



## NWTUC Health, Safety and Well-Being Conference 4<sup>th</sup> March 2015

Well-Being or Worse-Being? What's wrong with Health, Safety and Welfare at Work?

Reclaim our H&S: Back to basics!

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### Slides 1 and 2

Good to talk to the experts, safety reps who make workplaces twice as safe and healthy:

<http://www.hazards.org/unioneffect/> Lots of good stuff today, good work by good people, useful information and insights but I am going to put things in a different political context and look at it from workers' perspective. Most speakers have made clear that those in **good** work are in better health than those unemployed, and referred to the impact of inequalities as documented, especially by Marmot. But much of the wellbeing agenda operates on the false premise that because work is generally good for you, all work is good for you and if you are sick, work will make you better and completely ignores the fact that much work is so bad it makes us very ill!

See Hazards Magazine article: Well then? <http://www.hazards.org/workandhealth/wellthen.htm>

I am a member of UNITE and I speak as a trade unionist. All the Health, Safety & Welfare at work protection, law and enforcement that we have won over years by collective action by worker and their unions, at risk of imprisonment deportation and poverty, it was not given to us by benevolent employers and governments. Over recent years we, the trade unions & safety reps, have seen the health, safety & welfare at work agenda attacked by deregulatory neoliberal governments, by the slashing of HSE funding by 44% and undermining its tripartism, and the agenda has been taken over by local and national public health initiatives, bodies like PHE, NICE, CIPD, BSI/ISO- all non-tripartite, no workers voice at all- , commercialised occupational health and safety services and academics. This has been turned into punitive sickness absence management and individualistic health promotion at work, not collective action to prevent work risk factors. We need to reclaim the agenda and build a strong NWTUC Health& Safety Reps network.

Well-being is clearly a good thing, we all want to be well, but employers and government initiatives need to be examined with healthy scepticism as often more about putting responsibility on workers for their own ill-health, rather than employers legal and moral duty to make workplaces safe and healthy and prevention ill-health injury and death. Well-being initiatives can end up blaming workers in bad jobs for their own ill-health when causes are out of their control and under control of employers. Ill-health is caused by poor quality jobs- long hours, excessive workloads, insecurity, low pay, bullying & harassment, exposure to MSD risk factors & hazardous substances etc.

### Slides 3 and 4

Well Being initiatives generally work from premise that most of us eat too much of the wrong foods, drink and smoke too much, abuse other substances, and take too little exercise. This leads to obesity/overweight, heart & lung disease and cancer. Initiatives are about advice and action to eat better, stop smoking, reduce drinking and exercise more. Many OK as long as they are not compulsory, coercive, punitive or worker/victims blaming, but they often are especially in USA and that may also come here- . In US workers may be punished for not lowering cholesterol or BMI, already happening to those on benefits: [http://www.theguardian.com/society/2015/mar/10/cutting-benefits-obese-people-bullying?CMP=share\\_btn\\_fb](http://www.theguardian.com/society/2015/mar/10/cutting-benefits-obese-people-bullying?CMP=share_btn_fb)

If you work 55 hours plus at several jobs to earn far less than you need to exist, let alone live then these public health/promotion messages are inappropriate. On diet- why not look at provision of good subsidised food in canteens, if not then microwaves and good clean eating areas to cover all shift patterns.

On exercise, encouraging walking, dance classes, cycling gym membership, all OK – though watch whether workers might be taxed – but why not look first at job design to build in healthy movement? Work may drive us to drink and drugs

so remove causes before testing and disciplining and no need in non safety critical work. Resilience often proposed to help workers suffering stress rather than removing causes. Based on non-science, misquoting Nietzsche and based on observations that some children can survive most horrifying circumstances to be OK, not applicable to adults or most kids. CIPD and IOSH adopt it: <http://www.hazards.org/stress/resilience.htm>; <http://www.hazards.org/stress/workplacetyranny.htm>. Behavioural safety is worker blaming- US Steelworkers say 'This BS can kill' <http://www.hazards.org/bs/bswillkill.htm> Use HSE Stress Management Standards, risk assess then remove the causes: <http://www.hse.gov.uk/stress/> though sadly there is precious little action of enforcement of these by the HSE <http://www.hse.gov.uk/stress/>

The government/corporate/ employers 'Wellbeing agenda' detracts from real issues and causes of ill-health, substitutes for health and safety as Martin Temple of Engineering Employers' Federation concluded in Triennial Review of HSE 2013 : **Well-being is NOT Health and Safety at Work**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/275233/hse-function-form-governance-triennial-review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/275233/hse-function-form-governance-triennial-review.pdf)

And is a cop out for employers.

### **Slides 5-8**

'It's the law stupid' – to paraphrase Bill Clinton! Issues of health and wellbeing are part of the law- Health & Safety at Work Act 1974 which puts legal duties on employers to ensure, so far as is reasonably practicable, safe and healthy workplaces. This enabling law is backed up Regulations such as the Management of Health & Safety at Work Regs plus Safety Reps and Safety Committees Regulations, Control of Substances Hazardous to Health Regs COSHH, which provide for risk assessment then development of safe system of work which must follow a hierarchy of eliminating and removing the hazards or substitution of safer subs/processes, collective engineering control and PPE only as last resort: fitting the work to the worker. Contrast that with the 'Resilience industry' which is about fitting the worker to work! SRSC Regs give safety reps their statutory/legal powers to be consulted, given information, represent members, inspect , investigate, have safety committees.

