



New directions

IOSH research workshop
11–12 September 2006
Summary paper

Contents

Executive summary	3
Introduction	5
Research workshop sessions	7
Syndicate discussions	10
National level intervention	10
Changing work organisation	13
Changing hazards and risk profile	14
Summary	17
Appendix A – List of delegates	18
Appendix B – Background paper	19
References	22
Acknowledgements	22

Executive summary

The aim of the research workshop was to identify priorities for research in 2007–08.

The workshop consisted of a presentation and two syndicate sessions. Twenty-six delegates, comprising researchers from academic institutions, practitioners from the public and private sectors and government policy makers, attended the workshop. The delegates were divided into three syndicate groups. For the first syndicate session, each group discussed a different theme:

- national level intervention
- changing work organisation
- changing hazard and risk profiles.

Delegates received a background paper covering current concerns, such as occupational safety and health (OSH) interventions in a climate of organisational and global change and the impact of changes in demographics, work patterns, socio-economics and regulatory enforcement. The paper highlighted the lack of understanding on why and whether interventions work. All these issues present a challenge for OSH practitioners. IOSH wanted to acquire a better understanding of the roles and needs of the practitioner in these areas, to inform research priorities.

Dr Luise Vassie and Mike Garstang set the scene for the syndicate discussions by providing background information on IOSH and its research agenda and an overview of the concerns and challenges facing the OSH sector in the 21st century.

Dr Vassie emphasised the importance of research and development to IOSH's strategic priorities. Having a funding mechanism to deliver research outcomes is important as it helps to attract and engage members, enhance the profile and influence of IOSH and make it a focal point for safety and health research. It also offers potential for commercial growth by using research and development output to develop products and services.

Mike Garstang's keynote speech built on the concerns and challenges facing the OSH community outlined in the background paper and raised a number of points for delegates to consider. These included:

- the need to focus on small and medium enterprises (SMEs)
- the potential for promoting change that is offered by 30,000 practitioners in the field
- the demise of the traditional employer/employee model
- the increased mobility of the workforce
- how companies can develop and retain high-quality employees
- the consequences of demographic change and the challenges that older workers present
- embracing the values of young people and engaging them in the delivery of successful health and safety
- the implications of new communication methods, particularly email, which are changing ways of social contact
- whether the OSH community is locked into certain ways of thinking about health and safety
- what organisations are looking for from their senior OSH practitioners and whether they are getting it

“Having a funding mechanism helps to attract and engage members”

- whether OSH practitioners are realistic about the level of involvement they should expect to achieve in businesses and how to maximise this
- the need to engage with the media and manage public perceptions of OSH.

Following the syndicate group sessions, delegates reassembled and each syndicate leader provided a summary of their group's discussion. The syndicate groups then reconvened to assign research work priorities to the outcomes of the three previous group discussions based on the needs of IOSH and its members.

Summary of suggestions for research funding

Practitioners as agents of change

Research on operational issues was proposed to examine what OSH practitioners face and to highlight priority competences for their role. In particular, research is needed into what skills are needed to identify, evaluate and control OSH issues at a group and individual level.

Functional alliances

Research needs to map relationships and inform practitioners of the context in which they work, so that they know what functional alliances to make and how to establish a sense of their value in the workplace. Strategic interventions at a national level are also important. It would also be useful to explore how the OSH practitioner fits into the political aspects of policy making.

Supply chain and performance

Within the wider socio-economic context, supply chain fragmentation presents a challenge and research is needed to look at the impact this has on how practitioners can deliver improved performance.

Influences and drivers for health and safety in small to medium enterprises (SMEs) are also important topics.

Work and health

Research should be done on the interface of health and work: in particular, what skills OSH practitioners need to identify, evaluate and control occupational health issues at a group level and at the individual level, and to compare this with their current practice. Specific research was proposed into the extent of the impact of 24-hour working and demographic changes such as the ageing population and migration. What impact will these factors have on OSH practice?

In the past, research has often focused on ill health and the negative effects of work. A focus on positive interventions that could result in good media coverage and link with current political interests would be useful, especially if it resulted in practical applications for IOSH members.

Introduction

IOSH held its second OSH research workshop in Leicester on 11 and 12 September 2006. The workshop addressed three themes: 'national level intervention', 'changing work organisation' and 'changing hazards and risk profiles'. This paper describes the event and summarises the proceedings of the workshop. The main priorities for research in 2007–08 to emerge from the workshop are outlined.

The IOSH Research Committee and Technical Affairs department organised this interactive workshop to identify knowledge gaps in the three themes mentioned above in relation to intervention and change. Two speakers set the scene for the syndicate discussions by providing background information on IOSH and its research agenda and then an overview of the concerns and challenges facing the OSH sector in the 21st century.

Twenty-six delegates, comprising researchers from academic institutions, practitioners from the public and private sector and government policy makers, attended the workshop. (See Appendix A on page 18 for a list of delegates.) They contributed to syndicate discussions on the workshop themes and discussed research priorities. The outcome of the event provided a prioritised list of research topics that IOSH could potentially fund over the next two years and beyond.

