

EVALUATION OF PARTNERSHIPS FOR HEALTH AND SAFETY

WALKER, D

Business School, Loughborough University, Loughborough, Leicestershire, LE11 3TU, UK,
d.walker@lboro.ac.uk

Abstract - In the late 1990s the UK government recognised the need for innovative responses to the challenges presented by the changing world of work. One strategy identified was to encourage the development of partnerships between stakeholders in the health and safety system. A variety of partnerships now exist between stakeholders including businesses, trade unions, trade associations, voluntary organisations and the enforcing authorities. With any such strategy, evaluating the success is important. This paper outlines the structure and activities of two partnership schemes and presents qualitative data from evaluations of these partnerships. The results demonstrate that performance indicators may not be appropriate measures of success and the focus should be on 'soft effects' including practical outcomes, organisational benefits and most particularly personal benefits for those involved. These findings are discussed in the context of self-regulation and approaches to enforcement.

INTRODUCTION AND BACKGROUND

The partnership approach has been part of the UK government's wider agenda for a number of years, driven to some extent by Government commitment to joined-up working at regional and national levels (Cabinet Office Performance and innovation Unit, 2000) and there are examples of initiatives from many government departments including 'Partnerships with People Initiative' (Department of Trade and Industry, 2000), Arts into Health Partnership (Department of Health, 1999) and more recently 'Partners for Success' which is a partnership initiative between Government and farmers (Department for Environment, Food and Rural Affairs, 2005). Whilst in health and safety a strategic review carried out in 2000 (Department of Environment, Transport and the Regions, 2000) identified that 'The Partnership Principle' promoting partnerships between stakeholders in the health and safety system would be a valuable approach to facilitating voluntary compliance (Moore, 2000) and ensuring that the UK approach to health and safety regulation remained relevant to the changing world of work. Partnerships are actively encouraged and a large number have been established between stakeholders at both local and national level. The partnerships take many forms and there are examples of partnerships between employers and employees (Spiller and Buirds, 1999), professional organisations and small firms (Walker and Tait, 2000a) and large firms assisting small firms through the 'good neighbour scheme' (Borley, 1998).

Gunningham and Sinclair (2002) have described partnerships in a sustainability context as voluntary collaborations between two or more organisations with a jointly defined agenda focused on discrete, attainable and potentially measurable goals, whilst Palermo and Ehlers (2002) describe health and safety partnerships in farming in the United States as coalitions that are temporary or long term alliances of factions for the specific purpose of enhancing health and safety of agricultural workers and their families. Gunningham and Sinclair (2002) suggest that there are several partnership models based on stakeholder types – industry and government, industry and environmental/trade organisations, industry and industry and multi party partnerships. Such partnerships have been identified as major facilitators of change (Long and Arnold, 1994). Similar models exist in health and safety partnerships, with the addition of employees/ trade unions as a further significant stakeholder.

One of the challenges facing initiatives such as The Partnership Principle is a rigorous evaluation of the benefits or achievement of goals. This is important for both the members of a particular partnership and for the policy makers. This paper outlines the evaluation of two partnerships one an industry and government (enforcing

authority) partnership and the other a multi-party partnership including government (enforcing authority), industry and trades unions. These partnerships are outlined in the following sections.

The Lead Authority Partnership Scheme (LAPS)

This example of an industry and government partnership is in the 'Local Authority' sector. In the United Kingdom (UK) the responsibility for workplace health and safety enforcement is shared between the Health and Safety Executive (central government) and 440 Local Authorities (local government). The boundaries for enforcement are defined in the Health and Safety (Enforcing Authority) Regulations 1998 (HMSO, 1998). The division of responsibility is based on a number of criteria including level of risk and access to the public, and as a result Local Authorities enforcement includes 'low risk' organisations, for example retail premises, offices and organisations with a large interface to members of the public such as leisure facilities and catering.

