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Participation in safety and health in European workplaces: Framing the capture of representation

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Abstract

We discuss experience of worker representation in occupational health and safety in the European Union, using findings from a large qualitative study of practices in 143 establishments in seven Member States. This study was a follow-up to the second EU-OSHA enterprise survey on New and Emerging Risks. We focus on the experience of the operation of the institutional forms of representation of workers in safety and health and draw attention to the extent to which statutory provisions largely conceived in pluralist industrial relations contexts are currently operationalized in more unitary ones. We discuss the consequences for the model of representation that previous studies have identified to be most effective.

Key words

Worker representation; occupational health and safety; industrial relations; Belgium, Estonia, Greece, Netherlands, Spain, Sweden, UK.

Introduction

Statutory arrangements for the representation of workers' interests in safety and health exist in all EU Member States. They are among the key regulatory provisions addressing occupational safety and health (OSH) management at national, European and global levels. They also feature among the requirements of the EU Framework Directive 89/391 and ILO Convention 155. Research evidence from a variety of countries and sectors suggests that the participation required by such measures is beneficial in improving both the quality of the operation of arrangements to manage safety and health and their performance outcomes.

However, the operation of these arrangements is framed by its wider contexts and in particular by the nature of workplace institutions and processes of labour relations. Like these relations, it has been affected by the structural and organizational changes that have occurred in work and in the control and conduct of business operations in the decades since the statutory measures on representation were introduced. We use the classic taxonomy of industrial relations by Fox (1974) to explore the effects of these changes and the widely perceived shift towards a more unitary management style, and argue that this shift is not only seen in the wider contexts that frame relations on safety and health but has direct consequences for the structure and operation of these relations too. Our account is qualitative, and we provide no quantitative evidence of the extent of the consequences of this shift, but demonstrate its impact on the processes involved in the relations of safety and health in the cases studied. We argue that current evidence shows these changes to have had an impact on the ways in which statutory requirements on the representation of workers' interests in OSH are operationalized. This impact was apparent across the whole range of workplace size and sector in the cases investigated, despite national differences in regulatory and labour relations institutions. We argue that, when combined with quantitative indicators of the decline in some of the known supports

for worker representation on safety and health and the spread of more unitary approaches to managing occupational safety, these effects on the processes of worker representation are likely to be widespread. This demands acknowledgement and strategic responses from trade unions and regulators.

The empirical evidence on which we draw is a large qualitative study of 143 establishments of various sizes in seven EU Member States. It was a follow-up to the second European Survey of Enterprises on New and Emerging Risks (ESENER-2). For the full report of this study see Walters and Wadsworth (2017).

Research exploring the operation of arrangements that focus on worker participation in safety and health generally distinguishes between direct and indirect, or representative, forms of participation. Regulatory provisions in the EU are more clearly defined and more detailed in relation to the latter. Evidence of its operation is also considerably clearer and more robust than that for other forms of participation (see Walters and Nichols 2007). However, difficulties arise because terms such as ‘consultation’ and ‘participation’ on safety and health cover a range of practices (Alder et al., 2000; Bell and Phelps, 2001; Shearn, 2004). They are often used interchangeably by policy-makers, practitioners and some researchers. They might relate to practices in which ‘participation’ and ‘involvement’ consist of little more than individual workers being the passive recipients of managerial instruction and monitoring. But they might equally describe situations in which participation is mediated through systems of worker representation framed by statutory provisions and/or those of collective bargaining, in which workers’ interests may be defined autonomously by workers and their representatives, and negotiated with employers and managers.

An important finding of the research discussed here is that in practice in many workplaces, the overlap between the operation of these statutory or bargained arrangements and more direct forms of worker involvement in OSH is considerable and growing. We open with an account of the methods used to conduct the study, followed by a summary of its relevant findings. These form the empirical basis for the discussion. Findings are compared and contrasted with those of previous research on the effectiveness of worker representation on safety and health. We situate the discussion in relation to the dominant discourses in the literature and practice of safety management, in which the balance has shifted from pluralist to unitary understandings of arrangements to represent workers’ interests. We consider the implications for future strategic positions of trade unions and regulatory authorities.

