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OHS CHALLENGES IN AUSTRALIAN SMALL BUSINESSES: OLD PROBLEMS AND EMERGING RISKS

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Abstract - This article focuses on occupational health and safety (OHS) risks in small business. There are three reasons for devoting a whole paper to this subject. First, it is now patently clear that there are important differences between large and small businesses – and between their OHS problems and solutions. While size is the most obvious difference, economic/financial stability, expertise and resources available to deal with OHS, preferred forms of communication style, control systems, and even ideology are equally divergent. Second, an increasing proportion of the Australian workforce is being employed in small business due to major structural changes occurring in the labour market. Third, there is mounting evidence that small business workers face a higher risk of fatalities, permanent disabilities, and temporarily disabling injuries and illnesses. Fourth, there is preliminary evidence that occupational violence is an increasing problem in retail small businesses.

INTRODUCTION

This article focuses on three key problems: (a) identifying why the small business workforce is at increased risk; (b) identifying some emerging risks in *retail* small business; and (c) examining why hold-up and occupational violence prevention have been excluded from the discourse on small business OHS. Evidence from face-to-face interviews with 2,781 individuals in the course of eleven separate small business OHS research studies in Australia is summarised.

GROWTH IN SMALL BUSINESS EMPLOYMENT

Small business appears to be the motor of the Australian economy with an annual growth of around 4% each year (ABS, 1999:9). The Australian Bureau of Statistics (ABS) defines a small business as one with less than 20 employees, and a micro small business as having less than 5 (ABS, 1999:2). In addition, many other small business workers are employed under contract or subcontract arrangements (eg domestic builders), or in small-scale enterprises established under franchisee/ franchisor classifications (eg fast-food outlets), or are based in a home 'office' where they are either encouraged to establish themselves as separate entities (eg clothing outworkers). The majority of these "separate entities" come within the ABS definitional size of a 'small business'. This changing pattern of employment has been seen within virtually all OECD countries, although to a lesser extent in Italy, Canada and Luxembourg (Ferrie et al, 1999; Walters & James, 1998:9-10; Campbell & Burgess, 1997; Kochan et al, 1994:63). Australia has had a similar, if not more marked, growth in employment in small business and other forms of precarious labour.

These small businesses have distinctive features. First, until 1997, females were instrumental in initiating a disproportionate number of small businesses – sometimes to better accommodate domestic responsibilities. However, by 1999 this pattern had stabilised with 67% of small business operators being male and 33% female (ABS, 1999:4). Second, small business operators generally work long hours: 44% worked between 35 and 50

hours per week; 23% between 51 and 75 hours; and 5% usually worked more than 75 hours per week (ABS, 1999: 6-7). Third, a significant number of small businesses are established by migrants, with at least 30% born in another country (ABS, 1999:7). Fourth, the owners were disproportionately older with only 4% under age 30, 62% aged between 30 and 50, and 34% aged 50 or more (ABS, 1999: 8). Fifth, small business employment is concentrated in specific industry sectors: retail trade, property and business services, construction, manufacturing, wholesale trade, and health and community services (ABS, 1997:2). Finally, many of these businesses are short-lived (ABS, 1999:9). These distinctive features influence levels of OHS risks - and the selection of appropriate solutions.