The principle of the Lead Authority Partnership Scheme is the development of a Partnership between specific Officers from a particular Local Authority (described as the Lead Authority) and the key health and safety professionals of a multi-outlet organisation, such as a supermarket or bank, having branches in more than one Local Authority area. The Scheme was established in 1991 (Foster, 1993) before the introduction of the 'Partnership Principle'. The original aims of the scheme were to improve consistency of enforcement and at the same time to raise the standards of health and safety management in the Partner organisation. Large firms in particular had identified the need for inter-authority consistency (Wakely et al, 1994)

Initially the Lead Authority was committed to carrying out a detailed management level audit of its partner organisation. This audit was devised to enable the Lead Authority to develop a corporate understanding of how the organisation managed health and safety and enabled the Lead Authority to provide input for potential improvement. The Lead Authority was also able to act as a liaison point on strategic health and safety issues for other Authorities having company premises in their district. However the initial scheme was perceived as too limited in scope, too resource intensive and of little benefit to individual Local Authorities (Walker and Tait, 2000b). To address these issues the scheme was refocused and a more flexible approach is now advocated (Broadhurst, 2000). Each Partnership negotiates its own framework, but a full SMR remains the cornerstone of the partnership principle and completing a SMR is an option open to the partners.

The scheme is administered by the Local Authority Unit of the Health and Safety Executive, however partnerships must be self sustaining and there is no external funding to support the process. There are about 80 partnerships in operation at present, although the total number has not increased consistently over time.

North West Contact Centre Project (NWCCP)

The Merseyside Call Centre Project was set up as a multi-party partnership in February 2002 with initial funding from the Department of Trade and Industry's Partnership Fund and Merseyside Health Action Zone. A steering group of 5 organisations represented an extended partnership approach between employers, trade bodies, employee representatives and the enforcing authorities. Call Centres typically suffer from higher than average levels of staff turnover and sickness absence, which may, in part be attributed to poor working conditions and practices (Bunn, 2003). The aim of the project was to address these issues, specifically through identifying good practice to prevent ill health in call centres, improving the physical working environment, improving processes and systems and addressing issues relating to culture, diversity and recruitment

An initial evaluation of the project indicated some degree of success (Walker and Cheyne, 2003), however it was identified that to be more effective membership should increase and that include contact organisations. As a result the project extended the boundaries to include the North West of England and was renamed as the North West Contact Centre Partnership (NWCCP). The NWCCP now has more than 60 members made up of call and contact centres in the north west of England, which range in size from large national organisations employing several thousands to small contact centres with less than 50 employees, local enforcing authorities, trade unions and other stakeholders, such as software suppliers and training organisations.

The funding enables the provision of office space, a project manager and administrator, both part-time. These staff organise meetings of the steering group and a programme of activities for the partners. These workers are supported in a 'voluntary' capacity by both the steering group and other partners. Working Groups have been established to discuss and derive good practice on issues such as risk assessment, health and safety training and the work environment. Regular training and networking events are held on relevant topics such as stress. Partner organisations provide case studies and report progress on initiatives, and sources of additional health and safety training are identified. Project partners have access to an e-Library containing a wealth of resource, information and guidance material. Partners have a confidential contact list to encourage networking. At present there is no

membership fee, although partners make a commitment in terms of attending meetings, working groups and sharing of good practice.

Methodology

Lead authority Partnership Scheme

Loughborough University carried out an evaluation on the Lead Authority Partnership Scheme in 2000. Semi structured interviews were carried out with partnership representatives from 12 participating organisations and 14 participating Local Authorities (LA). The participating organisations included a majority of large retail organisations but also included banks, food outlets and care homes. These organisations were selected on the basis of feedback from the HSE and the following criteria: Continuing success of the partnership, range of work activity, how long the partnership had been in established and amount of liaison activity.

An interview protocol was devised, in collaboration with the HSE, to address a range of issues. The interviews were carried out separately with personnel responsible from the Lead Authority and the business side of each Partnership. Those interviewed included the Lead Officer from the Authorities and the health and safety professional from the organisations. The questionnaire, which formed the basis of the interview, was piloted against the first 2 interviews and amended slightly. The majority of interviews took place at the premises of the organisation or Local Authority, although one interview was made by telephone. The data, based on the interviews, were recorded, collated and content analysed.