The methods and approach of the EU-OSHA study

In 2015 EU-OSHA commissioned a comparative study of arrangements for worker representation and consultation in seven EU Member States as a follow-up to the much larger quantitative ESENER-2. It investigated workplace experiences of the representation of workers on OSH in Belgium, Estonia, Greece, the Netherlands, Spain, Sweden and the UK. These countries were selected because of their differing regulatory, labour relations, economic and socio-political contexts (Walters and Wadsworth, 2017).

Cases were selected from establishments that participated in ESENER-2. The intention was to carry out case studies in 20 establishments in each country, achieving a consistent range of size and sector of activity. Selection of medium and large establishments was restricted to those that indicated in ESENER-2 that they had at a works council, trade union representative, health and safety representative and/or health and safety committee. For small establishments, these criteria were widened to include those that had indicated that their employees were usually involved in the design and implementation of measures taken following a risk assessment or to address psychosocial risks. This acknowledged that most smaller establishments do not have formal representative arrangements, but may have informal means for workers to represent their OSH interests.

The final sample is shown in Table 1. Numbers in each country varied because of refusal rates, misinformation in responses to ESENER-2 and insufficient numbers in some cells of the sampling frame. In Belgium, Estonia and the UK the sample was completed with cases that had not participated in ESENER-2, selected by the researchers. In several instances where arrangements for representation were reported, workplace visits showed that none of the formal arrangements defined by statute were actually present. This was especially so in smaller establishments, as might be

anticipated, but was also evident in a small number of larger establishments. These remained in the study, as it was reasoned that they indicated misconceptions on the part of managers about representation on safety and health that were relevant in the light of our overall findings.

[Table 1 about here]

Interview guides provided a framework for investigating worker participation in OSH, labour relations and business contexts. The research explored the role of management style and employers' commitment in facilitating or denying effective arrangements for representation and participation in OSH, as well as the influence of size and sector. It considered representatives' and managers' experience of specific arrangements to facilitate representation; how workers (and/or their representatives) were involved in risk assessment; and the relationship between establishment-level arrangements for representation/participation on OSH and on other matters. Interviews were carried out separately with at least one representative (where present), manager and worker in each establishment.

A research workshop generated an analytical model to capture the relationship between (largely) external and internal factors which, in combination, made up the contextual influences on how (and whether) representatives operated, as well as affecting the quality of their actions and relations with the statutory provisions and other arrangements. For example, empirical findings from each country were contextualized in relation to possible influences found in the broader politics of OSH, the 'varieties of capitalism' experienced in each country and the move away from corporatism, tripartism and democracy within industrial relations more generally.

Some limitations should be acknowledged. The greatest is self-selection bias. EU-OSHA acknowledges that, as with similar surveys, a preponderance of ESENER-2 respondents regard themselves as active on OSH and compliant with requirements. The influence of this bias was reinforced by reliance on respondents' self-assessment of their situation. The majority of cases were ESENER-2 participants, and therefore both a self-selected group and a sample of enterprises that had continued trading for at least the year between ESENER-2 and our fieldwork. For the substantial majority of EU enterprises and their workers, the reality is probably less positive than the picture painted here. Given that these findings indicate that participative arrangements are not functioning as fully and effectively as they might in such 'best case' scenarios, their implication is that such limitations are even more widespread than our evidence suggests. A further limitation is the extent to which the qualitative data could be reliably linked to broader contextual factors as outlined above. While there clearly is such a link, in the analysis and discussion that follows we have refrained from speculation that is not directly supported by our evidence. The quotes included are typical, and serve to demonstrate the workplace experience on which our analysis has focused.

