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# The impact of safety representatives on occupational health

## A European perspective

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## Introduction

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Workers' health and safety representation has now become central to national and European preventive strategy agendas. Such forms of representation are found all across Europe. In some countries, it is probably the most widespread form of shopfloor representation. All the available evidence points towards the existence of such representation being closely associated with a more systematic organization of prevention. Above all, it enables more weight to be given to workers' interests and concerns about health and safety at work.

Of course, just having representation is no guarantee that it will do any good. Various things can make or break it in terms of effectiveness. Adequate training and information, access to expertise where complex issues require it, systematic support from trade unions – all these things play a key role.

The European and many national prevention strategies pay scant regard to the vast potential of workers' safety representation, even though it may often make the difference between prevention as a tick-box exercise and an active policy drawing on the needs and initiatives of work forces. This disregard is seen in how policies are framed and is also reflected in the research. Research into health and safety at work that explores the social dynamics of health and safety at the workplace is thin on the ground. And yet it is common knowledge that the real level of prevention falls well short of what it could be using available knowledge.

This publication is the outcome of EPSARE – the European Project on Safety Reps carried out by researchers and trade unionists. It is a condensed version of the report which gives the essentials of an initial assessment of the enabling conditions and factors for the work of safety reps in the European Union (EU). The project reviewed all the available literature, and collected information and knowledge from descriptive studies and key informants. It also developed a theoretical model to describe the key conditions and factors relating to safety reps and their influence on health and safety at work.

This initial report starts with a status review of safety reps in the EU, followed by an analysis of the conditions and factors for effective representation, and concludes by attempting to pinpoint the key needs and challenges for trade unions, safety reps, researchers, policy-makers and government agencies.

A growing body of research shows that participation through representation impacts significantly on health and safety at work. The project findings bear out that safety reps have a huge potential for improving EU workers' health and safety at work.

This publication therefore sets out to inform three key debates:

- For research on health and safety at work, it aims to highlight the importance of research into the social dynamics of preventive activity which is all-too often pushed to one side by a narrow medico-technical approach to risks and preventive measures;
- For trade unions, it points up their specific responsibility for building a strategy and adequately resourcing support for safety reps' activities;
- It steps into a Community policy debate which is just now beset by a fresh deregulationary onslaught under the guise of "better regulation". It shows how the lack of appropriate regulation, adequate action by the health and safety inspectorate and public provision to support safety reps undercut preventive strategies. The determination of the most free-market political forces to water down employers' "information obligations" cannot but further undermine the effectiveness of workers' representation in health and safety.

## Presentation

The project “The Impact of Safety Representatives on Occupational Health: A European Perspective (EPSARE project)” was launched in 2006 by the European Trade Union Institute for Research, Education, Health and Safety (ETUI-REHS) with the support of the Swedish SALTSA programme and other supplementary sources of funding.

The main *purpose* of EPSARE is to assess the effectiveness of safety representatives’ activities on occupational health<sup>1</sup>. However, the EPSARE project has a broader *political agenda* which includes the following key *objectives*: (1) to increase knowledge of the need to expand democracy at the workplace; (2) to play into the political debate on the legal framework of workplace representation at EU level in a new fragmented flexible labour market; (3) to develop a network of trade unionists and researchers on occupational health that helps to inform future research and policy; (4) to make available information and knowledge for trade unionists, safety representatives, prevention practitioners, and researchers; and (5) to develop practical tools that can be used by trade unions and safety representatives. To deliver these objectives, EPSARE has developed *activities* such as preparatory meetings of the project coordinators, a call for cooperation and involvement by trade unionists, the creation of a topic on ETUI web site to host the main project outcomes and deliverables ([www.etui.org](http://www.etui.org) > Health and Safety > Main topics > Safety reps), a questionnaire to collect key legal provisions and facts on safety representatives in EU countries, and the writing of a general report that includes information from several countries (Belgium, Czech Republic, France, Italy, Spain, and United Kingdom)<sup>2</sup>.

As part of this agenda, this *paper* presents a summary of the general report. It has three *specific aims*: first, to give a brief situation report on safety reps in the EU; second, to analyse the main conditions and factors associated with safety reps’ activities that may lead to improved health and safety at work actions and outcomes; finally, to identify some of the challenges faced by unions, politicians and government agencies, and researchers.

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1. Some of the national projects (Spain, France, Belgium, United Kingdom, and Czech Republic) were supported by other resources. One of the coordinators (J Benach) was partly supported by the Spanish Ministry of Education and Science (*Salvador de Madariaga*, PR2006-0203).
  2. A limitation on this report has been the lack of access to studies in languages not readily accessible to the coordinators, such as those published in Nordic or Eastern European countries.



## Safety representatives in the European Union

European trade unions have made some initial headway in implementing and expanding workers' rights at EU level, but workers' representation and participation at workplace level are still today largely based on *national* laws and political traditions. The EU has a *wide variety of national situations* shaped by industrial relations, trade union traditions, sectors, and types of activity. Data from the Second European Social Survey (2004), for example, shows that social democratic countries (including Iceland and Norway) have the highest percentage of trade union membership (73.2%), well above the all-country average (22.7%), whereas Eastern European countries with a Soviet Union heritage – barring Ukraine (42.3%) and Slovenia (40.8%) – have the lowest average memberships of all (12.9%). Another way to measure workers' participation is through their workplace representation. In 2006, the average was 53% in the EU-27, ranging from 81% in Nordic countries to just 25% in the Baltic states.

The main approach to promoting workers' participation in health and safety at work is through the *election of health and safety representatives*, i.e., workers specifically mandated to represent workers' interests on health and safety at work issues. Although no complete and wholly reliable data are available, it is estimated that there are over *one million safety reps* in the EU-27, although the figures vary widely between countries. Finland and Denmark have around 35,000 to 38,000 safety reps for between 2.3 and 2.8 million workers, while Portugal, by contrast, has just a few hundred safety reps distributed among some 60 firms. Most of these safety representatives are experienced workers who are also trade union members, even though the different industrial relations systems enable non-unionised workers to be elected as safety reps in some countries. There are *four possible ways in which such reps* can be appointed: they can be directly selected by workers, appointed by worker representation bodies (i.e., works council or similar body), shop stewards (i.e., elected union officials) with safety rep duties, and works councils exercising safety rep functions. Research shows that the direct forms of participation often have not had positive outcomes for workers' occupational health (Walters and Nichols 2006). Such situations leave employers wide discretion to decide how to consult workers, how to impose duties on safety reps, how to limit their practical duties, and how to control workers' practices. Current managerial strategies are further increasing workers' direct participation in health and safety as an alternative to union-driven collective bargaining mechanisms (Weil 1999). Although only limited study has been done of conditions that determine the effectiveness of safety representatives, available experiences and evidence generally support the idea that representative participation (i.e., the collective representation of

workers' interests through formal statutory or voluntary arrangements) constitutes a powerful force for the improvement of workers' health and safety.