North West Contact Centre Partnership

An evaluation was carried out in 2005 on the North West Contact Centre Partnership by Loughborough University. Data was gathered through semi structured interviews or questionnaires with partnership representatives from 17 contact centres. The business activities included banking and finance, utilities, council service, retail and business solutions. The organisations ranged from those less than 50 call handlers to those with over 500.

The questionnaire was designed in consultation with the NWCCP Steering group and piloted through face to face interviews with three representatives. A small number of amendments were made to the questionnaire following the piloting. A further two interviews took place via the telephone. The interview protocol was then distributed at a training day held on May 10 2005 in Liverpool. The data, based on the interviews, were recorded, collated and content analysed.

Both evaluations included questions on measuring success of partnership participation, identifying positive outcomes, gathering perceptions of additional benefits from participation and resources used. With relatively small number of interviews for both evaluations, the results are presented in a descriptive format.

Results

The results are presented for each organisation under the following headings – measuring success, actual improvements, perceived benefits and resources used.

LAPS

Measuring performance of the partnership

The partners were asked if it is important to measure performance. Nearly all those interviewed felt that it is important to measure performance. However several respondents recognised that although it is a good idea in theory relevant performance indicators would be difficult to develop and interpret. One Lead Authority felt that it would not be important for a Local Authority and one company suggested that measuring performance is not necessarily appropriate with such a flexible arrangement.

Improvement in performance

The respondents were asked if they had attempted to measure performance. A number of measures were suggested and included decline in accident incident rate/ business interruptions, achievement of outputs following the recommendations in the SMR and reduction in insurance premium based on Lead Authority activity. However it was significant to note that none of the partnerships had attempted to link performance indicators to the scheme.

Improvements in the company health and safety management systems

The companies were asked to describe improvements in their health and safety management systems as a result of their partnership. Although all agreed that general improvement had taken place, a limited number of specific improvements were identified, including:

- Speeding up the implementation process;
- Acting as a lever for funding;
- Introducing new management structure and audit scheme;
- Improving policies and procedures e.g. accident reporting and investigation; and
- Improving integration with other aspects of risk management.

Personal and organisational benefits from the partnership

The partners were asked to identify any additional benefits that they had identified as a result of working together. The comments are summarised in table 1. Both groups identified benefits at a personal level, the Lead Officers perceived it as a particularly enriching experience. Extending their role of enforcement, they develop a greater understanding of how large companies operate and the constraints companies operate under. These additional transferable skills may then be used in other aspects of their work, for example to benchmark other organisations.

Comments	Company responses	LA responses
Personal development for those involved through: Understanding how each other operates Provision of health and safety information/advice/reassurance	8	14
Improved safety culture/standards within organisation	4	0
Cascade of partnership principle to others	1	1
No additional benefits identified	1	0

Table 1 Personal and organisational benefits

Resources involved in carrying out the SMR

The partnerships were asked to provide details of resources used in carrying out the SMR. In all cases the companies were unaware of the staff time required, although all had paid travel, and accommodation expenses plus the cost of producing the final report. This is not unexpected since the companies were not directly involved in much of the process such as document assessment, interviewing and report preparation.

The majority of Lead Authorities were also unclear as to the amount of staff time spent on the review. Several Authorities made estimates that averaged out at 3 person months and ranged from 7 weeks to 6 months. One Authority had calculated the figure accurately to 9 person weeks. One Authority was paid an amount equivalent to 6-person months by its partner company for the staff time. It was argued that this resource cost would have prevented the partnership existing if this had not been agreed.

NWCCP

Measuring performance of the partnership

The respondents were asked if it is important to measure success. Nine felt it was important, although difficult to achieve. Four respondents however felt it was not necessary to measure success because it is very

difficult to do accurately and fairly. One person felt that it would be more appropriate to change the definition of partnership success by focussing on the benefits of, for example, networking and supporting others.