Quantitative evidence of the support for worker representation on safety and health

In many Member States, statutory rights to collective representation on OSH only apply to workplaces above a minimum size (between 5 and 20 in different jurisdictions). Because much of the workforce is employed in micro and small firms, the provisions at best cover just over half of those in employment. Even here, national data suggest that such measures are incompletely implemented and that no arrangements for worker representation exist in many establishments, even if required by legislation. Among the countries included in the research, in Spain the *Encuesta Nacional de Condiciones de Trabajo* (ENCT) indicates that delegates were present in 61 percent of workplaces in 2011, with considerable variation between sectors. In the Netherlands, 75 percent of all companies with over 50 employees are reported to have a works council, but only half also have 'specialist health and safety arrangements', that is worker OSH committees (Visee, 2012: 21). From Sweden a variety of reports suggest a downward trend in arrangements for representation on OSH. Of 376,000 workplaces, 139,000 have 5 or more employees (Walters and Wadsworth, 2017) and therefore should appoint representatives, but it is estimated that this occurs in at most 35-40,000 (25 to 28 percent). In

Greece, health and safety committees have been established in only 30 percent of eligible companies (which make up just 2 percent of all companies) (Lampousaki, 2014). Curiously, despite having one of the lowest trade union densities in the EU, in Estonia just over half of all workplaces were claimed to have a working environment representative in 2015 (Walters and Wadsworth, 2017). However, most likely these figures refer to forms of representation that do not fit the definitions used in this article.

For most of the countries studied, national survey data are not collected regularly enough to identify trends. An exception is the UK, where a decline in representative arrangements is well-substantiated by the series of WIRS/WERS surveys. Since 1998, there was a shift from joint committees dealing with health and safety and an increase in resort to 'direct methods' of consultation, with established means of giving employees formal voice on safety and health falling from 51 to 42 percent of workplaces, and 'direct methods' increasing from 47 to 57 percent (Kersley et al., 2006: 204). This pattern continued in 2011, with 'direct methods of consultation' most commonly used (in 66 percent of workplaces) (van Wanrooy et al., 2013).

While the data do not allow us to make substantiated generalizations concerning trends in the presence of the institutions of representative participation on OSH, there is incomplete coverage in all the countries studied. Moreover, where data do allow some measurement of change over time, a significant decline in the presence of these institutions and a parallel rise in other forms of worker participation in OSH is evident.

Key qualitative findings

It is important to make clear that among the cases studied there were examples in most countries in which participants felt there were effective arrangements for worker representation in their establishments. This was regardless of national differences in statutory provisions determining the form of these arrangements and the structures and processes of labour relations in which they were embedded. These examples were generally found in situations in which the determinants of effectiveness identified in previous research were evident (Walters and Wadsworth, 2017). That is, where some combination of a strong legislative steer, employer/management commitment to participatory approaches to OSH, supportive worker and union organization inside and outside the establishment and well-trained and well-informed worker representatives existed, it usually appeared that autonomous worker-centred approaches to OSH were working well and there was a positive relationship between these approaches and the arrangements employers made to manage OSH.

For example, in the Netherlands, in larger establishments in which works councils were prominent (12 of 21 cases), most had works council subcommittees for health and safety. They were actively engaged with OSH issues and both labour and management participants felt they were a strong influence on practice in the establishment. The health and safety specialist in a hospital said:

The employees really know their way to the works council. This will reap valuable information on the day-to-day practices on the shop floor level. In this respect, worker participation clearly adds to OSH management, because the works council members really know what's going on in practice.

Some cases in the UK demonstrated that workers perceived that a strong trade union presence made their workplace safer. A worker in a large manufacturing establishment said:

You hear of the horror stories in other places, with people being bullied into all sorts of unsafe practices. We wouldn't get those sorts of things here because the union wouldn't let it happen... the union would just step in and stop it. Unions are essential... we can say here, 'on your bike, I'm not doing that' and we're able to say that because we have a strong union.

In contrast to this conflict orientated approach, in Sweden cooperation and consensus were more commonly regarded as important, but their pluralist roots were nevertheless acknowledged. Constructive worker participation in work environment management was believed to require

acknowledgement of the different roles of managers and representatives, but relations between them supported dialogue, as the manager in a small private firm indicated: ‘We have said from the beginning that the safety representative and I work together with these issues, with our different roles’.