The mandate conferred on health and safety reps, whether by law or collective agreement, gives them certain specific areas of responsibility and rights. The Framework Directive (Council Directive 89/391/EEC, 1989) was a starting point for the participation of safety representatives, but its specific role and legal protection has not been fully developed. Workers' right to have health and safety representation organised by unions is still severely hindered in practice in small firms, sectors of activity with high levels of contingent employment, and non-unionised firms. The development and implementation of regional health and safety reps in countries like Sweden and Norway, and in some sectors or branches in countries like Italy, has expanded those rights mainly for workers in small firms (Walters 1998; Frick and Walters 1998).

As well as elected safety reps, *workers' representation in health and safety* also takes place through health and safety committees composed of workers' and employers' representatives with a remit to improve health and safety in the workplace. These committees identify potential health and safety issues and bring them to the employer's attention. For example, a recent descriptive study in Italy provides a general picture of the situation of safety reps in that country (see Box). Unfortunately, such *valuable information is still not available today in most EU countries*.

### Safety representatives in Italy

A survey sponsored by the Coordination of Regions and Autonomous Provinces was done in 2003 by the Prevention Departments of different Local Area Health Units (12 Regions and the Autonomous Province of Trento) and coordinated by the Health Agency of the Emilia-Romagna Region. The survey was based on a sample of 8,138 firms representing different categories by sector, production, ownership, and size. 60% of the sample consisted of industrial production and 40% of services; the two most representative brackets were micro-businesses (6-9 workers) and medium-sized firms (20-199 workers) - both accounting for 30% - while companies with over 200 workers made up only around 10%. Firms with fewer than 5 workers were excluded.

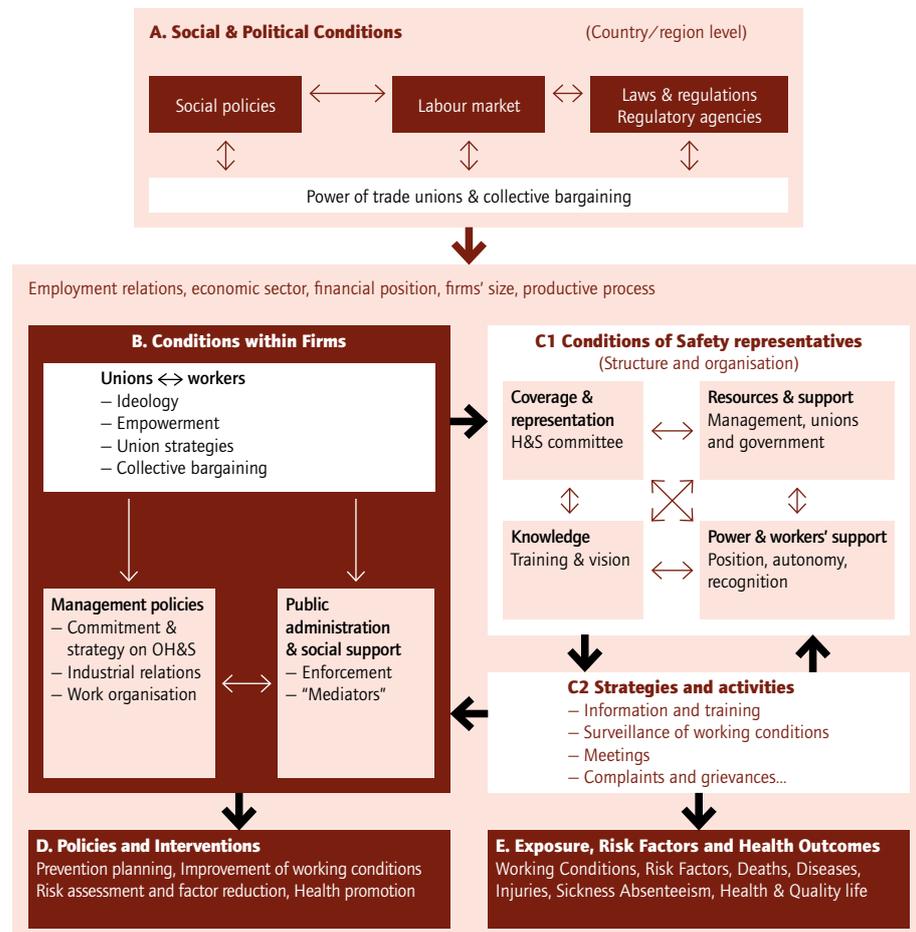
Safety reps were present in 71% of the sample firms, varying with workplace size: 88% of large companies (200-plus employees), less than 80% of the medium-sized firms (20-199 employees), 65% of the small companies (10-19 employees), and 50% of micro-businesses. The survey shows that in 96% of cases, safety reps were elected within the company and only 4% (232 of the sample) from outside. Among safety reps elected within the company, only 29% are elected within the Unitary Workplace Union Structure (RSU). This percentage varies from 80% of micro- and small firms to 61% for large companies. This gap is mainly explained by the different structure of labour relations, which is related to company size. Looking only at those industries represented in the sample by over 100 firms, the highest percentages are the metalworking industry (81%) and chemical industry (81%) in the private sector, and government (82%), and health services (85%) in the public sector. The lowest incidences are found in the hospitality industry (56%) and in brokerage firms (55%).

Source: Istituto per il Lavoro. The Role of the Safety Representative in Italy. April 2006. <http://hesa.etui.org/uk/dossiers/files/IPL.pdf>

## Conditions associated with safety representatives influencing occupational health

To assess the impact of safety reps' actions on health and safety at work, we carried out an exhaustive literature review using a large range of sources of data and information including a comprehensive systematic review, various descriptive epidemiological analyses based on national and European surveys, and knowledge provided by key informants including safety representatives, trade unionists and experts in occupational health research. Given current EU data

Theoretical model of the conditions and factors likely linked with safety reps' activities and effective occupational health and safety outcomes



and research limitations, we took the methodological approach of formulating a theoretical model which describes a broad set of conditions and factors potentially associated with the effectiveness of safety reps' actions (see Figure).