This prestigious event was opened by Vince McNeilly, who reminded delegates of what had been achieved at the inaugural research workshop in Cardiff in 2004, the outcomes of which are described in the paper *Mind the gap* (www.iosh.co.uk/technical). That event focused on competence in its widest sense, and looked at both the traditional work of the OSH practitioner and the skills needed for the future. This workshop was more strategic in nature and was specifically looking for knowledge gaps in OSH that could inform research priorities.

Dr Luise Vassie presented an overview of IOSH research strategy and progress and highlighted that the growing recognition of the importance of evidence-based OSH practice had led IOSH to set up its research and development fund and also a committee (see Appendix A on page 18) to develop and oversee the implementation of research strategies. Pursuing evidence-based policy and practice will help IOSH in its aim to become a 'thought leader' in OSH. While not wanting to duplicate research carried out in other institutions, IOSH feels it can fill a niche through targeted research funding.

The IOSH research strategy is to encourage, consider, fund and monitor useful research in OSH practice across the world and specifically that which promotes and implements systematic methods of improving OSH.

The main responsibilities of the research committee are to:

- periodically review research priorities and research workshops
- help to inform IOSH's research priorities
- maintain processes for commissioning and calling for fund applications
- monitor and evaluate funded work.

The research committee's strategic aims for the next five years are to:

- commission and sponsor research that will impact on OSH practice
- maintain a high-calibre research committee

“Pursuing evidence-based policy and practice will help IOSH become a 'thought leader' in health and safety”

- refine internal processes to ensure robustness, transparency and consistency
- continually improve the web pages to promote research opportunities
- promote an 'evidence and development' culture in IOSH
- establish a programme of gap and horizon scanning workshops
- establish partnerships between OSH professionals and research communities to discover solutions to practical problems.

The workshops held in Cardiff and Leicester provide the ideas on which to base future research. In 2005–06, based on the Cardiff workshop output, the research topics were competence and training. Three research projects were commissioned in 2005 to look at the impact of competent advice on OSH performance and these were being carried out at Cardiff, Loughborough and Glasgow Caledonian Universities.

In 2006, two research projects were commissioned at Loughborough and Manchester Universities to look at training effectiveness as a tool to improve OSH performance and at factors that influence effectiveness. A third project was commissioned at the Institute of Occupational Medicine to research reliable industrial measurement of body temperature.

Establishing a research database was a priority for IOSH. The database can best be described as a gateway to OSH that enables IOSH members and non-members to identify what research is being carried out on a particular subject. An extensive pilot has been taking place towards the end of 2006 and Luise Vassie invited input from delegates to help refine it.

Finally, Dr Vassie emphasised the importance of research and development to IOSH's strategic priorities. Having a funding mechanism to deliver research outcomes is important, as it helps to attract and engage members, enhance the profile and influence of IOSH and help it become a focal point for OSH research. It also offers potential for commercial growth by using research and development outputs to develop products and services. Efficiency gains can also be achieved by working in partnership with other organisations.

Research workshop sessions

Delegates were given a background paper before the workshop (see Appendix B on page 19). This paper aimed to provide a focus for the workshop and outlined some of the issues that the Research Committee felt delegates to the workshop might want to discuss.

The paper covered current concerns, such as OSH interventions in a climate of organisational and global change and the impact of changes in demographics, work patterns, socio-economics and regulatory enforcement. It highlighted the lack of understanding on why and whether interventions work. All these issues provide a challenge for OSH practice, and IOSH wants to improve its understanding of the role and needs of the practitioner in these areas, to inform research priorities.

The workshop consisted of a presentation and two syndicate sessions. Delegates were divided into three syndicate groups. For the first syndicate session each group discussed a different theme which had emerged from the paper. These were:

- national-level intervention
- changing work organisation
- changing hazard and risk profiles.

Delegates were asked to identify knowledge gaps in relation to these three areas.

To set the scene and to help delegates begin to consider the issues, Mike Garstang gave an opening keynote speech. This built on the concerns and challenges facing the OSH community outlined in the background paper and posed a number of questions for delegates to consider.

The background paper highlighted the fact that globalisation means that flexibility has become increasingly important in the work environment. Mr Garstang thought that delegates should not be too distracted by global corporations *per se*, as these already tend to focus on risk management and have incorporated OSH into this process. He reminded delegates that most employees work in SMEs and challenged them to think about whether health and safety is now more acceptable to SMEs and whether it is more accessible to their workers. It is important to identify the key players who could influence SMEs.

In relation to national-level intervention, he asked whether the regulators could continue to deliver. There is a move away from traditional inspection and control and therefore a need to look for new ways to ensure compliance with OSH standards. He questioned what incentives would work and whether practitioners are thinking widely enough to deliver the rate of change needed to keep health and safety alive.

Interventions in the 1970s were difficult, as there were very few OSH practitioners around. Now, with 30,000 practitioners, there is an opportunity to promote change and it is important to realise this potential.