Wellbeing agenda by contrast has no statutory/legal underpinning, 'well-being champions' are outside of, unsupported by, and undermining of, the Trade union Health, Safety & Welfare structures under the law.

Government/employers' 'Well-being agenda' can be very attractive to safety and other union reps, and members, as the employer welcomes it, promotes it, there may be money available and freebies, and it is less adversarial than the traditional fighting for health and safety against hostile management.

### **Slides 9-12**

BUT work is still a massive cause of ill-health see the stats. Almost all of this is unpublicised, much of it not official counted therefore it doesn't count in policy and funding/resourcing priority for action terms- if 30 million people in work but HSE reports only '133 killed' instead of 50,000 every year, this supports the deregulatory enforcement slashing 'H&S is all red tape', 'elf and safety's gorn mad' it's a 'burden on business', 'albatross', 'millstone round employers necks' lies and Cameron's vow to 'kill off H&S culture' .

Justifies the massive 44% cut to HSE budget over 5 years?

Work is still a source of great inequality in health. Low paid work comes with high work risks. Workers in worst jobs with lowest pay are more likely to be injured, killed and made ill with whole range of illnesses, such as cancer, diabetes, lung and heart disease. 20% of workers, mostly in blue collar jobs are exposed to carcinogens at work, chemicals, substances and shift work. Almost all the new jobs being created are in this sector: bad jobs, insecure, harmful jobs, very bad for workers health. <http://www.hazards.org/workingworld/lowblow.htm> ;

<http://www.hazards.org/votetodie/lowlife.htm>

### **Slides 13 – 15: Good H&S not a burden on business, lack of it a huge burden on us, we pay the price.**

#### **Slide 16: It's the jobs/work that makes us ill**

Cancer caused by carcinogenic chemicals and substances, including Endocrine Disrupting Chemicals EDC's, : shift work in men and women; breast cancer risk for women is increased by working 2 or more night for long period. Fine dust causes lung and heart disease. Heart disease is also caused by stress, long hours, excessive workloads, low pay and low control, shown by many studies including the Whitehall study.

Research by Canada's [Institute for Work & Health \(IWH\)](#) and the Institute for Clinical Evaluative Sciences (ICES) published in February 2013 found that among men reporting low job control, 27 per cent were diagnosed with hypertension during a nine-year period. This compared to 18 per cent among men reporting high job control. Furthermore, the study found the proportion of cases of hypertension among men that could be attributed to low job

control was 12 per cent, which is higher than the proportion of cases that could be attributed to poor health behaviours such as smoking, drinking, not getting enough exercise, and not eating enough fruits and vegetables.

<http://www.iwh.on.ca/media/2013-feb-27>

"Primary prevention programmes to reduce hypertension are largely aimed at changing unhealthy behaviours," says IWH scientist Dr Peter Smith, who led the research, published in the [Canadian Journal of Public Health](#). "But this study suggests that prevention strategies might also assess the potential for modifying work environments as a hypertension control intervention."

Another 2012 US study, part financed by the US government's [National Institute for Occupational Safety and Health](#), found low wages are a risk factor for hypertension, which raises the risk of heart attack and stroke. '[Are low wages risk factors for hypertension?](#)', published in the European Journal of Public Health, found doubling the wages of younger workers was associated with a 25 to 30 per cent decrease in the risk of a hypertension diagnosis, and doubling the wages of women was associated with a 30 to 35 per cent decrease in the risk of a hypertension diagnosis.

<http://blogs.cdc.gov/niosh-science-blog/2013/01/28/hypertension/>

The link between low pay and ill-health, emphasises the vital importance of trade union campaign for a Living Wage e.g Bakers Union 'Fast Food Workers Hungry for Justice; and TUC, TU on-going campaigns for increase in Minimum wage now, and rapid move to higher Living Wage.

Endocrine Disease e.g. diabetes and obesity as well as being related to diet and exercise, some of this may well be due to Endocrine Disrupting Chemicals EDC's too. These dangerous and ubiquitous chemicals in workplaces and environment having effects at very low levels [http://www.eurekalert.org/pub\\_releases/2015-03/tes-eco030415.php](http://www.eurekalert.org/pub_releases/2015-03/tes-eco030415.php) ;

Well-being health promotion, individualistic approaches will have far less effect on the ways in which jobs and the organisation of those jobs make us ill, all of which need a trade union collective approach backed by law at work, and also political campaigning outside the workplace.

### **Slide 17: Austerity makes us sick**

**UK neoliberal government waging war on working class from cradle to grave, a perfect storm of attacks pushing us all in a race to the bottom**

Public sector cuts leading to job losses means fewer people doing far more work under increasingly stressful circumstances. 1.5 million in zero hours contracts, 13 million in poverty, 5 million of those with someone at work; Workers unable to afford all living cost and reliant on food-banks, housing benefit, tax credits etc. Work becoming more intense nasty and brutish.