OHS RISKS IN SMALL BUSINESS AND PRECARIOUS EMPLOYMENT

Across the world, small business and other precariously employed workers have been found to be at higher risk. A growing body of international research evidence indicates precarious labour is associated with increased fatalities, injuries, illnesses and occupational violence incidents across industry sectors (Quinlan, et al 2001; Morris, 1999; van Waarden et al, 1997:48-52; Kochan et al, 1994). While the evidence is fragmentary in some occupational groups, in other sectors the patterns are overwhelming. Self-employed and subcontract workers, in particular, face a significantly higher risk of serious injury and death than do 'standard' employees. For example, US fatality data showed the self-employed were about 8% of the workforce but had 19-20% of fatal injuries (BLS, 1995, 1996, 1997). A Dutch report found a major negative impact on OHS (Hesselink et al, 1999:46). An Italian study found the increased injuries and illnesses amongst fixed-term contract workers were caused by increased work intensity which exacerbated the 'normal' industry risks (Negrelli et al, 1999:10,44,59,80). In Sweden, Aronsson (1999) surveyed a stratified sample of 1,564 workers and found weak labour market positions dampened criticism of the work environment (ie. on-site hazards were not being reported and/or fixed). The current World Health Organisation/Comparative Risk Assessment study confirms this pattern of increased risk (Leigh and Mayhew, in press). Further, in retail trade, small business is increasingly at risk of violent hold-ups - in addition to the 'normal' OHS risks (Mayhew, 2002; Mayhew, 2001).

SOME AUSTRALIAN EVIDENCE

In Australia, staff involved in the second 'Work-Related Fatalities' study examined coronial records for all traumatic work-related deaths over the period 1989 and 1992 (i.e. not just those for whom workers' compensation claims were made). It was found that 'own account' workers were 10.2% of the workforce but suffered 22% of all traumatic fatalities at work (Driscoll, pers. comm). As the discussion below shows, Australian small business and precarious workers also appear to have a far higher probability of non-fatal work-related injury and illness than do their counterparts in large-scale enterprises.

Over the past decade eleven major empirical studies have been conducted by the author (with the assistance of a range of colleagues) among Australian small business owner/managers; the vast majority of whom worked in micro small businesses. These studies systematically identified OHS problems and potential solutions across a number of industries (Mayhew, 2002; Mayhew 1999a & b, 1997 a & b, 1995; Mayhew et al, 1996; Mayhew and Quinlan, 1997, 1999, 2000). The most recent study discussed was focused on the risks of hold-ups in small retail businesses (Mayhew 2002; 2001). In addition, some preliminary insights have been integrated from an in-progress study into violence among 400 health workers (approximately a quarter of whom worked on small rural sites).

The methodology adopted in all studies was face-to-face interviewing of a randomly selected (wherever possible) representative sample. A very detailed questionnaire that required both quantitative and qualitative responses was utilised, and this was adapted marginally in each survey according to the particular focus under study.

The focus in all research studies was at the micro level to assist with understanding the contexts within which OHS risks arise, and the identification of immediately relevant preventive interventions.

The studies covered:

- *Employment status groups*: micro small businesses, self-employed, contractors and sub-contractors, casuals, short-contract employees, outworkers, and Aborigines and Torres Strait Islanders.
- *Occupations/industries*: building (cabinetmaking, housing construction, demolishing); transport (long-haul, local heavy haulage, taxi, courier drivers); health care, garage mechanics; clothing manufacture; printing; newsagents; hospitality; food (fast-food, local milk bars); childcare, as well as a wide range of retail trade outlets.
- *OHS information gathered*: OHS indices, acute and chronic injuries, occupational violence and armed hold-ups, sources utilised for OHS information, preferred sources of information, contact with Inspectorates, knowledge of OHS legislation, understanding of on-the-job risks, perceived appropriate prevention strategies, working hours, employment status, work history, OHS training etc.

The basic outline of the different groups studied appear in Table One below.

Table One - Studies Of OHS Amongst Australian Small Business

(Total studies = 10; total interviewed = 2,781)

<i>Study title</i>	<i>year completed</i>	<i>industry sector of small business</i>	<i>total face-to-face interviews</i>
Hold-ups ¹⁾	2001	Retail trade small business	50
Long haul transport ²⁾	2000	Transport	300
Young casual workers ³⁾	1998	Retail fast food 50% company-owned stores 50% franchised	304
Clothing ⁴⁾	1997/98	Clothing manufacture	200
Interventions ⁵⁾	1997	Building & construction	331
Barriers ⁶⁾	1996/97	Retail: garage Retail: café Retail: newsagent Retail: printing	248
Outsourcing ⁷⁾	1995/96	Childcare Retail: hospitality Transport Building	255
Indigenous workers ⁸⁾	1995/96	Various industry sectors	257

