Safety reps in Europe: a vital asset for preventive strategies

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The impact of Safety Representatives on occupational health: a European perspective (the EPSARE project)

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Presentation

The project "The Impact of Safety Representatives on Occupational Health" (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.[1] The main *purpose* of EPSARE is to review the conditions and factors that influence the effectiveness of the work and activities of safety representatives, and what can be its potential impact on occupational health at the European Union (EU) level. Its main *general goals* are: (1) To review and compile the available knowledge and information about the conditions and factors which influence the effectiveness of safety representatives interventions in many EU countries;[2] (2) To inform the direction of future research and policy; and (3) To provide practical information and knowledge for the EU safety representatives and unions to improve occupational health. Other *additional specific objectives* include: first, to compare some of the key differences and similarities regarding union's representation and workers' participation in the EU; second, to identify the political factors influencing the conditions within firms and the conditions of safety representatives; third, to identify the conditions within firms influencing the structure, strategies and activities of safety representatives; fourth, to review the evidence on factors leading to effective safety reps activities on occupational health; fifth, to describe several experiences related to safety representatives in selected European Countries; and sixth, to elaborate recommendations for a better assessment of the safety reps interventions.

[1] Some of the National projects (Spain, France, Belgium, United Kingdom, Sweden, Czech Republic) were also supported by other resources. One of the coordinators (J Benach) was partially supported by the Spanish Ministry of Education and Science (*Salvador de Madariaga,* PR2006-0203).

[2] One limitation of this project has been the lack of access of the coordinators to studies and reports published in languages of not easy access such as those published in Nordic or Eastern European countries.

The EPSARE project has also a broader *political agenda* which includes a number of objectives: First, to contribute to a better knowledge of the need of having more democracy at the workplace to improve workers' health; second, to contribute to the political debate on the legal framework of workplace representation both at the European Union and national level; third, to contribute to a broader debate on the new needs for workers representation in a fragmented flexible labour market; fourth, to build a network of trade unionists and social sciences researchers in that field; fifth, to provide to the European Safety Representatives and Trade Unions information and knowledge useful to develop their work, as well as to develop practical tools useful for trade unionists, safety representatives, prevention practitioners and researchers; finally, this project will also result in more collaboration between different national projects beyond the end of the project.

The project has developed until now the following *activities*: preparatory meetings among the coordinators of the project; a call for the cooperation and involvement of trade unionists; the creation of a web site including main outcomes and products; the development of a questionnaire to gather legal and statistic key facts among the countries involved in the project; integration in a coherent and systematic way the information and data provided by the national reports; development of a questionnaire and conduction of formal and informal interviews with key informants; and the writing and editing of a general report. Future actions include the dissemination of the results and proposals for an on-going cooperation between researchers and trade unions, and making recommendations for policy makers and union organizations.

Situation of the Safety Representatives in the European Union

Even though European trade unions have taken some initial successful steps to establish Europe-wide workers' rights, possibilities of workers representation and participation at the firm level are still largely based on the *national* laws and political traditions of each country. Formal representation of the European workers can be measured through the membership of workers to unions. There is a *large diversity of national situations* depending of industrial relations, trade union traditions, sectors, and types of activity. For example, data from the Second European Social Survey (2004) shows that Social Democratic countries (including Iceland and Norway) exhibit the highest percentage of membership (73.2%), well above the average of all countries (22.7%). Eastern European countries with past Soviet Union influence, except Ukraine (42.3%) and Slovenia (40.8%), show the lowest average membership 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, varying from 81% in Nordic countries to only 25% in Baltic countries.

The main approach to promote workers' participation on occupational health takes place through the election of *health and safety representatives*, that is, those workers who have the specific mandate to represent the workers' interest on occupational health issues. Although no systematic statistical data are available, it is estimated that in the EU-27 there are *more than one million safety representatives*. Most of them are experienced workers that are trade union members, even though the different industrial relations systems make it possible in some countries the election of non-unionised workers as safety representatives. They can be elected by any of the following four ways: workers who are directly selected by workers; workers representatives appointed by body's representation of workers (work council, or other kinds); safety reps who

are shop stewards (elected by unions); and work councils which have functions of safety reps. Evidence shows that the direct forms of participation often have not had positive results for workers' occupational health. In these situations, employers have a huge power to decide how to consult workers, and they can easier impose duties to safety representatives, limiting their practical functions, and promoting the control of the workplace practices of workers. In most EU countries, either by law or collective agreement, health and safety representatives' mandate confers them some specific competences and rights. Although the framework directive gives a starting point for the participation of safety representatives, their specific role and legal protection have not been fully developed.