Generally, the representatives reporting favourable experiences were experienced, trained and confident that they had a good understanding of the safety and health issues in their workplaces and how to address them in dealings with managers. They also often indicated that they could rely on the support of their fellow workers, the institutions of organized labour (works councils or committees) within their workplace and trade unions outside it. These cases demonstrated practices in line with ‘knowledge activism’ (Hall et al., 2006, 2016), where representatives autonomously gather information and use it strategically when making demands or proposing solutions. For example, in a large UK automotive company, the safety steward said that he used his full-time trade union official for advice on OSH and carried out his own research ‘to get the union perspective on things’, adding:

You can’t rely on what management says.... I do my own internet searches, I try to research everything... it’s essential at meetings. I use the HSE [Health and Safety Executive], the TUC and UNITE [trade union]... For example, I looked up the risk assessment policy change, working at height and the way we should be doing our pre-use checks.

Similarly, in another UK establishment involved with public transport, where there were three levels of union representation on OSH, the higher-level representatives saw providing advice and information to the representatives at the depot levels as among their most important tasks. They also suggested that workplace representatives did not rely on management as the sole source of information, but were particularly well-versed in the relevant statutory requirements, to which they would turn when confronted with difficult managers, saying: ‘Once you’ve reminded them of the law, there is not a lot they can do to stop you really’. There were parallels with those that have supported the effective actions by safety and health representatives, even in hostile labour relations climates, to which we return later.

The representatives in these cases therefore behaved in ways recognisable from previous research on health and safety representatives who engaged effectively with managers, using available regulatory support for their activities and seeking information and support to help them do so. There were examples of such cases in Belgium, the Netherlands, Spain and Sweden, and to a lesser extent in Greece and Estonia. However, these approaches were a minority of the 143 studied. For most larger and medium-sized establishments, the practice of representation was quite different. Here there was evidence of three main influences. These often occurred together and analysis suggests they were related to one another and to elements of the managerial styles adopted. They were first, limited management cooperation and support for representatives from employers and their managers. Second, their marginalization by safety management systems that focused on achieving behavioural change and direct participation and worker engagement. And third, the incorporation of the activities of representatives into systems for safety and health that were controlled by managers. Examples of each of these influences are given below.

Limited management cooperation and support

In many cases, while representatives were present, the extent to which they could undertake their statutory functions was limited in various ways by managers. For example, many reported being allowed little time to undertake their representational activities. As one representative from a large private services establishment in Estonia commented:

I do not have enough time to deal with OSH issues as a representative. I have my obligations as a manager of the sales department. There is a lot of work and I feel like I need to deal with ‘fire-fighting’ every day. I feel that the senior manager does not understand and does not value OSH, as well as the whole importance of workers’ safe environment. I was elected as a representative because it was required by the legislation, but practically I do not fulfil these duties and I am not supported by top management.

Many others also indicated that while they were aware of their statutory rights, in practice they were limited in what they could achieve because their interventions required them to leave their work stations and there was no-one to replace them. They were therefore concerned that doing so would challenge their ability to do their paid work adequately as well as contribute to a perception that they were letting their fellow workers down. This was so, even in countries like Sweden, despite the notions of cooperation referred to previously. As a safety representative at a small Swedish software company put it: ‘we are in a situation that, if I leave work, then someone else will suffer for it. And that makes you refrain from that.’

There was acknowledgement in some of the cases that the addition of workers’ knowledge could improve management understandings about workplace risk. However, more commonly, representatives did not engage with the practice of risk identification and assessment but only with its outcomes, as a Dutch works council member from a medium-sized public services establishment indicated: ‘as a works council, we get to see the risk inventory and the plan of action. But we do not contribute much to it. We limit ourselves to checking its contents.’ Similarly, a senior British representative in a large organization said that representatives often heard about accidents when it was too late to contribute to their investigation: ‘they investigate and we find out too late; everything has been cleared away by the time we hear about it... It’s a constant frustration... we’re always raising lack of communication as an issue at the Group safety meeting.’