Mr Garstang reflected that for the first 70 years of the twentieth century organisational structures were stable, but that in recent years there had been rapid change. He questioned whether familiar OSH management models are still relevant and whether the nature of risk has changed.

“There is an opportunity to promote change”

There are many facets to the change in work organisation; access to skilled, competent labour in particular is a key challenge. Some sectors, such as the gas industry, are finding it difficult to recruit from the UK and there is also the need to consider the impact of the new force of migrant workers from Eastern Europe, who are bringing core competences and key skills to the market.

Another societal change to consider is the issue of employment status. The traditional employer/employee model is breaking down because not everyone wants to engage in a contract of employment, particularly if they have skills that are in demand. Conventional approaches to risk management, which are based on traditional work structures, may need to be adapted in the light of this change.

Mobility is also a major issue. Workers are more mobile than in earlier years. The development and retention of quality individuals is a key issue for companies. We need to understand why people stay in a good company and what motivates them.

The consequences for companies of demographic change also need to be considered. When workers are older, it may be a challenge to bring them back physically and mentally fit if they have accident.

Young people also present a challenge. Mr Garstang questioned how we can embrace their values and engage them in successful health and safety. The advent of new communication methods, particularly email, is changing the need for social contact. It is important not to overlook these interfaces when delivering health and safety.

Thus, changes in demographics, work patterns, socio-economics and regulatory approaches mean that there are gaps in understanding about what interventions work in health and safety and why they work. Occupational ill health and particularly the issue of wellbeing have increased in importance.

Corporate bodies may prune their organisations ruthlessly every two years to ensure that their core business is still a high priority. This may involve radically redesigning the business. The changes and uncertainty that go with restructuring lead to stress within the organisation and high staff turnover.

In these large organisations, the aim is to be better than the competition, delivering a better message to the shareholders and persuading stakeholders to invest more so they can perform better. In the current corporate climate, delivery beyond targets and constant change is the norm.

These business dynamics set the context within which practitioners are trying to deliver the health and safety agenda and performance improvement.

Mr Garstang stressed the importance of our knowledge base in influencing our ability to deploy effective health and safety strategies and the importance of sharing good practice. He questioned whether the health and safety community had got locked into certain ways of thinking about its mission.

Organisations spend a lot of time certifying and checking competence, but very little on delivering it. He asked how we can assure ourselves that we are delivering competence. We need to discover what organisations are looking

for from their senior OSH practitioners and whether we are providing it. Consistent delivery at the workplace is essential.

He wondered how many health and safety practitioners are involved with the business risk mapping process in their organisations. In order to engage the corporate mind, they need to speak the correct language for business. They need to make functional alliances and show where they can add value for shareholders. Health and safety practitioners need to be realistic about the level of engagement they should expect to achieve in businesses and try to engage with the business at that level.

There is a need to manage perceptions. It is a matter of risk tolerance versus sensible safety. How has health and safety got into the position it is in now, where it is portrayed as negative? It is essential to engage with the media and change public perceptions. We should not underestimate the need to turn around the perceptions of stakeholders.

Finally, it is important that any research should be relevant, offer value for money and be applicable in a practical way. As well as helping to develop the research committee's agenda for supporting relevant studies, it is essential to consider the outcomes of research and how these could be harnessed to provide useful products for IOSH.

“It is essential to engage with the media and change public perceptions”

Syndicate discussions

This section records the points that emerged from the subsequent syndicate group discussions.

National level intervention

Background

The background paper for this syndicate group focused on national interventions and the need for evidence-based practice to support OSH practitioners in the workplace. Little is known about the effectiveness of OSH practice in response to changes in legislation and government priorities. What is the right blend of advice, enforcement and incentive for businesses?

Discussion

The group initially discussed health at work matters, including rehabilitation and sickness absence, the driving force of the welfare reform agenda of the Department for Work and Pensions (DWP), and the difficulties of managing the issues effectively. There is minimal high-quality data available on sickness absence, meaning that little is known or understood. Realistically, regulation and the impact of enforcement in relation to absenteeism and sickness management cannot be significant – the scale of the problem is large and the resources available to the HSE are limited. However, engaging workers through intermediaries such as trade unions is an approach that works well, though little is known about how to disseminate good practice to SMEs.

A debate focusing on ‘work-related’ issues versus general ‘health and wellbeing’ matters raised a number of policy and research issues about what employers should or must do for the benefit of the business and the individual. The group asked how health, safety and environment is linked to human resources management and considered how good practice could be identified and shared.

A recent study featuring the health benefits of work was highlighted¹ and addressed basic questions the nature of a good job and a good organisation, and how this affects productivity and ‘presenteeism’. The concept of risk assessment and its limitations is being challenged; good risk management and risk elimination is limited by not empowering individuals directly.