This model serves two main purposes: it helps to visualize the origins and consequences of different conditions and factors, and it traces the connection between social and political conditions, the conditions within firms, the conditions of safety representatives, and their strategies and activities on exposures, risk factors, and health outcomes. Put simply, the model is a means of visualising the many conditions and factors that may play into the effectiveness of safety reps' health and safety activities as well as a tool to identify potential policy entry-points to implement interventions.

Part A (*Social and political conditions*) includes a dynamic interaction between four main macro components present in each country: the role and impact of *social policies*, the *labour market structure*, the *laws and regulations* of regulatory agencies, and the power of *unions and the extent of collective bargaining*. Here the model presumes a positive relationship between more generous social policies and regulated labour markets, the development of employment and work-related laws and regulations, and higher unionisation rates and collective bargaining power, and the implementation of positive health and safety at work measures, increased workers' participation, and other positive conditions and determinants that may help to improve the effectiveness of the actions taken by safety representatives.

Part B (*General conditions within firms*) must be seen through the prism of the firm's employment relations, economic sector, financial position, size, and productive process. The actions of three key actors play a crucial role: *unions and workers*, including their ideological position, the level of power and participation, the strategies they may take to support safety representatives, and the level of collective bargaining; *management*, including its commitment to health and safety strategies, and the type of work organisation among other related factors; and *general government and its social support*, including the enforcement of laws and regulations, and the social support given by key "mediators" such as regulatory agencies, employers' organisations, and management/labour negotiations.

Part C1 (*Safety reps' conditions*) looks at four related components: the *coverage and representation* of health and safety committees, the extent to which *rights are exercised* and the level of *resources and support* received by safety reps, their level of *knowledge*, training and information and, very importantly, their level of *power*, an issue which includes their standing, union autonomy, and recognition by workers.

Part C2 (*Strategies and activities of safety representatives*) varies with the union's strategies and policies, as well as the different ideological and political characteristics of safety reps. Safety reps' activities include *actions* on information and training, *surveillance* of working conditions, *meetings* of health and safety committees, *assistance* with workers' queries, *workers' meetings*,

*workplace inspection, risk assessment, and proposal of solutions.* At the C1 and C2 level, the model presumes that where safety representatives are better structured in terms of coverage, resources, knowledge and power, their workplace strategies and activities will deliver more effective outcomes.

Part D (*Policies and Interventions*) includes *prevention planning*, the improvement of *working conditions, risk assessment, risk factor reduction*, and *health promotion*. Here, it is assumed that the actions of safety representatives, directly (through their specific activities) or indirectly (via improvements to the general work environment) will lead to effective policies and interventions to improve occupational health and safety.

Finally, Part E (*Exposures, Risk factors, and Health outcomes*) takes into account various health indicators of working conditions, the reduction and protection of *exposures and risk factors*, and the impact of these conditions and factors on *health outcomes* such as mortality prevalence and incidence, diseases, workplace injuries, sickness absence, and workers' health and quality of life.

## **Macro social and political conditions**

Workers' well-being, health and quality of life are associated with a number of key macro social and political conditions implemented by states. The *development of the welfare state* refers to the extent to which governments exert their distributive power through the implementation of social policies, labour markets and employment regulations, the strength of trade unions, and the system and conditions of collective bargaining (the ways in which labour/capital relations are conducted). Research shows that the power of labour and its trade unions correlates with the type of state regime (social democratic, conservative-corporatist, economic liberalist), the type of employment relations, and workers' health and safety (Chung and Muntaner 2007; Benach, Muntaner *et al.*, forthcoming 2009).

The flexibilisation of production, technological and managerial changes have in recent decades created new demands for productivity in an increasingly deregulated *European labour market*. There is now growing scientific evidence that new forms of insecure employment and work intensification are damaging the health and well-being of European workers and their families; research shows that factors linked to subcontracting – like financial/cost-cutting pressures on subcontractors -, disorganisation/fracturing of occupational health and safety management, and inadequate regulatory controls, leads to a deterioration of occupational health in both developed and developing/poor countries (Johnstone *et al.*, 2001; Benach, Muntaner *et al.*, forthcoming 2009). In the context of a dominant economic liberalist discourse focused on economic growth and labour market flexibility, governments' responses on labour laws, union agreements, training systems, labour markets that protect workers' incomes and job security have often been weak and fragmented. Unions and health and safety representatives therefore face a serious challenge to reverse this worrying situation. More particularly, they

have a crucial role to play in safeguarding the health and well-being of the most vulnerable workers in workplaces that are not strongly unionised.

*Health and safety at work legislation and regulations*, including the right to be adequately informed and consulted on health and safety at work, are a major social policy concern in the European Union. In the last two decades, the majority of European countries have recognized and regulated workers' right of participation in occupational health by taking over EU Framework Directive 1989/391 into national law. But the level of transposition of this Directive in most countries has not been satisfactory and many national laws have not been given full effect. This is reflected in such issues as: the level of employers' responsibility for health and safety at work, the coverage and election of safety representatives, compulsory assessment of work-related hazards, the need to implement occupational health services and, finally, the development of information, consultation, training, and participation among workers. These failings are likely to affect the strength and effectiveness of actions taken by unions and safety representatives.

The *power of labour* plays a vital role in the implementation of social policies, labour market regulations and collective bargaining across European countries. The balance of power between management, government and trade unions determines what kind of employment relations will be established, which employment and occupational policies will be prioritised, which occupational health and safety regulations will be approved, which working conditions and work-related hazards will be considered acceptable, and which participatory processes and workers' representation will take place in the workplace (Hall *et al.*, 2006). Stakeholders' ideology and views on health and health inequalities are also a crucial asset in determining its values and priorities on health and safety policies. Unfortunately, governments and trade unions have not always had occupational health and safety high on their agendas, agreements and collective bargaining priorities, and often this comes well down the list in discussions on issues like wages, job security and pensions.