Support for representatives’ training on OSH was also problematic. While most employers did not obstruct access to training, and many recognized its importance, this training varied considerably in its extent and quality. Moreover, there were indications that even in countries where previously high levels of training provision have been reported, such as Sweden, the Netherlands and the UK, this had declined recently. The reasons were various but were largely resource-based, with changes in funding arrangements leading to fewer courses which, for economy reasons, were sometimes concentrated at a regional level and so difficult to access. Also, some representatives indicated that as work intensification and leaner organization increasingly characterized the operation of their establishments, finding time for training had become more difficult. At the same time, there was great variety in the quality of the training to which representatives had access, and for a significant proportion it appeared that what they received had been minimal, often provided through their employers and concerned more with technical and behavioural safety issues than with the skills of representation that are the focus of labour education.

Marginalising representation

In many cases, representatives felt they had been marginalized by a managerial preference for more direct participation. In Spain, for example, safety representatives were present in larger organizations, in accordance with statutory requirements, and they were clear that communication with workers was their primary method to identify risks. As one representative put it: ‘my main function is to identify possible risks by means of direct observations or conversations with workers’. But managers in the same workplaces often indicated a preference for direct participation. The manager of a large Spanish manufacturer said: ‘the participation tools are set by law, but the channels of participation are laxer: if any worker goes directly to management to inform of a risk he will have an answer.’

Our cases were drawn from a range of workplaces of different sizes. Allowing for the heterogeneity of the establishments overall and the particular influences of national contexts, we found the expected influence of workplace size on internal arrangements for representing workers on OSH: there was greater prevalence of direct methods of consultation in smaller establishments, and little sign of formal arrangements for representation. There was also a stronger sense of social cohesion in some of these establishments and closer personal relations between managers and workers than was the case in larger establishments. Where formal arrangements for participation were in place, they were not the result of the demands of workers but had been introduced by managers to promote their business interests, usually to seek conformity with requirements of certification standards and/or the demands of clients. Such arrangements did not include elected worker representatives, for whom the managers had little use. An exception was Sweden: because of the high trade union density, all but

one of the smaller establishments had union members working in them and so had formal arrangements in accordance with statutory requirements. But in other countries they were more often either arrangements for regular works safety meetings or occasionally the appointment of a workers' 'safety representative' by managers. As an Estonian manager in a small private factory put it:

Safety is important for me, but I don't see that the representative can contribute a lot to the OSH issues. He's just a regular office worker. I talk to people myself: I'm on-site every day, so it's not a problem for me. I get all information from them.

But in larger establishments too, where behaviour-based approaches to safety had been widely introduced, managers regarded direct participation as the most useful form, and there were rarely consultative processes for the autonomous representation of workers' interests. This often contributed to a sense of frustration and disempowerment expressed by health and safety representatives who felt they were denied the tools they required to engage in a dialogue with managers with any chance of being able to influence the outcomes.

While such systems were often found in weakly organized workplaces, where their dominance and the absence of procedures for representation might be anticipated, they were not infrequent where unions were strong. In these latter situations, the representatives and the institutions of organized labour within the establishments appeared to have been complicit in their development and to be content with their operation. They conceived their activities as safety representatives as somewhat remote from other trade union representational activities. As one British representative from a relatively strongly unionized, large manufacturing workplace said: 'you can't be a health and safety representative and be on the (union) Committee: you can't have two hats on'.

Such sentiments are far removed from the position taken both by trade union campaigners for the original measures on worker representation on safety and health in most countries and by the architects of the statutory reforms (Grayson and Goddard, 1975). They are also at odds with the findings of a substantial volume of research referred to previously, identifying the determinants of the effectiveness of such measures, as well as with most current trade union rhetoric concerning the representation of workers' interests in safety and health. This is an important departure that requires explanation.

Appropriation of health and safety representatives

With few exceptions, there was little evidence that employers and managers actively sought to disadvantage or penalize workers in their role as representatives. One example was a large Greek private services establishment where a representative stated: 'I was downgraded in my job because I had to spend time for health and safety committee activities.' A second was a large British factory where the health and safety manager summed up the facilities provided to the health and safety representatives: 'the company employs them to print paper... We are a bit limited in the amount of time we can allow them to spend on something else'.

