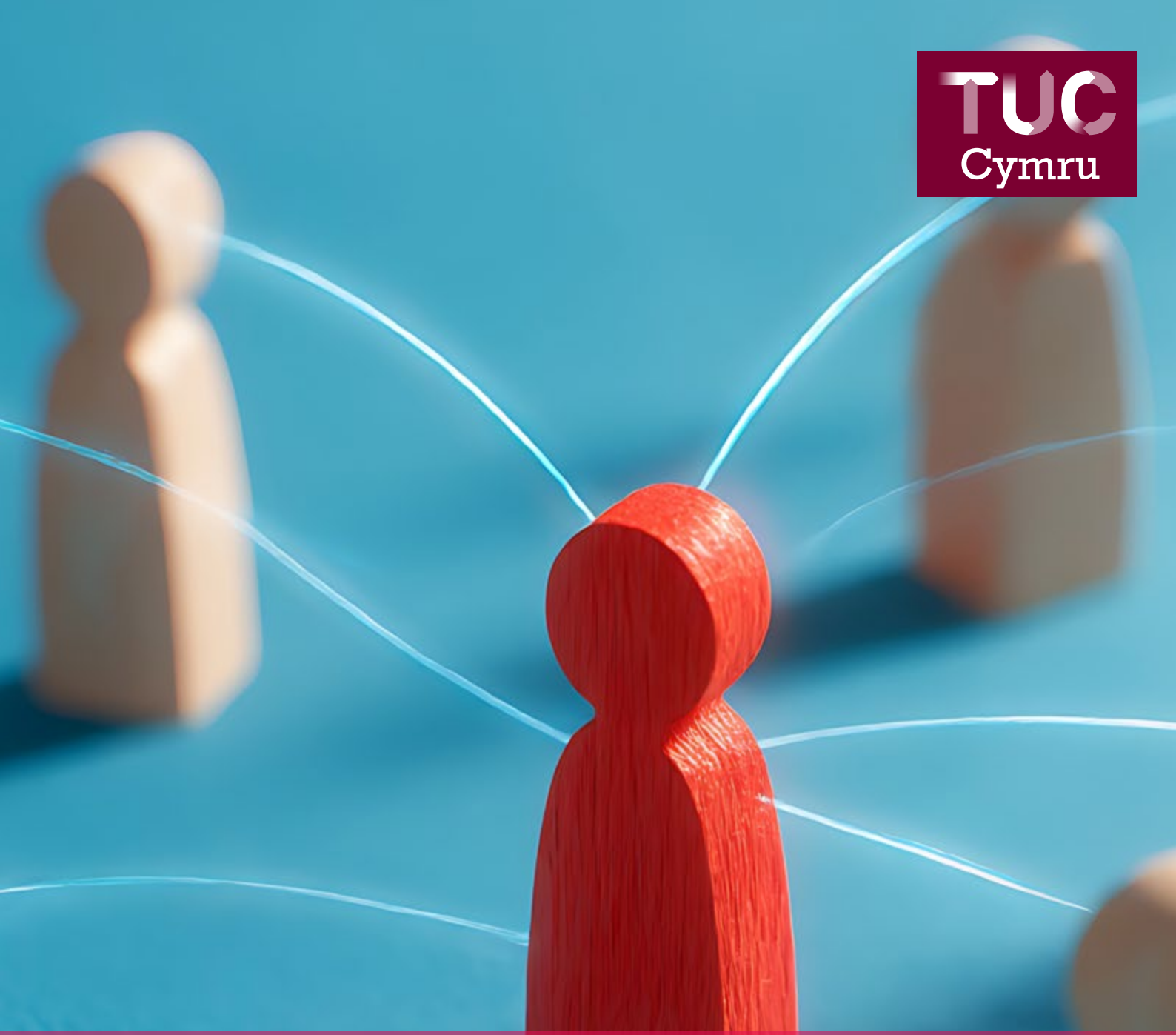

TUC Cymru

Regulating Work Health and Safety in Wales

Using and Sharing Information

October 2025

All TUC publications can be provided for dyslexic or visually impaired readers in an agreed accessible format, on request, at no extra cost.

e: cymru@tuc.org.uk t: 029 2034 7010

Design by: Gavin Pearce

Published by:
TUC Cymru,
1 Cathedral Road,
Cardiff CF11 9SD
www.tuc.org.uk/wales

REGULATING WORK HEALTH AND SAFETY IN WALES

Using and Sharing Information

A Report for TUC Cymru

David Walters and Eva Makri

Contents:

Tables and figures

Acronyms

APS	Annual Population Survey
ASHE	Annual Survey of Hours and Earnings
CQC	Care Quality Commission for England
EEASS	Equality and Employment Advisory Support Service
EHRC	Equality and Human Rights Commission
EAS	Employment Agency Standards
EH	Environmental Health
FSB	Federation of Small Businesses
FOD	Field Operations Directorate
GLAA	Gangmasters and Labour Abuse Authority
HWW	Healthy Work in Wales
HMRC	HM Revenues and Customs
ILO	International Labour Organisation
HSE	Health and Safety Executive
LFS	Labour Force Survey
LMEO	Labour Market Enforcement Order
LMEU	Labour Market Enforcement Undertakings
LA	Local Authorities
MOU	Memoranda of Understanding
MSEs	Micro Small Enterprises
MSDs	Musculo-Skeletal Injuries
NMW	National Minimum Wage

Acronyms

ONS	Office for National Statistics
ODLME	Office of the Director of Labour Market Enforcement
SRS	Shared Regulatory Service
SMEs	Small and Medium Sized Enterprises
WHoEHG	Wales Heads of Environmental Health Group
WRRF	Workplace Rights and Responsibilities Forum
WHS	Work health and safety

CHAPTER 1

Work Health and Safety in Wales

Introduction

Challenges of a Broader Conceptualisation

This report details the findings of a project that explores the nature of work health and safety information, and how the various organisations involved in regulatory oversight of workers' rights in Wales approach using and sharing this information in their efforts to secure compliance from duty holders with their statutory obligations on safe and healthy work. In doing so, it:

- Reviews publicly available sources of data on the labour market, work health and safety and its regulation in Wales,
- Explores the extent to which this information represents a useful evidence base for improving levels of compliance and enforcement of work health and safety standards in the contexts of the labour market in Wales.
- Discusses the usefulness of sources of this data with special reference to experiences and perceived needs of trade unions represented on the TUC Cymru Health and Safety Committee and in the work of the members of Welsh Government's Workplace Rights and Responsibilities Forum (WRRF)
- Identifies strengths, weaknesses and gaps in current knowledge of these matters
- Explores ways in which policy development to improve current experience, might facilitate greater sharing of information and more strategic joint actions by members of the WRRF to aid improved support for securing compliance with work health and safety standards in Wales.

This introductory chapter first places the study within the context of the challenges facing the regulation of work health and safety in Wales. It then moves on to detail the project's origins rational, aims and methodology. It ends with an outline of the structure of the report that follows.

The study in context

There is widespread acknowledgement that in recent decades, in parallel with changes in the nature of economic activity in advanced economies, changes have occurred in the nature of risks to the health and safety of workers. The decline of manufacturing, heavy engineering and the extractive industries has resulted in reduction in the presence and effects of some of the risks of injury and ill-health arising from work in these sectors (although by no means their complete disappearance). Meanwhile, risks associated with work in private and public sector services and with the transformation of the ways in which all forms of work and employment are increasingly structured, organised and controlled, have led to a current profile of work-related ill-health, injuries and fatalities, in which, most common, are mental health issues and musculo-skeletal injuries (MSDs).

The recognition of these developments has helped fuel a drive towards a more holistic view of work and health, in which there is greater acknowledgement that understanding the health effects of work cannot be achieved solely by accounting for the consequences of exposures to the physical, biological or even psychological risks of work processes. Instead, it is argued that a more appropriate understanding requires taking account of wider employment contexts, including those of working time, security, employee voice and collective representation, equality, remuneration and so on. An understanding of that therefore draws attention to the relevance of standards covering such issues, as well as those more specifically addressing occupational safety and health, in providing a regulatory framework to address the relationship between work and health and improve its outcomes. It is further acknowledged that the changes prompting these developments have contributed significant challenges for traditional approaches to regulating work health and safety and for regulatory surveillance.

Current conceptualisations of what is involved in the relationship between work and health have found their way into thinking about basic human rights at international levels. For example, normative judgements concerning minimally decent working conditions, to which all workers have some entitlement, are embraced by the International Labour Organisation's (ILO) Declaration of Fundamental Principles and Rights at Work as amended in 2022[1], in which the right to health and safety at work is placed on an equal footing with other core labour standards covered by the Declaration, including freedom of association and the effective recognition of the right to collective bargaining; elimination of all forms of forced or compulsory labour; effective abolition of child labour; and elimination of discrimination in respect of employment and occupation. Such a conceptualisation is further found underpinning definitions of fair work — including that of the Wales Fair Work Commission — which in a 2019 Report (Welsh Government, 2019) defined it to include seven elements. The first six were: (1) fair reward; (2) employee voice and collective representation; (3) security and flexibility; (4) opportunity for access,

[1] *In June 2022 the International Labour Conference (ILC) agreed that a right to a 'safe and healthy work environment' be part of the International Labour Organization's 1998 Declaration on Fundamental Principles and Rights at Work.*

growth and progression; (5) a safe, inclusive and healthy working environment; and (6) legal rights respected and given substantive effect. The seventh, which was seen to be integral to the other six, encompassed inequality and active promotion of equality and inclusion. The 2019 Report, however, pointed more generally to the interconnected nature of all these features and how the associations between them were essential to understandings about the delivery of fair work. Thus, it indicated that rights to safety and health were integral and interconnected with the other six elements of fair work, in a way similar to that posited by the ILO's Declaration on Fundamental Principles and Rights at Work.

This view begs some important questions when it comes to achieving regulatory compliance, because not only are the levels of protection offered by these standards frequently found to be insufficient to prevent many forms of work-related harm to workers' health, safety and well-being, but also because there are many instances where support for securing compliance with them has been found to be wanting. There are organisational, structural and operational reasons for this, well documented in the literature, as well as related resource constraints and political barriers (James and Walters, 2022). Recent regulatory literature on employment standards and work health and safety clearly identifies the presence of an enforcement gap and one which is especially evident in relation to improving work health and safety and employment protection for workers in the non-standard forms of work and employment that surveys indicate to be a growing presence in the way work is structured, organised and controlled across a host of advanced economies (Vosko, 2020).

In this respect, whatever the limitations of current supports for securing compliance with work health and safety standards and with employment standards more widely, the provision of information, and its sharing among the actors and agencies charged with securing such standards, is widely held to be fundamental to their achievement for a number of reasons. For example:

- Information is required on the nature and occurrence of work-related risks for health, across a wide range of work and employment scenarios including those arising from new ways of structuring, organising and controlling work, where the contexts in which risks occur may be different from those met in previous regimes of work and employment.

- Information is needed to measure outcomes and to set priorities for preventive policies and actions on work health and safety at all levels from national governance to the delivery of workplace arrangements for improved work health and safety practice.

- From the perspective of monitoring and improving regulatory compliance,

agencies charged with this task require information to design and deliver their regulatory functions as well as to monitor and measure the effectiveness of the strategies they adopt to achieve and support them.

But the provision and sharing of such information among the actors involved is complicated. Not only are a complex set of factors argued to be involved in determining work health and safety outcomes and the contexts in which they occur, such as outlined above, but there are a number of separate and distinct regulatory agencies charged with enforcement tasks in relation to them. These bodies have different histories, working cultures and traditions, differences that don't necessarily facilitate the levels of communication required to make effective use of information, even where it exists.

For example, responsibility for enforcement and support for securing compliance in agencies like the Health and Safety Executive and Local Authority Environmental Health (EH) Departments, has historically focused on occupational safety and health issues that occur in the context of traditional employer-employee relations (although nowadays their remit is widened to also include elements of public safety that may be affected by work as well as other work activities outside the legal nexus of the contract of employment). In contrast, more recently created state agencies, such as the Employment Agency Standards (EAS) Inspectorate and the Gangmasters and Labour Abuse Authority (GLAA) are tasked with enforcement in non-standard employment contexts, while frequently dealing with issues involving the relationship between work and health. Similarly, since issues of remuneration along with those of employment security, may have consequences for health, there are instances when the role of HM Revenues and Customs (HMRC) maybe of relevance to the relationships subsisting between work and health, both directly through its enforcement of the National Minimum Wage and more indirectly, as a repository of information on the existence of businesses, employment, employees and pay.

Meanwhile, other agencies not directly involved with enforcement of work health and safety standards, nevertheless gather information and/or enforce standards relevant to work and health. For example, the Equality and Human Rights Commission (EHRC) — responsible for the promotion and enforcement of equality and non-discrimination laws in England, Scotland and Wales — may have relevant information for the regulation of work-related health issues arising from discrimination or harassment. Other organisations without regulatory enforcement roles may also be the repositories of relevant information for securing compliance — such as those responsible for the administration of public health for example. While trade unions, employers' organisations, professional bodies, community groups and other non-governmental bodies may, to varying degrees, similarly gather and disseminate information relevant to the achievement of regulatory rights.

Few of the disparate regulatory bodies mentioned above belong to the same state or local authority departments. Nor do they enforce the same statutory requirements. More generally, they have invariably developed their own separate institutional cultures and ways of securing compliance with the requirements that they are responsible for enforcing. In addition, with only a few exceptions, do they appear to have strong and active institutional connections. Yet as argued above, the holistic view of work and health draws attention to the potential value of such interconnectedness in supporting regulatory compliance supportive of a positive relationship between work and health. In doing so, it raises important questions about how much the 'enforcement gap' referred to above, is a consequence of institutional disconnection and how much it might be filled through efforts to not only achieve better information generation but also remove existing barriers to sharing it more effectively between both regulatory and non-regulatory actors. How this takes place currently in the governance and regulation of work health and safety in Wales, and whether and how better communication and sharing of relevant information between regulators and other key stakeholders might help to close the enforcement gap explored in this project.

Background to the study

There are several significant antecedents to the present study that help to further explain its focus and content. This section outlines, firstly, the development of the institutional contexts in which the project is situated. Secondly, it briefly discusses the relationship between the broader perspectives of work health and safety identified in the previous section and the indicators that are widely used in determining the extent of 'fair work' in Wales and elsewhere. This discussion notes similarity and overlap between these indicators, while at the same time distinguishing the roles of both the Welsh Government's Workplace Rights and Responsibilities Forum and — in as far as it was set up to provide input to the WRRF — the Health and Safety and Regulation Committee of the TUC Cymru, from that of Fair Work in Wales more generally. Thirdly, it highlights the ways in which modern work contexts have influenced how the term 'regulation' has been understood for the purposes of the present study.

Institutional contexts

The study was undertaken at the behest of the TUC Cymru in order to inform its recently created Health and Safety Regulation Committee.

The TUC Cymru Health and Safety Regulation Committee was set up in 2023 to, among other things, contribute trade union input to the Welsh Government's Workplace Rights and Responsibilities Forum. The latter body, established in 2022, brought together a number of public organisations with regulatory functions, trade unions and employers' organisations and other bodies with interests relevant to labour market regulation, to share information and understandings of regulatory compliance in the Welsh labour market (See Box 1.1). It owed its existence to an already established willingness of social partners, state regulators and others active in the Welsh economy, to engage in dialogue on these matters in Wales, with support from the Welsh Government

Box 1.1

The membership of the WRRF comprises of representatives of:

Public Health Wales
Environmental Health Wales Group
The Health and Safety Executive
The Office of the Director of Labour Market Enforcement
The Gangmasters and Labour Abuse Authority
The Employment Agency Standards Inspectorate
HM Revenue & Customs National Minimum Wage
Equality and Human Rights Commission.
The Welsh Government.
Welsh Local Government Association
Wales Council for Voluntary Action
TUC Cymru and individual unions
Business representative organisations (Wales Business Council, Chambers Wales, Federation of Small Businesses, and Confederation of British Industry)
The Advisory Arbitration and Conciliation service (ACAS)

This willingness was largely a result of the perceived success of a Health and Safety Committee set up by the Welsh Government in 2019 to help address challenges presented by the Covid 19 pandemic in Wales. This committee had been set up to overcome jurisdictional issues in order for the Welsh Government to deliver its responsibility for public health during the pandemic. Difficulties arose because, while the Welsh Government is the competent authority for health matters in Wales, regulatory matters relating to work and employment, remain largely under the jurisdiction of the UK Government, including health and safety; employment rights and duties and industrial relations.[2] Thus, regulating work health and safety issues in Wales, including those presented by Covid 19, is the responsibility of the Health and Safety Executive, which delegates some of its enforcement powers in respect of 'low risk premises' to Local Authority Environmental Health Departments, as is the case for the rest of the UK. Extending Welsh Government response strategies dealing with the pandemic to work and employment in Wales therefore necessitated creating a platform to facilitate dialogue with trade unions, employers and the Health and Safety Executive (HSE) on the use of public health powers in these contexts. The Health and Safety Committee was created to help facilitate this and widely regarded as effective in doing so.

[2] *The Wales Act 2017 introduced the reserved powers model of devolution, in force in Wales since April 2018. It added Section 108 (A) to the Government of Wales Act (GoWA) 2006. Under its requirements, matters reserved for the UK Government are specified under Section 7 A of the GoWA. Para 171 of the Schedule to this measure 'reserves employment rights and duties and industrial relations, except for the setting of wages for agricultural workers insofar as this is dealt with by the Agriculture Sector (Wales) Act 2014'.*

Further impetus for the establishment of the WRRF was provided by recommendations made by the Fair Work Commission. Following the establishment of a Fair Work Board in 2017, the Fair Work Commission was set up in 2018 and tasked with making evidence-based recommendations to promote and encourage fair work in Wales. The Commission duly reported in 2019 with a detailed analysis of indicators and measures of fair work in Wales and recommendations on measures that could be taken to further promote it. Among them were recommendations that the Welsh Government develop and implement a strategy to improve the effectiveness of existing rights enforcement in Wales and to make use of its convening powers to improve communications between itself, stakeholders and non-devolved regulators, (Welsh Government, 2019). The Welsh Government's responses to the recommendations, included the organization and delivery of a workers' rights and responsibilities campaign to raise awareness of workers' rights and related avenues of information, advice, and guidance. The establishment of the Workplace Rights and Responsibilities Forum, bringing together employer representatives, trade unions, and workplace regulators like the HSE, and local Authority Environmental Departments, the Gangmasters and Labour Abuse Authority and HMRC's minimum wage enforcement unit and other work-health related bodies (see Box 1 for the complete membership), constituted another response and a means of extending the success of the regulatory rights and responsibilities dialogue established by the previous Health and Safety Committee.