In addition to the election of safety representatives, health and safety workers' *representation* also takes place with the establishment of health and safety committees. Health and Safety Committees are composed of representatives of the workers and the employer who are committed to improving health and safety conditions in the workplace. Committees identify potential health and safety problems and bring them to the employer's attention. Nevertheless, the workers' right to have health and safety representation organised by unions doesn't exist in small firms, in specific sectors of activity where precarious employment is high, or in non-unionised firms. The development of regional health and safety representatives implemented in countries such as Sweden and Norway, and in some sectors or branches in countries like Italy, has expanded those rights mainly in workers within small companies. A recent descriptive study in Italy provides a general picture of the situation of the safety reps in this country. *Similar detailed information should be available for all EU countries.*

A survey, promoted by the Coordination of Regions and Autonomous Provinces and conducted in 2003 was carried out by the Prevention Department 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-companies (6-9) and medium companies (20-199), both reaching 30%, while companies with over 200 workers only accounted for around 10%. Firms with fewer than 5 workers were excluded.

Safety representatives were present in 71% of the sample firms varying according to the size of the firm considered: 88% of the large sample companies (more than 200 employees), less than 80% in the medium companies (from 20 to 199 employees), 65% of the small companies (from 10 to 19 employees), and 50% of micro-companies. The survey shows that in 96% of cases the safety reps were elected inside the company and in only 4% (232 of the sample) from outside. Among safety reps elected inside a company, only the 29% are elected within the Unitary Workplace Union Structure (RSU). This percentage varies from 80% of the micro and small companies to 61% for large companies. This gap is mainly explained by the diverse industrial relations structure which depends on the size company. Taking into consideration only those industries represented in the sample by over 100 firms, the highest percentages are in the metalworking industry (81%) and chemical industry (81%) in the private industry, and public administration (82%) and health sector (85%) in the public sector. The smallest presence rates are in the hotel and restaurant 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-rehs.org/uk/dossiers/files/IPL.pdf.

Conditions related with the safety representatives with a potentially positive impact

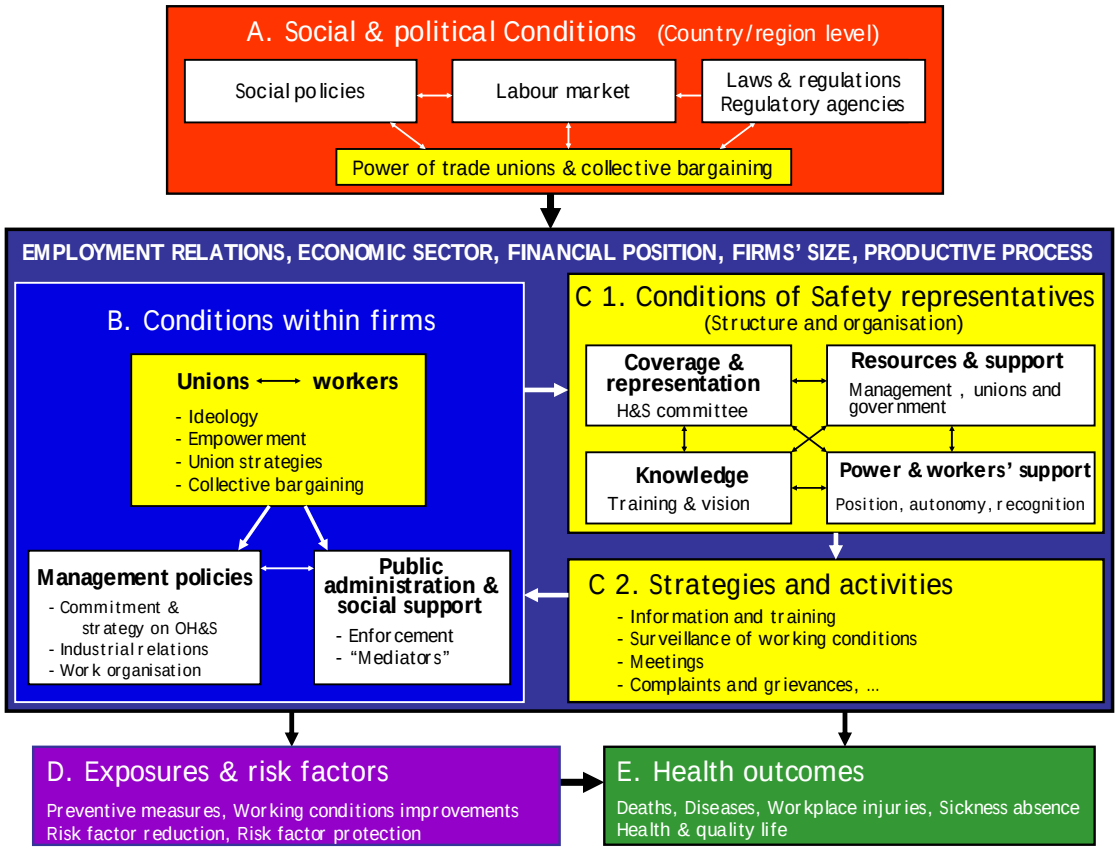
To assess the impact of the actions of safety representatives on occupational health, EPSARE has conducted an extensive bibliographic review using a large range of sources of information including a comprehensive systematic review, epidemiological analyses from available surveys, and information from specific key informants. With the purpose to show the conditions and factors with a potentially positive impact, EPSARE has also developed a theoretical model (see figure 1) that we here summarise briefly.

