

SUSTAINING PARTICIPATIVE APPROACHES TO OCCUPATIONAL HEALTH AND SAFETY IN SMALL ENTERPRISES: THE ROLE OF TRADE UNIONS

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INTRODUCTION

This presentation focuses on means of improving and sustaining improvement of health and safety in small enterprises through focusing on workers and their representatives. It concentrates on representative participation and will briefly explain why it adopts this focus and discuss its relevance to current national and EU strategies to address health and safety performance in small enterprises, before outlining some of a range of initiatives reviewed several European countries as part of a recent study on behalf of the ETUC. The paper considers these initiatives from three perspectives:

- What happens?
- Are initiatives successful and
- What makes them work?

It finds that there are such initiatives in all of the countries in the study. They take various forms but all seem to benefit from a similar range of supports from legislation, collective agreements, trade unions and joint or tripartite bodies.

Why representative participation?

Poor OHS performance in small firms is a problem in terms of poor health and safety outcomes, whether they are measures of fatality rates or serious injuries. There is also some evidence to suggest that occupational health outcomes may also be worse in small enterprises and related forms of work. Similarly, evidence of the experience of the working environment suggests little room for complacency when work in small enterprises is considered. However, it seems fairly clear that these poor health and safety outcomes are not a function of the greater hazards associated with work in small enterprises but rather that of poor health and safety management (OHSM). The problem for health and safety strategists is how to improve arrangements for OHSM in small enterprises while at the same time accounting for the features of the sector and especially its 'structures of vulnerability' that make achieving such improvements so challenging.

Traditional approaches to managing/regulating prevention have limited success and are difficult to sustain in small firms. Many initiatives have been tried, but there is a strong consensus that what works best is face-to face contact with OHS change agents. Regulatory agencies, OHS practitioners and prevention services increasingly accept that they need to change their approach if they are to reach and influence small enterprises. Even when they are able to do this successfully however, they only reach a minority of workplaces.

Worker representatives have all the attributes of OHS change agents. They are also more numerous than most other change agents. Therefore they could be a powerful resource. Unlike other potential intermediaries, many are trained and experienced, know about OHS and crucially, understand it from a workers' perspective.

What happens?

There are a substantial number of initiatives in which forms representative participation have developed in EU countries in recent years. Most are based on the actions of worker representatives, but some are based on regional/sectoral committees. Others are a mixture of both. Some have legislative support, e.g. in Sweden and in Italy. Others are voluntary such as in France, Spain and the UK. Some are focused solely on small enterprises while others take in representation of workers' OHS in other forms of work structures such as labour hire and contracting. Many are 'business as usual' and simply reflect the fact that trade unions in certain sectors such as for example printing and retail, traditionally organise workers in small workplaces as they are characteristic of the industrial sector in which they operate.

Are they successful?

Evidence for the effectiveness of representative worker participation on OHS generally is quite strong. Research evidence for the effectiveness of health and safety representatives demonstrates a substantial case for arguing that health and safety can be managed more effectively when workers' representatives are involved, than when managers operate unilaterally and without consultation. For example, in a comparative study of organisational factors behind industrial accidents in Ontario, Shannon et al (1992) found that lost time injury rates were significantly lower in workplaces with unions and shop stewards, with union support for labour members in joint OHS committees and with general worker participation in decision making. In the UK empirical evidence of the association between the presence of trade union health and safety representatives and lower injury rates has been found in several comparative studies (see for example Reily *et al* 1995, Litwin 2000 and Robinson and Smallman 2000). Studies have also demonstrated the mechanisms through which this positive trade union influence operates (Dedobbeleer et al 1990, Biggins et al 1991, Tucker 1992, Warren Langford et al 1993). These effects are shown to be consistent, even under non-participatory legislation as in the US (Quinlan 1993, Ochsner and Greenburg 1998).

Evidence of effective outcomes for small enterprises is far more limited and more studies are required but such evidence that exists suggests that it is more likely than not to follow the general pattern — indicating that worker representation is effective in improving OHS outcomes

What makes worker representation effective in improving OHSM in small enterprises?

The studies on which this paper are based suggest a number of supportive factors are important if participative methods for improving OHSM in small enterprises are to be effective. They include:

- A legislative framework of representation rights.
- Support from other stakeholders in OHS systems, e.g. employers' organisations and regulatory agencies.
- Training, (especially for the role of the representative as 'outsider'), information provision and co-ordination
- Resourcing.

These forms of support are found to varying degrees in the current schemes that we have studied in different EU countries. They all raise difficult but important questions on OHS policy that need to be answered effectively if such forms of participation in OHSM are to make a significant contribution to improving OHS performance in small enterprises.

Conclusions: the wider context

We need more research to understand better what works and why it works — this is what we are hoping the results of the ETUC project will be able to contribute to. We also need more detailed and objective measures of effectiveness.

To put this in a wider context: regulatory requirements in the EU demand greater competence from employers as well as participative approaches to OHS. To achieve this in OHS in small enterprises, various forms of support are required. I would argue that worker representation is one such support for which there is already good evidence to suggest that it is effective. The development of such forms of representation that are relevant to the needs of workers in small enterprises requires a degree of adaptation of traditional methods of worker representation and its support from trade unions. Participants involved also require different kinds of support from that provided for more traditional workplace representatives. However, such development and support is a potentially important strategic choice for trade unions that acknowledge the limitations of their conventional approaches to organising for OHS, which are increasingly less relevant to the experiences of growing number of workers in small enterprises, and in temporary and peripheral employment.