The specific effect of *collective bargaining* on workplace health and safety means adapting general legal preventive provisions into specific terms for the concrete realities of individual sectors, companies, production units, work places and working conditions. Collective bargaining negotiations are based on two main pillars: the experience and knowledge of stakeholders involved in the bargaining process, and how much power each wields. Pressure from organised labour shapes the types of social and economic policies, including labour markets, laws, and regulations. Evidence shows that when trade unions are stronger, information and standards on workplace hazards are improved, health and safety systems work better and workers' actions are more effective. In Spain, for example, years of trade union campaigning and pressure to cut abuses in subcontracting on building sites paid off in 2006 when legislation (Act 32/2006) was brought in requiring all the safety reps concerned to be informed about all subcontracting agreements, and training for a joint rep for the workers operating on the same work site can be provided for in industry collective agreements (ETUI, 2008a).

## Conditions within firms

Here, we describe the conditions internal to firms that are related to safety reps' effectiveness: the involvement, support, and commitment of unions and workers; the policies and commitment of management and employers; and enforcement by general government through inspections and controls by public agencies. We also consider the contextual factors like company size, financial position, subcontracting situation or branch of industry. For example, there is evidence that the market relationship between the different organisations involved in supply chains can lead to situations in which the larger and financially stronger parties secure financially beneficial contractual terms that can detrimentally affect the management of health and safety in those organisations with whom they contract. (James *et al.*, 2007).

## Unions and workers

Two general issues are considered here. One is the *ideology and political position* of unions and workers. Unions need to be fully committed to improving occupational health and reducing workers' health inequalities regardless of gender, type of job, contractual arrangements, supply chain or firm size. This requires independence from management, investment of adequate resources, and the implementation of long-term active political strategies. The other is *workers' empowerment*. Workers who are empowered have more autonomy, decision-making authority and power within the workplace; this is a step towards greater involvement in all labour organisation issues, which gives more strength to unions and safety representatives. Research shows that employee participation is not improved by unionisation *per se*, but requires unions to develop programmes that increase the knowledge, political consciousness and empowerment of workers, giving them mechanisms to express their concerns and to mobilise their influence into a 'joint action-voice' (James and Walters 2002).

In addition to the general issues outlined, we also consider here two sets of more specific issues: *union strategies and support, and the influence of collective bargaining*.

With regard to union strategies, the first to consider is that of *strengthening the position of safety reps*. This strategy embraces three key things. First, the provision of knowledge, information, and training to health and safety reps. To be effective, training needs to go beyond a technical approach and use a participatory methodology. Replies by reps to questions about why trade union training is effective make it clear that the methods employed in tuition - such as student-centred learning and skills development - play a major role (Walters *et al.*, 2001). Also, it has been suggested that the key to understanding why this is so is to be found in the relationship between the learning aspects of trade union education and the social construction of the employment relations of health and safety (Walters and Frick, 2000). Second, the creation of safety representatives' networks, establishing useful and regular information channels

to safety reps and the provision of legal and technical advice by unions, may arguably be two key means for putting this strategy into practice. And third, providing essential logistical support for safety reps and other participatory mechanisms. This includes producing practical tools like guides, brochures, bulletins or regularly-published newsletters on occupational health and safety issues, and offering independent technical and legal professional advice. Media such as *Por Experiencia* (Spain), *Hazards* (UK), *2087* (Italy), and *Santé et Travail* (France) played a noteworthy role.

A concrete example of this strategy is found in Spain with the approach taken by the *Union Institute of Work Environment and Health (ISTAS)*, a non-profit self-managed trade union technical foundation supported by the Spanish Trade Union Confederation *Comisiones Obreras (CC.OO.)* which aims to promote the improvement of working conditions, occupational health and safety and environmental protection (see Box).

#### **The case of the Spanish Union Institute of Work, Environment and Health (ISTAS)**

The ISTAS's main strategic goal is to empower trade union representatives, especially health and safety reps, to exercise their statutory role and rights under the Occupational Health and Safety Act (LPRL). Much of ISTAS's activity is therefore focused on knowing the needs and providing information, training and advice to safety reps as well as offering the necessary tools for trade union intervention at workplaces. Another important area of activity concerns the development of new participatory tools and resources to support new forms of workers' representation like the environmental reps, as part of the general remit of promoting social dialogue and bargaining. ISTAS's work could be seen as a form of *knowledge activism* in the sense that what it does is to work in both technical–scientific and social–trade union arenas to strategically collect, produce and make use of technical, scientific and legal knowledge to empower workers' health and safety reps mainly at company level. ISTAS works to support reps' involvement in all occupational health issues with a proactive attitude towards employer and management, rather than a follow-up and control attitude. ISTAS also focuses on supporting action to raise general awareness as well as organization and mobilization of the entire workforce in order to negotiate appropriate changes in working conditions. One example of the implementation of this strategy is the promotion of psychosocial risk prevention in Spanish workplaces, where a participatory strategy has been developed enabling workers' health and safety reps to boost workplace psychosocial risk assessment processes, bringing employers to negotiate on healthier work organizations.

Source: Moncada S *et al.*, Psychosocial work environment improvement: One way to reduce (some) causes of health inequalities for the Union Institute of Work, Environment and Health (ISTAS). In: Benach J, *et al.*, Employment, Work, and Health Inequalities: A Global Perspective (forthcoming 2009)

The second strategy is the *integration of safety reps' functions into workplace trade union organisations*. Unions therefore need to develop actions to involve all kinds of representation bodies (i.e., works councils, shop stewards) in health and safety issues. An example comes from Belgium with the Confederation of Christian Trade Unions (Algemeen Christelijk Vakverbond/

Confédération des Syndicats Chrétiens, ACV/ CSC), Belgium's largest union organisation, of about 1.6 million members with 22 regional federations and 16 industry unions (see Box). ACV/CSC workplace health and safety actions are addressed to the entire union structure.

### **Involving the whole workplace union organisation on health and safety**

In Belgium, the ACV/CSC's branch federation supports workplace shop stewards' committees on all trade union issues, including health and safety at work. The main strategy for integrating safety rep functions into the overall workplace union organisation and action is by encouraging union reps to organise and plan their work on all workplace issues, including health and safety. Monitoring and support on these specific subjects is provided by permanent trade union officials who are specialized health and safety experts. There are such experts in each branch federation and one in each regional federation. To achieve this goal, the ACV/CSC provides training and practical guidance.