Part A (*Social and Political Conditions)* includes a dynamic interaction between four main macro components present in each country: the role and impact played by *social policies*, the *labour market structure*, the *laws and regulations,* and the power of *unions and collective bargaining*. Here the model presumes that there is a positive influence between having more generous social policies and regulated labour markets, the development of employment and work-related laws and regulations, higher unionisation rates and collective bargaining power, and the implementation of occupational health measures, the increase of workers' participation, and other positive conditions and determinants that may help to improve the effectiveness of safety reps actions.

Part B (*General Conditions Within Firms)* has to be analysed according to the employment relations, economic sector, financial position of the firm, firm's size, and productive process. The actions of the three key actors play a crucial role: *unions* and *workers*, including their ideological position, the level of power and participation, the strategies to support safety representatives, and collective bargaining; the role of *management* and other related factors, including commitment, and occupational health and safety strategies among other; and the role of *public administration and social support*, including the enforcement of laws and regulations, and the social support given by "mediators" such as regulatory agencies, organisations of employers, or between employers and workers.

In Part C1 (*Conditions of Safety Representatives)* we find four related components: the *coverage* of health and safety committees, the level of exercising *rights and resources* of safety representatives, their *knowledge*, training and information and, very importantly, their level of *power*, which includes issues such as standing position, the autonomy of unions, and the recognition from workers. Part C2 (*Strategies and Activities)* differs according to the union's strategies and policies as well as on the different ideological and political characteristics of safety reps. Activities of safety reps include *meetings* of health and safety committees, *assistance* on worker's queries, *actions* on information and training, *workers' assemblies, workplace inspection, risk assessment, or proposal of solutions*. At these C levels the model assumes that where safety reps have a better structure in terms of coverage, resources, knowledge, and power, their strategies and activities within the firms will be more effective.

Figure 1 **Theoretical model with the conditions and factors related with safety representatives' activities and effective occupational health outcomes**



Part D (*Exposures and Risk Factors*) includes *preventive* measures, working conditions *improvements*, and the reduction and protection of *risk factors*. Here, it is assumed that the actions of safety reps, directly (through their specific activities), or indirectly (via the improvement of the overall social work environment) will reduce workplace risk factors and will improve occupational health.

Finally, Part E (*Health outcomes)* takes into account health indicators of the effectiveness of actions such as mortality prevalence and incidence, diseases, workplace injuries, sickness absence, and health and quality of life.

Social and Political conditions influencing workers' participation

The level of *development of the welfare state* refers to the extent to which the state exerts its distributive power through the implementation of social policies, and to labour market characteristics such as employment regulations, collective bargaining and trade unions. In the context of a dominant neoliberal discourse that emphasises economic growth, the responses of governments on occupational health have often been weak and fragmented, and regulations are lacking. Unions and health and safety representatives face thus a serious challenge to reverse this worrisome situation. Particularly, they must play a crucial role to safeguard the health and well-being of the most vulnerable workers, and where union's presence is limited.

Potential effective activities require political activism and development of collective bargaining focused on the representation of workers under the subcontracting arrangements or supply chains.

The development of *legislation on occupational health, and specifically on participation* including the right to be adequately informed and consulted on workplace occupational health and safety, has been an important social policy in the European Union. However, in the majority of countries the level of transposition of the EU Framework Directive 1989/391 has not been satisfactory. Some of the main issues with a lack of concretion in the National legislation include the following: the responsibility of the employers on occupational health; the compulsory need to assess workplace occupational hazards; the need to implement occupational health services; the compulsory need to register occupational hazards on all firms; and the development of information, consultation, training, and participation of workers. Those important limitations have a direct effect on the power and the effectiveness of the actions taken by safety representatives.

