management put in place by employers. An extreme consequence of this was the virtually complete incorporation of the safety representative's role into the safety management system, but more balanced forms of cooperation were evident in some cases. In Sweden, for example, testimonies from both safety representatives and their managers made clear that, while consensus on OSH was the stated objective of dialogue between representatives and managers, they respected each other's' entitlement to different perspectives on the nature of OSH problems and the best solutions. This was largely because of the strength of the trade union organisations within the workplace and sector. It was also because the role of trade unions continued to be acknowledged in society in general, resulting in an acceptance of norms regarding worker representation. This remained influential in the cases we studied, despite the significant erosion in trade union density in Sweden in recent decades. Equally important in this respect was the legitimacy afforded in Sweden to the autonomous actions of safety representatives in exercising their statutory rights to stop dangerous work and to appeal to the regulatory agency when, in their view, employers failed to take appropriate measures on OSH.

Essentially the same patterns were observed in countries where, unlike in Sweden and the United Kingdom, trade unions were not mandated by statute to represent workers on OSH. In countries such as the Netherlands (where works councils take on this role), Belgium (where it is the role of a joint committee) and Spain (where safety delegates operate alongside union delegates), the cases we studied demonstrate that in situations in which workplace worker organisation is strong, the representative role on OSH is supported by trade unions both inside and outside the workplace. Where the worker organisation sought to prioritise actions on OSH among its concerns, there was little difference between practice and outcomes in these cases and in those in countries, such as the United Kingdom and Sweden, where trade union involvement was more direct. There were also other situations, albeit less common, where conflict between workers' interests and those of managers was openly

acknowledged and where strong collective organisation, supported by trade unions, sought to represent and protect workers' interests. It would appear that strong collective arrangements were helpful in enabling representatives to achieve the protections that they sought for workers in such scenarios.

A further finding on the influence of institutional arrangements for labour relations on arrangements for representation on OSH relates to the role of collective agreements. The early research literature on worker representation on OSH often pointed to the potential benefits of including details of arrangements for OSH representation in such agreements at both establishment and sector level. This would enable such details as entitlement to take time off for representative activities and training to be spelled out, and would make it possible to jointly determine provisions that might go further than the statutory requirements. However, in the cases we studied there was little knowledge of such agreements and it appears that, even if they existed at some level, they were in the main perceived to have limited influence on workplace practices.

Significantly, in many cases from across all countries and sectors, workplace organisation (whether trade union or otherwise) did not have a strong presence, and it was in these situations that worker safety and health representatives were most likely to be absorbed into employers' arrangements for safety management. In other cases where weaknesses in collective organisation were evident, representatives had not been incorporated into management arrangements. Instead, they had been marginalised by managers with safety and health responsibilities and, at the same time, they often struggled to maintain a profile in the eyes of their fellow workers, who questioned their relevance. In such situations, the representatives were aware of the limitations of their effectiveness and often frustrated by their inability to make their presence felt. The absence of support from an effective union organisation in the workplace, combined with a lack of involvement of regulatory inspectors with the establishment, left them with few resources at their disposal or little ability to influence OSH arrangements.

However, it was not only in cases where there was little worker organisation in the workplace that representatives were incorporated into employers' arrangements for OSH. There were cases in nearly all countries where it appeared that, although there was workers' collective organisation in the establishment, representation on safety and health functioned more or less separately from it, with the OSH representative working more closely with the safety manager or prevention adviser than with the union or worker organisation in the workplace. Furthermore, in these workplaces systematic approaches to safety management had been adopted, often along lines required by certification standards. Moreover, this was a situation that the interviewees — whether representatives, workers or safety managers — generally found to be acceptable. We think this is an interesting development that requires further study. It is not possible to judge from the cases studied how widespread this trend is, or the extent to which it reflects a decline in trade union influence or the consequences of an acceptance of the dominant 'expert' approach to OSH on the part of trade unions. Whatever the cause of this trend, however, it represents, as we have already pointed out, a set of relations with regard to OSH that are a far cry from the 'knowledge activism' that previous research has claimed characterises more effective forms of representative engagement with OSH.

Overall, therefore, we conclude that the cases studied confirm that collective organisation, within and outside workplaces, remains an important determinant of effective representation on OSH. However, the interviews suggested that such organisation was by no means ubiquitous across the establishments studied, and the lack of organisation often left representatives feeling unsupported, marginalised and even, in some cases, vulnerable. In other cases, including some in which institutions for collective representation of workers' wider interests were present, those relating to OSH were largely subsumed into the safety and health management systems in the establishment. In such cases, the capacity of worker representatives to deliver autonomous representation of workers' separate interests in OSH was reduced.

Influences of the employment contract

Many of the structural and organisational changes associated with a diminished role for collective representation within workplaces in the current economic climate in the EU also serve to change the nature of the risks that are faced by workers and, arguably, increase their vulnerability. Quite a large body of research demonstrates that increased outsourcing of work, increasing use of external

contractors, rising numbers in micro and small firms, temporary and migrant labour, zero hours contracting and so on create situations in which new and emerging risks take on greater significance. Furthermore, the workers who experience these risks and the work situations in which they occur may be less accessible to conventional forms of protection, whether through collective representation or regulatory inspection. Further research indicates that, in most EU Member States, as elsewhere, the power of organised labour has been substantially eroded and resources for inspection reduced, with a parallel reduction in enforcement actions. In addition to these changes in the organisation of employment, equally well-documented changes have led to work intensification and to the introduction of more demanding work patterns, as well as to greater accountability and surveillance of performance. All of these have been seen to contribute to important increases in time off work resulting from mental and emotional stress and fatigue, as well as to other harms associated with increased psychosocial risks.

It would be surprising if these developments had not been felt by workers, managers and employers in the cases we studied since, as the national reports detail, they are a significant element of the changes that have occurred in the wider economic and regulatory profiles of the countries from which they were drawn, and, indeed, their effects were reported in the interviews. For example, some representatives reported difficulties when dealing with contractors and their workers or, conversely, in accessing the client employer when it was they who were working for a contractor. Representatives also reported difficulties when trying to represent the interests of workers from temporary employment agencies, casual workers and others who worked largely beyond the reach of the conventional institutional nexus of labour relations procedures created by the employment contract. In addition, they reported frustration caused by lack of consultation and inability to influence planning of work as a result of decisions taken by employers to meet the price and delivery demands imposed by clients or buyers. With regard to psychosocial risks, while there is widespread and growing recognition that these are a significant problem in all sectors, there remains a paucity of solutions that emphasise the representation of workers. The main reason for this is that root causes of psychosocial risks, which are found in the way in which work is organised by establishments, largely lie beyond the remit of the safety management system and, therefore, beyond what is regarded as the legitimate remit of most safety and health representatives.

This is not to say that there were no examples of good practice in relation to these challenges. For example, Swedish provisions extend the remit of safety and health representatives not only to workers who have the same employer as the representatives, but also to the employees of contractors. There were also examples of cases where representations had been made on behalf of workers who were not covered by the standard employment contract. In relation to psychosocial risks, there were some examples among the cases studied of effective management involving representatives, and even cases where representatives and sometimes their trade unions had taken successful unilateral initiatives to address psychosocial risks.

However, generally, the effects of the changes that have occurred in the nature of work and employment on the representation of the safety and health interests of workers were quite difficult to measure. They had occurred over a period of time and were often accepted by workers and their representatives as aspects of employment over which they had no influence. Indeed, the insecurity that they generated in relation to employment often served to reinforce the feeling among workers and representatives that they were matters that were beyond the reach of representation — a feeling that may have been further reinforced by the declining influence of organised labour. Many of the consequences of change were also frequently regarded as lying outside the specific remit of both safety management and representation on OSH. This observation gives pause for some reflection, since it seems that challenges to workers' health and well-being that have resulted from changes in work and employment in recent decades have often not been understood by the affected workers or their managers as having anything to do with 'occupational safety and health'. A possible explanation for this might be found in the significant change that the meaning of this term has undergone in recent times.

Change in what is valued

Even if at first they might seem a little distant from worker representation on OSH at the establishment level, two further changes in the way in which OSH is understood in wider public discourse are relevant.

On the one hand, as already pointed out, 'occupational safety and health management' has become almost synonymous with 'safety management' in the lexicon of the practices and procedures that employers are obliged to follow under process-based regulatory requirements. Emerging risks of restructuring and reorganisation mainly originate in a variety of forms of employment degradation and work intensification, which occur at some distance from the set of activities embraced by concepts of 'safety management'. As a result, the focus on proximal events, such as physical incidents, behavioural patterns, housekeeping standards and safe working practices, as well as safe plant and workplace standards and measurements, effectively excludes scrutiny of structural and organisational elements of modern work practice that affect the working conditions and well-being of workers. When worker representatives are incorporated into this system by safety managers, it also reduces or entirely removes the potential of representative participation on OSH to identify and intervene in the prevention and monitoring of these emerging risks. In practice, this has led to a host of potential OSH issues that are products of the ways in which work and employment are organised and of how employers conduct business in response to cost-efficiency and competitiveness pressures, which are regarded by representatives and managers alike as existing beyond the influence of worker representation on OSH.

On the other hand, at the same time as these developments have taken place, and related to them in some respects, quite a profound change has occurred in public discourse about safety and health at work in some countries. As the structure of work has changed from an industrial to a service-based economy, the influence of organised labour has been reduced, and neo-liberal political prescriptions have become increasingly accepted as the norms of public discourse, greater individualisation has occurred in many elements of the employment relationship, with a parallel growth in management prerogatives. As a result, as many researchers have noted, there has been not only an erosion of organised labour and employment rights for many workers, but also an increase in the extent to which they have been made individually responsible in relation to OSH matters. These changes have been more strongly apparent in some EU Member States than in others and have attracted greater analysis in these countries too. In the United Kingdom, for example, a combination of media influence and neo-liberal political strategies have served to trivialise OSH issues in the public eye, directing public perception of workplace risks away from the damage they can cause and instead towards the supposedly harmful effects of regulation on personal freedoms. Of course, the wider intent of these developments is considerably greater than changing the nature and purpose of safety and health regulation and its enforcement. They are part of a way of thinking that is intended to achieve cultural change in British society in keeping with neo-liberal precepts, in accordance with which an effort has been made to influence prevailing societal norms regarding the freedoms and responsibilities of individuals in economic and social life.

In the United Kingdom, worker representation on occupational safety and health currently takes place within this context, and it would certainly be surprising if this had not had an effect on how such representation is perceived and practised in British workplaces. Indeed, in many respects the representation of the collective interest in protecting workers from harm would seem to be profoundly out of step with the dominant discourse in the media and in political thinking about the value of regulating OSH. Determining how widespread these changes in the values of public discourse on OSH in EU Member States were more generally was beyond the remit and resources of this study. However, if, as the British literature makes plain, in the United Kingdom such approaches have been conveniently exploited by current governance in support of economic policies to stimulate business growth, it seems highly likely that broadly similar patterns will be nascent in other countries where the aim of national economic policy is the same. Clearly, organised worker resistance to these processes is inconvenient at all levels. It is surely not lost on some employers that one small way in which this can be avoided at the establishment level is by incorporating worker representatives into OSH management systems that are operated by safety managers or prevention specialists — as had been done in many instances reported in our study, both in the United Kingdom and elsewhere.

The impact of economic crises

Many of the wider trends in work and employment noted in this study operate on a global scale and are widely seen as the consequences of globalisation of the economy more generally. As is universally acknowledged, the trajectory of economic globalisation has not proceeded without a hitch. It was subject to a particularly serious crisis in 2009, an event that affected every Member State in the EU, but which

led to more profound changes in the political economies of some Member States than in those of others. Two of the more profoundly affected Member States were included in this study and it is instructive to examine the extent to which respondents in these countries perceived their arrangements for worker representation on OSH to have been influenced by these developments.

In Spain, the worker representatives perceived the economic crisis to have had two main effects: companies prioritised their concerns about production and costs over dealing with demands from representatives for OSH improvements; and companies were generally less willing to accede to such demands. Interviewees claimed that the stress created by insecure employment and increased workloads had negatively affected workers' health. Representatives suggested that the greatest barrier to the improvement of OSH outcomes in Spain now is companies' need to improve production and productivity to keep abreast of global competition. They argued that this pressure had made employers more demanding of their workers, in terms both of more and more extra hours over longer periods of time and improved productivity.

Similarly, in Greece revised legislation since the crisis in 2009 has resulted in substantial changes to collective bargaining; respondents in the study saw these changes as being generally unfavourable to trade unions and workers. Labour market features such as job insecurity, job mobility, flexible working patterns, subcontracting and so on had increased. Privatisation of several public organisations had also begun, and civil servants' jobs had become less secure. Restructuring and downsizing placed additional workloads on employees and reduced the time available for representative activities on OSH matters. This resulted in hard-pressed unions and their representatives not prioritising OSH matters and the formation of health and safety committees being discouraged. In some of the Greek cases that focused on large public sector services, such as hospitals or municipal administrations, there were reduced OSH personnel, and the budget for OSH was also reduced. Worker representatives in these organisations felt that there was little room to play their role, and a strong focus on cost savings everywhere made worker representatives and management reluctant to demand more resources for OSH issues. Management commitment to OSH was affected, since the available means were not sufficient to sustain standards that had been in place prior to the crisis. In the Greek establishments that had worker representation, job insecurity was reported by several trade unions. In these situations, established trade unions remained active despite the economic crisis, but labour issues were the priority for worker representatives in many companies.

In most of the north-western European countries in the study, the crisis was perhaps not experienced quite as sharply as in Spain or Greece. However, the processes of post-crisis reforms in these countries were in many cases the same as those of work restructuring and reorganisation, with reductions in protective regulation, trade union rights and the resourcing of regulatory enforcement occurring, albeit at different rates, in all the countries in the study. As a result, many embattled trade unions and workplace worker organisations indicated that they had little time to focus on OSH, because their primary focus was on the very survival of their jobs and their workplace organisation. In short, all of these processes threaten what previous research has established as a precondition for effective worker representation on OSH in accordance with statutory models and are therefore of serious concern.

Concluding remarks

This was primarily a qualitative study and has aimed to provide a detailed analysis of the processes that explain its empirical findings. As with all qualitative studies, it has not set out to provide robust or representative quantitative analysis. Caution is therefore warranted before claiming too much for the quantitative representativeness of the patterns of worker representation and participation on OSH that we have identified in our cases. That said, we have nevertheless studied and compared a very rich and varied range of practices on worker representation in this study and we discuss how many of their features can be linked to the influence of underlying determinants in the workplace and beyond. These linkages remain valid despite caveats relating to quantitative representativeness.

We have undertaken a comparative study and we have noted differences between regulation and institutional arrangements for worker representation in various countries in Europe –see country reports

for in-depth description of the national findings in each of the seven countries covered in the project.[2] However, what stands out in our findings is not the differences between countries but the similarities between them in workplace practices and the relations that determine them. This applies to both the nature of support or preconditions for effective worker representation on OSH in different countries and the factors that undermine them, which would appear to be converging towards a changed situation with regard to the representation of workers on OSH in European countries generally.

In this respect, we think this study goes further than previous research in demonstrating the effects of changes that have taken place since regulatory provisions on worker representation on OSH were first introduced. While our findings confirm much that is already known from previous studies, they are distinguished by the rich and varied forms of worker participation on OSH that they describe. Furthermore, they show that arrangements for representative participation identified by previous research to be effective are now in evidence only to a reduced extent, or not at all in many establishments. If we accept that our sample probably included a larger than average proportion of cases in which respondents believed that they had something positive to say about their arrangements for worker participation on OSH, the fact that it shows such a limited presence of arrangements deemed to be effective in previous studies might be considered a surprising finding.

However, perhaps this is not so surprising after all, as our findings also confirm the existence of strong connections between the nature of the practices that appear to predominate in approaches to worker participation on OSH today and prominent features of the current organisation of work and employment. These features characterise not only labour relations, safety management and the organisation of work and employment within establishments, but also other equally important determinants of the position and practice of worker representation on OSH, which exert an influence from outside establishments. These include patterns and trends in the content and enforcement of regulation not only on OSH specifically but also on labour relations, working conditions, labour standards and, more widely, the freedoms of business. They also include long-term changes in the sectoral composition of work, increased outsourcing and patterns of fragmentation in the organisation and management of work, growth in numbers of small and micro enterprises, temporary and migrant employment, and generally more insecure work. In parallel, in many countries, there has been not only a major decline in trade union density, but also a reduction in levels of industrial action by organised workers, and related developments. What seems to be the most obvious consequence of these wider changes is a deepening of management hegemony, widespread if not universal, and the decline of oppositional, pluralist ideology and arrangements for worker representation on OSH.

We therefore conclude that the patterns we have seen in the practice of worker representation on OSH in the cases studied and the parallel changes occurring in all of these determinants are related. The latter changes are emblematic of those that have occurred more widely across political economies and which now predominate in the Member States of the EU. We further conclude that it is these changes and the political support for them that have led to the reduced presence of preconditions previously identified as important for the effective operation of worker representation on OSH. Under these circumstances, our study provides some evidence of a growing divergence between statutory provisions and current workplace practices.

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[2] www.esener.eu?

1 Introduction

This report presents the findings of a mainly qualitative study of the representation of workers on occupational safety and health (OSH) in establishments in Member States of the European Union (EU). It was commissioned by the European Agency for Occupational Safety and Health (EU-OSHA). It is a follow-up to the Agency's Second European Survey of Enterprises on New and Emerging Risks (ESENER-2) which was completed in 2014. The present study was undertaken during the following year, in 2015-2016.

As the review of the literature presented in Chapter 2 demonstrates, there is now a substantial body of research concerning the extent, practice and support for worker representation on health and safety and its contribution to improving OSH arrangements and their outcomes. However, very little of this research attempts a comparative approach to these matters in different countries. In this respect, therefore, the present study makes a significant contribution to existing literature. It aims to combine analysis of the relevant quantitative data gathered in ESENER-2 with that collected and analysed in a detailed qualitative investigation of the experiences of a selection of respondents drawn from participating establishments in ESENER-2 in a range of EU Member States[3], in which influential differences in regulatory, economic, labour relations and other relevant contexts are acknowledged. This has required an in-depth, mixed-method study of these experiences in seven countries.

The study has further aimed to provide a better understanding of what supports or limits the engagement of workers and their representatives in workplace OSH arrangements. It has, therefore, examined participants' experiences of factors that have been reported, in other studies, to influence the effectiveness of arrangements for worker participation in OSH arrangements. In this respect, therefore, the study has explored perceptions of the role of health and safety representatives held by representatives themselves, by their fellow workers and by employers and managers, through in-depth interviews in 143 different establishments, supported by a thorough review of the literature and additional interviews with key informants in peak organisations.

The research has taken as a point of departure the widespread knowledge that for the past several decades a characteristic feature of the world of work in the EU has been one of structural and organisational change. This transformation results from changes at the level of the global economy, which have influenced Member States and the EU itself, in which a combination of political, economic and technological change has transformed the experience of work and its contexts. A great deal has already been written concerning the effects of these changes and their consequences for the safety, health and well-being of the millions of workers they affect. They occur, for example, as outcomes of the restructuring of the organisations in which work takes place, how it is managed, where it is situated and its relation to the conduct of the business of which it is part. It is also widely acknowledged that bound up with these structural changes in the way work is organised are others that have taken place in the national and global economic, political and regulatory contexts in which it is located, where substantial emphasis on supply-side economics and the withdrawal of the state and its institutions from control have characterised political and economic policies. Increasingly, as a consequence, national- or sector-level institutional arrangements previously mediating both regulation and labour relations have given way to individualised arrangements at company or even establishment levels. It would be surprising if these changes had no effect on arrangements for the representation of workers' interests in safety and health at work. And indeed, one result of these changes and the parallel reduction in importance and size of traditional heavy industries has been a decline in the membership and institutional presence of trade unions in most EU Member States (and indeed elsewhere). In so far as organised labour is a key agent in the advancement of social protection and the fettering of market forces, its capacity in this respect has been much reduced, not only by reduced trade union membership and restrictions on what trade unions may do, but also more generally by the strictures of governance requiring more 'business-friendly' approaches to regulation and by an increased culture of individualisation and responsibilisation within workplaces.

The scale of this upheaval gives rise to questions concerning its effects on the continued operation of institutional arrangements that were conceived in relation to norms of a very different era. Regulatory measures on worker representation on OSH that apply within western European Member States of the

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[3] The study was commissioned and the fieldwork undertaken before the United Kingdom's referendum on its EU membership.

EU date mostly from the so-called 'golden era' of the post-war compromise in which, in the decades following the Second World War, labour strengthened and social protection in health, welfare and work increased. Even among Member States whose histories followed different trajectories, membership of the EU brought them within the general rubric of institutional rights for the representation of workers' interests on OSH, such as those embraced within Framework Directive 89/391. But at the same time, whatever their pluralist origins, these representational rights are also among the core features of a particular conceptualisation of regulatory responsibilities for OSH and their delivery by duty-holders. This takes the form of process-based requirements to manage workplace risks in ways that are inclusive of the representation of workers' interests. Here again, however, this process of regulatory transformation from prescriptive to inclusive and process-based approaches had its origins in north-western European systems and structures that were of a very different character to those that have subsequently emerged as a result of the economic restructuring in the EU in recent decades. Assumptions concerning the operational effects of the pattern of institutional power that were current at the time of the development of both the measures on worker representation and their embedding within wider process-based measures for OSH management are no longer generally valid anywhere within the EU. Under such changed conditions, it becomes important to ask what the reality is of the current experience of the measures on workers' participation that are in operation within the EU.

Addressing this question, however, is complicated by differences in national OSH systems and by those in wider systems of regulation and labour relations, both of which have helped determine the character and operation of provisions on worker representation on OSH. Although the research literature suggests that the above generalisations concerning the origins and operation of systems for worker representation on OSH and their relation to those of OSH management, as well as the common experience of change, broadly apply across different national European systems, it also suggests that various national contextual factors are important determinants of differences between them (see, for example, Walters et al., 2013; Walters and Wadsworth, 2014). Based on these understandings, in the present study we have hypothesised that such patterns of similarity and divergence are likely to be present for worker representation on OSH, its relations with OSH management and the factors that determine the in different Member States. We have, therefore, tried to contextualise our empirical findings concerning workplace experiences of these matters within the wider systems that help determine both practice and outcomes.

This implies a need to first pause for some reflection, both on what is understood by terms such as worker 'representation' and 'participation' and what, more precisely, are these broader features of the national contexts in which worker representation on OSH takes place that are most likely to influence both its definition and practice. By doing so, we help to define the focus of our study and its comparative perspectives. The following section, therefore, offers an outline of the understandings of these terms that have informed this report.

1.1 Questions of definition

Research exploring the evidence for the effective operation of arrangements for worker participation in OSH generally distinguishes between direct and indirect, or representative, forms of participation. Evidence concerning the origins and operation of the latter is considerably clearer and stronger than that for the former. Regulatory provisions in the EU are similarly more clearly defined and more detailed in relation to arrangements for representative participation. It is mainly with this form of participation that the present report is concerned, since this was the primary concern of the ESENER-2 survey. Indeed, the call for tenders to which this report is a response requested a study 'to properly capture the views of worker representatives and how worker involvement is organised'. However, difficulties arise because terms such as 'consultation' and 'participation' have come to cover a range of different practices, often with different expectations, supports and constraints influencing their outcomes (see, for example, Rest, 1996; Alder et al., 2000; Eklund, 2000; McQuiston, 2000; Bell and Phelps, 2001; Shearn, 2004). These terms are widely used by policy-makers and practitioners, and also by some researchers, to mean very different things. These range, for example, from practices in which 'participation' and 'involvement' seems to consist of little more than individual workers being the passive recipients of top-down managerial instruction, and the monitoring of their compliance with its behavioural requirements; to those in which the involvement of workers with OSH arrangements at their workplace is mediated through systems of worker representation framed by statutory provisions and/or

those of collective bargaining, in which workers' interests can be defined autonomously by workers and their representatives, and negotiated with employers and managers.

These are clearly very different situations involving different processes and possible outcomes, and it is important to be clear about the meaning of the terms used to define and analyse them, especially in comparative studies.

What is discussed in this report is primarily workers' representation on OSH — that is, the operation of statutory or bargained arrangements under which workers' collective interests on OSH are represented and articulated. However, we also need to acknowledge that, in practice, the overlap between this and more direct forms of worker engagement in OSH is considerable and, moreover, the role of representative participation is acknowledged in the research literature to be significant in facilitating these more direct forms of engagement. Also, as we shall see in the accounts of our findings, there are many establishments in which there are no formal arrangements for representative participation. Therefore, in addition to focusing on the experiences of worker representatives, the findings presented in this report inevitably also include some perspectives on what happens to the representation of workers' interests on OSH in these latter situations — which implies some discussion of practices of direct participation.

Nevertheless, for the purposes of this report generally, workers' representation is distinguished from vague notions of 'consultation', 'engagement', and 'participation' on OSH. As Walters and Nichols (2007) have previously made clear[4], two sets of distinctions are needed. One is whether managers relate to workers on an individual basis or whether they do so through their collective representatives; and the second concerns whether workers are passive recipients of information concerning the requirements of health and safety management or whether they have some opportunity to influence the direction of the outcomes of such engagement. Such different usages are explicable partly because, whereas approaches to representative participation originated in pluralist terms and were based on a framework that built on the idea of collective worker rights, those on direct participation usually originate in the more unitary idea of advancing a cooperative dialogue between workers and managers, where the control of this dialogue by managers is also usually unstated but assumed. However, it seems things may not be quite so straightforward in current practice, for while the specific measures of legislation on worker representation on health and safety may have originated within pluralist understandings of work relations, more unitary frames have arguably been dominant during most of the period of their operation in EU Member States. Later chapters will explore the consequences of this.

A further complication to understanding the language of worker representation in OSH results from different approaches to the governance of labour relations in different Member States. For example, while it might be argued that in general in western Europe measures on worker representation in OSH were originally based on a regulatory framework that built on the idea of collective workers' rights, the ways in which this was achieved and subsequently operationalised in different countries differed markedly according to national contexts. At the time at which the regulatory provisions were introduced, in countries of north-west Europe, for example, the strong corporatism of the Nordic countries and the Netherlands contrasted with the tradition of so-called 'free collective bargaining' in the United Kingdom and Ireland. This helped influence both the extent to which organised labour was embedded in institutions of governance of labour relations generally and the ways in which the representation of workers' interests on OSH were understood. In the rest of western Europe, further divergent patterns of labour relations were evident. For example, the 'co-determination' characterising labour relations in Germany, with *Mitbestimmung* — consensus between workers and managers — occupying a central place, contrasted with the adversarial patterns more evident in the sectoral negotiations and legally binding industry collective agreements in Italy, as well as with the relatively immature institutions of labour relations in southern European countries, many of which had recently emerged from totalitarian regimes in which labour relations had been dominated by institutions of state control. And, of course, at this time different forms of state control still played this role in eastern Europe.

Clearly, in such widely differing contexts, what constitutes 'participation' is likely to be understood differently, and the meaning and role of 'representation' and 'consultation' as ways of operationalising such engagement will vary considerably. Harmonisation of the regulatory measures in which these processes are framed, such as is anticipated by EU directives, may produce a degree of superficial

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

commonality in the appearance of the institutional frameworks for worker representation on OSH, but does not fundamentally alter underlying national determinants of their outcomes. Since it is with the comparative analysis of the experience of arrangements within establishments to achieve these outcomes that this report is concerned, it is important that its analysis recognises these problems of definition and goes some way to account for them.

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

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

Here too there are two fundamentally different ways in which the operation of representative worker participation can be understood. One is to acknowledge that it has its roots in the representation of workers by organised labour both within the workplace and outside it. This view links to a historical process that is associated with the development of collective labour rights and the institutions of socially democratic welfare societies. These are manifest in the agreements negotiated by trade unions with employers found in national labour legislation and in international provisions such as International Labour Organization (ILO) Convention 155 and the EU Framework Directive, and operationalised within establishments in relation to their arrangements for labour relations.

However, as we have noted, the other set of influences on representative participation, like those behind direct participation, is framed by a more unitary conceptualisation of relations between workers and their employers/managers. It underpins the idea that workers might appoint representatives to participate in a cooperative dialogue with managers in order to better understand and perform what was required of them (and arguably so that managers and employers might also better understand the practical implications of their requirements by listening to those who actually undertook them). It was these latter influences that informed many of the early, voluntary approaches to participative arrangements on health and safety. In the United Kingdom, they also largely informed the thinking behind the recommendations of the 1972 Report of the Committee into Safety and Health at Work (Robens, 1972), widely seen as one of the key influences on the development of process-based regulation, not only in the United Kingdom, but elsewhere in the world as well. This approach appears to take for granted assumptions of shared interest and does not question management control. It assumes that health and safety is a consensus issue and, as such, is different from other, more conflictual aspects of employment relations, such as the determination of pay and working conditions. As Lord Robens famously put it in the Report of the Committee in 1972:

> … there is no legitimate scope for 'bargaining' on health and safety matters.

(Robens, 1972: para. 66)

In the past, such a managerialist approach has often been associated with emphasis on the individual

causation of work injuries and behaviour-based strategies towards safety arrangements. Under such influences, therefore, health and safety representatives may also be expected to supervise and control their workmates' risk behaviour. As several writers have noted, changes over time in the way in which OSH arrangements are operationalised have increased the presence of these approaches and both representatives and workers have been subject to and complicit in the encroaching effects of the 'responsibilisation' of the individual in the workplace (see, for example, Gray, 2002).

In sum, the participation of workers in matters that affect their health and safety at work takes various forms and can be the subject of quite different interpretations when it is referred to in research and policy writing on OSH. It is, therefore, important that we are clear what we mean by the terms we use. We are primarily interested in *worker representation on OSH* and, although there are minor variations between them, statutory arrangements for worker representation on OSH exist in all of the countries in the study. Since previous research shows that statutory provisions are one of the important determinants of workplace practices on worker representation on OSH, it follows that the definition of our interest in *worker representation on OSH* takes account of these arrangements within each country. But, as we have already made clear, it is impossible to ignore other forms of worker participation or the effects that policies promoting them have on what happens in the practice of worker representation on OSH within establishments. Therefore, while our central and defining interest in this report is to compare and contrast practices and outcomes based around *arrangements for the representation of workers on OSH* and what they mean for the workers, representatives and managers involved, in so doing we will try to situate our analysis of these experiences in relation to the wider contexts of worker participation on OSH more generally.

1.2 The structure of the report

In this report, we have focused mainly on experiences and relations of representation on OSH at the level of the establishment. This said, these relations and experiences occur within a variety of labour relations, regulatory and management contexts that influence both their practice and their outcomes. Such contexts are themselves not static but are subject to change and, as is well documented, have all undergone substantial changes in recent decades. This is reflected in the national reports on which this account is based. The challenge in writing a comparative account based on these findings has been not only to capture what is going on at the workplace level in the practice of worker representation on OSH in different countries, but to explain its quality and its outcomes in terms of the presence and influence of national contextual variables, while at the same time using a common understanding of the key features of these practices and their influences. Therefore, while findings from establishment-based cases are at its core, contextual material on the economic, regulatory and industrial relations background have the clear purpose of explaining these findings and what determines them.

In Chapter 2 we present a review of the findings of previous research on the practice of worker representation on OSH and what influences its outcomes. Broadly, this research indicates that, provided certain preconditions apply, the operation of arrangements for worker representation on OSH is associated with improved health and safety performance. Such preconditions include:

- the statutory arrangements themselves and support for them from regulatory inspection, support from employers and managers both for health and safety generally and for participative arrangements to achieve it;
- support from trade unions both within and outside the establishments — in the case of the former, this includes support from organised workers within the workplace, workplace union branches, works councils and the like, and from unions outside the workplace, especially support from training and the provision of information as well as from specific interventions from union officials;
- support from the workers who are the constituents of the representatives.

This past analysis of 'preconditions for effectiveness' provides a useful starting point from which to examine the findings in the present study. Another useful point of departure for the present study that can be derived from previous literature is found in the extent to which it explores the processes with which representation takes place, the ways in which worker representatives understand their role and what influences different understandings in this respect. A further important finding that emerges from

the review of past research concerns the predominance of Anglo-Scandinavian perspectives in this work, reflecting where the majority of previous studies have been situated. This has some implications for the present study. As we have already outlined, it concerns not only United Kingdom and Scandinavian contexts but also those in other EU Member States with different regulatory, labour relations and economic profiles. It means that if, as we have hypothesised, these features are significant determinants of the operation of arrangements for worker representation on OSH at the establishment level, we need to identify the significant elements of the national profiles in this respect, as well as what provision they make for support for worker representation on OSH. We therefore outline the institutional structure of worker representation on OSH in the seven Member States of the EU that were studied, including its basis in regulatory and labour relations provisions and its relationship with other elements of the national health and safety systems. We pay particular attention to similarities and differences in these arrangements, which might influence establishment-level practices, as well as the impact of change upon them.

Having set the scene in relation to existing knowledge and its implications, Chapter 3 presents the research design and methodology of the study. As we have already pointed out, the research uses a mixed-methods approach. Along with the review of the literature and the qualitative analysis of workplace experiences of arrangements for worker representation, the study also includes a quantitative secondary analysis of the ESENER-2 data on the practice of worker representation in the countries covered. We outline the methods we have used to conduct all these elements of the study, beginning with the literature review and following this with the methods employed in undertaking the comparative quantitative secondary analysis of the ESENER-2 data. However, our main focus is on the central concern of the study, the qualitative analysis of the experience of worker representation on OSH within establishments and the comparison of this experience by size, sector and country across the seven Member States included — which, at the time of the research design, were thought to be representative of various forms of regulatory and labour relations contexts typically found in the EU. We focus especially on providing an account of the sequence of the development of data collection and analysis, beginning with the selection of cases and the development of the comparable methods and instruments that were used in data collection in each of the seven countries studied, as well as their subsequent comparative analysis. A participative process towards the conduct of the research was employed throughout the study, in which intensive discussion at research workshops attended by all the research partners helped facilitate the development of a common approach to analysis at the national level, which in turn served to support comparative study at the supra-national, European level. The main elements of this approach are outlined in Chapter 3.

Chapters 4, 5, 6 and 7 present an analysis of the findings of the study. The aim was to base the analysis in these chapters on orientations derived from previous research concerning what is known about the operation of worker representation on OSH at establishment level, what supports it and what makes it effective, while at the same time both taking account of the changes that have taken place in the contexts in which it occurs and identifying points of comparison and difference between practices that might be attributable to their national contexts, or the sector size of the establishment in which they occur.

Firstly, in Chapter 4 we present a quantitative analysis of data concerning the occurrence and role of arrangements to represent workers on OSH in the EU Member States included in the present study. Two categories of data are used. The first is our secondary analysis of the quantitative data from ESENER-2 concerning the role of worker representation on OSH in OSH management more widely. This secondary analysis offers some possibilities for comparison between Member States and with findings for the EU overall. Secondly, in Chapter 4, we also draw upon data from the national reports concerning the same issues, partly because they supplement the material available as a result of ESENER-2 and partly because there are some differences between the ESENER data (from both waves of the survey) and data from national sources, which require explanation.

In Chapters 5, 6 and 7, we turn our attention to our qualitative analysis of experiences in the nearly 150 establishments across the seven countries we have studied. The organising principles we have adopted to address the key points emerging from the wealth of detail found in the national reports allow, first, the presentation of something of the experience and functioning of arrangements for representation on OSH. This begins in Chapter 5 with practices and perceptions concerning the setting up of the institutional arrangements for representing workers on OSH within establishments, and some consideration of key comparative features of their operation. We continue in a similar vein in Chapter

6, examining practices in establishments in which we found formal arrangements that were more or less in line with relevant statutory requirements. Here we explore the experience of support for the role of workers' representation on OSH, looking specifically at the evidence from the cases concerning the time allowed for representatives to conduct their OSH activities, training, provision of information and so on. We also explore the perceptions of representatives and others concerning support for representation from workers, unions and employers more generally.

As we have detailed in the account of our methods in Chapter 3, our cases were nearly all selected from a population of respondents to ESENER-2 who had previously signalled willingness to take part in a follow-up study and indicated that there were arrangements for worker representation on OSH in place in their establishments. However, on closer inquiry, we discovered that a significant proportion of these respondents had no such arrangements in place; while there were arrangements in some, others departed both from what might be anticipated from the implementation of the relevant statutory provisions and from our definitions of worker representation outlined previously in this chapter. Many, but not all, of these were small workplaces. Reasoning that they represented an important proportion of EU workplaces employing a substantial part of the EU labour force, we decided it was important to understand how workers' voice on OSH was represented in these workplaces as well as in those where formal arrangements in line with statutory measures were in place. For convenience, we have presented our findings on these experiences and their determinants in Chapter 7, although we recognise that the distinction between these and the other workplaces in our study is not quite as sharp as this separation might imply.

Chapter 8 completes the analysis of our findings with a discussion of the key points emerging from them. Its focus is on the practice and outcomes of arrangements for worker representation on OSH and their contextual determinants found in the different cases in the study, although it also includes some consideration of what happens when such arrangements are absent or only partial. It takes understandings derived from previous research on worker representation on OSH as its starting point and presents a comparative discussion of current experience and its determinants in relation to them. In so doing, it not only evaluates the findings from the seven countries in relation to what might be anticipated from previous research, but it also offers a consideration of the factors of change within the wider environment that influence practice And it does so in a comparative way, having regard to the similarities and differences both in practice and in the context in which that practice takes place in the seven Member States included in the study. Essentially, it uses a matrix of the processes and contexts we found to be present in our cases to better understand the social and economic relations and the outcomes that underlie the operation of arrangements for worker representation on OSH and are important influences upon them.

Chapter 8 also identifies key features of the qualitative findings in each country, noting especially points of comparison and difference, and presents a reflection on the extent to which these findings help to enrich the quantitative analysis of ESENER-2. Drawing on approaches in previous studies, the influences of external drivers of workplace arrangements on OSH and the internal drivers of its practice in the establishments we have studied are examined. This allows an evaluation of the quality of worker representation on OSH in the examples we have studied.

2 Current knowledge of worker representation on occupational safety and health

2.1 Introduction

There is fairly extensive international literature on the role of worker representation in health and safety at work. It has been reviewed in several previous publications by the authors of the present report (see especially Walters, 2006; Walters and Nichols, 2007; Walters and Nichols (eds), 2009; Walters et al., 2012). It was widely accepted at the time of their publication that these reviews were comprehensive, and the review of the literature presented here, therefore, draws on these sources and updates them with reference to more recent research. Its aim is twofold.

Firstly, it addresses the issues discussed in previous research that are most pertinent to our comparative EU analysis following up the ESENER-2 quantitative results. This means that we are primarily interested in what previous research indicates about the effectiveness of worker representation on OSH, what the mechanisms of such effectiveness are, what supports or constrains it in its immediate and wider contexts, and what previous studies suggest might be learned from comparative study. The research literature includes a substantial number of contributions from Scandinavian and British sources as well as some from other EU Member States, such as the Netherlands and Spain. Also relevant are numerous studies from advanced market economies elsewhere in the world, including Canada, Australia and New Zealand, where regulatory and labour relations conditions are broadly similar to those found in the EU.

Secondly, since we are concerned with comparison and wish to explore the effects of context, in this chapter we also review the institutional structures and contexts for the practice of worker representation on OSH in the seven Member States on which our study is focused. This means also paying some attention to comparison of the features of the regulatory frameworks for worker representation on OSH in these seven countries. Previous research has noted similarities and differences in these frameworks and some accounts of such variations in legislative requirements have been published (see, for example, Gevers, 1989; Walters et al., 1993). More recently, several agencies within Europe have also published compilations of the regulatory provisions in different Member States (ETUI, 2014; Eurofound, 2016) noting similarities and differences. Comparison of legislation alone is a necessary but fairly limited exercise since it yields little knowledge concerning practice. Most detailed studies of the latter have pointed out that what occurs at the workplace level is frequently different from what is specified in legal regulation. This research has argued that among the reasons for this mismatch are the variations found in the influence of broader institutional contexts in the wider political economy and labour relations environments in which the legal framework and ensuing practice are embedded. In this chapter, we therefore outline some of the key features of relevant regulatory provisions in the countries studied and point to some of the more obvious ways in which they can be compared and contrasted. There are three comparative aspects of particular relevance in the present study. First is the relationship of the regulatory provisions to institutional labour relations contexts; the second concerns significant inclusions or exclusions to the provisions; while the third addresses particular enhancements in the provisions that might be anticipated to play a significant role in their operation. We consider each of these in what follows. Finally, of course, these provisions and their operation do not occur in a vacuum but are further subject to contextual influences found in the wider political economy of the countries in which they occur. We therefore end this chapter with some reflections concerning these wider influences.

2.2 The effectiveness and coverage of worker representation on safety and health

Research literature addressing worker representation on occupational safety and health is mainly concerned with the extent of the uptake of such arrangements, the consequent activities undertaken by worker representatives and those representatives' perceptions of the health and safety issues they confront, as well as supports and constraints to their participation. Some of this research has looked at measures of effectiveness of representative engagement, mostly using proxy indicators of effectiveness, while a smaller number of studies have attempted to use more direct measures of health and safety

outcomes to gauge the effectiveness of arrangements for representation. A few studies have also tried to explain the mode of operation of worker representation on health and safety, mostly within a wider labour relations context.

We address the question of the spread and uptake of arrangements for worker representation in the countries we have studied in some detail in the review of data from recent surveys and other relevant information in Chapter 4, where we compare this information with data from ESENER-2. We therefore limit our observations in the present chapter to two of the main conclusions that emerge from this forthcoming analysis. The first is the somewhat obvious but often unstated fact that a consequence of the regulatory measures on employee representation and consultation on health and safety in force in most EU Member States for several decades is the presence of a great number of workers' representatives in EU workplaces. The representatives possess a degree of knowledge concerning OSH and the potential to contribute in some way to preventive arrangements and the improvement of the work environment in these establishments. The extent and means with which such knowledge and the potential of this role is exploited to its best advantage is a question that is still to be explored, but the fact remains that its potential as a resource is very substantial indeed.

However, our second conclusion is that the occurrence of representation on health and safety would seem to follow patterns for representation generally. This means that although there is a substantial presence of worker representation on OSH within the EU, it is a presence that is declining — in parallel with the decline in the representation of organised labour more generally. Moreover, there are indications from some countries that this decline contrasts with simultaneous growth taking place in so-called direct methods of consultation with workers over OSH matters. These conclusions, which emerge from the analysis that is presented in Chapter 4, might also be anticipated from what is known of the restructuring of work during the past few decades. This has included the emergence of greater numbers of smaller workplaces, the shift away from employment in sectors with traditionally high levels of worker representation and the increased proportion of non-unionised employees in the labour force, as well as the challenges to organising representation among contracted, temporary, subcontracted and agency workers employed on the same worksites as organised permanent employees.

The remainder of this section is concerned with what previous studies tell us concerning the features of worker representation on OSH, the ways in which worker representatives go about their activities, their effectiveness and what supports or constrains their effectiveness.

2.2.1 Characteristics of health and safety representatives

Numerous studies include a description of the characteristics of health and safety representatives. Generalisations based on such descriptions fail to identify any particularly obvious features that distinguish health and safety representatives from other worker representatives. They are likely to be reasonably experienced workers and the majority are men, although a substantial proportion are women, especially in sectors in which there is a high percentage of female workers[5].

Different regulatory frameworks and labour relations practices in different countries mean that there are a range of relationships between representatives and trade unions. In some cases, the health and safety representatives are by definition trade union representatives. In other cases, they may be elected candidates from trade union lists. In some situations, they are non-union representatives. However, for the most part, the relationship between representatives and the autonomous organisation of workers within workplaces is close, whether such organisation is through trade unions or works councils. The literature further indicates that trade unions also play the major role in the provision of training and other forms of support for the majority of health and safety representatives in most countries. Although there are examples of non-union health and safety representatives operating as alternatives to trade union representatives in workplaces where employers are hostile to trade unions, the limited evidence on their activity suggests that to be successful such representatives require a level of support similar to that present in workplaces where there is some form (trade union or otherwise) of genuinely autonomous worker organisation in place (Walters and Frick, 2000).

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

The importance of training in supporting health and safety representatives is widely accepted and in some countries training provision has been subject to detailed study in which the advantages of a labour education model for the pedagogy and delivery of training have been claimed (Biggins and Holland, 1995; Raulier and Walters, 1995; Walters, 1996a; Walters et al., 2001; Culvenor et al., 2003). Previous studies indicate that, not infrequently, representatives find difficulty getting time off to attend such courses, as well as, in some cases, experience difficulty in obtaining access to them because they are not conveniently situated in relation to their home or place of work. A less obvious problem reported in some in-depth studies (see, for example, Walters and Nichols, 2007) is that, although arrangements for time off for training are, in theory, in place, the lack of replacement for the representatives concerned means that they are unwilling to burden their colleagues with the additional workload that is perceived to be a consequence of their absence on training courses. In times of economic downturn, such pressures are likely to be even greater and further reduce attendance on such courses as a consequence.

2.2.2 Activities of worker representatives on health and safety

A range of studies and surveys undertaken in different countries have focused on the activities in which health and safety representatives have been engaged, the factors they perceive to support or constrain these activities, their perceptions of workplace risks and risk management, and what they consider to be their training needs[6]. Generally, they indicate a variety of health and safety representative activity, mostly orientated towards improved prevention. Despite this, common findings relate to limited involvement in risk assessment and undertaking formal inspection procedures, and lack of consultation 'in good time' in relation to plans involving health and safety issues. Reasons given for the limitations to their activities are commonly related to the time allowed for them by employers, lack of interest or understanding on the part of managers or supervisors — for example, older studies report evidence suggesting that many managers have considerably poorer knowledge of the work environment than health and safety representatives (Hudspith and Hay, 1998; Milgate et al., 2002) — and sometimes representatives may also lack support from constituents. More in-depth studies have shown that the perception of insufficient time to undertake health and safety activities is more complicated than the straightforward denial of such rights by employers/managers. As with the experience in relation to time off for training mentioned in the preceding subsection, intensified and 'lean' work regimes may operate to prevent health and safety representatives from feeling that they can take time out of their normal work activities to carry out health and safety functions without inadvertently placing greater work burdens on colleagues. Shift patterns, lone working and travelling within and between worksites are also formidable barriers to health and safety representative activities (Walters and Nichols, 2007).