The Welsh Government further established a Fair Work Directorate within the Welsh Government staffed by both civil servants, and individuals seconded from the social partners to lead and co-ordinate the social partnership and fair work agenda. This body currently provides support for the Forum.

While the WRRF is by no means the 'fair work observatory' that the Fair Work Commission also recommended the Welsh Government establish, it nevertheless provides an institutional platform through which improved gathering, collating, sharing and using of information relevant to the regulation of a holistic vision of work health and safety can be developed. Thus, it gathers together the representatives of regulatory actors and stakeholders across the range of work and employment scenarios to which regulatory standards apply and presents them with an opportunity to work together, with the support of the Welsh Government's Fair Work Directorate, to help close an enforcement gap widely perceived to exist in relation to the operation of employment standards, including those on work health and safety. As indicated in the previous section of this chapter, an aim of this project is to explore the extent to which sharing and using relevant information by the members of the Forum might contribute to delivering this potential and what might be needed to make it more operationally effective.

Fair Work and workplace regulation

As already discussed, wider measures of fair work are of clear relevance to a more holistic understanding of work health and safety. Thus, for example, pay and remuneration are important determinants of health, both in the narrow sense of their possible influence on risk exposure and safety behaviours and in the wider sense of possible health consequences arising from low income (Marmot, 2015; Wilkinson and Picket, 2009). In a similar vein, worker voice and representation have long been acknowledged to be significant factors in promoting better practice in process-based approaches to managing health and safety risks (Walters and Wadsworth, 2021). Poor job security has been found to be associated with poor health and safety experience and its outcomes, with 'flexibility' often serving as a euphemism for such insecurity (Benach et al, 2002; Ferrie et al, 2002). While equal and inclusive treatment applies to all aspects of work health and safety practice and is clearly absent if inequalities are evident in the ways in which workers experience arrangements for their work health and safety. Current structural and organisational arrangements for work and employment that are associated with negative mental and emotional health outcomes include, for example, several associated with the presence of inequalities including the consequences of sexual harassment, the increased vulnerabilities of disadvantaged groups, and gendered health and safety protections.

This would seem to support both the argument for the centrality of measures of work health and safety compliance and outcomes in modern understandings of the delivery of fair and decent forms of work, and in turn, the necessity of having indicators of wider labour market regulation in order to monitor the role and effectiveness of policies on work health and safety in the Welsh economy. Having this in mind has played an important role in informing the approach adopted in the present project. However, there are also some important distinctions to be made. While the approach to reviewing sources of relevant data uses the holistic understandings outlined above, it is nevertheless focused on work health and safety, rather than on Fair Work. Although there may be sources of data on regulatory matters that are relevant to both, they are not covered identically, nor is the balance of regulatory emphasis, its historical development and its current policy aims, the same in both cases. These distinctions have informed the content and orientation of the study and report that follows.

Research conceptualisation, design and methods

a) Some issues in the conceptualisation of the research

This project has sought to investigate the role of information and its sharing in support of co-operation between regulatory actors aimed at bridging the 'enforcement gap' that has been acknowledged to exist in the regulation of employment standards in a number of advanced economies where protections, including those on health and safety, have been especially challenged by current labour market contexts (Vosko, 2020). More specifically, it has explored the feasibility of gathering, sharing and using data by the multiple actors and agencies involved in order to make co-operation between them more effective. And in particular, it has focused on the role of the WRRF as a platform to facilitate this.
This research agenda required some preliminary consideration to be given to two issues. First, what is meant, for its purposes, by the term 'regulation'. Secondly, to what extent the Welsh government possesses powers to regulate matters of employment.

Regarding the first of these matters, traditional conceptualisations of work health and safety regulation embrace various forms of public regulation in which, usually, statutory requirements place duties on various classes of persons to conduct the work activities under their control according to standards that are defined by statutory means or in guidelines made under them. Public authorities, of one form or another, are then tasked with surveillance of the operation of work activities to ensure these standards are met and are provided with enforcement powers to support this task.

Policy developments of recent decades, arguably partly prompted by weaknesses or limitations in the operation of such public regulation, have, however, increasingly emphasised the importance of using wider means of effecting regulatory influence. In particular, forms of 'soft law', along with a shift in the orientation of statutory health and safety measures away from an emphasis on prescriptive standards to the specification of general principles of prevention, have not only resulted in more comprehensive regulatory coverage, but also pointed to a need for means of evaluating regulatory outcomes that extend beyond records of the regulatory actions of public authorities (see for example Delautre et al, 2021:17).

In turn, a problem this need raises for research investigating how regulatory actors might access, share and use sources of information on regulatory activities, concerns how to define what constitutes such information. While direct evidence of regulatory actions can be found for example in the number and nature of recorded infringements, enforcement actions or prosecutions, evidence on the operation of the various other forms of regulatory influence that contribute to determining best practice in the operation of work health and safety can be more difficult to find. Yet, these wider influences may be especially important in current labour market contexts where many situations involving poor work health and safety practice and related abuse of wider employment standards, occur in work scenarios that are beyond the reach of traditional enforcement practice.

Thus, there is likely to be a complex patchwork of direct and indirect means of regulating work health and safety in Wales. This is especially so if the broader meaning of 'work health and safety' is accepted. While it is clear that good sources of data are fundamental to building a picture of the operation of the regulatory rights and responsibilities framework for work health and safety in Wales, the complexity of influences on its operation creates challenges for both determining and mapping relevant sources of this data and for establishing the extent of their usefulness as well as identifying possible gaps in their cover. The following section outlines how the project has approached these challenges.

As to the issue of the regulatory responsibilities of the Welsh government, despite the non-devolved nature of UK employment regulation generally, there are a number of issues over which the Welsh Government does have jurisdiction.

For example, economic inequalities are a well-established causative factor in work-related ill health (see for example, Marmot et al, 2020; James and Walters, 2022:25-26) and, in relation to this, the Welsh Government has power to prescribe specific equality duties for public bodies under the Equality Act 2010 (Statutory Duties) (Wales) Regulations. Work health and safety is also an element of sustainability, and it may be an area over which the Welsh Government could exercise some competence under the Well-being of Future Generations Act 2015. The Agriculture Sector (Wales) Act 2014 may also be of relevance since it creates particular arrangements for the Welsh Government via the Agricultural Advisory Panel for Wales (establishments) Order 2016.

Many studies have drawn attention to the health and safety consequences of travel to and between work activities (Neis and Lippel, 2019). The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 made under the Inspection of Social Care (Wales) Act 2016, are therefore of relevance in that they require adequate travel time between the calls on clients to be provided to domiciliary care workers. Finally, reflecting regulatory developments in other countries to improve labour conditions through supply chains, the Social Partnership and Public Procurement Act (Wales) 2023, introduces a statutory duty on many public bodies to consider socially responsible public procurement that

could involve incentivising potential contractors to improve their arrangements for managing work health and safety, as has been seen to occur under similar measures in some other countries (Walters et al, 2024).

All these elements of regulation, while not themselves concerned mainly or even directly with work health and safety, consequently provide the Welsh Government and relevant interest groups in Wales, with further opportunities to influence regulatory practice on work health and safety. Consequently, they may also be of some relevance to an inquiry into the sources and use of relevant regulatory information.

b) Research design and methods

A staged approach was undertaken to reviewing the relevant sources of data and their implications for practice.

Firstly, published sources of data on the Welsh labour market were identified and explored in order that the extent, structure, organisation and distribution of work and workers in Wales might be usefully profiled and compared with that of the UK more widely (Chapter 2 and Annex 1).

Secondly, published sources of data concerning the health and safety of Welsh workers were considered. These included systems for reporting data on work health and safety outcomes; data on the nature and distribution of work-related risks and data on regulatory practice on work health and safety. Each of these sources were reviewed and their strengths and weaknesses considered (Chapter 3 and Annex 2).
Collectively the work completed in this stage of the project contributed a profile of published sources of information on regulatory activity on work health and safety in Wales; and a profile of the activities themselves. It indicated some points of similarity and difference between Wales and the UK generally, all of which are noted and discussed in the following chapters. It also enabled the partial identification of the main areas on which a second stage of the work could focus.
This second stage of the research involved further exploration of systems of reported data that were informative about regulatory practice relevant to work health and safety, but which was not identified in the published evidence. It was assumed from the literature on support for regulatory compliance in work health and safety (see for example EU-OSHA, 2021), that some such data might be used by regulators in developing their regulatory strategies and to prioritise their regulatory actions, even if they did not appear in published form, and that such data might have some potential to be usefully shared with other regulators and policy makers.

This stage of the inquiry therefore involved discussion with key informants from among the regulatory agencies represented on the WRRF to help to evaluate

feasibility and extent of such practice. It also helped to confirm the presence of some gaps in the data. Prior to the commencement of efforts to gather information from the membership of the Forum, detailed discussions of their members experiences and needs in relation to work health and safety regulation and ways in which it could be improved and made more relevant to these needs, were undertaken with staff of the TUC Cymru and the trade union members of the TUC Cymru's Health and Safety Committee. Additionally, discussions were held with Welsh Government informants concerning the constitution of the WRRF and its support for its operation. Further discussions were also held with non-regulatory members of the WRRF, including an informant from an organisation representing smaller employers and informants from Public Health Wales. The aim of all these discussions was to help to better understand current practice among regulators concerning gathering and sharing relevant information in their regulatory practice and how the WRRF might act as a platform to facilitate this and actions that might follow from it.

Initial engagement with members of the WRRF was achieved through attendance of the researchers at a meeting of the Forum where they had the opportunity to present the research plan to its members and seek their cooperation. This was followed up with email and telephone contacts with members representing regulatory actors and stakeholders. Arrangements were made to interview representatives of key regulatory agencies, including the HSE; the Environmental Health Wales Group (representing Local Authority Environmental Health Departments); the Office of the Director of Labour Market Enforcement (ODLME); the Gangmasters and Labour Abuse Authority; the Employment Agency Standards Inspectorate, the Equality and Human Rights Commission and HM Revenue & Customs National Minimum Wage. Each was supplied with a leaflet describing the background and conceptualisation of the project and a summary of the kind of information required of them (Annex 3). Interviews were conducted online, in the form of open-ended discussion based around the written summary of our interests, with which they were already familiar. These discussions between the researchers and key informants took between one, to one and a half hours and with the discussants' permission, they were recorded and later transcribed by the research team, prior to their detailed analysis (Chapters 4 and 5). Further information sought from members of the Forum representing non-regulatory actors, including the Federation of Small Businesses (FSB) and Public Health Wales was sought in the same way.

Structure and Organisation of the Report

Reflecting the approach outlined in the previous section, the report is organised into five chapters identified in Box 1.2.

Box 1.2: Outline contents of the Report

Chapter 1

Introduction: Work Health and Safety in Wales

Chapter 2

Structure and Organisation of Work and Employment in Wales and the Profile they Describe

Chapter 3

Work Health and Safety Regulation and its Outcomes in Wales

Chapter 4

Support for Securing Compliance with Regulatory Standards on Work Health and Safety in Wales — Discussions with Key Informants

Chapter 5

Analysis and Discussion

This chapter has outlined the aims and background to the project as well as the conceptualisation design and methods of the research it reports. Following this, Chapter 2 presents a brief profile of the labour market in Wales. The sources of the data on which it is based are described in Annex 1. There are several reasons for beginning with this descriptive overview. Not least of them is that it helps to provide

context for the later focus of the report and an indication of the elements of the labour market where regulatory measures on work health and safety apply, and where it might be anticipated that there will be some evidence of the regulatory actions that follow from them. It further indicates areas in which such measures and the evidence of support for compliance with them are either less evident, or absent.

Chapter 3 presents what conventional sources of data (presented in Annex 2) have to say about work health and safety and its regulation in Wales. This is followed in Chapter 4, with a descriptive narrative of the experience of the practice of regulation based on discussions conducted with key informants from trade unions, employers' organisations and regulatory actors and other stakeholders represented on the WRRF, alongside a review of relevant research. It demonstrates the likely presence of an 'enforcement gap' in relation to the operation of standards on work health and safety and relevant wider employment standards in Wales. This is explored further in the thematic analysis in Chapter 5 which discusses how this problem has been understood in the particular context of the governance and regulation of work health and safety in Wales at the present time, and examines the extent to which the research suggests that improved ways of using, communicating and sharing information between the regulatory actors represented on the WRRF, could be helpful in meeting current challenges confronting their support for the operation of regulatory rights on health and safety at work in Wales.

Finally, two important caveats of context need to be mentioned.

The first concerns the consequences of the temporal nature of change, which is not only a current feature of the work and employment experiences addressed in the report's findings but also characterises their political and legislative contexts. During the period in which the research on which this report is based was undertaken, there was a change of Government in the UK. The new government brought with it a political commitment to introduce a new Employment Rights Act, which signalled a change of direction for UK political policy on a number of issues relevant to work health and safety, with which this report is concerned. As well as new measures addressing unfair dismissal, flexible working, statutory sick pay, family leave, protections against harassment, fire and rehire, collective bargaining in the education and adult social care sectors, trade union law, the Employment Rights Bill currently before Parliament includes provision for the creation of a Fair Work Agency for the enforcement of labour market rules. The final composition of this Agency is still to be determined but it will likely combine the current enforcement roles of several of the bodies represented on the WRRF, including HMRC's national minimum wage (NMW) enforcement team; the Office of the DLME, the GLAA; as well as possibly the Employment Agency Standards Inspectorate. These UK-wide developments will clearly have significant implications for facilitating better communication and sharing information between the agencies involved. However,

at the present time, their structural and organisational details remain to be decided. This has meant that information provided by representatives of these agencies for the purposes of the present project, has of necessity, often been somewhat tentative concerning future roles.

The second caveat reiterates what is stated at the outset of the chapter. The resources available to undertake this study have determined its exploratory nature. Its findings are indicative rather than conclusive. While they will hopefully prove useful in informing discussions concerning future policy, they suggest a number of areas in which further research may be needed, either to substantiate what is reported here or to further investigate the issues thus explored.

CHAPTER 2

The structure and organisation of work and employment in Wales: and the profile they describe

In theory, work related deaths injuries and ill-health are all preventable occurrences. In practice, as the statistics indicate, they are clearly not entirely so. Rather, the extent of their reduction and control is a function of the effectiveness of the ways in which work-related risks are regulated and managed, the opportunities allowed to workers to work safely and without risks to their health, and their capacities to be able to do so. These are in turn influenced by a number of factors determined, for example, by the extent of regulation, control and management of risks involved, and the extent to which workers have some say in the way in which work risks are experienced and controlled; as well as by the nature, structure and organisation of work and employment and the business motivations that influence work practices in the many different contexts in which paid work is undertaken. This implies that, as well as knowing the effects of hazardous exposures, knowledge of the structure and organisation of work, the arrangements for employment and workers' voice and the nature of the economic and business motivations driving its operation, are also all important when considering the effectiveness of risk reduction and work-related harm prevention strategies.

This chapter aims to provide an outline of knowledge about paid work in Wales and broadly, what it says about the context of work and employment that might influence the experience of regulatory rights and responsibilities on work health and safety practice, and outcomes in Wales. It does so in two parts. The chapter itself provide an outline of the relevant elements of the structure and organisation of work and employment in Wales, that provides this context. While, Annex 1 which accompanies it, describes the main sources of data on work and employment in Wales that may be relevant to a study of regulatory practice on work health and safety. These include both Welsh Government and UK sources of routine statistics, special surveys and studies.

An introduction to the profile of the structure and organisation of work and employment

Based on routine sources identified in Annex 1, there follows an outline of the profile of work and employment in Wales, and the socio-economic conditions in which they occur, that provides the broad context for understanding support for securing compliance with regulatory approaches to work health and safety.

Wales has a population of just over 3 million people residing unevenly across the country, with major concentrations in the south east and north east. With the exception of some small clusters of population around several market/university towns, the rest of the country is mainly relatively sparsely populated rural areas. These population concentrations reflect the economic history of Wales, with coal and iron being the original focus of its industrialisation from the 19th century, and where their production helped determine patterns of settlement and concentration of population growth in the south and south east of the country and to a lesser extent in the north east too. These industries further paved the way for the development of work and employment in engineering, manufacturing and other industries, which, to an extent, served to offset declining employment in iron and coal in the same areas during the 20th century.

Reflecting patterns observed in the UK as a whole, as well as in many other advanced economies, as these sectors began to decline in the later decades of the twentieth century and onwards, work and employment shifted to the service sector, and to new forms of work and types of employment. Thus, many localities experienced waves of economic growth and decline along with the compositional changes typical of industrial/post-industrial societies more widely. But these localities areas were often already impoverished as a result of the declines in coal and steel production of earlier eras and current pockets of high relative deprivation continue to be found in the South Wales cities and valleys, and in some North Wales coastal and border towns.

The more recent changes in the structure and organisation of work and employment have therefore come on top of embedded social and economic deprivations in some of these parts of Wales, in which high and long-term unemployment, low pay, informal and insecure jobs, poor health and so on were already endemic, and where indicators of social and economic deprivation were amongst the highest in the UK. Other areas of rural Wales have remained sparsely populated with primarily an agricultural economy continuing to be their economic mainstay. This is often

accompanied by low pay, unemployment, irregular, casual work, poor access to services and significant poverty in many rural localities. While some of these latter areas have experienced more recent economic developments associated with tourism, both there and the more industrialised areas of Wales have legacies of economic and social deprivation and the health and welfare consequences arising from them.