Builders ⁹⁾	1994/95	Building	600 (100 in UK)
Taxi drivers ¹⁰⁾	1993	Taxi	100
Builder & transport ¹¹⁾	1992	Building & transport	<u>136</u>
TOTAL			2,781

¹⁾ Mayhew (2000); ²⁾ Mayhew and Quinlan (2000); ³⁾ NOHSC (2000); ⁴⁾ Mayhew and Quinlan (1998); ⁵⁾ Mayhew, Young Ferris and Harnett (1997); ⁶⁾ Mayhew (1997a); ⁷⁾ Mayhew, Quinlan and Bennett (1996); ⁸⁾ Mayhew, Conroy, Brownlea and Vickerman (1996); ⁹⁾ Mayhew (1995); ¹⁰⁾ Mayhew (1999a); ¹¹⁾ Mayhew (1999b).

The most recent study assessed the risk of occupational violence and other forms of victimisation among retail small business owner/managers. This study confirmed that Industry Associations have a major role to play in communicating OHS to small businesses, that prevention of armed hold-ups is an integral part of overall OHS in small businesses, and that the role of Community Safety Organisations in preventing violence in small business has yet to be fully realised (Mayhew, 2002). The 2000 study²⁾ of 300 long-haul transport drivers found that economic stress was the core determinant of long hours, levels of fatigue, excessive stress, and poor OHS indices. Owner/drivers were found to be at higher risk than were employee drivers (Mayhew and Quinlan, 2000). The 1998 study³⁾ of 304 young casual workers in a multi-national food chain found that a stringent OHS management system could be an effective mechanism to improve OHS outcomes, levels of knowledge, and risk assessment skills (NOHSC, 2000). The 1997/98 study⁴⁾ involved comparison of OHS indices between 100 factory-based and 100 outworkers in the clothing manufacture industry. Overall it was found that outworkers had an injury incidence around three times that of factory-based workers, but this rarely resulted in workers' compensation claims or any treatment or prevention activities (Mayhew and Quinlan, 1998).

The 1997 'Interventions' study⁵⁾ evaluated the relative impact of three different preventive strategies: an intensive mail campaign, on-site visits by an OHS Inspector, and a regulatory change. It was found that while the stand-alone mail campaign was largely ineffective and on-site visits by an inspector had a short-term effect, ongoing collegial relationships between small business owner/managers and the OHS Inspectorate *together with an Industry Association* had a significant positive effect on OHS outcomes (Mayhew et al, 1997). The 1996/97 study⁶⁾ assessed comprehension of three major areas: manual handling, hazardous substances, and OHS legislation. This study identified that small business had a poor comprehension of these major areas, operated from an oral rather than written tradition, and did not respect the OHS knowledge of government officials as much as that of peers (Mayhew, 1997a). The 1995/96 outsourcing study⁷⁾ compared OHS indices between employees and outsourced workers in four industry sectors. It was found that the primary determinant of injury risk was industry sector/job task, but that precarious employment was an important subsidiary risk factor (Mayhew, Quinlan and Bennett, 1996).

The 1996 Indigenous worker study⁸⁾ was designed to provide baseline data on OHS amongst Indigenous Australian workers. It was found that poor labour market position was equated with negative OHS outcomes, although these injuries and illnesses rarely resulted in workers' compensation claims or treatment due to a lack of knowledge and precarious employment (Mayhew et al, 1996). The 1994/95 self-employed builder study⁹⁾ involved interviewing 600 small-scale builders in Australia and the United Kingdom. A high level of chronic morbidity, poor OHS knowledge, and low levels of legislative understanding were identified (Mayhew, 1995). The 1993 study of violence amongst taxi drivers¹⁰⁾ found this was a high-risk industry. However the risks could be significantly reduced by a range of protective interventions (Mayhew, 1999a). The 1992 study of self-employed transport drivers and builders¹¹⁾ involved comparisons between workers' compensation, hospital and ambulance service data, interviews with GP's and a population study of all self-employed builders and transport workers in a rural town. It was found that the different data sources picked up on quite different, and largely non-overlapping, features of injury (Mayhew, 1999b). Further, a heavy burden of untreated chronic injury among small business owner/managers was identified.