However, far more common was the incorporation of representatives into safety arrangements that were controlled by managers. Several elements of management style contributed to this. To begin more broadly, the growth in unitary management approaches, made possible by shifts in the balance of power between the labour relations parties, has been well documented (Heery, 2016). While this has many effects on the nature and organization of work and labour relations, its influence specifically for OSH arrangements is particularly evident in several ways. First, as we have demonstrated, it characterizes the preferred style of worker participation favoured by many larger organizations. The direct participation of workers in various schemes aimed at influencing safe behaviour, and the further use of schemes to improve so-called engagement from employees with methods to achieve corporate safety aims, are among the dominant approaches currently used by large organizations globally (Robson et al., 2007). They are often part of corporate approaches to safety management more widely, in which the use of standardized approaches that include such features are widespread. Such approaches may vary in detail but follow a common pattern of compliance with systems advocated by voluntary standards organizations such as the International Organization for Standardization.

A significant feature of these approaches, which again has more widespread salience in current management strategies, is how they increase the responsibility and accountability of workers for their own safety and health (Gray, 2009). Behaviour-based systems for safety often promote this through procedures in which workers are required not only to act in ways deemed to be 'safe' but also to monitor the actions of others to ensure they do likewise. Often, the perception of managers in charge of such systems is that the role of the health and safety representatives they have incorporated into them is to participate in such monitoring. Such cases were widely reported from all the countries studied: representatives functioned as part of the system for managing safety, usually following the lead of the responsible safety practitioners and managers and often reporting to them. Significantly, both managers and representatives in these situations referred to the representatives as 'the eyes and ears of management'.

It was very difficult to gauge precisely how compliant with such approaches the representatives were, but it was clear that at least some saw compliance as part of their role. For example, in one unionized British factory, where representatives were integrated into the OSH management arrangements, the senior shop steward emphasized that the role of the union was to cooperate with management on safety and health issues. 'Whatever we try to highlight around health and safety... we want that to be consistent with what management are trying to highlight.... We like to do things in tandem with them.' The safety manager at the establishment confirmed this and talked about the presence of a strong working relationship between management and the union. He regarded the union as playing a very important role in 'communicating management's message' to workers and in enforcing safety policy, systems and procedures:

We've got total support from the union around health and safety. I use the union to communicate with the workforce. They get our message across. They fight our corner with us.... I've taken things in a new direction in this sense.

Such unitary perspectives were shared in many of the cases.

It was evident that the proximal reasons for the way in which worker representation had become incorporated into OSH management had much to do with the personalities of the key players involved. For example, not uncommonly, as the previous quote illustrates, health and safety managers or advisors made it clear that they believed they had been instrumental in shaping the arrangements in place. They further believed that safety representatives and works councils had responded to their initiatives by fitting into these systems, with largely predetermined roles and functions, and they assumed control over the operation of the system thus created. In these examples, representatives tended to defer to a perception of superior knowledge or expertise in the safety practitioner or manager, often indicating that they followed their instructions and turned to them as their major source of information and advice on OSH. But it was also evident that the influence of personalities was only a partial explanation for a pattern that was widespread and for which more fundamental structural and institutional factors were ultimately responsible.

Change and its influence

Arrangements for worker representation on safety and health do not operate in a vacuum. There are a host of factors, both internal and external to workplaces, that influence their implementation, operation and outcomes. We argue that, in addition to those more specifically relevant to the conduct of arrangements for safety and health, many of these determinants are much the same as those that influence the conduct and outcomes of labour relations more generally. That is, they include: establishment size and sector, patterns of employment and work organization, the internal organization of the labour process and work intensity, union membership and arrangements for collective bargaining. These form the contexts in which more safety and health specific influences operate. Such latter influences include the knowledge held by employers, managers, workers and their representatives concerning regulatory requirements on worker representation; risk profiles of the establishment and the commitment of managers to introducing and supporting participative arrangements for health and safety to address them; the extent to which OSH is explicitly addressed in

collective agreements at the establishment, or in other agreements made by the employers and the representatives of labour; the extent to which representation on OSH is prioritized by organized workers at the establishment; and awareness of OSH among workers.

