

Occupational health and safety inspection in Western Europe: Policies, practices and experiences

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The history of occupational safety and health (OSH) inspection in Western Europe now covers over 200 years. It began in Britain in 1802 when its parliament passed an Act aimed at preserving “the health and morals of apprentices” in factories. This was overseen by voluntary committees and was largely ineffective as a consequence – but it was a start and nearly 30 years later the process was formalized with the appointment of the first inspectors considered to be “persons of high standing”. Other countries in Europe followed – for example, France, with its first labour protection Act in 1841 and its first inspectorate some 30 years later. Specialist inspectors started to be recruited and the ambition to secure, in particular, safer workplaces was underway.

Improvements were secured and the year by year reduction in fatal accidents particularly during the latter part of the twentieth century was impressive. In Britain, for example, the fatal injury rates for employees per 100,000 workers fell from 3.6 (1971) to 0.8 (1994) with a similar picture to be seen elsewhere in Western Europe, assisted in no small degree by a major reduction in the number of employ-

ees working in heavy (and more hazardous) industry. Improvements since then in many developed countries have been less encouraging with a “plateau” appearing in the fatal accident statistics – with little net year by year change. This article describes some of the initiatives that are underway in response to this plateau, and to dramatic changes to the world of work within which inspectors are enforcing health and safety legislation.

The changing world of work

Since the 1970s the industrial structure of large parts of Western Europe has changed beyond all recognition. The reduction in jobs in manufacturing and heavy industry has been accompanied by a rise in jobs in the service sector. At the same time, the number of small firms has grown dramatically, indeed in some countries doubled, so that typically, 90 per cent or so of enterprises might employ less than five staff. In the European Union, small and medium-sized enterprises (SMEs) employ some 75 million people and record 82 per cent of all occupational injuries and 90 per cent of

fatal accidents. In Britain, over 70 per cent of enterprises have no employees. How inspectors can make an impact with this large number of small enterprises has been a general challenge to OSH policy-makers and managers. Some of their responses are described later. One related outcome of these changes in industrial structure has been to make responsibilities for managing risks more complex. Where inspectors once visited large workplaces with everyone on site coming under the responsibility of the works management, they now will likely experience a multiplicity of contractors and subcontractors and self-employed for non-core activities, and with technical and design inputs arriving electronically from specialist sources which may be from another country. A regulatory challenge indeed!

Political dimension

At the same time as these structural industrial changes have been taking place, the general public have been increasingly active in being seen not to be prepared to tolerate accidents as “inevitable” by, in parallel, seeking redress in the civil courts and expecting more from governments. Inspectorates in a number of countries, faced inevitably with finite budgets, have been challenged by their political masters to justify both existing financial baselines and to demonstrate what inspectors actually contribute towards reducing occupational accidents and ill health.

Globalization

A significant component of the changing world of work influencing inspectorates in Western Europe as elsewhere has been the increasing globalization of manufacture and service provision (ILO, 2002a). Major blocks of work are moved around the world in the search for optimal cost-effectiveness, with enterprises seemingly flourishing one day and closed the next. OSH inspectorates have learnt to share

experiences faced with accelerating technology and to “level the playing field” to avoid global businesses moving work to another country with the primary aim of saving money on health and safety through inadequate provision.

The work of the ILO in seeking to secure decent work in a global economy is addressing these issues with some notable successes. Elsewhere the International Association of Labour Inspection (IALI) with close to 100 countries as members worldwide, including all of Western Europe, exists to support labour inspectorates, who may be faced with new technology challenges, to achieve acceptable standards of health and safety and working conditions worldwide. Within the European Union, the Senior Labour Inspectors Committee (SLIC) with senior labour inspectorate/health and safety representation from all member States, exists to improve cooperation between member States and the European Commission and to encourage the effective and consistent application of European legislation in the member States. Iceland, Lichtenstein and Norway attend as observers.

One of its key activities has been in defining common principles for labour inspection in the field of occupational health and safety, completed in 2004 and taking full account of The ILO Labour Inspection Convention, 1947 (No. 81). These core principles address the Council and Commission view that “the effective enforcement of Community law is a precondition for improving the quality of the working environment”. They include sections on the need for effective planning and monitoring of annual plans, inspectors’ competencies and independence, inspectors’ powers, guidance and internal communications.

In parallel, a questionnaire has been drawn up to allow all member States to be evaluated by a team of SLIC members, in line with these common principles.

Before the 2004 enlargement of the European Union, all ten accession countries, which were already observers at SLIC, had been evaluated in the same way by SLIC evaluation teams to assist their preparation for full membership and to provide

SLIC support in their labour inspection initiatives.

Elsewhere the ILO were invited to undertake an audit of the labour inspection system of the Grand Duchy of Luxembourg (ILO, 2002b). The audit team headed by Michel Gisler, Vice President of the International Association of Labour Inspection, recommended a complete revision of their organization to reflect the changing world of work and the increasing demands on inspectors in health and safety and other areas of labour inspection.

The response by the Luxembourg authorities has been very positive, leading to the development of an action plan for an Integrated Labour Inspectorate System. A tripartite consultative committee has been set up to define future national priorities.