Improvement in performance

The respondents were asked if there had been any evidence of improvement in performance (in terms of measures such as accident rate, sickness absence and staff turnover) since joining the partnership. As new members, nine organisations identified that this question was not applicable to them. Four organisations felt that there had been no evidence of improvement in performance. This could be because they had not been in the partnership long enough. Two respondents felt it was very difficult with this type of indirect intervention. One organisation indicated that they would never make this kind of data available. One respondent acknowledged that there had been a year on year reduction in accidents, but the numbers were very low.

Improvement in the company health and safety management systems

The participants were asked to identify any specific outcomes that they felt had resulted from activity in the partnership. Nine respondents were unable to answer this question because they have only been in the partnership for a short time. Four organisations felt that they could not identify any specific outcomes. However a number of positive outcomes were identified by four of the smaller contact centres and included.

- On going training of first aiders and fire wardens.
- On going programme of desk assessment.
- Obtained advice on disaster recovery.
- Used material obtained from meetings tailored to suit their own needs- e.g.
managing sickness absence, return to work, audit checklists
- Obtained the Occupational Health Nurse through the Partnership.
- Ran an internal training day on Smoke Free work places
- Introduced the need to examine workplace stress
- Learned the importance of maintaining documentation – this has helped
reduce claims

Personal and organisational benefits

The participants were asked to identify both personal and organisational benefits from partnership participation. The range of personal benefits identified are summarised in table 2. Many respondents identified more than one benefit. Networking with peers and specialists was considered important, as was the professional development of the Organisation Representative.

Benefits	No. of respondents
Networking with colleagues and specialists	10
Source of ideas/information/solutions	6
Development of professional confidence/confirmation of actions	5
Talking openly /gaining advice from Enforcement Officer	3
Source of advice/sharing information	3
Applying learning in organisation	2

Table 2: Perceived personal benefits of participating in the partnership

Organisational benefits included:

- Benchmarking (3)
- Kudos – good selling tool
- Enhances relations with employees and TU
- Aids recruitment
- Reduce number of claims

Ranking of benefits

In order to obtain some quantitative data from the research, the participants were asked to rank a number of benefits from participating in the partnership (personal and organisation). These benefits were derived from the first five interviews. Respondents were asked to rank the perceived benefits in order of importance. The results presented in table 3, are based on 12 responses.

Position	Benefit	Mode	Median
1	Source of ideas	1	2
2	Opportunity to network with colleagues	2	4
3	Provides a useful source of advice	4	3.5
4	Reassurance that I am doing my job correctly	4	5
5	Access to other specialists/consultants	5	4.5
6	Access to enforcement authorities in relaxed environment	5	5.5
7	Benchmarking	7	5
8	Reduces number of claims	9	9
9	Kudos	10	8.5
10	Enhances working relations with trade unions	11	9.5
11	Aids recruitment	11	10

Table 3: Ranking of benefits from participating in the partnership

Resources used

The respondents were asked if they recorded resources used for NWCCP. The majority of participants identified that they did not record resources involved with partnership activity. Many felt it was simply based on their time attending events and associated travel expenses. The general comment was that the benefits outweigh the expense and that the kudos was more important.

DISCUSSION

Although the two partnerships reflect different models, the results are complementary. It was recognised by the majority of those interviewed that measuring success is important, however few, if any, had made little attempt to do this. In addition no organisation was able to identify improvement in performance data such as incident rate, sickness absence or rate of attrition as a result of partnership activities. There were a variety of reasons given for this, in the case of NWCCP, having very low frequency rates (this would apply to incident data but not necessarily sickness absence or turnover) and a view from the larger organisations that in these types of interventions it is not possible to link cause and effect because of other influences. For example improvement in staff turnover may be difficult to achieve depending on the nature of the work e.g. outsourcing and the type of person employed e.g. students, in addition there is very limited resource invested by the companies in the partnership. In the case of LAPS no evidence of success is required by the Health and Safety Commission who are the initiators of the scheme and for individual partnerships the relatively small amount resource required to fund the activities. It is arguable that these concrete measures of success are achievable in either partnership models and, as identified by a number of the participants from both studies, a more appropriate strategy for highlighting success may be to focus on soft effects such as the practical outcomes, organisational benefits and more particularly the personal benefits experienced by those involved.