In-depth studies also point to a tendency towards a greater concentration on 'safety' issues than on 'health' issues by health and safety representatives. In many cases this may be a reflection of the limitations on what they are able to achieve, caused by poor understanding of the issues involved among their management counterparts (Walters and Frick, 2000; Walters and Nichols, 2007). Although trade unions and trade union-approved training often focus on the underlying issues of work organisation that lead to poor health and safety outcomes, such as stress and musculoskeletal injuries, it is not clear that more than a minority of health and safety representatives are able to engage successfully with their management counterparts on the resolution of these issues in their workplaces. Indeed, new and emergent risks, such as the psychosocial risks that are the consequence of the restructuring and reorganisation of work, seem to be both particularly challenging for worker representatives and at the same time relatively little studied.

Some studies have confirmed that provision of information and advice, publications, training and campaigns were among the main actions undertaken by trade unions in relation to supporting representation on workplace stress. A Eurofound (2001) survey, for example, found them to be an important means of training workers who have traditionally concentrated on physical and chemical risks, and also detected a common practice in the introduction of specific modules on psychosocial risks in

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[6] See, for example, Garcia et al., 2007; Biggins and Phillips, 1991a and 1991b; Blewitt, 2001; Cassou and Pissaro, 1988; Frick and Walters, 1998; Hillage et al., 2001; Kawakami et al., 2004; Labour Research Department, 1984; Shaw and Turner, 2003; Spaven and Wright, 1993; Walters and Gourlay, 1990; Walters et al., 2005; Warren-Langford et al., 1993.

the training courses for safety representatives. Most cases of successful involvement of worker representation in the management of psychosocial risks reported in the literature describe a model of prevention in which health and safety representatives address psychosocial risks by including them in their approach to risk assessment. A number of trade unions have published accounts of successful interventions to address psychosocial risk. In 2002, a special issue of the TUTB Newsletter devoted to trade union action on stress gave an indication of the range of trade union involvement in stress prevention, including quantitative and qualitative surveys identifying stressful work, information dissemination, counselling services, campaigns, training activities and the development of guides and training materials on psychosocial risks (Koukoulaki, 2002). At the same time the review noted that very few trade unions took a holistic approach to stress prevention; most focused on psychological harassment or workload, in line with their national legislative provisions on prevention.

In a more recent symposium on workers' participation in risk assessment organised by ETUI (2009), several examples were presented of trade union-supported initiatives for psychosocial risk assessment developed by trade union researchers in Spain, and other countries including Belgium, Germany, Italy and the United Kingdom. There are indications of some transference of some of this work internationally with, for example, work originally developed in Denmark being taken up by trade union researchers in Spain and advanced considerably in its application there (Llorens et al., 2010). There are signs that unions are aware of the need to address psychosocial risk more holistically. In the United Kingdom, for instance, some trade unions, including Prospect, have produced material on organisational change and psychosocial risks which presents numerous examples of how worker representatives and their trade unions have tried to address the problem (Prospect, 2009). In other countries, unions have used arguments on psychosocial risk when successfully negotiating changes in staffing levels (see Gordon et al., 2008).

But, while these examples provide detailed anecdotal material to support the thesis that worker representation can make a significant contribution to preventing or ameliorating the psychosocial causes of harm to workers, they do not, in the main, present robust evaluative research. They also tell us precious little about the extent or the sustainability of this form of involvement, the preconditions necessary to achieve it, the parameters within which it is allowed to function or its place within the realities of economic restructuring and business reorientation that dominate the modern world of work.

Overall, previous research studies tend to demonstrate the extent of a dependency on the prior existence of competent health and safety management arrangements and management commitment to participative approaches in order that health and safety representatives can meaningfully contribute to preventive activities (Walters and Nichols, 2007). Some recent studies of the activities of worker representatives in situations in which employers and their managers are hostile to representative participation, however, suggest that in these scenarios workers representatives' can nevertheless function quite effectively in the interests of their fellow workers by ensuring they act within the terms provided for in the regulatory provisions that govern them, and operate with the support and understanding of organised labour at their workplaces (Walters et al., 2016a, 2016b).

There has been some limited discussion in the literature concerning the mode of action of health and safety representatives. Early writings tended to focus mainly on conflict or consensus approaches (for examples see Bagnara et al., 1985; Gustavsen, 1988). More recent explanatory frameworks focus on the nature of participation in political and labour relations contexts and on power relations in organisations, as well as on different understandings of health and risk and their implications for action (Walters and Frick, 2000; Walters et al., 2016b). Canadian authors have, for example, suggested that the ideal form of action for worker representatives on health and safety is represented by 'knowledge activism'. This means that worker representatives are able to engage in a kind of a 'political activism organised around the collection and use of a wide variety of health and safety knowledge'. Within this activism, they are able to avoid their marginalisation which is otherwise brought about by professional and managerial colonisation of technical knowledge, and at the same time also avoid polarising dialogue between themselves and employers into disputes in which occupational health strategies are simply a manifestation of the wider conflict between labour and capital (Storey, 2005; Hall et al., 2006). On the other hand, Scandinavian researchers suggest that the relationship between safety representatives and their managers is generally characterised by convergent views on OSH and a high degree of cooperation between them. However, importantly they also suggest that there are times when safety representatives diverge from managers in what they regard as appropriate actions and here they

rely on their regulatory mandate to protect their fellow-workers: an approach Kvernberg Andersen et al. (2009), refer to as being 'one of both boxing and dancing, not either or'.

European writers have suggested that health and safety representatives operate in practice at various points along a continuum of possible participatory processes according to a range of economic, labour relations and personal circumstances (Walters and Frick, 2000). Another view focuses on 'worker centred' experiences and distinguishes this way of understanding health and safety issues from that of professional and managerial approaches. It suggests that such understandings can be reinforced through labour education and through trade union meetings inside and outside workplaces, thus strengthening a particular conceptualisation of occupational health that is useful in representing the interests of workers (Walters and Frick, 2000; Walters et al., 2001; Jensen, 2002). Relatedly, understanding not only the formal representational activities of health and safety representatives, but also their roles as a part of workers' communities, in practice involves similar issues (Knudsen, 2009). Such a broader perspective and its 'bottom-up' relationship with organisational learning are important conceptually, but somewhat underdeveloped in terms of empirical study. In the main, this kind of theorising concerning ways of conceptualising the actions of health and safety representatives is limited in the extent of its development in the literature and not nearly as much written about as are the mainly managerially orientated conceptualisations of safety culture, risk awareness, risk communication and so on, in the wider literature on preventive health and safety.

2.2.3 Effectiveness

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

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

Walters et al. (2014) pointed out that previous studies of this sort indicate that participatory workplace arrangements are associated with improved OSH management practices which, in turn, might be expected to lead to improved OSH performance outcomes. A range of older studies of this kind was reviewed by Walters (1996b). They included investigations on the role of joint safety committees in the United Kingdom (Beaumont et al., 1982; see also Coyle and Leopold, 1981) in which improved health and safety management practices were found to be associated not only with the presence of joint health and safety committees but with well trained committee members and the use of established channels for relations between management and workers. Findings in other countries are broadly comparable (see for example, Bryce and Manga (1985) for Canada; Roustang (1983) and Cassou and Pissaro (1988) for France; Assennato and Navarro (1980) for Italy and Walters et al. (1993) for EU countries generally).

A series of Australian studies also generally support the positive relationship between the presence of representative participation and better health and safety management arrangements, as well as raised awareness of health and safety matters (Biggins and Phillips, 1991a, 1991b; Biggins et al., 1991; Gaines and Biggins, 1992; Warren-Langford et al., 1993; Biggins and Holland, 1995). For example, Biggins et al. (1991:145-146), who surveyed health and safety representatives in an Australian state government power utility, found that they had an overall positive response to the operation of joint union committees, over a third of them judging these to have considerably improved health and safety in their workplaces and as many again thinking that they had done so to a moderate extent.

In Canada, a study found that non-unionised workplaces had lower levels of compliance than unionised ones which had procedural requirements for joint health and safety committees. It also found that worker members of joint health and safety committees who had completed core certificated training were more likely than those who had not begun such training to report improvements in a wide range of conditions. These included improved inspections, improved personal protective equipment, safer work practices, reduced stress and better ventilation (SPR, 1994:33, 56). Studies in the United Kingdom indicate that (trained) representatives participate in and stimulate workplace OSH activity through engagement with management structures and procedures, tackling new OSH issues and 'getting things done' to help resolve health and safety problems (Walters et al., 2001). More recently, Yassi et al. (2012) undertook a realist review of the effectiveness of joint health and safety committees (JHSCs). Thirty-one studies met their inclusion criteria and mechanisms they identified as important determinants of JHSC effectiveness across various jurisdictions included: adequate information, education and training; appropriate committee composition; senior management commitment to JHSCs; and especially a clear mandate with a broad scope and corresponding empowerment (through legislation and/or trade union presence). From a rather different perspective, in another recent study based on data from the VII Spanish Working Conditions Survey, Ollé-Espluga et al. (2015) found that workers reporting safety representatives' existence were protected by greater preventive action than those who reported not having safety representatives and those who were unaware that they were represented by a safety representative.

In small workplaces, regional health and safety representatives are found to stimulate 'activation' of health and safety as well as engaging with employers and workers in more prescriptive aspects of their tasks, such as inspecting workplaces, as is shown in reviews of the Swedish experience (Frick and Walters, 1998; Walters, 2002b). In the United Kingdom, the evaluation of the Worker Safety Advisor pilot scheme provided detailed evidence on how 'the activity of Workers' Safety Advisors made a difference to perceived standards of health and safety practice at small workplaces' (Shaw and Turner, 2003). Such findings are further supported by reviews of experiences in other European countries such as Norway, Italy and Spain, where the engagement of trade unions and peripatetic workers' representatives are influential in raising awareness and contributing to the establishment of better OSH arrangements in small firms (Walters, 2001, 2002b). There is also evidence that the presence of workplace trade union organisation can influence the enforcement of OSH regulation (for example, Robinson, 1991; Weil, 1991,1992).

Studies attempting to establish a more direct relationship between the role of worker representation and indicators of improved health and safety performance such as injury or illness rates include studies of specific exposures, where incidences of ill-effects were greater in non-unionised situations. For example, Fuller and Suruda (2000) show that deaths from hydrogen sulphide poisoning were more frequent in non-unionised workplaces than unionised ones in the United States. Further examples include a comparison of health and safety outcomes for unionised and non-unionised construction workers in the United States (Dedobbleer et al. (1990) and Grunberg's (1983) early work on safety in manufacturing in Britain and France. Both of these studies indicate that better standards of health and safety were achieved in unionised workplaces than in non-unionised ones.

Historically, studies of joint arrangements and their relationship to OSH performance were not entirely in agreement concerning the beneficial effects of such arrangements. In the United States, for example, Cooke and Gautschi (1981) researched manufacturing plants in Maine and found that joint management-union safety programmes in larger companies reduced days lost and that such plant-specific arrangements were more effective than external regulation. Another American study based on manufacturing, this time in New York State, concluded that major safety improvements were less a function of union participation in safety committees than a direct consequence of external regulations (Kochan et al., 1977:72). Earlier research by Boden et al. (1984) on manufacturing plants in Massachusetts found that there was no general discernable effect of joint health and safety committees on the level of hazard in the plant (as judged by inspectors' citations). They also found that this was the case when committees were perceived to be effective, though conceded that the particular evidence on which this was based was 'quite limited' (1984:833). More recently, a study of US OSH committees conducted in public sector workplaces in New Jersey found that 'there was little consistent evidence for any significant effect of the simple existence of a committee on reports of illness or injury cases' (aside from there being 'some evidence that aspects of committee functioning play a positive role in perceptions of committee effectiveness'). However, 'committees with more involvement of non-

management members, both in sheer numbers and in agenda setting, are associated with fewer reported and perhaps fewer actual illnesses and injuries' (Eaton and Nocerino, 2000:288-89).

In Canada, Lewchuck et al. (1996) found that where management and labour had some sympathy for the co-management of health and safety through joint committees, the shift to mandatory joint health and safety committees was associated with reduced lost-time injuries[7]. Also in Canada, whereas Havlovic and McShane (1997) concluded that 'there was some support for the idea that structured joint health and safety committees' activities help to reduce accident rates', an earlier comparative study on the North American logging industry had found that although joint safety committees were associated with improved fatality rates, they were only one of a number of factors associated with such improvements (Havlovic, 1991). Other factors included training, enforcement and changes in managerial practices. Consistent with some of the above findings, a further Canadian study by Shannon et al. (1996) found that 'participation of the workforce in health and safety decisions' was one of several factors related to lower claims' rate. Further, an overview of Canadian work on this subject suggested that 'empowerment of the workforce' was one of a number of organisational factors consistently related to lower injury rates (Shannon et al., 1997). In an earlier study Shannon et al. (1992) had indicated that such 'empowerment' included the presence of unions and shop stewards, union support for worker members of joint health and safety committees and general worker participation in decision-making. A later extensive review of the literature, again conducted in Canada, pointed to 'a correlation between unionisation and the effectiveness of the internal responsibility system' and that joint health and safety committees were 'more likely to be found in unionised workplaces and [to be] more active in those workplaces' (O'Grady, 2000:191).

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

Such lack of consistency prompted Walters and Nichols (see Nichols et al., 2007; Walters and Nichols, 2007:30-40) to conduct a statistical reanalysis of 1990 WERS data as part of their larger study to investigate the effectiveness of health and safety representatives in the United Kingdom (Walters et al., 2005). This sought to improve technically on previous multiple regression analyses[8]. Their results suggest, with a fair degree of robustness, that, as judged by serious injury rates in manufacturing, it is significantly better to have health and safety committees with at least some members selected by trade unions than to have such committees with no members selected by trade unions. This suggests that there is a mediated trade union effect on safety; and that the presence of health and safety representatives also has a beneficial effect — and this after controls had been made for a number of variables including the percentages of manual and female employees, industry and region, union

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[7] A further caveat that needs to be borne in mind here is that the variety of socially constructed reasons for reporting injuries may themselves be a powerful influence on data based on lost-time injuries, making such measures less reliable than those of fatalities or serious injuries.

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

density and also size of establishment (which, as in many other studies, was found to have a negative relation to injury rate). These findings were supported in a further study based on the WERS series in which Robinson and Smallman conclude:

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

(Robinson and Smallman, 2013:698)

This perhaps best sums up the current consensus in the published research concerning the effectiveness of worker representation on OSH.

2.2.4 What makes worker representation effective?

If, as the evidence suggests, arrangements for worker representation on OSH are effective, it gives rise to the question: under which conditions and with what support is this so?

The answer seems clear from the previous sections. As is evident from both qualitative and quantitative studies, worker representation is more likely to be effective when there is a strong legislative steer which sets out respective rights and duties and provides a framework governing the required structure and functions of joint arrangements, to which representatives, their employers and managers can relate. These arrangements operate in accordance with the labour relations situation within workplaces, sectors and even countries and in accordance with the extent to which employers have the will and capacity to engage with participative approaches to OSH management. Arrangements are more likely to be perceived to function better in situations in which workplace labour relations are harmonious, but even where they are antagonistic and employers and managers are not supportive of cooperative approaches to OSH, worker representation may still play a strong role in protecting the safety and health interests of workers.

Adequate support from employers and managers helps to ensure that workers' representatives involved in joint arrangements have sufficient time to conduct their various OSH functions, possess the necessary competencies to do so, and receive appropriate training to ensure this. It also extends to the provision of information to enable representatives to undertake these functions. But employers and managers are not the only source of support. Trade unions play a substantial role in the provision of training and in determining the kind of training that representatives receive. They are also important in the provision of information, but in addition provide the necessary security and protections afforded to representatives in situations of conflict with employers and managers. All of these things help to enhance the legitimacy of representatives in their own eyes as well as in the eyes of their fellow workers and those of managers and employers.

This said, there is a further set of considerations which influence what kind of representation is conducted within workplaces. Although perhaps less extensive than the research on the effects of arrangements for worker representation on health and safety, as the previous subsections also make clear, some studies have focused on the ways in which worker representatives conduct their activities. They reveal a range of approaches where, at one extreme, there are those in which individuals help provide a conduit allowing communication on safety and health matters between the management and workforce and sometimes vice versa, but do not adopt a more proactive or autonomous role. At the opposite extreme there are those in which representatives act as 'knowledge activists' who, with the support of their constituents and other workplace representative institutions, foreground their *representative* role, proactively pursuing the *representation* of workers' OSH interests with their managers and employers, preparing themselves for this role autonomously from managers and even going beyond the workplace for information and support to carry it out. And there are a variety of other approaches adopted by representatives in carrying out their functions, situated somewhere along a spectrum of actions between these two extremes. They would seem to be generally influenced by the

climate of labour relations prevalent in the establishment, the nature of the safety management systems present and the style in which they are managed. In the main, however, most European research studies that have examined these matters further point out that, while representatives determine the actions they pursue according to circumstances, the same representative may be capable of adopting quite different approaches according to their understanding of what is most appropriate in any given context.

2.3 The institutional structure and contexts for the practice of worker representation on occupational safety and health in seven EU Member States

There is a regulatory framework for worker representation on OSH in place in all seven countries on which this study focused, as is the case for all EU Member States. Details of the regulatory provisions and their location in wider institutional frameworks are provided in the national reports for each country included in the study. In outline, these provisions varied between countries but, despite this variation, in all cases the regulations were broadly compliant with what might be anticipated from the transposition of the Framework Directive 89/391 and with the relevant provisions of ILO Convention 155. Previous research has noted these similarities and differences in the provisions. As we have already noted, comparison of such accounts is an exercise of limited value to the present research, since the legislation alone yields little knowledge concerning practice, which often falls a good way short of the potential anticipated from the legislative requirements.

Nevertheless, the variation in regulatory requirements is important in several respects. To begin with, it demonstrates the influence of broader national patterns in the regulation of safety and health on the specific provisions for worker representation on OSH, as well as providing further clues to the important influence of national institutions and procedures on labour relations on these specific measures. Together, therefore, this provides indications of the likely character of arrangements at the workplace level that might be expected from such influences as well as some indications of the kinds of supports and constraints that may follow from them. In the following sections, we outline key features of the regulatory provisions in the countries studied and point to some of the more obvious ways in which they compare and contrast. There are three comparative aspects we think are of relevance in the present study. First is the relationship of the regulatory provisions to institutional labour relations contexts; the second concerns significant inclusions or exclusions to the regulations; while the third addresses particular enhancements in the regulations that might be anticipated to play a significant role in their operation. In what follows we consider each of these in turn.

2.3.1 Institutional labour relations contexts

The structure of worker representation on OSH in the EU has several broad forms. First, Fulton (2013) suggests that most frequently found are arrangements in which employee health and safety representatives, with specific rights defined by regulation, are elected or selected. Their presence is most frequent in larger workplaces in combination with a joint health and safety committee — of which some representatives are members, along with managers and (sometimes in an *ex officio* capacity) the health and safety professionals in the company. Fulton indicates that arrangements of this sort can be seen in 13 Member States. In our study, Estonia, Spain, Sweden and the United Kingdom broadly follow this approach. In this model the essential drivers are the health and safety representatives. A second model that occurs in some countries tends to promote the position of the joint health and safety committee as central and the employee members of the committee may also act as health and safety representatives. Fulton identifies five countries following this model and, in our study, Belgium would fall into this category although, as we detail below, the trade union delegation in Belgium may also address health and safety functions where there are not enough employees to make having a joint committee a requirement. Third, in five other EU Member States, the institutional focus of the regulatory structure is solely on health and safety representatives, as is the case in Greece (although it does also make provision for an employee-only committee in larger workplaces), and the regulations provide for regular meetings between the employer and the employee health and safety representatives. But, fourth, perhaps the biggest departure from these varieties of focus on health and safety representatives and

health and safety committees occurs in countries in which the works council is the institutional focus for employee representation on OSH. In these countries there are neither health and safety representatives nor joint health and safety committees in the sense in which they are found in other models, but their functions are nevertheless undertaken through the works council. There are five Member States illustrating various forms of this model and in our study it is seen in the Netherlands, where health and safety issues are mainly addressed through the works council or a subcommittee of it set up for this purpose (and through the employee representative body — the *personeelsvertegenwoordiging* — in workplaces with 10-50 employees).

Several further points are relevant, perhaps the most important being the relationship of the institutional actors, such as representatives and committees, defined in the regulatory provisions to institutional contexts and actors involved in wider labour relations in the countries studied. In some countries, such as Sweden and the United Kingdom, the regulatory systems provide a framework of rights for health and safety representatives that are based around patterns of labour relations existing at the time at which they were introduced (or in the case of Sweden substantially reformed), and trade unions play a central and significant role in these measures. In the United Kingdom, for example, 'recognised trade unions' had sole rights to appoint health and safety representatives in the 1977 Regulations and it was not until 20 years later that this right was extended to all workers (and then only if the employer wished to adopt this approach to worker participation). In Sweden, meanwhile, rights to appoint health and safety representatives date from the early years of the 20th century (but were substantially strengthened in a Work Environment Act in 1974). In workplaces with more than five employees, they provide that the trade union that has a collective agreement with the employer may appoint representatives to represent all employees and, since 2010, these representatives may also act on behalf of contract workers.

Moreover, in these systems, although duties are held by employers to set up other joint arrangements, such as joint health and safety committees, union representatives are further mandated to play a key role in both their instigation and operation.

In other EU Member States there is no such specific mention of trade unions and trade union representatives in the regulatory measures on worker representation on OSH. Rather, rights and functions are bestowed upon 'worker representatives' and employers have duties to facilitate their election. In Estonia, for example, the Occupational Health and Safety Act, 1999, as amended in 2012, provides that in workplaces with 10 to 49 employees, at least one working environment representative (*Töökeskkonnavolinik*) should be elected by the employees. The Act specifies that employers should consult with workers or their representatives in advance on all issues relating to the working environment. In larger workplaces (50 or more employees — or where the labour inspectorate thinks the workplace is particularly hazardous), there is also provision for a working environment council (*Töökeskkonnanõukogu*) made up of representatives of the employees and management. Given the very low union density in Estonia, what this means in practice is that most employee safety representatives are not trade union members or representatives and have little or no connection to trade unions.

A similar focus on workers' representatives as opposed to trade union representatives is the case in the remaining countries in the study. However in many such situations the representatives may include trade union representatives, and are also supported in practice by trade unions, the presence of which varies from place to place, but which is always more substantial than in Estonia.

In some countries, such as Belgium, what is sometimes referred to as a 'dual model' prevails. Formal social dialogue at the workplace level may take place through the trade union delegation, the works council and the committee for prevention and protection at work. Although it represents all employees and trade unionists, only trade unions are able to nominate to the works council, and the key body in this respect is the trade union delegation. While the works council has extensive information and consultation rights, it is the union delegation which negotiates key issues with management. It is important, not least because Belgium has sustained a comparatively high trade union density at a time of general decline elsewhere. The main task of the trade union delegation is to defend the interests of workers through collective bargaining, while other bodies instituted within the company are mainly advisory. Since 1971, union delegations have been deemed competent for negotiations in setting up collective agreements within the company. They also have a right of control on the application of social laws, of collective agreements concluded at other levels, of the work rules and of individual employment

contracts. They have a right to information on modifications concerning working conditions, wages and professional classifications, and the right to be heard by the company director when there is a dispute with a collective character, or when such a dispute is at risk of escalating.

In Belgium, the works council is a body for information and consultation within companies (in both public and private sectors) with at least 100 employees. It consults on all measures with the potential to alter the organisation of work, working conditions and the output of the company, HR policy, employment questions, the modification of structures and the economic situation of the company, and so on. The company director is also obliged to provide workers' representatives with economic and financial information about the company. In some matters, such as setting up or modifying works rules, the works council has decision-making powers.

Finally, also in Belgium, the Committee for Prevention and Protection at Work is a bipartite consultative committee set up in companies employing more than 50 workers. It is composed of the head of the company and employee representatives, as well as the prevention advisor[9]. In companies where no committee is elected, the trade union delegation takes on this role within the company. If there is no trade union delegation, the employer must consult the employees directly on matters concerning their well-being at work. The committee has a general mission to promote the well-being of employees at work. Besides giving opinions, the committee also makes proposals on policy on well-being at work. It gives its views on the overall health and safety plan and the annual action plan drawn up by the employer, and also has a right to information on issues relating to the well-being of workers in the performance of their work, and on the internal and external environment. The committee must encourage the activities and monitor the functioning of the internal service for prevention and protection at work.

In Spain, a system derived from somewhat similar principles prevails. This dual model provides for unitary or legal representation regulated under Part 2 of the Workers' Statute[10] and under Article 192.2 of the Spanish Constitution. Through this form of representation, company works councils are created and personnel delegates are appointed. In parallel, the law provides for union representation as set out in Articles 7 and 28 of the Constitution and the Organic Law on Freedom of Association[11] (OLFA). Through this provision, union delegates represent workers from companies that are affiliated to different unions. In many companies, especially small ones, personnel delegates tend to take care of the specific functions of health and prevention. The powers of these delegates are the same as those of the works councils (WC) established in companies with more than 50 employees.

The employer must consult with workers and their representatives on a wide range of issues including the organisation and development of the protection of health and prevention activities and occupational risks in the company; information; documentation; and the organisation of training on prevention. With regard to the systems for worker's participation in risk prevention, in companies or workplaces with six or more workers, such participation is normally channelled through their representatives. Briefly, it results in a mixed system including general representation by personnel delegates, works councils and union delegates, and specialised representation by delegates of prevention and health and safety committees. This dual system involves a degree of complexity in the opinion of legal experts (Agra, 2005, 2009; García et al., 2009), but conforms to the EU Framework Directive on Safety and Health at Work.

In companies with 6 to 30 workers, the prevention delegate is normally the same person as the personnel delegate, while in companies with between 31 to 49 workers, the prevention delegate is chosen by and from the personnel delegates. In companies with more than 49 workers, a health and safety committee must be established. It has to be bipartite and formed directly by delegates appointed by the workplace institutions of prevention and business representation. Prevention delegates are elected by and from the staff representatives and their number varies in proportion to the size of the

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[9] In the Member States of the EU, specialists on health and safety are often employed by organisations to advise and sometimes manage OSH arrangements. They are variously called prevention advisers, health and safety advisers or managers, health, safety and environment advisers/managers.

[10] Estatuto de los Trabajadores.

[11] Ley Orgánica de Libertad Sindical.

company. In practice, there is a strong overlap between staff representatives and those with prevention functions on OSH.

In addition to this system, the central law on OSH — the 31/1995 Act of 8 November 1995 on Prevention of Occupational Risks (LPRL) — includes a clause that allows collective agreements to establish other selection systems for prevention delegates. This gives collective bargaining processes the ability to define the selection systems and competences of prevention delegates and utilise and develop refinements to systems which, for example, are known to have worked well in specific sectors.

In Greece, the law specifies a potentially dual system for representation on OSH. There are requirements to establish consultation and participation systems on OSH at establishment level. The Law 3850 of 2 June 2010 consolidates a number of previously separate provisions on OSH in a 'Code of Laws for the Health and Safety of Employees' (Law 3850/2010). It includes provisions regarding the consultation of workers; the right of workers and their representatives to make proposals; and balanced participation in accordance with national laws and practices. In companies with fewer than 50 employees, workers have the right to select health and safety representatives (one through negotiation among the employees in companies with fewer than 20 employees, or two through elections in companies with more than 20 employees). Workers in companies which employ more than 50 persons have the right to set up a health and safety committee, with solely worker membership. However, the few studies that have been conducted in Greece have revealed that the institutions of OSH representatives have not been widely implemented (Krieger, 1990; Banoutsos, 1994; Walters, 1995; Boukouvalas, 2005; Eurofound, 2007; EU-OSHA, 2010). Works councils are also provided for by law and these requirements provide that they should be involved in deciding 'occupational health and safety internal rules of procedure' for the company (Law 1767/1988, Law 2294/1994). They also have a role in deciding appropriate tasks for those returning to work following a previous work accident in the company. However, again research suggests that works councils are in fact relatively rarely found in Greek companies (see Robolis, 2008; Koutroukis and Jecchinis, 2010; Walters et al., 2012).

Another related difference between arrangements in different Member States concerns the method of selection of worker representatives. Fulton (2013) notes a predominant approach (evident in 14 Member States) in which regulation requires worker representatives to be elected by the workforce. Member States in the present study in which this approach is followed include Belgium, Estonia and Greece, while in Sweden and the United Kingdom[12] health and safety representatives are appointed by the trade union. In Spain, health and safety representatives are selected by other existing representatives. In the Netherlands it is predominantly the works council that takes on the role of workers' representatives in OSH matters. However, nearly half of works councils choose to install a specific subcommittee dealing with OSH issues, the members of which are appointed by the works council itself (and not directly by the workers). However, as the majority of the committee must be drafted from (elected) works council members, the workforce may indeed exert some influence on the constitution of the OSH committee. As with the relationship of representatives and joint arrangements on OSH to the institutions of workplace labour relations, comparative research on the consequences of these different arrangements for practice is largely missing from the literature.

Finally, as also noted, there are those Member States in which works councils play a central role in workplace labour relations and these bodies also undertake the function of workers' representation on OSH. This is the case in the Netherlands, in which formal rights to representation on OSH are provided to the works council and employers have duties to consult with it (or, in workplaces with 10-50 employees, the same rights and functions apply in relation to the employee representative body — the *personeelsvertegenwoordiging*). The Netherlands is also unique in as much as, unlike other countries (such as Austria, Germany and Luxembourg) where a similar approach also applies, there are no other joint workplace institutions for consultation on OSH that operate alongside works councils within establishments.

In short, therefore, formal arrangements aimed specifically at worker representation on OSH vary substantially according to the institutional arrangements for workplace labour relations within the countries studied, and they are generally formulated in ways that fit with these existing wider institutional

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[12] That is, in unionised workplaces under the SRSC Regulations 1977. In non-union workplaces, since 1996 the Health and Safety (Consultation of Employees) Regulations apply. They include the possibility of representatives being elected by workers — — but do not require it.

patterns of labour relations. They are based around essentially three approaches, again largely reflecting national institutional labour relations practice. In the model most frequently found, it is the workplace representatives that are at its core and around which the various provisions for joint arrangements for health and safety tend to revolve. In a second model it is the joint institutions — the health and safety committees — that form the main focus, with members of the committee acting as health and safety representatives. Whether these different institutional focuses contribute to differences in practice is hard to say. Previous research on the practice of worker representation in the countries displaying these different approaches is patchy and has not been comparative in this respect. The third model extends the representational role of the works council to health and safety and, in this manner, uses existing institutions of workplace representation rather than creating new ones specifically for OSH. However, in this respect it is probably not hugely different in its practice from other models, where one of the preconditions for their successful practice has been shown to be their integration into the institutions for employee representation more widely. Again, however, comparative research on these matters is largely absent from previous literature.

2.3.2 Inclusions and exclusions in the statutory provisions

While the influence of different institutional contexts for labour relations has led to the variations of approach discussed in the previous section, there are some important further differences in the coverage and remit of regulation between countries which are relevant to comparative study of their operation. The most obvious influence on the extent and detail of arrangements for worker representation on OSH is workplace size. In the majority of EU Member States there are size thresholds below which there is no regulatory requirement for any form of employee representation on health and safety. Commonly this is where there are 10 or fewer employees (this is the case in Estonia from the present study). In Sweden it is five or fewer, in Spain it is six, while in the United Kingdom and Greece there are no size thresholds applied to the appointment of worker representatives on health and safety (although in Greece health and safety committees are only required in workplaces with more than 50 employees). In Belgium and the Netherlands the size thresholds that apply are the same as those in relation to other workplace institutions of representation. Thus in Belgium only workplaces with more than 50 employees have a Committee for Prevention and Protection at Work, while in smaller workplaces the trade union delegation — if it exists — takes over the function of employee representation for health and safety. If there is no trade union delegation, the employer must consult the employees directly on matters concerning their well-being at work. In the Netherlands the restrictions that apply are those for works councils (over 50 employees) or the *personeelsvertegenwoordiging* for between 10 and 50 employees.

These restrictions are particularly important in view of the fact that the vast majority of companies in the EU are micro or small enterprises (MSEs) with fewer than 10 workers, and that around half of the EU labour force is employed in such enterprises (see Table 2.1). These workers, therefore, have no rights to formal representation on OSH.

Table 2.1: Micro and small enterprises and large enterprises: number of enterprises, value added and employment in the non-financial business sector of the EU-28 in 2013

	Micro	Small	MSEs	Medium	Large	Total
Number of enterprises						
Number	19,969,338	1,378,374	21,347,712	223,648	43,517	21,614,908
%	92.4 %	6.4 %	98.8 %	1.0 %	0.2 %	100 %
Employment						
Number	38,629,012	27,353,660	65,982,672	22,860,792	44,053,576	132,897,040

	Micro	Small	MSEs	Medium	Large	Total
%	29.1 %	20.6 %	49.7 %	17.2 %	33.1 %	100 %
Value added at factor costs						
Million euros	1,362,336	1,147,885	25,102,221	1,156,558	2,643,795	6,310,557
%	21.6 %	18.2 %	39.8 %	18.3 %	41.9 %	100 %

Source: European Commission, Annual Report on European SMEs 2013/2014

There are other ways of measuring the role and significance of MSEs in the economy and, when measures of 'performance' are used, a different and more nuanced picture emerges. But however the role of micro and small companies in the economy of the EU is measured, it is significant, and in terms of the employment of workers in establishments within this size range, it is very significant indeed. It follows from this that arrangements for the health and safety of the substantial proportion of EU workers in these establishments are also very important and the protection of these workers from harm is every bit as important as that of workers in larger establishments. Yet it is well known that, for a host of reasons, these arrangements are far less well developed in smaller firms than in their larger counterparts. As a consequence of this and the 'structures of vulnerability' (Nichols, 1997) with which both workers and employers are surrounded in many of these establishments, the outcomes for health and safety among them are worse than in larger workplaces. Although it is very difficult to measure reliably, such evidence as there is points to a comparatively greater incidence of serious injuries and fatalities in smaller organisations than in their larger counterparts, when other confounding factors are taken into account — indicating a size effect. Comparative data on workplace size effects on health outcomes, well-being and the working environment are less reliable but they leave little cause for complacency in relation to the patterns of poor outcomes that are influenced by workplace size. A recent report for EU-OSHA, on the situation of health and safety in micro and small firms, concluded that the business, regulatory and economic contexts of a substantial proportion of such firms in the EU drew them towards the pursuit of so-called 'low-road strategies' to ensure economic survival, often in quite high risk sectors and it was among these companies that the most significant and substantial effects on workers' health, safety and well-being were likely to be seen (Walters and Wadsworth, 2016). It is, therefore, of some concern that it is also among such firms that the presence of arrangements to represent workers on health and safety matters is likely to be least developed.

Attempts to address this situation are found in the legislative arrangements for worker representation in a few EU Member States. The best known of these is in Sweden where, since 1974, there have been provisions that govern the appointment by trade unions of 'regional health and safety representatives'. These representatives have rights to visit small firms in which they themselves are not employed, but where there is at least one trade union member, to advise on health and safety and support the development of participative approaches to the prevention of injuries and ill-health. As the report on Sweden makes clear, most evaluations have found these provisions to be a success. However, in the main they have not been taken up elsewhere within the EU. There are provisions for 'territorial health and safety representatives' in Italian legislation but it is unclear how widespread or successful they have been, and there are various voluntary initiatives to create similar arrangements within sectors or regions in some other countries, either by trade unions unilaterally or through bilateral agreement of some kind. Again, the research literature is comparatively silent on the effects of these arrangements (but see Walters (2002a) for some exceptions).

Included in the present study are several countries in which such arrangements have been instituted — either by legislative means, such as in Sweden, or through various voluntary initiatives, such as in Spain and the United Kingdom, and other countries where there are no obvious institutional arrangements supporting the representation of workers on OSH in small firms. This allows some possibility of examining the diversity of practice in relation to representation in these firms. This is also made possible by the size range included in the population of respondents to ESENER-2, from which the cases of workplace practice have been drawn. In Chapter 7 of this report we discuss our findings in relation to the practices we have examined in these establishments where their size determined that there were no formal arrangements for worker representation on OSH.

2.3.3 Enhancements to the regulatory measures

Finally, in terms of comparative accounts of regulatory support for worker representation on OSH, it is important to mention some further differences between countries in the degree of explicit support for worker representatives' actions that is found in the regulatory provisions. While the regulatory provisions are broadly comparable in terms of the rights and functions they grant worker representatives or their representative workplace institutions, they differ in a few important details. For example, in a few countries in the EU, including Sweden in the present study, there is an explicit right for representatives to stop dangerous work and/or to report incidents if managers refuse to take the actions they desire to the regulatory inspectorate. In other countries, such as Spain, this right to stop dangerous work is not conferred on safety delegates but on general trade union representatives. Prevention delegates have the right to propose to the employee representatives at the establishment that they order a halt to work to avoid a serious and imminent danger. The legislation makes plain that the rights and functions of prevention delegates and health and safety committees do not remove the right of the existing structures of employee representation — the personnel delegates (*delegados de personal*), the works council and the union representatives — to defend the interests of employees in the area of risk prevention, and it is these structures that in Spain normally have the right to halt work in cases of imminent and serious risk.

In the main, the research literature that has examined how these rights are used suggests that they are important in the legitimisation of worker representatives in the eyes of both managers and their fellow workers (Walters et al., 2016a, 2016b). It further indicates that the recorded incidence of their use (which suggests they are used rarely) probably seriously underestimates reality because generally it only reports incidents in which the regulatory agency has become formally involved. There are many more incidents of their use which are resolved within establishments, without the need to involve regulatory inspectors (Forseth et al., 2009). Other research findings suggest that the power conferred on worker representatives by such provisions is important. It results not so much in their excessive use, but in widespread awareness among managers of the potential disruption their use might cause, which leads them to respect the requests of representatives concerning remedial actions, without representatives having to resort to the use of these powers. At the same time, this encourages representatives to use these powers sparingly, often as a last resort or only in situations where there is an imminent risk of serious harm (Walters et al., 2016).

There were several other ways in which regulation supports the rights of worker representatives to take certain actions which might enable them to engage with their employers in ways that help counter the differences in the relative power of the two parties involved. These methods might also give worker representatives a chance to influence the ways things are done in establishments for the collective benefit of workers, even in scenarios where employers and managers may not see it as in their own interests to do so. For example, in the Netherlands regulatory requirements provide works councils with rights of approval in relation to employer actions on several aspects of OSH. In Belgium too there is a strong role conferred on the Prevention Committee, the employee members of which, it will be recalled, are elected from nominations provided by the trade unions. As in the Netherlands in relation to the work council, the employer is required to obtain the agreement of the committee before, for example, appointing internal occupational health experts and works doctors, and also before deciding the amount of time the experts should spend on health and safety. Moreover, if the employee members of the committee have lost confidence in the external occupational health experts or the works doctor, they must be replaced. In Sweden, the legislation requires employers to inform health and safety representatives of relevant changes to working conditions and to involve them in planning preventive measures in relation to such changes. In Spain, prevention delegates must be consulted by the employer in advance about various OSH matters including the OSH effects of work organisation, planning and the introduction of new technology. Consultation in this sense means that the employer must give the prevention delegates a period of 15 days to respond to proposals, and must provide the grounds for any rejection of the response. In the United Kingdom formal powers of representatives to influence the practice of OSH are less explicit. However, even there, health and safety representatives must be consulted 'in good time' on new measures that might affect OSH and the regulations indicate the right of representatives to 'make representations' on OSH matters on behalf of their constituents.

2.4 Wider national contexts

We have chosen to situate our study in seven EU Member States which we believe represent the broad types of national context found across Europe in relation to size, regulatory style, employment relations traditions, social protection systems and economic and social characteristics. This develops the well-established idea that certain criteria can be used to group EU Member States into various combinations for purposes of comparison according to features that are of particular interest (see, for example, Walters et al. (2013)). Selection of one or more Member States from each of these combinations for the purposes of more detailed study was undertaken with the intent of it being representative of the broad features of the group from which it is selected. In making such a selection we have had in mind:

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

- *The style and character of the national regulatory regime for OSH management* — in particular, the origins and character of the provisions made for participation on OSH, size limitations imposed on these requirements, and the length of time present arrangements have been embedded in the regulatory systems for OSH in the Member States concerned; the extent and for how long which the regulatory environment could be described as being characterised by process-based (goal-setting) requirements as opposed to prescriptive ones; and national infrastructures for OSH support (such as the availability and competence of OSH services, training, and information provision) in as far as they may have a bearing on the will and capacity of managers to manage OSH participatively.

- *Wider features of national socio-economic systems* — including country size and economy, features of the labour market and the structure and organisation of work, including the extent of restructuring of work, shifts in preferred business processes, the position of organisations in value chains and other aspects of work restructuring and reorganisation.

From existing knowledge of the comparative European contexts of OSH labour relations and regulation (see, for example, Walters et al., 1993; Walters and Jensen, 2000; Walters (ed.), 2002; Walters, 2004; Westerholm and Walters (eds), 2007; Walters, 2008; Nichols and Walters (eds), 2013; Walters et al., 2013), as well as wider understandings concerning 'varieties of capitalism' (see, for example, Hall and Soskice, 2003; Hancké et al., 2007), we created several groupings of countries reflecting broadly similar contextual influences in terms of these features. These were:

1. **Western EU:** *Belgium,* Germany, Luxembourg, *the Netherlands,* Austria;
2. **Scandinavian:** Denmark, Finland, Iceland, Norway, *Sweden;*
3. **British Isles:** Ireland, *the United Kingdom*;
4. **Southern/Latin EU:** *Greece, Spain*, France, Italy, Cyprus, Malta, Portugal;
5. **Central and Eastern European Countries:** Bulgaria, the Czech Republic, *Estonia*, Croatia, Latvia, Lithuania, Hungary, Poland, Romania, Slovenia, Slovakia.

Each of the countries selected from these groupings (namely Belgium, the Netherlands, Sweden, the United Kingdom, Greece, Spain and Estonia, as indicated in italics) also had some special features that were either representative of the group as a whole or that we reasoned may be particularly significant in relation to the practice of the representation of workers on OSH. For example, for reasons of its dominant size among the Nordic countries, and its long-established and extensive system of worker representation on OSH, including in small firms, we selected Sweden as representative of Scandinavian countries. These countries can be grouped together in terms of the extent to which they have similar labour relations features including relatively significant trade union presence and involvement in OSH, as well as social democratic traditions and strong welfare provisions, which are arguably influenced by the strong political presence of labour and a similar history of process-based, goal-setting approaches to regulating OSH management in a participative way. Indeed, in several respects this latter feature was a significant influence upon the development of requirements addressing worker participation in

the Framework Directive, as was the broad definitional understanding of OSH in terms of the 'work environment', also of long standing in these countries.

We selected the United Kingdom as representative of the *Anglo/Irish* group of countries because of its dominant size and also because a great deal of the past research on worker representation on OSH in English-speaking countries was undertaken in the United Kingdom. It has a number of unique features that are especially relevant to the remit of this study. It is a large post-industrial economy that has undergone profound restructuring in recent decades. As in the Nordic countries (but for different reasons), trade union influence was strong during the post-war period and was at its height during the 1970s, when the British approach to process-based OSH management regulation, including that explicitly identifying the role of trade union health and safety representatives, was developed. Like Sweden, therefore, its approach to worker representation on OSH is also long standing and predates that of the Framework Directive by more than a decade. There are further unique features that characterised the development of post-war labour relations, such as the comparatively low level of legislative influence on collective bargaining prior to the 1980s and the prominence of non-statutory workplace trade union representation in the strategies and practices of organised labour until the 1980s. Since that time, the political economy of the United Kingdom has changed considerably and it has experienced a strongly neo-liberal political and economic environment, both prior and subsequent to the introduction of the EU measures that embrace participative approaches to OSH management. As we argued in the previous chapter, one of the more significant effects of these changes has been the extent to which individualisation and responsibilisation have come to characterise establishment-level labour relations. These changes have occurred in tandem with a strongly evident change in the public perception of safety and health and its regulation in everyday life, which has been greatly encouraged by sections of the media and by government. Therefore, the effects of this scenario, in which the arrangements for worker representation on OSH that were the product of a previous era are currently operationalised in British establishments, where trade union influence has been substantially eroded, is clearly of interest.

The countries in the group we have termed 'Western EU' (i.e. Belgium, Germany, Luxembourg, the Netherlands, Austria) are perhaps where the similarities between one another in terms of labour relations and OSH systems are most stretched. Nevertheless, they have some important features broadly in common. As we discussed in the previous chapter, the most significant of these in relation to the interests of the present study is the position of works councils as a central institution of the representation of labour in larger workplaces. A second is the level of corporatism in these Member States during the post-war period and, in parallel with this, the extent of statutory provisions surrounding their institutions of labour relations at workplace, sector and national levels. As we have already pointed out, most of these countries (with the exception of the Netherlands) came later to process-based regulation than was the case in the Scandinavian and Anglo-Irish groups. Consequently, in some of them the level of institutional reforms required by the transposition of EU Directives has probably been greater than in the previous two groups. We have chosen to situate our study of the establishment-level experiences of worker representation and participation in two of the Member States in this group: Belgium and the Netherlands. Belgium is a relatively small economy but, as we saw in previous chapters, trade unions have tended to maintain a stronger position there in terms of their membership relative to the declining trend in Europe as a whole. National-level collective agreements also remain relatively important in labour relations and are legally binding. In particular, sector-level collective bargaining remains a cornerstone for regulating a broad range of working conditions and working environment issues, and this is especially important when sectoral collective agreements are made legally binding for all companies in the sector. The institutional model on which workplace representation is based, as in other countries in this group, is one in which the works council is central and within which financial matters, productivity, work and staff organisation, shift patterns and so on are discussed. However, in contrast to other countries (such as the Netherlands), only trade union members can be elected, giving trade unions a formal role at the establishment level. For health and safety matters, a separate Committee for the Prevention and Protection of Health and Safety in the Workplace is required in workplaces with 50 or more employees. Also, in terms of OSH regulation, internal prevention services and advisors in Belgium are highly regulated, for instance in terms of certified qualifications and their association with the management of the company.