Source: Stéphane Lepoutre. Service entreprise de la CSC

The second specific issue related to unions and workers is *how collective bargaining affects safety representatives*. The lack of specific national laws mentioned earlier may be made good to some extent through industry or workplace collective agreements. Specifically, collective agreements can help to develop a number of enabling conditions for safety reps: firstly, many agreements include provisions to increase safety reps' coverage, often expanding the ways they can be elected and creating other forms of representation (e.g., regional or sectoral safety reps); secondly, some also address resource issues, like training or time off amongst others; thirdly, some may give wider consultation and participation rights; finally, collective agreements may include arrangements to enforce health and safety at work compliance by management. Various examples of this may be cited. One such case comes from Spain, with CC.OO.'s chemical and textile industry federation (FITEQA-CCOO). The General Chemical Industry Agreement signed in 2004 entrenched the proposal to assess the risk factors in work organization, making it compulsory to evaluate workplace psychosocial risk factors. A second recent example is the world's largest steel company (Arcelor Mittal) and the trade unions representing its employees worldwide (Metalworkers' Federation, the United Steelworkers and the International Metalworkers' Federation). The agreement, signed in June 2008 and the first of its kind in the steel industry, sets out the commitment to set up joint management/union health and safety committees as well as training and education programmes. The agreement also included the creation of a joint management/union global health and safety committee to target plants in order to help them to further improve their health and safety performance across the company (ETUI, 2008b). Another recent case is that from Holland on an Occupational Health covenant (see Box).

### **A Dutch occupational health covenant: a sector-level risk assessment tool**

The sector-level role of trade unions in the field of occupational health and safety (OHS) has recently been boosted in the Netherlands by the so-called OHS covenants test-negotiated by employers and trade unions. One such covenant has been the development of sector-level risk assessment tools with the involvement of trade unions. Risk assessment is a statutory obligation for all employers. When companies use a risk assessment tool developed for their own sector with the approval of the trade union and incorporated into a collective agreement, they no longer need to consult an OHS professional (a statutory requirement under the Dutch Working Conditions Act). If the trade union vetoes the tool, the company may still use it but must also enlist independent advice from an OHS professional. One way to implement the matters covered by OHS covenants would be to include them in collective agreements, because covenants are not legally binding, and trade unions cannot enforce compliance in the same way they could with a collective agreement. Initial analyses have shown that labour inspectors found more satisfactory sector-level risk assessment tools incorporated into collective agreements (74.1%) than those not approved by trade unions (70.8%).

Source: Popma J. Does worker participation improve health and safety? Findings from the Netherlands. A Joint Conference of the European Trade Union Confederation and the Health and Safety Department of the ETUI-REHS. Brussels, 11 and 12 February 2008

## **Management**

Safety reps' engagement with consultative structures and processes, and the development of their functions and activities, are influenced by structures and systems of industrial relations and the organisation of working conditions within firms. Therefore, the role of employers and management relative to health and safety at work will promote or hinder the effectiveness of the actions undertaken by safety representatives. Since many safety rep activities must be carried out jointly with management, its commitment to participatory approaches is a prerequisite to ensure the effective functioning of health and safety representatives in the workplace (Milgate *et al.*, 2002; Walters 2006). In manufacturing and retail firms, for example, various management behaviours were associated with lower lost-time injury rates, such as: including health and safety in every manager's job description, incorporating health and safety performance in each manager's annual appraisal, and attendance by the senior manager at health and safety meetings (Shannon *et al.*, 1996).

In general, *management commitment* implies a positive attitude on health and safety that should be translated into long-term policies, making changes on labour relations and work organisation to facilitate the actions of safety representatives. The origins and outcomes of management commitment, however, are often unclear. To understand how this commitment is generated, we need to consider "*internal*" factors such as the ethical values and ideological or political position of management on health and safety issues. For example, the employer may help to create a proper dialogue, involving workers in discussions and decisions. Other internal factors are the judge-

ments that managers make on economic costs (e.g., on high sickness absence, loss of productivity, and debilitation of the work force), their knowledge and training on occupational health, and the specific involvement that middle management may have. But other “*external*” factors must also be considered, including the pressures and follow-up generated by unions, government legislation, regulations and enforcement, and public outcry or media attention. Although much research needs to be done to understand the conditions and factors that promote management’s commitment and action on health and safety at work, current knowledge supports the idea that the strength of unions is one of the most important factors involved (Shannon *et al.*, 1996; Shannon *et al.*, 1997).

Finally, commitment from management can be considered truly real when it can be confirmed through actions, formal management arrangements, and clear outcomes. Examples of these include: the drawing-up of explicit and accountable health and safety at work policies, including the level of financial resources allocated; the development of management systems for preventing, reducing and eliminating hazards, including clear and systematic mechanisms for worker participation, consultation and information; the execution of recommended actions in a timely manner; and, finally, the making of risk assessments and procedures for monitoring workers’ health, keeping open and written records of them. Another specific important feature demonstrating real management commitment is the inclusion of health and safety activities and investments on the agenda of day-to-day management.

## General government

The development of strong, proactive government action on occupational health is a condition that helps to encourage employers’ compliance with health and safety standards and respect for workers’ legal rights. States may potentially have a significant influence on the effectiveness of safety reps’ activities in two main ways: implementing *policies, programmes and regulations*, and through the role played by *governmental regulatory agencies*, i.e., institutions that apply or enforce regulations.

Public policies may help provide unions and safety reps with much of the knowledge, protection, and power they need to participate effectively and actually improve occupational health and safety. Firstly, governments can develop public databases on occupational health and safety as well as on mechanisms by which for health and safety representatives and managers to access this information. A second related issue is registration of safety representatives, what coverage they have and how they may be elected (e.g., area delegates in Sweden). Third, governments may provide legal protection for safety representatives against dismissal. Fourthly, company health and safety policies on workers’ compensation, exposures to workplace hazards, or the organisation of occupational health prevention systems are heavily influenced by the actions of government agencies. So far, many of these public policies have not risen to become real priorities on the EU policy agenda.

In the role played by governmental regulatory agencies, that of the labour inspectorate is central to the implementation of occupational health and safety strategies. The labour inspectorate has to promote knowledge of and enforce regulations at the workplace. Current enforcement action by many governments and labour inspectors in the EU-27 is inadequate, too weak, or incomplete. In fact, it seems likely that the vast majority of EU worksites have never been inspected. The labour inspectorate in most European countries today is not capable of applying rules and regulations with the necessary force to persuade management actively to pursue health and safety programmes. In most Eastern European countries, the labour inspectorate is ill-equipped and still in the throes of reorganisation.

## Structure and organisation of safety representatives

The structure and organisation of safety reps within firms, their powers and the mechanisms that may facilitate or hinder the effectiveness of their health and safety activities are many and varied. We describe four main factors: the coverage and representation of safety representatives; access to resources and support provided by management, government and unions; the level of knowledge, training, and vision that safety reps have; and, finally, the level of power, empowerment and influence possessed by safety reps.