In large corporate firms,² research highlighted two key propellers: law and reputation. It is not known how to channel ‘reputation’ effectively as a tool for acting on OSH issues, but reputational risk is a concern and persuader of many businesses and hence is a useful medium. The precise meaning of ‘reputation’ needs to be correctly construed to achieve its full impact on business.

As far as regulation is concerned, enforcement options are not exercised to their full capacity; therefore the true benefits and effectiveness of enforcement and regulation cannot be deduced. A mature enforcement relationship is needed for the approach to be successful and this should be well conceived and well delivered.

Regulation and enforcement have some significance as impacting tools, but this is limited. A holistic approach which includes public relations, the media, and

the engagement of culture and attitudes is needed. The use of other functions within an organisation – such as human resources – in addition to the traditional health and safety advocates help strategies to work successfully.

The diverse range of auditing agencies and authorities and their benefits were discussed. Companies may be audited or visited by representatives of customers, suppliers, enforcement agencies, trade unions, insurers and others wanting to provide recommendations and state requirements.

This led to a debate over ‘earned autonomy’ and the performance of independently audited companies. The group asked whether there was a correlation between success in managing OSH and participation in independently audited processes, and wondered whether independent auditing made a difference and to what extent intermediaries should be empowered. The enforcement agency would need to have a credible system based on earned autonomy and a suitable verification process; this would be challenging. However, verification is one of the key tools of corporate responsibility and in recent years the business world has become increasingly conscious of this.

Investors, particularly those that are ‘ethically inclined’, are more likely to demand details of the implementation of health, safety and environmental policies. In turn, businesses looking for a position on stock market indices need to show a positive rating in these areas. Therefore it is critical to tap into the wider corporate social responsibility agenda.

The group explored different ways of helping SMEs, including through comprehensive programmes for new start-up businesses that cover OSH issues. They also discussed research which related to OSH practitioners and their impact on SMEs.

The government initiative ‘Workplace health connect’ (www.workplacehealthconnect.co.uk) and research into the scheme were reviewed. Free advice did attract smaller businesses to the programme, but the extent of their involvement was unclear. Some of the more receptive firms needed confirmation that they were heading in the right direction; others were prepared to pay for advice but were unsure where to go for help. Anecdotal evidence indicated that a smaller group had received negative feedback in the past, which discouraged them from seeking advice. Using safety or union representatives is a good approach, as it enables dissemination of knowledge and worker engagement.

It was stressed that flexibility is essential when transforming interventions that have been successful for large firms into something for smaller organisations, as SMEs are a highly diverse and complex group.

The ‘Pathways to work’ (www.dwp.gov.uk/welfarereform/pathways.asp) initiative is a scheme run by the Department for Work and Pensions to help people on incapacity benefit back to work. A useful lesson learned during research on this scheme was how to engage and handle general practitioners who did not buy in to the convention. Supporting hard-to-reach organisations and understanding their expectations was key to moving forward with this group of businesses.

Following on from discussions relating to SMEs and large corporations, several questions were asked in relation to the acceptability and accessibility of OSH advice and guidance. On balance, research evidence³ suggests that SMEs

suffer more accidents compared to their larger counterparts; however, issues such as stress, anxiety and MSDs are issues more related to larger firms.

There was a discussion on interacting with SMEs in the European context. There is a large amount of material available from states which have long-standing integrated occupational health provisions – such as the Scandinavian countries – concerning what makes a good health and safety practitioner in a small enterprise.

Generally, there is a case for exploring the ‘uniqueness of Britain’ in relation to national interventions. For example, in the UK there tend to be many policy initiatives but little infrastructure to support SMEs.

It was emphasised that pulling together, reviewing and evaluating the amount of research already available is crucial; ensuring that there actually is a knowledge gap will prevent data being unnecessarily re-examined. The major challenge will be to undertake long-term evaluation studies and revisit ideas and initiatives, questioning whether the idea had been right but the time wrong. It was debated whether there are genuine new research needs or whether lessons simply need to be learnt from previous studies, since turning research findings into policies and practice is rare.

A focal point of the discussion was reactive policy-making. The introduction and development of the Gangmasters Licensing Authority was used as an example of a reactive policy which could have been dealt with under existing legislation. From a health and safety perspective, with the exception of healthcare provision, the field of interaction between employment agencies and the general employer was not properly addressed; agencies could have more of a role in maintaining workers in their present job.

The supply chain network and the relationships between the labour provider, the user-organisation and other areas of the supply chain were explored. There is work under way relating to sub-contracting social care in the public sector and a number of issues are emerging in connection with supply chains.

The group also discussed how a national intervention, such as ‘Revitalising health and safety’ (www.hse.gov.uk/revitalising/index.htm), could remain relevant and effective to a wide-ranging target audience in the long term. The ‘Working backs Scotland’ campaign was emphasised as a successful programme that was able to get key messages across to the target audience. The choice of policy and treatment for back pain was based on the latest scientific knowledge, and the campaign was driven through the media. It highlighted the importance of remaining active and at work. The message targeted general practitioners, employers and individuals using pharmacists and other healthcare professionals. It was then evaluated by market research, which showed positive results. As a result of this, it is evidently valuable to look at the issues surrounding rehabilitation using similar processes (www.hse.gov.uk/msd/campaigns/index.htm).