### **Slide 18: Realistic vs fairytales**

There is very little evidence to back up the 'Wellbeing agenda' as it is currently resented compared to the mountain of evidence supporting the harmful effects on health of work, the fact that almost all of it can be prevented via the health, safety and welfare legal route plus the employer/Trade Union collective bargaining structures approach.

Swansea research 2006 showed that cost of preventing sickness absence equalled the claimed cost of the absences! True cost of absence almost nothing:

<http://www.personneltoday.com/hr/cost-of-absent-workers-is-almost-nothing-claims-swansea-university-research/> Others have said presenteeism costs too- Sir Carey Cooper, Stress expert, say 2x as much as absenteeism- and 4-5 days sickness absence per worker per year on average seems quite reasonable to cover colds, flu and gastro intestinal illness.

**Slide 19: Despite all the evidence of the benefits of good health and safety regulation and enforcement, business daleks bleat 'deregulate, deregulate, deregulate' on and government obeys and exterminates health and safety?**

**Slides 20 -23: Health and Safety Regulation what we've lost and how**

**Slide 24: Based on wrong ideas**

View of Waddell and Burton, Mansell Aylward and others working in this field, including Dame Carol Black's work 'Working for a healthier tomorrow' are widely questioned and much is rejected by trade unionist, TUs, TUC the Hazards Campaign, as missing the point and failing to examine causal relationship between work and health and this now

underpins much of Wellbeing agenda and Health@Work. Most jobs now being created are extremely poor quality job that are making workers very sick indeed: <http://www.hazards.org/workingworld/lowblow.htm>

#### **Slide 25: Hazards Campaign calls for:**

**Slide 26 and 27:** TUC Work and Well-being book lays out trade union approach to this and distinguishes it from the employers' government agenda. The first point of TUC checklist for union reps is 1. Does your employee have prevention measures in place for stress, musculoskeletal diseases and other occupational health issues? **If not – that should be done first.** And then goes on to explain how to question and challenge the wellbeing agenda and if valuable, to incorporate any good aspects it into the traditional health, safety and welfare approach at work and hold employers to account to their moral and legal duties. Northern TUC and NHS working with employers has managed to do some very good work here.

'Well then?' <http://www.hazards.org/workandhealth/wellthen.htm>

#### **Slide 28: What works? Evidence shows**

Prof Toffel, Harvard Business School, 2012 <http://www.hbs.edu/news/releases/Pages/toffelscience051712.aspx>;

Hazards Magazine: You lie: we die <http://www.hazards.org/votetodie/youliedie.htm> ;

<http://www.hazards.org/unioneffect/>

<http://pure.rhul.ac.uk/portal/en/publications/union-representation-collective-voice-and-job-quality-an-analysis-of-a-survey-of-union-members-in-the-uk-finance-sector%28af55367d-a050-443e-be7-0069f297e3f4%29.html>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/367410/hse-implementing-european-legislation.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/367410/hse-implementing-european-legislation.pdf)

**Slide 29 – 30 Hazards Campaign 2010-2104 challenging government H&S lies 'We didn't vote to die at work' , 'Stop it you're killing us' and recapturing Red tape as a positive force: 'We love red tape because it's better than bloody bandages' .**

**Slide 31: HSE: 'business as usual' with a 44% cut? I don't think this is possible, do you?**

**Slide 32: Workers Memorial Day 28 April 2015 #IWMD15 Remember the Dead: Fight for the Living**

This year's theme 'Removing hazardous substances from work'. So lots of hashtags/slogans possible e.g. #Put hazardous substances/chemicals out of work; #put cancer out of work; #Put breast cancer out of work #Put asbestos out of schools #Get rid of dust in my workplace- adapt for your own circumstances.

**Posters and Forget-me-knot ribbons, statistics, resources and more info available from GMHC**

[mail@gmhazards.org.uk](mailto:mail@gmhazards.org.uk)

**Manchester event in Albert Square at 12 noon on 28<sup>th</sup> April and afterwards meeting at People's History Museum with exhibition. Speakers from NUT, GMB, UNITE, UNISON, CWU, FACK, GM Asbestos Victims Support Group, reading of names, laying of wreaths.**

NW Events in Chorley on Friday 24th April, Preston Saturday 25th April, Agecroft Salford, Saturday 25<sup>th</sup> April, Bolton Sunday 26<sup>th</sup> April, Liverpool Tuesday 28<sup>th</sup> April.

Do something in your workplace- audit of all substances at work, eliminate all hazardous ones, substitute safer ones make people aware, ensure safe systems of work with coactive protection and PPE only as a last resort.

**Slides 33 International Solidarity- Reject the race to the bottom Join hands for a Race to the Top**

**Slides 34- 36 Focus on the causes of ill-health at work and take back the H&S agenda and fight for good quality job for all.**

**Slide 37-38 General Election 2015 Hey whatcha gonna do? Hazards Campaign agenda**

**Slide 39 – Contact details**