In both schemes it was possible to identify a limited number of specific health and safety actions that organisations (usually smaller organisations in the case of NWCCP) had introduced as a result of partnership activity e.g. improved policies and procedures. Many of the large organisations were unable to identify any specific improvements, these organisations in the NWCCP tended to perceive themselves as good performers and therefore they felt in a position to share their best practice with others, rather than gain tangible outcomes themselves. In the LAPS partnerships a four organisations identified a more general improvement in health and

safety culture rather than anything specific. A number of other organisational benefits were identified, particularly in the NWCCP. This may be a reflection of the specific nature of the work activity. For example contact centres are well documented for having high staff turnover (IRS, 2001), so benefits such as assisting recruitment and good industrial relations may be important.

Most importantly benefits to the individual involved in the partnership activities were identified. For health and safety professionals in organisations these included opportunity to network, access to ideas and advice from the enforcing authorities and other specialists. This may lead to personal development and reassurance of doing the job correctly. For enforcing authorities in the LAPS the benefits focused on personal development of transferable skills and developing a greater appreciation of how 'business' operates. The ranking presented in table 3 reinforces the point that the personal benefits (ranked in positions 1-6) are perceived as more important than the organisational benefits (ranked in positions 7-11).

Gunningham and Sinclair (2002) identify several factors for successful partnerships that include the prospect of mutual gain for both/all partners. The results presented here demonstrate this mutual gain in both studies, although focussed at the individual rather than organisation level.

The enforcing authorities were not included in the NWCCP study and evidence of organisational benefits for 'government' in the Lead Authorities in the LAPS is not strong, although other research has highlighted 'Kudos' within government as a potential benefit (Walker and Tait 2001) however there are political drivers. The changing world of work has led to enforcement strategies based encouraging workplace self-regulation rather than strategies based on simply coercion and deterrence (Dawson et al., 1988). As a result Enforcement Officers in the UK approach health and safety by means of co-operation and conciliation, advice and assistance and social instruction rather than through rigorous enforcement of legal sanctions. Punitive action is held in reserve and used against those who with little regard persistently break the law (HSE, 1997). This change in the regulatory mechanisms is reflected in the HSE mission statement 'to protect people's health and safety by ensuring risks in the changing workplace are properly controlled' (HSE, 2006). It is also embedded in the Enforcement Concordat that sets out what business and others being regulated can expect from enforcement officers (Cabinet Office, 1998). Included in the term enforcement are advisory visits and assistance with compliance. More recently the Commission for the European Community (2002) has identified the need for labour inspection functions to combine inspection with prevention.

The partnership principle, as exemplified by the two partnerships presented in this paper, is an example of alternative regulatory processes. Self-regulation is encouraged while providing support for the development or improvement of an organisations health and safety management system. The partnerships encourage cooperation, advice and social instruction. Evidence for success of these two particular partnerships comes not from measurable outputs but from the 'soft effects' (Gunningham and Sinclair, 2002 p6) identifies these as 'collective learning, generation and dissemination of information, learning by doing and demonstration effects, increased stakeholder participation and consensus building which are arguably the key objectives and virtues of many negotiated agreements'.

The partnership principle continues to flourish in health and safety and recently the LAPS approach has been adopted by the Large Organisation Project Pilot (HSE 2005a). This project provides the HSE with new arrangements of dealing with large organisations to ensure that interventions are better co-ordinated for multi-site firms and consistent with agreed priorities for improvement across the organisation (HSE 2005b). In the case of the NWCCP continuing external funding is uncertain. In such circumstances it is unclear if the 'soft effect' benefits would be considered worth a membership levy or subscription to maintain the partnership. This issue is being addressed by on-going research.

CONCLUSIONS

Although the data sets are relatively small, the results highlight some useful findings about measuring success in partnerships, which may be helpful shaping the expectations of partnerships. Identifying 'hard' evidence may not be possible because of the nature of the partnerships. However the very practical benefits for individual professionals demonstrate an alternative type of success which should ultimately contribute to health and safety improvement.