The distribution of *power between management and labour* plays a crucial role with regard to the implementation of social policies and labour market regulations across European countries. For example, power determines which types of occupational health regulations will be approved, which kind of employment relations and working conditions will be established, which employment and occupational policies will be prioritised, which kind of occupational hazards will be considered acceptable, or which participatory processes and workers' representation will finally take place at the workplace. *Unions*, whether directly through workers' participation or via safety representatives, plays an important role in improving working conditions and health and safety. The work of trade unions often leads to higher levels of compliance, lower workplace injury rates and ill-health problems, and better health and safety performance. For example, extensive research mainly conducted in Anglo-Saxon countries such as the UK, Canada, Australia, and the US, shows that workplaces where trade unions are present are safer and have better occupational health outcomes.

Conditions within firms related with the effectiveness of safety representatives' actions

Features of firms such as their size, financial position, the subcontracting situation, or the branch we are considering, have a strong influence on the conditions related to the effectiveness of safety representatives' actions. These conditions include two main issues: the extent of involvement, support, and commitment of unions and employers, and the enforcement of requirements on representation through inspection and control taken by governmental agencies.

With regard to unions, five are the main aspects we need to consider: (1) the *union's ideological and political position* on occupational health strategies and actions. To play an effective role, it is crucial that unions be committed to improve occupational health. This requires autonomy from management, implementation of active political strategies and an adequate investment of resources; this important point has to have a long term perspective; (2) the *extent to which worker representation is mediated by the strength of unions*. The level of control and influence among workers that trade unions have (e.g., through membership, coverage, and representation) may provide an effective counter to managements that are passive in relation to health and safety issues; (3) the *empowerment of workers*. When workers are empowered, they have more

autonomy, decision-making authority, and control at the workplace; also, they become more involved in all labour organisation issues, and strength unions and safety representatives; (4) the *union's policies to represent all workers* regardless of their gender, type of job, contractual arrangements or supply chains, and the size of the firms. The lack of formal employment and unionisation make it very difficult the action of safety representatives in small firms. In the majority of countries, for example, firms with less than 10-15 workers do not have any workers' representation; and (5) the *general strategies* taken by unions concerning occupational health. Unfortunately, trade unions do not always have prioritized occupational health in their agendas and agreements and collective bargaining priorities, and often health and safety matters are much behind issues such as discussion on wages, job security and pensions.

Two are the main union's strategies here considered. The first one deals with the need to *strength the position* of *safety representatives*. This strategy includes: (1) the provision of knowledge, information, and training. Studies show that trade union involvement on training and political education is critical to achieve effective arrangements for workers' participation and their empowerment. In order to achieve an effective training, this needs to go beyond a technical approach and to use a participatory methodology; (2) The creation of a safety representatives' network, establishing a useful and regular information channels to the safety representatives and the provision of legal and technical advice by unions are perhaps two important features to put this strategy into practice; and (3) To make practical tools like guides, brochures, publishing bulletins or newsletters regularly health and safety issues at workplace. To develop specialised media as *Por Experiencia* (Spain), *Hazards (*UK), *2087(*Italy*)*, and *Santé et Travail (*France).

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 in Spain.

ISTAS's main strategic goal is to empower trade union representatives, especially health and safety reps given the role they have and the rights they are entitled to by the Occupational Health and Safety Act (LPRL). Therefore, a great part of ISTAS's activity is 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 the workplaces. Another important area of activity concerns the development of new participative tools and resources to support new forms of workers' representation like the environmental reps, under the general orientation of advocating for social dialogue and bargaining. ISTAS's work could be seen as a *knowledge activism* form in the sense that what ISTAS does is to work on 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, overcoming a follow-up and control attitude. ISTAS also focus on supporting action to raise general awareness as well as organization and mobilization of the entire workforce in order to negotiate appropriate working condition changes. An example of the implementation of this strategy has been the case of the promotion of psychosocial risk prevention at Spanish workplaces, where it has been built up a participative strategy allowing workers' health and safety reps to massively impulse psychosocial risk assessment processes at company level, leading to employers being forced to negotiate on healthier work organizations.

Source: Moncada S, Llorens C, Rodrigo F, Font A, Gimeno X. Psychosocial work environment improvement: One way to reduce (some) causes of health inequalities for the Spanish Union Institute of Work Environment and Health (ISTAS). In: Benach J, Muntaner C, Santana V. Employment, Work, and Health Inequalities: A Worldwide Perspective (in press).

The second strategy is the *integration of the functions of safety representatives into workplace trade union organisations*. Unions have thus to develop actions to involve all kind of body representatives (i.e., work councils, shop stewards) in health and safety issues. An example of this strategy is found in Belgium with the Confederation of Christian Trade Unions (Algemeen Christelijk Vakverbond/Confédération des Syndicats Chrétiens, ACV/ CSC), the Belgian's largest union organisation with about 1.6 million members that has 22 regional federation and 16 sectoral unions. The ACV/CSC actions on occupational health are addressed to the whole union structure.