### Features and coverage of Health and Safety Committees in France

In France, health and safety representatives are members of the workplace health and safety committee (*Comité d'Hygiène, de Sécurité et des Conditions de Travail* – CHSCT), which includes management representatives, and must be established in firms with more than 50 employees. CHSCT members are themselves members of the works council (*Comité d'Entreprise* – CE), an elected body of workers' representatives. Where a firm is unionized, the unions are generally represented in the CE and CHSCT, but not necessarily, as these are elected employee representation bodies. They do not therefore have to include union reps, although unions can be represented as such. The most recent survey (2004) found that 72% of workplace with over 50 employees have a CHSCT. The main reason for not having one despite it being a legal requirement is a lack of people standing for election as workers' rep (CE). The presence of a CHSCT is closely tied to workplace size. Only 17% of workplaces with between 20 and 49 employees have a CHSCT. The main determinants of the existence and activity of a CHSCT (where activity is measured by the number of meetings) are firm structure and workplace labour relations. Whether there is a CHSCT depends on management policies, but also on internal labour pressure. So, unionization is a key determinant of the existence of a CHSCT, which is further reinforced by the existence of labour unrest: CHSCT are present in only 29% of firms that have experienced no labour dispute in the 3 years prior to the survey (2002-2004), but in 44% of those that have had 1 dispute and 72% of those having had 2 or more disputes. A study based on another survey shows that the presence of a CHSCT also depends on the existence and nature of workplace health and safety hazards. A CHSCT is more likely to be found in firms that operate shift work or night work, where work intensity is high, and where some workers are exposed to ionizing radiation, although there is no evidence of a link with chemical or physical hazards.

Source: Thomas Coutrot. DARES, ministère du Travail, des Relations sociales et de la Solidarité, Paris, France

The first issue is coverage and representation, that is, the absolute number or density of workplace safety reps, types of election and ways in which they are elected. When proper coverage is lacking, representatives tend to be more often marginalised and their activities less effective. Safety representatives appointed through workers' representation bodies with trade union backing is likely to be the most effective approach. An important issue to consider is the existence of *Health and Safety Committees (HSC)*. They act as sources of information and forums for discussion on health and safety for reps. Where there is no committee, there is less room for participation and bargaining. An example from France illustrates the importance of information on the coverage and main features of workplace Health and Safety Committees (see Box).

A second issue connected to the structure and organisation of safety representatives is *access to resources and support*. Safety reps require an adequate level of physical resources (e.g., an office, computers, web page, and other essential materials), legal resources, and, even more importantly, strong support from management, government, and unions to perform their duties effectively. The levels of health and safety reps' resources vary widely across EU countries, sectors and firms, ranging from well-resourced reps with their own budget to those with limited union resources working within severe management constraints, and many variations in between. Surveys of health and safety representatives indicate that neither of these conditions can be assumed. In many cases, safety reps are under-informed about their resources and how to use them. In many firms, but mainly in small workplaces, safety reps do not insist on their statutory rights from fear of reprisals or dismissal.

Turning now to the role played by management, government, and unions on resources and support. *Management* must provide safety reps with *paid time off* to undergo proper training, carry out inspections, research, and attend meetings. Such paid time off must be included in the company's annual budget. It is also important for safety reps to be able to actually exercise this right, and not to have their work taken over by their co-workers. Studies with self-reported information from safety representatives show that this is a key obstacle to performing their work (Walters *et al.*, 2005; García 2007; DTI 2007). Management should also give access to company *information* on occupational health generally and on specific health and safety matters. Legislation gives a paper guarantee of access to information, but this is not often put into practice in many firms. Information should be adequate, given sufficiently early, and in a way that enables health and safety representatives to understand and respond to it. Safety reps must have the right and means to enlist and consult independent union or government experts. A final important issue is the establishment of clear *channels of communication* between all key stakeholders. Effective communication between management and committee members, safety reps, and unions and workers is considered the basis for workplace consultation.

From *government*, safety reps mainly need support in terms of *information, enforcement, protection* and *mediation*. First, technical experts from public agencies must provide high quality information and advice to safety representatives; second, governments need to implement adequate institutional mechanisms so

that safety representatives have fast, easy, and full access to occupational health inspectors and other regulatory agencies; third, governments must provide legal protection to safety representatives, who need stronger protection against dismissal; fourth, public institutions have to mediate with expertise and responsibility in a 'neutral' way where management and health and safety reps are in dispute or sharp disagreement; and fifth, government must implement public databases on occupational health and safety issues as well as mechanisms by which for health and safety reps or managers to access this information.

Safety reps also need strong *support from unions*, and especially protection from management reprisals. Unions are a key actor here in providing adequate *information and training* to enable safety reps to perform their duties properly.

The third structural condition is the *knowledge, training, and vision* of safety representatives, that is, the type of skills, preparation and personal and collective awareness or consciousness they possess. Research on workers' representation on health and safety in the chemicals and construction industries has shown that where health and safety performance and arrangements were best developed, safety representatives have received trade union training (Walters and Nichols 2006). These findings have been borne out by other studies. Health and safety knowledge and training should encompass three main general things: technical data and information on work injury investigation, workplace hazards, and legislation; the skills to communicate with workers and to express their concerns; and a deep ideological and political perspective that facilitates a comprehensive and realistic understanding of power relations so that effective solutions can be taken that address health and safety problems.

The fourth and final condition is the level of *power, empowerment, and influence* that safety representatives have, i.e., the capacity to exercise their rights or exert sufficient pressure to achieve their goals. Safety reps have to exercise their legal rights in a political context in which employers control labour, information, and the nature and timing of health and safety improvements. When safety reps and workers are empowered, they have more influence to bring pressure to bear on management, substantially increasing their capacity to mobilise workers. The involvement of workers is also critical for the transmission of information to the workforce and for workers' identification of potential hazards, either by raising issues with a health and safety rep, or by a stoppage of work. Empowerment of safety reps comes about not only through participation but also control over their resources and activities. There are three main specific aspects related to the empowerment of safety reps. One is the need to achieve *visibility* and *respect* from management, health and safety professionals. Secondly, safety reps need the *recognition* and *support* of all workers (not just union members) and as well as from company-level unions. A third issue is the need to get clear and formal *recognition* from the government.