National OSH programmes

As we have seen, progress in reducing occupational accidents and fatalities has slowed in many developed countries including in Europe. The major gains in safety have now been achieved not least by new technology, automation and computer controls. It was clear to a number of Western European policy-makers that if they were to stand any chance of securing further significant improvements, a wider holistic approach was needed, identifying priority areas for attention and encouraging all those other organizations able to contribute to these priorities, to move forward with a common agenda for the next few years.

In 2004, the British Health and Safety Commission published a strategy for workplace health and safety to 2010 and beyond (HSE, 2004). This recognized the changing world of work, that Health and Safety Executive (HSE) resources, including its inspectors, were spread too thinly over large parts of the workplace landscape and needed to be targeted in priority areas where they could have most impact, and that the traditional inspector interventions may be less effective when dealing with health than when dealing with safety. A key element in the strategy was a recog-

nition that long-term improvements could only be obtained by winning the hearts and minds of those involved with workplaces, rather than grudging acceptance.

The strategy was published following consultation with employers, trade unions and other interested parties in an exercise involving over 2,500 people. Having analysed where were the biggest sector and hazard contributors to the occupational accident and ill-health statistics, the strategy confirmed that HSE, including its inspectors, would concentrate on a suite of targeted programmes including agriculture; construction and health services; falls from a height; workplace transport; musculo-skeletal disorders and work-related stress. Targets were included in the strategy – by 2010 to cut deaths and major injuries by 10 per cent; reduce the rate of work-related ill-health by 20 per cent; and to cut working days lost due to health and safety failure by 30 per cent.

At lower levels, sectors and individual enterprises were encouraged to set their own targets in discussion with inspectors. Some good progress has been made. For example, in the quarrying sector, accidents have been reduced by 46 per cent since 2000 in line with targets.

Elsewhere targets are increasingly being promulgated worldwide to focus the attention of all national inputs, including inspections on securing safer and healthier workplaces. Denmark, for example currently has targets to reduce serious accidents by 15 per cent, heavy lifting risks by 15 per cent, monotonous work risks by 10 per cent and exposure to certain psychosocial risks by 5 per cent. In Finland, the aim is to reduce the frequency of accidents and occupational diseases by 40 per cent by 2010.

Efficiency and effectiveness

We have seen that major changes have taken place in Western Europe in recent years in the health and safety enforcement organizations. Tight resources, increased public expectation, increasing workloads

and some fundamental questioning of principles and ways of working that have been traditionally followed by labour inspectorates for many decades, have led to a number of initiatives being undertaken within inspectorates under the general headings of increasing efficiency and maximizing impact of their work in raising health and safety standards and reducing occupational accident and ill-health statistics.

Nordic scoreboard

In all countries, health and safety promotion, inspection and investigation have evolved in line with national traditions and culture and priorities. Countries of Western Europe were no different in that respect and to some degree this remains even within the framework of European Union membership legislation and strategies. Changes take place usually in a piecemeal way annually, and whilst the work of organizations such as the SLIC and the European Agency for Safety and Health at Work in Bilbao allow a greater insight into the working methods, priorities and achievements of other national health and safety inspectorates, it is now recognized that systematic benchmarking with other countries can deliver significant benefits in both efficiency and effectiveness.

This is likely to have been in the minds of the directors general from the national labour inspection authorities in the Nordic Countries when, in 2002, they agreed to start work on an international scoreboard on national policies concerning health and safety at work (EASHW, 2004). It was not intended that the scoreboard would cover all health and safety activities, but that it should be linked to the 2002 European Commission initiative "Adapting to change in work and society: a new Community strategy on health and safety at work 2002-2006". It could therefore be revised to reflect changing national priorities consistent with the strategy.

The initial membership of Denmark, Finland, Iceland, Norway and Sweden

was enlarged in 2004 when Ireland, the Netherlands and the United Kingdom accepted an invitation to join the pilot project – now covering eight countries.

The latest scoreboard, produced in 2005, the first from the enlarged group, shows the similarities and differences between the participating countries in their work to implement the European strategy. The scoreboard focuses on eight strategic objectives.

- harmonization of statistics
- setting up of measurable targets
- reduction of occupational accidents
- reduction of musculo-skeletal disorders
- combating work-related stress
- reduction in exposure from chemical agents
- productivity and economy
- preventive potential – the potential a country has for developing and maintaining an improved environment.

Similarities can be seen in all or most countries – a decreasing ten-year trend of occupational accidents including fatal accidents in the sectors with the highest accident incidence rates (construction, mining and quarrying and manufacturing); priority areas for the strategy (construction, manufacturing, agriculture); and priority areas in lifting heavy loads (construction, health services, manufacturing). Elsewhere there are some noticeable differences, for example, the ten-year trend of work related upper limb disorders (increasing in 3 countries, decreasing in 3 countries).

The Preventive Potential is assessed under four headings – labour inspection, building partnership, developing measures at enterprise level, and the capacity for anticipating emerging risks – and is an attempt to illustrate how different approaches at high level contribute to an overall culture of prevention.