In Belgium, the Sectoral Federation of the ACV/CSC ("centrale professionnelle") supports the unions delegations within the firms concerning all trade-union issues, including health and safety at work. The main strategy to integrate the functions of safety representatives into the overall workplace union organisation and action is to promote that union delegates organise and plan their work on all workplace issues, including occupational health and safety. To monitor and give support on these specific subjects, there are "health and safety experts", who are permanent trade-unionists specialized in occupational health. Those experts are located in each *centrale professionnelle* and one in each regional union structure (*fédération régionale*). To achieve this goal, the ACV/CSC provides and applies training and practical guides.

Source: Stéphane Lepoutre. Service entreprise de la CSC.

Since many of the activities of safety representatives are implemented jointly with the management, their effectiveness also depends on the policies and commitment from *employers* on health and safety matters. *Management commitment* implies a positive attitude on health and safety that may translate into policies that 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 the workers into the discussions and the decisions. Other internal reasons are the judgement that managers make on economic costs (e.g., high sickness absence, loss of productivity, debilitation of work force), their knowledge and training on occupational health, and the specific involvement that the middle management may have. Some important "external" factors to consider include the pressures generated by unions, government legislation, regulations and enforcement (including pressure and follow up from unions), or public outcry or media attention. Although there is much work to be done to understand the factors and conditions that promote management commitment and action on occupational health and safety, there is evidence to support the idea that the strength of unions is one of the most important factors.

Commitment from management can be considered truly real when it can be confirmed through actions, formal management arrangements, and clear outcomes. Examples of them include the drawing of explicit and accountable occupational health and safety policies, including the level of financial resources allocated; the development of systems of management of prevention, reduction and elimination of hazards, including clear and systematic mechanisms of workers' participation, consultation and information; the execution of recommended actions in a timely manner; and the making of risk assessments and procedures for monitoring workers' health keeping open written records of them. Another specific feature showing real management's commitment is the inclusion of health and safety activities and investments on the everyday management agenda.

The development of a strong and active government action on occupational health is a condition that helps to encourage employers to comply with health and safety standards and to respect workers' legal rights. Governments may potentially have a significant influence on the effectiveness of activities of safety representatives through two main aspects. First, development of *policies, programs and regulations,* including the implementation of campaigns, registration of safety representatives, and the coverage and type of election of safety representatives (e.g. territorial delegates in Sweden), gives to unions and safety representatives more power to participate in the workplace. In addition, occupational policies on workers compensation, the exposure on occupational hazards, or the organisation of prevention systems are deeply influenced by governments. Second, the role played by *governmental regulatory agencies,* that is, institutions which apply or enforce regulations. Labour inspectorate, for example, has to promote knowledge about regulations at the workplace and to enforce existing regulations. Currently, the enforcement action taken by many governments and labour inspectors is inadequate, too weak, or incomplete. For example, it seems likely that the vast majority of EU worksites never have been inspected. Today in most EU countries the labour inspectorate is not capable of applying ordinances with the force necessary for persuading management actively to pursue health and safety programmes, and in more of the Eastern Europe, it is still in process of reorganisation and often ill equipped.

Factors and actors linked directly with Safety Representatives

The structure and organisation of safety representatives, their competences and the mechanisms that may facilitate or hinder the effectiveness of their actions on health and safety are numerous. The main factors related with the structure and organisation of safety reps are four. A first issue is the *coverage*, that is, the absolute number or the density rate of safety representatives within firms, and the types and ways by which safety representatives are elected. Studies on some EU countries show that when proper coverage is lacking, representatives tend to be more often marginalised and their activities are less effective. The appointment of safety representatives through workers body representation together with the baking of trade unions is likely to be the most effective approach. An important issue to consider is the existence of a *Health and Safety Committee*. Some EU countries don't have safety representatives but Health and Safety Committees (HSC). These Committees are a place to obtain information and exchange for safety representatives. When committees are lacking, space for participation and bargaining is more limited. An example from France illustrates the importance to know the coverage and the main features of Health and Safety Committees within firms.