Nearly all the studies where small business and other workers could be directly compared found that OHS outcomes were worse in small business. While some of the increased risk for small business workers can be explained by their concentration in higher-risk jobs (for example, retail trade where cash is on hand), there remains an unexplained additional risk correlated solely with small business and precarious pay levels. These individual studies will not be discussed in depth; rather the major findings are integrated into the discussion below.

FINDINGS AND RECOMMENDATIONS

Understandings of why small business consistently has poorer OHS outcomes, and the development of appropriate preventive strategies to redress the causative variables, are in their infancy in Australia. One immediate difficulty is that it is difficult to involve small business owner/managers in comprehensive and on-going preventive schemes as they are widely dispersed, if on a larger site are only there for a short time, they often have long working days, many are unfamiliar with OHS management systems, and many of these small businesses fold within a couple of years. Reaching small business owner/managers is therefore a significant challenge to OHS authorities.

Further, the economic pressures on small business are frequently acute – which translates into long hours of labour and little surplus energy or time for OHS. Thus it is argued that economic pressure is the primary underlying cause of poor OHS in small business.

Risks also change over time. OHS professionals need to be alert to the early warning signs of new ‘epidemics’, in order to upskill their knowledge to manage these emerging risks. The most recent study by the author identified a range of OHS-related risks in *retail* small businesses, significant detrimental effects on small business owner/managers as a result of exposure – and a whole new body of knowledge (ie insights from criminology) that was necessary to control the risks. This study was informed by insights from what is variously known as ‘Crime Prevention Through Environmental Design’ (CPTED), or ‘situational crime prevention’. A fuller explanation of this body of knowledge and application to OHS has been provided elsewhere (Mayhew, 2002).

To sum up, the negative pressures on OHS are summarised in the box below.

Why are Small Business OHS Indices Worse?

- Small businesses have limited resources. Hence hold-ups prevention strategies which involve a significant capital outlay may be deferred eg. some situational crime prevention strategies such as CCTV and electronic alarm systems (Mayhew, 2002).
- Economic pressure encourages both long hours and work intensification (Mayhew, Quinlan and Bennett, 1996)
- Fierce competition for work is common amongst those paid on the basis of output. Those who do the OHS ‘right thing’ can lose tenders if their prices are higher than those who ignore OHS
- In smaller workplaces there are fewer OHS resources e.g. in-depth OHS knowledge.
- Regulations designed with permanent employees in larger workplaces in mind (e.g. ‘top down’ strategies) are inappropriate for small sites
- Inspectorates may have insufficient resources to cope with the proliferation of small workplaces (see Quinlan and Mayhew, 2000).

Nevertheless, a work-related injury or illness can place a significant detrimental burden on a small business if the owner/manager is unable to work, and the core skill or knowledge required to ensure continued production is no longer available. With severe injuries, the costs of treatment and support while off duty may even threaten continued viability of the small business, particularly if the owner/manager has no workers’ compensation or injury insurance supports (Driscoll and Mayhew, 1999). Some cost externalisation onto the general taxpayer appears inevitable. The Australian Industry Commission (now Productivity Commission) estimated that employers bore around 30% of the total costs of work-related injury and illness, injured workers and their families 30%, and taxpayers around 40% (IC, 1995: 392-3, 102). Thus if a greater proportion of the workforce is self-

employed, and if self-employment is higher risk, this is likely to lead to an increased burden on social security (i.e. taxpayers) over time.

However, this poorer OHS performance in small business is rarely recognised as the formal injury and illness-recording procedures are frequently obscured.