It is also widely accepted that the number of persons in the UK who are economically inactive because of long-term health conditions is at an all-time high of 2.83 million and costing the UK economy an estimated £15.7 million annually (Atwell et al, 2024). It is equally well-known that these conditions are disproportionately in evidence in lower income groups and in areas of social and economic deprivation. Such income groups and areas are disproportionally present in Wales.

It is important to acknowledge this information and take account of its implications in any discussion of work health and safety in Wales. As the long-standing literature on social economic and health inequalities in the UK has made clear, work and employment are important determinants of the nature and extent of ill-health. In areas of economic deprivation like many still found in Wales, the experience of deprivation in turn may be a multifaceted driver of work incapacity as well as an influence on the nature of exposure to work risks. As we will discuss in later chapters of this report, the relationship between the various relevant indicators involved is complex. Analysis of statistical returns on work and employment alone therefore provides only a partial picture of the social and economic contexts of the avenues of support for regulatory compliance and their health and safety outcomes and requires supplementing with some further account of the wider indicators of public health in Wales.

The following sections outline some key features of the current Welsh economy that provide some context for work health and safety outcomes and the evidence of support for securing compliance with regulatory standards for safe and healthy work addressed in Chapter 3.

Employment

Data from the Labour Force Survey (LFS)(Apr 2024-Jun 2024) shows that 69% of the Welsh population was employed (approximately 1.40 million) compared to 75% of the UK as a whole. In the last five years, the UK had a higher employment rate than Wales, with the Welsh rate increasing in 2018 above the UK one but decreasing since then. Although unemployment rates were similar (4%, approximately 54,800 people in Wales), there were more economically inactive people in Wales (28%) compared to the UK (22%) as a whole. Also, a larger percentage (33%) of those who were economically inactive in Wales were due to long term sickness compared to the UK (28%, see Table 1).

	Wales	UK
Employment	69%	75%
Economic inactivity	28%	22%
Long term sickness	33%	28%

Table 1: Labour Market Wales

According to the most recent Business Register and Employment Survey for Wales, in 2023 (Welsh Government, 2024a) there were 1.300 million employee jobs in Wales, 1.8% higher than the figure of 1.277 million in 2022. During this period a similar increase was observed for the UK as a whole. This change in Wales was spread across a number of industry sectors, with the largest absolute increase in the Health sector (up 25,400) followed by the Business Administration and Support Services sector (up 8,400). The largest fall was in the Transport & Storage (including Postal) sector (down 11,900). According to the Wales Labour Market Overview for August 2024, the Energy production and supply sector had the largest increase (up 7.8%) in the number of paid employees when compared to the previous year. The largest decrease over the same period was in the Mining and quarrying sector (down 4.0%).

Structure of employment

Human health & social work activities accounted for 15.1% of workforce jobs in Wales (March 2024, see Table 2, for latest update visit Welsh employment by industry), the highest of any industry. This was followed by Wholesale & retail trade with 12.5% of workforce jobs. Indeed, the Annual Population Survey 2022-2023 estimated that 118,900 worked in Caring Personal Service Occupations with Administrative Occupations (117,800) and Business and Public Service Associate Professionals (96,500) being the second and third largest occupations.

Overall, in 2022 there were 312,600 public sector employee jobs and 973,600 private sector employee jobs in Wales. The share of these jobs was 24.3% public and 75.7% private (in the UK this was 18.0% public and 82.0% private). There were 330,000 people employed in the public sector in Wales in March 2024 (10.5% of the population), up by 7,000 (a 2.1% increase, same as in the UK overall) from a year earlier. In March 2024 there were 209,200 self-employment jobs, an increase of 29,300 (16.3%) over the year.

Industry	Wales (%)	UK (%)
A : Agriculture, forestry and fishing	2.9	1.1
B : Mining and quarrying	0.1	0.1
C : Manufacturing	10	7
D : Electricity, gas, steam and air conditioning	0.5	0.3
E : Water supply; sewerage, waste management	1	0.7
F : Construction	6.2	6
G : Wholesale and retail trade; repair of vehicles	12.5	12.8
H : Transportation and storage	4.1	5.2
I : Accommodation and food service activities	7.9	7.5
J : Information and communication	2.3	4.5
K : Financial and insurance activities	2.9	3.2
L : Real estate activities	1.2	1.9
M : Professional, scientific and technical activities	5.5	9.3
N : Administrative and support service activities	7.3	8.2
O : Public administration and defence	6.7	4.6
P : Education	8.6	8.2
Q : Human health and social work activities	15.1	13.5
R : Arts, entertainment and recreation	2.7	3
S : Other service activities	2.5	2.8
T : Activities of households as employers	0.1	0.1

Table 2: Workforce jobs by industry section March 2024

Enterprise size

The majority of active enterprises are small and medium sized enterprises (SMEs) with 0 to 249 employees (see Table 3). Many (76.6%) are sole traders that do not employ any other staff (Fawcett and Gunson, 2019). The most recent size analysis of businesses (Statistical Bulletin 21 Dec 2023 SB 45/2023) indicated an estimated 248,000 enterprises active in Wales. Most were small and medium sized enterprises (SMEs) with 0 to 249 employees. They accounted for 99.3% of total enterprises in Wales in 2023. While within this, micro enterprises (0 to 9 employees) accounted for 94.6% of the total. Employment in large enterprises (those with 250 or more employees) accounted for 37.7% of employment in Wales compared with 39.7% for the UK as a whole. In the 20 years since 2003 the proportion of employment in large enterprises decreased by 3.9 percentage points. There is considerable variation between industry sectors, but as might be expected, employment in agriculture, forestry and fishing dominated by micro businesses (84.4%) and employment in production industries concentrated in the large size-band (48.3%). The table below shows employees in enterprises active in Wales by size-band and industry, 2023.

Industry	Wales				United Kingdom			
	Micro 0-9	Small 10-49	Medium 50-249	Large 250+	Micro 0-92	Small 10-493	Medium 50-2494	Large 250+5
Agriculture, forestry & fishing	13,435	210	10	0	136,370	4,395	510	100
Production	5,160	905	335	80	120,555	23,280	6,470	1,415
Construction	13,555	815	100	10	356,820	18,395	2,070	305
Wholesale and retail; repair of motor vehicles	14,100	1,495	175	30	357,025	38,795	5,185	1,160
Transport & storage (inc postal)	4,970	415	60	5	118,240	8,320	1,635	405
Accommodation & food services	7,535	1,965	125	20	133,065	37,870	3,230	665
Information & communication	3,925	215	35	0	173,005	11,435	2,430	490
Finance & insurance	1,600	80	30	5	54,245	3,495	1,050	415
Property	3,120	135	20	15	107,230	5,765	555	235
Professional, scientific & technical	10,075	755	120	20	385,570	24,725	4,095	855
Business administration and support services	7,260	605	140	40	210,755	19,010	4,365	1,190
Public administration and defence	535	20	10	20	6,955	330	115	410
Education	1,185	190	40	45	35,285	7,040	3,395	1,620
Health	2,790	1,310	255	35	76,065	26,190	5,645	1,190
Arts, entertainment, recreation and other	6,380	575	70	15	166,700	15,190	2,050	455

Table 3: Enterprise size by industry

Smallest enterprises in Wales were less likely to allocate training budget for the year and more than a third of micro and small employers reported to not fully utilising skills within their workforce (Fawcett and Gunson, 2019).

Security and type of employment

There are many studies of work health and safety in which insecure and non-standard forms of work have been associated with poor work health and safety outcomes (Mireia et al, 2017) There are further studies that suggest that small and micro firms, subcontracting, platform work and other fissured or fractured forms of work structure and organisation are associated with both poor work health and safety practices and their outcomes and with challenges for regulatory inspectorates in securing compliance with regulatory standards (EU-OSHA, 2021).

Some limited data from APS survey results (2021 and 2022) indicate that slightly fewer persons held permanent jobs in Wales (92.9% and 93% in 2021 and 2022, respectively), than in the UK (94.4% and 94.5% in 2021 and 2022 respectively (Office for National Statistics, 2023).

Results from the Data Skills and Employment Survey show that the majority of employees (95.2%) are in a permanent job. The rest were in a fixed term contract (77.8%- UK results 55.8%), casual employment (5.6% UK results 22.4%) or agency temping (11.1 UK results 13.9%).

Subcontracting/fractured work organisation/ platform work etc

Analysis of the LFS (January- March 2024- unweighted results, caution should be exercised due to small sample size for Wales, Office for National Statistics, 2024) shows that 5.7% of people in Wales work in a non-permanent job (4.7% in the UK). From those in non-permanent work (see Table 4) around 12.2% carry out agency work (16.8% in the UK), 22% carry out casual work, 4.9% are seasonal workers and 43.9% are on a fixed term contract (42.5% in the UK). More people in Wales were working flexi time (18.1%) or on call (2.7%) compared to the UK (13.5% and 1.9% respectively). Lastly, more people in Wales (10.7%) were looking for another job because present job fills in time before finding another job (6.5% in the UK) or because pay is unsatisfactory in present job (25% compared to 18.6% in the UK).

Employment	Wales %	UK %
Working for an employment agency	12.2	16.8
Casual work	22	21.8
Seasonal work	4.9	4.2
Under contract for a fixed period/task	43.9	42.5
Other reason	17.1	14.7

Table 4: Way in which job was not permanent

According to the UK Working Lives survey 9% of the Wales working population are employed in non-standard or atypical employment compared to the UK average of 6% (CIPD, 2018). In April to June 2024 there were around 46,000 people working in zero-hour contracts in Wales (3.3%). There are no significant differences in percentages of zero-hour contracts between the Wales and the rest of the UK (3.1%). UK results (April-June 2024) show that industries more likely to employ people in zero-hour contracts are accommodation and food (32.2%), transport, arts, other services (16.1%) and health and social work (14.7%). Those in zero-hour contracts were more likely to be in a temporary job (39%) compared to those that are not on a zero-hour contract (4%).

Results from the Data Skills and Employment Survey show that over half of self-employed respondents were working for themselves (52.2%) whereas the remaining were running a business or were a partner (both 11.9%), were the sole director (10.4%), or working as a subcontractor (7.5%) or freelancing (3%) (unweighted results, caution due to small sample sizes).

Results of an online survey of 2,235 UK residents by the University of Hertfordshire estimates the percentage of the working population carrying out some kind of platform work in Wales at 14.8% (Huws et al., 2019). Interestingly, results show that workers driving taxis, delivering food and courier services were outnumbered by those carrying out some less visible task, such as providing household services in other people's homes or working in isolation carrying out online work. It is suggested that most of these activities were carried out to supplement their main income and that they relate to low pay, poverty and precarity more broadly (Huws et al., 2019). At points over the last five years Wales had the highest underemployment rate compared to the rest of the nations. Being restricted in the hours one can work can lead to lower income and in work poverty (Joseph Rowntree Foundation, 2020).

Projections of change

As previously noted, among the most prominent features of modern work organisation and employment in advanced economies is the speed at which it changes. Projections of such change are therefore important. In 2019, the Report of the Fair Work Commission (2019: 83-84) noted that as a continuation of established longer term trends, the number of higher skilled occupations was anticipated to increase rapidly over the subsequent decade in Wales, although not as fast as for the UK overall. Large increases in employment in caring and personal services was also anticipated, as a consequence of growth of the aging population — again reflecting an established pattern. Customer service occupations such as call-centre operators, were projected to gain the largest percentage rise. In all cases women account for the majority of the workers involved. Among mid-skill level occupations significant declines were projected for secretarial and related occupations and among skilled agricultural and related trades, skilled metal, electrical and electronic trades, and in textiles, printing and other skilled occupations. In the case of lower skilled occupations, as well as the growth in caring and personal services, already mentioned, it noted likely decline among process plant and machinery operatives and in sales operatives. As with the rest of the UK, Wales has seen a decline in manufacturing jobs, from 18 per cent in 1998, to 10 per cent in 2018. Although the increase of high skilled workers is welcome, there is a concern that the reduction of mid-skilled workers might lead to career progression problems for those in low-skilled work (Fawcett and Gunson, 2019)
.
Analysis on how technology and automation are going to affect jobs showed that 46.4% of jobs in Wales have potential for change through automation. That isn't necessarily going to lead to loss of jobs but could potentially lead to the necessity to retrain or upskill. Wales is more exposed than the UK overall, with roles such as cleaning, catering, waiting and bar work most likely to face exposure to change or disruption. These changes could potentially lead to greater economic inequality particularly for women and low paid workers who are more likely to be impacted. A report on the future of work commissioned by the Equality and Human Rights Commission raises concerns relating the impact of automation and flexible working on the labour market (Windett et al, 2023). They include limited career progression to those in flexible working arrangements, a decline in unionization and worker rights for those in precarious work or the gig economy and the extension of preexisting inequalities due to the use of AI algorithms in recruitment and work performance monitoring. Those with certain protected characteristics such as ethnic minorities, older workers and disabled people are likely to be more affected by these trends (Windett et al, 2023).

Wales is also projected to age more rapidly compared to the rest of the nations, putting pressure on the working age population and increasing demand for higher public spending. Older workers have less access to upskilling and in-work training and are also more likely to require training in digital skills, which are essential for an

increasing number of jobs (Windett et al, 2023). The withdrawal from the European Union is expected to impact funding on skill development for the workforce as well as skill gaps due to reduced immigration (Fawcett and Gunson, 2019).

Low pay

James and Walters (2022) argue that wider research evidence indicates an association between the experience of low pay and poor work health and safety. Several sources of data are relevant here. The Annual Survey of Hours and Earnings (ASHE) details average earnings of full-time adults in the UK countries and English regions and also in local areas within Wales. Twenty-five percent of jobs in Wales are low paid, a figure that in 2016, had remained largely unchanged over the previous 20 years, according to Clarke and D'Arcy (2016). Low pay is a problem across the UK, and Wales is in a very similar position to many other regions, such as the North-East, North West, West and East Midlands, Yorkshire and Humberside and the South West to which other measures of social and economic deprivation also apply. The major increase in low paid work in the UK took place between the end of the 1970s and the mid-1990s. Since the introduction of the National Minimum Wage, the overall level of low pay has remained relatively stable in Wales, although there has been a slight reduction in female low pay (currently 29%), compared to a steady increase in male low pay to 19%.

According to the 2024 results of the ONS annual survey of hours and earnings the Gross weekly pay for full-time workers in Wales was £ 684.4 compared to £ 728.3 in the UK as a whole. Male full-time workers earned £ 712.6 (compared to £ 773.3 in the UK) whereas female full-time workers earned £ 645.8 (£671.7 in the UK). Wales had a larger percentage of ESA and incapacity benefits claimants (8.6%) compared to the UK (6.1%). The vast majority (93%) of the population that pay income tax, pay only between the basic rate tax thresholds per year making lower incomes in Wales significantly more pronounced than in England (Peixoto Vale Gomes and Poole, 2023).

Welsh Government publications acknowledge that in Wales, there is considerable regional variation in the incidence of low pay (see Table 5). Caerphilly, Cardiff and Neath Port Talbot have rates of low pay (18-20%) that are not that different from London. However, in Gwynedd, one third of all jobs (in the Parliamentary constituency of Dwyfor Meirionnydd it is estimated as half of all jobs) are low paid, with rates at 28% in Pembrokeshire and Powys. Rural areas, alongside particular localities within the South Wales Valleys, such as Rhondda and Ogmore, are most reliant on low paid jobs.

Region	Earnings
Mid Wales Economic Region	586.6
North Wales Economic Region	622
Mid & South West Wales Economic Region	627.9
South West Wales Economic Region	641
South East Wales Economic Region	646

Table 5: Average earnings data by Welsh local areas published by the Welsh Government based on data by the Annual Survey of Hours and Earnings, Office for National Statistics

Low pay is not just an issue for young or part-time workers. Nearly half of all low wage workers in the UK (data is not available for Wales) are aged between 31 and 55. Although half of all part-time jobs (for both men and women) are low paid, 43% of all low paid jobs are full-time. These figures relate to employees, and estimates are that, in addition, around half of all the self-employed (in the UK) are low paid. Low pay is found in every sector, but for the UK as a whole, 46% of low waged workers are in the retail and hospitality sectors. However, a further 20% work in education and health and social work. Wales had the highest in work poverty after London, with workers in food, wholesale, and retail having the highest rates by industry (Joseph Rowntree Foundation, 2020).

The Wales Fiscal Analysis (2023) report indicates how incomes in Wales are skewed towards the lower end of the income tax base compared with England and Scotland, such that of the 52% of the Welsh population paying income tax the vast majority – 93% – pay income tax only between the basic rate tax thresholds of £12,570 and £50,270 per year.

Economic inactivity and its implications for productivity

The productivity gap with the UK as a whole remains large, and the Gross value added (GVA) remains lower than almost all other countries and regions of the UK, a reflection of relatively low productivity levels (Welsh Government, 2024b). Long-term illness has become the top reason given for economic inactivity overall in Wales, but this changes in relation to different groups, with caring responsibilities being more prevalent among ethnic minorities and women, and being a full-time student more frequent among men. Long-term illness and retirement are more likely to be stated as reasons for economic inactivity for men than for women and those of white ethnicities rather than minority ethnicities. A 2020 briefing on poverty in Wales reported that two in five local authorities could not offer

sufficient childcare to those working atypical hours, making it difficult for low-income families to escape in-work poverty (Joseph Rowntree Foundation, 2020). There were 26,100 more people of working age economically inactive in Wales because of long term sickness in the year to March 2024 compared with the year to March 2020, an increase of around 20%. Overall, the big increase in economic inactivity among people of working age owing to ill health is considered a worrying feature of the labour market in Wales (Welsh Government, 2024b).