## Approaches and activities of safety representatives

Unions may deploy different occupational health strategies at the European, national and local levels which may have a big influence on the approaches and activities developed by safety reps. For example, safety reps and union members of joint committees may get drawn into a “technical and legalistic” approach that focuses on health and safety problems as procedural or technical issues unconnected with workplace and labour relations that are often in management’s favour. Or else safety reps may take a “confrontational” approach, reacting robustly and adversarially (externally or internally within firms) to management’s approach, using legislation and regulations as tools of confrontation and often lacking proposals to tackle the most important workplace health and safety problems. Yet again, safety reps may also take a “political activism” approach, collecting a wide variety of data and information, making active efforts to increase workers’ knowledge, visibility and participation, and promoting collective action and the empowerment of workers by pressing and negotiating alternative proposals with managers (Hall *et al.*, 2006). The activities of safety reps are often a blend of elements drawn from all these three approaches

Safety reps may develop a wide array of activities related to workers’ health and safety protection and prevention. Examples include providing information and training to workers, as well as actions more directly involved in the real participation of workers concerning their occupational health. Some of the most important activities related to communication, knowledge, training, research, negotiation and pressure are briefly reviewed here.

The evidence of experience is that safety reps must hold regular *meetings* with workers to inform them about their activities. Lack of *communication* between them is a barrier to the effectiveness of safety reps, resulting in a lack of support from workers and lack of awareness about hazards. Another related essential issue is the need to ensure that safety reps are able to get the balance right between receiving adequate technical *information* and *training* while also taking on board workers’ direct perceptions on health and safety matters. Other safety rep activities include the *investigation* and *surveillance* of working conditions, workplace injuries and diseases, the inspection of workplaces, help with workers’ queries, and workplace risk assessment and prevention proposals (Walters 2006; García *et al.*, 2007).

Safety reps may derive substantial powers from legislation or collective agreements that are almost always used effectively and responsively, such as the right to stop dangerous work or issue provisional improvement notices<sup>3</sup>.

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3. Australia has just such a right, which gives safety reps the power to issue a provisional improvement notice subject to a final decision by the workplace health and safety inspectorate.

This right, used only in the last resort, has an essential symbolic power in strengthening safety representatives' influence. Such action, however, is only rarely taken by safety reps. A study in Spain, for example, found a very low incidence of pressure being exerted by safety reps, with only 18% claiming to have exercised their statutory right to call for unsafe work to be stopped (García *et al.*, 2007). Other activities related to *negotiation and pressure* include: calling and attending meetings, work in health and safety committees and works councils, and submitting formal complaints and grievances. Some descriptive studies and surveys done in EU countries like France, Belgium, Italy, Spain, and the United Kingdom (see Boxes) provide a fairly detailed general picture of safety reps' activities.

### Overview of safety rep activities in Spain

The activities of Spanish safety reps ten years after the Spanish Occupational Health Act were analysed. Most of the reps interviewed had carried out various tasks related to their safety duties in the previous year, most frequently: answering workers' queries (90% of interviewees), workplace inspections (79%), reporting health and safety problems to supervisors and/or managers (76%), examining available documentation on occupational health in the company (75%) and participating in worker information and/or training activities (74%). Safety reps are generally fairly active, mostly in regard to informing and advising workers on health and safety matters. However, direct involvement in occupational health management and company decisions (e.g., participation in accident investigations, risk assessments, prevention planning or answering employers' specific requirements on occupational health) was less frequent.

Source: García AM, López-Jacob MJ, Dudzinski I, Gadea R, Rodrigo F. Factors associated with the activities of safety representatives in Spanish workplaces. *J Epidemiology Community Health*. 2007; 61(9):784-90

### Overview of safety rep activities in the United Kingdom

A survey of safety reps in the *United Kingdom* found that most came from well organised workplaces, probably indicating that these were better, rather than typical, workplaces. More than half (56%) of the safety reps said that their employers had conducted adequate risk assessments but less than three out of ten safety reps (28%) were satisfied with their involvement in drawing up the risk assessment and almost half (44%) were not involved at all. Over one in five safety reps (22%) were not automatically consulted by their employers about health and safety matters. And even when they took the trouble to ask to be consulted, only just over one third (37%) were frequently consulted thereafter. Over half of all safety representatives (51%) conduct 3 or more inspections per year; one in three (34%) safety reps had spent between 1–5 hours on health and safety in the previous week.

Source: Trade Union Confederation (TUC): Safety Representatives Survey 2006

## **Impact of unions and safety representatives on interventions and outcomes**

While research on safety reps' effectiveness and impact on occupational health is limited, and there are considerable variations in the details of these studies, taken collectively they lend support to the notion that trade unions, joint arrangements, and trade union representation on occupational health and safety are associated with higher levels of compliance, lower workplace injury rates and ill-health problems, and better overall health and safety performance (Shannon *et al.*, 1997; Milgate *et al.*, 2002; Walters 2006). Generally, studies have found that participatory workplace arrangements lead to improved occupational health and safety management practices and compliance with regulatory standards (Kochan *et al.*, 1977; Beaumont *et al.*, 1982; Bryce and Manga 1985). In Italy, a survey of hospitals in Piedmont has shown the important role played by consultation of health and safety reps in terms of prevention policies pursued in hospitals (Coordinamento dei Rappresentanti dei Lavoratori per la Sicurezza della Sanità e Università del Piemonte (Co.Ra.L.S). *La sicurezza sul lavoro negli ospedali del Piemonte*. Torino, 2005).

### **Trade union representation and occupational injuries in the UK**

A study has shown lower injury rates in workplaces with trade union representation in health and safety. Thus, results show that the predicted effect of health and safety committees with at least some members selected by unions was significant and negative compared to the base group for health and safety committees with no members selected by unions, which suggests that there is a mediated union effect on safety and that this is beneficial to workers. The effects of safety representatives were again significant and negative. By contrast, the effect of management alone deciding on health and safety was not significant.

Source: Nichols T, Walters DR, Tasiran AC., Trade Unions. Institutional Mediation and Industrial Safety – Evidence from the UK. *Journal of Industrial Relations*, 2007;49(2):211-225

On health outcomes, a consistently positive association has been found between the level of committee reps' training and knowledge and perceived committee effectiveness with lower injury rates (Coyle and Leopold 1981; Ontario 1986; Walters and Haines 1988; Eaton and Nocerino 2000; O'Grady 2000). Also, a systematic review of the relationship between organisational and workplace factors and injury rates shows that empowerment of the workforce in general matters and the length of training given to members of Joint Health and Safety Committee are linked to lower injury rates (Shannon *et al.*, 1997).