The other country from this group in our study is the Netherlands, which is an example of a medium-sized economy with a strong post-industrial character and highly developed reforms of its social welfare

systems. Although we have placed it in this Western EU group because of similarities with aspects of the institutional infrastructures for labour relations and those of the corporatist state, there are several good reasons for regarding the Netherlands as different from other countries in this group and having much in common with the Scandinavian countries and the United Kingdom, in as far as the 'goal-setting' measures of EU directives are concerned (see Walters et al., 2013). The Dutch approach to process-based regulatory reforms also predates the Framework Directive and is acknowledged to be influenced by Scandinavian approaches and by the recommendations of the British Robens Report (Popma et al., 2002; Walters (ed.), 2002). However, as we saw in the previous sections in this chapter, the institutional elements of the provisions for participative OSH management in the Netherlands are quite different from those in both Sweden and the United Kingdom, most especially in their emphasis on the central role of the works council. There are some further reasons for regarding the Netherlands as both exceptional and of interest in the present study. For example, Dutch initiatives to achieve greater engagement from stakeholders in workplace OSH management have been both innovative and unique — and, alongside works councils, of particular relevance in relation to the role of worker representation are its schemes for 'covenants on health and safety at work' (1999 to 2007) and for the current 'OSH catalogues.' These OSH catalogues are agreements between trade unions and sectoral employers' organisations fleshing out the general goal-oriented provisions in Dutch OSH legislation. Finally, the determined stance pursued by the Dutch state in relation to the governance of OSH, in particular its attitude towards 'soft law' and a mix of public and private regulation in which the role of social partners is encouraged, make it an important country in which to examine the influence of changing wider contextual features of policy on the operation of establishment-level arrangements for worker representation.

The two 'Southern European/Latin EU' countries in the study, Greece and Spain, are representative of two extremes in terms of country size in this group (which also includes France, Italy, Cyprus, Malta and Portugal). Spain is an example of an EU Member State that used the opportunity of the Framework Directive to undertake a major reform of its regulatory system for OSH. Indeed, only after the entry of Spain into the European Economic Community in 1986 was there an in-depth legislative development in OSH in the country, including provision for worker representation, which had been absolutely forbidden under the long dictatorship (1939-1977). As we have described, participation provisions (mostly covered through the election of safety representatives) are compulsory for all companies with 6 or more workers, and safety and health committees are established in those with 50 or more workers. Although Spain is a relatively large economy, the economic crisis has been particularly severe, the effects of which are noted in the national report and may be important to explore further in this comparative study

In contrast, Greece is an example of a much smaller Mediterranean economy with a relatively low proportion of large employers in the private sector and a preponderance of small and micro firms in the economy generally. Trade union density is estimated at around 28 % (but is considerably lower in the private sector). As is widely known, the economic crisis has also been felt especially severely in Greece and the response of the state has impacted considerably on both labour relations and arrangements for OSH, changing many long-term arrangements for employment security and labour relations as well as introducing a reduction in the number employed in the public sector and consequently altering the role of labour inspection. The system for collective bargaining in Greece, originally centralised, has become increasingly decentralised, with a significant shift towards bargaining at the company level. At the establishment level, we saw above that three main forms of worker representation are possible: works councils (in enterprises with more than 50 workers), trade union representatives, and health and safety representatives (safety and health committees in companies with more than 50 workers). Greek law gives the right of OSH representation in all companies (one safety and health representative in companies with fewer than 20 employees). However, in practice, the company's trade union or other type of workers' organisation is the catalyst for electing a safety and health representative, and therefore low union density negatively influences the prevalence of representation.

Finally, from the last group of 'Central and Eastern European Countries', arguably the most disparate grouping in our classification, we have selected Estonia. What the countries in this group share in common is their relatively recent adoption of labour relations systems that are appropriate in a free-market economy, along with the even more recent adoption of EU measures on participative OSH management such as those of the Framework Directive 89/391. Their imposition of these and other reforms during their 'Europeanisation' has meant change of a fundamental nature in both the systems

for labour relations and in the orientation of regulatory strategies on OSH — with, in the latter case, a rapid move from prescriptively-based approaches to regulation to those that are more process-based. Of course, these were part of other much larger reforms that took place in many of these countries at the same time in the Europeanisation project. They also followed quite rapidly on the heels of even greater reforms in the economic and regulatory context and environment in these states, occasioned by the move many of them made from a controlled economy to a capitalist one following the demise of the Soviet bloc. The Baltic States are arguably among the more extreme examples of such change, having embraced a neo-liberal political economy with both rapidity and fervour in the period immediately after the ending of Soviet influence (Sommers and Woolfson (eds), 2014). Partly for this reason, we have chosen to focus the fieldwork on establishments in Estonia as an example of a post-controlled economy national situation. Trade union density is relatively low and declining in Estonia, with estimates of some 6-10 % of employees being trade union members. Small and micro enterprises are predominant (and union membership even lower here) and the majority (nearly two-thirds) of employment is in the services sector. Collective bargaining is mostly at the enterprise level. Worker representation at the establishment level is both through union representatives and separately though 'employee trustees'. Despite the 'dual track' system of employee representation at the workplace level, evidence from previous studies, including the BWEL (Baltic Working Environment and Labour) survey, points to limited articulation of employee 'voice' on OSH through employee trustees and, in the recent period of economic downturn, the increasing marginalisation of organised trade unions as a legitimised channel of employee representation across the whole range of policy concerns, including safety and health that would previously have been matters for tripartite consultation (Woolfson et al., 2009; Kallaste and Woolfson, 2013).

A previous comparative discussion of the effects of national contexts in relation to the analysis of the ESENER-1 data on worker representation and consultation and OSH management is also relevant here (see Walters et al., 2012, 2013). Essentially, in that discussion we suggested that the analysis of the ESENER-1 macro-data on worker representation and consultation pointed towards the conclusion that *countries with more embedded approaches towards participative OSH management* in their regulatory systems were more likely to exhibit the indications of the combined effects of the involvement of workers and their representatives with the high commitment towards OSH management associated with positive measures of health and safety management than were countries in which these approaches to regulating OSH management were the result of more recent legislative changes. As far as the changes in the survey methods employed in ESENER-2 allow, we have examined the ESENER-2 quantitative data to explore the extent to which the same can be said for the findings of this more recent study (Chapter 5). But if one of the key contextual differences that emerged in the previous analysis of ESENER-1 concerned the 'embeddedness' of the approach to participative risk management that is found in the EU Framework Directive 89/391, a further related feature of these arrangements and their labour relations contexts in the countries in which such 'embeddedness' was most pronounced, significant in relation to the present study, is that in these countries there is a similar emphasis on the role of trade union health and safety representatives at the workplace level. This itself is part of a wider set of similarities in the role and relative bargaining power of organised labour during a particular time period in the 20th-century economic history of these countries, when the role of trade union representation, negotiation and consultation were prominent, as was a relatively high trade union density and strong union bargaining power. In other Western European countries a similar level of trade union power and influence existed, although it was mediated through rather different institutional forms at the establishment level, such as in the Netherlands and Belgium, where the role of works councils and the Prevention Committee (in the Belgian case) continue to be paramount in the institutions of representation on OSH.

A combination of these factors leads to the postulate that, for at least three groups of EU Member States, namely the 'Western EU' and 'Scandinavian' countries and the 'British Isles', the operation of national process-orientated regulatory standards means that a participatory approach to OSH management might demonstrate comparable outcomes. However, such features have changed in these countries since their origins in the post-war compromise. The findings of the national reports in the present study provide evidence of these changes and their relative influence in recent decades. We therefore explore some of the effects of change in our qualitative findings on the nature of arrangements for worker representation on OSH in later chapters.

2.5 Conclusions: representing workers' occupational safety and health, regulation, industrial relations and times of change

This review of existing research was undertaken in order to help situate the present study in relation to what is already known concerning worker representation on OSH and the determinants of its practice. Its aim was to provide the background to the empirical analysis of the data collected in the present study, which is considered in some detail in subsequent chapters. It has done so by providing a review of current knowledge concerning worker representation on OSH and influences on its practice and outcomes at the workplace level, and also by reviewing literature outlining what is known of the wider contexts in which they occur. The focus here has been especially on what is comparable and what is different about these wider contexts in different national settings. These issues are addressed in much greater detail in each of the national reports on which this European comparative study has drawn, and this chapter is restricted to some generic observations concerning regulatory and labour relations frameworks in which worker representation on OSH at the establishment level is situated.

Nevertheless, there are several common themes that emerge. For example, all of the countries in the study have undergone substantial changes in the orientation of their political, economic and regulatory policies and practices in the decades since the period in which origins of the present statutory provisions on worker representation occurred in most countries. It would be naïve to imagine that these changes would have had no effect on the nature of the arrangements for their operation. And, indeed, these effects are to some extent reflected in the research literature in some countries, showing, for example, a decline in representative arrangements and a parallel growth in the proportion of employers who claim to use direct methods of consultation with their employees on OSH. Similar general effects are seen in the decline in trade union organisation, manufacturing and large, centrally organised enterprises, with parallel increases in small firms outsourcing and the like. There has also been a decline in the resourcing of public regulation and in state support for public institutions for research and information dissemination on OSH in several of the countries in the study. Most of the research previously undertaken on worker representation on OSH does not explicitly address these changes and only exceptionally does it consider changes in practice over time. What is apparent in some of the profiles of representation on OSH presented in these studies, however, is an emergent distinction between worker representation in labour relations scenarios that are understood along pluralist lines and that understood to be operating in organisations where more unitary approaches towards the employment relations are predominant. The predominance of more pluralist understandings was also typical of the period in which the current regulatory provisions originated in most countries, while the emergence or resurgence of the unitary approach is a more recent trend — also associated with changes in the wider economic and regulatory contexts noted above. These are, of course, rather simplistic generalisations and we explore examples of these differences in our own qualitative findings in subsequent chapters — and as a result offer a more empirically informed understanding of what seems to be the predominant contemporary approach, as well as what makes it so.

The exploration of these developments is important because they have implications for the relevance and application of research findings on worker representation on OSH. The review of research presented in this chapter shows that worker representation on OSH is effective in contributing to improved outcomes, provided certain preconditions prevail. But findings from the wider situations in which it occurs suggest that these preconditions are the very things being eroded by changes taking place in the structure and organisation of work and employment and their political and regulatory contexts. Not only do such changes undermine the conditions necessary to support effective worker representation, but they also help to marginalise processes of representation, couched, as they are, in pluralist understandings of labour relations. If, as some of the contextual literature seems to suggest, current trends in the organisation of work in the EU are moving towards more unitary models of human resource management, this gives rise to a number of questions concerning what is happening to the role of representation on OSH and especially to those elements of it which previous research has shown to underpin effective ways of improving OSH outcomes for workers. It is to these questions that we address our analysis of the quantitative and qualitative data from ESENER-2 that is presented in the following chapters.

3   Research methods

This was a complex and challenging research project. It sought to combine relevant quantitative ESENER-2 data with an in-depth qualitative investigation of workplace experiences in order to consider the role of the representation of workers on OSH. These analyses were carried out in seven EU Member States — countries selected because of their differing OSH regulatory, labour relations, economic and other contexts. The aim was to explore and compare the extent, practice and support for worker representation on OSH and its contribution to OSH management arrangements and their outcomes, as well as the drivers for and barriers to its effective operation, in these differing contexts.

The project was carried out in three main work packages by a consortium of European researchers, with the support of an advisory board of international experts. The research team and the approach we took to the project are described in the following sections.

3.1   The consortium and methodological approach

To reflect the comparative nature of the research, the research team comprised partners from institutions in each of the countries that were the focus of the project. The team was led from the Cardiff Work Environment Research Centre at Cardiff University in the United Kingdom. The partner institutions included HIVA at KU Leuven in Belgium, Tallinn University of Technology in Estonia, the Hellenic Institute for Occupational Health and Safety in Greece, the University of Valencia in Spain, the University of Amsterdam in the Netherlands and IVL, the Swedish Environmental Research Institute. The advisory board comprised internationally renowned experts from both within and outside the EU. They were Theo Nichols (Cardiff University, United Kingdom), Richard Johnstone (Queensland University of Technology, Australia), Katherine Lippel (University of Ottawa, Canada), Laurent Vogel (European Trade Union Institute, Belgium) and Philip James (Middlesex University, United Kingdom).

The methodological approach to the project was designed to maximise the effective deployment of the expertise within the research team. This involved the participative development of the detailed methodology by the whole research team through three workshops. As is described in the next sections, this collaborative developmental approach was central to the effective completion of the study.

3.2   The national contexts

The first work package was a review of the research literature, in English and in the national languages, which led to the portraits of the national contexts in which worker representation and consultation take place in the seven countries that were the focus of our study. While these were carried out by each of the research partners separately, early drafts of each were presented to the whole research team at our first and second workshops, as well as to the research team and advisory board at our third workshop. The final versions, revised in the light of the discussion and comments from the research team and advisory board, are presented in detail and separately for each country in the national reports. In addition, these formed the basis for the overarching review given in the previous chapter.

A literature search was the main research tool employed to identify relevant material on structural, labour relations, regulatory, economic, political and cultural contexts of each country. In particular, the search included relevant literature relating to the areas detailed in section 2.4.

3.3   ESENER-2 secondary analysis

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

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

3.4 The cases

3.4.1 Sampling

The third work package was the fieldwork study of arrangements for the representation and consultation of workers on health and safety in a range of establishments in each of the seven countries that were the focus of our study. As this project was a follow-up to ESENER-2, our aim was that all of these were to be establishments that had already participated in the main ESENER-2 survey. As part of ESENER-2, all respondents were asked if they would be prepared to be recontacted about future research. For the survey as a whole, over three-quarters (78 %) of respondents agreed, though there was some variation for the countries in our study: Belgium, 75 %; Estonia, 60 %; Greece, 87 %; Spain, 77 %; the Netherlands, 76 %; Sweden, 81 %; and the United Kingdom, 81 %. Our intention was to carry out case studies in 20 to 21 establishments in each of these countries according to the matrix in Table 3.1.

Table 3.1: Matrix of target participating establishments for each country[13]

	Private producing	Private services	Public
Small: 10 to 49	3	3	3
Medium: 50 to 249	2	2	2
Large: 250+	2	2	2

Some time was spent at our first workshop discussing the sampling frame for the case studies. It was agreed that they would focus on establishments with some participative arrangements in place, and, for comparability reasons, that those establishments would be drawn from particular sectors. For the former, therefore, medium and large establishments were restricted to those that indicated in their ESENER-2 survey responses that they had at least one of the following: a works council, a trade union representative, a health and safety representative, or a health and safety committee. For small establishments, these criteria were widened to also include those that had indicated that their employees were usually involved in the design and implementation of measures taken following a risk assessment or of measures to address psychosocial risks. This, of course, was to take account of the fact that most smaller establishments do not have formal representative arrangements in place. For the latter, our selection of sectors was pragmatic, in that we had to be governed by the distribution of available cases in each sector across all of our countries of interest. The result was that:

- private producing establishments were drawn from the manufacturing sector (NACE[14] C);
  - but also from the electricity, gas, steam and air-conditioning and water supply, sewerage, water management and remediation activities sectors (NACE D and E), if insufficient cases were found in manufacturing alone;
- public sector establishments were drawn from the education and human health and social work activities sector (NACE P and Q);
  - but also from any sector (i.e. also NACE O) if insufficient cases were found in the education and human health and social work activities sectors;

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[13] The matrix indicates the target distribution for 21 participating establishments per country, but in practice partners aimed for a minimum of 20 establishments to follow this distribution as closely as possible.

[14] NACE is the commonly used abbreviation for the statistical classification of economic activities in the European Union. The term is derived from the French *nomenclature statistique des activités économiques dans la Communauté européenne*.

- private services establishments were drawn from any sector (NACE G to N and R and S).

The aim was to use these criteria to identify 375 establishments per country to be approached by TNS[15] about the current study, with a view to finding 150 establishments per country that both met the criteria and agreed to be contacted by the researcher partners' teams, according to the matrix in Table 3.2.

Table 3.2: **Matrix of enterprises for research teams to approach each country**

	Private producing	**Private services**	**Public**
Small: 10 to 49	21	21	21
Medium: 50 to 249	14	14	14
Large: 250+	14	14	14*

*The remaining three establishments were not targeted to a specific matrix cell.

TNS supplied the contact details of 150 establishments according to these criteria to the research teams in six out of the seven countries that we focused on. The exception was Greece where, because of the smaller number of establishments meeting the sampling criteria, only 134 sets of contact details were made available. The research teams then contacted the establishments directly with further information about the project and an invitation to participate by allowing researchers to visit and carry out interviews with a manager and, where present, a health and safety representative (or, where there was none, a general representative), and if possible, at least one worker. Where there were no worker representatives of any kind present at the establishment, an interview was sought with the worker thought by the establishment contact to be most knowledgeable concerning workers' interests in OSH. As the national reports make clear, this process was sometimes lengthy because several phone calls were often required to reach the contact and, in many cases, several further calls and emails were needed before approval for participation in the study was obtained from all the relevant parties in the organisation. In larger organisations, this tended to involve more organisational levels and so took longer. In addition, refusal or failure rates were high in some countries. Most refused on the grounds that they were too busy and/or the visit and interviews would take longer than staff could be spared from their posts. However, occasionally some potential participants within an enterprise were willing to take part in the project but others were not. Where this happened, it was generally the representatives that were unwilling to participate, which we think is a reflection of the fact that the project's initial contact with enterprises was most often through a manager (see below) — so the project may have been perceived by representatives as management 'owned' rather than independent. Failures included those cases where the contact details provided were not (or no longer) valid, and those for which repeated attempts at contact produced no response. In addition, in some cases contact attempts were deemed inappropriate — for example, where establishment contact details and/or sector categorisations did not match what was already known about the organisation.

For most countries, this process led to the successful recruitment of sufficient establishments to fulfil the matrix shown above (Table 3.1). However, in Belgium, Estonia and the United Kingdom, this was not the case. In these instances, research partners completed their case study sample through their own contacts (two establishments each in Belgium and Estonia, and four in the United Kingdom). The final sample for all seven countries is shown in Table 3.3. An important comment on this table concerns the reported presence or otherwise of arrangements for representation. As the research sought to investigate the operation of these arrangements, we naturally attempted to identify cases in which they were present, although we anticipated some problems finding them in smaller establishments, as is reflected in Table 3.3. However, when we came to undertake the qualitative fieldwork, in several further

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[15] TNS is a global market research company. It carried out the ESENER-2 survey on behalf of EU-OSHA and was also commissioned by EU-OSHA to deliver the sample, according to the criteria agreed by the research team at the first workshop, for the current project.

cases for which it had been reported that there were arrangements for representation in place, as we discuss in detail in Chapter 7, there was in fact none.

Table 3.3: **The case studies**

Representative arrangements [no representative arrangements]		Belgium	Estonia	Greece	Netherlands	Spain	Sweden	United Kingdom	Total	Grand total
Private producing	Small	0 [3]	2 [0]	0 [2]	2 [1]	0 [4]	1 [0]	0 [2]	5 [12]	**17**
	Medium	2 [0]	2 [0]	3 [0]	1 [2]	2 [0]	3 [0]	1 [1]	14 [3]	**17**
	Large	2 [0]	3 [0]	1 [1]	1 [2]	2 [0]	2 [0]	2 [0]	13 [3]	**16**
Private services	Small	0 [3]	2 [1]	0 [1]	2 [0]	0 [3]	2 [1]	0 [3]	6 [12]	**18**
	Medium	2 [0]	2 [0]	1 [1]	2 [0]	1 [0]	1 [0]	0 [0]	9 [1]	**10**
	Large	2 [0]	2 [0]	3 [0]	2 [0]	4 [0]	3 [0]	1 [0]	17 [0]	**17**
Public	Small	0 [3]	1 [1]	0 [1]	2 [0]	2 [1]	2 [0]	0 [2]	7 [8]	**15**
	Medium	2 [0]	2 [0]	1 [1]	2 [0]	2 [0]	3 [0]	2 [0]	14 [1]	**15**
	Large	2 [0]	2 [0]	4 [0]	2 [0]	2 [0]	2 [0]	4 [0]	18 [0]	**18**
Total		12 [9]	18 [2]	13 [7]	16 [5]	15 [8]	19 [1]	10 [8]	103 [40]	**143**
Grand total		**21**	**20**	**20**	**21**	**23**	**20**	**18**		

3.4.2 Fieldwork

Preparation for the case study fieldwork was the main focus of the second project workshop. Using an initial draft framework detailing the information we planned to seek in each case study, the research team developed a set of themes around which the case study interviews would be based. From this, a series of interview guides was produced (Annex 1). Given the experience of the partners' research teams and the need to be sensitive to and flexible about the various experiences and backgrounds of the project's interviewees, these were not interview schedules. Rather, as guides, they were intended as a suggested framework for interviews with managers, workers and representatives in participating establishments.

Wherever possible, interviews were carried out face to face by two interviewers at the participating establishment. In most cases, this also allowed the interviewers to see at least some of the establishment's operations in practice and discuss experiences more informally with those they met during their visit.

3.4.3 Analyses

The fieldwork generated a great deal of rich, qualitative data. The third project workshop was a crucial part of the development of our strategy for its analysis. At this workshop, the emergent findings from the case studies in each country (which were circulated prior to the workshop and presented by each partner to the whole research team and advisory board) were used as the basis for an analytical seminar. This focused on data screening, the identification of criteria for comparative analysis and grouping, and the identification of common patterns, similarities and differences among the sectors and countries involved. The intention was twofold. First, we wanted to identify the key issues emerging from the research and establish how to substantiate those issues in the national reports. Second, we wanted to be clear about the key comparative issues for this report and to ensure that they captured the important issues emerging in the national studies, from which sufficient relevant material would be used to describe and substantiate those issues in the national reports.

Working as a team and with expert input and insights from the advisory board, we were able to produce an analytical model, which was used to guide the analyses at both the national and overarching EU levels. The model was intended to capture the relationship between (largely) external and internal factors which, in combination, make up the contextual influences which determine how (and whether) representatives operate, as well as affecting the quality of their actions and their relations with the statutory provisions and (sometimes) with the collective bargaining and other arrangements under which they operate. These are discussed in greater detail in Chapter 8.

3.5 The data

Most of the study's data were derived from case studies of enterprises that took part in the ESENER-2 survey, a secondary analysis of which also forms part of the dataset from which our findings are drawn.

The ESENER-2 survey, like its predecessor ESENER-1, is unparalleled in its coverage of European countries and workplaces. In ESENER-2, this meant responses from over 49,000 enterprises with five or more employees, in 36 countries. Inevitably, however, ESENER-2 has a number of limitations. Perhaps the greatest of these, which has been acknowledged by EU-OSHA and discussed by others including ourselves (see, for example, Walters et al., 2012; Walters and Wadsworth, 2016), and which it shares with all other similar surveys, is its self-selection bias. Contact with potential participants, quite correctly, opened by explaining that the survey was on health and safety and that the person the interviewer would like to speak to was the 'person who knows best about health and safety'. Inevitably, this has led to the inclusion in the survey of a preponderance of respondents that regard themselves as active on OSH and compliant with requirements. This may be reflected in the survey's cooperation rate (22 %), which varied with establishment size (from 17 % among the smallest enterprises to 33 % among the largest) and by country (from 11 % in Poland to 51 % in Malta). In addition, the influence of this self-selection bias is reinforced by the reliance on respondents' self-assessment of their situation. Although respondents were those who knew 'best about health and safety' in each establishment, in practice this most often meant a manager (59 %). The net result is that *absolute* levels of, for example, implementation of good OSH management practices reported in the survey, are generally considerably higher than national measures of the same indicators, and they likely predominantly reflect the management view. However, previous analyses of both the ESENER-1 and ESENER-2 data have suggested consistency in relation to the *comparative* findings of the surveys — such that, for example, smaller firms consistently implement fewer good OSH management practices than their larger counterparts (Walters and Wadsworth, 2016), as do some countries and groups of countries (Walters et al., 2013). In addition, despite the substantial overall sample size, at the country level there were responses from between 750 and 1,500 enterprises in most countries, with up to 4,250 enterprises in the country with the largest sample size (the United Kingdom)[16]. The approach we have taken to the quantitative analyses, therefore, has been designed to take into consideration the relatively small sample size at this level, and to focus on comparisons between sub-groups (countries, etc.).

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[16] If the dataset is restricted to EU-28 enterprises with 10 or more employees, responses range from 395 (Malta) to 2,862 (United Kingdom), with most between 500 and 1,200 (total N = 29,921).

Turning to the qualitative analyses, most of the case study enterprises took part in the ESENER-2 survey. As described above, they were approached because they had agreed to be recontacted about further research, and they then agreed to participate in this follow-up study. In effect, therefore, they were not only an even more self-selected group than the ESENER-2 participants generally, but also a sample of those enterprises that had successfully continued trading for at least the year between ESENER-2 and the fieldwork for the current project. This means that they are even more likely than the ESENER-2 participants generally to represent very much the 'best end of the spectrum'. As we reflect in Chapter 8, this selection is also likely to have introduced a further bias created by the position and perspectives of the persons who were contact points for ESENER-2 within the participating companies and the gatekeepers to the representatives and workers we interviewed. This is not to say that the experiences those interviewees described to us are of any less value, but rather to point out that they almost certainly represent close to the 'best case scenario' in many instances.

It is important in the chapters that follow, therefore, to focus on comparative findings and to bear in mind the likelihood that, for the substantial majority of EU enterprises and their workers, their reality is less positive than the picture painted by ESENER-2 and our qualitative results. Given that neither of these suggest that participative arrangements are functioning as fully and effectively as they might, the implication is that there is considerable room for improvement.

4 A quantitative analysis of worker representation on health and safety in seven Member States of the EU — drawing on the findings from ESENER-2 and national data

4.1 Introduction

This chapter presents findings relating to worker representation and worker involvement from both the ESENER-2 dataset and national sources. Its secondary analysis of ESENER-2 focuses mainly on data from respondent enterprises in the seven countries on which this follow-up study is focused, but it also compares these responses with those in the survey from respondents from EU-28 Member State enterprises with 10 or more employees. It updates the more detailed secondary analysis of worker representation previously carried out in relation to data from ESENER-1, to which we referred in Chapter 2. Essentially, our analysis of the ESENER-2 data is not as detailed as that undertaken for ESENER-1 because changes in the survey methodology did not allow this. However, it nevertheless contains some broadly comparable data on the extent of worker representation on OSH, and other data that allow a limited measure of the role of representation in OSH management to be made.

At the same time, as we noted in Chapter 3, we are aware of significant differences between the numbers and proportions of establishments in which some form of representative participation on OSH is claimed in ESENER-2 and those in relation to similar matters reported in national surveys. Therefore, where such information is available in the national reports on which this study is based we explore this material too. This combination allows us to compare quantitative findings from both national and European surveys, and enables the identification of some key quantitative indicators of both the occurrence of arrangements for worker representation and their contributions to OSH management in the EU Member States in this study. In some (but by no means all) of the Member States in the study, the quantitative data provide further indication of trends in the occurrence and practice of worker representation on OSH. We discuss the data in these terms too, and in so doing help to set the scene for the more qualitative evaluations of practice and what determines it, that are the focus of subsequent chapters.

4.2 Worker representation on occupational safety and health in ESENER-2

The ESENER-2 survey asked about four forms of worker representation: works councils, trade union representation, health and safety representatives and health and safety committees. Grouping the first two of these together as 'general' worker representation and the second two as 'specialist' OSH representation, among EU-28 respondents from enterprises with 10 or more employees, 36 % reported having both general and specialist OSH representation arrangements in place, while 23 % reported having neither arrangement. As is clear from Figure 4.1, while a similar pattern of results was apparent for the United Kingdom, there was also substantial variation across the seven countries that were the focus of our follow-up study. Proportions of enterprises with both forms of representation were highest in Sweden, followed by the United Kingdom and then Spain and Belgium; and proportions of enterprises with neither form of representation were highest in Greece, followed by the Netherlands and Belgium. Within these findings, there was also a wide range in the proportion reporting arrangements for specialist OSH representation only (from 57 % in Estonia to 14 % in Belgium, and 35 % for the survey overall), reflecting the different legislative arrangements in our countries of interest.

Figure 4.1: Proportion (%) of enterprises reporting the presence of general and specialist health and safety arrangements for worker representation, by country
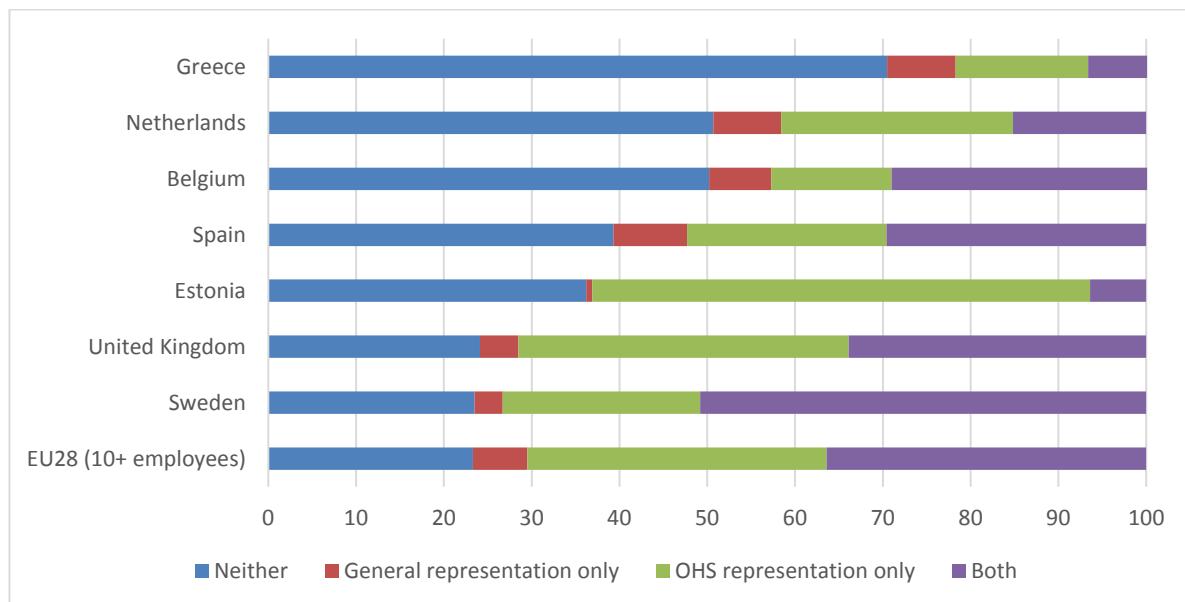
Not surprisingly, these distributions varied with both enterprise size and sector: large enterprises and those in the public sector were most likely to have both forms of representation in place (Figures 4.2 and 4.3 respectively). While these trends were apparent for the EU-28 generally and in each of the seven countries individually, again there were also substantial differences between the countries we focused on. In particular, proportionally fewer of the large enterprises and of the public sector enterprises in Estonia and Greece had both forms of representation in place when compared with their counterparts from the other countries.

Figure 4.2: Proportion (%) of enterprises reporting the presence of both general and specialist health and safety arrangements for worker representation, by enterprise size and country
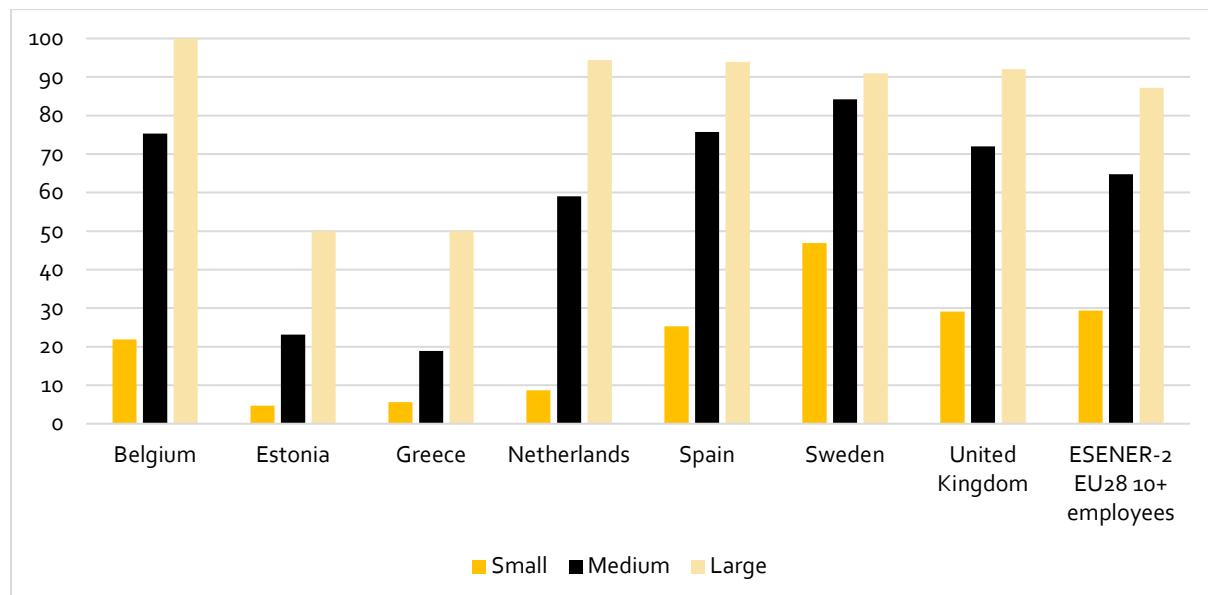
Figure 4.3: Proportion (%) of enterprises reporting the presence of both general and specialist health and safety arrangements for worker representation, by sector and country
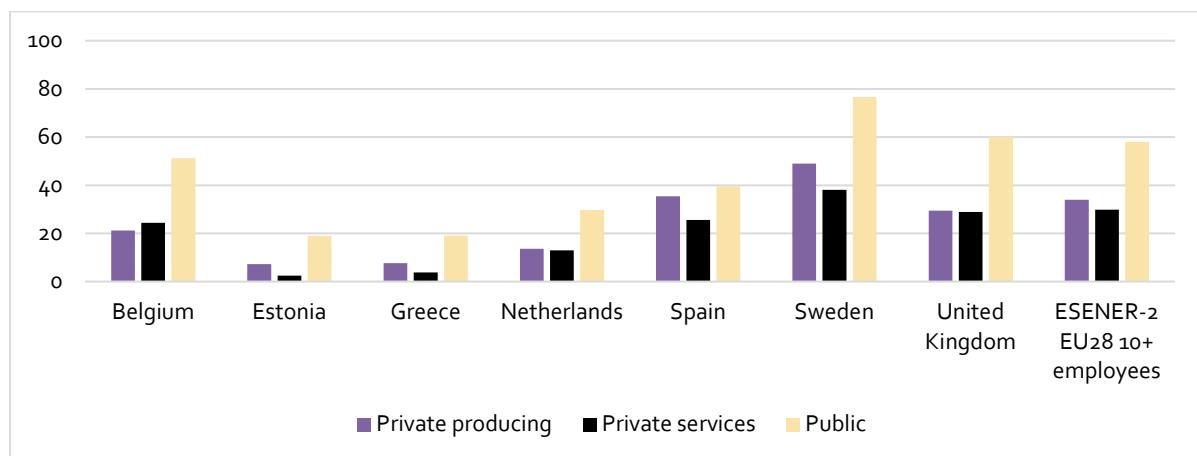
4.3 Involvement

ESENER-2 respondents were also asked about the involvement of workers in the design and implementation of two types of prevention measure: the first in relation to measures taken following risk assessment and the second concerning measures to prevent psychosocial risks. For ESENER-2 EU-28 enterprises with 10 or more employees, 33 % reported that their workers were involved in the design and implementation of both these types of prevention measure, while 21 % reported no involvement in either. Considering the seven countries we were focused on, variations were again apparent, with comparatively lower proportions of Spanish, Swedish and United Kingdom enterprises reporting no worker involvement in either measure (Figure 4.4).

Figure 4.4: Proportion (%) of enterprises reporting worker involvement[17] in the design and implementation of measures taken following risk assessment and measures taken to address psychosocial risks, by country

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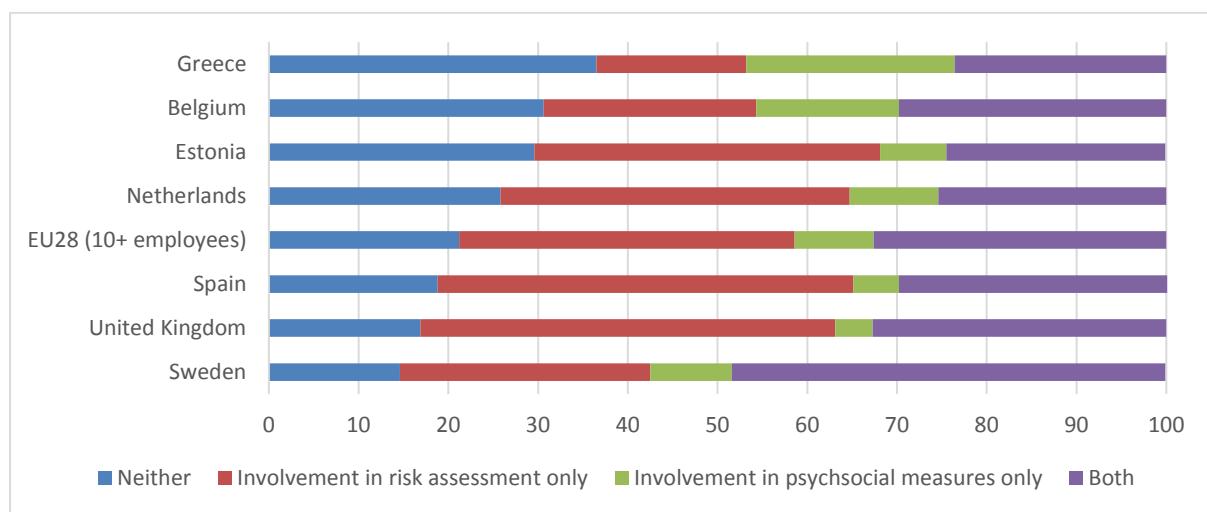
[17] Involvement is defined as the respondent agreeing that, when measures had to be taken following a risk assessment, employees were usually involved in their design and implementation and that employees had a role in the design and set-up of measures to address psychosocial risks. The former was only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

4.4 Participation

Considering worker representation and worker involvement together, when compared with the EU-28, fewer enterprises in Sweden and the United Kingdom had no arrangements for worker representation in place *and* reported no worker involvement, while substantially more enterprises in Greece fell into this group (Figure 4.5).

Figure 4.5: **Proportion (%) of enterprises reporting no worker participation[18] arrangements for ESENER-2 EU-28 respondent enterprises with 10 or more employees, by country**
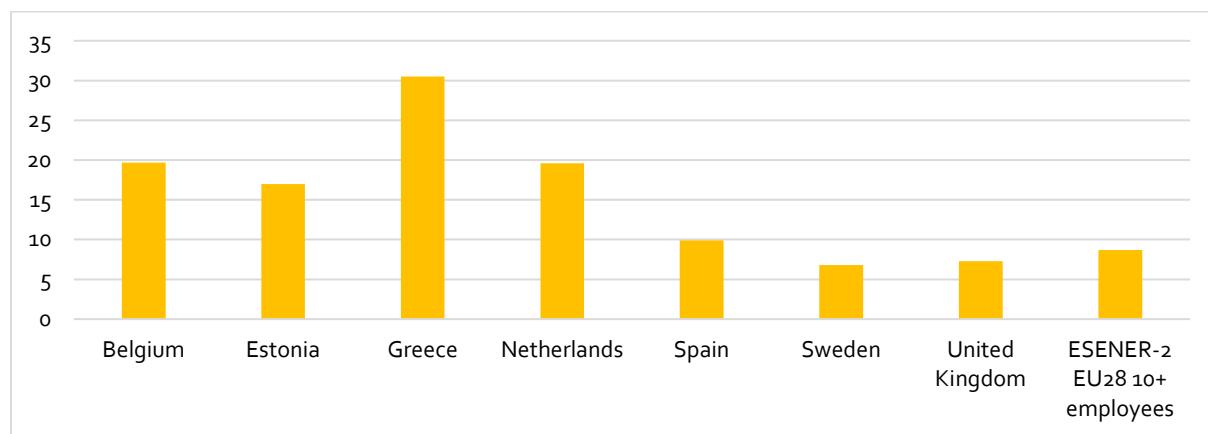
4.5 Comparisons with national data

As we indicated in Chapter 3, concerns have been raised about the reliability of the seemingly high levels of the various measures of representation and participation on OSH reported in ESENER-2 (as indeed was the case in relation to ESENER-1). To put the ESENER-2 figures in perspective, therefore, we also looked at available national data in each of the seven countries — which in most cases serve to add support for such concern, either directly or indirectly, as they are not always measuring the same. That is, where national measures of representation and participation are available they indicate a lower presence of such arrangements than is evident from both ESENER-1 and ESENER-2.

For example, in the United Kingdom, probably the best and most consistent series of surveys of the institutions and practice of employment relations is that provided by the Workplace Industrial Relations Survey (later Workplace Employee Relations Survey (WERS)) series. Between 1980 and 2011, six of these surveys were conducted. They collected information on health and safety arrangements in British industry, albeit with some differences in the minimum threshold of establishments surveyed. From them it can be seen that broadly comparable information exists for the period 1980 to 1998, which relates to three types of arrangement whereby employees had a formal voice in health and safety together with a further residual category of 'other arrangements'. The three formal arrangements are those for joint committees, which deal exclusively with health and safety matters; for joint committees that deal with health and safety along with other matters; and cases where individual safety representatives are present but in the absence of a committee. Based on these data, it seems that although joint committees were less in evidence in 1998 than they had been in 1980, there was no clear trend and little sign either of the effect of the new Health and Safety (Consultation with Employees) Regulations that had been introduced in 1996. However, the effect of this new legislation became clear in a later WERS. Using a new categorisation of health and safety arrangements, the 2004 WERS indicated that, since 1998, there had been a shift from joint committees dealing with health and safety and an increase in resort to so-called 'direct methods'. In fact, there had been a drop in the established means of giving employees formal voice, from 51 % to 42 % of workplaces, and a rise in so-called 'direct methods', from 47 % to 57 %.

[18] No arrangements for worker representation (either general or specialist OSH) and no involvement of workers in the design and implementation of either type of prevention measure.

Table 4.1: United Kingdom health and safety arrangements, 1998 to 2011

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

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

In their presentation of these data Kersley et al. (2006) were careful not to refer to 'direct consultation' (the category of consultation brought into existence by the 1996 regulations). This was advisable because, as Nichols and Walters (2009) argue, the category they did use ('direct methods') is a ragbag. It includes not only 'consultation directly with the workforce' but management chains, cascades and staff meetings and also the use of newsletters, noticeboards and email. The term 'direct methods' thus contains the possibility that what takes place may not, in any meaningful sense, be consultation at all but just the more or less substantial one-way provision of information from management to employees. Whatever the precise content of 'direct methods', these methods became more widespread between 1998 and 2005, at the expense of joint committees and worker representatives, each of which arrangements for health and safety consultation fell. The findings of the 2011 WERS show this pattern continues, and the more recent picture of consultation on health and safety in the United Kingdom provided by the 2011 WERS (see Table 4.1 above) shows that, of the range of approaches used to consult employees on health and safety, the most popular continued to be 'direct methods of consultation', used in 66 % of workplaces. A fifth of workplaces (21 %) consulted through free-standing employee representatives (that is, ones who do not sit on a consultative committee), 11 % had a consultative committee which covers health and safety, and 2 % did not consult on health and safety. These latter percentages, while not directly comparable, would be lower than those reported in ESENER-1 and ESENER-2.

Similarly in Spain, the development of the figure of the prevention delegate can be followed through the National Survey on Working Conditions[19] (ENCT) (Table 4.2). Overall, their spread increased from 54 % in 2007 to 61 % in 2011, with a substantially greater presence in larger workplaces and a greater presence in manufacturing (79.4 %), followed by construction (64.3 %) and services (58 %); the lowest frequency is observed in the agricultural sector (32.5 %).

Table 4.2: Existence of prevention delegates in the workplace in Spain, by number of workers on the establishment or workplace size

VI NATIONAL SURVEY OF WORKING CONDITIONS 2007 (N=6,833)	TOTAL %	1-10	11-49	50-249	>250
Yes	54.5	23.9	43.6	63.1	71.8
No	24.7	48.3	31.2	17	14.4
Don't know/did not answer	20.4	27.7	24.7	19.7	12.7

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[19] Encuesta Nacional de Condiciones de Trabajo.

VII NATIONAL SURVEY OF WORKING CONDITIONS **2011** (N = 5,733)	TOTAL %	1-10	11-49	50-249	>250
Yes	61.1	40.4	56.0	70.3	84.3
No	25.1	44.8	27.6	15.6	9.4
Don't know/did not answer	13.7	14.8	16.4	14.0	6.3

Source: National Survey on Working Conditions (2007, 2011).

For the Netherlands, the ESENER data also appear to be an overestimation. According to the latest Dutch data, 75 % of all companies with over 50 employees have a works council, that is, a form of general representation[20]. In companies with over 200 employees, this is 98 %[21]. However, only half of all works councils have also installed 'specialist health and safety arrangements' (OSH committees)[22], so it is quite unlikely that over 90 % of large enterprises have 'both' health and safety arrangements for worker representation, as is suggested by ESENER-2. In smaller companies (10-50 employees), only 28 % have installed a general form of representation, so once again the ESENER-2 findings clearly do not match other findings in the Netherlands[23].