Despite significant data limitations, some evidence sheds light on the different experience of economic trends among the ethnic groups living in Wales and across the UK. In Wales, economic inactivity seems to be lower for Asian or Asian British ethnicities and those of mixed ethnicities. Over the past two decades, levels of inactivity for white ethnic groups have increased relative to other ethnic groups. Those in white ethnic groups are more likely to be retired, those of Chinese origin or descent more likely to be students, and those who are Asian or Asian-British are more likely to be carers.

The WFC Report further suggests that the vast majority of those economically inactive are those who cannot work or are retired, with levels generally above 75% of all economically inactive individuals for all ethnicities. Although data availabilities do not allow definitive conclusions to be drawn, these gaps may be associated with greater vulnerability in employment among ethnic minority groups.

Inequality

Unemployment, economic inactivity and precariousness are higher for those aged between 16-24 years old. Those aged 25-34 are the second most unemployed group. People from Black, Asian and Minority Ethnic background have a lower employment rate than white individuals, earned, on average £1.93 (13.8%) less per hour than white employees in 2023 and were more likely to live in income poverty (Welsh Government, 2024b). Disabled adults are less likely to be employed and more likely to earn less and to be in insecure employment (EHRC, 2023). Economic inactivity and unemployment are higher for those whose gender identity was different from that assigned at birth and they are also more likely to be in lower occupation classes. Additionally, trans people are more likely to be afraid of discrimination at work with almost a third hiding their gender identity. LGBTQ people and ethnic minorities are more likely to experience discrimination at work and members of religious minorities were more likely to be in insecure employment.

Employment rates in Wales are lower for women than for men with the gap in employment grown to 6.6 percentage points from 4.8 percentage points the previous year (year ending March 2024, Welsh Government, 2024b). Economic inactivity rates (excluding students) are higher for women (24.1%) than men

over this period (15.7%). Additionally, women are more likely to be employed in precarious positions and more likely to be in part-time employment and education (Peixoto Vale Gomes and Poole, 2023). Evidence from the UK as a whole indicates that the greater scope for home working may have encouraged more women to participate in the labour market. Women from an ethnic minority background or with a disability were less likely to be employed compared to men (EHRC, 2023).

Gender pay gap

The gender pay gap is calculated as the difference between average hourly earnings (excluding overtime) of men and women as a proportion of average hourly earnings (excluding overtime) of men's earnings. In practice, this means that a positive value for the gender pay gap indicates that on average men earn more than women, whereas a negative value indicates that on average women earn more than men. Annual gender pay gap estimates for UK employees by age, occupation, industry, full-time and part-time, region and other geographies, and public and private sector are compiled from the Annual Survey of Hours and Earnings data. They demonstrate that while the gap has reduced over time, it varies substantially between regions. It is higher in every region of England than in Northern Ireland (negative 3.5%), Scotland (1.7%) and Wales (5.6%). This is the lowest measure ever recorded. However, for part-time employees in Wales, women were paid the same as men on average, a decrease of 0.8 percentage points from the previous year (when women were paid more than men). For all employees, the gender pay gap remains considerably higher at 12.3% in 2021. This is higher than for each of full-time employees and part-time employees, because women fill more part-time jobs, which in comparison with full-time jobs have lower hourly median pay. Of the 11 UK countries and regions where men earn more than women (full-time employees), Wales has the second smallest pay gap (Welsh Government, 2022).

Trade union organisation and collective bargaining

Estimates based on LFS data indicated that the proportion of UK employees who were trade union members fell to 22.2% in 2022 down from 23.1% in 2021. It slightly rose to 22.4% in 2023. (Department for Trade and Industry, 2023). The number of private sector female employees who were union members fell by around 84,000 since 2021. The fall was also driven by the decrease in private sector members, down 27,000 on 2021 to 2.5 million in 2023, with 2022 being the lowest level on record. There was also a fall in trade union membership numbers among public sector employees of 47,000 to 3.84 million in 2023.

Characteristics

Although proportions of employees who were trade union members fell in England, Wales and Scotland in 2023, the biggest fall was of 3 percentage points to 32.6% in Wales. Nevertheless, as the proportions further attest, trade unions still represent a comparatively greater proportion of employees in Wales compared with elsewhere in the UK with Wales (32.6%) and Northern Ireland (33.8%) having the highest proportions of employees in unions. The percentage of employees with a trade union presence in the workplace in Wales was 64.6%, which is the second largest proportion among the 20 regions of the UK from which data is analysed and the largest in relation to any UK country and similarly, at 51.91% it was the country with the second highest proportion of employee jobs whose pay was affected by a collective agreement negotiated by a trade union. The majority of respondents from Wales in the Skills and Employment survey felt that they could express their views about health and safety issues (92.9%) and can join a union (97.9%). Over a third (37.5%) think that trade unions can influence to a degree the way work is organised.

Measure of trade union presence and influence are important for work health and safety for several reasons. Aside from the broader relationship between trade union presence and influence on improving conditions of pay and employment, (Walters and Nichols, 2007) there are several more direct measures which we will discuss in greater detail in later chapters. For example, studies from other countries suggest an association between trade union presence in workplaces and the activities of regulatory inspectorates in securing compliance with health and safety standards (Morantz, 2017). Another is the rights that recognised trade unions have to appoint health and safety representatives and the further rights these representatives have to request the establishment of joint health and safety committees (see health and Safety at Work Act S. 2.4-7 and the Safety representatives and Safety Committees Regulations 1977). There is a large body of published research indicating an association between the presence and activities of health and safety representatives and improved health and safety outcomes (Walters and Wadsworth, 2019). However, while it might be surmised that such rights have been acted upon at least in some of the workplaces in which recognised trade unions have a presence, there seems to be no direct measure of this presence among the statistical reports of the Welsh Government.

Work and employment

Many respondents in the Skills and Employment survey agree that their job requires them to work hard (95.8%), over their formal hours (54.7%), under tension (60.4%) and that it involves repetitive tasks (78%). A large proportion have to work at high speed (74.9%) or with tight deadlines (80.8%) for at least a quarter of their time. These results were similar to the UK population as a whole. Over half of

respondents (56.6%) reported working whilst sick in the last year (UK results 49.5%). The CIPD Working Lives survey, reports that employees feel that they would like more support for long-term career development (Young, 2023). Public sector workers tend to be more dissatisfied than private sector workers with pay and non-pay-related issues and are more likely to feel the negative effects of work on their mental health, including excessive pressure, exhaustion and too great a workload. Generally, only around one-third of workers in Wales think work affects their mental and physical health positively.

Conclusions

The data from the sources identified in Annex 1 describe a similar structure and organisation of work and employment in Wales to that found in the UK more generally, with features that reflect those currently evident in advanced post-industrial economies more widely. There are however several ways in which it differs somewhat from the UK, which may have some influence on health and safety outcomes and on the effectiveness of support for securing compliance with regulatory standards.

For example, the data indicate that the employment rate in Wales is lower than that of the UK overall and that this results from a higher rate of economic inactivity than the UK average. Wider sources of data point to a greater presence of long-term sickness compared to the UK as a whole. Sources of data on socio-economic determinants of health in the population indicate the continuing presence of comparative poverty and associated poor health in a number of locations of economic and social disadvantage in some formerly industrial areas. Given the well-established association between economic and social disadvantage and poor and dangerous work, this may be important to consider when exploring better support for work health and safety.

There is a further suggestion in the data, that in several respects, the changes in the structure and organisation of work and employment in Wales that have resulted in its current profile have led to a marginally greater presence of a number of situations that may be associated with risks of poor work health and safety outcomes, such as for example, a slightly larger proportion of micro and small enterprises active in the economy than the average for the UK; a higher proportion of workers employed in high-hazard industries like agriculture, manufacturing and construction; fewer workers in permanent jobs and more low paid work than in the UK overall and more seasonal workers too. Again, all these factors need to be borne in mind when considering the regulation and management of work health and safety.

The data on the presence of non-standard forms of employment is less indicative of differences between Wales and the UK generally, but in part this reflects its limited nature. Such data that exists suggests that the occurrence of non-standard employment in Wales largely reflects patterns in the UK generally and as such, it

seems likely that, as with the UK more widely, this represents a further significant current challenge for securing compliance with health and safety standards. There is evidence e.g. that some of the non-standard forms of employment in Wales occurs in less visible types of work and is undertaken in order to complement the main income, with more workers in Wales being underemployed or underpaid.

While the presence of trade unions has declined in Wales over recent decades, in common with the general trend in the UK and other advanced economies, they nevertheless have a proportionally greater remaining presence than in the UK overall. Measure of trade union presence and influence are important for work health and safety, since research suggests an association between this presence and better arrangements and outcomes for work health and safety.

Collectively therefore, the description of the labour market and wider population health contexts in which regulatory rights to fair standards of work health and safety are experienced in Wales and in which support for securing compliance with them is operationalised, are broadly suggestive of likely similar challenges as those faced in the labour market in the UK more widely, with some suggestions of particular areas in which there may be need for greater support and surveillance. Available evidence of how these conditions affect work health and safety conditions and outcomes in Wales, as well as how support for securing compliance with regulatory standards has been operationalised, and with what results, is explored in the following chapter.

CHAPTER 3

Work health and safety regulation and its outcomes in Wales

Introduction

Based on evidence sources detailed in Annex 2, this chapter provides an outline of the profile of work health and safety (WHS) and its regulation in Wales. It reviews key elements of published knowledge on WHS outcomes and regulatory practice in Wales, and discusses their implications for the better use of such information in improving non-compliance where WHS risks are greatest. Annex 2 provides details of sources of routine data on the indicators to which the chapter refers — such as reported injuries, ill-health and fatalities, health and safety management surveys, data on enforcement actions, and other sources of data that are helpful in developing regulatory practices relevant to the current relationship between work and health. While there are only limited published sources specifically profiling work health and safety outcomes and regulatory practice in Wales, information drawn from UK sources included in the Annex are helpful in constructing an outline.

Work health and safety outcomes

Data from the regulator — For the UK as a whole, as James and Walters (2024) have recently noted, data from conventional sources such as the HSE's Annual Reports indicate that in terms of safety, there has been a significant fall in fatalities among employees and substantial reductions in non-fatal injuries during the time the HSW Act has been in place (for latest outcomes see Table 6).

OHS outcomes 2023/2024 UK

Illness and injuries	Worker numbers
Work related ill health	1.7 million
Work related stress, depression or anxiety	0.8 million
Work related musculoskeletal disorders	0.5 million
Non fatal injuries self reported	0.6 million
Non fatal injuries reported by employers	61,663
Fatal accidents	138

Table 6: Outcomes based on HSE analysis of LFS and RIDDOR data (Health and Safety Executive, 2024a)

In the case of the former, for example, the HSE estimates that fatal injury numbers have fallen by around 85% since the early 1970s; although more recently, they have 'been broadly level'. These declines have been strongly influenced by a range of non-regulatory factors. For example, in the mid-1990s the HSE reported that around half of the fall in the fatal injury rate could be attributed to shifting patterns of employment. It later suggested that around one-third of the improvement that occurred during the 1990s was likely to have stemmed from changes in the 'structure of the economy'. Subsequently, an HSE-commissioned study found that while over-three-day and major injury rates fell by approximately one-third between 1986 and 2003, changes in the occupational composition of employment alone could be anticipated to account for about 20% of the decline (Davies and Jones, 2005).This decline in the occurrence of fatal injuries is also part of a continuing trend of improvement in injury rates that can be observed since the beginning of the 20th Century (see Figure 1).

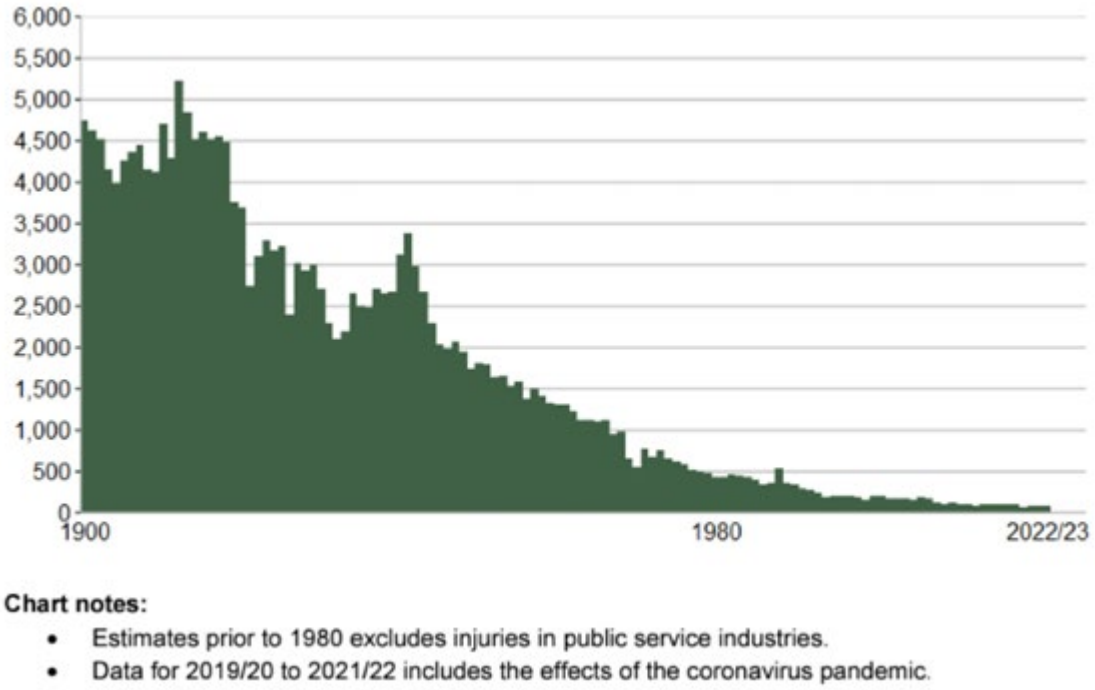

Figure 1: Number of fatal injuries to employees in Great Britain 1900-2022/23p (Source Health and Safety Executive, 2024b)

Despite the decline, the most recent HSE summary figures (for 2024) indicate that 0.6 million workers suffered a workplace non-fatal injury in 2023/24; while 138 workers died as a result of workplace incidents, at an estimated total cost to the UK economy of £7.1 billion.

Trends in work-related ill-health are less clear. According to the HSE, self-reported Labour Force Survey responses that have been collected on an annual basis since 1989/90 indicate that although the rate of work-related ill health fell 'in earlier years', it was 'broadly flat' in the years prior to the coronavirus pandemic' and is currently higher than the '2018/19 pre-coronavirus level'. HSE figures (Health and Safety Executive, 2024a) indicate 1.7 million workers suffered from new or longstanding work-related ill-health, 0.8 million of which suffered from work-related stress, depression or anxiety and 0.5 million from work-related musculoskeletal disorder, at an estimated cost of £14.5 billion. Collectively this resulted in a loss of 33.7 million working days and an estimated cost of £21.6 billion.

HSE's comparative analysis of its data for Wales suggests a similar broad pattern in these figures (see Table 7). It indicates that numbers of non-fatal injuries and work-related ill-health are proportionately greater in Wales than the rest of the UK, but the difference is too small to be statistically significant. However, fatal injury rates for Wales are consistently higher than those of the UK generally. The HSE attributes this difference to compositional effects, with a different industry composition in Wales having an effect on the comparison. Its further analysis shows even after standardisation, some differences remain, but, HSE concludes that there is insufficient data available to enable the quantification of these effects or their possible causes.

2023/2024	Wales	UK
Ill health	5,870 cases per 100,000 workers	5,220 cases per 100,000 workers
Musculoskeletal disorders	1,630 cases per 100,000 workers	1,480 cases per 100,000 workers
Stress, depression or anxiety	3,190 cases per 100,000 workers	2,570 cases per 100,000 workers
Mesothelioma deaths	100 each year	2,400 each year
Workplace injuries	1,690 cases per 100,000 workers	1,820 cases per 100,000 workers
Workers killed in work-related accidents	7	138
Fatal injuries	0.73 fatalities per 100,000 workers	0.4 per 100,000 workers
Days lost to work-related ill health	1.8 million, 1.51 per worker	29.6 million, 1.1 per worker
Days lost to non-fatal work injury	0.2 million, 0.15 per worker	4.1 million, 0.15 per worker
Cost of workplace injury and work related ill health	£759 million	£21.6 billion

Table 7: Work health outcomes Wales/UK, Source Health and Safety Executive, 2024c

Health and safety outcomes data from other sources — It is widely acknowledged that there are gaps in the picture of work health and safety outcomes and support for securing compliance with regulatory standards. They are created by the limits to the visibility of actors, their actions and their consequences for conventional

systems for monitoring these matters. Data from the various other sources of labour market enforcement among the membership of the WRRF, identified in Annex 2, does not provide comprehensive or complete cover of these gaps. Most of these organisations, such as the GLAA, DLME and the EAS Inspectorate are small regulatory agencies that do not collect or publish data on work health or safety outcomes beyond that occasionally provided in support of their published enforcement actions. This information is, at best, only indicative - as will be evident in a later section in this chapter.

Other WRRF member organisations have some data relevant to WHS outcomes in Wales, even though it may not be their main focus. For example in its report on the experiences of low paid ethnic minorities workers on health and social care in Wales, the Equality and Human Rights Commission estimates that 8% of all staff working in the NHS in Wales are non-UK nationals, with around two thirds being female. Over two thirds of registered social care workers and commissioned-out care workers were also women with an estimated 6.4% being non-British. The report concludes that low paid ethnic minority workers are more likely to experience bullying, harassment, abuse, less favourable treatment from managers and lack of representation in senior roles. They were also more likely to be in zero-hour contracts, to be paid less, and to be less aware of their employment rights. To improve awareness, Welsh health boards rely on tactics such as buddy systems, staff networks and social media groups and the Welsh government has initiated a BAME helpline. However, the report suggests that more could be done to improve awareness and compliance and towards improving systems to allow workers to raise concerns. It suggests that overall, there is a lack of sufficient data on low-paid ethnic minorities of workers in social care, making their experiences, including those concerning their health and safety, insufficiently known or monitored.