Finally, as far as the impact of national interventions is concerned, it is important to be able to:

- define the intervention
- decide who the target audience is (for example SMEs)
- clarify expectations
- decide how the effects will be measured.

Changing work organisation

Background

The background paper for this syndicate group focused on how OSH can be improved within the context of changes in workplace organisational structures, workforce composition and new technologies. Of particular interest was how existing intervention methods could be adapted in the face of emerging risks. It is necessary to understand the risks generated by downsized organisations, the use of non-traditional employment practices and demographic changes in the labour force in order to ensure intervention structures and techniques stay relevant and effective.

Discussion

The group agreed that the nature of work has changed over the last few years and that these changes have produced problems.

It was noted that 'traditional industries' have changed dramatically but not all at the same pace or in the same ways, and that change does not occur instantaneously but is often a process of evolution. Therefore, some changes may be transitional rather than permanent.

The group considered how parameters could be established from which to measure the change process. There were two main ideas put forward for this: an anchor point could be established and changes could be measured from this; or comparators could be used to understand and identify the change process.

The discussion addressed the question 'what is work?' It was noted that while an individual is at work, strict liabilities apply to their employer, whereas outside work the individual is expected to take more responsibility for their own actions. One area where this is changing is health. This raises some important ethical issues about information, the separation between life and work and relationships. The area of relationships was considered and those between employers, employees and contractors were identified as key.

The group began to discuss what information, in a broad sense, is needed on types of change. It was agreed that it is important to know what research and knowledge exists. The discussion covered research into the employment base – in other words, people who are directly employed and those indirectly employed either through outsourcing arrangements or via agency work.

What kind of knowledge exists is related to the nature of the work, the disintegration of work organisations and as a result of work on safety climates or behaviour. Management systems were discussed as they offer a framework. It was argued that certain stable features of types of intervention that are effective should be established, and that these must be evidence-based. It follows that once we have established what works, results can be extrapolated, but initially some kind of benchmark is needed.

This point led onto discussion of gap analysis, primarily through the use of literature reviews. There may be a lot of evidence available but little awareness of it, and finding it could be a hugely valuable exercise. This point was agreed, and examples of where this might apply were given, such as stress research.

It would be important to choose the correct methodology for any research used for gap analysis – it would need to use an established and robust

approach. Areas that could be examined include management systems, the value of training and development for leadership, and reliance on the business case for health and safety. In all these cases, the implications and scope of any work would need to be very clear and would focus on interventions and the evidence for them.

As the discussion continued, a wish-list of topic areas and associated issues and questions was created. This list included the effect of the Private Finance Initiative, the impact of locations that house several employers, cultural issues in supply chains, and the value of inter- and intra-cultural studies.

Mention of cultural issues led to discussion of the impact of regulatory interventions, European harmonisation and the effect European Union (EU) changes might have, and cases where the law could have different definitions across the EU. It was agreed this was an area that would benefit from research.

Another key area discussed was work–life balance in relation to both gender and leisure, and the role of technology in improving this. It was noted that new technologies enabled employees to work away from a set workplace, which can help work–life balance, but on the other hand can create a new set of stressors.

The group agreed that they would like to see tightly focused projects covering specific areas. These should include a broad literature review to capture all current information – both positive and negative – about interventions. This evidence would need to be weighted to ensure it is reliable and illustrative rather than misleading. The parameters of the research should be defined and it should look at what works in which circumstances and why. Therefore, the group saw a two-stage approach to research projects that placed an emphasis on the literature review and the weighting of evidence.

Changing hazards and risk profiles

Background

The background paper for this syndicate group focused on labour market change and the impact this has on the nature and organisation of work. Globalisation, new technology and demographic change have led to changing hazards and risks. Musculoskeletal disorders and psychological risk factors are particularly significant. More research is needed on effective interventions in the workplace.

Discussion

The group felt that most of the new hazards fall into the occupational health category. Old hazards are, however, still important. Asthma, dermatitis and work-related upper limb disorders are still prevalent. It is important to address how practitioners deal with health and where the hazards originate. It would be useful to have an evidence base for interventions that practitioners carry out in connection with occupational health and to investigate to what extent they have been able to intervene and prevent problems with reported diseases. Recorded diseases should also be included because of under-reporting.

Psychosocial hazards were regarded as a priority. The synergistic effect of stress on musculoskeletal disorders was discussed. There is a plethora of

“Globalisation, new technology and demographic change are changing hazards and risks”

papers to define the scale of the problem, what goes wrong and how it relates to work, although some of it is cross-sectional rather than longitudinal, so rather weak. There is much research available on stress and this has led to changes in social policy, but the next stage of research would be to see the impact of that change at a practical level in an organisation. It is difficult to demonstrate causality without more controlled intervention studies, but organisations are often unwilling to co-operate in such studies. Perhaps action research could be carried out.