In *France*, health and safety representatives are members of the Comité *d'Hygiène, de Sécurité et des Conditions de Travail* (CHSCT), which includes management representatives, and is legally binding in firms with more than 50 employees. CHSCT members are themselves members of the Comité *d'Enterprise* (CE), an elected body of workers representatives. When unions are present in the firm, they generally (but not always) are represented in CE and CHSCT, but these elected institutions have no necessary link with unions, although unions can be represented as such. According to the most recent survey (2004), 72% of establishments above 50 employees have a CHSCT. The main reason for not having one although it is legally compulsory, is the absence of candidates for the election of workers representative (CE). The presence of CHSCT depends strongly on the size of establishments. Only 17% of establishments between 20 and 49 employees are covered by a CHSCT. The main determinants of CHSCT existence and activity (when activity is measured by the number of meetings) relate to firm's structure and industrial relations at the establishment level. CHSCT presence depends on management's policies, but also on internal social pressure. Thus, union presence is a strong determinant of CHSCT presence, and is yet reinforced by the existence of labour unrest: CHSCT are present in only 29% of establishments that have known no collective conflict during the 3 years prior to the survey (2002-2004), but in 44% of establishments with 1 conflict and 72% of establishments with 2 conflicts or more. A study based on another survey shows that CHSCT presence also depends on the existence and nature of occupational risks in the establishment. CHSCT presence is more likely in establishments with shift work or night work, where work intensity is high, and where some workers are exposed to ionizing radiations; although it does not depend on the existence of chemical or physical risks.

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

A second issue related with the structure and organisation of safety representatives is the *access to resources and support*. Safety representatives need to have an adequate level of physical *resources* (i.e., having an office, computers, webpage, and other necessary materials), legal resources, and, even more important, a strong *support* from management, government, and unions to make effectively their activities. Those conditions of health and safety representatives shows a large variation across European Union countries, sectors and firms, ranging from those who have their own budget and many resources, to those with severe restrictions from management, and limited union's resources, with many other situations in between. Surveys of health and safety representatives indicate that neither of these conditions can be taken for

granted. In many cases, safety representatives don't know very well which resources they have or how to use them. In many firms, but mainly in small workplaces, safety representatives do not perform the rights entitled to them by the Act because of the fear of retaliations or the possibility to lose their job.

From the perspective of the main actors we need to consider here the role played by management, government, and unions. *Management* has to provide *time off paid* to safety representatives so that they can obtain proper training, as well as to make inspections, research, and attend meetings. This time off paid must be planned in the company's budget on a yearly basis. Another important issue is that safety representatives need to be able to exercise effectively this right, so that their work is not substituted by their co-workers. Different studies with self-reported information from safety representatives show that this is a key obstacle to conduct their work. Management should also grant access to *information* both on health and safety matters within their firms and on occupational health in general. While legislation formally guarantees access to information, this is not often the case in many firms. The information should be given with sufficient time, adequate, and through a process that allows health and safety representatives to understand and respond to information. Safety representatives have to have the right and means to call and to consult independent experts either from the unions or from the government. Finally, another important issue is the establishment of clear *channels of communication* between all key stakeholders. Effective communication between management and committee members, safety representatives, unions and workers is considered the basis for workplace consultation. From *government's* perspective, main support to safety representatives need to be provided 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 a quick, easy, and complete access to occupational health inspectors and other regulatory agencies; third, governments must provide legal protection to safety representatives, they need to have an extra protection against losing their job; fourth, public institutions have to mediate with expertise and responsibility in a 'neutral' way when there are conflicts or strong disagreements between management and health and safety representatives; and fifth, government has to implement public data bases about issues related with health and safety at workplace and mechanisms to access to this information either for health and safety representatives or managers. Safety representatives need strong *support from unions* and especially protection before management reprisals. Unions are an important actor to provide adequate *information and training* to safety representatives to perform their activities.

The third condition is the *training, knowledge and consciousness* of safety representatives, that is, the type of skills, preparation and personal and collective awareness they possess. Research on worker's representation on health and safety in chemicals and construction has shown that where health and safety performance and arrangements were best developed, safety representatives have received trade union training. These findings have been confirmed in other studies. Health and safety knowledge embraces three main general subjects: technical data and information on topics such as occupational injuries investigation, workplace hazards, and legislation among many other; the skills to communicate with workers and to express their concerns; and a deep ideological and political perspective that facilitates a global and realistic understanding of power relations so that effective solutions to solve the health and safety problems can be tackled.

The fourth and last condition is the level of empowerment, power and influence that safety representatives have, that is, the capacity to exercise their rights or to put pressure to reach their goals. Safety representatives need 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 make pressure on management, increasing substantially their capacity to mobilise workers. The involvement of workers is critical for the transmission of information to the workforce and for worker's identification of potential hazards, either by raising issues with a health and safety representative or by initiating a work refusal. Empowerment of safety representatives do not only involves participation but also control on their resources and activities. Three main specific aspects related to the empowerment of safety representatives need to be here emphasised. The first is the need to achieve *visibility and respect* from management, health and safety professionals. Secondly, safety representatives need to have the recognition and *support* from the assembly of workers (not only the union membership) as well as from the union inside the company. A third issue is the need of getting a clear and formal *recognition* from the government.