These findings mirror those already well-known from wider UK surveys and studies. For example, studies have shown that ethnic minority groups (especially Pakistani and Bangladeshi) are more likely than White British people to report limiting long-term illness and poor health (Raleigh and Holmes, 2021). Health-related quality of life scores at older ages, based on responses to the GP patient survey, are similarly lower than average among most such groups, findings that exist alongside evidence that BAME employees are more likely to be in insecure forms of employment (TUC, 2019). Again, while these are examples of public health issues, they have a significant impact both on the capacity of individuals to participate in the labour market and on the kind of work they are able to undertake as well as having implications for the likely impact of work on their health.

In the same vein, research from Public Health Wales on the wider determinants of health includes reports on the impact of COVID-19 on employment in Wales. Findings show that the pandemic exacerbated pre-existing inequities in participation in fair work and health, while bringing new challenges of its own (Public Health Wales, 2021). Groups affected include those in precarious employment,

young people, older people, those from disadvantaged backgrounds, women, especially mothers, and ethnic minority groups. Regionally, Caerphilly and Blaenau Gwent local authorities in the South Wales Valleys and in Flintshire in North Wales have higher proportions of workers in industries where work is at risk from job loss and closure. Sectors mostly affected were manufacturing and construction, nonessential retail, accommodation and food services (tourism, hospitality), arts and entertainment, and administrative and support services.

Public Health Wales reports that as the numbers of individuals that enter working age increases, the workplace may become an important space to offer health interventions (Public Health Wales, 2019). However, it estimates that as more workers are pushed towards part time and insecure working arrangements, this makes it harder for health service providers to reach them. While their, employers may have less incentive to invest in their health. Additionally, decline in sectors such as manufacturing and construction, can cause a shift towards employment that might not account for health issues acquired in their earlier work.

Additionally, the numbers of unpaid carers in Wales are increasing (approximately 400,000 in 2019) with 43.1% of them being aged 45-64 years and nearly 60% female (Public Health Wales, 2022). Many of these carers have to reduce their working hours or even stop working to be able to complete their caring responsibilities. Women might also stop working due to the effects of menopause and endometriosis, whereas gambling, alcohol and drug abuse are all factors that can lead to unemployment (Edwards, 2024). Lastly, the cost of living crisis results to many workers feeling stressed about their financial situation which in turn can affect mental health and lead to further financial and health problems.

Overall, the proportion of adults reporting good or very good general health in Wales was lower in 2022-2023 compared to 2021-22, whereas the proportion reporting a limiting longstanding illness was higher (Welsh Government, 2023). Adults in the most deprived areas of the country (such as the South Wales valleys and some North Wales coastal and border towns) have lower life expectancies, worse health outcomes, are almost four times more likely to die from an avoidable cause and less likely to report good health. They are also more likely to live unhealthy lifestyles (Mills, 2021). Mental health is worse in the most deprived areas of Wales compared to the least deprived areas with the gap in the average Warwick-Edinburgh Mental Well-being Scale score between those from the most and least deprived widened since 2020-21 (Welsh Government, 2024). Lastly, people in these areas are more likely to be a victim of a crime and more likely to feel unsafe in their community whereas those that experience socio-economic disadvantage have poorer participation in public life (Mills, 2021). Again, all these factors may impact on participation in the labour market, work capacity and the kind of work undertaken — which in turn may have further health consequences.
There is an indication that there is a relationship between health inequalities and

income inequalities with those in poorer households more likely to suffer from poor mental and physical health, and those with poorer health more likely to have lower incomes (Joseph Rowntree Foundation, 2020). What is worth noting, is that there are pockets of social and economic deprivation that have remained in the top 50 most deprived areas in Wales since 2005. Those living in such communities experience fewer opportunities to escape deprivation, especially if they also belong to certain protected characteristics (see e.g. the Welsh government statistical analysis of protected characteristics by area of deprivation). A review on socio-economic disadvantage and inequalities of outcome in Wales showed that:

> *"Deprivation interacts with protected characteristics, and certain communities of interest and communities of place may also experience worse outcomes in many areas. This intersectionality between deprivation and other characteristics can be thought of as a web, where different areas connect, compounding and exacerbating each other. This makes it no surprise that poverty can quickly become cyclical or thought of as a trap that is difficult to escape. Unfortunately, disentangling this web is a complex, multifaceted issue that demands work from a wide range of stakeholders." (Mills, 2021: 51)*

Again, this provides further indications of the effects of work on health and vice versa.

Further supplementary data from ad hoc surveys of WHS

The ad hoc surveys of WHS arrangements and outcomes identified in Annex 2 indicate the following findings relevant to WHS in Wales:

a) The European Foundation for Living and Working Conditions (EuroFound), European Working Conditions Survey

The Results for 2021 (UK overall) show that from those respondents that are self-employed (15.1%) 4.7% are a director, 1.3% are a partner, 6.7% work for themselves, 2.6% are a subcontractor, 1.9% are doing freelance work and 0.6% are paid a salary by an agency. From those that were employees (84.4%) 85.3% were in a permanent contract, 5.7% were in a fixed contract and 2.2% were in an agency or temporary contract and 3.9% had no contract.

Some workers experienced noise at work (26.9%), exposure to chemicals (34.5%), infectious material (28.3%), tiring or painful positions (48%), lifting or moving people (16.7%), carrying heavy loads (46.5%), repetitive movements (73.6%) and emotionally disturbing situations (53.1%). A large percentage have to work at high speed (86.8%) and to tight deadlines (94.2%). When asked whether the following exist in their organization respondents gave a positive answer when asked about a union (46.9%), health and safety delegate or committee (78.7%), or a regular meeting in which employees can express their views (70%). A fifth (20%) feel that they health and safety is at risk because of work and over a third (35.7%) worked although they were sick.

Results for Wales in 2015 (some caution is warranted due to small sample and unweighted results; also questions changed between 2021 and 2015 so comparisons cannot be made directly), show that from those respondents that are self-employed (13.2%) 5.5% are a director (UK overall 2015, 26.8%), 2.2% are a partner (UK overall 2015, 15.6%), 5.9% work for themselves (UK overall 2015, 47.1%), 0.4% are a subcontractor (UK overall 2015, 8.6%), or are doing freelance work (UK overall 2015, 9.7%). From those employed (87%) 77% were on a permanent contract (UK overall 2015, 87%), 8.1% were in a fixed contract (UK overall 2015, 4.4%) 1.4% were in an agency or temporary contract (UK overall 2015, 2.6%) and 5.4% had no contract (UK overall 2015, 4.2%).

For work health and safety hazards, the survey indicates workers in Wales are exposed to vibrations (10.1%), noise (27%), high temperatures (22.5%), low temperatures (30%), smoke (14.6%), vapours (10%), chemicals (18.9%), tobacco smoke (7.8%), infectious material (18.9%). They sometimes work in painful positions (34.4%), lift or move people (10%), carry heavy loads (37.8%), sit for long periods (61.1%), repetitive movements (52.2%), handling angry customers (38.9%) or emotionally disturbing situations (25.6%). Many have to work at high speed (63.3%) and to tight deadlines (80%) (results were similar to the UK overall 2015).

From those that have to wear PPE (40%), 2.8% replied that they do not always use it when it is required (the percentage for those that wear PPE for the UK overall 2015 was 47.4% with 7.4 not always wearing it when required). Also 4.4% do not feel well informed about health and safety risks and 25.9% think that their health or safety is at risk because of their work.

In terms of work/life balance 22.7% feel that their working hours do not fit well in family or social commitments outside work. Some feel that they worry about work outside work (36.7%), feel too tired to do housework (58.4%) or spend less time with friends and family (41.6%). Regarding job control a third replied that they are rarely or never consulted about their work objectives (33.7%), how to improve work organisation (27.6%), apply their own ideas (23.3%) or influence decisions (28.1%). Lastly, many experience stress at work (67.7%) with some also experiencing verbal abuse (17.8%).

b) The European Union Occupational Safety and Health's (EU-OSHA) European Survey of New and Emerging Risks (ESENER)

In the 3rd ESENER, referred to here, most responses were gathered from Micro Small Enterprises (MSEs), with 92% of companies employing less than 250 people. Additionally, under half of respondents had additional persons working in their establishment such as subcontractors, temporary agency workers or volunteers (40%). For the majority (90%) OHS was one of several work tasks.

Around two-thirds (69%) had used a generalist on health and safety but less replied that they had used other OHS professionals such as an expert for accident prevention (52%), an occupational health doctor (38%), an expert dealing with the ergonomic design (28%) or a psychologist (16%). Over half (55%) used the services of an external provider to support them in their health and safety tasks and around a quarter (28%) arranges regular medical examinations. Less than half respondents (43%) had received a visit by the labour inspectorate in the last 3 years.

The most frequently mentioned risks were lifting or moving people or heavy loads (72%), repetitive hand or arm movements (66%), prolonged sitting (57%) or chemical or biological substances (53%). Difficult customers (69%) and time pressures (43%) were the more likely psychosocial risks. Interestingly, a few companies replied that they do not routinely carry out risk assessments (9%) or do not involve workers in their implementation (13%). Almost a quarter does not have an action plan to prevent work-related stress (23%) and many do not involve their employees in identifying possible causes for work-related stress, such as e.g. time pressure or difficult clients (58%). In general, around half of organisations took some measures to tackle stress, such as reorganisation of work, training on conflict resolution (both 52%) confidential counselling for employees (45%), intervention if excessively long or irregular hours are worked (44%), and three quarters allowed employees to take more decisions on how to do their job (77%).

Lastly, forms of employee representation included health and safety representative (76%), health and safety committee (44%), works council (39%) and trade union representation (24%). Nearly three-quarters of respondents (69%) held health and safety discussions between employee representatives and the management and for 42%, controversies related to health and safety arise.

c) The TUC Trade Union Health and Safety Reps Survey

Bearing in mind that workplaces in which there are health and safety representatives are probably most likely to be those with joint health and safety committees, it is

perhaps surprising that only just over half of respondents (55 per cent) to the 14th TUC Survey of health and safety (TUC, 2023) representatives indicated that their workplaces had a union-management health and safety committee that met regularly. This proportion varied considerably according to the size of the workplace, with those with over 200 employees much more likely to have such a committee.

As in other surveys such as that of the European Foundation (above) and the HSEs outcomes data, hazards reported by respondents indicate psychosocial risks to be the most frequently encountered. 'Stress' and 'bullying/harassment', featured most prominently, and even more frequently among respondents from public sector workplaces. Overwork, harassment, violence and verbal abuse were also prominent among the psychosocial risks encountered by the representatives. While, perhaps not surprisingly, Covid-19 exposure continued to be a concern. Again, reflecting the results of other surveys, among physical hazards, handling heavy loads and repetitive strain injuries were prominent but more frequently encountered in the private sector, where slips trips and falls, high temperatures and dust were also experienced more frequently. In other words, representatives broadly confirmed findings of larger surveys concerning current experience of the nature and occurrence of work health and safety risks. The published results further compare concerns about the main hazards experienced at work by region. For Wales, stress is ranked highest (53%); bullying and harassment next, (47%) followed by Covid 19 exposures (34%); back strain (30%) and slips trips and falls (27%).

Further results on the representatives' UK wide experiences in relation to their employers' management of health and safety; exercising their rights as health and safety representatives; and their experiences of enforcement actions carried out by inspectors give some indication of the ways in which regulatory rights on work health and safety are actually experienced. They suggest, for example, that while most employers have written health and safety policies in place, the proportion undertaking formal risk assessments may have fallen, with over a quarter of respondents reporting that they had not experienced one being carried out in the previous two years and 18% indicating that they did not know whether or not one had been undertaken. The percentage of respondents in Wales that had not had a formal risk assessment in their workplace was 11%, whereas 23% answered that they did not know whether they had a risk assessment at work.

UK results show that this experience varied substantially by sector, with representatives from sectors such as agriculture, distribution, hospitality and other services, reporting the least frequent experiences of risk assessments and the greatest number of 'don't knows'. Perhaps of greater concern is the finding that despite the regulatory requirements on employers to consult with health and safety representatives, only 17% indicated that they felt they had been fully involved in risk assessments and 29% reporting no involvement at all. The equivalent percentages

for Wales were 14% (fully involved) and 28% (not involved at all). When asked why they thought risk assessments were inadequate, reasons given by respondents from Wales were that they felt that they were not listened, that management did not consider health and safety a priority and that risk assessments did not account for mental health issues or adequately cover contractors or groups working together. The experience of exercising rights as health and safety representatives reported in the survey suggests that most respondents had received some form of training, with that provided by their trade unions and the TUC being the most frequently experienced. However, over a quarter indicated there were times when (usually) pressures of work meant they were unable to take up training opportunities with many of them reporting that their employers refused to allow them time off at these times. Results for Wales were similar to the UK overall, with 28% of respondents unable to take up training. Despite their rights to be consulted by employers in good time over health and safety matters, nearly one third of the respondents indicated that their employers consulted them infrequently or only when they raised issues with their employer themselves. The percentage of respondents in Wales that replied that their employer consulted them only when urgent issues arise was 25% whereas 21% replied that they were consulted infrequently. Regarding enforcement, a smaller percentage of Wales representatives (14%) said their employers had at some point received a legal enforcement notice compared to the UK sample (23%). However, the same percentage of respondents replied that their employers did not receive any enforcement notices (25% in both Wales and the UK) whereas more respondents in Wales replied that they did not know (61%) compared to the UK (52%). Similarly, more representatives in Wales (21%) replied that they or other reps did not know about the notice and were not consulted on improvements to comply with it (11% in the UK) indicating overall less knowledge about enforcement actions in Wales compared to the UK. A larger percentage of Wales representatives (42%) also said that their employers did the minimum they could to comply with the notice (31% in the UK). Open ended comments of Wales representatives indicated as main issues persuading management to adequately manage occupational health and safety in their workplace, implementing safety measures for Covid 19 and issues with excessive workload, stress and bullying at work.

In short — The various sources of data relevant to work health and safety practices and their outcomes that are outlined in the above paragraphs, in combination with the data about the structure and organisation of work, employment and the labour market in Chapter 2, draw attention to the kinds of structural and organisational changes in work and the labour market in advanced economies, which have led to significant shifts in the risk profile of current work arrangements.

These changes and their effects are present in Welsh data, even if there are few specific studies or surveys drawing attention to them. Research findings in the UK and other advanced economies show how they contribute to an outcome where much of the current burden of work-related harm is no longer the result

of exposures to physical, chemical and biological hazards that were associated with work in the past (although these are by no means entirely absent). Instead, it is, in large part, the consequence of the psychosocial job demands placed upon workers in modern societies, as well as the way in which employment practices and processes blur the boundaries between work and domestic life, and create substantial insecurities concerning the continued availability of work at a time when the collective power, identity and organisation of workers has been dramatically and deliberately eroded by the state, along with protections and social welfare provisions previously supported by welfare capitalism.

Changes in the way in which work and employment are structured have also facilitated greater managerial controls over the labour process through their determination of job content and design, along with the pace and intensity with which work is done (see e.g. Felstead et al, 2018; Gallie et al, 2018). Such change is of course fundamental in determining the experience of work and the balance of power between workers and employers in asserting control over it and its consequences for worker health safety and well-being (Hall, 2021). Moreover, these changes have not impacted equally on all. For example, while many workers may have experienced increased psychosocial pressures resulting from alterations to the content, intensity and organisation of their work, studies show that they have been differentially impacted by such changes (see e.g. Maslach and Leiter, 2008; Lippel and Quinlan, 2011). By virtue of their capacities and/or market position, some are able to exercise a greater degree of job control and discretion than others, thus adapting to the changes in the way their work is organised without detriment to their health. Others have been far less fortunate, and their vulnerability to work-related harm is likely to have increased, often by virtue of their less favourable market positions and their lower capacities to apply discretion in their work or to exert control over it in a way that enables them to counter potential risks to their health (Quinlan, 2014).

These include, many workers in smaller enterprises, precarious jobs, or in false 'self-employment' who, for example, are exposed to the price and delivery demands imposed through supply chains in hazardous industries like construction and meat processing. But shifts in the control of the labour process have impacted on a far wider range of workers than these, with its effects embedded in work norms found in all sectors of employment, workplace sizes and types of employment contract (Underhill et al, 2011).

An upshot of this is that, in Wales as elsewhere, workers in sectors and occupations that are not conventionally regarded as 'high risk' may in practice, face significantly increased risks to their health brought about by changes in the way in which their work is organised and controlled. Disturbingly, poor work health and safety outcomes among the increasing number of workers in precarious jobs in these sectors, may in fact be disproportionately more prevalent than is suggested by conventional data since international research evidence indicates that under-reporting of non-

fatal occupational injuries among precarious workers is disproportionally greater than among those in more secure employment (Kreshpaj et al, 2022) and the same would certainly apply (arguably even more so) in the case of health outcomes.

There are many further independent studies and surveys from the UK and similar other advanced economies, that add weight to these conclusions — for example on poor health and safety outcomes associated with violence at work; with unequal treatment in relation to ethnicity and gender; with automation and artificial intelligence; with biohazards and so on, that are beyond the capacity of this report to review but which help supplement and confirm the knowledge gained from routine sources.

Support for securing compliance with regulatory standards

As noted earlier in this chapter (and in Annex 2), the HSE provides annual data on its enforcement activities and those of local authority Environmental Health Departments, including on the number and type of inspections undertaken, the number and nature of administrative enforcement actions that ensue and the number of prosecutions undertaken, as well as some data on the resources available to undertake all these activities. The nature of what is routinely reported changes over time, making the identification of trends sometimes not straightforward. This routine data is supplemented by responses to Parliamentary questions, periodic reviews by Parliamentary Committees and other forms of auditing by the state. In addition, regulatory activities on WHS are a focus of attention for regulatory scholars and there is a critical literature on these matters in books and learned journals providing more detailed analysis of what is routinely reported. Collectively, the body of knowledge on regulatory enforcement practices in the UK points to a number of current challenges. Although information on these practices in Wales is sometimes difficult to disentangle from that for the UK, it seems unlikely that challenges it represents for the aims of the WRRF, are markedly different from those confronting the same practices elsewhere in the UK.