The group stressed that organisations need practical rather than theoretical tools and that the business benefits of using them need to be demonstrated.

The health risks of migrant workers were discussed. Communication with migrant workers was suggested as a research topic. This should link into research by the HSE, which is currently focusing on construction, agriculture and catering.

Another area for research was older workers who fall into the vulnerable worker category. A workability index could be developed to help assess the ability of older workers to work and suggest remedial actions in terms of changing their environment and the equipment.

Research on the impact of recreational and performance enhancing drugs at work and their links to accidents was also suggested. This issue mainly falls outside the workplace, but it is an occupational health issue as it is employers who often have to deal with the consequences. It was suggested that IOSH could suggest the wording of a policy on this.

The group also focused on the impact of new technology in the workplace and how this has tended to erase the boundary between home and work. The invasion of work-related technology such as mobile phones into home life, and the generally increased connectivity between home and work, mean that people find it difficult to maintain a work-life balance. This inability to switch off leads to unacceptable pressure and stress. Increased mobility and shift work are also issues in this regard.

The advent of email has also changed the way in which people make decisions. There are two aspects to this. Firstly, people have been able to abrogate responsibility for their actions by sending emails to large numbers of other people. Secondly, it has become more difficult to take a decision alone because of the increased ease of consulting other people first. Rather than improving communication, email sometimes hinders communication. There is also the problem of depersonalisation. Difficult decisions can be 'communicated' at the press of a button. Organisational processes reinforce this reliance on email. Auditors need to see evidence of a process and the HSE may need to see evidence of a decision if it inspects a workplace or investigates an incident. This leads to a defensive culture and a 'management by paper' mentality, which results in excessive checklists and does not necessarily translate into effective health and safety practice. It can also lead to risk aversion.

An effective health and safety culture is one where people have a strategy that goes beyond the paperwork and the health and safety management system. The important aspect is to engage people in the process. Health and safety can be seen as over-complex. It needs to be simplified. It is up to practitioners to make health and safety relevant to the people they advise, and this requires competence and leadership.

“It is up to practitioners to make health and safety relevant to the people they advise”

There are more challenges in communication. These concern communicating with the press, the functional alliances health and safety practitioners need to make within their own organisations, and the need to use language that fits into the business culture. In addition there is the challenge of migrants, who may not speak English and who may not share the same view of risk as other employees.

Risk awareness is key and education is not just a workplace issue. The term 'sensible safety' is about being relevant and effective, and taking well-judged precautions. It is used to provide a contrast to cases where health and safety has been misused or imposed too zealously. An educated clientele knows where the risks are. Problems can arise if people are blindly working to a formula and do not recognise when the risks change. The IOSH reality checklist (www.iosh.co.uk/index.cfm?go=news.realitychecklist) helps to promote sensible risk assessment.

The need to put greater emphasis on the health agenda was discussed. Health issues overlap between the home and the workplace. The group felt that employers tend to be more sensitive to the health agenda, and there is a range of issues surrounding occupational health that can be used to interest employers in health and safety. They are particularly interested in whether employees' health is affected by their work and whether employees are healthy for work, although this latter concern tends to be for prospective rather than current employees.

The 'professionals in partnership' approach was highlighted, in which occupational health issues are not 'out of bounds' for health and safety practitioners. Nevertheless, they need to recognise the limits of their own competence. An IOSH development fund project to produce a web-based occupational health tool kit is in progress. This is aimed at non-medical practitioners and will be a portal to resources.

It is important to stress the skills needed to prevent occupational disease. The discussion on this topic highlighted the need for practitioners to be included in decisions and debates within the workplace and to work in partnership with other professionals. Health and safety practitioners can contribute proactively by recognising where health issues are coming from and by providing preventive measures; whereas traditionally the medical profession is generally reactive.

OSH can be seen as a continuum with safety issues and occupational health acting as stepping stones to health promotion and fitness for work. Rehabilitation and return to work are particularly relevant for health and safety practitioners. The group felt that in the future there are likely to be more IOSH members qualified in occupational health subjects; the group heard about a new course in occupational health at Nottingham University being pioneered by Dr Sayeed Khan.

Finally, the group concluded that there is a need for research to be usable and relevant.

“Safety issues and occupational health can act as stepping stones to health promotion and fitness to work”

Summary

Following the syndicate group sessions, delegates reassembled and each syndicate leader provided a summary of their group's discussion. The syndicate groups then reconvened to prioritise the research outcomes of all three previous syndicate group discussions in the context of OSH practice. Their findings are described below.

Research priorities

The priorities can be divided into four broad themes.

Practitioners as agents of change

Research is needed to establish what skills practitioners need to identify, evaluate and control OSH issues at a group and individual level and to decide what their current practice should be. OSH practitioners need to know what areas they should be concentrating on, where they should focus their role, and what they should be competent to do.