This mismatch may, to some extent, be explained by a mix up of two forms of 'OSH representation' in the ESENER questionnaire — or at least, a misunderstanding on the side of the respondents. The ESENER-2 survey asked about four forms of worker representation: works councils, trade union representation, health and safety representatives and health and safety committees. The first two of these were grouped together as 'general' worker representation and the second two as 'specialist' OSH representation. In the Dutch legal system (both the Working Conditions Act and the Works Councils Act), there is no such form of 'specialist OSH representation'. There are 'specialised' worker representatives in the form of 'OSH Committees', but these can only be installed on the basis of Article 15 of the Works Councils Act, which implies that there already is a works council. The figure of 'health and safety representative' is therefore not present as in other countries in the study. What also exists in the Netherlands are so-called 'prevention workers', however these cannot be considered as worker representatives, since this is not their function and they are not elected by the workforce but rather appointed by the employer[24].

Still, it is clear that, as in other countries, in most of the larger companies some sort of worker representation is in place — as has been said above, three out of four have a general form of representation (Table 4.3), half of which have an OSH Committee. Therefore, less than 40 % of all companies of 50+ employees have specific representation in OSH matters. But it is clear that those works councils that do not have an OSH committee address health and safety matters regularly[25]. On the other hand, in a quarter of all 50+ companies there is no form of formal representation, and in smaller companies the fraction is even smaller.

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[20] Visee (2012:7); Inspectie SZW (2015:38).

[21] Visee (2012:7).

[22] Visee (2012:12).

[23] Findings by the Labour Inspectorate indicate that in smaller companies (10-49 employees) the percentage is even lower, some 20 % (Inspectie SZW, 2015:38).

[24] As of 2017, the works council will most likely get a legal right of approval in relation to the appointment of prevention workers, following a change in the Dutch Working Conditions Act (now submitted to the senate/*Eerste Kamer*).

[25] Visee (2012:14); Popma (2003).

Table 4.3: **Percentage of enterprises in the Netherlands with works councils or employee representatives**

	Works council	Employee representative body
10-49	16 %	12 %
50-74	61 %	11 %
75-99	70 %	6 %
100-199	84 %	5 %
200+	94 %	1 %

Source: Visee (2012).

Moreover, Dutch survey results indicate that the main reason for employers to install some form of worker representation is because they feel they are legally obliged to do so (74 %), whereas only one out of five employers (21 %) state that they installed a works council voluntarily — because they themselves felt a need to do so[26].

Similarly, in Sweden there are a variety of reports that consistently indicate both lower national estimates than those provided in ESENER and, as in the United Kingdom, a downward trend in the presence of these arrangements for representation on OSH. Out of 376,000 workplaces, 139,000 have 5 or more employees (and thus should appoint representatives; SCB, 2014). It is estimated there are, in all, something in the order of 95,000 health and safety representatives, of which 57,850 are from LO unions[27]. The remainder are TCO (31,550) and SACO (5,600) representatives. The majority of these white-collar representatives are found in larger workplaces, in which in most cases there are also LO unions with representatives. Even with the increase of pure white-collar workplaces, the TCO and SACO representatives probably cover at most some 8,000-13,000 additional workplaces to those already covered by the LO representatives — and quite likely less than this. In all, therefore, it is estimated that there are safety representatives in at most 35-40,000 out of the 139,000 workplaces in Sweden, or in around 25 % to 28 % of them. There are no national figures on joint safety committees, since the Swedish Work Environment Authority (SWEA) closed its central register of representatives and joint committees in 2005 (to cut costs). However, Gellerstedt (2012) indicates that 74 % of representatives in his survey answered that there was such a committee in their workplace, while an LO 2006 survey of their representatives gave a figure of 70 %. However, the increase is more likely due to a further concentration of safety representatives in larger workplaces than an effect of a growing number of joint committees.

National data from other EU Member States in our study suggest further discrepancy with ESENER.

In Greece there are no routine surveys that collect reliable data on patterns of representation on OSH, but the few studies that have been undertaken again suggest that the occurrence of what falls within the definition of representation on OSH we are using in this report is considerably less than that reported in ESENER. According to Lampousaki (2014):

> *Health and safety committees can be set up in companies employing over 50 workers; however, such companies represent only 2 % of the total number of enterprises and, in any event, health committees have been established in only 30 % of the eligible companies. Thus, worker representation in the workplace is, overall, inadequate.*

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[26] Visee (2012:18).

[27] There are three main trade union confederations in Sweden. Traditionally, LO, the largest, represented manual workers, TCO represented clerical, white-collar workers and SACO represented professionals, although nowadays the distinctions are less clear-cut.

Earlier studies also suggested quite incomplete coverage. For example, according to Banoutsos, and based on figures by the Ministry of Labour, 'OSH committees have been set up in about 45 % of the enterprises in manufacturing with more than 150 employees. Considering the very small percentage of enterprises with more than 150 employees, it is evident that the actual implementation of statuary provisions is very limited, even if one takes into account the public sector' (Banoutsos, 1994). A study conducted by the Labour Center of Athens in 1998 revealed that an elected or appointed OSH Committee existed only in 18.5 % of workplaces (EKA, 2000).

As we detailed in Chapter 4, in Greece, works councils have statutory rights to make decisions in conjunction with the employer on the preparation of 'Occupational Health and Safety internal rules of procedure' for the company (Law 1767/1988, Law 2294/1994). They also have co-determination rights concerning aspects of rehabilitation following the return to work of an employee who has suffered disability as a result of a previous work accident while working for the company. However, works councils are rarely found in Greek companies.

Somewhat in contrast, in Estonia national statistics from the 'Work Life Survey' suggest that coverage by safety representatives is increasing. Figures indicate that just over half of all workplaces claimed to have a working environment representative in 2015 — a substantial increase over previous surveys in 2009. Other surveys suggest similar increases, although coverage shows some regional variations and the anticipated bias towards greater representation in larger enterprises and lower and more uneven patterns in smaller ones. However, it should be remembered that the extremely low trade union density in Estonia probably means that these figures at best refer to forms of representation that to all intents and purposes are not comparable with the definitions we have provided; once again, the Estonian national figures do not correspond to those in ESENER.

While these differences point to the need for some caution in interpreting the ESENER data as measures of the absolute presence of various forms of arrangements for worker representation on OSH in the countries studied, at the same time they are not in disagreement with the ESENER findings concerning more relative matters. Thus, they report similar and expected differences found in provision for representation by establishment size, and also are in agreement in some of their findings on the influence of sector. Overall, as might be expected, in some countries the national data presents a more detailed and nuanced picture than is available in ESENER. This reveals that generally the implementation of statutory provisions on worker representation is to a greater or lesser extent incomplete in all of the countries studied, and that workers in smaller establishments are poorly represented regardless of whether the national provisions include or exempt them. This further supports the conclusions of Chapter 4 concerning the need for particular forms of support for representative participation on OSH in these firms. In most countries arrangements are also more developed in the public sector than in the private sector, and in the case of the latter, they are usually more frequently found in manufacturing than in private services. In all these situations, the data on worker representation on OSH broadly parallels that concerning the presence of organised labour and most likely reflects the influence of the latter on the implementation of arrangements for worker representation on OSH. Finally, and perhaps of greatest significance is the strong suggestion — present in those countries such as Sweden and the United Kingdom in which it is possible to measure trends over time — of a decline in the presence of representative arrangements in recent decades. If, as the research reviewed in Chapter 2 indicates, this form of representation is not only provided for by statutory arrangements, but arguably is also desirable because of its contribution to the prevention of work-related injuries and ill-health, then its decline requires further investigation. Before addressing this further, however, we turn first to an examination of what the analysis of ESENER-2 adds to existing evidence of the relationship between arrangements for worker representation and good practice in OSH management.

4.6 Scrutiny of ESENER-2 for associations between worker participation and good workplace occupational safety and health practice

The secondary analysis of the ESENER-1 dataset discussed in Chapter 2 showed that having both general and specialist forms of worker representation *in combination* with high levels of management commitment to health and safety was strongly linked to higher levels of good OSH management practices and to their perceived efficacy (Walters et al., 2012). In order to consider if this was again the

case for the enterprises in the ESENER-2 survey of seven EU Member States, three composite variables were produced. This approach took its lead from that used in the secondary analyses of ESENER-1 (see van Stolk et al., 2012a, 2012b; Walters et al., 2012), and in each case the composite variables were produced in the same way as those used in a recent secondary analysis of the ESENER-2 dataset (Walters and Wadsworth, 2016).

Enterprises with both forms of representation arrangements in place, *in combination* with high levels of management commitment, had higher mean OSH management and psychosocial and ergonomic risk management scores in all seven countries (Figures 4.6 and 4.7).

Figure 4.6: **Mean OSH management scores among enterprises, by worker representation arrangement types, in combination with management commitment to health and safety, by country**
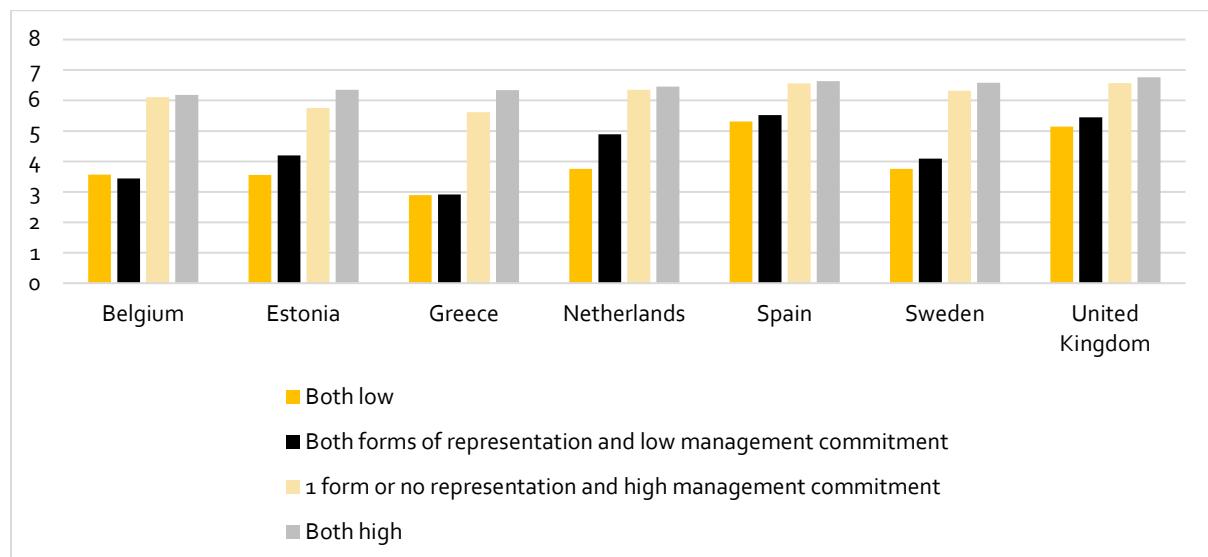
Figure 4.7: **Mean psychosocial and ergonomic risk management scores among enterprises, by worker representation arrangement types, in combination with management commitment to health and safety, by country**
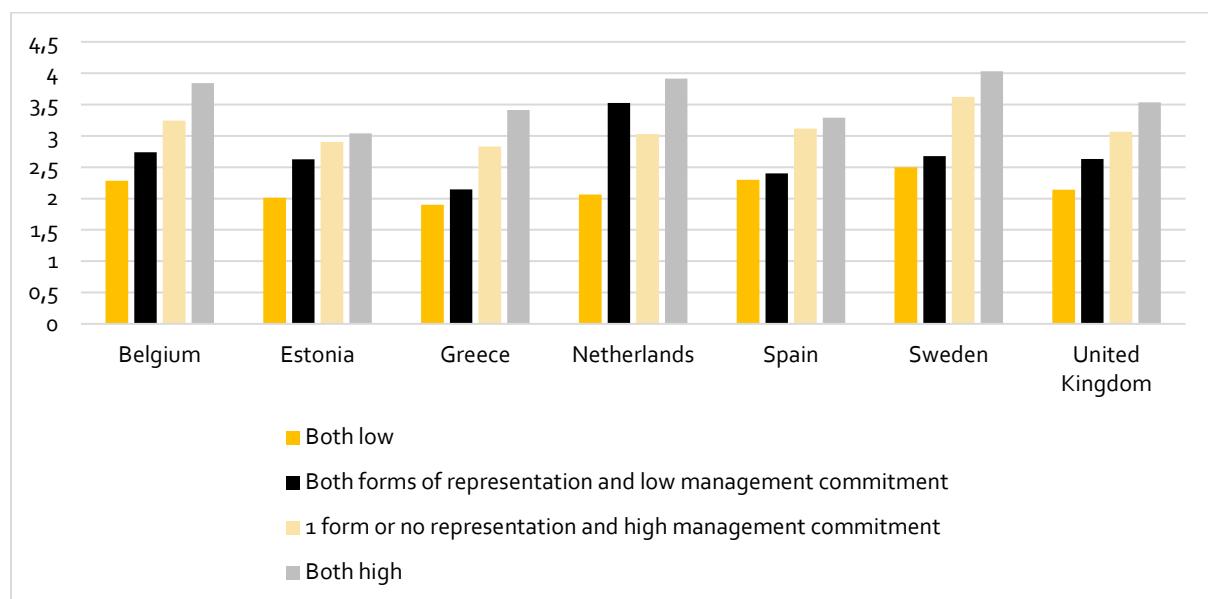
These findings show that, in keeping with the earlier secondary analyses of ESENER-1 (Walters et al., 2012), having both general and specialist forms of worker representation *in combination* with high levels of management commitment to health and safety is linked to higher levels of good OSH and good psychosocial and ergonomic risk management practice among the seven countries' enterprises in ESENER-2. However, as described above, arrangements for worker representation vary with both enterprise size and the sector of operation, as do good OSH and psychosocial and ergonomic risk management[28]. It was therefore important to consider whether these associations were independent of enterprise size and sector. This was explored using binary logistic regression analyses, again following the approach used in an earlier analysis of the ESENER-2 data (Walters and Wadsworth, 2016). These suggested that the association between representation arrangements *in combination* with management commitment and both OSH and psychosocial and ergonomic risk management measures was independent of enterprise size, sector and country (Figures 4.8 and 4.9 — with supporting data shown in Tables A1 and A2 in the Annex). In addition, the analyses summarised in Figures 4.8 and 4.9 suggest that, independent of size, sector and representation arrangements in combination with management commitment, enterprises in Spain, the United Kingdom, Sweden and the Netherlands were comparatively more likely to have high levels of OSH risk management measures in place; while those in Sweden were also comparatively more likely to have high levels of psychosocial and ergonomic risk management measures in place. These findings provide strong support for the conclusion that arrangements for worker representation *in combination* with high levels of management commitment are linked to higher levels of good OSH and psychosocial and ergonomic risk management practice; and that such good practice also varies by country, as well as by enterprise sector and size. This suggests that the wider context in which representative arrangements, supported by management commitment, are functioning in enterprises of various sizes and in various sectors is also important.

Figure 4.8: **Odds ratios for high levels of OSH management measures for representation combined with management commitment, enterprise size, sector and country**

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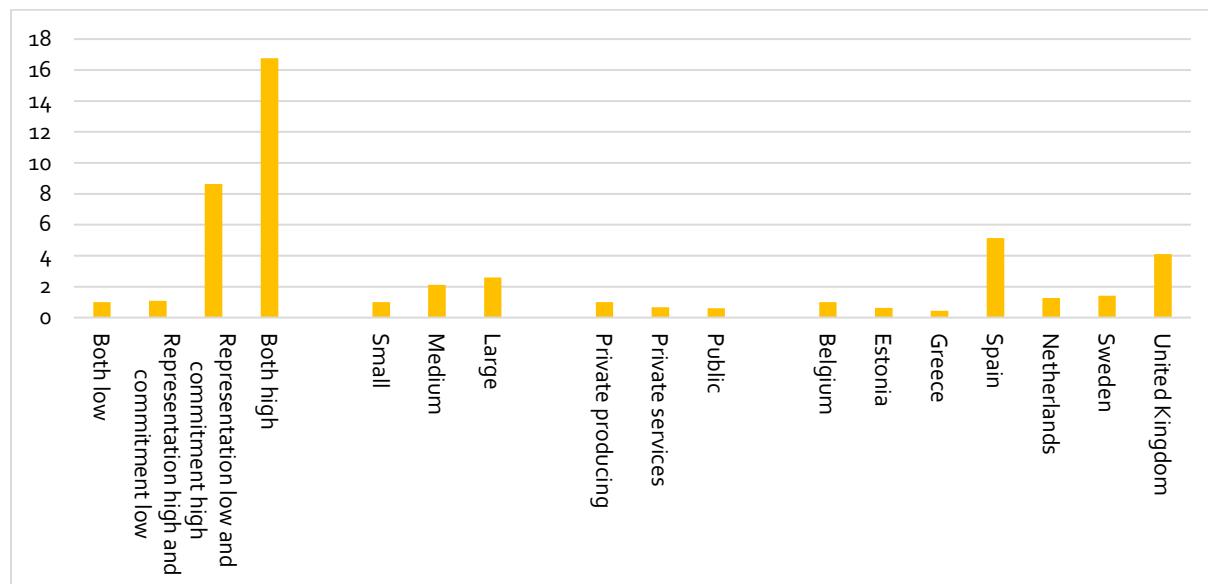
[28] Mean OSH management scores by size (small, medium, large): 5.02, 6.03, 6.43. Mean psychosocial and ergonomic risk management scores by size (small, medium, large): 2.54, 3.19, 3.64. Mean OSH management scores by sector (private producing, private services, public): 5.54, 4.96, 5.10. Mean psychosocial and ergonomic risk management scores by sector (private producing, private services, public): 2.51, 2.57, 2.90.

Figure 4.9: Odds ratios for high levels of psychosocial and ergonomic risk management measures for representation combined with management commitment, enterprise size, sector and country
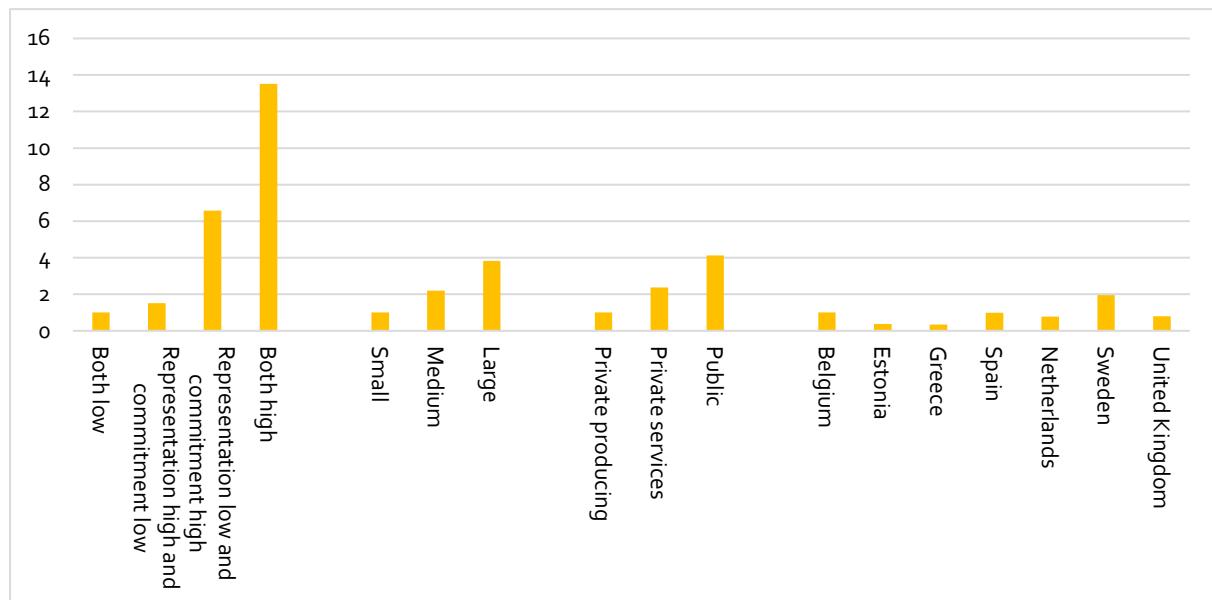
4.7 Conclusions

The results of the secondary analysis of ESENER-2 for the seven countries in the present study broadly confirm what might be anticipated from the review of the research literature presented in Chapter 2 — and add further empirical evidence to support the now well-established association between the presence of arrangements for workers' representation on health and safety and management arrangements for health and safety. This was also the broad finding of the secondary analysis of the data from ESENER-1 and as such, the ESENER-2 analysis confirms these previous findings. The same qualification that was applied to that analysis and discussed in Chapter 2 applies here. That is, the survey results tell us little about the direction of causation in such associations and do not provide objective evidence of what the drivers are, or the supports for the implementation of such arrangements. However, if we take account of previous qualitative research we can reasonably conclude that, in most cases, arrangements for worker representation within establishments — originally implemented in pursuit of the rights to such representation provided through legislation, either at the request of organised labour at the establishment, or trade unions from outside it — have played a positive role in wider arrangements to manage OSH within establishments.

Despite these positive findings, and leaving aside the fact that in most of the EU Member States in the study, as a consequence of size-related exemptions, the statutory measures giving workers the right to collective representation on OSH only apply to approximately half of those in employment, the quantitative data analysed in this chapter concerning the presence of arrangements for worker representation suggest that the potential of the legislative measures is only partially achieved in the Member States we have studied. That is, in each Member State, it seems that such measures are incompletely operationalised and there would appear to be many establishments in which arrangements for worker representation, and worker representatives themselves, are not present, even though according to the legislative requirements, they should be. While this observation is not entirely new, and has already been noted in the research literature in some countries (see, for example, Nichols and Walters, 2009), it does not appear to have been studied in any systematic or comparative way.

To understand what the reasons might be for the apparent discrepancy between what is allowed for in the statutory provisions and what seems to be the reality of practice, it is necessary to remind ourselves of the 'preconditions for the effectiveness of worker representation' identified by Walters and Nichols' (2007) and elaborated in Chapter 2. Briefly, as a result of their studies in the United Kingdom, they argued that while a strong legislative steer was important among these preconditions, it did not act on its own, but was rather one of several contextual factors acting in concert to determine the uptake,

implementation and practice of arrangements for worker representation on OSH. Such factors included employer/management commitment to participative approaches to OSH, along with strong and supportive trade union organisation inside and outside the establishment, which acted together to ensure the implementation and operation of the statutory measures. In the case of the latter, the decline in trade union density in many countries gives some cause to question the existence of 'strong and supportive trade union organisation.' At the same time, in the case of the former, there has been a substantial growth in more unitary methods of management, and employers have also increasingly disengaged with the national and sectoral structures for collective bargaining. Thus, the 'preconditions' Walters and Nichols argued to be necessary for the appointment and operation of arrangements are no longer always found to the extent they were when the statutory provisions were introduced in most of the countries in our study. Nor are these provisions themselves the subject of enforcement by regulatory agencies. Again, although this has never been studied systematically or comparatively, it seems clear that legislative measures on worker representation on OSH in many EU Member States are in practice facilitating, rather than acting through compulsion, and are seldom the subject of enforcement action. But even if they were, reduced resourcing of labour inspectorates in many Member States in the present study, combined with a reorientation of regulatory agencies to more 'business friendly' compliance strategies in some, has no doubt acted to reduce the already limited pressure on employers to implement statutory requirements on worker representation on OSH. Moreover, as indicated by the United Kingdom data for example, in some cases employers may choose to implement more direct methods of achieving worker participation that do not require representatives and still remain compliant with national legislative requirements.

Furthermore, the data show that in the few countries in which it is possible to measure trends over time in the presence of arrangements for worker representation in OSH, recent surveys report a reduced presence of such worker representatives and joint committees. All of the reasons listed above may have contributed to such a decline, which, given the wider contexts of governance, economic and regulatory policies and labour relations in the EU, would seem set to continue. In the light of the general findings presented here and elsewhere concerning the value of arrangements for worker representation in contributing to good practice on health and safety management and its outcomes, this decline in their presence should be of some concern.

As we stated in the opening paragraph of these Conclusions, while quantitative data may be extremely useful in measuring the extent of arrangements for worker representation on OSH that are in place in the EU Member States we have studied, as well as their associations with establishment size and sector, they can tell us relatively little about the quality of their operation. It was to explore current experience of this quality and the relations, internal and external to the establishment, that determine it, that qualitative data on nearly 150 cases in seven EU Member States were collected and analysed. This analysis also throws some further light on what determines the current presence of these arrangements in the establishments we have studied, and it is to these matters that we turn in the remaining chapters of this report.

5 Representing workers on occupational safety and health — patterns of representation and relations with occupational safety and health risk management in establishments with formal arrangements

5.1 Introduction

This chapter and the two that follow present an analysis of the qualitative findings of our study. These three chapters are followed by a final chapter which reflects on the key elements of this analysis and what it indicates about the comparative role of workers' representation on OSH in the countries studied, the determinants of such representation in the contexts in which it is delivered, and the impact of change that continues to take place in these contexts upon its nature and likely effectiveness. They draw on material presented in the national reports of findings from the seven countries we have studied and, as such, they represent a selection from these detailed and varied findings. It will be recalled that our aim in undertaking the comparative analysis of this report was to examine points of similarity and difference in the operation of arrangements for worker representation across a range of countries. The countries themselves are representative of variations in the systems for OSH, styles of regulation and patterns of labour relations typically found in the EU. They were selected to enable some examination of the impact of these contexts and the changes taking place within them on the relations of OSH representation within workplaces in Europe (Chapter 2). In so doing, the further aims of the research were to help explain, enrich and qualify the quantitative findings that emerged from our secondary analysis of the ESENER-2 data on worker representation in OSH, which was the subject of the previous chapter. The complexity of this task means that some explanation of the way in which we have organised the material presented over these chapters is warranted.

The organising principles we have adopted to achieve our comparative account take as their point of departure the main operational elements of the arrangements for worker representation that are mandated in national statutory provisions (and which transpose those of EU Directives such as the Framework Directive 89/391), along with what we already know from previous research reviewed in Chapter 2 concerning the practice and effectiveness of worker representation on OSH and its likely supports or constraints. In this, we present a comparative account of patterns of worker representation on OSH in the cases and countries studied, and the motivations behind their establishment and operation. This is followed by an analysis of some of the activities undertaken by worker representatives in pursuit of their statutory entitlements. In preparing this account, we have taken arrangements for risk assessment, evaluation and control to be central to the EU model of OSH management, as defined by the requirements of the EU Framework Directive 89/391, and we compare experiences of worker representation in different establishments, in different sectors, and in different countries, in relation to this model. Following this, in the second of our findings chapters, we compare the provision of support for the activities of worker representatives by looking at experiences of the operation of arrangements for time off to conduct these activities and to receive training and information to do so. We also explore experiences of support received from employers, managers, trade unions and fellow-workers in carrying out the function of representation. Finally, we compare features of the ways in which representatives approached the representation of their constituents' interests to managers and employers that were reported in the cases, and the extent to which they used any additional powers granted to them by the relevant statutory provisions.

Both these two chapters are based on evidence from cases where there were formal arrangements in place. However, as we pointed out in Chapter 3, in quite a significant minority of the cases in nearly all of the countries we studied, when we visited the establishments we found that, contrary to what we had been given to understand when these establishments were selected, either no such arrangements were to be found or they were substantially modified according to the requirements of the employers or managers concerned. They were therefore at some variance with what might have been anticipated given the relevant statutory provisions. We have, therefore, devoted the third of our findings chapters to exploring what happened to the representation of workers on OSH in these establishments. We acknowledge that this distinction is something of a convenience of presentation and it partly obscures the reality that the difference between these two scenarios is not quite as sharp as it might seem. In

many ways, in fact, they together form part of an overlapping continuum of practices that are determined in different ways by their economic, regulatory and labour relations contexts. We therefore return to a discussion of the effects of such determinants in Chapter 8, which analyses our findings, and in which we reflect on the whole range of forms taken by the representation of workers on OSH in our study and on the role of contexts in determining their form, content and practice.

5.2 Patterns of worker representation on occupational safety and health in the cases and countries studied

In all the Member States in the study, most of the larger establishments we visited had arrangements for worker representation on OSH of one kind or another in place. In this respect, two broad situations were in evidence in our sample. One concerned patterns of representation on OSH where works councils were the main institution of worker representation, such as in the Netherlands and, to a large extent, in Belgium. The other concerned the arrangements in place in the rest of the countries in the study, which were based around worker representatives with particular functions in relation to OSH. In practice, despite these institutional differences, there was considerable similarity in the quality of the activities that constituted worker representation on OSH across all the establishments.

In the Netherlands, for example, in larger establishments in which works councils were prominent (12 of the 21 cases), in nearly all of them there were subcommittees of the works council which addressed health and safety. Several of these were quite active in their engagement with OSH issues and felt that they were a strong influence on the way things were done in OSH management in the establishment — a feeling with which safety managers seemed to agree:

> *I think many employees even might prefer turning to the works council over addressing me. The employees really know their way to the works council. This will reap valuable information on the day-to-day practices on the shop floor level. In this respect, worker participation clearly adds to OSH management, because the works council members really know what's going on in practice and there are many more works council members than OSH professionals. More eyes on the shop floor will give you a better view of what's going on.*

Health and safety specialist, hospital

In Belgium, in workplaces with 50 or more workers a joint health and safety committee is required, and these were evident in the establishments of this size included in the Belgian cases. However, while they appear to have been institutionalised by law, the national report found that initiatives to undertake safety tours or set up safety groups were largely driven by management and by the prevention adviser. Nevertheless, because their constituents had elected them, many workers' representatives shared a sense of support from, and responsibility towards, those constituents. One representative said: 'if you do something for them they will never forget it'; and despite the institutionalisation of safety tours in large establishments, another representative observed:

> *We have very articulate employees here. As soon as there is something, we hear it from them, we don't need to go and look for it.*

Workers' representative, large private services

In Estonia, representatives were present in most of the larger establishments and many of them indicated that they had been elected to this role on account of their interest in OSH and their preparedness to speak out on behalf of fellow workers. But in many cases they seemed to function in practice largely as extensions of the OSH management systems in place, and their activities were quite strongly influenced by managerial direction in this respect.

> *I myself can't reach all workers. And not all workers want to tell us every single thing. So here, representatives are very useful — they bring us the problems we wouldn't hear otherwise.*

Manager, large private producing

In other scenarios the position of representatives was in practice more of a formality, and their actions limited or non-existent.

> *Safety is important for me, but I don't see that the rep can contribute a lot to the OSH issues. He's just a regular office worker. I talk to people myself — I'm on-site every day, so it's not a problem for me. I get all information from them.*

Manager, small private producing

Moreover, many representatives indicated that they were allowed little time to undertake their representational activities.

> *… I do not have enough time to deal with OSH issues as a rep. I have my obligations as a manager of the sales department. There is a lot of work and I feel like I need to deal with 'fire-fighting' every day. I feel that the senior manager does not understand and does not value OSH, as well as the whole importance of workers' safe environment. I was elected as a rep because it was required by the legislation, but practically I do not fulfil these duties as a rep and I am not supported by top management.*

Representative, large private services

The very low trade union density in Estonia means that, for the most part, these representatives were not trade union representatives or even members of trade unions and so had no supportive connection with unions.

In Spain, safety representatives in larger organisations in our sample were present, seemingly in accordance with statutory requirements. They were clear that, in undertaking their functions, they used their observations and communication with workers as their primary method to identify risks. As one representative from a large manufacturing establishment put it: 'my main function is to identify possible risks by means of direct observations or conversations with workers'. At the same time, however, their managers often indicated a preference for direct participation over legally mandated systems of worker representation on OSH, and said:

> *The participation tools are set by law, but the channels of participation are laxer: if any worker goes directly to management to inform of a risk he will have an answer.*

Company manager, large manufacturing establishment

In the United Kingdom only a minority of the cases could have been said to have systems in place that adequately reflected the prerequisites of the original regulatory requirements on safety representatives and safety committees — the Safety Representatives and Safety Committees (SRSC) Regulations 1997 — and which in legal terms are still the 'preferred model' in the country (see Nichols and Walters, 2009). Indeed, in some cases, while such arrangements had been in place originally and were remembered as such, over the years since their adoption they had been gradually modified according to what was regarded as more appropriate to current circumstances. As one safety manager in a large printing company put it when talking about the origins of the present system and that of the joint health and safety committee:

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

Safety manager, large private producing

This manager also made it clear that he had selected all the safety representatives present in this establishment, even though they were trade union representatives and technically appointed by the trade unions under the SRSC Regulations. The practice for several years had been for him to choose what he considered to be a suitable person; the senior union representative in the workplace would then agree to his choice. This was confirmed to be the practice by both the health and safety representative and the worker interviewed at the establishment. Occasionally in our British cases,

however, the SRSC provisions were still seen as fundamental to the representation of the interests of workers in an establishment. In a large multinational vehicle manufacturer, for example, in which there was a strong trade union presence, health and safety representatives were actively involved in delivering their functions as provided for by the SRSC Regulations. A worker here confirmed that the trade union organisation at the establishment canvased its members, through the health and safety representatives, about the issues it should be raising with management. She said she believed the presence and union organisation at the workplace made it a much better and safer place:

You hear of the horror stories in other places, with people being bullied into all sorts of unsafe practices. We wouldn't get those sorts of things here because the union wouldn't let it happen. If a supervisor told someone to 'get on the truck and do that' and it was risky, the union would just step in and stop it. Unions are essential, they stop people being bullied into doing things that aren't right and aren't safe. They're essential — we can say here, 'on your bike, I'm not doing that' and we're able to say that because we have a strong union.

Worker, large private producing

In contrast to this more conflictual approach to representation, in Sweden cooperation and consensus was more commonly regarded as an important element of the effective operation of the statutory arrangements in place at the establishments. A school superintendent with work environment management responsibility, for example, when talking about the relations between the health and safety representatives and managers, explained how good cooperation was a key factor in their work environment management:

We have really good cooperation, and a really good cooperative group. We have a good time together and rarely disagree on anything. Almost never, actually. So we have a well-functioning cooperation. We don't think that we work against each other.

Manager, medium public

The absence of overt conflict gave room for constructive dialogue, focused on mutual problem-solving and strategic planning, and the superintendent claimed this distinguished the school from other establishments in which conflict hampered dialogue. The Swedish report makes plain, however, that to say that there was a lack of conflict is not the same as to say that there were no conflicting interests when it came to health and safety matters. Rather, the consensus perspective described in the quote is better interpreted as an agreement to follow the rules on the process for managing the work environment. There was a belief, shared among other representatives and managers, that a good dialogue was one that should be open for discussing different views without questioning the cooperative model as such. This, however, required both parties to show mutual respect for each other and for the process. An HR strategist in a large municipal administration with several thousand employees described what she thought was the key factor for establishing a well-functioning cooperation:

I think it is much about creating involvement. And, it sounds like a cliché, doesn't it! [laughter] … And also, as top manager, [you have] to ask the union representatives — how do YOU want it to be? How can WE make this as good as possible? … It's not that we have the same opinions as the unions — and we shouldn't have — but that we can have a good dialogue, so it doesn't become some sort of fight.

Manager, large public

According to the Swedish experience, therefore, constructive worker participation in work environment management required that the different roles of participants were clear and that the relations were maintained in a way that contributed to dialogue:

We have said from the beginning that the safety representative and I work together with these issues, with our different roles.

Manager, small private

This theme of 'working together with different roles' was present in the majority of establishment interviews with both employer representatives and safety representatives in Sweden. At the same time,

however, it needs to be remembered that these were unionised establishments and it is no coincidence that the comparatively high trade union density in Sweden means that the balance of power between organised labour and capital has been far more evenly distributed there than in the other countries included in the present research. Arguably, it was the creation of a more level playing field than is possible elsewhere which allowed the construction of structures and processes to promote consensus from underlying pluralism on OSH and their embedding in Swedish establishments. Despite the erosion of trade union density and power in recent decades, they remain comparatively high in Sweden and the effects seem to be more sustained than elsewhere.

This said, other practices concerning the appointment of health and safety representatives not infrequently reported in the cases we studied sounded somewhat more negative. In several countries, there were examples of respondents reporting difficulties in persuading workers to take on the role of health and safety representatives, which often existed alongside wider concerns about finding sufficient employee representative members for bodies such as works councils. In the Netherlands, for example, finding enough workers willing to become works councillors and remain in this office over significant periods of time is recognised as a widespread problem, and is particularly acute in high-demand/high-skilled work organisations.

In other countries, similar situations occur in these kinds of organisations even where there is a comparatively strong trade union presence. In Sweden, for example, several of the establishments studied reported difficulties in finding employees with an interest in the role of safety representative, and this was the case in establishments with both high and low levels of unionisation. In such scenarios, it was the employer who eventually found the representatives. Furthermore, it was also clear that in some establishments the appointment of health and safety representatives by the management was a practice condoned by the union organisation within the workplaces in which it occurred:

> We have said that if the employees at the local offices do not choose an SR [safety representative], then the local manager shall appoint one. Because we need to have SRs.

Chief safety representative, large private service

Similar findings were reported in the United Kingdom where, in several cases, whatever the origins of arrangements for worker representation on OSH, it was the safety manager who organised the selection and appointment of health and safety representatives, as the quote above concerning a large and strongly unionised printing establishment makes clear. In situations such as this, representatives often saw themselves as primarily responsible to the safety management within the establishment and, furthermore, conceived their activities as safety representatives as somewhat remote from other trade union representational activities, suggesting a similar orientation to that indicated in the quote from the Swedish case above. As one British representative put it:

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

Health and safety representative, large private producing

In sum, therefore, among the cases studied in all countries, there were examples of arrangements for worker representation on OSH that respondents felt made important contributions to the management of OSH and its outcomes in the establishment, and which owed their existence to the appointment of representatives and the setting up of joint arrangements for representation and consultation under the provisions of the relevant statutory requirements. In as far as this was the case, it could be said that such a finding might be anticipated from the known preconditions for the presence and effectiveness of arrangements for worker representation on OSH, of which the existence of statutory measures is one. But, arguably, the arrangements in place often varied from what was required by the statutory provisions, their implementation being influenced by other factors both within establishments and in the wider contexts in which the establishments operated.

A second important point to bear in mind is the extent to which these arrangements could be said to be 'typical' of those supporting workers' representation on OSH that were found in establishments more widely in the countries studied. As we pointed out earlier, national quantitative studies suggest there is far from complete uptake of arrangements for the representation of workers on OSH in establishments more generally in all the countries studied. This was also true even among the establishments that

made up our cases. Although we had anticipated our selection of cases to represent a better than average sample (because it was drawn from a population of respondents to ESENER-2 who had agreed to participate in a follow-up as discussed in Chapter 3), in fact we found only limited examples of establishments in which the statutory provisions could be said to support highly developed arrangements for worker representation on OSH. We identified several possible reasons for this limited uptake and operation of measures on worker representation on OSH. One of these, which is also commonly identified in the previous studies, reviewed in Chapter 2, is the extent of the commitment of employers and managers to the participative approaches to OSH management. But it is important to also note that in a number of the cases we studied, employer reluctance to engage with the 'preferred options' of the statutory measures on the appointment and operation of joint arrangements was not the only reason for their limited uptake and the variations from the statutory model we observed. It appears that in these cases both employee reluctance to take on the role of representative, along with a willingness of organised labour within these workplaces to allow the management of the organisation to conduct both the appointment and operation of joint arrangements, also played a role in determining the nature and orientation of the so-called joint arrangements on OSH.

5.3 Risk assessment, occupational safety and health management and the role of worker representation

Risk assessment has been at the centre of the process-based regulatory approach to OSH in the EU since the adoption of the Framework Directive 89/391 in 1989. Since representation and consultation with workers is also one of the cornerstones of the same regulatory approach, it might be anticipated that this would extend to the risk assessment process, and evidence of the extent to which employers facilitate such engagement with risk assessment would constitute an important measure of the support for worker representation in the establishments studied. ESENER-2 indicated that risk assessment was undertaken by a large majority of respondents. It was also one of the measures that we used to construct our composite OSH management score discussed in Chapter 4. From the relationship between this and the measures of worker representation in ESENER-2, we might anticipate worker representatives displaying a significant degree of involvement with risk assessment as part of their engagement with OSH management in the establishments studied. However, there are some problems with this interpretation that require closer scrutiny. What is meant by the term 'risk assessment' needs to be clarified, because since it has entered into general usage in OSH management it has become subject to several different meanings. For example, in its loosest sense it is sometimes used to describe any form of health and safety risk identification that might occur within a workplace, thereby covering the identification of hazards during safety tours or inspections with or without further reporting and remedying. At the other end of the spectrum of meanings attributed to the term, it connotes a formal process by which risks of a particular machine, operation or process are identified and evaluated, and by which a plan to control them is designed, implemented and monitored — as is illustrated in Figure 5.1 below. Commonly, it is further used to convey a part of this process, but it is not always clear exactly which part is meant in such usage. Establishing both the extent of the practice of risk assessment and that of the representation of workers' perspectives within it, therefore, depends on understanding how the term is understood and used by respondents.

In Figure 5.1 we have reproduced the idealised form of worker representation in the whole process of risk assessment and management that appeared in the Dutch national report. This illustrates the centrality of the risk management cycle in the process of OSH management, with an indication of the potential role for worker representation at each of its key stages, along with the regulatory support for that role in the Netherlands, and its anticipated beneficial effects.

Figure 5.1: **Risk management cycle and worker participation**

Why involve workers?
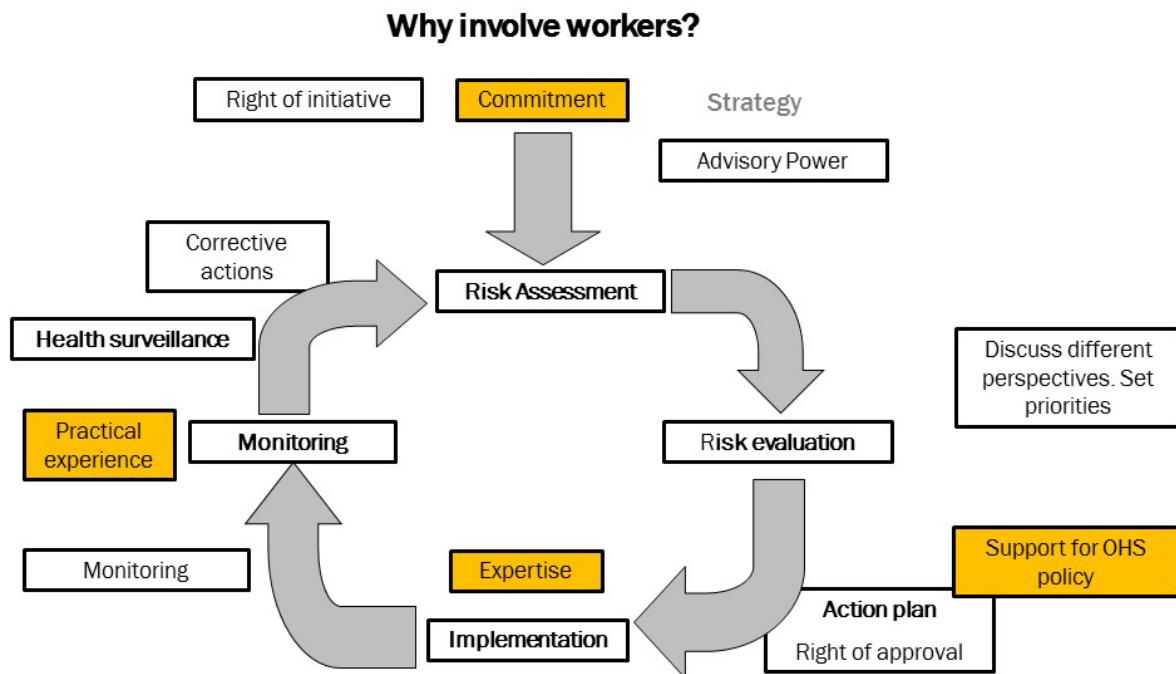
While this applies specifically to Dutch regulatory contexts, it has general salience in all the other countries in the study too. However, it is a practice that was not widely found in its entirely in anything like the majority of establishments we examined in detail. Even in the Netherlands itself, practice clearly fell short of the model represented in Figure 5.1. Indeed, in a few cases, the role of formal worker participation in risk assessment seemed to have been non-existent and interviewees were not aware that the works council or employee representative body had statutory rights to a role in this respect. In most cases where there was a works council, however, it had some degree of involvement in the process of risk assessment. Generally, this involvement was found to be beneficial in previous studies. For example, Popma (2003) noted that in companies where works councils had been consulted on risk assessment by the employer, labour inspectors more often considered the risk assessment to be geared to the actual risks in the company — and significantly so in smaller companies. Secondary analysis of the 2006 *Arbomonitor* by the Dutch Labour Inspectorate revealed the same effect (Popma, 2009). Based on this earlier work and the findings of the present study in the Netherlands, Popma argues that the effects of worker participation in risk assessment may be threefold:

- cataloguing risks/incidents, to put the issue of health and safety on the agenda;
- adding shop floor knowledge to an ongoing risk assessment (or other ways of looking for risks or incidents);
- checking the quality of the risk assessment as conducted by the OSH specialists.