A large majority of independent studies of HSE data observe weaknesses in the provision of state and local authority support for securing compliance with regulatory standards on health and safety. They are primarily attributed to the long term and continuing reduction in resources available for regulatory surveillance, although studies are also critical of state policies and regulatory authority strategies implemented in response to them (see for example, Pearce and Tombs, 1990; James and Walters, 1999; Tombs and Whyte, 2007; Tombs, 2017; James and Walters, 2022).

Tombs (2017) for example, noted downward trends in inspections by both HSE and local authorities, in the first decade of the early 2000s as shown in the Tables below (see Table 8 and Table 9).

	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Inspections	58,796	45,823	31,263	30,043	21,793	23,004	27,104	29,293	26,217	27,849

Table 8: Field Operations Directorate (FOD) inspections, Source: Tombs (2017: 147)

	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Preventive	147,000	140,000	120,000	120,000	129,000	129,000	118,000	106,000	70,700	14,400
Total	242,000	234,000	215,000	209,000	224,000	209,000	196,000	194,200	151,000	106,200

Table 9: Number of visits by local authorities, Source: Tombs (2017: 149)

Since then, these declining trends have continued. There was a further fall in HSE inspections from 2015 to 2020. In the case of the Field Operations Directorate (FOD), the year 2018/19 saw just 18,052 inspections conducted, a decline of 38% since 2010, (James, 2021: 28) and just 31% of the corresponding figure for 2003/04. In a report published by Prospect, a trade union that includes HSE inspectors among its members, a further sharp decline is observed in 2020-21 and 2021-22, which its authors suggest, cannot be entirely explained by the Covid 19 pandemic, but which was also related to reduced staffing (Prospect, 2023). In 2022/2023 there were a total of 16,800 inspections, and Prospect suggested that this number would be hard to maintain as the number of HSE staff in inspector grades declined further in numbers (Prospect, 2023). Indeed, the current HSE Business Plan (2023/2024) aims to deliver 14,000 inspections, a target that may also be considered ambitious in the light of available resources and shifts in the regulator's strategic priorities towards undertaking more 'engagement work' (see further in Chapter 4).

Local Authorities have regulatory surveillance over a total of 73,605 premises registered in Wales. Enforcement information shows that in 2023, 99 notices were served after 2,544 visits in total, 781 of which were planned and 1,168 were reactive (595 were described as "other"). Overall, in the UK, during 2023 the total number of local authority visits stood at 28,889, of which 5,956 were 'planned/ preventive' and 16,201 reactive. These figures indicate that total visits during the year amounted to just 11% of the number conducted in 2003/04 and that 'planned ones' represent just over 4% of those conducted in the same year. Efforts to secure regulatory compliance on WHS standards by Local Authority Environmental Health Departments also face challenges arising from the funding of a substantial part of work health and safety oversight being left to the (variable) discretion of individual authorities that are obliged to balance their work health and safety responsibilities against obligations in other areas where they may be under more onerous statutory requirements to undertake inspections (Moretta et al, 2022).

Reducing resources over time — The decline observed in the number of inspections is a long-term trend. For example, historical data indicates that in 1975 HSE inspectors undertook 481,000 workplace visits and in 1982 it was reported that on average a workplace was inspected every seven years (Dawson et al, 1988: 224-225). Meanwhile, in 1977, local authority inspectors made 534,000 visits. Indeed, in 1979, between them HSE and local authority inspectors conducted a total of 839,000 workplace visits, compared with a current figure of less than 50,000 (James and Walters, 2022). This decline had occurred alongside a parallel

decline in staffing (see Table 11), which itself is one of the consequences of a steady fall in HSE's grant-in aid funding over the same period, which Prospect (2023) estimates to have been cut by around 45% in cash terms since 2010. Budgetary cuts have impacted all aspects of HSE work, including the technical support available to inspectors, its occupational health and medical expertise, the resources available to monitor and enforce compliance with health and safety laws, and the nature and scale of internal and externally commissioned research. In recent decades its laboratories and research establishments have been closed, reduced or amalgamated, and its research funding, has fallen from £17,358,000 in 2000/01 to just £4,581,000 in 2019/20, with only £856,000 of the latter figure apparently comprising expenditure on internal research.[3] This reduction is on top of a real-terms cut in research funding of £5.8 million, previously reported to have taken place over the period from 1993/4 to 1999 (James and Walters, 2005).

Year	Total staff	Inspectors
2009-10	3,702	1,617
2010-11	3,400	1,556
2011-12	3,288	1,511
2012-13	3,183	1,448
2013-14	3,081	1,396
2014-15	2,575	1,113
2015-16	2,576	1,106
2016-17	2,524	1,061
2017-18	2,478	1,058
2018-19	2,426	1,066
2019-20	2,371	1,059
2020-21	2,593	1,045
2021-22	2,742	1,018

[3] *Available at https://committees.parliament.uk/work/78/health-and-safety-executive/publications/oral-evidence/*

While confirming the same reducing trend, Prospect estimates that there are even fewer inspectors actually undertaking inspection, investigation, enforcement, and prosecution (with decline from 962 in 2003 to 661 in 2022) and states:

> *"HSE employs around 381 qualified regulatory Inspectors (B3) which is 29% fewer than 2010 numbers. However, the impact on the divisions that do the bulk of the heavy lifting (for conventional activity) is more significant. Field Operations Division are down to 144 qualified regulatory inspectors. Construction Division are down to 103 - although there are roughly 20 policy staff to be deducted and an unknown number of inspectors (possibly 30) still counted but working within the Building Safety Regulator. This indicates that the frontline regulatory inspectors outside the "high-hazard" sectors are currently running at around 200 FTE qualified regulatory inspectors, supplemented by around 113 B4 trainee regulatory inspectors. These qualified regulatory inspectors not only have to train the B4 trainees, they also undertake the other range of regulatory and advisory activities, from proactive inspection to accident investigation, enforcement, and prosecution." (Prospect, 2023:8)*

It concludes that the HSE has shrunk below the critical mass to be an effective regulator, and is grappling with crisis in both capacity and experience (Prospect, 2023).

These findings provide an indication of the seriously reduced and limited resources that the principal WHS regulator has at its disposal to address the challenge of securing better compliance with regulatory standards in scenarios currently experienced in work and employment in Wales. Such resource driven limitations may be critical in determining regulatory strategies employed by the HSE and local authority environmental health departments, particularly in dealing with the challenges of the emergent labour market in Wales identified in Chapter 2, and its attendant risks due to new forms of work and employment. However, they are assisted in this task in several potentially important ways. Firstly, the activities of other regulatory actors, such as those identified in Part 1 of this chapter, may also provide support for securing compliance with WHS standards, especially in current labour market conditions in Wales. As noted, most of these are also members of the WRRF. The following subsections outline their roles and the extent of published evidence of their influence.

Relatedly, it is further possible to argue that the rather narrow focus of the traditional data on inspection, enforcement notices and prosecutions — may have only limited value as measures of the extent and effectiveness of the influence of regulators and regulation. Current understandings of regulatory influence on the behaviour of labour market actors like employers, point to multiple influences, in which the direct action (or threat of action) by agencies seeking compliance with

public regulatory standards remain important, but are but one source of influence (see for example Parker and Nielsen, 2011). For example, among the many other drivers of employers' good practice on work health and safety, may be business incentives (good health and safety is widely seen as 'good for business'); pressure from customers, clients or social interest groups, including those in supply chain relations, peer group pressure and isomorphism; the influence of health and safety practitioners employed or commissioned to support work health and safety practices of organisations and so on. More widely, social norms and what is perceived as good citizenship may also be important drivers of compliance with work health and safety standards.

In its policy discussions and strategic plans as well as in some of its actions, HSE places itself in the vanguard of innovation on labour inspection approaches to securing compliance with regulatory standards globally. While its critics have argued that much of this is the result of having to 'do more with less,' there are nevertheless many examples of successful outcomes achieved through the deployment of its innovative strategies to influence compliance behaviour, and the orchestration of the actions of social and economic actors whose interests may be aligned with better regulatory compliance to persuade employers into compliance (see for example, Blanc et al, 2022)

The role of these influences alongside those of the agencies of public regulation on regulatory behaviour of employers in Wales are discussed further in a following chapter. For the purposes of the present chapter, it is sufficient to note the limitations of the conventional measures of regulators' enforcement actions in conveying the full extent of their influence.

Returning to the role of other labour market regulators, several report relevant findings. For example, according to the latest annual report (UK wide) from the Director of Labour Market Enforcement, some progress have been made towards protecting the most vulnerable workers by improving awareness of employment rights, increasing and targeting resources to better understand and tackle noncompliance — with a particular focus on risk management for shellfish gathering and the agriculture sectors as well as labour hire through online and app recruitment. Progress is claimed in reviewing and updating guidance to employers- especially around payments- and improving sharing of information and joint working with other enforcers and wider partners to disrupt non-compliance and exploitation. A good example of joint working was Operation Tacit, a period of enforcement activity following reports of modern slavery in the Leicester garment industry. Although none of this information is specific to Wales.

To inform strategic priorities the Director utilizes intelligence gathered and analysed by the "information hub". Particularly the HUB ranked the industries more in danger of exploitation and non-compliance with hand car washes and agriculture (seasonal workers) being the ones in more severe threat of such practices. The

care sector and construction were also seen as high risk whereas hospitality, shellfish gathering, nail bars, the food industry, poultry and egg, warehouses and distribution centres, garments and textiles were deemed medium risk.

The United Kingdom Labour Market Enforcement Strategy 2023/24 confirmed the above and added construction in the list of industries with more severe risk of exploitation. The report also raised concerns about "umbrella companies" and the emerging use of Joint Employment Models, workers in the gig economy and online recruitment scams and frauds. The DLME is also recommending mapping out available information held by the three enforcement bodies, assessing how it is shared, and whether there are benefits in improving these arrangements. Making use of data held by third parties is also an area to be explored. Lastly, the strategy focused on championing and enforcing compliance through advice, supply chain influence, contact with third parties (such as insurance or financial institutions and- in the case of "hard to reach workers"- community groups) and employment rights education.

Since 2008 the Gangmasters and Labour Abuse Authority has convicted 193 offenders, 77 of which were businesses operating as a gangmaster without a licence. There were 19 businesses that had their licences revoked since 2021, the majority being recruitment agencies. There were also 6 compliance inspections in 2023, 28 in 2022 and 47 in 2021. The GLAA does not release information on the companies/ individuals convicted or their location. However, their press releases indicate incidences of non-compliance in Wales. Many of the companies that had their licence revoked are UK based recruitment agencies, some of which had a presence in Wales (e.g. offices or they were supplying staff to Welsh businesses). A number of them are not operating anymore although it appears that some directors set up other recruitment companies. Many of the agencies convicted had an online presence with websites that included no job listings but information on how they can help individuals work in the UK and a contact form for those requiring more information.

Modern slavery investigations during the last three years were undertaken by the GLAA on the sectors of car wash (152), agriculture (111), care (41) and cleaning (12). In 2023 there was a total of 559 modern slavery referrals for Wales -189 adults, 348 children and 22 unknown. From these, a total of 139 referrals were because of labour exploitation (Home Office Modern Slavery Research & Analysis, 2024). Overall, the Strategic Assessment for 2023/24 identified residential care homes (risks to workers because of physical and financial exploitation) and seasonal workers (risks related to debts for recruitment and service fees) as the two Control Strategy priorities.

The latest annual report of the Employment Agency Standards Inspectorate (Department for Business and Trade, 2023), indicates that EAS received 2,300 complains (number was 781 in 2015-2016), they carried out 267 targeted inspections,

found 1,571 infringements and issued 385 warning letters. Industries with most cases included industrial (244), healthcare (201) and construction (134). EAS did not issue any Labour Market Enforcement Undertakings (LMEUs) during the reporting year and only issued one Labour Market Enforcement Order (LMEO). The inspectorate has considered enforcement action against 17 employment agencies or employment businesses from which only 1 case has resulted in prosecution proceedings (UK numbers). There were no prohibition notices either, although there is an ongoing case of an employment business supplying care workers to hirers that is obstructive in allowing EAS to access their records.
EAS undertook 10 targeted operations covering 267 inspections, across a range of sectors and geographical areas. The larger number of visits (39) took place in Wales, resulting in 159 infringements found. Additionally, 30 inspections in the care industry resulted in 161 infringements, making the sector of special interest for the inspectorate.

The EAS does not publish the detail of investigations, or reveal information captured during an inspection, unless it leads to a prosecution, prohibition, or the issue of a Labour Market Enforcement Order.

Other labour market surveillance bodies also publish relevant information. For example, HMRC NMW named 524 businesses failing to pay the minimum wage and thus affecting 172,000 workers. Employers had to repay nearly £16 million, plus an additional financial penalty. In Wales 21 companies were named as non-compliant, affecting 2,349 workers and totalling £172,522 in arrears. Industries included hospitality, construction, retail and care. HMRC is currently targeting SMEs – including those operating in the Cardiff area- to ensure that they comply with minimum wage requirements.

The Equality and Human Rights Commission specifically addresses experience of equality and human rights in work in Wales in the Is Wales Fairer report. Its findings show that none of the public authorities monitored are fully compliant with the Public Sector Equality Duty Regulations 2011. It suggests that more effort should be made to address issues around insecure employment and different treatment at work because of gender, disability and ethnicity and recommends that the Welsh Government should work towards clarifying regulations and monitoring progress towards meeting compliance and using its new Public Procurement Act to address any inequalities.

Conclusions and Implications

There are no surprises in the profile of work health and safety in Wales indicated by evidence from the sources outlined in the first part of this chapter. Notwithstanding some small differences, it is largely what might be anticipated from the wider UK evidence and that from other advanced economies. In relation to the most significant forms of work-related ill-health, HSE analysis of Labour Force survey data highlights the most important causes of MSDs (and associated prevalence rates) to be manual handling, awkward/tiring positions and keyboard work or repetitive action (Health and Safety Executive, 2024d). Meanwhile, a similar analysis conducted on reported cases of stress, depression or anxiety (Health and Safety Executive, 2024e) indicates the main causes of such conditions (and associated prevalence rates) to be workload, lack of support, violence and threats or bullying, changes at work, role uncertainty and lack of control. These findings confirm wider evidence indicating that conflict at work, high job demands, an imbalance between effort and reward and a lack of autonomy and control (particularly in the context of high job demands) elicit long-term health consequences, including coronary heart disease, morbidity and mortality, and mental illness (Head et al, 2007).

The small differences in work health and safety outcomes in Wales, compared to the UK as a whole, might be anticipated from features of the development of its economy and labour market, identified in Chapter 2. They include the continuing industrial legacy of the areas in which the majority of the population live and work; as well as the features of the agriculture and service-based economy in the more sparsely populated rural areas. Arguably, they further include the wider effects on health outcomes that may be associated with areas of economic and social deprivation that still feature in the social and economic profile of Wales. The conventional explanations for the slightly greater incidence of fatal injuries experienced at work in Wales, for example, are that they are largely compositional effects that reflect the presence of proportionally more hazardous work, while the presence of a slightly greater proportion of micro and small firms in the economy may further reflect the known effects that the limited resources such firms have on work health and safety practice and outcomes.

For the south and north east of Wales, where most of the working population is concentrated, the foregoing account largely describes what might be anticipated when a formerly heavily industrialised economy undergoes recovery from decline and substantial levels of unemployment, with its associated features of social

and economic deprivation. In this process of recovery, as elsewhere, the Welsh economy has moved to being largely service based, with substantial proportion of public sector employment; a greater than average concentration of employment in micro and small firms; with pockets of growth among IT based firms and other 'new industries' as well as growth in low skilled forms of work and in non-standard forms of employment. In parallel, the labour market and the structure of employment in rural Wales is fairly typical of an agriculture-based economy, with changes occurring as a consequence of growth in leisure and tourism, increased work mobility, an aging population and so on, also leading to some growth of work in public and private services.

The resulting profile of work health and safety in such an economy would be expected to include, in the formerly industrialised areas, a continuing presence of some conventionally hazardous work and also reflect the consequences of the long latency of many forms of work-related ill-health. Additionally, it would be anticipated to reflect outcomes prevalent in an economy in which there is relatively high proportion of workers in low-skill poorly paid health and social care work, retail, and transport; in health, education and other service-based work with a large public interface, in both public and private sector employment. And where micro and small firms predominate, along with a growing amount of work taking place in non-standard forms of employment. In such scenarios, which are common elsewhere in the UK as well as in other advanced economies, current data indicate high levels of work-related outcomes such as musculoskeletal diseases, work-related stress, depression and anxiety, injuries and fatalities arising from preventable incidents and a high prevalence of longer-term health issues arising from these forms of work. These also broadly describe the work-related outcomes prevalent in Wales. While in rural Wales, the acknowledged serious safety and health risks of agriculture, along with its high levels of casual, temporary and low-skilled and poor paid jobs, high levels of migrant labour and informality along with a predominance of micro and small enterprises, all contribute to its work health and safety outcomes — as do the prevalence of low-skilled, precarious and poorly paid work in the private and public sector.

The evidence of support for securing compliance with regulatory and other standards of good practice in these scenarios, also largely reflects a profile evident in the UK more widely. On the one hand, reported enforcement actions undertaken by state and local authority agencies with responsibilities for monitoring and securing compliance with regulatory standards in work health and safety are relatively few. Trends suggest their decreasing frequency. On the other hand, the accounts in which these statistics appear, as well as those of the various other agencies charged with labour market enforcement duties and the critical literature more widely, suggest an awareness of a similar array of challenges to securing compliance with labour standards (including those on work health and safety). They include those resulting from an increased presence of non-standard forms of work and employment, technological change and change in business

management practices, as well as those arising from change in the composition of the labour force and the extent of its capacity to represent its interests in work health and safety.