Inadequacies with OHS data amongst small business workers

- The self-employed, contractors and subcontractors are often formally excluded from workers' compensation insurance cover. Very few take out comprehensive non-compulsory insurance, and even those who are adequately insured may be reluctant to claim because of economic pressures to continue working (Mayhew, 1997a)
- Non-reporting is common amongst small business employees who *are* covered by workers' compensation because of job loss fears e.g. home-based, casual and part-time workers (Mayhew and Quinlan, 2001)
- Workers holding a succession of short-term jobs find it hard to claim workers' compensation benefits for work-related diseases (which are already significantly under-represented in workers' compensation data). Complicated work histories make it even more difficult to identify causal links between exposure to a hazardous substance and the development of a specific illness (see Leigh and Mayhew, in press; Quinlan and Mayhew, 2001).

As a greater proportion of the workforce becomes self-employed under one form or another, compensation data from employees will therefore develop into an increasingly inadequate guide for OHS policy development. The merging of prevention and compensatory agencies in some countries (e.g. Canada) and some states of Australia (e.g. NSW and Victoria) may concentrate attention on claims management. As a result, Inspectorates may be tempted to focus on larger sites with multiple employees who make claims rather than small business workers on dispersed sites who do not. New strategies are clearly needed.

Communicating with small business to improve OHS outcomes

A range of studies have identified the *types* of OHS information that small businesses require, the most acceptable *style* of guidance material, appropriate *intermediaries* to reach them, and barriers to uptake (Mayhew, 1999a; Mayhew, 2002). Almost universally, the scientific evaluations have confirmed that 'top down' strategies communicated by public servants of one type or another, and based on written information, simply do not work, or at the very least do not work well with small business (see, for example, Mayhew and Young, 1999). Indeed, in many cases such OHS messages may result in 'tuning out' to all OHS preventive messages. Unfortunately, in a time of decreasing resources, written information mailed out to small businesses is an attractive option – and hence some OHS authorities are reluctant to admit to failure, and may covertly avoid scientific evaluation of their endeavours.

A number of OHS studies have identified that small business owner/managers prefer face-to-face contact over other forms of communication, dislike reading, listen to guidance from peers in preference to government officials, and absorb industry sub-group specific information better than generic advice (Mayhew and Young, 1999; Mayhew, 1997b: 361-373; Caple, 1996; Wyatt, 1993; Grammeno, 1991:104). As with most Indigenous workers, small business has an oral rather than a written culture (Mayhew et al, 1996). Other barriers to uptake of OHS information and advice have also been well documented and widely publicized (Mayhew, 1997a). The reasons why small business owner/managers do not – and indeed cannot - prioritize OHS over production are summarized in the following box. The two core influences are marked with an asterix.

Why OHS is not a priority for small business

- Economic survival is paramount *
- Time is money *
- The lack of expertise and logistical resources discourages attention to OHS
- Limited knowledge of OHS Acts, Regulations and Codes of Practice
- Low levels of OHS and occupational violence preventive awareness and training
- For hold-ups prevention in retail small businesses, 'situational crime prevention' and OHS tend to be mutually exclusive knowledge bases
- Not aware of the costs of poor OHS; no immediate penalties for poor OHS
- A tendency to place OHS and injury responsibility with workers
- Discounting and trivialisation of common risks, and 'normalization' of familiar patterns of injury
- Dislike of abstract generic OHS information and advice, and a preference for specific hazard/control approaches
- Ideology (individualized, preference for unfettered market, low levels of unionization).

The major communication links with small business remain with OHS authorities, in spite of their less than fully effective preventive role. In spite of the mounting evidence, some OHS authorities resolutely cling to their old-fashioned large scale business ways of communicating by the written word and *telling* owner/managers what to do in an abstract fashion. (Note: fault per se does not rest with the Inspectorates; rather, it is argued they are simply not appropriate intermediaries). The reasons why OHS Inspectors are not readily accepted in small business are summarized in the following box.