A recent study in the UK on trade union representation and injury rates, and the first systematic empirical study done in France on the effectiveness of safety reps, also illustrate some of the linkages between the presence of unions and safety representatives, and health and safety performance (see Boxes).

### **Health and Safety Committees and occupational health outcomes in France**

The 2005 French working conditions survey found that in workplaces with a health and safety committee (CHSCT), workers are at least twice as likely to report having been given information or training in health and safety in the previous 12 months. For example, when covered by a CHSCT, 29% of workers have had some training on health and safety in the previous year, against 9% of workers without a CHSCT. Also, 57% of workers covered by a CHSCT receive written safety instructions, against 25% of non-covered workers. Another indicator positively correlated with the presence of a CHSCT is the availability of protection against chemical and biological hazards: 67% of exposed workers covered by a CHSCT were provided with protection against chemical exposures, but only 57% of those with no CHSCT. Occupational doctors believe that CHSCTs improve the effectiveness of prevention. For example, the probability of occupational doctors assessing positively the quality of prevention against chemical and biological risks increases by 20% where there is a workplace CHSCT.

Source: Thomas Coutrot. DARES, ministère de Travail, des Relations sociales et de la Solidarité, Paris, France

## Needs and challenges

Safety representatives are a key workplace organisational asset to improve occupational health and safety. However, many needs and challenges remain to be addressed. Some of the most important with regard to unions and workers, politicians and administration, and researchers are summarised here.

### Unions and safety representatives

In order to provide effective support to health and safety representatives, unions need to integrate key health and safety issues into their strategies. The main needs and challenges include:

- Improving collective agreements on health and safety. At the micro level, a focus must be put on developing collective bargaining provisions which incorporate the actual experiences of workers and safety reps.
- Developing collective bargaining focused on the representation of workers in subcontracting arrangements or supply chains.
- Informing and training workers on occupational health and safety matters, as well as including these issues in labour/management negotiations.
- Taking many of the health and safety issues that are currently within a technical and legal “framework” and imbuing them with a broad social and occupational health policy perspective.
- Boosting political collaboration between safety reps, works councils members, and shop stewards.
- Considering how best safety representatives can influence other players in the occupational health system including employers’ organisations, health and safety practitioners, and regulators to help to provide a more enabling environment for representing workers’ interests in health and safety.
- Achieving a higher level of participation, so that safety representatives are not just informed or consulted on occupational health problems but also have the influence and power to negotiate them.
- Creating comprehensive and reliable database systems to monitor the coverage, situation, activities and outcomes of safety representatives.
- Building more effective safety rep networks.
- Developing new strategies that can reach the most vulnerable and powerless workplaces by working more closely with technical experts and scientists to obtain knowledge that is applicable and effective.
- Developing a clear strategy for monitoring and supporting health and safety reps, with adequate mechanisms of surveillance, assessment and evaluation of their workplace actions.

## **Politicians and general government**

Politicians and government agencies need to be fully aware of the crucial role played by safety representatives in improving the health and well-being of workers.

Accordingly, they should implement actions that cover a variety of needs with the aim of strengthening and consolidating safety reps' activities:

- Building up a comprehensive and robust occupational health system that includes data on issues such as chemical substitution, medical protocols, and personal protective equipment among others.
- Establishing official registration of all safety representatives.
- Better funding and resourcing of health and safety training programmes for safety reps.
- Better funding and resourcing of collective bargaining to expand safety rep coverage (e.g., regional safety reps and other forms of worker representation).
- Helping to empower health and safety committees by increasing their decision-making authority.
- Raising the level of enforcement of rules and regulations by developing more effective enforcement instruments. For example, labour inspectors and administrations very often lack the resources and means to enforce and promote regulations. Also, safety reps must be legally independent and have protection from employers. Laws and regulations must therefore afford safety reps proper protection from reprisals. Safety reps should have formal, legal recognition and legitimacy as negotiators by technical experts and preventive services. Finally, the current legal thresholds for having safety reps and health and safety committees must be changed to expand their coverage.

## **Researchers**

Mainstream “technical” approaches to occupational health research have neglected the role of safety representatives, evidencing a significant downplaying of worker participation on a range of issues. Participatory research models see workers not simply as objects of study but as active participants in all stages of the research (i.e., from design and data gathering to the analysis and interpretation of findings). This approach should therefore be a major element of an overall strategy to bring about political and social change that improves both working conditions and the health and well-being of workers and their families. The EU bodies responsible for occupational health and safety need to develop high-quality information and research programmes. This research agenda is essential to gathering evidence that will help to evaluate the effectiveness of strategies and activities.

The main particular gaps to be filled include:

- Critically reviewing the questions in the European and national surveys on working conditions.
- Improving information and investigation in many countries, particularly in southern and eastern Europe.
- Describing the circumstances in which health and safety reps and committees operate.
- Analysing in close detail the conditions and factors related to the effectiveness of safety reps' actions.
- Assessing the impact of unions, workers and safety representatives on occupational health outcomes.
- Implementing a research agenda that shows the often hidden political and social dimensions behind most occupational health prevention activities.

## Conclusion

This paper has sought to provide a starting point for assessing the role played by safety representatives in occupational health and safety in the European Union by systematically reviewing the available experiences and evidence. Given the nature and complexity of the subject under study, as well as the relative lack of research in this field, a theoretical model was devised that describes a broad set of conditions and factors potentially associated with the effectiveness of safety representatives' actions. Arguably, this model provides an adequate framework for developing this vital area of occupational health. Specifically, it may help to design future research and policy needs, develop new surveillance indicators, identify more effective actions or interventions, and evaluate the impact of safety reps' actions on a variety of occupational health outcomes.

Although the impact of safety reps on occupational health has barely been included on the policy and research agenda, available knowledge and research supports the conclusion that unions, workers' representation and safety representatives constitute a key powerful force for improving workers' occupational health in the EU. In sum, research mainly conducted in Anglo-American tradition and Nordic countries has shown that workplaces where trade unions are present are safer and have better occupational health outcomes.

While the involvement of general government agencies and researchers is clearly important, strong engagement by trade unions, workers, and safety representatives in the promotion of political debate, policy action and research on this topic is particularly essential.

## Appendices

### Participants in the EPSARE project

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