In the Dutch cases, only one establishment showed strong indications of the more activist approach identified by the first bullet point, with the works council systematically cataloguing risks itself. In this, as in other cases, risk identification occurred most commonly as a result of safety tours and the like, in which works council members with OSH functions participated. In one company, the works council conducted its own safety tours, partly as a way of raising its profile with workers:

> *Our OSH Committee has a focused approach of performing safety tours. We visit different departments every time, and different machines. Partly planned, but also partly in reaction to things that may have happened some place. We also check if workplaces look safe and tidy.*

Works council member, large producing

As with the direct participation of workers in risk assessment, there was an acknowledgement that during such processes, at least as far as written risk assessments were concerned, the addition of workers' knowledge could improve management understandings about workplace risk. However, more commonly, the works council was not engaged with the practice of risk identification and assessment but only with its outcomes — as the following quote indicates:

> *As a works council, we get to see the risk inventory and the plan of action. But we do not contribute much to it. We limit ourselves to checking its contents.*

Works council member, medium public

Nevertheless, this approach did not necessarily mean that the works council had no power to influence the outcomes of the risk assessment. For example, it could do so by demanding action once its quality had been checked, as illustrated in the following quote from a works council member:

> *Our works council has run through the risk assessment, using checklists and the sector's OSH Catalogue. We also made a tour, where each works council member had to take at least two pictures of unsafe situations on the shop floor. On the basis of our findings, we concluded that the risk assessment was not in compliance with current legislation. We also found out that the risk assessment looks nice on paper, but was insufficiently known by the workers and the shift leaders.*

Works council member, large private services

A further issue in the Netherlands concerned the nature of the risks that were identified and assessed. Two elements illustrate this. The first involves the influence of instruments and methods used in risk assessment. For example, in general there is widespread use in the Netherlands of tools such as the Dutch RI&E[29] to undertake risk assessment. However, there were relatively few examples of the use of such tools among the establishments in the present study. The main reason we found only a limited number in our sample is that these kinds of tools are generally aimed at use in small and micro companies (those with 25 or fewer employees). Generally speaking, though, the use of these tools and their underlying methods may be criticised — as they were by the Dutch labour inspectors in a previous study, where it was suggested that their computer-based assessments could be operated in ways that may have the effect of keeping 'worker participation at a distance' (also Popma, 2009). This also seemed to be the case in the present study, where one Dutch manager said:

> *There is this branch risk assessment tool I know of. I fill it out personally. During our relocation I adapted it. The worker representative doesn't know of this. She is only a part-timer.*

Owner/manager, small private producing

The second element concerns the nature of the risks identified and assessed. In the Netherlands, although psychosocial risks were acknowledged as a growing challenge, there was little in the way of effective strategies with which worker representatives were able to address them. As a works council representative put it:

> *The main problem is: how can we, as a works council, tackle the issue? Human Resources are doing their best to discuss the issue in the teams, but in practice it hardly happens. And we as a works council are trying to take the lead, but we simply can't pull it off properly.*

Works council member, medium private mental health care service

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[29] RI&E is a web-based interactive tool to assist risk assessment. OiRA, the Online Interactive Risk Assessment, is based on this Dutch tool but several changes have been introduced and the available features are not the same (http://www.oiraproject.eu/oira-platform).

5.3.1 Risk assessment and representation in other countries

This was broadly the situation in all the other countries in the study. Because of the particular challenges associated with the assessment and management of psychosocial risks, we will discuss separately the qualitative evidence of the role of representation in these matters in the next section.

Returning to the assessment of more conventional risks, in Sweden, employers in larger establishments organised procedures of risk assessment in compliance with regulatory requirements on Systematic Work Environment Management. Swedish health and safety representatives had rights to participate in this. However, some interviewees suggested that the approach to systematic work environment management had acted to change the role of safety representatives from being local work environment actors themselves, to requiring them to make more of their role in monitoring how managers implement risk assessments and action plans. This has led to some role confusion. At the same time, there has also been a trend towards more direct participation between individual workers and their managers, especially in more advanced production where greater worker involvement in quality issues and with IT systems was sought (Antonsson et al., 2011).

There were many positive examples of the involvement of representatives in risk assessments reported by managers in the establishments studied in Sweden, which suggested that besides being active in committee meetings and work groups, safety representatives in most of the establishments participated in risk assessments and safety inspection rounds. Issues found on those occasions were then managed at the committee meetings in larger establishments. Some companies, especially the larger private producing companies, had elaborate systems for dealing with reports from inspection rounds, risk assessments, accidents, incidents, observations and deviations. Others were more dependent on personal observations and reporting, where safety representatives were seen as critical in bringing attention to important aspects of the work environment.

> *They come with valuable input, I absolutely think so. We get to hear many things that managers or HR would not be able to catch up on in other ways.*

Manager, small private service

Input from safety representatives was also used to improve efficiency and quality in the process of environment management. In some establishments with elaborate management systems, including several different forms of risk assessments as well as quality audits, there was an identified need to continuously define what issue was to be handled in which process. One employer representative expressed a wish for increased use of safety representatives in this improvement process:

> *And I would like them to help us lift the safety inspection rounds to the correct level, that they can point [out] that 'this does do not belong to the safety round protocol' — you have to write a non-conformity report instead.*

Manager, large private producing

In Belgium, notions of what constituted 'risk assessment' also varied in the establishments and were strongly influenced by sector and size. In larger workplaces, for example, engineers, together with workers working at specific machines, often conducted operational risk assessments. Workers' representatives could participate in these risk assessments, but in most of the companies time constraints meant that they did so infrequently. Generally, participation in risk assessment was limited to the direct participation of affected workers. However, where the establishment was large enough for the Committee for Prevention and Protection at Work (CPPW) to be present, the committee was informed of the risk assessment procedure and was required to approve the risk assessment report. Besides general risk analysis, safety tours were also regularly undertaken in larger Belgian establishments, during which risks were identified. Representatives reported that these tours were a useful way to have direct contact with workers, to better understand the risks they encountered. Usually the representatives' involvement in these tours was at the invitation of the establishment prevention adviser, who organised them. Typically, the CPPW (or a delegation of it) was invited to visit a department — observing, checking equipment and talking to workers. One safety manager said that the knowledge that such a tour, in which both the OSH manager and workers' representatives participated, might occur in their department stimulated workers to take care of their workstation. Another safety manager described safety tours as:

[…] an opportunity to show workers' reps how things are actually happening in practice, and avoid useless discussions at CPPW when reps do not really know what they are talking about.

Safety manager, large producing

The frequency of safety tours varied. In some establishments, they took place every week and were limited to a small part of the workplace. In others, they took place monthly, and concerned a whole department. In some companies, safety tours also took place following a change in the work environment to identify and assess consequent changes in risk. Generally, either the workers' representatives or the safety manager prepared a report of the safety tour, which was presented to the CPPW for approval and to commission necessary prevention measures as a follow-up.

In Spain, health and safety representatives were reported to have a significant role in detecting risk in large and medium-sized enterprises. By and large, they use their direct observations and direct communication with workers as their main tools to identify risks. Interviewees reported that when an employee identified a risk, he or she communicated with the safety delegate, who then informed management in one of the OSH committee meetings:

My main function is to identify possible risks by means of direct observation or conversations with workers.

Safety representative, medium public services

The safety delegates generally acted to seek solutions to workers' problems. There were, therefore, some issues that did not pass through the health and safety committee because they could be addressed more directly. But it was also observed that the approach was not always effective; there were sometimes risks that were not reported by workers and there were those risks, such as psychosocial ones, which because of their nature, were difficult to communicate.

Representatives in some enterprises suggested that one of the main problems with risk assessment concerned the feedback of information to workers. Others regarded increased direct participation with some degree of ambivalence. On the one hand, it opened up new channels for participation; on the other, the direct participation of workers in risk assessment encouraged by prevention technicians also sometimes served to marginalise the role of the safety delegates as representatives. Larger companies often also had an internal risk prevention service, which provided, among other things, an annual risk prevention assessment and a risk prevention plan. In most cases, the health and safety representatives had direct, frequent and good communication with this service, but in some instances it was reported that the prevention service did not share information with the health and safety representative.

In Greece, establishments reported that workers' representatives were usually consulted during the process of risk assessment, but closer examination of such claims led to the conclusion that this consultation concerned the completed risk assessment, which in larger organisations had usually been drafted by an internal prevention service. Representatives and health and safety committees also undertook their own or joint safety inspections and submitted their findings on hazards and risks thus identified to the safety engineers and management. Generally, they focused on traditional physical risks.

In Estonia, the quality of risk assessment and the involvement of representatives varied in different sectors and generally increased with increasing establishment size — as the ESENER-2 quantitative data also showed. However, traditional physical risks were more likely to be assessed. While there was some involvement of both workers and their representatives in risk assessment, it was not systematic or formalised, and workers and their representatives were often unaware of the results of risk assessments.

In the United Kingdom, as we saw in Chapter 2, previous research on the activities of health and safety representatives suggested they had only limited involvement in the practice of risk assessment, mostly being consulted concerning its outcomes rather than being involved in its execution. While this seems to have also been the practice in many of the British establishments included in the present study, there were also examples where representatives were involved in its operation. As the British report makes clear, in the establishments in the private producing sector in particular, the model of safety management in place was most often based around risk assessment and subsequent inspection, auditing and feedback loops. In the public sector establishments, this approach was usually in evidence to a far lesser extent. In nearly all cases, the health and safety managers led these systems, with

representatives participating and reporting their contributions to them. As one health and safety manager put it:

> *Things like risk assessments, workplace inspections and so on, I'll be conducting those with the assistance from the representatives, possibly with the manager of the department but not always.*

Health and safety manager, large private producing

Aside from this routine monitoring, generally representatives reported fairly limited involvement in the assessment of risks that were new to the establishment. Such risks were assessed through the operators, supervisors and managers producing risk assessment method statements (RAMS) at the start of a new task, or by acquiring relevant documentation accompanying the purchase of substances and equipment, or through advice from representatives of the manufacturers of new equipment, or by other specialists and the like. In keeping with findings reported in previous research, health and safety representatives reported being informed of the results of these forms of risk assessment and having access to them, but were not significantly involved in undertaking them. There were exceptions, however, and in some private producing establishments representatives talked about being involved in risk assessment during the installation of new machinery or during the modification or resetting of existing machines.

In short, therefore, while the notion of 'risk assessment' is very much a part of the lexicon of OSH in all the countries, the qualitative study presents a far more nuanced picture of practice than is revealed by quantitative data describing its occurrence. Specifically in relation to the role of worker representation in risk assessment practices, it provides a picture of mixed experience that is clearly influenced by the same set of wider determinants of worker representation in this process as are evident in many of the other activities in which the statutory provisions anticipate their involvement. We will reflect on the nature and extent of these determinants in a later chapter, but we conclude that as far as the practice of risk assessment is concerned, while there are examples of quite advanced involvement of representatives in these practices in some establishments, and good reasons to suppose that such involvement is beneficial, its extent is limited. Moreover, most commonly, where there is some involvement of representatives in the practice of risk assessment (as opposed to consultation on its outcomes), it occurs under the direction of the OSH manager/adviser in the establishment. Overall, the qualitative findings suggest there is much room for greater and more independent involvement of representatives in risk assessment practices in many establishments across all of the countries in our study.

As indicated earlier in this section, one of the most problematic areas for the role of representation in risk assessment and evaluation highlighted by the qualitative data from all countries concerned psychosocial risks. Given their widely acknowledged increasing incidence and association with changing patterns of work organisation, they are of particular importance. Indeed the quantitative results of ESENER point to their significance across the EU generally. Secondary analysis of the data from both ESENER-1 and ESENER-2 discussed in previous chapters also suggests a relationship between the presence of arrangements for worker representation, OSH management and the greater participation of workers in the assessment of psychosocial risks. While this analysis of quantitative data may suggest such a positive relationship, qualitative data from the majority of the countries in our study indicate that this relationship is far from straightforward and its analysis points to several elements that are problematic. The qualitative evidence strongly supports what is already known from other studies discussed in Chapter 2 — that is, while in theory it should be possible to assess, evaluate and manage psychosocial risks participatively, in practice this task is confronted with significant challenges for routine methods of risk assessment commonly applied in the case of more conventional OSH risks. Representing workers' interests in this process is especially challenging (Walters, 2011) and evidence of the nature of these challenges is important. Therefore, we have devoted the following section to this evidence and its implications.

5.4 Qualitative experiences of risk assessment and evaluation of psychosocial risks

Taking the national report on arrangements in Sweden as our point of departure, we find widespread acknowledgement that conventional methods of risk assessment, evaluation and control in which representatives and managers were involved in the establishments studied were neither well-suited nor frequently applied to addressing psychosocial risks. There were several reasons that respondents gave for this:

- Assessment often required scrutiny of elements of the organisation of work that were neither obvious during the physical inspection of the workplace, nor necessarily regarded as matters that should be included in 'normal' work environment management.

- Excluding workload and work task performance from the systematic management of the work environment meant that many decisions that could be of major importance for the work environment and for workers' health were not within the reach of the representative participation that is a part of the arrangements for managing work environment risks. For example, some respondents indicated that, in their experience, decisions on matters such as downsizing or staff reductions were not accompanied by a risk assessment of the work situation for the remaining employees.

- This split was also reflected in the organisation of the operational management within establishments. For example, in private producing industries, the department responsible for quality, or its equivalent, often undertook coordination of work environment management. This was because most of the problems — and solutions — in the management of the work environment concerned production and how it could be designed, or redesigned, to decrease physical risks. Worker participation in these processes was a matter for line managers, workers and safety representatives. When it came to psychosocial issues, however, they were said to be 'about people' and were instead to a great extent referred to the Human Resources (HR) department to deal with. HR was, in most establishments, a support function without authority to make decisions on workplace design or on how work tasks should be performed. Hence, increasing the role of HR when it came to psychosocial work environment management may at the same time have served to limit worker influence on these issues.

The problems that these approaches to psychosocial issues caused were recognised by both managers and representatives in Sweden. And there were also further problems reported by the Swedish informants. Sometimes they were because workers or managers felt uncomfortable talking about issues such as stress or interpersonal conflicts with managers or other workers. In these situations, safety representatives might be acknowledged to be an important conduit for such discussion:

> *The more sensitive issues (psychosocial) are not addressed in meetings. They (employees) talk directly to their SR [safety representative], in their role.*

Manager, small private services

But, although in some Swedish establishments talking to safety representatives instead of line managers was seen as a possibility enabling workers to address issues that they felt were too sensitive to refer directly to managers, in other establishments the opposite was true and respondents felt that such an approach was both personally and organisationally inappropriate. Indeed, few safety representatives said that colleagues came to them with questions about the psychosocial work environment. Respondents suggested several possible reasons for this, including that workers tended to talk about these issues with those coworkers with whom they felt comfortable rather than those appointed as safety representatives. Others suggested that some might talk directly to managers or, more likely, they did not say anything at all to anyone. In short, therefore, raising these issues with safety representatives was seen as inappropriate on a personal level because often health and safety representatives were not regarded as having the necessary capacities to address them properly. In addition, it was judged to be inappropriate organisationally because, as we saw above, in many establishments such matters tended not to fall within the remit of work environment management and health and safety representation, but instead were included as aspects of human resource management

and handled by the HR department. For many, the role of health and safety representatives in relation to the assessment and prevention of psychosocial risks was constrained by both these factors as well as those relating to confidentiality and sensitivity.

Nevertheless, in most of the studied establishments in Sweden, managers, representatives and workers were well aware of stressful situations and the factors that caused them, but felt that they remained difficult to bring to the work environment management agenda for discussion:

> *It is very hard. It is very sensitive. I have said that, I have brought up that we have problems. It is rather well known. But … at the end it is money that talks.*

Safety representative, small private services

This quote also highlights a further problem with seeking arrangements to address psychosocial risks, which is that they are often even harder to justify financially than are arrangements for addressing more visible and, therefore, tangible, physical risks.

In practice, it was reported in Sweden (and also elsewhere) that rather than being included as part of routine assessment of the risks of the work environment, the assessment of psychosocial risks generally took place separately, often by means of anonymised surveys, which were used quite widely. How these surveys were seen to relate to OSH management was important in determining possibilities for safety representatives to act upon them. But, in most cases, even if they were seen as a legitimate subject for worker representatives to engage with, because the original function of the surveys was to identify symptoms within the total workforce, and not to identify root causes, or point out situations that were particularly problematic, using the surveys gave representatives little purchase on the processes with which workers might be consulted on psychosocial risks.

The difficulties involved in identifying work tasks and how they are performed as a part of systematic work environment management was a recurrent theme in the interviews in Sweden. Even when it was clear that certain work tasks often led to stress, it was at the same time acknowledged that they were hard to talk about in work environment terms.

> *The biggest [work environment] issue that I think we should talk more about is the stress in the control room. We try to find ways to deal with it, but it is hard.*

Chief safety representative, large private producing

These concerns about the role of worker representation in the processes involved in assessing, evaluating and controlling psychosocial risks, elaborated at some length in the Swedish cases, were also in evidence in other countries. For example, Belgian law requires risk analysis to be conducted in every company for psychosocial risks. In large companies, this happened mainly — as reported above in the case of Sweden — in a quantitative way, with questionnaires designed, administered and analysed by the external prevention service. Again, the Prevention Committee was informed of the outcomes of this process but not necessarily involved in its undertaking — with those we interviewed indicating that the Committee did not wish for any further or more in-depth involvement.

An interesting feature of the Belgian approach is the requirement for the appointment in each workplace of a 'trustworthy person'. This function leads the internal procedures for informal (advisory) psychosocial interventions. Respondents in the Belgian cases knew who this person was, as it had been recently communicated following the new law, but none of the interviewed workers knew anything of the details of what they had so far achieved, although this was partly because the trustworthy person has an obligation to maintain confidentiality concerning intervention. Generally, the workers' representatives reported an awareness of and support for a systematic way to manage psychosocial risks, as required by law. However, in none of the cases had representatives taken any initiatives to deal explicitly with these risks themselves. Regardless of company size and sector, workers indicated mainly that psychosocial risks were dealt with through direct communication with management. They said they could easily find someone to talk to about these risks, mostly in an informal way. In small enterprises, this was often a discussion between a worker and a manager with the view that the manager would find a solution. In larger enterprises, it was mainly a team-level discussion, during team meetings or with the team and manager. In some service companies, workers also mentioned talking to the safety

manager about psychosocial issues. In other companies, however, especially in the manufacturing industry, the safety manager did not seem concerned by psychosocial risks at all.

Another particular feature of the Belgian approach to participative OSH arrangements involved setting up 'work groups' within establishments to consider specific OSH issues. The involvement of worker representatives in such groups varied considerably, from being aware of them but lacking direct involvement, to being members of them and, occasionally, constituting their complete membership. Risk assessment, and especially assessment of new and emerging risks such as those of a psychosocial nature, was sometimes a topic for such groups.

The role of trade union-supported safety delegates in assessing and monitoring the psychosocial work environment in Spain has featured prominently in the research literature (see, for example, Moncada et al., 2014). However, in our cases, health and safety delegates suggested that many occupational risks, and especially psychosocial ones, were not a primary concern for workers, and that:

> *Workers communicate those risks once the situation is serious.*

Safety representative, large public

In terms of their assessment as part of a prevention plan within workplaces, the safety delegates in the establishments included in the present study said that not only were these risks difficult to detect, but it was also difficult to get them accepted by the management.

As we saw in the previous section, risk assessment in Greece generally focused on traditional physical risks. However, psychosocial risks were also sometimes identified, especially in the public sector, in hotels and catering, and in situations in which work intensification had occurred. In Estonia, meanwhile, respondents suggested that in most establishments neither the management nor the representatives possessed sufficient interest or competence to assess psychosocial risks, which were often seen as simply 'part of the job'.

In the United Kingdom, where the Health and Safety Executive's (HSE's) stress management standards have been prominent in policy and practitioner discourse for over a decade, their impact in the establishments that were included in our study appears to have been fairly minimal. Indeed, when asked about risks and the management systems in place, few respondents spontaneously mentioned psychosocial risks, even in some of the cases in sectors such as public services (for example health and education) where these risks are, by some distance, the highest profile risks and are frequently the subject of both regulatory agency and trade union campaigns. In other unionised public sector cases, stress was prominently identified as a principal issue. When asked directly about stress, for example, interviewees were clear that this was an issue within the workforce, with substantial proportions of staff affected. Furthermore, they were also clear that the main source of their stress was the changes to the organisation of their work and working conditions. In the public sector, there was further acceptance that these changes were the result of the increasing pressures from government policies and requirements, coupled with ever-tighter finances. Work intensification, therefore, was regarded as inevitable and unavoidable:

> *We have less staff doing the same job or more so workload has definitely increased … [which has led to] additional pressure and stress really … I think it is stressful.*

Safety representative, large public services

However, there was variation in how these matters were seen in relation to arrangements for OSH. In some cases, these kinds of issues were not regarded by either management or staff as being 'health and safety' issues — or indeed even within the control of the employing organisation, whether a school, college or hospital. As the following quote from a college deputy principal makes clear, psychosocial risks were dealt with quite separately:

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

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

Manager, large public services

A worker in the same establishment also made clear that as far as she was concerned she did not think of psychosocial risks as being relevant to arrangements for health and safety, saying that they were:

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

Worker, large public services

In others in the same sectors, however, workplace stress was identified as the main 'health' issue and representatives were actively trying to implement preventive measures, although such measures and the stage of development of initiatives to address stress differed according to the setting. And as with the earlier cases, the interviewees often attributed the causes to external forces, while control measures were frequently focused on improving individual coping mechanisms.

There was a further strong sense of 'responsiblisation' for individual stress issues evident in the British cases. Measures relating to the prevention or mitigation of resulting health problems were both individualistic and vague. Interviewees talked, for example, about needing to 'work smarter' and the possibility, if necessary, of accessing a counselling service provided by the employer, or talking to a line manager. Despite the relatively high profile of the HSE's stress management standards, there was little consideration of any systemic basis within most of the establishments for the management of stress (or the management of any other psychosocial risk) and few examples of opportunities for health and safety representatives to engage other than occasionally, in an ad hoc way, at the level of the individual. Even here, the individualised nature of managerial actions in relation to stress limited their involvement and representatives gave examples of how HR managers often contrived to meet alone with affected persons and explained how this allowed them no possibility of involvement. While some safety representatives were aware that their union at branch and national levels regarded psychosocial risks as health and safety issues, these practices left them quite uncertain as to how to tackle them in their own workplaces, other than in a few cases where the workers' organisation was well developed.

5.5 Conclusions

In this chapter, we have explored qualitative experiences of the representation of workers' interests in OSH in establishments among our cases in which there were formal arrangements broadly in line with the statutory requirements. Our findings add considerable depth and detail to the broad picture described by the quantitative analysis of the ESENER-2 data presented in Chapter 4. They provide a more nuanced account of both the practice of worker representation on OSH, and the influences that determine its operation, than is possible with such quantitative data. While the chapter broadly supports findings from previous research concerning 'what works' in relation to the establishment and operation of arrangements for worker representation, it also offers several further insights concerning the nature of contemporary practices and their determinants.

To recap, the conditions under which health and safety representatives are generally found to be effective usually include:

- statutory provisions which detail the arrangements required to affect worker representation on OSH within establishments and which, depending on the character of the national approach to labour relations, usually include the functions of health and safety representatives or joint health and safety committees or the co-determination rights of works councils, as well as requirements on duty-holders to facilitate them;
- employer/management commitment to health and safety, and arrangements for its management which allow worker representation to both engage with these arrangements and have some chance of influencing the outcomes of such engagement;

- support for worker representation on OSH from managers, employers, regulatory inspectors, workers and organised labour, both within the establishment and outside it, to provide representatives sufficient time and the necessary facilities to undertake their activities and with adequate information and training to do so.

The cases in the present study suggest that where arrangements for worker representation had been made in line with statutory requirements, they were generally regarded as being effective. As anticipated by the ESENER-2 findings reported in the previous chapter, such arrangements were present in cases in which a fairly high degree of managerial commitment towards participative approaches to OSH was in evidence, but they also played quite an important role in the few cases in which labour relations in establishments appeared quite conflicted. Generally, the cases in which there seemed to be a consensus between respondents that the arrangements for worker representation on OSH were effective, were also cases in which there was strong support for their presence from workers, managers and representatives alike. The assumption has to be made that such support would extend to that provided by the regulatory inspectorate, but since these inspectors did not feature among our respondents, nor had the respondents had much contact with them, we cannot substantiate this from our empirical data. Specific elements of support, such as the provision of facilities, training and time off will be addressed in the following chapter, but it seems clear from the allusions to such support reported in the present chapter, that it too was more likely to be a feature of situations in which representation on OSH was seen by respondents as successful.

In Chapter 2 we pointed out that previous research has suggested that such preconditions for effective worker representation on OSH are very seldom found in their entirety within establishments. This seems to have been so in the cases in this study where, for the most part, in the situations in which worker representation on OSH took place, the conditions for its success identified in previous studies were only partially achieved. Moreover, it was quite apparent in many cases from all countries and sectors that where the role of representation was understood by participants to be effective, it was in situations in which the management of the establishment had taken an initiative towards both supporting a participative approach on OSH (sometimes even to the extent of appointing the representatives) and the worker representatives themselves, and had helped in the delivery of its operation.

This was also illustrated by many of the findings reported in the present chapter concerning the representation of workers' interests in risk assessment, evaluation and control. Here we found that the main form of workers' representation that took place in relation to formal procedures of written risk assessment and evaluation in many countries was characterised by *a posteriori* engagement; that is, there was little direct involvement of workers' representatives in the process of risk identification and assessment (although individual workers were sometimes consulted at this stage). Workers' representatives/committees or works councils were instead given (or requested) the opportunity to comment on written risk assessments that had been produced as a result of these activities, which were generally carried out by external or internal prevention advisers/safety managers. The merit of this situation was that it allowed some possibility for the representative/workers' organisation to make its autonomous views known concerning the risks and the way they were evaluated by the written assessments.

Such a possibility was less obvious on the occasions when workers' representatives were involved a priori in the processes of risk identification and risk assessment. The form this involvement most commonly took was one in which the representative was seen as 'acting as the eyes and ears' of the safety management — a phrase repeatedly used by both managers and representatives from establishments in several different sectors and countries to describe these practices. Moreover, in such situations they also often acted under the direct instruction of the safety management in the establishment, and reported to it. They were, as indicated earlier, thus effectively acting under the direct control of safety managers.

We think these practices are not unrelated to features of the wider contexts in which they occur. For example, process-based statutory requirements that characterise modern regulation of OSH, such as that represented by the Framework Directive 89/391 and much of the national regulation effecting its transposition, oblige duty-holders to make appropriate arrangements to manage health and safety risks competently. This means — or has often been understood to mean — that they are required to use appropriate expertise to do this. This, depending on the details of the national regulatory context and existing customs, has led to a parallel reorientation (in some cases a parallel growth) in the

professionalisation of OSH competencies in many countries and sectors, with internal prevention services, safety advisers, safety managers and the like proliferating and contributing to the 'expertisation' (to borrow a Dutch term) of risk assessment and management, and control of occupational safety. In parallel and aiding the same orientation, there has been substantial growth in the adoption of 'safety management systems' by most large organisations, regardless of sector. Uniformity in the character of such systems has been strongly influenced by the requirements of various national and supra-national safety management standards — all of which tend to emphasise direct forms of worker participation on the one hand while, on the other, encouraging the employment of OSH expertise to organise the delivery of the arrangements for safety management in larger organisations. The enforcement practices of regulatory agencies may have also aided these orientations as they have, over the same period, tended towards more arm's length intervention strategies — often regarding the presence of safety management systems as evidence of duty-holders' systematic approaches to meeting regulatory obligations. The attitudes of trade unions to these developments has been somewhat ambivalent, decrying the use of behaviour-based approaches on which many safety management systems are based, while at the same time generally supporting more systematic approaches to risk assessment and management — including the greater use of qualified, competent personnel to undertake them. Given the reduction of trade union membership, significance and power over the same period, it seems hardly surprising that, taken together, all of this results in a rather limited role for the autonomous representation of workers' interests in the processes of risk assessment and evaluation, and its subsuming within safety management practices — which was found fairly typically throughout our cases.

One of the obvious weaknesses of these approaches dominated by safety management that emerges from our findings concerns the limitations it typically places on the extent of worker representation in relation to new and emergent risks, especially those such as psychosocial risks, which arise from the way in which work and employment are organised. Although there were a few cases in which respondents were able to report a substantial role for worker representation in addressing these risks, there were far more examples of establishments in which respondents acknowledged significant difficulties associated with representing workers' interests in relation to them. There were several reasons for these difficulties, but prominent among them was the fact that, for many establishments, psychosocial risks were regarded as something quite separate from more conventional physical risks to workers' safety and were addressed with different management strategies and by different parts of the organisation from those dealing with safety and health. This meant that where safety representatives had become incorporated within the arrangements for *safety* management, they had little chance of representing workers on matters regarded as falling outside the coverage of these arrangements.

Less typical, but nevertheless present in some cases, was the distancing of arrangements for worker representation on safety and health from other elements of worker representation within workplaces — with respondents often confirming the '1972 Robens Report' (Robens, 1972)) adage that '… there is no scope for bargaining on safety and health'. We think that these developments may signal an important departure for worker representation on OSH in EU workplaces and one that has not received much attention in the research literature. We will return to the implications of these developments in the discussion of our findings in Chapter 8.

6 Supporting representation

6.1 Introduction

The practice of worker representation on OSH is unlikely to take place substantially or significantly without support from key actors and processes both within and outside the workplace. The research reviewed in Chapter 2 highlights the role of facilities, time off to undertake health-and-safety-related activities, training and the provision of information as key elements of such support, involving employers and trade unions, as well as regulatory authorities and sometimes other bodies, such as OSH specialists and prevention services, in its provision. And, as we detailed in Chapter 2, the same previous studies have emphasised how important such support is in determining the effectiveness of practices involving worker representation on OSH within workplaces.

In this chapter, we first examine the evidence for this support and how it is utilised in the cases in our study where respondents reported the presence of arrangements for worker representation on OSH in accordance with statutory provisions. Second, we consider the extent of evidence in our cases on the autonomous action of worker representation on OSH. As discussed in Chapter 2, previous research has made much of such autonomy. It has included studies evaluating the role of specific regulatory provisions allowing workers' representatives certain powers to moderate the actions of their employers and managers in relation to OSH — including powers to stop dangerous processes or the use of rights of approval given to workers' organisations. Previous research has further embraced analysis of the processes that representatives use to fulfil their role by, for example, characterising representatives into particular types according to the extent of their autonomous actions.

We begin with the support provided by employers to allow representatives time to undertake representational activities on OSH, followed by the support for training for worker representatives to enable them to perform these activities effectively. We then consider experiences demonstrating the ways in which information is provided and used by representatives to support their activities on OSH, before exploring perceptions of more general support received from workers within the establishment and trade unions outside it. This leads us to some reflections on the reported experience of support for autonomous actions of worker representatives on OSH in the establishments in different sectors and countries in our study.

6.2 Time to undertake occupational safety and health representative activities

In the national statutory requirements in most countries, there are provisions supporting the activities of worker representatives. Generally, at very least these require employers to provide representatives adequate time off with pay from their normal tasks to allow them to undertake their OSH representative functions in ways that do not penalise them for doing so. In many, organised workers (either through their trade unions or works councils) have negotiated the details of such facilities as part of their collective agreements with their employers.

In Belgium, for example, worker representatives in the larger companies acknowledged that having a good, shared understanding within the group of workers' representatives and between different trade unions in the group was also supportive of a coherent and stronger position towards the management. In most of the establishments where representatives from different trade union organisations had a seat on the company OSH committee, the employer provided them time for their own meeting before the meeting of the committee. Such meetings provided the opportunity for representatives to agree on a common position to take towards the management.

However, there were also many other examples of situations in which representatives felt that they did not have adequate time to perform their activities to the extent they would wish. In the Netherlands, for example, works councils enjoy various facilities based on the Works Councils Act, such as time off work and a right to training. Even so, lack of time was often mentioned as one of the main obstacles to effectively contributing to OSH. This corresponds with the findings of various studies on the effectiveness of worker representation in the Netherlands, in which time appears to be the asset that is most scarce (Looise and Heijink, 1986:19; Klein Hesselink and Evers, 1994:30; Popma, 2003:171; van

der Heijden, 2012:6). In the interviews with representatives in the Netherlands, it was stated repeatedly that the rather turbulent economic tide of recent times has put even more pressure on the time dedicated to health and safety issues — both because works council members have to work harder in general and because time for worker representation now needs to be spent on austerity measures, reorganisation and outsourcing.

Time to undertake OSH activities also affects the knowledge that the works council accumulates through the long-term presence of its members. Such knowledge is an important asset that is difficult for works councils to accumulate, but can easily be quickly lost if members leave the works council after only a short time in office. In some of the cases in the Netherlands, it was reported that work intensification, especially in highly skilled jobs and professions, meant that many works council members left after their first term (mostly three years), because of lack of time and the pressure of their workload. A management representative of one Dutch health care institution said:

> This is one of the main reasons why practitioners refuse to join the works councils or even step down from it.

Management representative, large health care establishment

According to the same management representative, this led to erosion in the quality of worker representatives on the works council. This was a problem also noted in Belgium, where high turnover of representatives after each social election (around 50 %) presented a challenge for building trained and experienced knowledge among members of the works council or the Committee for Prevention and Protection at the Workplace.

Although regulation often seeks to avoid representatives being disadvantaged by their role, some representatives nevertheless felt that they experienced such disadvantage. For example, a Greek member of a health and safety company committee stated:

> I was downgraded in my job because I had to spend time for health and safety committee activities.

Worker representative and health and safety committee member, large private services

Finally, there was a more subtle limitation on the ability of many representatives to exercise their functions to capacity levels, which was brought about by the organisation of their paid work. It was reported in several cases that, while their employer and management did not formally prevent them from engaging in OSH activities, in practice representatives often could not simply leave their work station in order to investigate or follow up a matter that fell within their remit as a worker representative. In Sweden, for example, while most health and safety representatives said they could get the necessary time off from their ordinary work tasks to fulfil their representative role, several added that, although they knew they had the right to take the time they needed, they sometimes refrained from doing so. This was because they also knew that they were rarely replaced with substitutes when they were away from their ordinary work, thus leaving their work team one employee short. As a safety representative at a software company said:

> We are in a situation that, if I leave work, then someone else will suffer for it. And that makes you refrain from that.

Safety representative, small private services

Other safety representatives said that they had kept a low profile in their role, partly to avoid upsetting colleagues or leaving them with too much work. This was especially notable in establishments with low unionisation where, as one safety representative put it, colleagues often saw the role of health and safety representatives as being unnecessary. In Sweden, as elsewhere, this situation was also seen as a consequence of the drive towards lean organisations in which 'down time' was eliminated — there were no extra employees and little room for doing anything other than ordinary work tasks. One employer representative laughed at a question concerning whether safety representatives were replaced when they perform their role, adding: 'What planet are you from?'.

The unwillingness to allow safety representatives the resources to carry out their functions in this case seems to be the result of a widespread trend in work reorganisation. In these increasingly commonplace

scenarios, safety representatives' activities needed to be planned. As such, interviewees indicated that attending most scheduled meetings, such as those of joint health and safety committees, or acting in emergencies, such as accidents or serious incidents, was generally unproblematic. However, when taking time to talk to colleagues, attend meetings at short notice, attend all risk assessments or act on less acute issues, it was much harder for safety representatives to gain acceptance from both managers and colleagues concerning the legitimacy of their actions. Some representatives indicated that nowadays it was rarely explicitly stated that it was acceptable to take time off when needed. In a British establishment, for example, the health and safety manager summed up the situation by saying:

> *The company employs them to print paper … we are a bit limited in the amount of time we can allow them to spend on something else.*

Health and safety manager, large private producing

Others expressed the wish that their employer would make it easier for them to be safety representatives, by informing, planning and organising for them to have sufficient time for their tasks.

6.3 Supporting training for health and safety representatives

In Chapter 2 we indicated it has been widely acknowledged in the research literature that trained worker representatives are more effective at addressing OSH issues than are those who have not received training. This is broadly true regardless of the style of labour relations or OSH management within the establishments in which they have a representational role. Generally, entitlements to paid time off for training for worker representatives who deal with OSH are included in the relevant national regulatory provisions in all EU Member States. Sometimes these entitlements are further enhanced through collective bargaining agreements and the like at the establishment level. The quantity and style of provision of such training varies from country to country, but it is usually a prominent element of labour education, where its normal pedagogy follows the participant-centred, experience-based form of tuition developed in labour education more widely. Previous research has also highlighted the success of this form of training delivery by both trade unions and adult educators more widely (see Walters, (ed) 1996, for an older comparative study of these arrangements in the EU).

In several countries, including Belgium, the Netherlands, Sweden and the United Kingdom, there are well-developed national systems in place for the provision of training broadly along these lines. Representatives in the establishments studied reported availing themselves of this training to varying degrees. In addition, in these and the other countries in the study, there was also experience of more didactic forms of training on technical and legal aspects of OSH, often delivered by technical specialists, OSH practitioners, consultants and private trainers. Generally, employers in the larger establishments in the study seem to have been willing to facilitate training for worker representatives in keeping with guidance on this support in each country. Experience in smaller workplaces was less consistent, but here too there was little indication of any overt unwillingness to support training — more commonly there seemed to be an absence of awareness concerning its availability. Nevertheless, a key finding in all countries was that the representatives interviewed generally felt that there was insufficient provision for training overall.

In countries such as the United Kingdom, training for worker representatives is mainly delivered through a national trade union education programme operated by public education institutes, but designed and approved by the Trades Union Congress (TUC), or through training, with a similar content, delivered directly by the trade unions themselves. However, although most of the worker representatives in larger establishments who took part in the study had been trained in this way (either by attending a course on a day-release basis over a period of several weeks or by attending a short course over several consecutive days), for some of the representatives this experience had occurred shortly after they had been appointed as health and safety representatives — which was some considerable time before our study. Although they said they had found the experience valuable, their memory of the training was vague and they had not found it necessary to refresh the experience with requests for further follow-up training, despite its possible availability.

In Sweden, most establishments in the study had safety representatives that had undergone training of some sort, and in many cases they had experienced several different kinds of training covering different

work environment issues. Experience differed between establishments but, as in the United Kingdom, in many cases the safety representatives had attended training arranged by their union, including basic training on work environment issues and more specific training on areas such as accident prevention. In addition to training organised and delivered by the unions, there was also some experience of training arranged by the occupational health services, and in several establishments there was provision for joint training for managers and safety representatives. Respondents felt that the latter had strong positive effects on the quality and efficiency of work environment management, as well as on worker participation. They suggested that when both safety representatives and managers received the same information together, it created a common platform from which to start their discussions. It also helped to clarify their roles and, in doing so, reduced the risk of conflict and misunderstanding between them. In some cases, the employer and the union arranged such joint training together, taking turns to lead on different subjects. It was acknowledged that safety representatives' ability to recognise risks depended on their work environment competence, which was developed by training. The importance of joint training was emphasised in several of the case studies and underlined by the key informants from the peak organisations of the social partners in the key informant interviews. In the latter case, the recognition of its role was given as the reason for agreeing to set aside AFA[30] funding for representative training when the government abolished the subsidy for it. However, a review of recent research and surveys of safety representatives in Sweden (Frick, 2013), as well as the qualitative information from the establishments, reveals that lack of training remains a major obstacle for the activity and influence of many safety representatives.

The scale of training provision for OSH worker representatives, therefore, was relatively highly developed among the north-western European countries in the study. The majority of representative respondents in these countries had some experience of one form of training or another, thus confirming the findings of the quantitative data in ESENER-2[31]. However, there were some signs that its provision was not as extensive as it had previously been. This was the case in Sweden, for example, but also in the Netherlands, where there is a long tradition of training of works councils. Article 18(3) of the Dutch Works Council Act grants works councils members a right to follow training for at least 5 days per year, with an additional 3 days yearly for members of the OSH committee. The minimum amount of time off is 60 hours per year. Yet the level of training experienced by respondents varied considerably in the establishments as, correspondingly, did their level of knowledge of health and safety legislation and co-determination rights.

Between 1975 and 2013, coordination of training was in the hands of the Dutch Joint Support Institute for Works Councils (GBIO), a bipartite organisation that controlled the quality of all training bureaus and administered financial contributions for the training of members of works councils. The GBIO paid nearly half of the expenses for works councils' training. The funding for these subsidies was acquired by means of a small tax on all companies that fell within the scope of the Works Councils Act. In 2013, however, employers withdrew their support for this arrangement and the Dutch market for training of works councils was completely overhauled. Currently, there are dozens of independent training institutions for members of works councils, with only limited quality control. More importantly, since the abolition of the financial contribution system, employers are obliged to bear 100% of the costs for the training of their works councils. As a result, overall demand for training days has diminished quite dramatically (and not only in the field of OSH)[32]. Interviewees pointed out that employers are less inclined to grant works councils permission to use their right to training, or to use it to the full extent, mainly because of rising competition and work pressure. Many employers also demand that their works councils use tender procedures to select a training supplier. All of this has served to reduce the experience of OSH training for works councillors. In the United Kingdom too, funding arrangements for the training provided through public education institutions have undergone several major changes in recent decades and the overall

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[30] The insurance company administrating the collective agreements' labour insurance, jointly run by the social partners.

[31] For ESENER-2 as a whole, 82 % of respondents reported that health and safety representatives were provided with some training during work time to help them perform their health and safety duties. This varied from 43 % in Albania to 94 % in Slovakia.

[32] CBM (2014:28) indicates that the number of training days fell by 30 % between 2012 and 2013. More recently, van den Tillaart and Warmerdam (2016) found that the decline in training days is continuing.

numbers of health and safety representatives who receive this form of training has declined over the same period.

In Belgium, workers' representatives receive training support from their regional or sectoral trade union organisations and most of the representatives in the establishments we studied had undertaken some such training. Very few indicated any experience of unwillingness on the part of their employers to allow them time to be trained. However, among the more established and long-standing representatives, several also said that they had not kept up with this training in recent years because they did not feel its content had changed sufficiently to require it.

Arrangements for training in other countries were less developed than in the north-west European examples, but a similarly mixed picture of training experience among representatives for OSH in all the establishments studied emerged. In Spain, many of the worker representatives interviewed reported that they received all of the training they needed. However, for others there appeared to be a lack of available training and an unwillingness on the part of managers to support more training. In Greece, training arrangements varied from full-scale OSH training of members of the health and safety committees of a large telecommunications company with worksites all over Greece, to basic training on first aid and fire safety carried out for all workers in small companies. Safety engineers delivered most training within establishments, while in the case of the large multi-sited company the Hellenic Institute for Occupational Health and Safety (ELINYAE) carried it out. Health and safety committee members also had the right to participate in OSH scientific conferences.

Finally, in Estonia, a regulation introduced in 2001, the 'Procedure for Training and In-Service Training regarding Occupational Health and Safety', requires all OSH representatives and members of the working environment council to undergo 24 hours' worth of OSH training no later than two months after their election or appointment. A training provider registered with the Ministry of Social Affairs may carry out this training, based on a 24-hour training plan in accordance with the regulation. Most of the representatives in the Estonian establishments we studied said they had undertaken the training and possessed a certificate. Some had found it useful and informative. An example of the comments of a representative in an international asset management company indicates this:

> *In my previous workplace, I was elected as a rep, too, but it was many years ago and I didn't remember all details. It was very good to get new information about the health and safety Law as well as receive good tips on how to work as a rep, and what are the most urgent issues and problems in office work which we should pay attention to. The material I got from the training is still used in our office. Everyone can access it and learn the tips.*

Representative, large private services

However, in another example, from a large higher education institution where all 69 representatives had received OSH training, the safety manager said that for her and other members of the working environment council, it was difficult to find sufficient time to participate because of the way the training was organised. More generally, though, it appeared that representatives found it fairly easy to get access to the training as there were plenty of institutions offering it, while some indicated that its quality varied a great deal because competition between training providers was high, with the main selection criterion being low price. Under the legislation, the Ministry of Social Affairs has the right to control the quality of training but, in practice, it seems that such supervision and control is almost non-existent.

The comparative picture that emerges concerning employers' support for the training of worker representatives on OSH, therefore, suggests that, while in the majority of cases employers were generally not obstructive in relation to access to training — indeed, in many establishments they recognised its importance and actively facilitated it — the level of training experienced by representatives varied considerably both in its extent and quality. Moreover, there were indications that even in countries in which previously quite high levels of training provision have been reported, provision and access to it has declined in recent years. The reasons for the decline were various but were largely resource-based, with changes in funding arrangements leading to fewer courses which, for reasons of economy, were sometimes concentrated with regional providers. These were more difficult for representatives to reach than had been the case when there was more widespread and local provision. Also, as work intensification and lean organisation increasingly characterises the operation of establishments, opportunities to find time for training may have become harder to realise. At the same time, the establishment studies show that there is great variety in the quality of the training to which

representatives have access. We have been unable to undertake a full assessment of this quality, or properly compare the value of the experience of different kinds of training, but clearly the issues concerning access to training also gives rise to further questions concerning what kind of training is being accessed.

All of this suggests that the quantitative findings in the ESENER data on the seemingly high level of experience of training may present an incomplete and possibly misleading picture and may also tend to underestimate the challenges associated with accessing appropriate training for many worker representatives in the EU. Therefore, there remain important questions concerning the role of training — which previous research has shown to be such an important support for effective practice of worker representation on OSH — in current and future practice on the representation of workers in OSH.

6.4 Obtaining and using information

Closely related to training are the practices for obtaining and using information that are employed by worker representatives. In the international research literature reviewed in Chapter 2, much has been made of the information rights of worker representatives on OSH and the extent to which they are able to pursue this information in an autonomous manner, using skills developed from training and experience to obtain and use relevant information on OSH in their relations with managers. Aside from their employers, who are often obliged by regulation to supply some of this information, it is claimed that trained worker representatives also make use of other sources, including the regulatory inspectorate, the publications of state and professional institutions on OSH, OSH prevention services, trade unions and the like. Indeed, some researchers have focused on the ability to obtain, process and use specialist OSH information as one of the key differences between worker representation on OSH and that on other matters of labour relations. They have also gone further, classifying the actions of health and safety representatives in these terms, and identifying 'knowledge activists' as the gold standard of worker representation on OSH matters, in which the most effective representatives are argued to be those who:

> are characterised by their persistent self-training and wide-ranging sources of information, their active efforts to legitimate and act on workers' indigenous knowledge about unsafe or unhealthy conditions, the scale and importance of the issues they addressed, their focus on underlying causes ….