For each heading, responses to a number of questions are scored and represented on

the axes of a 360 degree diagram allowing policy and priority differences between countries to be easily identified for subsequent analysis.

The occupational health agenda

One of the biggest changes to the day-to-day work of health and safety inspectors in recent years in a number of countries has been in giving more prominence to occupational health. Traditionally, inspectors spent most of their time on safety issues, machine guarding, preventing falls, making power-presses and workplace transport safer, preventing explosions, etc. Most had an engineering solution. There were exceptions, of course, perhaps more notably with asbestos, but that was the general picture – important work yielding major reductions in accidents, and where the benefits could quickly be seen.

Ill health was viewed as being related to toxic substances, and recent years have seen an exponential growth in chemicals, together with sophisticated analytical equipment to detect their presence. The reality, however, is that the biggest contributors to work-related ill health are stress and musculoskeletal disorders. Between 1990 and 2002, the number of people in Europe reported as suffering from work-related stress more than doubled. Scandinavian countries have been at the forefront in tackling this as an occupational health issue and have been sharing their experiences with other national inspectorates. Gradually, guidance is being published advising managers how to carry out risk assessments of their workplaces (HSE, 2005). This guidance, or voluntary standards, cover six key aspects of work that, if properly managed, can help to reduce work-related stress. These 'stress factors' include areas such as whether employees are able to cope with the demands of their job whether employees receive adequate information and support in their work. Inspectors are beginning to be more confident in probing these issues during their inspections but different professional

skills are required for this in comparison to handling a machine-guarding issue.

In parallel with a growing range of occupational ill-health prevention initiatives has been a recognition that we will not always be successful in preventing cases of stress and musculo-skeletal disorders. More is being done by inspectors and regulatory specialists to help those affected in such cases to recover and return to work.

In Finland, a national action programme (VETO) on extending working life, well-being at work and rehabilitation is addressing the need to have a healthy and at-work workforce. The four-year programme aims to promote the attractiveness of work and working life, with the high-level objectives of:

- extending working life by 2-3 years by 2010
- reducing absences due to illness by 15 per cent, in addition to the overall 40 per cent reduction target in the frequency of accidents and occupational diseases at work.

Innovation

The drive across Europe for greater efficiency and impact in OSH inspection as part of trying to reduce the accident and occupational ill-health statistical "plateau" has encouraged operational policy-makers to attempt different initiatives to see if they make a health and safety difference. Some, involving concentrating on a few key priorities rather than attempting to spread inspector resources over the full range of workplaces, have already been described.

In Britain as elsewhere, agriculture contributes one of the highest accident rates of any sector with some 50 workers killed each year or around 10 deaths for every 100,000 workers.

The industry includes a large number of small farms often with only family as workers, representing a challenge to inspectors in communicating with "small" farmers and in visiting their workplaces. In recent years the Health and Safety Exec-

utive have organized a rolling programme of Safety Awareness Days in partnership with the social partners, agricultural trainers and the insurance industry to inform farmers of ways to eliminate or mitigate the threats that their workplaces bring to their health and safety. Small farmers are invited to half-day events as an alternative to an inspection (providing there has not been an accident) and attend in large numbers. Qualified industry trainers present practical demonstrations on, for example, falls from height, all-terrain vehicles, manual handling. Post-event independent evaluation has shown that most of those attending undertake safety improvements on their farm as a result of the event.

Elsewhere, in Northern Ireland, their inspectorate has undertaken a series of “focused inspection campaigns” since 2000 directed at falls from height in the construction industry. The press, television and radio services have been involved with advanced warning going to the industry – all aimed at securing better standards. Over the period of these campaigns, the percentage of sites requiring enforcement action because of non-compliance with acceptable standards more than halved.

A common issue amongst inspectorates is the balance of time inspectors utilize in giving advice as compared with undertaking inspections and investigations.

In the Netherlands, their inspectorate has restructured in recent years to reflect a new approach to the provision of health and safety information. Under the revised arrangements, the labour inspectorate issues information on legislation and common problems mainly via its web site and, to a lesser extent, in information notes. Employers are required to have independent access to information through mandatory membership of an occupational safety and health service. Where companies require more detailed advice, the labour inspectorate refers them to this service, so freeing up more of their time for inspection and investigation.

Conclusions

Major changes in the world of work have required health and safety inspectorates in Western Europe as elsewhere to respond in order to remain relevant to those in the workplace, to the public, to other stakeholders and to ministers. These inspectorates need now to be much more flexible, able to direct resources speedily to emerging new challenges, and need to be clear about their priorities in making most impact on health and safety performance in the workplace with the resources that are available.

Alliances need to be established between inspectorates and other organizations able to make a contribution to a national plan for improvement, which now increasingly includes numerical targets.

Inspectorates are now being expected to be able to demonstrate what they are achieving and to evaluate and benchmark their performance and effectiveness against guidelines and their counterparts in other countries.

Perhaps, most encouragingly, the first decade of the new millennium is turning out to be a time for innovation in regulatory health and safety fieldwork, in trying out new ideas which are then evaluated – rejecting the unsuccessful and taking forward those that work, all the time learning from the successes of others. It is indeed an interesting and exciting time to be a health and safety inspector!

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