Perhaps not surprisingly, given the comparatively small numbers involved, and the nature of work and employment in Wales, there are limits to the specific details concerning WHS outcomes and the extent and effectiveness of support for compliance in Wales that are publicly available. This necessitates reliance on wider data sources. In some cases, this may be justified, while in others it raises questions concerning the need for more specific information. In this respect, the present chapter confirms that in Wales, current information on some features of the profile of work and employment, their consequences for WHS and for securing compliance with regulatory standards is incomplete, fragmented and anecdotal. It is therefore of relatively limited use in identifying where risks of non-compliance may be greatest, and for informing the orientation of more 'joined-up' strategies of support for achieving improved compliance. In the following chapters, focussing particularly on a broad definition of regulatory practice in work health and safety, the implications of these strengths and weaknesses in current knowledge are explored further. This is done with the help of information gathered from key informants among the membership of the WRRF and other stakeholders, concerning their perceptions of challenges faced in undertaking surveillance and securing compliance on WHS; and of the role that improved ways of gathering, using and sharing relevant labour market information might play in improving WHS surveillance and its outcomes in Wales.

CHAPTER 4

Support for securing compliance with regulatory standards on work health and safety in Wales — discussions with key informants

Introduction

This chapter focuses on the experiences of key regulatory actors, information providers and stakeholders represented on the WRRF in operationalising regulatory rights on work health and safety in Welsh labour market contexts. Based on discussions that were held during the course of this research, with key informants from regulatory organisations, information providers and social partners represented on the WRRF, it reports:

- their experience of the challenges of enforcement in current work organisational contexts;
- their views of how sharing information on this experience might help to improve regulatory outcomes; and
- what they regard to be significant supports and barriers to doing so.

These discussions were based around a set of questions prepared by the researchers that were shared with the informants ahead of the discussions, along with some background to the project (see Annex 3). Most of the discussions were conducted on-line, although it was possible in a few cases to hold face to face meetings. The narrative provided by these discussions is presented in this chapter, while the chapter that follows it, (Chapter 5), identifies and analyses themes that emerge from this narrative and discusses the evidence of an 'enforcement gap' that was postulated in the Introduction to this report; and the role of the WRRF in facilitating the sharing and using information, to close this gap in relation to the operation of standards on work health and safety in Wales.

Since this is a report for TUC Cymru, it was considered appropriate to begin the fieldwork element of this project by seeking the views of trade union informants.

Trade union understandings of workers' experiences and concerns on the achievement of regulatory rights on health and safety

The profile of the labour market and work health and safety in Wales that is described in Chapters 2 and 3 was reflected by the experiences reported and discussed by trade union informants. To recap, that profile sketched an outline broadly in line with trends evident in the UK as a whole. That is, while there is a declining trend in reported injuries and fatalities in Wales, as in the UK, there remains a concerning level of serious injuries and fatalities, given the widespread knowledge that such occurrences are preventable. At the same time measures on the occurrence of work-related ill-health suggest levels to be very high and possibly growing. Changes in the profile of work health and safety outcomes in recent decades have paralleled those that have occurred in the structure, organisation and control of work and are likely to be a consequence of these latter changes. While many of the forms of ill-health traditionally associated with work in an industrial economy are still in evidence in the health profile of the Welsh population, the incidence of new cases of such conditions has declined. However, there has been a substantial increase in reporting of forms of ill-health such as stress and anxiety-related conditions, along with musculoskeletal disorders, that are associated with the changed composition, organisation, structure and control of work.

These consequences of change were also evident in the experiences and concerns discussed by trade union participants in the research. While conventional 'occupational safety' issues did not feature prominently, their relatively low profile cannot be understood as an indication of their reduced presence. It was more likely to be a reflection of the sectors in which the majority of participants represented workers. As described in Chapter 2, in Wales, trade unions have their strongest presence in the public sector. Broadly speaking, the occupational health issues that were of concern, were, as might be anticipated, those arising from the structure and organisation of work and employment in these public and private sector services and largely related to job stresses and strains, MSDs as well as physical hazards especially associated with public facing work.

This said, physical and biological hazards still featured among the issues raised by those union participants who represented workers in manufacturing, construction and services in which manual work featured strongly. Interestingly however, the focus of their concern was less with conventional risks to worker's safety represented by unsafe places, materials and plant, and more on less obvious issues arising from the way in which their work was organised and controlled and the conditions under which workers were employed. This focus may have resulted from an awareness that employers had some form of system in place for what were conventionally

understood to be safety matters in most of the larger work organisations where they represented workers. But the concerns of members arising from demands placed on them by the ways in which their work was organised and controlled were not seen as 'safety matters' and therefore not addressed by such systems.

Chapter 3 demonstrates there to be ample wider evidence suggesting that poor health and safety practices and outcomes are likely to be more frequently found in situations in which poor jobs, low pay, economic and health inequalities, and so on, are present. And as elsewhere, the current labour market profile in Wales indicates growth in non-standard and insecure forms of work and employment, also associated with poor health and safety outcomes in the wider research. While unionisation rates among such workers are much lower than those in better jobs and in more standard forms of employment in Wales, in discussing the effects of work on health, trade union participants frequently raised issues of employment security, poor jobs, equality issues, denial of representative rights and victimisation associated with such jobs and forms of employment as significant influences on health and well-being among the workers they represented.

In addition, as Chapter 2 shows, there is a substantial proportion of the Welsh economy dominated by micro and small firms. Research on these firms elsewhere, further indicates that while some manage work health and safety to a high standard, the owner/managers of many others frequently find compliance with work health and safety standards challenging and, for a host of well-documented reasons, make inadequate arrangements to meet required standards. This is particularly so among the substantial proportion of micro and small firms pursuing 'low-road' strategies towards their business survival (EU-OSHA, 2016). Again, most trade union participants represented members in larger organisations and had little direct contact with workers in micro and small firms. Nevertheless, they demonstrated an awareness of the likely work health and safety conditions among workers in these firms. This was especially so among discussants whose trade union experience involved dealing with the effects of contractorization and multi-employer worksites, such as in construction and in cleaning services for example, where their members were often employed on the same worksites and sometimes in the same tasks as contract workers from small or even micro firms.

Generally then, what was of most concern to the representatives of trade unions who participated in the research were the health and safety effects of work organisational and control issues including those arising from job design, work intensity, working time, and so on, alongside questions of security and employment rights largely arising from non-standard forms of employment. In all these situations they felt that employers ignored consequences for workers health and safety, and made few arrangements to address them.

Trade union informants did not feel that the problems thus created were dealt with by regulatory enforcement either. As noted in Chapter 3, all of the above work

situations are acknowledged to be hard to reach with conventional regulatory interventions. And this was reflected in the comments of trade union participants in the present research, among whom there were few who had any direct experience of the regulatory enforcement of work health and safety. While they were aware of the existence of HSE inspectors few had come across one in person. They had even less awareness of other potentially significant regulatory actors even where they represented workers in sectors where there was a considerable presence of non-standard forms of employment and in which agencies like the EAS Inspectorate or the GLAA may have had reason to be engaged. Moreover, there was a feeling of uncertainty that was strongly expressed by trade union representatives across a range of sectors as to whether the kinds of concerns they felt about the health effects of the ways in which work was currently organised and controlled were even within the remit of what were understood as conventional forms of regulatory enforcement. That is, there was a strong perception that psychosocial risks represented by job strain, work-pace, bullying and harassment, and the risk of public facing jobs, as well as those arising from insecure and non-standard employment, were not only unrecognised by employers as having anything to do with arrangements for health and safety, but their surveillance was also not part of work health and safety regulation.

The perceptions of employers

Among the key informants with whom discussions were sought about their perceptions of the role of information and co-operation in addressing enforcement of work health and safety in Wales were representatives of both large and small business organisations. It was reasoned that while they broadly experienced the same influences on work health and safety as those reported by trade union informants, their perceptions of them, their concerns about securing improved compliance and their priorities in relation to securing this improvement maybe somewhat different.

Unfortunately, the researchers were unable to secure a discussion with a representative of larger employers, however in the case of smaller businesses, the key informant was a spokesperson for the Federation of Small Businesses (FSB). It was made clear from the outset of the discussion about the role of information and co-operation in securing compliance on work health and safety matters, that their priority and that of their organisation was to represent the interests of its members. As such, the well-documented concerns about work health and safety shared by employers with responsibilities for small businesses were reflected in the approach of the FSB. Fears among small business owners of over-regulation and costs of compliance, along with the need to clarify complex statutory requirements, and to find support and guidance on what employers in small and micro firms need to put in place in order to comply with their legal obligations were aired. There is

also widespread evidence of these concerns in the literature on work health and safety in small and micro firms. And a substantial amount of research pointing to poor knowledge and understanding of work health and safety among owners, managers and workers in these firms and their very limited resources or capacities to remedy this. All of which, are among the limitations seen in their approach to work health and safety compliance (see for example the review in EU-OSHA, 2016). It is not surprising that they were reflected in the position of the FSB:

> *'But where we get, I guess, complaints or challenges, it is down to understanding the complexity of compliance…. So much regulation comes back to complexity and the I guess digestibility for the smallest business.'*

and

> *'But I think a lot of the challenge where we come down to health and safety sort of compliance and enactment does come down to small businesses with little resource, little time, covering lots and lots of bases and too much [responsibility] vested in single owner managers.'*

This said, the informant from the FSB was encouraged by an awareness of the wider dimensions of improved health and work, pointing out its relationship to that of employee wellbeing:

> *'…. it's more positive conversation about health and safety, and it is more encapsulated into that of workplace well-being. We have a line of work at the moment on responsible business which encapsulates everything from environmental stewardship to corporate responsibility, workforce rights responsibilities, development and progression … this notion that employers want to show that they are taking health and safety but also the proposition of well-being seriously…'*

Thus, indicating the support of the FSB for 'responsible business' while at the same time acknowledging that it was not without challenges.

Generally, the strategic approach of the FSB was to support its members to address compliance on work health and safety by helping to provide advice, information, training that would enhance their capability to be more effective on health and safety matters in both the narrow and broader sense of their meaning. It clearly valued its capacity to do this and to engage with the wider infrastructure of support for work health and safety in Wales as an element of its engagement with business support more widely, including the Welsh Government's own provision of business support, Business Wales. It sought to assist its members to navigate this wider support for business and, at the same time, help make Welsh Government funded business support more effective, more relevant and more able to answer the various needs of FSB members. In part, its engagement with the WRRF reflected this wider strategy. While it valued its involvement, at the same time it was cautious about the implications of membership. Its informant said for example:

> *'I'm here to represent my members. I'm not here as a consultant of government, which is what quite often I feel.'*

While the importance of cooperation in using and sharing information on work health and safety, was acknowledged, the informant expressed some caveats. Indicating, for example, that although the FSB has data, it was seldom reported or presented in ways likely to be helpful to the membership of the WRRF, since its priority was focused on supporting its own members. Although the FSB valued social partnership, it felt it important that its institutions – like the Forum – ensured that all its members, who had invested some of their resources in membership, felt they were getting something from this, as well as giving to it.

> *'And I see that in the context of the wider social partnership. And there are challenges for us as a social partner. There are really substantial challenges in resourcing and the more groups evolve, no matter how important the subject matter, the more challenging that becomes because I have to find resource from somewhere.'*

It was important that groups such as the Forum allowed for the priorities of different organisations represented on it, whether they were government, worker or business representatives:

> *'…but also, that we all feel we're getting something from it rather than simply giving to it, that is a challenge. At some point, there's a negotiable balance there, but it is a challenge in the social partnership model'.*

There was also an awareness expressed by the FSB representative of the Welsh Government's limited jurisdiction over matters of employment – including work health and safety.

> *'But I think there is a limitation as to how far the Forum can go to being that definitive conduit for this conversation, because the larger part of regulatory oversight actually sits outside Welsh Government's control.'*

There was no desire on the part of the FSB to change this, although its representative felt that might not be the view of either the Welsh Government, or of some of the other members of the forum.

> *'I don't think we share the same perspective of other partners around the table about the devolution…. We do not believe that health and safety should be devolved to Wales … our feeling is that that would actually add complexity for organisations trading and operating across boundaries rather than focus in and I think also our perspective is in some of the advice and support that is available through the Health and Safety Executive for instance and their engagement with businesses, you have economies of scale at UK level that you would never get at a Welsh level. So actually, that interaction with business we would worry would be reduced.'*

The representative also expressed a view that the Forum had grown out of a task and finish body set up to address specific jurisdictional challenges presented by approaches to Covid 19 in workplaces in Wales, without a properly shared understanding why it needed to become a permanent institution or what this institution was intended to achieve.

The representative also expressed a view that the Forum had grown out of a task and finish body set up to address specific jurisdictional challenges presented by approaches to Covid 19 in workplaces in Wales, without a properly shared understanding why it needed to become a permanent institution or what this institution was intended to achieve.

Despite these caveats, for the FSB, it seems that the Forum is nevertheless regarded as having a potential for future usefulness. It acknowledges that it can be helpful to have a platform for shared interest and a group that brings together a network of regulators and actors. From its own perspective, it would be especially useful if the positive results of the communication within such a network were channelled towards helping a small business audience with limited time and limited resources to bring about desired improvements in their work health and safety arrangements and consequent business efficiency. Its representative saw opportunities now and in the future, presented by inclusion of work health and safety in the wider conversations around well-being and mental health support in the workplace that are currently growing in significance. An awareness was shown of the challenging tasks facing small firms in systemising these developments, as well as balancing the comparatively straightforward links between safety standards and regulatory compliance with the far more nebulous and discretionary elements associated with worker well-being and mental health. Nevertheless, the representative of the FSB felt there were opportunities evident in packaging health and safety up as part of the wider well-being conversation, to contribute to the culture of a business and its employees and felt there was an opportunity for the Forum to be a conduit for that wider conversation.

The perspective of the Wales Government

As explained in Chapter 1, the Welsh Government position in relation to securing statutory rights on work health and safety is somewhat complicated by issues of regulatory jurisdiction. On the one hand, it has a clear policy commitment to supporting workers' health, as evidenced in its approach to Fair Work and its overall policies on public health in Wales. As further indicated in Chapter 1, it is also responsible for securing compliance with some of its own legislative measures, such as Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 and the Social Partnership and Public Procurement Act (Wales) 2023, which may have some indirect impact on securing compliance on work health and safety too. On the other, its devolved regulatory authority does not generally extend to employment matters, where the key public authorities have a UK wide remit and are responsible to UK Government Departments (or have delegated responsibilities, as is the case with Local Authority Environmental Health Departments). Its main approach to addressing the complications arising from this in relation to work health and safety has been through the creation of ways of liaising with these and other regulatory actors. From the perspective of

work health and safety, currently the Workplace Rights and Responsibilities Forum is the key institutional structure set up by the Welsh Government to achieve more effective liaison between itself and the non-devolved regulatory actors and other key labour market organisations. The Forum is chaired by the Wales Government's Minister for Social Dialogue and it provides the Secretariat for the WRRF, organising its meetings, and supporting its output. In discussion with the Welsh Government informants supporting the work of the WRRF, it was clear that they viewed liaison between the bodies represented in the Forum as an important way to improve compliance in relation to work health and safety rights and responsibilities and they were anxious to help facilitate this.

Stimulus for setting up the WRRF was provided by several of the recommendations of the Fair Work Wales Report (2019). Among its measures to address these recommendations are several that cite the creation of the WRRF. For example, Recommendation 14 calls for a strategy to improve the effectiveness of existing rights enforcement in Wales. The Welsh Government's 2024 Progress Report on Fair Work cites the creation of the WRRF as one example of its action to meet this recommendation. Another action cited is in relation to Recommendation 17ca which calls on the Welsh Government (through the Office for Fair Work) to seek out opportunities to support and enhance the enforcement role of UK enforcement agencies in Wales. The Progress Report cites the establishment of the WRRF as further evidence of its efforts to address this recommendation by bringing together employer representatives, trade unions, and workplace regulators like the HSE, the GLAA and HMRC's minimum wage enforcement unit. The progress report also cites the creation of the Forum as part of its response to other of the Commission's recommendations, including Recommendations 15a and b; and Recommendation 16; mostly in relation to its potential role in support for improving awareness of workers' rights and avenues to access information, advice and support.

However, in discussions with researchers, Welsh Government informants went to some lengths to clarify what they believed to be the limits of the remit of the WRRF, making the point very firmly that in the view of the Welsh Government, the Forum was primarily concerned with ways to make the operation of regulatory rights and responsibilities more effective. In their view, its remit did not extend to becoming the observatory for Fair Work that is called for by the Report of the Commission (Recommendation 39; Welsh Government, 2019).[4]

As also noted in Chapter 1, the precedent for the creation of the WRRF was further provided by experience with the health and safety committee that was set up by the Welsh Government to address liaison between itself, non-devolved

[4] R*ecommendation 39 calls for a (virtual) Fair Work Wales Observatory, set up to make available additional capacity and expertise in carrying fair work forward. While Recommendation 15a calls on the Welsh Government bring together statutory provisions (whether in employment law, company law, equality law or other) which confer rights or impose obligations relevant to fair work. In the latter case the progress report of the Welsh Government regards this as beyond its jurisdiction and in the case of the Observatory, it indicates it would 'reconsider the value of establishing an Observatory when resources allow'.*

regulatory actors and the social partners during the Covid pandemic. Prior to this, various tripartite institutional arrangements for social dialogue and practice were already well-established in Wales and supported by the Welsh Government alongside others seeking to bring together social, economic and administrative interests in employment affairs, reflecting both the long-standing acceptance of the importance of communication, and shared information and the comparatively strong position of labour in Welsh public affairs. In this respect there is nothing especially new about the idea of the WRRF or the aspiration that such an institution will lead to improved outcomes by helping to facilitate these practices.

Experiences and understandings of regulatory actors concerning enforcement and the role of using and sharing information on work health and safety in Wales

The Health and Safety Executive

The Health and Safety Executive has made considerable efforts, in recent decades, to build an enforcement strategy responsive to the conditions of the UK labour market, while taking account of international trends in labour standards enforcement strategies. At the same time, it has been obliged to do more with less, as a consequence of substantial reduction in its operational budget brought about by politically driven cuts in UK public spending, and to take account of the further political demands and ever closer national governance, which have demanded an enforcement strategy that is sensitive to the needs of business.