REFERENCES

- Borley, J., 1998. Everybody needs good neighbours: In which the author describes the latest HSC/E initiative, The Good Neighbour Scheme. *Occupational Health and Safety Management* 28 3 49-50.
- Bunn, R., 2003. 'Call for Help' Health and Safety at Work, May 2003 pp 21-22:
- Broadhurst, A., 2000. Steel yourself: a new style Lead Authority Partnership is here. *Environmental Health Journal*, 108: 5.
- Cabinet Office Performance and Innovation Unit, 2000. *Reaching Out: the Role of Central Government at Regional and Local Level*. The Stationery Office, London.
- Cabinet Office, 1998 *Enforcement Concordat*, London: HMSO.
- Commission of the European Communities, 2002. *Adapting to change in work and society: a new community strategy on health and safety at work 2002-2006*. Brussels: COM (2002)118.
- Dawson S, Willman, P, Clinton, A and Bamford, M., 1988. *Safety at Work: the limits of self-regulation*. Cambridge: Cambridge University Press p242.
- Department of Health, 1999. *Saving Lives: Our Healthier Nation*. The Stationery Office, London.
- Department for Environment, Food and Rural Affairs, 2005. *New Partnership between Government and Farmers*, News Release 556/05.
- Department of Environment, Transport and the Regions, 2000. *Revitalising Health and Safety Strategy Statement June 2000*, Norwich, UK: HMSO.
- Department of Trade and Industry, 2000. *Partnerships and People: A Practical Guide*, DTI, London
- Foster, A., 1993. *Lead Authorities Health and Safety Information Bulletin*, June 9-11.
- Gunningham, N and Sinclair, D., 2002. *Environmental Partnerships: Combining sustainability and commercial advantage in the agriculture sector*. RIRDC 02/004. Rural Industries Research and development Corporation, Australia.
- HSE, 1997. *Training in health and safety enforcement for local authority environmental health officer and technicians HSE CRR 156/1997*. 1997. Sudbury: HSE Books.
- HSE, 2006. www.hse.gov.uk/aboutus/index.htm March 14 2006.
- HMSO. *Health and Safety (Enforcing Authority) Regulations*, 1998. London: Her Majesty's Stationary Office.
- HSE, 2005a. *Approval of the Business Involvement Programme Plan HSC/05/102*.
- HSE, 2005b. *Partnership with large organisations the way forward*. Press release 04/10/2005.
- IRS, 2001. *Going to work on an Egg*. IRS Employment review 729, 12.
- Long, F.J., and Arnold, M. B., 1994. *The power of environmental partnerships*. Dryden Press, US.
- Moore, S., 2000. *Revitalising and safety: enforcing authorities' contribution*. *Health and Safety Manager Briefing*, 78, 9-11.
- Palmero, T, and Ehlers, J., 2002. *Coalitions: Partnerships to promote agricultural health and safety*. *J. of Agricultural Safety and Health* 8(2) 161-174.
- Spiller, R., and Burids, B., 1999. *Partnership to improve health and safety SPE Offshore Europe Conference Proceedings* p489-492.
- Wakely, R, Williams, T and Points, G., 1994. *Local Government Enforcement: Report of the interdepartmental review team*. Report commissioned by the President of the Board of Trade: Department of Trade and Industry. London.
- Walker, D. and Cheyne, A.J.T., 2004. *Evaluation of the Merseyside Call Centre Partnership*, 7th World Conference on Injury Prevention and Safety Promotion, Vienna, Austria, June 2004, pp 839-840
- Walker, D. and Tait, R., 2000a. *An evaluation of the Safety Information Centre approach in providing health and safety advice to small firms*. HSE Books, CRR308/2000.
- Walker, D, and Tait, R., 2000b. *A review of the SMR based Lead Authority Partnerships*. Internal HSE report
- Walker, D and Tait R., 2001. *Evaluating the new flexible and trade partnerships within HELA's Lead Authority Partnership Scheme: One year on*. HSE CRR 347/2001.