(Hall et al., 2006: 415)

While these seem like a plausible and indeed ideal combination of characteristics that might lead to successful representation on OSH, it was a combined collection of skills we rarely found possessed by any one individual in our study. Even its collective possession, such as by some works councils, was relatively rare. For information on health and safety, most of the representatives in our study appeared to rely on what they were told by the safety managers and advisers within their establishment, what they had learned from their own experiences of work at the establishment and what they were told by the workers they represented. Very few indeed reported using information from any other sources. Some who did report using such information said that they found the information they had received during training of continuing usefulness, but seldom indicated that they had made any effort to update this information, and in some cases it was now many years old. Indeed, the impression given by some of our respondents was that the materials they had obtained during training were brought back to the workplace where they were shared and used as reference material to augment existing information, but that any efforts to instil information retrieval collection skills during training had not been put to much subsequent use.

There were also few clear examples of representatives seeking and using information from regulatory inspectors or prevention services. Those examples that were articulated by respondents seemed to have resulted from knowledge volunteered from these sources during inspection visits and the like, rather than being the result of its purposeful pursuit by the representatives. Surprisingly, the use made of trade unions external to the establishment as sources of information on OSH also seems to have been quite limited overall. Some worker representatives seemed unaware of the trade union as a potential source of information on OSH and expressed considerable reserve about contacting it. For example, a senior shop steward in a medium-sized British manufacturing establishment said:

I would never go to the union office. I would see this as a failing. I've never gone to them for anything.

Shop steward, medium private producing

In short, therefore, while information on OSH matters was clearly critical in the pursuit of representative engagement in OSH, and there were a few examples of it being actively and independently sought by representatives or by their collective organisations such as works councils, for the most part representatives in our cases demonstrated a fairly passive approach to information retrieval, mostly accepting what was provided to them by the safety managers/prevention advisers who seemed to be their main interlocutors.

6.5 Support from workers and workers' organisation in the establishments

As well as the presence of a statutory framework for worker representation, the support from employers and managers to enable its operation in workplaces, and training and information to undertake representation effectively, previous research discussed in Chapter 2 further indicated that support from workers and the institutions of workers' organisation within establishments is also important in enabling representation to take place. The national reports provide many examples of the role of such support in the establishments studied. To a large extent it reflected the influence of national practices of labour relations, which determined the form and function of the institutions of workers' organisation present within the establishment and to some extent also defined its role in supporting worker representation on OSH. For example, in the establishments in the Netherlands (and also to a lesser extent in Belgium), where the works council and its committee for health and safety was the prominent institution of worker organisation for health and safety, their role was a critical support for worker representation. In some Dutch cases this support appeared to work well for labour relations generally — as one works Council member said:

We as workers' representatives really have an influence here. That's really not the case everywhere. In other printing companies of our mother, there's a more docile culture. Here, if you have a positive story with good arguments, a lot can be done. I had never expected that, when I started as a workers' representative. But at the time we had a director who was more of a dictator.

Works council member, large printing works

This experience also shows how the support that might be anticipated from the institutions of organised workers within the establishment was conditional on employer and managerial attitudes. Again, this was a widespread finding in all of the countries, regardless of their style and institutions of workplace labour relations. In the United Kingdom, for example, as we saw in the accounts of both managers and health and safety representatives reported previously, there were examples of establishments where, despite relatively high trade union membership and the presence of institutions for worker organisation, arrangements for worker representation in the establishment operated at arm's length from these institutions, and did so to the apparent satisfaction of both the safety manager and the health and safety representatives. In other cases, a strong trade union presence had resulted in what appeared to be a robust integration of the health and safety representative function within institutions for representing workers more widely at the establishment.

Clearly, these different approaches to representing workers' interests operated in different ways and were the consequence of very different determining factors. This was also illustrated in many of the accounts in the previous chapter. There were examples of the actions of worker representatives in which a distinction was obvious between those systems in which the incorporation of health and safety representatives as 'the eyes and ears' of safety management had occurred and where it operated at some distance from other labour relations practice within the workplace. In contrast, there were situations in which the representatives functioned in relation to the systems for OSH instituted by the management in the establishment and had some possibility of influencing them, but did so with a degree of independence from these systems and the managers who ran them. It would seem to be important to understand both the OSH outcomes of such different approaches, and which aspects of the wider

contexts in which these practices are situated determine the approach adopted. We will, therefore, have reason to return to these considerations in a following chapter.

Not unrelated to the differences in the ways in which worker representation on OSH was construed and practiced in the establishments we studied, was the role of more direct support from workers themselves for the role of representation. In the cases we explored there was a range of such support, perceived by participants to characterise relations between representatives and workers. In some cases representatives recognised the strong support for their role that they had experienced from among their constituents. Sometimes this went hand in hand with situations in which the trade union organisation at the workplace was regarded as championing the workers' interests in an environment in which managerial actions were seen as suspect, as is clear from the quote on section 5.2 from a British worker in a large multinational vehicle manufacture establishment. But in other situations, including those in which the safety representative's role was absorbed into the management-led safety system, the representatives nevertheless often felt close to workers and relied on their support:

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

Health and safety representative, large private producing

Interestingly, however, this representative is describing himself and his colleagues in terms often used to refer to supervisors and foreman, as 'in the middle'. Conversely, there were many situations in which, despite the apparent presence of well-organised institutions for workers' representation in the establishment, the motivation and engagement of workers on OSH was seen as problematic. For example, a union health and safety representative from a public sector establishment in the United Kingdom said he often felt that, while he might be acting in the general interests of the staff when he dealt with management, he did not feel he was 'making representations' about their concerns. He suggested that 'cooperation from members as far as health and safety is concerned is nil'. And when he was speaking to management and 'expressing members' concerns', he said:

> *… it's pure bluff. The members don't know and they're not that bothered.*

Health and safety representative, large public services

Like the relations between representatives and workers outlined above, there was no simple relationship between the range of these experiences and the institutional forms of representation present in workplaces. But several factors appeared to be influential. A combination of the culture of labour relations within the workplace, the wider managerial approach towards participation, the prevailing practice of OSH management and the profiles of the representatives themselves, all acted in concert with wider determinants of workers' attitudes, including such things as arrangements for pay and job security. This led to the variations in workers' motivations to engage with representative arrangements that we have seen in the different cases. It is also important to acknowledge that none of these factors were constant. They were all subject to changes over time. It seems probable that their combination and the further influence of changes in ownership, management style and responsiveness to external regulatory, economic and public pressures were significant in what happened to workers' attitudes to OSH and to representation within the establishments. Again, we return to some further discussion of these determinants in a later chapter.

6.6 Using statutory powers autonomously: stopping dangerous work

Together, this chapter and the previous one give some idea of the rich diversity of practice in terms of the presence of worker representation on OSH in the countries studied, what they do in their workplace roles on OSH, as well as the extent of the support they receive to facilitate their actions in these respects.

However, the statutory provisions that confer some legitimacy on the representatives and their actions also have something to say about their power to influence the way OSH is managed within establishments and how workers are protected from harm. As we outlined in Chapter 2, they confer on

representatives and representative institutions various enhancements to basic requirements on appointment and functioning, such as rights to stop the job, to report inadequate managerial responses or non-actions on OSH issues to regulatory agencies, to approve employer actions on aspects of OSH and so on. However, examples of the use of these approaches in the establishments we studied were rare. In some countries, there was no indication that such rights or their support by the relevant regulatory provisions, or by regulatory inspectors seeking compliance with them, played a significant role in the activities of worker representation in any of the establishments studied. In others, while there was some indication that these requirements may occasionally have had some salience, they were exceptional cases. In Sweden, for example, Work Environment Authority (WEA) data suggest that, although the use of the right to 'stop the job' is very infrequently applied in Swedish workplaces, its use has increased in recent years. In fact, it has grown from 47 cases in which the WEA was involved in 2000, to more than twice that number in 2015, with a similar increase in the recorded numbers of formal appeals to the WEA from safety representatives concerning employers' refusals to act, from 188 in 2000 to 548 in 2015. As we indicate in Chapter 2, previous research has pointed out that formally recorded cases of the use of these provisions probably only represent a minority of the occasions when such rights were invoked. In many others where safety representatives had demanded action by invoking these rights, employers would have been likely to have acceded to their demands and thus avoided the involvement of the WEA.

There were a few situations in which such rights had been used in the cases studied. In one in Sweden, the chief safety representative in a school described how he had shut down an entire part of the site that in his opinion was unsafe. This was a major intervention that affected both teachers and students, who no longer had access to the closed part of the building. However, the management in this case viewed the action positively:

> *The managers think this is really good, because they don't always have the time to watch over every part of the premises themselves or from the perspective that we have.*

Chief safety representative, medium public sector

In other countries, there were even fewer examples of such actions. In the United Kingdom in one large highly unionised establishment in private production, the representative indicated that he had stopped the job on a number of occasions and was comfortable with doing so, while in a well-organised case in transport, all staff had a formalised right to stop the job and there was a reporting procedure supporting this. In both cases, the distinguishing feature appeared to be the strength of union organisation that had helped to create this possibility.

But in other cases safety representatives suggested that they had no such rights and therefore in such a situation they would advise workers to make their own decision to, for example, stop a machine if they felt that it was dangerous and to report the fault immediately. In one case in private production the representative said this was because:

> *I can't as a union rep or room rep, shut a machine down. But if the guy on the machine says there's a guard on this machine that's not working, I'm not running it, I can say, I concur.*

Health and safety representative, large private producing

He would then take the matter up with the chargehand or manager, who he said always responded very quickly indeed if a machine was stopped.

In short, therefore, while it is probable that such rights still serve to confer some degree of legitimacy upon those who hold them, and previous research findings both in Europe and elsewhere suggest that such legitimacy can be an important support for worker representatives, especially in situations where there is a degree of conflict between representatives and managers concerning appropriate actions, in practice they seem to have been seldom used. Far more in evidence across the examples of arrangements and actions to represent workers on OSH reported in detail in the national reports and summarised with comparative examples in the previous chapter, is a largely consensual approach to the resolution of issues through the use of processes that are mainly instituted at the behest of management.

This would seem to suggest that the everyday representation of workers' interests in relation to the operation of OSH management occurs in the main through the incorporation of the means to effect such representation within the structures and procedures of OSH management, and reflects, in this respect, the realities of the distribution of power within European workplaces at the present time. We return to a discussion of these realities and the preconditions for effective worker representation on OSH in Chapter 8. Before doing so, however, we turn to an examination of the representation of workers interests on OSH in the substantial minority of establishments included in the study in which there were no formal arrangements for the representation of workers on OSH, or where the formal arrangements had been instituted by the employer/management and were at some considerable variance with the statutory provision.

7 Experiences of representing workers on occupational safety and health where formal arrangements are absent

7.1 Introduction

Although all of the cases in this study were selected from a population of respondents who had originally claimed that there were arrangements for worker representation involvement (or at the very least, arrangements for worker involvement) on OSH in place in their establishments, on closer scrutiny it became evident that there was some variety in these arrangements. In several countries there were a number of cases where, in fact, there were no such formal arrangements. It is obviously important to consider what happens to the representation of workers on OSH in these establishments. This is especially so when it is borne in mind that such establishments constitute the majority of workplaces in the EU, employing a substantial proportion, if not the greater part, of the EU workforce. The aim of the present chapter, therefore, is to explore what happens to the representation of workers on OSH in these situations by examining the evidence of this from establishments in all of the countries and sectors included in our study.

There were two situations commonly encountered in our sample of establishments in which the arrangements found were not in keeping with the statutory requirements for worker representation. In one, they were absent because these requirements did not apply or because preconditions supporting the implementation and operation of arrangements in accordance with them were not present. Commonly these situations occurred in small and very small enterprises and, because we had tried to include a balanced representation of establishment size in our sample of cases, there were some such organisations represented in the sectors in each of the countries on which we have focused. The second situation we encountered, however, was where the statutory requirements applied in theory, but where employers and managers had sought to introduce arrangements which departed from these requirements in various ways. In the latter case, it was often claimed by employers and managers that these were 'representative arrangements' but they were at times far removed from what we defined as 'representative' in Chapter 1. Both situations indicate support for what we have already argued in previous chapters; that is, while the statutory provisions may be important in determining the presence of arrangements for worker representation on OSH, there are also factors other than these provisions which influence the presence, form and operation of these arrangements in all the countries we have studied.

In the present chapter, therefore, we examine findings from our cases first in relation to those establishments in which there were no formal arrangements for representation and second in the smaller number of cases in which the formal arrangements were different to (or did not meet) expectations derived from the preferred statutory requirements[33]. We acknowledge that in practice there was considerable overlap between these two situations and those in which arrangements followed conventional patterns.

Providing the exact proportion of our cases in which there were no formal arrangements is a little complicated, as section 7.2 makes clear. However if Table 3.3 is referred to it will be apparent that between a quarter and a third of our 143 cases had no formal arrangements for worker representation in accordance with the statutory provisions. This should not be taken as a representative measure of the situation more generally, since our sample of cases was not constructed to be 'representative' in this way. Indeed, if the data in Chapter 4 are borne in mind, this proportion probably under-represents the proportion of establishments in the EU with no formal arrangements for worker representation on OSH. Partly because of their ubiquity, we decided it was important to understand how workers were represented in these workplaces as well as in those where formal arrangements in line with statutory measures were in place.

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[33] We use the term 'preferred' deliberately, because in countries such as the United Kingdom, the statutory provisions (in this case the SRSC Regulations 1977) denote a preferred model of representation but also allow employers to introduce a different kind (under the HS(CwE) Regulations 1996), where the preconditions for the former do not exist (see Chapter 2).

7.2 Establishment size and formal arrangements for worker representation on occupational safety and health

In many countries, as detailed in Chapter 2, regulatory requirements on arrangements for worker representation on OSH do not apply to smaller companies. Two such situations are commonly found. In the countries in our study in which works councils and health and safety committees were important institutions of worker representation, such as the Netherlands and to a large extent Belgium, there were generally no such formal systems in place for these institutions of collective representation in enterprises of less than 50 workers, because the legislation did not require them in these enterprises. Similarly, in relation to health and safety committees, size-based exemptions might apply, for example in Greece. However, in these cases, although there was no requirement to establish a works council or OSH committee, there were other requirements, which meant that there was a chance of the presence of health and safety representation in small firms. For example in the Netherlands, as outlined in Chapter 2, there was a possibility in companies with 10 to 50 employees of setting up an 'elected employee representative body' (*personeelsvertegenwoordiging*).

In the second situation, commonly found in EU Member States where the focus of the regulation is on worker representatives rather than on works councils or committees, it is generally micro enterprises (rather than small enterprises) that are exempt from such arrangements, but there was little sign of representative arrangements in any of the very small firms in our sample of cases — despite our expectations from the claims made during initial communication with these firms. One exception to this was in Sweden, where only one of the smaller establishments included in the study did not have a health and safety representative (or access to one, through the Swedish system for regional health and safety representatives). In some cases, the establishments exhibited a mixture of these limitations but, in the main, most small firms among our establishments did not have representatives even when their employees were entitled to them. In Greece, for example, about a third of the establishments included in our selection did not have a worker representative. These were mostly smaller enterprises.

There was also a third situation, found in Sweden and the United Kingdom, where in principle there are no establishment-size restrictions on the presence of worker representation on OSH, the key determinant being the presence of trade unions. That is, the law allows trade unions to appoint representatives in all establishments where they are recognised (in the case of the SRSC Regulations in United Kingdom) or have members (in the case of Sweden), regardless of size. However, in the United Kingdom in practice this amounts to the same thing as a size-related exemption and, for the most part, in small independent firms there were usually no arrangements for worker representation. In two of the small firms in private production among our cases we found there were non-union representatives present, but in both cases these establishments were part of a wider company group and in terms of their institutional arrangements, they were influenced by the practices adopted by the group.

Although this was largely not the case for the small and micro firms in the Swedish sample in our study, statistics on trade union membership in Sweden indicate nevertheless that there are far fewer trade union members in small and micro firms, and we would therefore anticipate that there will be many without representation on OSH here too. Indeed, as the Swedish report makes clear, even in Sweden, where formal methods of representation extended to the majority of small establishments in the sample, small firms had implemented statutory requirements on Systematic Work Environment Management to a lesser extent than their larger counterparts. The Swedish national report points out that small firms have only a third as many safety representatives per employee as larger firms, and the few lone safety representatives operating in these firms often have a weak position because the social construction of work in small firms tends to be dominated by the influence of the owner/manager (Frick, 2013). Other Swedish research confirms this — for example, in one study, a third of lone safety representatives in small workplaces reported that they could not take enough time off for their task (Gellerstedt, 2012). Lack of time to undertake tasks was also reported to be common among the union TCO's representatives in small firms (Fromm, 2012). The Swedish report underscores the interrelated nature of the double negative effects of the trajectory of these developments for OSH management and worker representation. Thus, it points out that among the reasons for the reduction of trade union membership in Sweden in recent decades has been growth in the number of small firms, where there are much weaker trade union and work environment traditions, and unions have less coverage to appoint safety representatives — especially in the growing number of completely unorganised small firms. Even when

they are able to appoint them, they have few resources to support them. In parallel, this growth of small firms, often in dependent positions in supply chains, has resulted in many more employers with limited safety management capabilities, who are unwilling to appoint safety representatives (Frick, 2013).

7.3 The practice of representing employees on occupational safety and health in small and micro firms — evidence from the cases

In this section we examine evidence mainly from small and micro establishments in the countries we studied, in order to provide a qualitative understanding of the practices adopted for representing workers on OSH in these workplaces, from which formal arrangements were generally absent. We look first at the main characteristics of the different arrangements made in these establishments, before turning to a consideration of the ways in which they operate to represent the interests of workers on OSH. We conclude with a discussion of what emerge as the key drivers behind these practices in smaller establishments.

7.3.1 Some general features of employee participation arrangements in smaller establishments in the seven countries

As might be anticipated from the literature on OSH and establishment size (see, for example, Walters and Wadsworth (2016) for a recent review), the most prominent characteristic of arrangements for safety and health in smaller establishments in all the countries studied was their comparative informality. This was as true for the representation of workers as it was for other aspects of their arrangements for OSH. Indeed, many of the findings from our cases of smaller establishments reflected features of the organisation of work and social relations that are well established in the literature as characterising what occurs in small and micro firms generally. Therefore, it was unsurprising to find that, in most small firms, the main means of representing workers on OSH was through direct methods of communication between individual workers and their managers or the owner/manager.

There were a number of establishments from different countries and sectors in which respondents spoke positively about the benefits of these direct forms of consultation on health and safety. For example, in Belgium, direct methods of participation on OSH were commonly said to be present in companies without a CPPW. Managers said they tried to ensure that they had daily contact with workers and were accessible for them to speak to about their OSH concerns. Most of the workers from these establishments said they felt able to speak to their manager or to the prevention advisor about health and safety issues, and they also indicated that they received feedback about these issues. These exchanges between workers and managers occurred in a variety of settings, including for example during team meetings, but also in more informal ways such as during lunch breaks or 'in the corridor'. A worker from a small private service company said:

> We all talk to each other, there is always someone to talk to … we do not keep things for ourselves. If something is not okay with an employee, we talk about it with the HR, and if it's needed the big boss comes and talks to the person in question to solve the problem.

Worker, small private services

In other small firms where owner/managers often undertook the same work as employees in the establishment, OSH communication happened in everyday exchanges. If a worker observed a hazardous situation, he could talk about it with the manager because they were both involved in shared work activities and they could look for a solution together. In small companies, such as in the construction or manufacturing sector, the manager's shop floor experiences were an additional feature that they felt often helped facilitate communication with workers who were regarded as peers.

There was also a sense conveyed in many interviews that both managers and workers in small firms regarded this informal direct communication on OSH issues as a positive feature of work in smaller establishments. One worker in a small Belgian IT company, who had previously worked in a larger organisation, said that in his view the informal relations in the smaller company were both more socially acceptable and also more efficient:

The more formal, the less rapid and fluent … here [social relations] happen in a far more human way, you are not just a number.

Worker, small private services

Also in Belgium, an owner manager from a small retail company explained his motivation to care for the OSH of workers as a consequence of his values, meaning that he wished to treat his workers well and wanted the best for them. Caring for their health and safety was, according to him, part of the close, respectful relationship which characterises that found in small companies. Owners and managers in many of the cases in other countries expressed similar sentiments when commenting on direct participation. For example, in Greece, the executive manager of a small clinic argued that good personal relations between workers and managers made representation or intermediation by third parties unnecessary:

If an employee has a problem, he or she feels free to share it with us, as together we can find a solution; the most important thing for everyone, owners and staff, is the survival of this enterprise.

Manager, small public services

In Spain, the most common practice found in smaller establishments was direct communication on OSH matters between workers and managers. The workers would tell managers about the problems they found and, when possible, the managers would try to find a solution:

Our company is like a family that attends to our problems and needs: you ask for something and you immediately obtain what you need.

Worker, small private producing

In Estonia, meanwhile, in the small companies included in the study, OSH duties were often fulfilled by the owner/managers themselves, involving direct communication between them and their employees, as they were often on site together — as is stated by the owner/manager of a small food manufacturer:

Since our company is small, then I do the job myself, and some duties are on the shoulders of the quality manager. Safety is important for me, but I don't see that the rep can contribute a lot to the OSH issue, he's just a regular office worker. I talk to people myself — I'm on-site every day, so it's not a problem for me. I get all information from them.

Manager, small private producing

And in the United Kingdom, there were several cases of smaller establishments in which there were no recognised trade unions and no representative arrangements present. In these situations, the direct participation of workers in OSH was regarded as adequate to express workers' voice. In one or two such establishments, especially in health and social care, it was also pointed out that professional practices required of workers in these situations were highly participative anyway. In others, in compliance with certification standards that the companies had sought in order to improve their reputation with clients (or because they needed them to tender for work from clients), small contracting firms had introduced various means of demonstrating the participation of workers in OSH arrangements, such as holding regular safety meetings, encouraging incident reporting and conducting toolbox talks and safety briefings before the start of each task.

However, such endorsement of direct methods of participation in OSH in the smaller establishments we studied was also not without qualification. As is indicated by the wider research on work in small firms reviewed in Chapter 2, the impression of 'small is beautiful' that is conveyed by superficial study of social relations in these firms, while undoubtedly true at some level and in some cases, is not quite as universal as is sometimes imagined. As Walters and Wadsworth (2016) have recently pointed out, in an extensive review of the literature on the effects of the social and economic relations that characterise small firms, both managers' and workers' perspectives concerning these matters are conditioned by a host of factors within their work and business environment. Such factors often act in concert to determine perceptions and practice on OSH in small and micro firms, as well as their vulnerabilities to harm. And as the Swedish national report in the present study points out, generally there is evidence of weak organisation, competence and capability on risk management present among

small firms. This is often linked to small firm managers and their workers overestimating both their knowledge of OSH and the quality of their work environments. They rarely use OSH services or other advisers to support their approach and there is limited representative worker participation to help present a more informed or autonomous understanding of the OSH situation in these firms. The perspectives that managers and their workers bring to their situation are, therefore, conditioned by their limited experience and by the norms they take for granted within the structures of vulnerability they inhabit within these firms and the contexts in which they are embedded. These factors lead to the well-established concerns about poor OSH performance and its outcomes, as other studies have convincingly demonstrated in relation to small firms.

In keeping with what might be anticipated from this literature, in most of our cases employees in small companies had only limited knowledge on OSH and of their rights for worker representation. In addition, the negative attitudes of managers to notions of representation exerted a strong influence on their practices. For example, while an owner manager, such as one from a small retail company in Belgium, might explain his motivation to care for OSH as arising from his personal values and desire to treat his workers well as part of a close, respectful relationship that characterised the culture of his and other small firms, this often found expression in a paternalistic management style. Such approaches were strongly determined by the character of the owner manager. They often placed strong emphasis on top-down communication and gave little space for forms of worker participation in which a conflicting view might be expressed or where there was any real chance of workers influencing outcomes. In small companies in the construction or manufacturing sector, for example, it was sometimes claimed that the manager's shop-floor experiences facilitated communication with workers who were regarded as peers. Nevertheless, the involvement of workers in the risk prevention process was often limited, as the safety manager from one such company stated:

> … workers [here] are not intellectual people, we should not expect them to think proactively about their health and safety.

Manager, small private producing

In Spain, the fieldwork findings suggest that, in terms of formal arrangements for representation, small companies tended to do only what the law compelled them to do. As a result, in most of them there was neither a safety delegate nor an occupational health and safety technician. Workers' and managers' perceptions were that in such a 'family', trust between all participants made formal channels of representation unnecessary. But such close relations also served to influence attitudes in terms of what workers were prepared to tolerate. Having a boss who was a family relative, for example, sometimes made workers more willing to adapt to conditions they might not have been happy to accept in other circumstances. In these and other situations, they sometimes excused the company from being responsible for 'fixing' problems identified in the work environment, even adopting this responsibility for themselves:

> We do not perceive significant risks and we resolve those that are identified as far as we can; there are things that do not depend on the management.

Worker, small public services

In other workplaces in Spain, direct communication between management and workers elicited mixed perceptions of its effectiveness. Some workers complained about it resulting in reduced opportunities for participation, while in other cases the workers said that the direct path was:

> … the best way to communicate these problems as well as the most efficient.

Worker, small public sector.

Its effectiveness, therefore, clearly depended on wider determinants within establishments and in the conduct of their operations, which influenced the way in which these approaches were perceived.

Some clues to these determinants were seen in one of the Spanish establishments we studied which was a cooperative. Here a special arrangement for participation in OSH was evident. Horizontal and symmetric relations among workers made the circulation of information simpler and faster. There were fewer bureaucratic procedures causing delays, and workers had also improved on this with two further

organisational strategies. Firstly, in each department there was at least one 'associate' who reported workers' needs or demands directly to the management. Secondly, workers rotated workstations and tasks, so they experienced for themselves the advantages and problems of each work position. This allowed them a better perception of each other's workload and promoted an active, cooperative attitude among workers.

According to the manager of the cooperative, being a worker and associate at the same time improved sensitivity to occupational health and safety issues and awareness of its importance. A worker confirmed this:

> *They work with us day by day in the same workplace, sharing our risks and problems; that makes them very interested in solving workers' problems.*

Worker, small private producing

But while the social relations within the cooperative clearly improved communication between workers and managers and allowed some improvement to OSH as a consequence, it was not the only influence and it was not always an effective one. According to another worker from the same cooperative, its worker members felt themselves to be the owners of the cooperative, and as such they shared the concerns of owners about productivity and efficiency in relation to the performance of the business. Sometimes these feelings of ownership meant that they did not comply with safety rules, for example by not using personal protective equipment — doing what they felt to be more comfortable, and not what is safe. While all the workers were comfortable asking for support for their safety, they did not always properly use what they themselves had requested.

7.3.2 Sector, size and their effects on risk assessment and management in small establishments

The characteristics of sectors were also an important influence on the form and content of worker participation in all enterprises, including small and micro ones. In this respect, the culture and traditions of the sector, the nature and magnitude of risks, and the amount of support mandated for their management were significant influences on the form and content of worker participation in smaller enterprises in different sectors. In several countries, for example, OSH management support was relatively highly developed in the construction sector and, albeit to a lesser extent, in manufacturing. In both sectors, serious risks are widely recognised and complex work organisation demands substantial support for OSH management and advice. Such arrangements and the culture they tend to bring with them is likely to influence the nature and level of practices of worker participation in these matters too, irrespective of company size. There were, therefore, many examples of proactive attempts to increase direct methods of consultation with workers mentioned by respondents from these sectors.

In high-risk companies, workers' involvement in risk analysis was, to some extent, institutionalised in daily practices regardless of company size (although arrangements in small and micro firms were less bureaucratised than in larger ones). As already noted, the main means of representing workers' interests in these processes was through the direct participation of individuals. But this was also very much determined by the willingness of managers to seek such involvement. For example, as reported previously, in two of the small companies from the construction and manufacturing sectors in Belgium, managers suggested that their employees did not have the competencies to think about OSH matters and therefore their involvement was not sought. In the Spanish examples, meanwhile, the communication style of a small company's owner was acknowledged as a major influence on the work climate and consequently the level and type of worker participation that occurred. Where the relevance of the workers' point of view as regards improving both the safety and efficiency of the production process was clear to managers, it improved the way in which worker participation contributed to ameliorate safety and health at work. Some companies organised working meetings led by the management department, the main purpose of which might not always be related to OSH but where, as interviewees suggested, there was sometimes the opportunity for workers to communicate suggestions or ideas about risk prevention and occupational health and safety. Such meetings could be said to have had a double objective in this respect: to make the production process more efficient and to make it safer and healthier. As a Spanish manager put it:

The two things are related: working in better conditions makes the process more productive and efficient.

Manager, small private producing

The workers usually shared this organisational and managerial culture and they confirmed their understanding of its value to them with statements such as:

… new machinery, recently put into the productive process, has improved both safety and production.

Worker, small private producing

Therefore, when the company management perceived a relationship between safety, comfortable work and productivity, it seemed to promote a shared understanding, widely communicated through direct methods of participation, that everyone involved in the production process worked effectively in the same direction.

In Spanish small private producing companies, workers' involvement in the process of risk assessment was, therefore, either through direct, informal communication between individual workers and the person in charge of OSH issues, or took place during the process of risk assessment at the workplace, undertaken by a specialised company that provides risk prevention consultancy services. In fact, in several of the small companies from Spain, all of the OSH services were subcontracted to OSH consultancy service companies. This practice of contracting out risk management in these types of small companies was seen by some as tantamount to regarding OSH as an administrative issue in which workers' participation is not necessary. Generally here, as in other countries where this practice occurred, workers in small companies had little opportunity to influence the choice of such services or what they were contracted to provide. However, some interviewees also said that, while visiting the workshop during the risk assessment, the technicians from the prevention service did sometimes speak with workers and ask for ideas and suggestions or for complaints about their occupational health and safety. Conversely, in other establishments — both small and medium-sized — technicians from the preventive service were regarded by the workers as inspectors, causing suspicion and mistrust. Indeed, in some instances interviewees reported that when the external prevention service came to make any assessment of risks, workers felt that it was they who were being inspected and that the right approach was to:

Shut up and be careful!

Safety representative, medium private producing

In contrast, in Sweden a (fairly unusual) example of a situation in which there was a health and safety representative in a small producing firm served to exemplify the importance of worker participation in both assessing risk and managing the work environment, as well as for the development of effective production methods. The manager in this establishment said the management team between them had a good knowledge about the product, sales and business relations of the firm but far less experience of managing the actual manufacture of their product, and went on to say:

That's why 'the lads' [workers], they are the ones who know. There is no one that knows as much about manufacturing [as] those who actually manufacture [the workers].

Manager, small private producing

As is typical of a small firm, the establishment had little formal or organised work environment management, but it was nevertheless successful in both identifying and managing risks. The workers and managers achieved this by cultivating mutual respect between managers who were interested and committed, and workers who were deeply involved in planning and shaping the workplace. For example, the safety representative and other workers had been involved in the reconstruction of the workshop, and the safety representative said:

We are pretty free to decide, as long as we still produce.

Safety representative, small private producing

As an example, he talked of a situation in which there had been a lot of stress in relation to certain products and express orders, with short notice changes in the design due to customers having new ideas of how to implement the product. The safety representative and one of his colleagues were given the task of assessing the problem and planning production with regard to machine and employee capacity. This had led to a better workflow and reduced stress. The financial manager confirmed this and said:

> And this is an interesting solution. Because originally it was the production manager, or whatever his title is, that should plan and manage the production. But we [management] and the employees saw that it didn't work. …. So we delegated the planning to the safety representative and his colleague.

Financial manager, small private producing

There were marked differences between the private sector producing establishments and many of those in both public and private sector services work. To begin with, there were strong differences in the perception of the nature and extent of OSH risks between these sectors. As we saw in the previous chapter, these differences applied in larger establishments too, but in some respects they were perhaps more pronounced in smaller ones. While in manufacturing and construction the presence of traditional physical work risks was widely acknowledged, there was far less awareness of psychosocial risks or the need to address them. The general attitude in smaller organisations in these sectors was that, if such risks existed at all, they could be dealt with through personal communication between the affected workers and their managers, and that there was no need to make any special arrangement for this or to assess or evaluate the presence of such risks in the workplace.

In public and private sector services, however, there was far less acknowledgement of physical risks that might be associated with work, with some respondents suggesting there were no significant issues to be addressed. As one Spanish respondent put it:

> We have no risks other than back pain due to poor posture, getting an electric [static] shock … but hey, that's no risk, it's an office.

Manager, small private services

In public and private sector services, therefore, there were many small establishments in our study in which a perception of 'low risk' among both managers and workers led to limited OSH participation arrangements, whether formal or informal. However, this is not the complete picture. In many of these services establishments, and especially in those in which the interface with people is a major feature of work, such as in social and health care and in education, while the nature of work-related risk is quite different to that found in manufacturing and construction, as are organisational cultures and work ethics, measures of work-related ill-health such as absence from work would suggest that it is hardly true to say that these workplaces are 'low risk' establishments. Perhaps it might be more correct to conclude that in establishments in these sectors there is only a limited recognition that many of the problems routinely addressed are in fact about health and safety — even though they are not perceived as such by either the workers or managers involved.

For example, in the smaller establishments in social or health services in the study, the extent of informal collaboration among workers and between them and managers around issues such as stress at work and violence from clients was often considerable, but much of it occurred without workers and managers identifying it as a part of arrangements for OSH management. So, for instance, team meetings were regularly organised to discuss clients or patients. Traditional OSH matters were rarely discussed, but psychosocial risks were a frequent topic of these meetings, as were the risks associated with physical violence, lone working and the like. Indeed, they were the place for workers to talk about difficulties they encountered, for example with a child in their care, with assaults from patients and so on. These problems were regularly discussed with the team and the management to find solutions to them, and this seemed to be an efficient and effective way of communicating. Managers were relatively easily and spontaneously informed about the day-to-day problems of workers and could deal with them immediately, before they escalated. And, as we pointed out in the examples from the United Kingdom mentioned previously, they often saw it as part of the conduct of their profession to do so. Indeed, in many cases their professional codes of conduct required such practices. Moreover, talking directly with

workers gave management the opportunity to win workers' trust and ask for more details to better understand the problem. The internal prevention advisor from a small social care organisation added:

> … making it more formal could be an obstacle for employees, who all need a different kind of support.

Prevention advisor, small public service

This was even sometimes the case in relation to psychosocial risks. As reported in the previous chapter, in larger companies, where there is a requirement to assess and manage psychosocial risks specifically, assessment mainly occurred through the analysis of questionnaire-based surveys that were often administered by an external prevention service. In examples of smaller companies from several countries in our study, however, it was reported that where psychosocial risk analysis occurred, it was done in a more qualitative way, such as during the discussions at staff meetings described above.

7.3.3 Business dependency, contracting and arrangements for worker representation

A feature of many small firms is the dependent position they often occupy at the ends of product and labour supply chains, where the extent of the decision latitude they possess is limited by the demands of the more powerful (and usually larger) buyers of their products or services. As the literature on these situations attests, the effects of this can vary from situations in which OSH arrangements are overlooked in order to meet the price and delivery demands of customers or, at the opposite extreme, where small contractors and subcontractors are obliged to follow the strict OSH requirements of their larger clients. For the most part the literature suggests that the former situation is more common than the latter. The challenge these situations present for participative approaches is that workers and their representatives usually have little involvement with the clients or buyers, and little chance to influence their demands. They are presented as external requirements with which the management of the establishment has little choice but to comply. This also seems to have been the perception in most of the experiences of such situations that were reported by respondents, regardless of country or sector. For example, respondents from small firms in Spain suggested worker participation was irrelevant because of the strict control over work activities exercised by the client in such situations. Work was undertaken on the client's premises and the latter established the rules for safety and health there without consultation with the contractor or subcontractor, whose workers were obliged to comply with these safety rules. As one interviewee put it — '… we have to match our needs to their requirements' — but there was no perception of any form of worker participation in this process at all.

An example of these arrangements, albeit from the perspective of the client organisation, was provided in the Dutch report concerning consultation between the management and works council in a large organisation that used subcontractors. The manager said:

> We consult the works council in all issues that fall under article 27. But also if we want to do something that exceeds legal requirements. One example is our alcohol and drugs policy, which we have revised rather drastically. It applies not only to our own employees, but to employees of subcontractors as well. We are currently implementing the new policy, and we will evaluate it on a regular basis. This was a fine example of successful cooperation.

Manager, large private producing

But the successful cooperation referred to in the above quotation was between the works council and the management of the client organisation. Its results were imposed upon the workers of subcontractors, without consultation.

Another way in which client organisations attempt to influence the safety management of the small firms that they contract or subcontract, is through the use of systems to certify that contractors will have arrangements in place that meet required standards of safety. As contracting has expanded in recent years, so has the use of such systems, including VCA (Veiligheid Gezondheid en Milieu Checklist Aannemers) certification, ISO (International Organization for Standardization) certification and OSH 18001 certification, depending on country, sector and purpose. They are now routinely a requirement

in the tendering process for contracts in some sectors and their operation is often monitored by client organisations. In some countries and in some sectors, the use of such systems has become mandatory in certain situations, while in others it is still voluntary but very much encouraged. The arrangements for OSH that certification systems require of clients often emphasise inclusion of direct participative practices such as toolbox meetings, safety meetings, safety incentive schemes, suggestion schemes, risk assessment method statements and the like, *but seldom do they include any requirements for representative worker participation in OSH*. In some countries, including Belgium, the Netherlands and the United Kingdom, the use of these systems has been well established for a number of years in industries, such as construction, where the mix of high-risk activities and fragmentation of managerial responsibility and communication caused by the substantial use of contracted and subcontracted employers and workers on the same worksite has encouraged them as ways of meeting common basic standards of good practice on OSH management. The approach has spread to many other sectors in private production as well.

There were a number of examples of the experience of the use of these systems in the smaller establishments in our sample that were active in contracting and subcontracting work, but few had much to say about their impact on worker representation or participation. One exception was a marine services company in the United Kingdom where the manager mentioned that the safety meetings that the company held periodically were in part a fulfilment of requirements of the ISO certification that the company held. While the manager was quite enthusiastic about the effectiveness of these meetings in involving employees and raising safety awareness, the employee interviewed was quick to point out that, as these meetings were held at the end of work shifts, they were attended by workers only with some reluctance and a strong motivation to finish them quickly.

There were also several examples of situations in which the work pace within the establishment was increased in order to meet the delivery requirements of customers, and others in which customer specifications led to alterations of processes and products in order to meet them. In all these cases, if any form of consultation with workers or their representatives occurred, it was usually the need to meet orders that was prioritised, rather than any implications that changes might have for OSH.

There were also some differences between countries in the extent to which the workers of subcontractors were included within the remit of the workers' representatives for OSH who were employed by the client organisation. In some cases, in Greece for example, trade unions and health and safety committees covered full- and part-time employees but not subcontractors' employees. Trade unions only informed subcontractors on OSH issues — even when these employees were much more numerous than those of the client organization (in a national airport, for example). In other countries such as the Netherlands and Sweden, the employees of subcontractors were sometimes explicitly included within the remit of worker representatives of the client organisation. In all cases, however, in the small firms in our sample that were involved in contracting or subcontracting, the workers interviewed showed little awareness of any possibility that the relationship between them and the client organisation might allow for worker participation on OSH, whatever requirement was theoretically mandated. In these situations, in the Netherlands and elsewhere, it was found that requirements for the certification of contractors' safety arrangements tended to help raise the profile of contractors' arrangements for direct participation (through, for example, providing evidence of arrangements such as toolbox talks, safety meetings, safety communications and the like). The same arrangements often tended to keep collective representation at arm's length.

7.3.4 Arrangements for worker participation in small firms — a summary

Their size, relatively straightforward organisation structure and operation, accessibility of decision makers, shared experiences and proximity of social relations in small firms made formal arrangements for worker representation seem cumbersome and unnecessary to many of the participants in the study who managed or worked in small establishments. In all of the countries in the study these participants were able to furnish examples of situations in which they believed the direct participation of workers and managers achieved the desired effect of engagement with OSH issues. But while these were no doubt examples of good communication on OSH problems and solutions in small firms, when such participation occurred, it is important to bear in mind that it was in part determined by the relations of production in these firms and not merely a function of their size.

These determinants do not necessarily lead to positive outcomes. Nor do the experiences of such good communication between workers and managers in small firms reported in the present study negate the well-established need to support OSH in these firms in order to improve the acknowledged poor outcomes experienced in many smaller firms; or the evidence that adequate representation of workers on OSH plays an important part in this support. What they show quite clearly is that, in most situations, features of what make arrangements for worker representation a useful contribution to successful outcomes in larger firms do not apply in the same ways in small firms. Such formal arrangements are neither practicable or necessarily a useful strategy in small organisations. Nevertheless, there is a clear difference between representing these interests, which research shows are far from always identical with those of the business or its owner/manager, and getting workers to participate in schemes that further these latter organisational and business interests. Small firms would therefore seem to require a means of autonomously representing the OSH interests of workers that is relevant to both the structural determinants of economic and social relations in these firms, and relations between them and their clients. There were few signs of such means present in the cases from any of the countries included in the study.

One possible exception to this general conclusion is the scheme for representing workers in small firms, mandated under the statutory provisions on worker representation in Sweden. Under these provisions, regional safety representatives are appointed by trade unions for workplaces without joint committees but with at least one union member. As the Swedish report makes clear, there are something in the order of 1,660 such representatives. While this covers by no means all workers in all small firms without other means of representation, it is nevertheless widely seen as a substantial support for both workers and their employers in small firms, and its support is quantitatively far greater than that provided either through the Work Environment Authority or the preventive services. The activities of these representatives have been the subject of much research scrutiny, which has generally indicated that the system is extremely effective. The present study has little to add to what is already known in this respect, as there was only one case in which a regional safety representative was involved in the Swedish sample.

The preconditions for the effectiveness of regional health and safety representatives identified in previous research are those that are characteristic of the Swedish context and especially of the Swedish labour market, labour relations and OSH regulatory characteristics. Unfortunately, and with the possible exception of other Nordic countries, these do not seem to be replicated elsewhere in the EU. We will have reason to return to this question of the transferability of good practice in the following chapter, but first we examine some of the other situations among our cases where arrangements for worker representation were either absent or at some variance with what might be anticipated from the statutory requirements.

7.4 Other arrangements for worker 'representation' on occupational safety and health

Although establishment size was overwhelmingly the limiting factor in setting up arrangements for worker representation, as we noted earlier, the cases we studied included some in which formal arrangements were in place that were the consequence of the employers' own policies on OSH management and labour relations, as much as they were a reflection of what was required by statutory provisions. Sometimes these arrangements differed substantially from what might be anticipated from the statutory requirements, while in other cases, because of the somewhat generic nature of these requirements, they could be said to offer a version of compliance, but one that would be at variance with what, for the purposes of this report, we understand by arrangements for representation as indicated in Chapter 1.

In most cases in Belgium, Spain, the Netherlands and Sweden in medium and large establishments, arrangements for representation on OSH were broadly in line with statutory requirements. However, in the remaining three countries the pattern was more varied. In Greece, for example, among the medium- and large-sized establishments there was at least one in each sector where there were no arrangements in place for representation on OSH in accordance with the statutory provisions. In two of the larger establishments, the management apparently regarded formal measures on OSH representation to be superfluous to its requirements. Instead they had introduced alternative schemes

in which an OSH coordinator or human resources representative was appointed by management to act as an intermediary between the management and the workers on all labour issues, including those of OSH. As a manager in one of these establishments put it:

> … *representation has a meaning when workers feel they are not heard; but here we are a family business, with an open doors policy.*

Manager, large private producing

In another case, although no formal representation was present, the enterprise allowed external unions to speak to the workers during their break. However, they did so without much enthusiasm, the manager commenting:

> *What about the workers who do not want to hear but still have nowhere else to go for their break?*

Manager, large private producing

In a further company without formal worker representation, it was suggested that direct consultation on OSH was effectively undertaken via a special programme on the company's intranet.

The safety systems in place in all these companies were strongly behaviour-based and placed considerable focus on workers' attitudes, safety awareness and rule-following behaviours in accident prevention. This approach was not uncommon in many other establishments, even where there were worker representatives appointed under the relevant regulations, and we will have reason to return to these safety systems and their influence on the experience of worker representation later.

In Estonia, which was distinguished in our sample by having by far the lowest level of trade union membership — indeed, with only around 5.6 % of the workforce members of trade union, it has the lowest trade union membership in the EU — arrangements for worker representation on OSH reflected the overall weakness of employee representation in industrial relations in the country generally. As we have made clear elsewhere in this report, a result of this is that Estonia has had a 'dual system' of employee representation since 2007, whereby in the absence of a workplace trade union, the general workforce can elect a 'trustee' to represent their interests with management and conduct collective bargaining on their behalf. As a result, the authors of the national report conclude that opportunities for employees to represent themselves are poor in the Estonian context, even though dual channel representation would appear to facilitate such processes.

In the cases of the larger establishments in which employee representatives for OSH had been elected (or in effect appointed by managers), and where they were active, the majority functioned as an element of the systems for safety management in place in these establishments that were under the control of the company management. The activities they undertook were usually in relation to functional elements of these safety systems; reporting hazards, ensuring workers wore personal protective equipment, assisting with documentation and information provision, and so on, all of which were conducted through their reporting to the safety manager. As already stated, such systems were highly behaviour-based in their orientation and the employee safety representatives functioned essentially as intermediary actors within them, implementing and operationalising their requirements and, in some cases, monitoring the compliance of workers with them.

There were one or two exceptions, but again, it seems that the lead on making them exceptional was taken by the company management. For example, in a large food-manufacturing establishment in Estonia that had been acquired by a Nordic company, there was a health and safety management system in place that reflected Nordic approaches and where working environment representatives had been elected with rights to be involved in various OSH matters. Additionally, in this case workers had rights to refer their problems to line managers, working environment representatives or working environment specialists. But even here, the extent of the autonomy of representatives to represent workers when there might be conflict of interest with the organisational management was unclear. In other establishments, arrangements reflected the opposite end of the spectrum of both management systems for OSH and possible representational actions within them. In such cases the elected employee representative seemed to have little to do, with their appointment merely a token gesture to regulatory requirements, for which the post holder had been given no time or facilities.