The strength of such determinants varies with circumstances, but there is enough evidence from previous research in the countries studied (Frick, 2013; García et al., 2007; Popma, 2009) and the present study to indicate that they help drive who is elected or appointed as worker health and safety representatives or committee members and what special skills they come to possess, as well as their access to the training they may be entitled to receive. These in turn help to influence the means used in practice to operationalize various functions and entitlements given to representatives or committee members, by statute or otherwise, to enable them to undertake their roles.

Equally important is the well-established understanding that these contextual elements are not static, but are subject to changes that are themselves determined by the nature of the political economy and wider relations between labour and capital. Our findings confirm those of wider studies of the current contexts of labour relations that show that such changes have led to the erosion of support for conventional approaches to the collective representation of workers' interests, but demonstrate how they have done so specifically in relation to representation on safety and health (Lanara, 2012; Ollé-Espluga et al., 2015; Woolfson et al., 2009).

However, it must be acknowledged that these determinants and the changes that have occurred apply to an activity already often perceived differently to other ways of representing the interests of workers in aspects of labour relations. That is, in contrast to views held by many of the trade union campaigners for the reforms that led to statutory measures on worker representation and consultation on safety and health, within the unitary tradition of management OSH is regarded by employers, managers and health and safety practitioners alike as an issue on which there is no significant conflict of interest between capital and labour.*

From this perspective therefore, it is quite rational that as the unitary approach gains ascendancy more generally in contemporary workplaces (Heery, 2016), worker representation on these matters should become increasingly incorporated into arrangements to deliver safety, which, like other management arrangements, address corporate aims and are controlled by employers and their managers. Our study provides strong empirical evidence of this. Combining its findings with evidence from recent quantitative surveys serves to demonstrate a trend in which the erosion of autonomous representation of workers' interests in safety and health is strongly evident (see for example the decline of the presence of institutions of representation on OSH evidenced by the WERS series in the UK noted above and shown more generally in the EU by ESENER-2). As such, the analysis suggests that the political and economic thinking that dominates the operation of current economies in the EU serves to undermine the preconditions for support for the operation of older statutory requirements for worker representation and consultation. It also suggests that the same shifts in political and economic thinking which have led to greater individualization of responsibilities concerning arrangements to address workplace risks, make a further and particular contribution to undermining autonomous collective representation on safety and health (Gray, 2002, 2009; Hilgert, 2013). For example, in countries like the UK, a combination of media influence and neoliberal political strategies have acted to trivialize OSH issues in the public eye, directing public perception of workplace risks away from their potential harm and towards supposed harmful effects of regulation on personal freedoms (Almond, 2015). Combined with the trends towards greater individualization, these changes conspire to making the representation of collective interests on safety and health appear increasingly less relevant. Taken together with the growth of a unitary managerialism in British workplaces, this offers a further explanation for how it has been possible for the role of health and safety representatives to become appropriated by safety managers and made a part of their arrangements for managing safety and health in a significant proportion of the cases, with a consequent loss of its autonomous nature. While the political rhetoric supporting these developments may be more obvious in the UK, we find similar signs in the other countries of the appropriation of supposedly autonomous representatives into safety systems set up by managers in pursuit of corporate aims at the establishment. Literature on the wider contexts of labour relations in these countries points to the effects of austerity measures following the economic crisis (see for example Broughton and Welz, 2013 on Spain; Hermann, 2014 on the EU; Lanara, 2012 on Greece); the withdrawal of employers' organizations from corporatist institutions (Arvidsson, 2014); and increased job

insecurities felt at workplace level, all contributing to the strengthening of similar unitary strategies in the managerial appropriation of worker participation in safety and health.