Approaches and strategies of Safety Representatives

Unions may use different strategies on occupational health at the European, national and local level. These different unions' strategies may have an important influence on the approaches and activities developed by safety representatives. For example, safety representatives and union members of joint committees may fall themselves into a "technical" and legalistic approach, that focus on health and safety problems as technical issues separated from social and labour relations that often are favourable to management. In other situations, safety representatives may use a "confrontational" approach with a reactive response that confronts (externally or internally to the firm) management's views, using legislation and regulations as tools of confrontation, often lacking proposals to solve key health and safety problems. Safety representatives can 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 to both pressing and negotiating alternative proposals with the management. The activities of safety representatives often use elements of these different approaches.

Activities of Safety Representatives

Safety representatives may develop a large number of activities related to workers' health and safety protection and prevention. Examples of them include the provision of information and training to workers, as well as actions more directly involved in the real participation of workers concerning their health and safety. We review here several activities related to general information, training, advising, negotiation and pressure.

Evidence shows that safety representatives need to meet regularly with workers to inform them of their activities. The lack of communication between them is a barrier to the effectiveness of safety representatives since these results in lack of support from workers and lack of awareness about hazards. Another related essential issue is the need to ensure that safety representatives are able to get a right balance between receiving and adequate technical training while at the same time remaining aware of worker's direct perceptions on health and safety matters. Other safety reps activities include the investigation of workplace injuries and

diseases, the inspection of workplaces, the assistance to worker's queries, and workplace risk assessment and prevention proposals.

As the result of legislative arrangements or from collective agreements, safety representatives may achieve important power that almost always is used effectively and responsively such as the right to stop dangerous work or issue provisional improvement notices. This right, only used as an ultimate instrument, has as a necessary symbolic power to strength safety representatives' influence. Other activities related to negotiation and pressures include: making of meetings and attendance, the work in the health and safety committees and work councils, and the formulation of formal complaints and grievances. A study in Spain has shown that pressure actions were developed by safety reps with the lowest frequency (only 18% of safety reps reported to have submitted a proposal to stop unsafe work, a right established for safety reps in Spanish legislation). Descriptive studies in several EU countries such as France, Belgium, Italy, Spain, and the United Kingdom have provided a quite detailed picture of the activities of the safety representatives.

Activities of Spanish safety representatives ten years after this Law was were analysed. Most of the interviewed safety reps have developed a number of tasks related to their duties during the last year, being their more frequent activities answering workers' consultations (90% of the interviewees), workplaces visits (79%), reporting occupational health problems to supervisors and/or managers (76%), examining available documentation on occupational health in the company (75%) and participating in workers' information and/or training (74%). Safety reps are generally quite active, mostly in the area of workers' information and advising regarding occupational health issues. However, direct participation in occupational health management and decisions taken in the company (such as participation in accident investigations, risk assessments, prevention planning or answering specific requirements from employers related to 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.

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

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

Links between safety representatives and occupational health outcomes

A growing body of research shows that actions of health and safety representatives can effectively lead to a number of health benefits to the workers and the improvement of occupational health. For example, it has been shown that joint consultative committees with all employee representatives appointed by unions significantly reduce workplace injuries relative to those establishments where the management alone determines health and safety arrangements. Other examples include the reduction of occupational-related deaths, and sickness absence, among other indicators. A recent study in the UK on trade union representation and injury rates, and the first systematic empirical study conducted in France concerning the effectiveness of safety representatives, illustrate some of the linkages between the presence of unions and safety representatives and health and safety performance.

A new study has shown lower injury rates in establishments with trade union representation in health and safety. Thus, results show that the effect of predicted 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.

According to the Conditions de Travail French survey of 2005, in establishments where the *Comité d'Hygiène, de Sécurité et des Conditions de Travail* (CHSCT) are present, workers are at least twice more likely to report having been informed or having been trained in health and safety issues during the last 12 months. For example, when covered by a CHSCT, 29% of workers have had some training on health and safety in the past year, against 9% of workers without CHCST. Also, 57% of workers covered by CHSCT do receive written safety instructions, against 25% of non covered workers. Another indicator positively correlated with CHSCT presence is workers' disposal of protections against chemical and biological hazards: 67% of exposed workers covered by CHSCT have protections at their disposal against chemical exposures, but only 57% when CHSCT are absent. According to occupational doctors, CHSCT improve the effectiveness of prevention. For example, the presence of CHSCT increases by 20% the probability that occupational doctors assess positively the quality of prevention against chemical and biological risks.