In the United Kingdom, there was an interesting situation that reflected the changes that have taken place in the relative influences of organised labour and capital in the years since the original statutory measures on worker representation were adopted. During this time the former very strong tradition of workplace trade union organisation has lost ground considerably. The presence of arrangements for worker representation on OSH made under these statutory measures, and the rights they provide exclusively to trade unions, have reduced, while in parallel other forms of 'employee engagement' have been introduced, not only in smaller establishments but in larger ones too. This was evident in our data, where several of the medium- and large-sized establishments among our cases had arrangements in place that were at some variance with those that might be anticipated from the application of the 'preferred' statutory model provided by the Safety Representatives and Safety Committees Regulations 1977.

For example, in one large multi-sited British company performing storage and distribution, there was no independent trade union recognised across the company and at each of its workplaces the management had appointed a 'site representative' for health and safety, who oversaw compliance with company safety management procedures on-site and reported to the Group Health and Safety Manager. The site representative's role was described as one of 'facilitation' — making sure that people with responsibility for safety matters fulfilled their roles. The site representatives kept records of all safety documentation such as risk assessments and inspection forms, and met together at twice-yearly safety committee meetings. They had received no formal training for the role. One said that knowledge was acquired via learning-by-doing. He had been shown:

> *… the forms that needed to be filled in and how to complete them, as well as the paperwork for induction … I just went through it with the manager …. As for the rest of it, you just pick it up as you go along. It's more facilitating, than anything else.*

Site representative, large private producing

As with the examples from Estonia, despite their very different labour relations history, the representatives in this establishment functioned as elements of the safety management system and were entirely responsive to the requirements of the safety manager in this respect.

In a medium-sized establishment involved in farming, food production and packing, which was also spread over a number of sites, including vegetable farms and a packaging factory, there was again no recognised trade union or health and safety representatives appointed under the regulations. There were, however, several persons identified as 'employee representatives' and they met once a year on what the health and safety manager described as a 'workers' committee' for health and safety that had been in existence for more than 10 years. This committee may have been set up originally because of the Health and Safety (Consultation with Employees) Regulations 1996, although none of the interviewees were clear about this. The employee representative who was interviewed said that management had asked him to sit on the committee and he has been in the role ever since. He received no safety training or facility time and had no role in OSH beyond the annual committee meeting. At this meeting, along with other representatives, he had the opportunity to raise issues with management and action might be taken as a result. Of course this also meant that employee safety concerns might remain unaddressed for considerable periods of time and 'fall through the cracks' — as the safety manager acknowledged. The real driver of OSH arrangements within this company had been enforcement action taken some 15 years previously by the regulatory inspectorate (the HSE), which had led to the appointment of the health and safety manager, who had subsequently overhauled the management arrangements for OSH and introduced the present system. However, beyond the annual meetings of the safety committee, employee representation appeared to have played little role in this process.

In another British medium-sized establishment in the voluntary part of the health care sector, that was growing in size and that, as well as a core of paid staff, also used large numbers of voluntary workers, there was again no recognised trade union at the organisation, nor were there any designated union, employee representatives or health and safety committee — although the health and safety manager envisaged she would set one up once the establishment had reached its anticipated size and employed around 100 paid workers. At the time of our study, employees' participation was entirely through the direct methods employed by the management. The worker who was interviewed explained that if she had any concerns she would approach the Head of Clinical Services or the CEO. She said:

This is a small organisation and it is very open. If I had any serious worry or concern, I would come and knock on the CEO's door and I know she would speak to me and sort things immediately. Senior management are entirely approachable and very receptive to staff input.

Worker, medium public services

One reason for this confidence in open communication was suggested to be because the employed workforce was composed of many highly skilled and knowledgeable professionals, who were confident in their abilities and ideas, leading to an expectation of being taken seriously by managers:

We expect to be listened to, respected and [to] have our ideas and input valued.

Worker, medium public services

The worker also said that professional practice in the sector led to the anticipation of a high degree of autonomous participation in all aspects of work, and this led to the transfer of good practice in relation to occupational health and safety from the professional staff who were increasingly taking up employment in this growing organisation. Moreover, it was a highly regulated sector and required to meet standards around patient (and, as a corollary, staff) safety in order to continue operating. A rigorous regime of internal inspections of safety and environment had been implemented, alongside external audit and inspection, all of which drove high levels of direct participatory involvement on OSH issues between staff and managers which, in the view of the interviewees from this establishment, rendered the need for formal representation of workers' interests on these matters largely redundant.

Finally, in the United Kingdom, in a small non-union warehousing and distribution company that was part of a foreign-owned multinational company, there were arrangements for the appointment of non-union health and safety representatives by the management. There was also a 'health and safety champion', who was a worker with no previous experience of OSH. He had been appointed and trained by the present multinational owner of the establishment, as part of its initiative to introduce an approach to OSH arrangements in the company different to that espoused by its predecessor. The approach involved the implementation of a highly behaviour-change orientated approach to OSH, in which a conscious attempt had been made to change work practices and improve safety awareness, leading to the achievement of an organisational safety culture along the lines adopted by the multinational in its global business. According to the health and safety champion, it was an approach that had been largely successful and relations between management and the shop floor were generally good, although he admitted there were:

A few bad apples who resist new initiatives, including the attempts to build a safety culture.

Health and safety champion, large private producing

This attribution of problems to a small minority of 'deviants' reflected a marked unitary perspective on the employment relationship within the establishment, which was also evident in the attempts to drive performance improvements through the cultivation of enhanced employee commitment and engagement under the new regime. A host of 'new' management techniques focused on continuous improvement had been introduced, and the setting of key performance indicators (KPIs) on a range of measures, including safety, was central to their operation. This was part of a concerted effort to create a more performance-driven culture, with management seeking employee commitment to the achievement of 'their' targets:

We want them to interact with the targets, take ownership and be proud of meeting their targets … we need to get engagement from the lads around the performance targets.

Health and safety champion, small warehousing facility

A health and safety committee had been set up under the current management. In addition to the health and safety champion, it comprised all the shift managers, and the general manager (that is, the most senior manager on site) was required to attend a certain number of meetings per year, to authorise spending or escalate matters if need be. Employee safety representatives appointed under the present management also sat on the committee. These were not trade union-appointed representatives. Rather,

they were 'volunteers' from the shop floor, usually selected/promoted by their line managers. As the health and safety champion said:

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

Health and safety champion, small warehousing facility

Here again, as with other supposed representative arrangements set up at the behest of managers, the implication of the ways in which they were constituted was that the employee representatives involved were regarded by the management as merely there to do their bidding, working to reinforce and ensure effective implementation of managerially-derived systems to improve safety performance. Their role as autonomous representatives of workers' collective interests was minimal. Relating the relationship of these practices in the United Kingdom to British regulatory provisions is somewhat complicated. On the one hand they clearly did not meet the requirements of the SRSC Regulations. However, since there were no recognised trade unions present in these workplaces, they did not need to meet these requirements, and it could be argued that they met those of the more recent Health and Safety (Consultation with Employees) Regulations 1996 instead. However, as critics of these Regulations have argued, since it is possible for employers to meet their requirements by simply claiming that they 'consult with employees', their role as a serious influence on the nature of arrangements to bring about effective consultation is minimal (James and Walters, 1997).

7.5 Conclusions

In this chapter we have explored features of the representation of workers on OSH that were found in examples of cases in which there were either no formal arrangements for worker representation on OSH, or where the arrangements in place were those introduced by employers and managers and varied from what might have been anticipated under the relevant national provisions.

We have found that the most frequent practice in all these situations was to support various kinds of direct methods of consultation with workers on OSH issues. In smaller enterprises, many such practices were already embedded in wider features of the organisation of social relations. Small size, the close proximity of employer and worker, and the presence of informal 'management' practices, combined to create an environment in which direct participation between workers and employers was the norm for most matters of employment relations. Applying this to safety and health meant simply extending the normal practices of communication in these establishments to include safety and health. There were also many situations in which the nature of the work involved and expectations from both workers and managers concerning the way in which it was most appropriately conducted (as well as sometimes expectations and surveillance from important supervisory bodies outside the establishment), led to a high level of participatory practices, which often extended to address safety and health matters as part of wider concerns about the care of workers, patients, clients or the public. These kinds of participatory practices were, for example, often found in social and health care organisations and especially where a significant proportion of the workforce undertook professionally determined practice. Not surprisingly, in all these situations, such approaches found widespread acceptance among workers and managers alike.

In these and other situations there was, however, some blurring of the boundaries between what occurred as the normal practice of communication, or was associated with expectations of quality in professional practice, and deliberate managerial strategy to increase the uptake of measures introduced to improve particular organisational approaches towards safety management. These approaches were evident in many of the establishments in the study. They could mostly be characterised as aspects of the behaviour-based systems for managing safety that were also prevalent among our cases. Within these approaches there were a variety of strategies in which direct methods of communication between management and workers were used, for example: to try to ensure that safety awareness and safety behaviour among workers was in accordance with managerial expectations; or to ensure that particular procedures for reporting incidents were adhered to; or where particular organisational institutions, such as group or whole establishment meetings, were set up to allow communication between managers and workers. Although many of these arrangements were set up supposedly to promote two-way flows of communication, in practice most of them involved

communication from managers and supervisors concerning expectations of how things should be done in relation to safety, with allowance made for some degree of feedback from workers concerning the details of the application of the means to achieve these expectations and their effects in practice.

These approaches to safety management were further reflected in the cases in the study in which employers had introduced some form of arrangements for workers' representation on OSH, but where it was different to what might have been anticipated under the relevant national provisions. These systems generally involved the selection of workers by managers to act as part of the safety system in the establishment, usually under the control of the safety manager. Their function was mainly to extend the oversight of systems introduced for safety at the establishment. Taken together with the approaches to direct methods of participation outlined above, the appointment of such individuals may have helped to enhance ways of operating safety management arrangements in these establishments, but as with direct methods generally, they did little to facilitate the representation of workers in any truly autonomous sense.

While the focus of the analysis of the present chapter has been those establishments, surprisingly frequent in our sample, in which there were no institutional forms of representation of workers' interests on OSH in keeping with our definitions detailed in Chapter 1, in many respects the practices that were described as 'participative' in these workplaces were not entirely different or clearly demarcated from those in the establishments that were the focus of the previous two chapters, where there were such institutional forms in place. The quite ubiquitous nature of the features we have found to be present throughout the operation of the range of forms of institutional arrangements for representing workers' interests on OSH, suggests there are some important supranational influences at work and such similarities (or possible convergences) are no coincidence. It is clear, for example, that a very similar model of arrangements for health and safety management is to be found in the various voluntary standards on these matters that have been developed and promulgated by national and international bodies. It is equally clear that the conceptualisation of workers' representation in these standards is subtly different from that found in statutory instruments. Yet, as we have observed, the effects of these standards can be seen in the participatory practices promoted by employers and managers in many sectors and across many countries and establishment sizes.

As we shall explore further in the following chapter, our analysis of the evidence presented in all three of these findings chapters suggests that there is a strong influence of a particular approach to safety management, in which expectations of arrangements for representing workers are not the same as those articulated by trade unions during the development of the statutory arrangements of workers' representation on OSH. We think it is important to understand why this is so, as well as to identify the significant drivers and determinants of present arrangements and their consequences for both the future of the representation of workers' interests on OSH and the effectiveness of such arrangements in contributing to improved OSH outcomes.

8 Discussion and conclusions

8.1 Introduction

The preceding chapters have presented the results of a major qualitative study of current practices on worker representation on OSH in the EU, following up the quantitative evidence of the occurrence of some of these practices in the data of ESENER-2, which was conducted on behalf of EU-OSHA. In this final chapter, we summarise the key findings of our study, before going on to discuss what this evidence tells us about the current form and practice of worker representation on OSH in the countries we have studied (and, by extension, in the EU in general), and also what it suggests concerning the major influences that determine them.

One of the most obvious features of the cases we have studied is the enormous variety in both the quality and styles of worker representation on OSH practiced across the countries, sectors and establishment sizes that we have included in our selection. While this heterogeneity hugely enriches the quantitative findings of ESENER-2, it also makes generalisations concerning key findings on workplace practices, their outcomes and their determinants rather difficult. Indeed, our evidence suggests that, superficially at least, what appears to be acknowledged as a key practice or supportive factor in one situation may be regarded as limiting in another. For example, in some of the cases we have studied, we have seen how worker representatives have become incorporated into safety management systems and function in close collaboration with safety managers, OSH advisors or prevention advisors (or however these positions are titled in different national systems). In these cases, they appear to contribute positively to OSH arrangements, to both their own satisfaction and that of other workers and managers at the establishment. In other cases, participants see the direct participation of workers in OSH arrangements and practices as both a desirable and a highly effective way of achieving improvement and best practice in OSH. However, when the same patterns of participation are found in other establishments, representatives and workers perceive them to be far less successful at achieving these effects, even sometimes regarding them as undermining the actions of worker representatives on OSH. They see the role of representation in the establishments in which they work as something that functions most effectively when it operates with some degree of autonomy from the institutions and practices of safety management to which it relates.

One way of explaining these different perceptions is through seeking a better understanding of what might lie beneath them, that is, what might be their contextual determinants. For example, it is clear that in establishments where there are good labour relations and a strong element of trust manifest between workers and managers/employers, which itself may be the product of stable patterns of employment, good pay and conditions, and effective institutions and processes of worker representation more widely, there are possibilities for cooperation between workers' representatives and managers. Such possibilities are far less likely in scenarios in which labour relations are more hostile, and trust is far more limited, as is often the case in situations in which employment is less secure and pay and conditions are less advantageous. In the case of the two examples highlighted above, it would not seem at all surprising that different views of their appropriateness and usefulness would be likely to be aired in situations where labour relations were harmonious compared with those where they were not. These labour relations perspectives offer but one wider context. There are several others, such as those that might arise from regulatory, social or economic determinants originating at different levels within the wider systems within which work is organised in the different countries in our study, as well as from even wider determinants influenced by the prevailing norms of the political economy.

Having regard to these complexities, therefore, in what follows we offer some explanations for the observations in the findings presented in the previous three chapters, along with some reflections on their wider salience.

We start with a summary of our key findings.

8.2 Key findings concerning the practice of worker representation

The results of the secondary analysis of ESENER-2 for the seven countries in the present study broadly confirm what might be anticipated from the review of the research literature presented in Chapter 2 — and add further empirical evidence to support the well-established association between the presence

of arrangements for workers' representation on health and safety and management arrangements for health and safety. That is, they demonstrate the existence of arrangements for worker representation in a substantial proportion of European workplaces and the existence of a large number of worker representatives who contribute to the operation of these arrangements, which are associated with best practices in relation to OSH management more generally.

The results therefore also corroborate and are consistent with the more detailed quantitative findings of ESENER-1. While for various reasons to do with the survey methods, they probably overestimate these numbers and proportions in comparison with the more conservative estimates of most national surveys, the quantitative trends demonstrated are similar in national and European surveys in all the countries we have studied. However, these positive findings need to be viewed together with the evidence of the declining presence of worker representation on OSH in some countries, which is occurring alongside the continuing decline in the presence of organised labour, to which it is probably related. And at the same time it needs to be borne in mind that while the presence of worker representatives and joint arrangements represent a significant contribution to the resources for preventive OSH in the EU as a whole, there are nevertheless a substantial proportion of workers in the EU that are not represented on OSH in their workplaces despite the statutory entitlements to such representation that exist in all Member States. There are also many workers, such as those in micro and small firms, that are not covered by these statutory entitlements at all — and this proportion is increasing.

In Chapter 4 we suggested that some of the reasons for this partial and incomplete cover of workers and workplaces with representation and joint arrangements relate to the nature of the legislative measures on worker representation on OSH in many EU Member States. These are, in practice, facilitating rather than compelling in their orientation and are seldom the subject of intervention or enforcement action by regulatory inspectorates. They rely on the influence of trade unions, the institutions of workers' workplace organisations and employers for their implementation and operation. We point out that, while implementation and operation was never complete (even during periods in which the influence of organised labour was much greater), nowadays with this influence much diminished, the reduction in the presence of representation and institutions of representation on OSH might be anticipated. Qualitative findings in the following chapters further indicate that, with the possible exception of Sweden, there was very limited if any contact between regulatory inspectors and worker representatives in nearly all the establishments studied, and even less indication of any regulatory intervention supporting worker representation.

But this is only part of the story because, as Chapter 4 also indicates, what our review and analysis of quantitative evidence also indicated in at least some countries during the present changing times was not only a reduction in representative arrangements but also a parallel increase in other methods of consultation, especially those in which employers claimed to adopt some form of direct method of consultation with workers on OSH matters. These changes hinted at the possibility of more qualitative change which might be occurring in parallel in the practice of representation, and raised a host of questions that the quantitative data were unable to address. These concerned, for example, the quality of representation, and its operation, support and character within establishments, as well as further questions concerning the qualities of the individuals and institutions involved in representative arrangements and their means of engagement with the representation on OSH with which they were tasked. Such questions required qualitative analysis and its outcomes have been reported in the previous three chapters of this report. These address, in turn, patterns of representation and their relations with risk management arrangements, supports for representation and, finally, experiences of representing workers on OSH in establishments among our cases where there were no formal arrangements in place in accordance with the statutory requirements for collective representation on OSH.

Turning to this qualitative analysis, carried out in 143 establishments in the seven countries we studied, we found strong evidence that also confirms and corroborates previous research. That is, in most countries, despite differences in statutory provisions and labour relations institutions, where some, if not all, of the preconditions of the effectiveness of worker representation identified in previous research were in place, there was evidence of its continued effectiveness in our cases. That is, where there was evidence of a strong legislative steer, employer/management commitment to participative approaches to OSH, and supportive worker union organisation inside and outside the establishment and well-trained and well-informed worker representatives as a result, there was robust evidence of the presence of autonomous worker-centred approaches to OSH among representatives and their representative

institutions, and a positive relationship between these and the arrangements employers made to manage OSH. Representatives in these cases behaved in ways identified in previous research when engaging with managers, using the regulatory support for their activities and seeking information and support for doing so. This was the case in Belgium, the Netherlands, Spain, Sweden and the United Kingdom, and to a lesser extent in Greece and Estonia.

However, we need to be clear that the cases in which these practices were most prominent were not in the majority among our 143 establishments. Indeed, they were exceptional rather than indications of what was normal practice. We have not attempted to quantify their presence in different countries because, as explained in Chapter 3, we were not dealing with a representative sample and such quantification would be misleading. But examples of worker representatives being able to operate in this way seemed to be more numerous in the cases from countries such as Sweden and possibly also Belgium and the Netherlands. We think this may reflect, in part, the resilience of the trade union presence in the establishments in these countries, as well as the continued national statutory support for workplace institutions of organised labour, including works councils and joint health and safety committees, and the presence of the latter in many of the cases included in the samples drawn from these countries. More widely, it may also be related to the resilience of corporatist institutions in these countries and the 'varieties of capitalism' represented by their political economies.

For the majority of our cases, however, we find much that is of interest concerning the effects of the changes that have taken place since the statutory measures on worker representation on OSH were introduced or seriously revised in each of the countries we studied. In many cases there was evidence of the emergence of an approach different to that which previous research has found to be effective. In particular, the strong influence of the presence of managerial arrangements for OSH, into which arrangements for worker representation on OSH appeared to have been incorporated to varying degrees, was evident in a substantial proportion of cases. Even in the absence of incorporation of representation into such systems, the guiding hand of managers was nevertheless often apparent in the arrangements made for worker representation on OSH and their operation. (This was also true in many of the cases in which there was quite strong presence of workplace institutions of organised labour, such as the works councils and joint prevention committees previously mentioned in countries such as Belgium and the Netherlands.)

In all these situations, the behaviour of the representatives concerned was often at some distance from the so-called 'knowledge activism' identified by Hall and his colleagues (Hall et al., 2006, 2016) as representing the most effective form of engagement of worker representatives on OSH. Indeed, as we point out in a previous chapter, their behaviour was more typically likened to them being 'the eyes and ears of safety managers', by both managers and themselves. The key finding from our qualitative research, therefore, suggests that a change may have taken place since the implementation of regulatory provisions that were largely based on pluralist assumptions concerning the conduct of industrial relations and the capacity of organised labour inside and outside establishments to support the autonomy of worker representatives in their dealings with managers on OSH. In this chapter we discuss the possible significance of this observation and explore what our cases suggest are important determinants of the representation of workers on OSH in different EU Member States at the present time. This discussion also develops and elaborates a more nuanced and detailed understanding of the quality of the practices of worker representation and participation identified in the quantitative analysis of the ESENER-2 data. Before we do so, however, we need to express a word of caution concerning the nature of our findings.

8.2.1 Some caveats concerning bias

As a piece of qualitative research, this report is clearly dependent on the nature of its sources and is likely to reflect the biases within them introduced by their method of selection. We have detailed this process and its consequent effects in Chapter 3 and would like to reflect a little more on these consequences in relation to the discussion of our findings. They are essentially twofold.

Firstly, with this as with any survey, the data it collects are provided by recipients who are prepared to respond. As such, these respondents are likely to be made up of a greater proportion of representatives of establishments willing to take part in such a survey because they have personnel with time to do so, and those responsible feel they have something to contribute about which they feel positive. In short,

as is well known, this is likely to over-represent respondents with a perception that there are good practices in operation in their establishment, rather than those who feel that practices are inadequate or likely to be found wanting. Such patterns do not invalidate surveys or the data they generate, provided they are recognised. And as Chapter 3 makes plain, we have done so in this study and we are aware that the selection of the large majority of our cases was most likely to be from the 'better end' of the range of practices on OSH management in the EU.

Secondly, however, this selection may have introduced a further bias in which the particular understandings of the person who was the main contact point for ESENER-2 within each establishment may also have had some influence on the composition of the cases we were able to select for our qualitative study. The approach taken by researchers seeking establishments to participate in the main quantitative ESENER-2 study directed them to the 'person who knows best about health and safety'. In our follow-up study, we asked a number of those respondents who had originally indicated a willingness to participate in a further study, if they would help us to examine 'how workplace health and safety is organised'. Both these approaches may have resulted in some degree of further bias in the composition of the cases. To begin with, 'the person who knows best about health and safety' was most commonly the senior health and safety practitioner/specialist/manager/adviser in the establishment (also referred to in some countries as the internal prevention service, or the prevention specialist/adviser). The function of these personnel, irrespective of their title, was broadly that of providing OSH expertise and management, and often exercising responsibility for the delivery of all or part of the OSH arrangements in the establishment. It would not be surprising if, among the range of persons occupying this role who were approached to participate in the study, a greater proportion of those who felt that they had something to say about their achievements agreed to be part of the ESENER-2 sample. And among those who agreed to take part in this qualitative follow-up study, in which the stated intention was to ask workers and their representatives about worker participation in OSH, it is probable that there would be a greater proportion of those who both judged labour relations to be working well in the establishment and believed themselves to have a good relationship with workers' representatives. Among many such respondents, as is clear from the experiences reported in previous chapters, there were often quite strongly held views concerning the benefits of different forms of participation on OSH and the role of worker representation within them. In quite a number of our cases these respondents had played an active role in influencing the ways in which these arrangements operated in their establishments. It is not improbable, therefore, that among our cases we may have included an over-representation of establishments in which a particular understanding of the role of worker participation on OSH, such as is held by safety practitioners, was dominant.

This said, we nevertheless think that the approaches to representation and other forms of worker participation on OSH that are revealed in the cases have a strong relationship with elements of the contexts in which they are found in the changing world of work in the EU at the present time. As such, while not quantitatively verifiable in a qualitative study of this kind, they are nevertheless valid and important indicators of both current practice and the changes it can be seen to represent when our findings are compared with previous research.

8.3 What determines practice in worker representation on occupational safety and health

All the national reports present detailed accounts of experiences of representation, but these experiences are strongly affected by their contexts, which influence the nature of the process and practices involved as well as their outcomes. Using the findings from previous studies as a basis, it is possible to categorise such contextual determinants. They include:

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

Internal determinants might include, for example:

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

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

Then there are the more indirect determinants of the presence and role of worker representation in OSH, including:

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

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

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

Using the same model as developed in a previous study of determinants of OSH practice more generally, we have tried to present these contextual influences schematically in Figure 8.1.

Figure 8.1: **Analytical model of the relationship between establishment-level practice on worker representation and its internal and external determinants (adapted from Walters et al., 2013:57)**
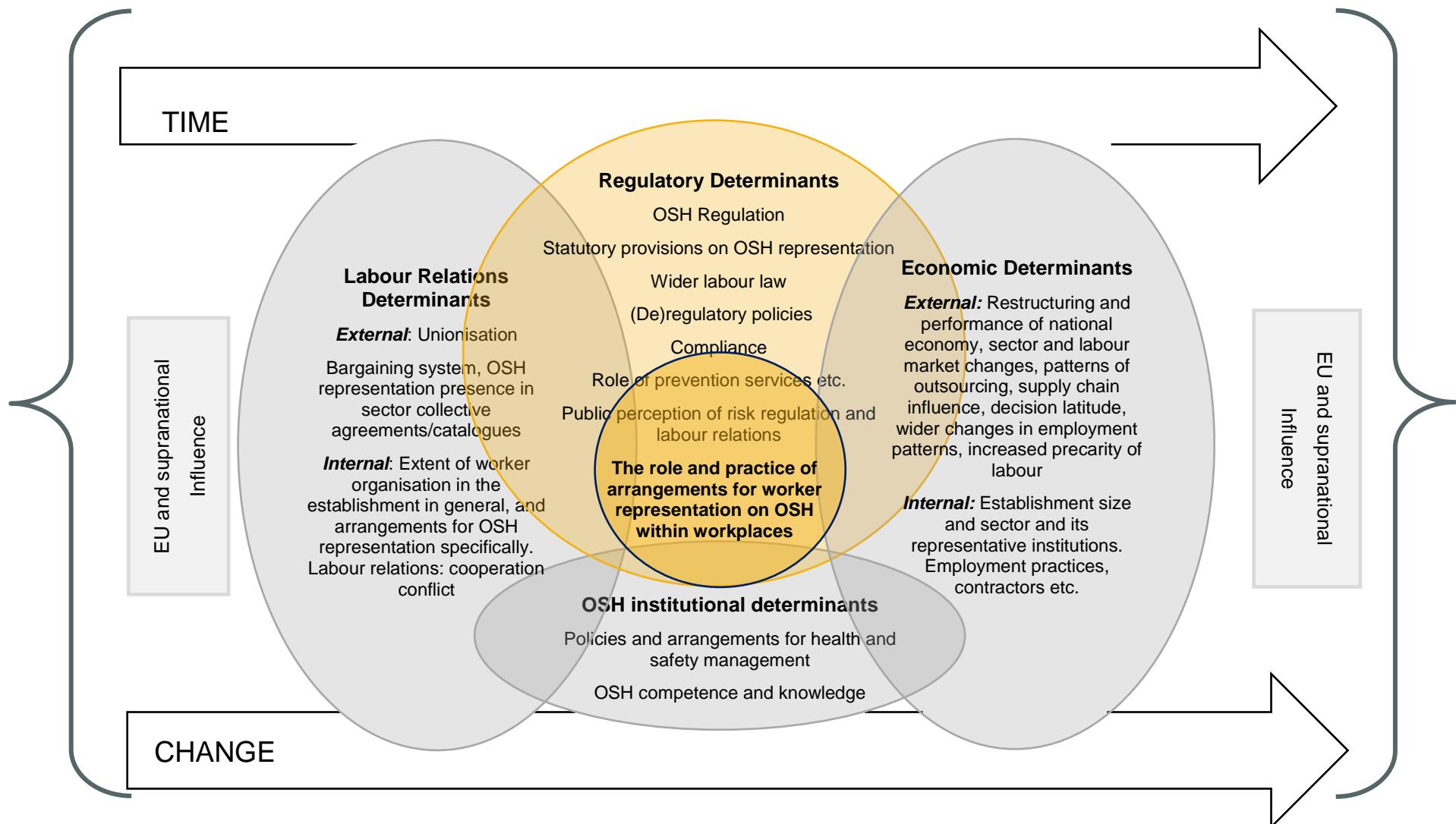
The figure indicates how formal arrangements for worker representation are defined by regulatory means under the influence of wider regulatory, political, economic and labour relations contexts in each country. They are implemented in establishments to varying degrees, according to a set of determinants drawn from these contexts acting, often in concert, from both within and outside the establishment; these determinants help to influence the practices that constitute the representation of workers on OSH, as well as their outcomes. Aside from the influence of establishment size and sector, the business position of the establishment and the extent of its decision latitude, such determinants also include the content of regulation, the degree to which compliance is sought by regulatory agencies, the role of support for worker representation from trade unions and organised labour (from both within and outside the establishment), and the attitude of the employer and its management towards the arrangements made for OSH at the establishment and towards representative participation of workers within it. The broad horizontal arrows at the top and bottom of the figure convey that such supports are not constants but are themselves subject to the determination of changes over time, and to wider trends in the economy and the political orientation of governance, as well as in the relative power of labour or capital to determine the scenarios of labour relations in which the representation of workers on OSH takes place.

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

8.3.1 Workplace size and sector

Our cases were drawn from a range of workplaces of different sizes in three different sectors, including private producing establishments and both public and private services. Allowing for the heterogeneity of the establishments overall and the particular influences of national contexts, we found the expected influence of workplace size on the internal arrangements for representing workers on OSH. There was a greater prevalence of direct methods of consultation with workers in smaller establishments, and little sign of formal arrangements for representation in such firms. There was also a stronger sense of social cohesion in some of these establishments, and close personal relations between managers and workers. In the relatively few cases where formal arrangements were in place, it appeared that they had been introduced by managers usually with some idea of seeking conformity with requirements of certification standards and/or the demands of clients to whom they were contracted.

Where such formal arrangements were in place in smaller establishments, they were almost never the result of the demands of workers within the establishment. Such arrangements, where in place, did not include elected worker representatives but were more often either arrangements for regular works safety meetings or occasionally the appointment of a workers' 'safety representative' by managers. In many of these smaller establishments, work, including the arrangements for OSH, was more subject to the influence of external determinants resulting from the nature of business relationships with clients than seemed to be the case in larger organisations. The one exception to this was found in Sweden, where all but one of the smaller establishments had trade union members working in them and had in place formal arrangements in accordance with statutory requirements as a result.

There was less obvious influence demonstrated in the cases overall in relation to the effects of the risk profiles of the establishments on both the presence of representative arrangements and their operation. That is to say, while there were substantial differences in the presence and practice of arrangements for worker representation between manufacturing establishments and those engaged in public or private services, to explain these differences solely as responses to differences in risk profile would seriously misrepresent the situation. While risk profile undoubtedly played a significant role, it was in combination with a variety of other elements that explain differences in the way work is done within establishments. They included, for example, different ways of organising work and employment, different external pressures in relation to resourcing, and different expectations among workers who might, for example, be predominantly manual workers, administrative workers or care workers, with different levels of qualifications, skills and professionalisation among them. These factors helped determine both their autonomy and the extent of their responsibilisation.

There were also different patterns, institutions and traditions of industrial relations and management in the sectors which further influenced the way things were done in relation to representing workers on OSH. And finally, there was the influence of differences in the power and presence of organised labour within workplaces, which were to some extent also determined by its prevalence in the sector, as we explore further below.

A further sector- and size-related feature of our cases was found in the different arrangements that existed among establishments for involving external prevention services. Of course the major determinant of these differences was the national context, as previous research has indicated (Westerholm and Walters (eds), 2007). It is well established that, despite the homogeneity sought under the EU Framework Directive 89/391, there are persistent differences in national regulatory requirements on the role of prevention services, both inside and outside workplaces. However, workplace size and sector also have some influence — with smaller establishments being either unable to afford the use of elaborate prevention services, or heavily dependent on less-expensive services to provide know-how on OSH that owner/managers in these workplaces feel they lack and do not have time to acquire. Both the risk and institutional profile of sectors are also influential on the extent and character of prevention services, with marked differences in the profiles of prevention services between sectors such as construction, manufacturing, heavy engineering and public services. Some of these differences were reflected in the experiences reported in our study, as were differences in the rights of the representative institutions within establishments to influence/veto the employer's choice of such services. In the main, the latter rights did not appear to be used to any great extent in the cases from countries where they applied and, generally, representatives reported fairly mixed experiences in relation to contact with prevention services. In some cases, while the representatives seemed to have had little say on the appointment of such services, they were satisfied with the personal contact they had experienced with these services when they visited their workplaces. In others, representatives indicated that such personnel had conducted risk assessments without their involvement, and that they had only subsequently been consulted on the results of these activities by management. All such variation makes it difficult to conclude with certainty, but there would seem to be a strong case for extending statutory requirements on cooperation between preventive services and institutions for workers' representation on OSH.

8.3.2 Relations with safety management systems within establishments

As we have observed in previous chapters, a significant direct determinant of practice on worker representation was its relationship with the arrangements made by employers to manage OSH at the establishment. One of the products of the process-based regulation of OSH in the Member States of the EU has been the spreading adoption of management systems approaches to OSH, especially among larger organisations. As is well documented, these systems are widely accepted by employers as providing the framework for their compliance with regulatory requirements to manage risk competently and with the appropriate expertise — such as is provided in the now long-standing transposition of EU measures such as the EU Framework Directive 89/391. A further product of these measures seems to have been the widespread use of health and safety practitioners of one sort or another to help to operationalise the arrangements made for OSH in larger organisations. Therefore, both systems for managing safety and health and persons designated as responsible for monitoring their operation were commonly present in the larger organisations among our cases in all sectors, and especially in those from the private producing sector. In many of these cases, not surprisingly, worker representatives who were dealing with OSH worked in close cooperation with the safety practitioners whose job it was to ensure the operation of arrangements for OSH management. The nature of this working relationship varied among the cases, as did the way in which it influenced the role of worker representatives. In some cases, such as those reported in detail from Sweden and discussed in Chapter 5, good practice in this relationship seems to have required clear understandings on the part of both managers and representatives that there were common procedures for the operation of safety management in the establishment, and that both parties needed to use them competently. At the same time, there was acknowledgement that both parties allowed room for different perspectives on the OSH issues, with consultative procedures in place to resolve conflict that these differences might occasion. In some of the cases concerning the involvement of the works council in OSH activities, a similar approach was

reported to occur in the Netherlands. However, alongside these examples, there were many others detailed in previous chapters in which the relationship between the representatives, the arrangements for managing safety and the managers operating these arrangements was less balanced. In these cases, widely reported from all the countries we studied, representatives functioned as part of the system for managing safety, usually following the lead of the responsible safety practitioners and often reporting to them. Questions arise as to why this was so and what had determined developments in this direction. Further questions also need to be asked about the effectiveness of such approaches in representing workers' OSH interests.

In many of the cases we studied it appeared that the proximal reasons for the way in which worker representation fitted into arrangements for OSH management had quite a lot to do with the personalities of the key players involved. For example, it was clear from interviews that some safety managers/prevention advisers believed themselves to have been instrumental in shaping the nature of the arrangements in place. Safety representatives and works councils had responded to their initiatives by fitting into these systems with roles and functions largely determined by following the direction of the safety manager/prevention adviser, who had then assumed control over the operation of the system thus created. In these examples representatives tended to defer to a perception of superior knowledge/expertise in the safety practitioner, often turning to them as their major source of information and advice on OSH at the establishment. However, it is clear that further determinants lay behind the ability of safety managers/prevention advisers to assume these positions and exercise such controls.

A more in-depth qualitative analysis than was possible in this study of the relations of OSH within workplaces and the contexts in which they occur, is required before definitive conclusions can be arrived at concerning these underlying determinants. But when the information we have obtained in the cases is combined with wider understandings in recent research literature concerning the structure and organisation of work at the present time, public perception of risk and the role of regulation, as well as understandings about the nature and role of power in workplace relations, the character of the underlying determinants seems fairly clear. While the prominence of OSH management arrangements is in part explained as a combination of employers' response to process-based regulatory requirements by adopting OSH management systems and appointing specialists to deliver the OSH competence that is also a statutory requirement, in many of our cases the incorporation of worker safety representatives within them was arguably also influenced by the particular character of the OSH management systems in question. In our study, these were often dominated by behaviour-based approaches that marginalised an autonomous role for representation. In keeping with the research reviewed in Chapter 2, such development was evident in cases where there was also a reduced presence of organised labour both within and outside establishments, and reduced possibilities for representation due to organisational and structural changes in the nature of work and employment, and the influence of wider changes in public understandings concerning the role of collective action at work, and regulating OSH, that we alluded to in Chapter 2. We discuss the evidence from the cases concerning the effects of some of these influences in the following subsections.

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

As the review of the literature in Chapter 2 makes clear, union membership within establishments is of both direct and indirect influence, and an important determinant of arrangements for worker representation on OSH. In some countries, such as the United Kingdom and Sweden, it directly affected the kinds of arrangements in place, while in all countries the role of unions and the wider arrangements for collective bargaining have indirect but nevertheless significant influence on the form and practice of worker representation on OSH. The research literature, as well as trade union rhetoric, suggests a 'preferred model' in which workers' health and safety representatives ideally operate from within the workers' collective organisation in establishments, and are supported through its prioritisation of OSH in collective agreements with employers and in the activities of the wider institutions of representation present in the establishment. They are trained and informed by trade unions using worker-centred education techniques that combine understanding of the representative role with that of technical and legal matters concerning OSH.

In our cases from virtually all of the countries we studied, where there was a strong presence of organised labour inside the establishment (whether through union organisation or through works councils) and where it prioritised OSH issues, we found there was usually strong representation of these issues to management. However, the way in which such representation occurred nevertheless varied across the spectrum between conflict and consensus and, as the previous subsection suggests, our cases provide quite strong evidence of its moderation by arrangements for OSH management that were put in place by the employer. An extreme consequence of this, as also illustrated in the previous two subsections, is the virtually complete assimilation of the safety representative's role into the safety management system, but there are also more balanced forms of cooperation that were evident in some cases. For example, in Sweden it was evident from many of the testimonies detailed in Chapter 5 that, while consensus on OSH was the stated objective of dialogue between representatives and managers, both parties respected their entitlement to different perspectives concerning the nature of OSH problems and their solutions. This was largely because of the strength of the trade union organisations within the workplace and sector, as well as in society in general, leading to the acceptance of norms concerning workers' representation which continued to be influential in the cases we studied, despite significant erosion in trade union density in Sweden in recent decades. Equally important in this respect in Sweden was the legitimacy afforded to the autonomous actions of safety representatives by their statutory rights to stop dangerous work and to appeal to the regulatory agency when, in their view, employers failed to take appropriate measures on OSH.

Essentially, the same was true in countries where, unlike in Sweden and the United Kingdom, trade unions were not mandated by statute to represent workers on OSH. In countries such as the Netherlands (where works councils took on this role), Belgium (where it was the function of a joint committee) or Spain (where safety delegates operated alongside union delegates), and where workplace worker organisation was strong, the representative role on OSH was supported by trade unions from both inside and outside the workplace, as the cases demonstrate. Where the worker organisation sought to prioritise actions on OSH among its concerns, there was little difference between practice and outcomes in these cases and in those in countries like the United Kingdom and Sweden where trade union involvement was more direct. There were also other situations, albeit less common, where the presence of conflict between workers' interests and those of managers was openly acknowledged and where the presence of strong collective organisation, often supported by trade unions, sought to represent and protect workers' interests. And while such cases were not that common, it would appear that the presence of strong collective arrangements were helpful in supporting representatives to achieve the protections they sought for workers in such scenarios

However, in many cases from across all countries and sectors, the presence of workplace organisation (whether trade union or otherwise) was far less strong, and it was in these situations that, most commonly, worker health and safety representatives were absorbed into the employers' arrangements for safety management. In other cases where weaknesses in collective organisation were evident, representatives had not been incorporated into management arrangements. Instead they were marginalised by the managers with health and safety responsibilities, and at the same time often struggled to maintain a presence in the eyes of their fellow workers, who questioned their relevance to them. In such situations, the representatives were aware of the limitations of their effectiveness and often frustrated by their inability to make their presence felt. The absence of support from an effective union organisation at the workplace, coupled with the non-involvement of regulatory inspectors with the establishment, left them with few resources at their disposal or means to influence OSH arrangements.

But, as we need to make clear, it was not only in the cases where there was a weak presence of workplace worker organisation that the appropriation of representatives into the employers' arrangements for OSH took place. As is also evident in Chapters 5 and 6, there were other cases in nearly all countries where it appeared that, although there was workers' collective organisation at the establishment, representation on health and safety functioned more or less separately from it, relating more to the role of the safety manager/prevention adviser than to worker/union organisation at the workplace. It was also in these workplaces that systematic approaches to safety management had been adopted, often along lines advocated in the requirements of certification. Moreover, as is also apparent from the testimony in Chapters 5 and 6, this was a situation that the interviewees, whether representatives, workers or safety managers, generally found to be quite acceptable. We think this is an interesting development that requires further study. It is not possible to judge from our cases how

widespread this trend is, or the extent to which it reflects a decline of trade union influence or the consequences of an acceptance of a dominant 'expert' approach to OSH on the part of trade unions — as suggested by one key informant in the Netherlands. But whatever the cause of its ascendance, as we have already pointed out, it represents a set of relations on OSH that are a far cry from the 'knowledge activism' that Hall and his colleagues claim to be the most effective form of representative engagement with OSH (Hall et al., 2006).

Overall, therefore, we conclude that our cases confirm that, as previous research has indicated, collective organisation within and outside workplaces remains an important determinant of effective representation on OSH. However, the cases suggest such organisation was quite limited in the majority of establishments we have studied, which left representatives often feeling unsupported, marginalised and even vulnerable in some cases. In other cases, including some in which the collective representation of workers' wider interests were quite well developed, those on OSH were largely subsumed into management systems for health and safety at the establishment. In such cases, the capacity of workers' representatives to deliver the autonomous representation of workers' separate interests in OSH was reduced.

A final comment on the influence of institutional arrangements for labour relations on those concerning representation on OSH relates to the role of collective agreements. The early research literature on worker representation on OSH often pointed to the potential of including details of arrangements for OSH representation in such agreements at both establishment and sector level, enabling details such as entitlements for time off to undertake representative activities and training to be spelled out, and also to the possibility of jointly determining provisions that might go further than the statutory requirements. However, in our cases there was little knowledge of such agreements and it would appear that, even if they existed at some level, they were in the main perceived to be of limited influence on workplace practices.

One particular version of the collectively agreed approaches to OSH is found in the Dutch system for OSH Catalogues, which are agreements, usually at sector level, between employers and trade unions, which address OSH issues. But the Dutch national report found that OSH Catalogues played only a marginal role in setting clear-cut standards. Most of the catalogues do, however, contain guidelines for good practice, and national-level key informants claimed to know of examples of OSH catalogues of good quality which were also of some assistance to workers' representatives — 'but not too many'. In two of the cases we studied in the Netherlands, both managers and the works council reported making use of an OSH Catalogue, notably in training workers and fine-tuning the current risk assessment:

> We had an issue with work pressure, and then I pointed out the existence of the OSH Catalogue to the workers. It contained good solutions for handling work pressure, and these have actually been picked up.

OSH manager, large private hospital

> Recently, we have run through the existing risk assessment using checklists and the OSH Catalogue.

Works council member, large private mental health services

But the more general finding was that the instrument clearly has not been used to its full potential.

8.3.4 Influences of the employment contract

Many of the structural and organisational changes associated with a diminished role for collective representation within workplaces in the current economic climate in the EU serve at the same time to change the nature of risks faced by workers and, arguably, increase their vulnerability to them by making their work and its risks to their health and safety less accessible to conventional protections. As we detail in Chapter 2, quite a large body of research demonstrates that increased outsourcing of work, contractorisation, growth in micro and small firms, temporary and migrant labour, zero hours contracting and so on, all create situations in which new and emergent risks take on greater significance, and contribute simultaneously to making the workers who experience them and the work situations in which

they occur less accessible to these conventional forms of protection, whether through collective representation or regulatory inspection. Further research indicates that in most EU Member States, as elsewhere, the power of organised labour has been substantially eroded and resources for inspection reduced, with a parallel reduction in enforcement actions. As well as these changes in the organisation of employment, we outlined in Chapter 2 that equally well-documented changes lead to work intensification and to the introduction of more demanding work patterns, as well as greater accountability and surveillance of performance. All of these have been seen to contribute to important increases in time off work resulting from mental and emotional stress and fatigue, and to other harms associated with increased psychosocial risks.

It would be surprising if these developments had not been felt by workers, managers and employers in the cases we studied since, as the national reports detail, they are a significant element of the changes that have occurred in the wider economic and regulatory profiles of the countries from which they were drawn. And, indeed, their effects were evident in the accounts of the experiences and perceptions of the respondents from the cases reported in the national studies. They concerned, for example, the difficulties some representatives reported when dealing with contractors and their workers or, conversely, when it was they who were working for a contractor, in accessing the client employer; and when trying to represent the interests of migrant labour, workers from temporary employment agencies, casual workers or others who existed largely beyond the conventional institutional nexus of labour relations procedures created by the employment contract. The reports also related the frustration of other representatives caused by lack of consultation and inability to influence planning of work consequent to decisions taken by employers to meet the price and delivery demands imposed by clients/buyers. And in terms of psychosocial risk, as Chapter 5 makes plain, while there is widespread and growing recognition that this is a significant problem for work in all sectors, there remain a paucity of solutions to address it effectively within safety management, and major challenges for representation on such issues. In both cases the main reason for this is that the problem's root causes, found in the way in which work is organised by establishments, largely lie beyond the remit of the safety management system.