Functional alliances

Research is needed to map relationships and inform practitioners of the context in which they work, so that they know where they should focus and with whom they overlap regarding functions. As well as improving the value of what they do, they can also establish a sense of their own value in the workplace. It is important to know whether practitioners are delivering the skills to leaders that they need regarding health and safety and whether mentoring and networks are effective.

Supply chain and performance

Within the wider socio-economic context, supply chain fragmentation presents a challenge and research is needed to look at the impact this has on how practitioners can deliver improved performance. Specific examples here include a comparison of the effect of Public Finance Initiative bid processes and traditional procurement on the health and safety of the project, and an investigation into the effectiveness of contractual health and safety requirements in a multi-employer environment with a long supply chain. Influences and drivers for OSH in SMEs are also considered important topics.

Work and health

It was suggested that research should be done on the interface of health and work: in particular, what skills OSH practitioners need to identify, evaluate and control occupational health issues at a group level and at the individual level, and to compare this with their current practice. Specific research into the extent of the impact of 24-hour working and of demographic changes, such as the ageing population and migration, were proposed. How will demographic changes, in particular the ageing population, impact on OSH practice?

In the past, research has often focused on ill health and the negative effects of work. A focus on positive interventions that could result in good media coverage and link with current political interests would be useful, especially if it resulted in practical applications for OSH practitioners. In addition, research in priority areas needs to be preceded by a study to weigh the existing evidence. There needs to be a staged approach, looking at what works, in which circumstances and why.

Appendix A – List of delegates

Dr Andrew Auty, Re:liability (Oxford) Ltd
 Ian W Bartlett, Norwich Bioscience Institutes
 Martin Bevan, GMB Union (Birmingham and West Midlands Region)
 Prof Richard T Booth, Aston University
 Dr Tim Carter,* Department for Transport
 Dr Peter Claffey,* Health and Safety Authority, Republic of Ireland
 Murray Clark, technical affairs researcher, IOSH
 Dr Debbie Cohen, Cardiff University
 Dr Anne Drummond, University College Dublin
 Graham Frobisher, Inchcape Automotive Ltd
 Mike J Garstang, Centrica plc
 Mark J Humphreys, QBE Insurance Co (UK) Ltd
 Alexander Isaac, Social Market Foundation
 Prof Phil James, Oxford Brookes University
 Richard Jones, director of technical affairs, IOSH
 Jill Joyce, senior technical adviser, IOSH
 Vince McNeilly,* Akzo Nobel
 James Noble, HSE
 Mary Ogungbeje, technical affairs adviser, IOSH
 Dr Kathy Parkes, Oxford University
 Dr Jo Rick, Institute of Work Psychology
 Claire F Saunders, Essex County Council
 Claire Tyers, Institute for Employment Studies
 Dr Luise Vassie, research and technical services manager, IOSH
 Prof David Walters,* Cardiff University
 Louise Ward, EEF – the manufacturers' organisation
 Lawrence Waterman, Sypol/Olympic Delivery Authority
 Prof Andrew E Watterson, University of Stirling
 Zara Whysall, Health and Safety Laboratory
 Dr Nerys R Williams, Department for Work and Pensions

Event Support

Andrea Alexander, PA to the director of technical affairs, IOSH
 (event co-ordinator)

* Members of the IOSH Research Committee

Appendix B – Background paper

Introduction

In 2004, the IOSH Research Committee held its first workshop to discuss current concerns in OSH and to help shape its future research agenda. It was regarded as the first of a series of such events that would aid review of issues in OSH and support the committee's efforts to commission relevant and useful research.

Our call for bids in 2005 invited proposals on studies into the effect on measured OSH performance of the use of competent OSH advice by employing organisations. Following successful funding applications, three research projects looking at differing aspects of this relationship have been commissioned at Cardiff, Glasgow Caledonian and Loughborough Universities. The second call for bids in 2006 invited proposals that focus on research into the effectiveness of OSH training, both formal and informal, at all levels and using all methods. Currently, five bids have been invited to participate in the second stage of the application process, the outcome of which will be decided in September 2006.

Two years on from the first workshop, therefore, seems an appropriate point to revisit this agenda and host a second workshop. Its aim is to present an opportunity for members of the research and practitioner communities, as well as policy makers and representatives of user groups, to identify and discuss current research needs and to help the Research Committee review and develop its agenda for supporting relevant and useful studies in the future.

To give this process some focus, this short paper outlines what the Committee sees as some of the issues with which the workshop may be concerned and on which discussion of research needs may be focused.

Current concerns

Globalisation and the various economic, political and regulatory responses to it have created a work environment for the 21st century for which 'flexibility' is a key descriptor. This is not new. In discussing OSH, it is now commonplace to frame concerns in terms of the impact of change on virtually every aspect of the relationship between work, health, safety and wellbeing. Equally, though, there is no indication that the rate of change is slowing; this continually changing environment presents major challenges for OSH research that concerns itself with evaluating and understanding which interventions work best to make workplaces healthier and safer.