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

Challenges

Safety representatives have shown to be an important factor for occupational health prevention. We summarise here some of the main challenges for researchers, unions, and politicians and administration.

For researchers

Mainstream "technical" approaches on occupational health research have often neglected the role of safety representatives showing important resistances to the participation of workers with regard to a variety of issues. Nevertheless, participatory research models do not see workers as simply objects of study but as active participants in all stages of the research (i.e., from study design and data gathering to the analyses and interpretation of findings). This model should be, therefore, an important piece of a global strategy to bring a social change that improves both the workplace working conditions, and the health and well-being of workers and their families. The occupational heath governing EU bodies need to build up high-quality information and research programs. This research agenda is essential to gather evidence helping to evaluate the effectiveness of strategies and activities. Main specific gaps to be covered include:

- The need to critically review the questions of the European and National Surveys on Working Conditions
- The need to improve the information and investigation developed in Southern and Eastern European countries.
- The need to describe the situation in which health and safety representatives and committees operate.
- The need to analyse in deep detail the conditions and factors related to the effectiveness of safety representatives actions.
- The need to implement a research agenda that shows the often hidden social dimensions behind most occupational health prevention activities.

For unions

In order to provide an effective support for health and safety representatives, unions need to integrate key occupational health problems into their strategies. Some of the most important challenges to be developed include the following points:

- The need to rebuild collective agreements concerning health and safety. At the micro level, attention must be brought to develop activities in which collective bargaining incorporates the actual experiences of workers and safety representatives.
- The need to inform and train workers on workplace health and safety matters, as well as to include these questions under the industrial relations negotiation processes.
- The need to take out many of the health and safety issues that currently are under a technical and legal "framework", giving them a broad social and occupational health union policy perspective.
- The need to stimulate the political collaboration between safety representatives, work councils members, and shop stewards.
- The need to consider how best they can influence other players in the health and safety system including employers' organisations, health and safety practitioners, and regulators to help to

provide a more supportive environment for representing workers' interests in occupational health.

- The need to create a comprehensive and reliable data base system that monitors the coverage and the situation of safety representatives.
- The need to build effective safety representatives networks.
- The need to develop strategies capable to attend the most vulnerable and powerless workplace sectors developing a closer collaboration with technical experts and scientists to obtain thus applicable knowledge
- The need to develop a clear strategy for monitoring and supporting health and safety representatives, with adequate mechanisms of surveillance, assessment and evaluation of their workplace actions.

For politicians and administrations

Politicians and administrations have to be fully aware that safety representatives are playing a crucial role to improve the health and well-being of workers. Accordingly, they should implement a variety of actions with the goal to strengthen and consolidate safety representatives' activities:

- The need to build up a comprehensive and reliable occupational health system that includes data on issues such as chemical substitution, medical protocols, personal protective equipments, among others.
- The need to create an official registration of all safety representatives.
- The need to increase the level of funds and resources on training programs for safety representatives on occupational health matters.
- The need to help to empower health and safety committees increasing their control to make decisions.
- The need to increase the levels of enforcement of current legislations developing efficient instruments to apply regulations. For example, the laborate inspectors and the administration do not have enough resources and means to apply and promote regulation. Also, the safety reps must be legally independent and have protection in front the employers. The laws and regulations must thus give a proper coverage for the safety representatives against sanctions. Safety representatives should be formally and legally acknowledged and legitimised as counterparts by the technical experts and preventive services. Finally, the current legal limit to have Safety Representatives and Health and Safety Committees must be modified so that their coverage can be increased.

Features and participants of the EPSARE project

The EPSARE Project has been organised with a modular structure: a central group of coordinators, a Core Research Group, a Study Research Group, and several national projects. The Coordinators are: María Menéndez (Occupational Health Department, Catalonian Workers Commissions, CC.OO., Girona, Spain); Joan Benach (Health Inequalities Research Group, Occupational Health Research Unit, Department of Experimental and Health Sciences, Universitat Pompeu Fabra, Barcelona, Spain); Laurent Vogel (European Trade Union Institute for Research, Education, Health and Safety, ETUI-REHS), Brussels, Belgium. In addition to the coordinators, the EPSARE Core Group include: Thomas Coutrot (DARES, Ministère Emploi et Affaires Sociales), Marianne De Troyer (Institut de Sociologie. Université Libre de Bruxelles. Université d'Europe), Kaj Frick (Mälardalen University. Department of Caring and Public Health Sciences), Ana Mª García. Trade Union Institute for Occupational and Environmental Health, ISTAS, Spain, Jan Popma (University of Amsterdam), Miluse Vachová (University Ostrava), and David Walters (Cardiff University School of Social Sciences. Cardiff, UK). In addition to the coordinators, the Research Report Group

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