Why OHS Inspectors are not readily accepted in Small Business

- Owner/managers generally resent government requirements, and have little contact with OHS agencies and expertise
- Deep suspicion of government, public servants and even OHS professionals
- View Inspectors as 'police' or outsiders with no 'real world' knowledge
- 'Top down' instructions do not work well as owner/managers tend to respect the hands-on skills of peers more
- Many dislike reading and 'bin' mailed information
- Preference for personalized oral rather than written contact (but Inspectorates have limited resources) so time for personal contact is very restricted.

In this article it is argued that the mounting evidence on appropriate ways to communicate with small business is being ignored by some OHS professionals and authorities, and strategies remain inappropriately tied to the traditional methods for dealing with large business. As a result, resources are wasted, the continued existence of some small businesses will be threatened by major OHS incidents, and costs from debilitating injuries and illnesses will be externalized onto the public purse via Medicare and social security supports. Clinging to outmoded ways of communicating – if left unchallenged – will inevitably escalate the burden on the public purse as the changes in the structure of employment continue to increase the proportion of the Australian workforce who are exposed through employment in small business.

Improving OHS outcomes amongst small business workers

Essentially, improvement rests on two principles: making OHS part of core business, and exerting *leverage* on each small business owner/manager. Particularly in micro small businesses, *trusted intermediaries* have a major role to play in communicating OHS and other information to their members.

Industry-specific associations are the primary intermediaries available in Australia. (Low levels of union membership in micro small businesses means that their role is yet to be realized.) Indeed, the relevance of guidance received from Industry Associations is the core reason members continue to pay their dues. Arguably, small business owner/managers simply do not have the time, financial resources, or even the information technology tools and skills to search for on-line information (in spite of numerous protestations that on-line is the only 'way to go'). For example, in November 1999 only 59% of Australian small business were using computers – and the majority did not have internet access - and as the size of the business declined the proportion dropped markedly (ABS, 1999:12). It is also now clear that mailed information that is not forwarded through a trusted intermediary has a very limited uptake amongst small business owner/managers (Mayhew and Young, 1999: 47-52). Thus, Industry Associations are currently the core intermediaries who can exert leverage on their members to increase prevention efforts *because they are believed to have the interests of small business at heart*. Those who work with small business on improving OHS outcomes must develop a similar 'acceptable identity'. (Similarly, any researchers investigating OHS issues in small business must critically examine themselves, their dress, language, approach, and communication strategy to ensure they have an 'identify' that will be acceptable to a small business owner/manager.) However, little guidance is available on how to reach Industry Associations themselves, and little attempt has been made to provide appropriate OHS information for them to disseminate to their members. The role of Community Safety organisations remains untouched by Australian OHS professionals.

The primary principles that underlie more effective OHS strategies in small business are summarized in the box below. OHS authorities and professionals, and larger organisations that outsource work to small businesses, should routinely implement these principles wherever possible.

Strategies to improve OHS in small business

Economic leverage

- Make benefits of good OHS clear
- OHS clauses in contracts from larger and public sector organisations – which are enforced
- Contractual preference to good OHS performers
- OHS management systems implemented in larger organizations. If comprehensive they include outsourced labour, contractors, franchised outlets, and extend across all operations and therefore reach associated small businesses
- Financial leverage from banks to improve OHS performance
- Disability insurance providers could insist on OHS prevention course completion
- Publish the costs of poor OHS

Lateral leverage

- Use *intermediaries* trusted by that specific industry sector eg Industry Association
- Encourage on-going contact with an OHS expert

Bottom-up leverage

- OHS content in all small business or trade courses and school-to-work transition programs
- Involve Inspectors in short courses and 'road-shows'

Communication leverage

- Face-to-face delivery
- Industry sub-group specificity in all communications
- Use concrete and not abstract examples e.g. in manual handling a garage mechanic can lift a car tyre unaided but not a bus tyre
- Brief printed materials with pictures or diagrams
- Utilise media e.g. community radio
- Do not assume computer access or ability, or even literacy and numeracy

'Stick' leverage

- Make penalties for poor OHS performance more transparent e.g. exclusion from tenders
- Enhance publicity about poor OHS performance that may negatively affect customer decisions to purchase
- Explicit public statements about owner/manager obligations