If, as we argue, these are significant determinants of current and future practice, two sets of questions arise. One concerns the evidence of the effectiveness of such unitary approaches. Here, it needs to be acknowledged that while there is a body of reasonably robust evidence demonstrating the effectiveness of the operation of statutory approaches to worker representation and consultation on safety and health and what makes it so, no comparable body of evidence exists on the role of direct participation. The second concerns the roles and interests of organized labour and regulatory authorities in maintaining the autonomous forms of representation on safety and health for which trade unions originally campaigned, that are now determined by statute and which previous research has shown to be effective. The findings of both the current study and wider reviews of literature imply, on the one hand, that regulatory authorities have not been significant actors in supporting the operation of the statutory measures along pluralist lines. While on the other, the logics of trade union action that have driven closer ‘partnership’ with employers may have contributed a platform that has facilitated managerial stratagems to appropriate workplace representation described here and thereby the decline of autonomous representation of collective interests in safety and health.

The current research also shows that where the preconditions for the effective operation of the statutory measures remain in place, workers’ representatives are still able to make an effective contribution to OSH arrangements and their outcomes. Conventional wisdom suggests that this is more likely to occur with the active cooperation of employers and their managers than when they are hostile to this form of worker participation. But as a minority of cases reported in this paper suggest, even when such cooperation is less forthcoming, there are situations in which it is still possible to maintain the autonomous collective representation of workers’ interests in safety and health.

This seems to be determined by the extent of resistance to the power of unitary management styles to impose their constructs upon arrangements for worker representation on safety and health within workplaces. This also occurs elsewhere; for example, in the case of trade union activities on safety and health in Australian coalmines, recent research shows that despite the hostile climate of labour relations that is acknowledged to be the norm (Bowden and Barry, 2015), the miners’ representatives were measurably effective (Walters et al., 2016a, 2016b). Their strategies to achieve this included gaining strong support from the union within and outside the mines, prioritizing actions on safety and health that stayed within statutory entitlements, using techniques of ‘knowledge activism’ in accessing and using information and ensuring the support and respect of the regulatory inspectorate.

As noted, there are some strong similarities between these strategies and those evident in the limited number of cases of similar successful approaches in the present study. That is, in these cases, as in the Australian mines, representatives indicated that where: union or other forms of workplace worker organization were strong and prioritized safety and health issues on their agendas; statutory rights to representation were well understood and acted on, often with further support from requirements in collective agreements; where representatives were well trained, competent and confident, they continued to act as ‘knowledge activists’ on OSH and felt they had some chance of influencing OSH practice and its outcomes despite the efforts of managers to appropriate control of the process of participation.

It would therefore seem that in the current climate of increased managerial confidence in a unitary view of what constitutes appropriate worker participation and engagement, representation of workers’ interests in safety and health in ways previously found to be effective is increasingly marked by acts of resistance to such a viewpoint rather than by cooperation with it. The message for trade unions and regulators beyond workplaces is that there is a greater need to support such resistance if the pattern of appropriation of hard-won rights to collective workplace representation on safety and health, identified in the present research, is to be avoided.

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Table 1. Establishments with [without] representative arrangements

		BE	EE	EL	NL	ES	SE	UK	Total
Private producing	S	0 [3]	2 [0]	0 [2]	2 [1]	0 [4]	1 [0]	0 [2]	5 [12]
	M	2 [0]	2 [0]	3 [0]	1 [2]	2 [0]	3 [0]	1 [1]	14 [3]
	L	2 [0]	3 [0]	1 [1]	1 [2]	2 [0]	2 [0]	2 [0]	13 [3]
Private services	S	0 [3]	2 [1]	0 [1]	2 [0]	0 [3]	2 [1]	0 [3]	6 [12]
	M	2 [0]	2 [0]	1 [1]	2 [0]	1 [0]	1 [0]	0 [0]	9 [1]
	L	2 [0]	2 [0]	3 [0]	2 [0]	4 [0]	3 [0]	1 [0]	17 [0]
Public	S	0 [3]	1 [1]	0 [1]	2 [0]	2 [1]	2 [0]	0 [2]	7 [8]
	M	2 [0]	2 [0]	1 [1]	2 [0]	2 [0]	3 [0]	2 [0]	14 [1]
	L	2 [0]	2 [0]	4 [0]	2 [0]	2 [0]	2 [0]	4 [0]	18 [0]
Total		12 [9]	18 [2]	13 [7]	16 [5]	15 [8]	19 [1]	10 [8]	103 [40]
Grand total		21	20	20	21	23	20	18	143