Interventions in this context are active attempts to improve work and workplaces in terms of health, safety and wellbeing – for example, by applying regulatory requirements, introducing a targeted OSH improvement programme or discussing safe and healthy behaviour with workers. Such interventions need to be responsive to the changing environments in which they are applied. These changes include, of course, developments in the nature of work, workplaces and the labour market. They also embrace changes in the economic environments in which work is done, as well as in regulatory frameworks and their application. Successful interventions must

also be responsive to changes in the way in which relationships between work and health are perceived socially and politically and the impact such perceptions have on policy.

Currently, changes in demographics, work patterns, socio-economics and regulatory approaches mean that, for example:

- concern about musculoskeletal disorders at work is likely to increase as the workforce ages
- psychosocial aspects of work and their relationship to mental health are likely to grow as work intensifies and the service sector continues to expand
- interest in the economic relationship between work and health (and health and work) is an increasingly prominent aspect of current economically-driven policies on work retention, return to work and rehabilitation. This means the risk-based focus that has been the foundation of preventive OSH for the past three decades in the UK is currently adapting to the different public health and economic models used by policy makers to understand the relationships mentioned above
- there is structural change in the organisation of production and services, leading to an increasing amount of work activity being undertaken in economic networks for production and services, rather than in traditional employment relationships. Again, conventional approaches to risk management based on assumptions about traditional work structure and organisation must adapt to these new patterns of economic activity
- regulation and regulatory enforcement are changing. This is partly in recognition of new challenges to achieving compliance with OSH standards in the changing environments in which they are applied, but also because the economic models favoured by governments have little room for further regulatory intervention. At the same time, there is growing disengagement of the state from traditional inspection and control.

While we are raising concerns about what will work and why as we anticipate and adapt to future change, there are still significant gaps in our understanding of whether and why many existing intervention practices work. Without improving this understanding, we will continue to be tempted to adopt or continue practices which lack the necessary underpinning scientific evidence.

The challenge

All this clearly presents a huge challenge for research that is concerned with understanding what works best to improve and support health, safety and wellbeing at work. In each of the above areas of change, there are significant knowledge gaps and there is much work to be done to improve understanding of the impact of these changes.

However, for the IOSH Research Committee, the challenge needs to be more focused, as the resources at our disposal are relatively limited. We therefore wish to focus on identifying the knowledge gaps in relation to OSH practice, associated with the above scenarios, that we could most usefully fill. In particular, we are concerned with stimulating discussion on 'what works and why' in terms of OSH interventions, taking account of the current changes outlined above, as well as others that we have not included. We seek to acquire better understanding of the role of OSH practitioners in achieving

their professional aims of giving 'best advice' to improve OSH in these situations.

By combining researcher and practitioner perspectives, several broad themes emerge from the above outline of change. We think these may offer a useful focus for discussion of possible future research needs and a research agenda to cover the next two years.

Discussion themes

1. National level intervention

If we consider interventions in their broadest sense, then we need to construct an account of national level policy change and its implications for OSH organisation at the level of the workplace. There are several elements to this policy change, ranging from the new agendas on work and health/health and work emerging at the level of the Department for Work and Pensions and the Department of Health to the greater attention paid by the HSE to non-regulatory and non-inspection based forms of intervention. In each case, their implications for workplace-based preventive approaches are important, but little understood.

2. Changing work organisation

Interventions that take account of changes in the structure and organisation of work, such as the consequences of outsourcing, growth in importance of small enterprises, multi-employer worksites and so on, all require greater evaluation. These are linked to the HSE's regulatory and non-regulatory strategies. It is important, for example, to gain a better understanding of the role of the supply chain as well as of the position of the OSH practitioner in relation to outsourced risks. It is also important to understand the strengths and weaknesses of interventions that are based on identifying and exploiting leverage in these economic relationships, as well as the cost-effectiveness of support for such approaches.

3. Changing hazard and risk profiles

Change in the nature and organisation of work and in the make-up of the labour force brings change in health and safety consequences of work. Change also results in new hazards or in the increased or decreased importance of existing hazards and risks. Research to understand what works best in interventions to address such change at the level of the workplace therefore remains on the agenda.

None of this is intended to be prescriptive, but in all the above scenarios, it is important that we should be realistic in deciding the contribution that a relatively small research fund can make towards gaining a better understanding of the effectiveness of preventive intervention at whatever level it is applied. It is important that we support good quality research and properly conducted studies, the conclusions of which add robust material to help to fill defined gaps in existing knowledge. To achieve this requires us to engage in discussion of suitable priorities a wide range of stakeholders who are concerned with using as well as doing research. It is likely that in the interests of brevity many other important issues have been missed in the above outline. This is yet another reason to encourage participation of a wide range of relevant interests in the workshop so that they can raise further issues that are of concern and which could be practicably investigated with the aid of the research fund.

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IOSH

The Grange
Highfield Drive
Wigston
Leicestershire
LE18 1NN
UK

t +44 (0)116 257 3100

f +44 (0)116 257 3101

www.iosh.co.uk

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