It is worthwhile to reflect on a major success story over the past decade or two, which has, arguably, significantly reduced the number of fatalities and serious disabilities in the building and construction industry. Previously 'hard hats' were not obligatory on construction sites, yet now across Australia (perhaps excepting the ACT and on domestic housing sites) the wearing of hard hats is almost universal. This change has been accomplished by the determined use of 'carrots' (no hard hat, no job), enforcement of regulations underpinning non-compliance ('sticks'), widespread awareness of the high OHS toll, significant union support (on larger sites), and an ensuing widespread cultural change. That is, pressures to improve OHS from a range of sources led to widespread adoption of the injury preventive strategy across the building and construction industry. Similar widespread adoption of OHS preventive strategies in other industry can occur through concerted and multi-faceted campaigns.

Conclusion

Changes in employment patterns in industrialized countries over the last 10-20 years present a major challenge for work-related injury and illness prevention. In the future, it is probably inevitable that fewer people will work in larger organizations and far more in small business or under precarious employment conditions. The OHS impact from these labour market changes is only just beginning to be recognized. It is imperative that OHS authorities and professionals recognize *and admit* to the need for new forms of intervention in small business. Increasingly the OHS strategies appropriate for small business will have to be prioritized by Inspectorates. On the basis of available evidence, the major challenges are:

- First, small business and precariously employed workers have a higher fatality and injury incidence
- Second, small business and precarious employment is associated with intense economic and time pressures
- Third, demands on Inspectorates will inevitably increase because of the widespread dispersion of small businesses
- Fourth, collaborative trade union and health and safety representative involvement may be decreased
- Fifth, the effectiveness of Robens-based OHS laws may be undermined
- Sixth, the coverage of workers' compensation insurance is likely to be eroded
- Seventh, the accuracy of injury data bases formed through workers' compensation claims is likely to be undermined, and
- Eighth, there will probably be an increasing externalization of the costs of work-related injury and illness to taxpayer-funded sources.

Some of the barriers to uptake of OHS preventive strategies have been identified, and the solutions are apparent:

1. 'Carrots' need to be used widely, such as through routine inclusion of OHS clauses in contracts with a requirement for proven base-line OHS expertise, OHS prevention strategies incorporated as a condition attached to a bank loans, and enforcement of on-site preventive measure. All these requirements are likely to improve the OHS bottom line, and many of these 'carrots' may be readily accepted.
2. In retail small business, 'situational crime prevention' strategies need to be incorporated within OHS, perhaps utilising Community Safety Organisations.
3. 'Acceptable' intermediaries need to be involved with OHS prevention strategies in a collaborative manner e.g. Industry Associations.
4. OHS risks and prevention strategies need to be incorporated in all short trade and small business courses.
5. New 'stick' approaches should be widely implemented, such as exclusion from tenders, publicity orders following serious OHS failures, and probation orders placed following serious lapses. All these 'stick' strategies need to become more common and be publicized better; and
6. Finally, since small business likes to be told exactly what to do, brief industry sub-group-specific guidance is useful. However, this information needs to be concrete and delivered via face-to-face contact, preferably through or with the assistance of an acceptable intermediary.

In sum, there are marked differences between OHS problems and their solutions in large versus small businesses. Enhanced understanding of the special difficulties in small business is crucial because not only is an increasing proportion of the workforce being exposed in these firms, but also the higher OHS risks are now patently clear. Small business owners have problems in recognising and dealing with OHS as they have limited economic resources, rarely have in-house expertise, have an oral rather than a written tradition, and many deeply resent intrusion into their affairs by outside government personnel. They are also generally *practical* people who accept OHS messages better if they contain *concrete* rather than *abstract* information. Thus OHS prevention must be specifically tailored to small business needs. This article provided some baseline information on why it is that the small business workforce is at increased risk, and recommended some strategies by which OHS outcomes could be improved amongst the widely dispersed, diverse – and increasingly numerous – small business workforce.

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