This is not to say that there were no examples of good practice in relation to all of these challenges reported in the cases. They feature in all of the national reports and many are also mentioned in the previous three chapters. For example, Swedish provisions extend the cover of health and safety representatives not only to workers who are employed by the same employer as the representatives but also to the employees of contractors. There were also examples provided in the reports of occasions on which representations had been made on behalf of workers who were not covered by the standard employment contract, and also of initiatives taken by representatives and their trade unions in relation to the health and safety interests of migrant workers. And even though the influence of supply chain relations often impacted negatively on OSH within establishments, in ways largely beyond the influence of representation, safety managers occasionally complained of effects in the opposite direction. For example, in a case in Belgium, a safety manager suggested that dependency on receiving the business of important clients/buyers could push management to agree to the demands of workers' representatives in order to avoid possibly damaging industrial actions. Also in terms of psychosocial risks, there were some examples found among our cases where they had been effectively managed and where representatives had been involved, or even where representatives and sometimes their trade unions had taken successful unilateral initiatives to address them.

However, generally the effects of the changes that have occurred in the nature of work and employment on the representation of the health and safety interests of workers were, in most of the cases in our study, quite difficult to document or measure. They had occurred over a period of time and were often accepted by workers and their representatives as part of several aspects of employment over which they had no influence. Indeed, the insecurity they generated in relation to employment often served to reinforce feelings among workers and representatives that they were matters that were beyond the reach of representation, a feeling that may have been further reinforced by the declining influence of organised labour.

But many of the consequences of change were also frequently regarded as lying outside the specific remit of both safety management and representation on OSH. This observation gives pause for some reflection, since it seems that challenges to workers' health and well-being that have resulted from changes in work and employment in recent decades are often not understood by the workers they affect, or by their managers, as having anything to do with 'occupational health and safety'. This was also often

so in our cases. One explanation for this might be found in the way the meaning of this term has undergone significant change in the decades since its use by radical activists and labour organisers as a rallying call for the collective mobilisation of labour in the 1970s. Two parallel usages have become commonplace since that time.

On the one hand, 'occupational health and safety management' has become almost synonymous with 'safety management' in the lexicon of the practices and procedures employers are obliged to follow under process-based regulatory requirements. Safety practitioners, standards agencies and many prevention services involved in the development and certification of these procedures and practices have defined them quite narrowly. We point out above that the emergent risks of restructuring and reorganisation originate mainly in a variety of forms of employment degradation and work intensification, which create conditions effecting an impact on the risk profile of work in which new and emergent risks associated with the structure and organisation of work have emerged. But reducing occupational health and safety to a set of activities embraced by concepts of 'safety management', and often further bureaucratising them with auditable 'risk management' procedures, monitoring activities and the like that focus solely on matters that lend themselves to the measurement of 'performance' favoured by current managerialism, risks removing much of which impacts on workers' health (and sometimes indirectly on safety) among emergent risks from the remit of the management of safety and health. This reductionist focus on proximal events, such as physical incidents, behavioural patterns, housekeeping standards and safe working practices, as well as safe plant and place standards and measurements, effectively excludes scrutiny of structural and organisational elements of modern work practice that impact on the working conditions and well-being of workers. When worker representatives are appropriated by safety managers into this system, it also reduces or entirely removes the capacity of representative participation on OSH to identify and intervene in emergent risks of the modern world of work across a whole range of sectors. As we saw in previous chapters and in the national reports on which they were based, this has meant that in practice a host of potential OSH issues, products of the ways in which work and employment are organised and in which employers conduct business in response to cost efficiencies and competitive pressures within markets operating along neo-liberal lines in current economies of the EU, are widely perceived to be beyond the influence of worker representation on OSH.

On the other hand, at the same time as these developments have taken place, and related to them in some respects, quite a profound change has occurred in public thinking in some countries about safety and health at work. As the structure of work has changed from an industrial to a service-based economy, the influence of organised labour has reduced, and neo-liberal political prescriptions have become increasingly accepted as the norms of public discourse, greater individualisation has occurred in many elements of the employment relationship, with a parallel growth in management prerogatives. As a result, as many researchers have noted, not only has there been an erosion of organised labour as well of employment rights for many workers, but there has also been an increase in their responsibilisation in relation to OSH matters (see, for example, Gray, 2009). At the same time, in countries such as the United Kingdom, a combination of media influence and neo-liberal political strategies have served to trivialise occupational health and safety issues in the public eye, directing public perception of workplace risks away from their potential harm and instead towards the supposedly harmful effects of regulation on personal freedoms. As Almond (2015) and others have noted, the wider intent of these developments is aimed at considerably more than changing the nature and purpose of health and safety regulation and its enforcement. They are part of a way of thinking intended to achieve cultural change in British society in keeping with neo-liberal precepts, in which not only governance but also the media and key 'thought leaders' have sought to influence prevalent societal norms concerning the freedoms and responsibilities of individuals in economic and social life. In this process, it appears that health and safety regulation has been a convenient metaphor for what successive governments and their political allies in the United Kingdom regard as obstacles to the progress of their agenda for change in the economy and the working of British society more generally. As a result, this regulation has been the subject of a concerted campaign to highlight its supposed excessiveness, while at the same time both trivialising the seriousness of its purpose and suggesting it has an insidious effect on the freedom of citizens to behave responsibly. In combination, these elements of its campaign have gone some way to creating a new climate in which, as Paul Almond has put it:

> *… assumptions made about the value of individualized, rationalized, and business-oriented*

regulation have set the parameters for a series of subsequent developments that reflect this new social reality. The emergence of newly 'marketised' regulatory strategies … has been made possible by the internalization of these new norms. Within this symbolic universe, individualism and personal responsibility are seen as the fundamental basis of social and economic relations and, as with the compensation culture narrative, individuals are presented as 'rationally calculating, self-interested actors' who act in accordance with the economic calculation of their own self-interest. Health and safety is thus reframed as a matter of self-interested exchange, rather than a universal, welfarist social goal ….

(Almond, 2015:226-227)

There are a range of coercive drivers employed by governance in changing public perceptions of the role of existing protections against work-related risks, in which processes of individualisation and responsiblisation (Grey, 2009) have led to a fundamental shift in the ways in which they are perceived and in the context in which policy discourse on work-related risks occurs in the United Kingdom (James et al., 2015). It is within these contexts that worker representation on occupational health and safety currently takes place and it would be surprising indeed if they had not had an effect on how such representation is perceived and practiced in British workplaces. Indeed, in many respects the representation of collective interest in protecting workers from harm would seem to be profoundly out of step with the dominant discourse in the media and in political thinking. And it is within this construction that experiences of workplace dialogue on OSH in the United Kingdom in the present study are situated. How widespread this approach is in EU Member States more generally, was beyond the remit and resources of the present study to determine empirically.

But if in the United Kingdom such approaches have been conveniently exploited by its current governance in support of its economic policies to stimulate business growth, as the relevant literature makes plain, it seems highly likely that broadly similar patterns will be found in other countries where the aim of national economic policy is the same. Organised worker resistance to these processes is clearly inconvenient at all levels and it is surely not lost on some employers that one small way in which it may be avoided at the establishment level is by incorporating worker representatives into OSH management systems that are operated by safety managers/prevention specialists employed in these roles — as was clearly the case in many of the cases in our study, both in the United Kingdom and elsewhere.

8.3.5 *The impact of economic crises*

The trends outlined in the previous subsection, which are largely the result of political and economic policies that are not confined to individual Member States or indeed to the EU itself, but which operate on a global scale, are widely seen as the consequences of globalisation of the economy more generally. This has not been an entirely smooth process and, as is well known, it was subject to a particularly serious crisis in 2009, an event which affected every Member State in the EU but which led to profound changes in the political economies of some more than others. Representatives of these more profoundly affected Member States are included in the present study and it is instructive to examine the extent to which respondents in the cases there perceived their arrangements for worker representation on OSH to have been influenced by these developments.

For example in Spain, the economic crisis was perceived by worker representatives to have had two main effects, with companies putting their concerns with production and costs before those of dealing with demands from representatives concerning OSH improvements and generally being less willing to accede to the latter. As one interviewee put it when asked about the organisation of OSH issues:

We are so focused on the day-to-day that in the end we do not devote the time we should to these kinds of issues.

Manager, small private services

The stress created by insecurity of employment, coupled with increased workloads, was claimed to affect workers' health. The greatest barrier to the improvement of OSH outcomes in Spain was currently perceived to be the need of companies to improve production and productivity in order to keep abreast

of global competition. This pressure was claimed to make employers more demanding of their workers, requesting more and more extra hours from them for longer periods of time, as well as improved productivity. As one Spanish safety representative from a large company put it:

We are experiencing a very delicate moment on many levels … the market is how it is; there are increasing demands here and we have sensitive cases of bad health.

Safety representative, large private services

However, according to the Spanish report, the crisis has had a rather paradoxical effect in some workplaces. Prior to it, a large proportion of Spanish workers were employed on temporary contracts. These were the first to be dismissed as the crisis took hold, leaving workers on permanent contracts feeling more secure. Indeed, nearly all of the workers in all of the Spanish cases were of the latter type. This led to some unexpected initial benefits in terms of arrangements for the safety and health at work of those remaining in employment, since permanent workers are in general better trained and more experienced, including on OSH matters. Therefore, during the crisis the global rate of workers trained in risk prevention at work improved. But this was short-lived since, with economic recovery, external demand increased the pressure on employees, and the effects of this improvement have tended to vanish.

Similarly in Greece, changes in legislation since the crisis in 2009, made in response to the austerity measures subsequently introduced, have resulted in substantial changes to collective bargaining, which have been generally unfavourable to the position of trade unions and workers. According to Lanara:

....[the changes in industrial relations due to austerity measures] weaken [trade unions'] institutional role and standing at all levels by depleting their bargaining power and curtailing fundamental institutional tools and safeguards. [These changes] undermine the functioning of trade union organizations and threaten the cohesion of collective representation. Furthermore, workers and trade unions in a fragmented labour market characterized by great precarity and flexibility now face an uneven playing field, since employers' options are being excessively reinforced.

(Lanara, 2012:8).

Labour market features such as job insecurity, job mobility, flexible working patterns, subcontracting and the like, increased. Privatisation also got underway for several public organisations and the employment status of civil servants became potentially insecure. Restructuring and downsizing places additional workloads on employees and reduces time available for representative activities on OSH matters, as a result of which such activities are not prioritised by hard-pressed unions and their representatives, and the formation of health and safety committees is discouraged. The function of workers' representatives is also influenced by external factors such as recession and financial constraints, privatisation projects, increase of subcontracting, job (in)security, trade union density, the power of trade unions in critical sectors, and sector and size of companies. In some of the Greek cases that focused on large public sector services such as hospitals or municipal administrations, there was a reduced presence of OSH personnel and the budget for OSH was also reduced. One municipality even claimed to be on the brink of bankruptcy. Workers' representatives in these organisations, therefore, had little room to play their role, and there was a strong focus on cost savings everywhere, with financial difficulties making workers' representatives and management reluctant to demand more resources for OSH issues. Management commitment to OSH was affected, since the available means were not sufficient to sustain standards that were in place prior to the crisis. In the Greek establishments with worker representation, job insecurity was reported by several trade unions. This was the case in organisations expecting further privatisation or restructuring. In these situations established trade unions remained active despite the economic crisis, but labour issues were the priority for workers' representatives in many companies.

In most of the north-west European countries in the study, the crisis was perhaps not experienced quite as sharply as in, Estonia, Greece or Spain. However, the processes of post-crisis reforms in these countries are in many cases the same as those of work restructuring and reorganisation, with reductions in protective regulation, trade union rights and the resourcing of regulatory enforcement that are occurring, albeit at different rates, in all the countries in the study. These processes lead many embattled trade union and workplace worker organisations to indicate that they have little time to focus on OSH

because their primary focus is on the very survival of their jobs and their workplace organisation. All of these processes are reductive of the position that previous research has established as a precondition for effective worker representation on OSH according to statutory models, and are therefore of some serious concern.

8.4 Concluding remarks

Some caution is warranted before claiming too much with regard to the quantitative representativeness of the patterns of worker representation and participation on OSH that we have identified in our cases. That said, we have nevertheless uniquely studied and compared a very rich and varied range of practices on worker representation in this study, and in this chapter we have discussed how many of their features can be linked to the influence of underlying determinants at the workplace and beyond. These linkages remain valid despite our caveats concerning quantitative representativeness.

We have undertaken a comparative study and we have noted differences between regulation and institutional arrangements for worker representation in different countries in Europe. However, what stands out in our findings is not the differences between countries but the similarities in workplace practices and the relations that determine them. This applies to both the nature of support or preconditions for effective worker representation on OSH in different countries and the factors that undermine it, which would appear to be converging towards a changed scenario for the representation of workers on OSH in European countries generally.

In this respect, we think we have gone further than previous research in demonstrating the effects of changes that have taken place since the regulatory provisions on worker representation on OSH were first introduced. While they confirm much of what is already known from previous studies, our findings can be distinguished in terms of the rich and varied forms of worker participation on OSH that they portray. Also, they show that arrangements for representative participation identified by previous research as being effective are now in evidence in only a reduced form, or not at all, in many establishments. If we accept that our sample probably included a larger than average proportion of cases in which respondents believed they had something positive to say about their arrangements for worker participation on OSH, such a limited presence of arrangements deemed to be effective in previous studies may be a surprising finding.

Yet perhaps this should not be so surprising, as our findings also confirm the existence of strong connections between the nature of the practices that appear to predominate in approaches to worker participation on OSH at the present time and prominent features of the current organisation of work and employment. These features not only characterise labour relations, safety management and the organisation of work and employment within establishments, but also other equally important determinants of the position and practice of worker representation on OSH, which exert an influence from outside the establishment. These include patterns and trends in the content and enforcement of regulation concerning not only OSH specifically but also labour relations, working conditions, labour standards and freedoms of business more widely. They further include long-term changes in the sectoral composition of work, coupled with increased outsourcing and patterns of fragmentation in work organisation and management, growth in numbers of small and micro enterprises, growth in temporary and migrant employment, and generally more insecure work. In many countries there is not only major decline in trade union density, but also a parallel reduction in levels of industrial action by organised workers and so on.

We conclude that the patterns we have seen in the practice of worker representation on OSH in our cases and the parallel changes occurring in all of these determinants are related. The latter changes are emblematic of those that have occurred more widely across the neo-liberal political economies, which nowadays predominate in the Member States of the EU. We further conclude that it is these changes and the political support for them that have led to the reduced presence of preconditions previously identified as important in the effective operation of workers' representation on OSH. Under these circumstances, our study provides evidence of a growing divergence between statutory provisions and current workplace practices.

References

Agra Viforcos, B. (2005) 'Participación y representación de los trabajadores en materia de prevención de riesgos laborales. Especial referencia a las previsiones al respecto contenidas en los convenios colectivos de Castilla y León', *Revista de investigación económica y social de Castilla y León*, 8:15-109.

Agra Viforcos, B. (2009) 'La prevención de riesgos laborales en la negociación colectiva sectorial de ámbito estatal, Estudios financieros', *Revista de trabajo y seguridad social: Comentarios, casos prácticos: recursos humanos*, 316:53-124.

Alder, A., Tipping, A., Meldrum, A., Brazabon, P. and Wright, M. (2000) *Examples of effective workforce involvement in health and safety in the chemical industry*. Health and Safety Executive Contract Research Report 291, HSE Books: Sudbury.

Almond, P. (2015) 'Revolution blues: the reconstruction of health and safety law as "common-sense" regulation', *Journal of Law and Society*, 42(2):202-229.

Antonsson, A.-B., Sjöström, J. and Östlund, G. (2011) *Integrerade och levande ledningssystem*. Rapport B2007, IVL: Stockholm.

Assennato, G. and Navarro, V. (1980) 'Workers' participation and control in Italy: the case of occupational medicine', *International Journal of Health Services,* 10(2):217-32.

Bagnara, S., Misiti, R. and Winersberger, H. (eds) (1985) *Work and health in the 1980s: Experiences of direct workers' participation in occupational health.* Science Centre Berlin, Edition Sigma: Berlin.

Banoutsos, E, (1994) 'Experience of participation in health and safety in Greece, P +', *European Participation Monitor*, 8:47-51.

Beaumont, P., Coyle, J., Leopold, J. and Schuller, T. (1982) *The determinants of effective joint health and safety committees, 1982*. Report to the Economic and Social Research Council, Centre for Research into Industrial Democracy and Participation, University of Glasgow: Glasgow.

Beaumont, P.B. and Harris, R. (1993) 'Health and safety in union and non-union establishments', *Occupational Health and Safety*, 23(7):49-51.

Bell, J. and Phelps, C. (2001) *Employee involvement in health and safety: some examples of good practice*. HSL Report WPS/00/03, Health and Safety Laboratory: Buxton.

Biggins, D. and Holland, T. (1995) 'The training and effectiveness of health and safety representatives', in Eddington, I. (ed.) *Towards Health and Safety at Work: Technical Papers of the Asia Pacific Conference on Occupational Health and Safety*. ICOH: Brisbane.

Biggins, D. and Phillips, M. (1991a) 'A survey of health and safety representatives in Queensland, Part 1: Activities, issues, information sources', *Journal of Occupational Health and Safety — Australia and New Zealand*, 7(3):195-202.

Biggins, D. and Phillips, M. (1991b) 'A survey of health and safety representatives in Queensland, Part 2: Comparison of representatives and shop stewards', *Journal of Occupational Health and Safety — Australia and New Zealand*, 7(4):281-286.

Biggins, D., Phillips, M. and O'Sullivan, P. (1991) 'Benefits of worker participation in health and safety', *Labour and Industry*, 4(1):138-159.Blewitt, V. (2001) *Working together: A review of the effectiveness of the health and safety representative and workplace health and safety committee system in South Australia — Final report and recommendations*. Consultative Arrangements Working Party, WorkCover Corporation of South Australia: Adelaide.

Boden, L.I., Hall, J.A., Levenstein, C. and Punnett, L. (1984) 'The impact of health and safety committees', *Journal of Occupational Medicine*, 26(11):829-834.

Boukouvalas, K., (2005) 'Evaluation of the legislation on health and safety at work in Greece', *Enimerosi*, 116:2-38 (in Greek). Available at: http://www.inegsee.gr/wp-content/uploads/2014/02/files/ESOTERIKO_116.pdf

Bryce, G.K. and Manga, P. (1985) 'The effectiveness of health and safety committees', *Relations Industrielles*, 40(2):245-257.

Cassou, B. and Pissaro, B. (1988) 'Workers' participation in occupational health: The French experience', *International Journal of Health Services,* 18(1):139-152.

CBM (Commissie Bevordering Medezeggenschap) (2014) *Ontwikkelingen gebruik OR-scholingsfaciliteiten.* Sociaal-Economische Raad: The Hague.

Cooke, W. and Gautschi, F. (1981), 'OSHA, Plant safety programs and injury reduction', *Industrial Relations* 20(3):245-257.

Coyle, J.R. and Leopold, J.W. (1981), 'Health and safety committees: how effective are they?', *Occupational Health and Safety*, November 1981.

Culvenor, J., Cowley, S. and Harvey, J. (2003) 'Impact of health and safety representative training on concepts of accident causation and prevention', *Journal of Occupational Health and Safety Australia and New Zealand*, 19(3):279-292.

Currington, W. (1986) 'Safety Regulation and Workplace Injuries', *Southern Economic Journal*, 53(1):51-72.

Davies, R. and Elias, P. (2000) *An analysis of temporal and national variations in reported workplace injury rates.* Warwick University, Institute of Employment Research: Warwick.

Dedobbeleer, N., Champagne, F. and German, P. (1990) 'Safety performance among union and non-union workers in the construction industry', *Journal of Occupational Medicine,* 32(11):1099-1103.

Eaton, A. and Nocerino, T. (2000) 'The effectiveness of health and safety committees: results of a survey of public sector workplaces', *Industrial Relations,* 39(2):265-290.

Eklund, J. (2000) 'Development work for quality and ergonomics', *Applied Ergonomics*, 31:641-648.

ETUI — European Trade Union Institute (2009) Participation by workers and workers' reps: key to successful risk assessment, ETUC/ETUI Conference, 26-27 January 2009, Brussels. Available at: https://www.etui.org/Events/Participation-by-workers-and-workers-reps-key-to-successful-risk-assessment

ETUI — European Trade Union Institute (2014) Health and Safety. Retrieved 11 January 2016, from http://www.worker-participation.eu/National-Industrial-Relations/Across-Europe/Health-and-Safety2/(language)/eng-GB

EU-OSHA — European Agency for Safety and Health at Work (2010) *European Survey of Enterprises on New and Emerging Risks: Managing Safety and Health at Work.* European Risk Observatory Report, European Agency for Safety and Health at Work: Bilbao. Available at: http://osha.europa.eu/en/publications/reports/esener1_osh_management

EU-OSHA — European Agency for Safety and Health at Work (2012) Worker representation and consultation on health and safety. An analysis of the findings of the European Survey of Enterprises on New and Emerging Risks (ESENER). Available at: http://osha.europa.eu/en/publications/reports/esener_workers-involvement

Walters, D., Wadsworth, E.J.K. and Quinlan, M. (2013) *Analysis of the determinants of workplace occupational safety and health practice in a selection of EU Member States.* Research Report, European Agency for Safety and Health at Work: Bilbao

Walters, D. and Wadsworth, E.J.K. (2014) 'Contexts and determinants of the management of occupational safety and health in European workplaces', *Policy and Practice in Health and Safety*, 12(2):109-130.

Walters, D. and Wadsworth, E.J.K. (2016) *Contexts and arrangements for occupational safety and health in micro and small enterprises in the EU — SESAME Projects.* European Agency for Safety and Health at Work: Bilbao. Available at: https://osha.europa.eu/en/tools-and-publications/publications/contexts-and-arrangements-occupational-safety-and-health-micro

Eurofound — European Foundation for the Improvement of Living and Working Conditions (2001) *Work-related stress and industrial relations in Europe*. Available at: http://www.eurofound.europa.eu/eiro/2001/11/study/tn0111109s.htm

Eurofound — European Foundation for the Improvement of Living and Working Conditions (2007) *Health and safety at work in Greece.* Available at: http://www.eurofound.europa.eu/ewco/surveyreports/GR0611019D/GR0611019D.pdf

Eurofound — European Foundation for the Improvement of Living and Working Conditions (2016) Available at: http://www.eurofound.europa.eu/publications/report/2016/labour-market-industrial-relations/regulation-of-labour-market-intermediaries-and-the-role-of-social-partners-in-preventing-trafficking

European Commission (EC) (2014) Annual Report on European SMEs 2013/2014. Available at: http://ec.europa.eu/growth/smes/business-friendly-environment/performance-review/files/supporting-documents/2014/annual-report-smes-2014_en.pdf

EKA (Athens Labour Center) (2000) 'Establishment of Occupational Health and Safety Committees at the Workplace', *Action for Health, Safety and the Protection of the Environment*, 8(95):2.

Fenn, P. and Ashby, S. (2004) 'Workplace risk, establishment size and union density', *British Journal of Industrial Relations*, 42(3):461-480.

Forseth, U., Torvatn H. and T. Kvernberg Andersen (2009) 'Stop in the name of safety — The right of the safety representative to halt dangerous work', in Martorell, S., Guedes Soares, C. and Barnett, J. (eds) *Safety, Reliability and Risk Analysis*, vol. 4. Taylor and Francis Group: London.

Frick, K. (2013) 'Resilience within a weaker work environment system — The position and influence of Swedish safety representatives', in Walters, D. and Nichols, T. (eds) *Safety or Profit? — International Studies in Governance, Change and the Work Environment,* Baywood: Amityville, NY.

Frick, K. and Walters, D. (1998) Worker representation on health and safety in small enterprises: Lessons from a Swedish approach, *International Labour Review*, 137(3):365-389.

Fromm, J. (2012) *Skyddsombudens chans att skydda*. TCO: Stockholm.

Fuller, D. and Suruda, A. (2000) 'Occupationally related hydrogen sulphide deaths in the United States from 1984 to 1994', *Journal of Occupational and Environmental Medicine*, 42(9):939-942.

Fulton, L. (2013) *Worker representation in Europe.* Labour Research Department and European Trade Union Institute. Available online at: http://www.worker-participation.eu/National-Industrial-Relations

Gaines, J. and Biggins, D. (1992) 'A survey of health and safety representatives in the Northern Territory', *Journal of Occupational Health and Safety — Australia and New Zealand,* 8(5):421-428.

García, A.M., López-Jacob, M.J., Dudizinski, I., Gadea, R. and Rodrigo, F. (2007) 'Factors associated with the activities of safety representatives in Spanish workplaces', *Journal of Epidemiology and Community Health*, 61:784-790.

García, A.M., López-Jacob, M.J., Dudzinski, I., Gadea, R. and Rodrigo, F. (2009) 'Characteristics, activities and perceptions of Spanish safety representatives', in Walters, D. and Nichols, T. (eds) *Workplace health and safety. International perspectives on worker representation,* Palgrave MacMillan: Basingstoke.

Gellerstedt, S. (2012) *Skyddsombudens erfarenheter 2012*. LO: Stockholm.

Gevers, J.K.M. (1989) Health and safety protection in industry: participation and information of employers and workers. CEC Report EUR 11314 EN: Luxembourg.

Gordon, S., Buchanan, J. and Bretherton, T. (2008) *Safety in numbers: nurse-to-patient ratios and the future of health care*. ILR Press: Ithaca, NY.

Gray, G.C. (2002) 'A Socio-legal ethnography of the right to refuse dangerous work'*, Studies in Law, Politics & Society,* 24:133-169.

Gray, G.C. (2009) 'The responsibilization strategy of health and safety: neo-liberalism and the reconfiguration of individual responsibility for risk', *British Journal of Criminology*, 49(3):326-342.

Grunberg, L. (1983) 'The effects of the social relations of production on productivity and workers' safety', *International Journal of Health Services*, 13(4):621-634.

Gustavsen, B. (1988) 'Democratising occupational health: The Scandinavian experience of work reform', *International Journal of Health Services,* 18(4):675-689.

Hall, P.A. and Soskice, D. (2003) 'Varieties of capitalism and institutional complementarities', in Franzese, Jr., Robert, J., Mooslechner, P. and Schürz, M. (eds) *Institutional conflicts and complementarities.* Springer US: New York, NY.

Hall, A., Forest, A., Sears, A. and Carlan, N. (2006) 'Making a difference: knowledge, activism and worker representation in joint OHS committees', *Relations Industrielles,* 61(3):408-435.

Hall, A., Oudyk, J., King, A., Naqvi, S., and Lewchuk, W. (2016) 'Identifying knowledge activism in worker health and safety representation: A cluster analysis', *American Journal of Industrial Medicine*, 59(1):42-56.

Hancké, B., Rhodes, M., and Thatcher, M. (2007) Beyond varieties of capitalism: Conflict, contradictions, and complementarities in the European economy. Oxford University Press: Oxford.

Havlovic, S. (1991) 'Safety committees and safety education in reducing the risk of death: The experience of the British Columbia logging industry (1940-89)', in Carth, D. (ed.) *Proceedings of the 28th Conference of the Canadian Industrial Relations Association*. IRC Press: Kingston, On.

Havlovic, S. and McShane, S. L. (1997) The effectiveness of joint health and safety committees and safety training in reducing fatalities and injuries in British Columbia forest product mills. Workers Compensation Board of British Columbia: Burnaby:

Heijden, P.F. van der, Grapperhaus, F.B.J., Heerma van Voss, G.J.J., Timmerman, L. and Verhulp, E. (2012), *Medezeggenschap: ontwikkelingen in de 21e eeuw*. Sociaal-Economische Raad: The Hague. Available at: https://www.ser.nl/~/media/files/internet/publicaties/overige/2010_2019/2012/b30955/b30955.ashx

Hillage, J., Kersley, B., Bates, P. and Rick, J. (2001) *Workplace consultation on health and safety.* Health and Safety Executive Contract Research Report 268/2000, HSE Books: Sudbury.

Hudspith, B. and Hay, A.W.M. (1998) 'Information needs of workers', *Annals of Occupational Hygiene,* 42(6):377-390.

INSHT (2007) VI National Survey on Working Conditions. Available at: http://encuestasnacionales.oect.es/

INSHT (2011) VII National Survey on Working Conditions. Available at: http://encuestasnacionales.oect.es/

Inspectie SZW (2015) *Arbo in Bedrijf 2014*. Ministerie van Sociale Zaken en Werkgelegenheid: The Hague.

James, P. and Walters, D. (1997) 'Non-union rights of involvement: the case of health and safety at work', *Industrial Law Journal,* 26:35-50.

James, P., Tombes, S. and Whyte, D. (2015) 'An independent review of British health and safety regulation? From common sense to non-sense', *Policy Studies,* 34(1):36-52.

Jensen, P.L. (2002) 'Assessing assessment: The Danish experience of worker participation in risk assessment', *Economic and Industrial Democracy*, 23(2):201-227.

Kallaste, E. and Woolfson, C. (2013) 'Negotiated responses to the crisis in the Baltic States', *Transfer: European Review of Labour and Research,* 19(2):253-266.

Kawakami, T., Kogi, K., Toyama, N. and Yoshikawa, T. (2004) 'Participatory approaches to improving safety and health under trade union initiative', *Industrial Health*, 42:196-206.

Kersley, B., Alpin, C., Forth, J., Bryson, A., Bewley, H., Dix, G. and Oxenbridge, S. (2006) *Inside the workplace: Findings from the 2004 Workplace Employment Relations Survey*. Routledge: London.

Klein Hesselink D.J. and Evers, G.E. (1994) *Maatschappelijke betrokkenheid van ondernemingsraden*. VUGA: The Hague.

Knudsen, F. (2009) 'Paperwork at the service of safety? Workers' reluctance against written procedures exemplified by the concept of "seamanship"', *Safety Science*, 47:295-303.

Kochan, T.A., Dyer, L. and Lipsky, D.B. (1977) *The effectiveness of union-management safety and health committees*. W.E. Upjohn Institute for Employment Research: Kalamazoo.

Koukoulaki, T. (2002) 'Stress prevention in Europe: review of trade union activities — Obstacles and future strategies', *TUTB Newsletter*, Special Issue, Stress at Work, 19/20:4-11.

Koutroukis, T. and Jecchinis, C. (2010) 'Aspects of worker participation in Greece: a legal revolution and the evolution so far', *Labour Relations Review*, 59:30-41.

Krieger, H. (1990) 'Participation of employees' representatives in the protection of the health and safety of workers in Europe', *International Journal of Comparative Labour Law and Industrial Relations*, 6(4):217-227

Kvernberg Andersen, T., Torvatn, H. and Forseth, U. (2009) 'Safety representative and managers: Partners in health and safety?', in Martorell, S., Guedes Soares, C. and Barnett, J. (eds) *Safety, reliability and risk analysis,* vol. 4. Taylor and Francis Group: London.

Labour Research Department (1984) *Safety reps in action*. LRD Publications: London.

Lampousaki, S. (2014) *INE GSEE, Greece: Industrial relations profile*. EurWORK, Eurofound: Brussels .

Lanara, Z. (2012) Trade unions in Greece and the crisis, a key actor under pressure. Friedrich-Ebert-Stiftung: Berlin.

Lewchuk, W., Robb, A.L. and Walters, V. (1996) 'The effectiveness of Bill 70 and joint health and safety committees in reducing injuries at the workplace, The case of Ontario', *Canadian Public Policy*, 23(3):225-243.

Litwin, A.S. (2000) *Trade unions and industrial injury in Great Britain*. Discussion Paper 468, Centre for Economic Performance, London School of Economics and Political Science: London.

Llorens, C., Alós, R., Cano, E., Font, Pere A., Jódar, P., López, V., Navarro, A., Sánchez, A., Utzet, M. and Moncada, S. (2010) 'Psychosocial risk exposures and labour management practices. An exploratory approach', *Scandinavian Journal of Public Health,* 38:125.

Looise, J.C. and Heijink, J.Z. (1986) De OR en zijn bevoegdheden: interimrapport onderzoek ondernemingsraden. ITS: Nijmegen.

McDonald, N. and Hyrmak, V. (2002) *Safety behaviour in the construction sector*. Health and Safety Authority: Dublin; Health and Safety Executive: Belfast.

McQuiston, T.H. (2000) 'Empowerment evaluation of worker safety and health education programs', *American Journal of Industrial Medicine,* 38(5):584-597.

Milgate, N., Innes, E. and O'Loughlin, K. (2002) 'Examining the effectiveness of health and safety committees and representatives: a review', *Journal of Prevention, Assessment and Rehabilitation*, 19(3):281-290.

Moncada, S., Utzet, M., Molinero, E. Llorens, C., Moreno, N. and Navarro, A. (2014) 'The Copenhagen Psychosocial Questionnaire II (COPSOQ II) in Spain — A tool for psychosocial risk assessment at the workplace', *American Journal of Industrial Medicine*, 57(1):97-107.

Nichols, T. (1997) *The sociology of industrial injury*. Mansell: London.

Nichols, T. and Walters, D. (2009) 'Worker representation on health and safety in the UK — problems with the preferred model and beyond', in Walters, D. and Nichols, T. (eds) *International perspectives on representing workers' interests in health and safety*. Palgrave Macmillan: Basingstoke.

Nichols, T. and Walters, D. (eds) (2013) Safety or profit? International studies in governance, change and the work environment. Baywood: Amityville, NY.

Nichols, T., Walters, D. and Tasiran, A.C. (2007) 'Trade unions, institutional mediation and industrial safety — evidence from the UK', *Journal of Industrial Relations*, 49(2):211-225.

O'Grady, J. (2000) 'Joint health and safety committees: finding a balance', in Sullivan, T. (ed.) *Injury and the new world of work*. UBC Press: Vancouver.

Ollé-Espluga, L., Vergara-Duarte, M., Belvis, F., Menéndez-Fuster, M., Jódar, P. and Benach, J. (2015) 'What is the impact on occupational health and safety when workers know they have safety representatives?', *Safety Science*, 74:55-58.

Popma, J.R. (2003) Het arbo-effect van medezeggenschap (The OHS-effect of worker participation). Kluwer: Alphen on the Rhine.

Popma, J.R. (2009) 'Does worker participation improve health and safety? Findings from the Netherlands', *policy and practice in health and safety*, 7(1):85-103.

Popma, J.R., Schaapman, M. and Wilthagen, T. (2002) 'The Netherlands: implementation within wider regulatory reform', in Walters, D. (ed.) *Regulating health and safety management in the European Union: A study of the dynamics of change*. Peter Lang: Brussels.

Prospect (2009) Fair change: Prospect guide to organisational change. Prospect: London.

Raulier, A. and Walters, D. (1995) Trade union training in health and safety: A survey of European practice in training for worker representatives. Trade Union Technical Bureau: Brussels.

Reilly, B., Paci, P. and Holl, P. (1995) 'Unions, safety committees and workplace injuries', *British Journal of Industrial Relations,* 33(2):273-388.

Rest, K.M. (1996) 'Worker participation in occupational health programs. Establishing a central role', *American Association of Occupational Health Nurses*, 44(5):221-227.

Robens, A. (1972) *Report of the Committee on Safety and Health at Work*. Command Paper 5034, HMSO: London.

Robinson, A. and Smallman, C. (2000) *The healthy workplace? Research papers in management studies*. Working Paper 05/2000, Judge Institute of Management Studies, University of Cambridge: Cambridge.

Robinson, A.M. and Smallman, C. (2013) 'Workplace injury and voice: a comparison of management and union perceptions', *Work, Employment and Society*, 27(4):674-693.

Robinson, J. (1991) Toil and toxics: Workplace struggles and political strategies for occupational health. University of California Press: Berkley.

Robolis, S. (2008) *The trade union movement in Greece — characteristics, organisation, prospects* (based on the study of G. Kouzis 'The characteristics of the Greek Trade Union movement — deviations and convergences with the European area', Gutemberg). First Conference of Trade Union-related Research Institutes (TURI) network on 'The Future of Trade Union Structures and Strategies', 14 October 2008, Brussels. Available at: http://www.turi-network.eu/About-TURI/News/Presentations-from-first-TURI-Conference-available-now

Roustang, G. (1983) 'Worker participation in occupational health and safety matters in France', *International Labour Review*, 122(2):169-182.

Shannon, H., Walters, V., Lewchuck, W., Richardson, J., Verma, D., Haines, T. and Moran, L. (1992) *Health and safety approaches in the workplace.* McMaster University: Hamilton, ON.

Shannon, H., Walters, V., Lewchuck, W., Richardson, J., Moran, L.A., Haines, T. and Verma, D.K. (1996) 'Workplace organisational correlates of lost time accident rates in manufacturing', *American Journal of Industrial Medicine*, 29:258-268.

Shannon, H., Mayr, J.S. and Haines, T. (1997) 'Overview of the relationship between organisational and workplace factors and injury rates', *Safety Science*, 26:201-217.

Shaw, N. and Turner, R. (2003) *The Worker Safety Advisors Pilot.* Health and Safety Executive Research Report 144, HSE Books: Sudbury.

Shearn, P. (2004) *Workforce participation in the management of occupational health and safety.* HSL Report ERG/04/01, Health and Safety Laboratory: Buxton.

Sommers, J. and Woolfson, C. (eds) (2014) The contradictions of austerity: The socio-economic costs of the neoliberal Baltic model. Routledge: London and New York.

Spaven, M. and Wright, C. (1993) The effectiveness of off-shore safety representatives and safety committees: A report to the HSE. Health and Safety Executive: London.

SPR (1994) Highlights of the 1994 Ontario Survey of Occupational Health and Safety and Joint Health and Safety Committees. SPR Associates and Workplace Health and Safety Agency: Toronto, ON.

Storey, R. (2005) 'Activism and the making of occupational health and safety law in Ontario', *Policy and Practice in Health and Safety*, 3(1):41-68.

Tillaart, H. van den and Warmerdam, J. (2016) Ontwikkelingen in scholing van ondernemingsraden: Terugblik op de afgelopen jaren en verwachtingen voor de toekomst. ITS: Nijmegen.

Van Stolk, C., Staetsky, L., Hassan, E. and Kim, C.W. (2012a) *Factors associated with effective management of occupational safety and health: An empirical analysis.* Research Report, European Agency for Safety and Health at Work: Bilbao.

Van Stolk, C., Staetsky, L., Hassan, E. and Kim, C.W. (2012b) *Factors associated with effective management of psychosocial risks: An empirical analysis.* Research Report, European Agency for Safety and Health at Work: Bilbao.

Visee, H. (2012) Naleving van de Wet op de Ondernemingsraden: Stand van zaken 2011. Regioplan: Amsterdam.

Walters, D. (1995) 'Employee representation and occupational health and safety: the significance of Europe', *Journal of Loss Prevention in the Process Industries*, 8(6):313-318.

Walters, D. (1996a) 'Trade unions and the training of health and safety representatives in Europe', *Employee Relations*, 18(6):50-68.

Walters, D. (1996b) 'Trade unions and the effectiveness of worker representation in health and safety in Britain', *International Journal of Health Services*, 26(4):625-641.

Walters, D. (2001) Health and safety in small enterprises: European strategies for managing improvement. Peter Lang: Brussels.

Walters, D. (2002a) 'The Framework Directive', in Walters, D. (ed.) *Regulating health and safety management in the European Union*. Peter Lang: Brussels.

Walters, D, (2002b), *Working safely in small enterprises in Europe*. European Trade Union Confederation: Brussels.

Walters, D. (ed.) (2002) Regulating health and safety management in the European Union. Peter Lang: Brussels.

Walters, D. (2004) 'Worker representation and health and safety in small enterprises in Europe', *Industrial Relations Journal*, 35(2):169-186.

Walters, D. (2006) 'One step forward, two steps back: worker representation and health and safety in the United Kingdom', *International Journal of Health Services*, 36(1):87-111.

Walters, D. (2008) Within reach? Managing chemical risks in small enterprises. Baywood: Amityville, NY.

Walters, D. (2011) 'Worker representation and psycho-social risks: A problematic relationship?', *Safety Science*, 49(4):599-606.

Walters, D. and Frick, K. (2000) 'Worker Participation and the Management of Occupational Health and Safety: Reinforcing or Conflicting Strategies?', in Frick, K., Jensen, P.L., Quinlan, M. and Wilthagen, T. (eds) *Systematic Occupational Health and Safety Management — Perspectives on an International Development*. Pergamon: Oxford.

Walters, D. and Gourlay, S. (1990) Statutory employee involvement in health and safety at the workplace: A report of the implementation and effectiveness of the Safety Representatives and Safety Committees Regulations 1977. Health and Safety Executive Contract Research Report 20/1990, HSE: Bootle.

Walters, D. and Jensen, P.L. (2000) 'The discourses and purposes behind the development of the EU framework directive 89/391', in Frick, K., Jensen, P.L., Quinlan, M. and Wilthagen, T. (eds) *Systematic occupational health and safety management — perspectives on an international development*. Pergamon: Oxford.

Walters, D. and Nichols, T. (2007) *Worker representation and workplace health and safety*. Palgrave Macmillan: Basingstoke.

Walters D. and T. Nichols (eds) (2009) Workplace health and safety: international perspectives on worker representation. Palgrave Macmillan: Basingstoke.

Walters, D. and Wadsworth, E.J.K. (2014) 'Contexts and determinants of the management of occupational safety and health in European workplaces', *Policy and Practice in Health and Safety*, 12(2):109-130.

Walters, D., Dalton, A.J.P. and Gee, D. (1993) *Worker representation on health and safety in Europe*. European Trade Union Technical Bureau for Health and Safety, European Trade Union Confederation: Brussels.

Walters, D., Kirby, P. and Daly, F. (2001) The impact of trade union education and training in health and safety on the workplace activity of health and safety representatives. Health and Safety Executive Contract Research Report 321/2001, HSE Books: Sudbury.

Walters, D., Nichols, T., Connor, J., Tasiran, A.C. and Cam, S. (2005) *The role and effectiveness of safety representatives in influencing workplace health and safety.* Health and Safety Executive Research Report 363, HSE Books: Sudbury.

Walters, D., Wadsworth, E.J.K., Johnstone, R. and Quinlan, M. (2014) *A study of the role of workers' representatives in health and safety arrangements in coal mines in Queensland*. Research Report for the Construction, Forestry, Mining and Energy Union (CFMEU), Mining and Energy Division: Sydney Available at: http://cfmeu.com.au/the-role-of-worker-representatives-in-health-and-safety-in-qld-coal-mines-new-study

Walters, D., Johnstone, R., Quinlan, M. and Wadsworth, E.J.K. (2016a) 'Safeguarding workers: a study of health and safety representatives in the Queensland coal mining industry, 1990-2013', *Revue Relations Industrielles/Industrial Relations,* 71(3):418-441.

Walters, D., Quinlan, M., Johnstone, R. and Wadsworth, E.J.K. (2016b) 'Cooperation or resistance? Representing workers' health and safety in a hazardous industry', *Industrial Relations Journal*, 47(4):379-395.

Warren-Langford, P., Biggins, D. and Phillips, M. (1993) 'Union participation in occupational health and safety in Western Australia', *Journal of Industrial Relations*, 35:585-606.

Weil, D. (1991) 'Enforcing OSHA: the role of the labour unions', *Industrial Relations*, 30:20-36.

Weil, D. (1992) 'Building safety: the role of construction unions in the enforcement of OSHA', *Journal of Labor Research*, 13(1):121-132.

Westerholm, P. and Walters, D. (eds) (2007) *Supporting health at work: international perspectives on occupational health services*. Institution of Occupational Safety and Health: Leicester.

Wooden, M. (1989) 'Workers compensation, unemployment and industrial accidents; an inter-temporal analysis', *Australian Economic Papers*, 28, December.

Wooden, M. and Robertson, F. (1997) *Determinants of work related injuries: an inter-industry analysis.* Working Paper 144, National Institute of Labour Studies, Flinders University of South Australia: Adelaide.

Woolfson, C., Calite, D. and Kallaste, E. (2009) 'Employee "voice" and working environment in the new Member States: Translating policy into practice in the Baltic States', in Walters, D. and Nichols, T. (eds) *Workplace health and safety — international perspectives on worker representation*. Palgrave Macmillan: London.

Yassi, A., Lockhart, K., Sykes, M., Buck, B., Stime, B. and Spiegel, J.M. (2012) 'Effectiveness of joint health and safety committees: A realist review'*, American Journal of Industrial Medicine*, 56(4):424-438.

Annex

Table A1: **Supporting data for Figure 4.8**

		Degrees of freedom	p-value	Odds ratio	Confidence limits	
Representation in combination with management commitment	Both low	3	0.000	1.00		
	High representation and low management commitment			1.078	0.898	1.293
	Low representation and high management commitment			8.633	7.595	9.812
	Both high			16.763	13.988	20.088
Size	Small	2	0.000	1.00		
	Medium			2.125	1.681	2.685
	Large			2.598	1.194	5.653
Sector	Private producing	2	0.000	1.00		
	Private services			0.673	0.593	0.763
	Public			0.600	0.503	0.716
Country	Belgium	6	0.000	1.00		
	Estonia			0.617	0.402	0.947
	Greece			0.440	0.340	0.571
	Spain			5.129	4.243	6.201
	Netherlands			1.264	1.026	1.556
	Sweden			1.411	1.123	1.772
	United Kingdom			4.101	3.423	4.912

Table A2: **Supporting data for Figure 4.9**

		Degrees of freedom	p-value	Odds ratio	Confidence limits	
Representation in combination with management commitment	Both low	3	0.000	1.00		
	High representation and low management commitment			1.518	1.201	1.918
	Low representation and high management commitment			6.580	5.843	7.409
	Both high			13.517	11.798	15.486
Size	Small	2	0.000	1.00		
	Medium			2.200	1.816	2.666
	Large			3.830	2.184	6.717
Sector	Private producing	2	0.000	1.00		
	Private services			2.367	2.064	2.714
	Public			4.129	3.453	4.937
Country	Belgium	6	0.000	1.00		
	Estonia			0.382	0.206	0.708
	Greece			0.342	0.243	0.481
	Spain			0.982	0.788	1.224
	Netherlands			0.773	0.601	.995
	Sweden			1.959	1.499	2.559
	United Kingdom			0.794	0.642	0.982

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