The result of this difficult set of influences can be seen in its current strategic approach to securing compliance, which reflects the influence of international developments in labour inspection strategies and the particularities of the UK labour market and its political context. As analysis showed over a decade ago, the HSE was among the first national regulatory authorities to explore, in a public discourse, the deployment of a wide-ranging portfolio of strategies to support securing compliance in addition to traditional approaches to inspection practice (Walters, 2016). Strongly in evidence in its publications concerning its business plans, strategies and statements since the early 2000s, was its advocacy of risk-based targeting of inspection, the utilisation of a wide range of communication strategies in relation to hard to reach duty holders, gaining leverage for compliance through engagement with influential stakeholders, and the manipulation of supply chain relations and their dependencies to support regulatory practice. Additionally, it has published a detailed exposition of its enforcement management model in which its policy changes are given an operational structure. Some regulatory scholars suggest that it achieved a measure of success with these new approaches to securing compliance (Blanc, 2018; Blanc and Faure, 2018). Notably, for example,

attention has been drawn to the success of its approach to securing compliance with WHS standards through engaging lead firms and their supply chain influence (Blanc et al, 2022).

The HSE has also long recognised the shift evident in work-related health outcomes and the growing presence of mental health issues among the reasons for work-days lost to the economy as a consequence of work-related ill-health. To date however, the HSE's regulatory efforts to address these problems have not been conspicuously successful. It introduced its acclaimed stress management standards more than two decades ago, as a way to overcome a regulatory impasse on managing risks of stress and related conditions at work and linking its guidance to established general duties in the HSW Act 1974 and those of the Management of Health and Safety at Work Regulations 1999, addressing risk management (Mackay et al, 2004). Although widely recognised as 'a psychometrically sound measure of organisational performance' (Brookes et al, 2013:463), the standards have not succeeded in reducing the substantial levels of stress, anxiety and related mental illness that dominate the measures of work-related ill-health in the UK reported in previous chapters.

As noted in Chapter 3, HSE's current policies emphasise 'engagement' with work related health issues (including those arising from psychosocial risks) as a focus for current attention. The most recent strategic plan of the HSE takes this approach when it acknowledges the need to focus more on work related health and on stress and mental health. It indicates a strong orientation towards the development of what it refers to as 'working partnerships with stakeholders' and with its communication activities (HSE, 2022). It suggests by extending its reach and influence in these ways, it will engage audiences which may be new to HSE. It further indicates that its work will be evidence based and it will use data and intelligence to guide its use of resources and expertise (HSE Strategic plan page 11). And it states that when the HSE delivers activities and services for devolved nations, it will ensure:

- they complement its own work as an independent regulator
- those activities and services align with their policies and strategies
- that it uses [HSE] expertise to encourage a joined-up approach (HSE Strategic plan page 12)

This orientation was further reflected in the evidence of key informants from HSE in Wales, who outlined recent organisational changes in the HSE's approach to support for securing compliance in which 'enforcement' and 'engagement' are now distinguished, with the latter being its primary channel for addressing mental health issues at work.

While enforcement and inspection remain central to its brief, the HSE informant also emphasised current strategic approaches to enforcement management, communication strategies for reaching hard to reach duty holders and operational structures to support securing compliance in current labour market scenarios. Alongside these approaches they discussed the strong emphasis HSE places on improving practice in respect of management of psychosocial risks through close co-operation with employers, with better communication serving to educate and promote good practice. Evaluation of success of these initiatives was acknowledged to be important but there was an expectation that it would be some time before there were likely to be measurable results in terms of decline in the incidence of ill-health from such causes.

Meanwhile, in relation to enforcement in non-standard work and employment situations, HSE informants pointed to several practices routinely adopted by inspectors during worksite visits — such as for example, ensuring they spoke with all subcontractors as well as principal contractors when visiting construction sites, and taking enforcement actions against both. The usefulness of HSW Act Section 3 was also mentioned as enabling account to be taken of the safety and health of workers who were technically and legally 'non-employees', such as maybe the case in platform work and with zero hours contracts. There were further inspection procedures in place to ensure the presence and needs of 'vulnerable workers' were identified during inspections and a vulnerable workers group within the organisation that provided guidance for inspectors.

Unsurprisingly, given the emphasis on communication in its recent enforcement strategies, HSE informants clearly recognised value in sharing information with other regulators and stakeholders. However, they indicated that the regulator with which they engage most are local authority Environmental Health Departments, with which they already have a formal association through their shared statutory enforcement responsibilities, on which the HSE takes the lead in the UK. These arrangements apply, and are operationalised in Wales in the same way as they are in the rest of the UK. This cooperation was strongly reinforced by the key informant on local authority regulatory practice in relation to work health and safety and is further developed in the following subsection.

As far as communication and sharing information with other regulators was concerned the HSE informants suggested this was undertaken reactively and according to need. Beyond reference to memoranda of understanding (MOU) with some other UK state regulators (the nuclear industry and transport, for example), examples of targeted joint inspections with the police and immigration officers were also mentioned but there did not appear to be any strategic action or operational procedures systematically addressing other labour market regulators, either for Wales or the UK generally. This said, HSE informants mentioned informal or 'need to know' connections with other regulatory members of the WRRF. As indeed did these regulators too (see further below), but HSE informants did not provide

examples of significant or sustained practice in this respect. They indicated that the WRRF was a useful platform for sharing information and keeping up to date on Welsh Government priorities. They acknowledged a potential for the Forum to work beyond information exchange, in the development of other forms of co-operation, but here again, they did not furnish current examples of this in practice.

Environmental Health Departments

Environmental Health Departments are found in each of the 22 Welsh Local Authorities and have statutory responsibilities for monitoring food safety, local pollution and various health related concerns in housing as well as the delegated regulatory surveillance led by the HSE in relation to work health and safety. At the UK level, liaison between these Departments and the HSE occurs in several formal ways. As noted in Chapter 3, enforcement data indicates they undertake both proactive and reactive visits, although numbers have declined drastically in recent years mostly as a consequence of reduced budgets. It also draws attention to one of the ways in which local authorities have attempted to maximise use of their dwindling regulatory resources through restructuring, with the example of the Shared Regulatory Service (SRS) which administers Environmental Health, Trading Standards and Licensing functions on behalf of three adjoining LAs —Bridgend County Borough Council, City of Cardiff Council and the Vale of Glamorgan Council. This is the only example of this kind of initiative in Wales, although similar ones exist in some other parts of the UK.

Elsewhere in Wales, in the absence of such Shared Regulatory Services, the key informant reported that sharing of regulatory information and actions among LAs occur in an ad hoc and informal way, in response to need. More formally, the Wales Heads of Environmental Health Group (WHoEHG) represented the professional heads of environmental health services for the 22 local authorities in Wales. It is supported by a number of Expert Groups focused on key specialisms within environmental health. These include an Expert Group on Health & Safety at Work, which provided a further means of sharing information between the different LA Environmental Health Departments and according to the key informant, generally enabled much closer coordination of regulatory strategies and practices for work health and safety in Wales than might be the case among the far more numerous and diffuse Local Authorities (LAs) in the rest of the UK.

Ways in which the enforcement practices of LAs were informed and their actions influenced, included through the annually produced HSE document known as the LAC 67/2. This is based on the Labour Market survey, and information it has received from LA annual returns (documented in the LA1 which is also produced annually). It helped provide a steer on national priorities for the year ahead. Alongside it, LAs utilised information derived from complaints and accidents investigations through RIDDOR requests, complaints from members of the public, and from the outcomes of subsequent investigation and enforcement actions. From such sources LAs could identify regional variations, including in the ways in which they have responded to issues of concern.

'….the intelligence being fed in is important, for people to see their regional variation, but also the other thing you tend to see is, for example, if we got an issue with trampoline parks or some of the aesthetics industry, for example, you tend to find that if one authority has taken quite strong action it tends to float into other areas then. So learning from each other and having that communication and correspondence is important for us to understand what the enforcement difficulties are around some of these sectors.'

Learning from such differences was therefore seen to be helpful in understanding the most effective ways to respond to challenges in different sectors.

At the same time, the informant was aware of the limitations of the intelligence that it was able to gather. In relation to smaller business organisations for example there was an awareness that the information on which to base risk-based targeting of inspection was very patchy or simply not there:

'If you haven't got something, which is a clear significant risk, it may be unnoticed and unregulated in that space, because we don't know about it necessarily. So yeah, I don't think we've got a true picture …. as to what's going on in those small corporations at all.'

And there was further acknowledgement that this was especially the case in relation to work-related health issues, not only in micro and small firms:

'….it is that very physical injury what people see when they think of health and safety rather than the well-being and the softer side of things.'

The less tangible nature of many of the work-related forms of ill-heath that dominate the data on work-related causes of time off from work were perceived to be problematic for securing compliance with regulatory standards:

'…if you're looking at assessment of mental health and well-being, what's the evidence that's acceptable to deem that it's a breach of regulation?.... I think this is where we need to sort of evolve in terms of our evidential base for determining non-compliance'

This was reported to be currently under discussion with HSE, with the aim of moving towards a better understanding of 'what's the right model of a good culture and what isn't' in terms of the management of hazards leading to poor mental health outcomes. Challenges were seen in identifying tangible elements of work culture that would support assessment of what might constitute best practice in preventing or ameliorating these outcomes and how this could be related to support from regulatory agencies to secure compliance. It was acknowledged that, unlike physical hazards, it was a difficult area in which to decide what might constitute a regulatory breach:

> *'If you've got a really poor health and safety culture there or in terms of stress where people are working without breaks or just feeling really undervalued, overwhelmed with their work, on paper they may have some health and well-being initiatives that can help their employee, but it's the tangible things underneath that — how do you make an assessment in those workplaces?'*

Challenges for support of securing compliance with regulatory standards were also acknowledged to be bound up with the constraints imposed by diminishing resources, which were seen at times, to create limitations on the quality of the information they were able to share with HSE, because to produce good quality information required a level of resourcing that was no longer available.

> *'I think that some of that information that we are feeding in on health and safety activity is only as good as what we're describing. And you know, every local authority counting in every intervention for what it should be on those documents takes effort and time and that's as well as the day job ….'*

The wider enforcement role of EH Departments was perceived to be beneficial on some occasions, while on others, not so. In the case of factors examined during inspections of statutory requirements on food safety and trading standards and those involved in procedures for work health and safety management for example, there was recognition of the benefits of overlap:

> *'We'd be in there for our food inspections. Or some trading standards bits and we might pick something up on an evidential concern and we'll refer that into health and safety'.*

However, differences in administrative definitions of jurisdictional responsibilities between HSE and LA Environmental Health Departments, could also be limiting and were perceived to sometimes lead to missed opportunities to share potentially relevant information. Describing an exchange with the HSE in relation to health and safety elements of the special procedures activities[5] that had recently taken up a lot of EH Department's time and resources, the key informant expresses disappointment that the HSE had initially failed to recognise its relevance:

> *'You know, all this work is going on in Wales. Why haven't you thought to include it? And they've come back and said. Well, we've made an assessment and we think public health legislation is the primary legislation rather than the Health and Safety of Work Act. So, we've decided not to include it.'*

In this particular case, the informant reported an eventual successful outcome, in which the HSE requested a separate paper on the relevant activity to be included in future returns and indicated that despite jurisdictional definitions it had understood the relevance of the LA activity other similar examples of jurisdictional challenges - such as experiences during the Covid pandemic, when in Wales, the role of LA enforcement was very different to that in England and led to very different enforcement agendas, which were mentioned as factors complicating communication within UK HSE/LA liaison structures.

As with the HSE and labour inspection practice generally, EH Department strategies distinguished planned inspections from reactive visits, using the intelligence gathered from both HSE and their own feedback procedures to help plan the proactive approaches of the former. However, resource limitations were seen to seriously curtail the capacity of some Welsh LA's to support these visits:

> *'You know in Wales you've got some smaller local authorities who will only be able to do the reactive level of work and won't be able to look at the planned interventions.'*

And more generally:

> *'If you were to compare Service Section 18 plans across local authorities, you'd be able to see that there is a real different level in some areas of how much work is being focused at health and safety. And I don't think that's them choosing to do that. I think that's just the resources that they have to be able to do the work.'*

[5] According to the informant, health and safety issues formed a significant element of concern for enforcement in relation to the Special Procedure Licences (Wales) Regulations 2024, and had created a considerable amount of preparatory work in anticipation of health and safety visits being required to ensure compliance with the new licensing regime under the regulations. Limitations of resources further made it unlikely that LAs would have much resources left for other proactive interventions as a result.

In relation to the practice and potential of the WRRF, the long-standing close working relationship between Welsh LA Environmental Health Departments and the HSE helped to support a positive attitude towards collaboration with other regulators. The Forum was welcomed as a platform to communicate and help solve regulatory problems through sharing information with other labour market regulators.

> *'…it's always good to understand what the current position or current problems are for other agencies and of course, we all get a bit lost in our own little world, don't we? Sometimes we're just focusing on our little bit of the regulatory regime. So yeah, I think perhaps not all the time, but certainly …. we can feed in and share good practice or share intelligence.'*

There was an openness expressed towards working more closely with those regulators that focused on work and employment scenarios that were acknowledged to be hard to reach. It was suggested that this already took place on an ad hoc basis, when the need arose. But there were no examples given of more strategic or systematic collaboration with other Forum members with regulatory functions. And while valued, it was further clear that until now, the extent of collaboration on regulatory actions was limited and unplanned:

> *'But I wouldn't necessarily say we all sit on a forum together and share anything. It's more an awareness of each other's roles and be able to refer and call upon each other if needed, but I wouldn't say that happens often, if I'm honest.'*

Positive experiences of support with information from non-regulatory members of the Forum were also reported. In particular Public Health Wales was noted to be especially useful and with which a positive relationship existed both within and outside of the Forum.

> *'…. we work with Public Health Wales a lot and …. they're well resourced…..They are doing things which should feed into the HSE gathering of information. Public Health Wales, use our knowledge quite a lot. If they want to target a specific audience, they come to us for their information or what we hold on our database and ask us to get involved….. they've got expertise that we may not have, and we could learn a lot from that.'*

The obligation to share their enforcement role under the authority of the HSE, their consequent experience of regular communication with that body, alongside that of communicating between LAs through the Health and Safety Expert Group and the experience of the strategic coordination of enforcement practices through the SRS had clearly served to familiarise LA enforcement officers with the routines and benefits of sharing information on their practice. Additionally, the relatively small number of LAs involved allowed the possibility of a tighter co-ordination of strategic activities than perhaps was possible UK wide. As a consequence of all these factors, there was a positive attitude expressed towards platforms like the WRRF in supporting securing compliance in relation to rights and responsibilities for WHS in Wales. A further factor promoting this attitude was also undoubtedly the awareness of the challenge of declining resources currently experienced by LA Environmental Health Departments. In this context, an acceptance of the need to 'do more with less' seems to have driven a focus on making the most of opportunities to support LA enforcement strategies and practices through liaison with other agencies and stakeholders sharing similar aims.

The Employment Agency Standards (EAS) Inspectorate

The Employment Agency Standards (EAS) Inspectorate is one of the smaller labour market regulators with a place on the WRRF. As outlined in Chapter 3, it has regulatory enforcement responsibilities in relation to employment standards set out in the Employment Agencies Act 1973 and the Conduct of Employment Agencies and Employment Businesses Regulations 2003 (as amended). It regulates employment agencies and employment businesses in the UK, where there are an estimated 1.1 to 1.2 million agency workers in the economy on any given day, and around 40,000 recruitment businesses or agencies. It is comprised of some 33 staff of which 20 are front line operatives.

Research literature on agency workers has long pointed to their disproportionate experience of work health and safety risks and poor health outcomes and identified several key reasons for the presence of an 'enforcement gap', especially in relation to the capacity of small regulatory agencies reaching them with conventional approaches to regulatory enforcement (Håkansson et al, 2013; Hintikka, 2011; Underhill & Quinlan, 2011). The key informant for the EAS Inspectorate acknowledged that work health and safety was a significant issue for regulatory scrutiny and frequently came to the attention of EAS inspectors. While a number of examples of safety issues were mentioned as being frequently encountered, such as heavy lifting, overcrowding, poor machine guarding and so on, the informant reported the presence of psychosocial risks likely to lead to mental health issues such as stress and anxiety arising from work organisational practices and their managerial surveillance. However, it was further acknowledged that their less straightforward links to breaches of regulation made these issues more challenging for enforcement action. The informant talked about the Inspectorate's preference for 'direct linear enforcement' — where links between regulatory breaches and outcomes were easier to demonstrate.

> *'…actually enforcement is best when it's linear, where it's black and white. Did you do a thing? ….Where you're asking enforcement bodies to engage in exercises or speculation of psychology or mental fitness then I think that's a lot harder to achieve than the more linear.'*

And:

> *'…..I've been in factories like major clothing manufacturing factories where I've watched the people with electronic monitoring on their arm go up and down aisles picking, you know, thousands of items….. All of those things can lead to increased stress levels, especially when you have targets to meet…. So I definitely hear that, but it's not something we would engage with directly'*

The point was also made that there was a strong awareness among EAS Inspectors that that non-compliance in one area of labour market regulation was likely to signify further non-compliance in other areas too:

> *'If you're willing to break what is quite a big law like on the national minimum wage (NMW) …there's usually a linear link between that and further non-compliance. I would argue often I think there's a difference between ignorance, accident and deliberate non-compliance…. that is to get a competitive edge and they're the ones we're really after… '*

On this basis, it seems likely that at least some of the worst offenders on work health and safety standards might be revealed through their non-compliance with other employment standards and appropriate enforcement action could lead to remedying these health and safety failures too.

Given the size of the sector and the very small size of the EAS Inspectorate it is unsurprising that the key informant from the Inspectorate also saw the value of adopting strategies for regulatory enforcement that used other influences and incentives in the business and economic contexts in which employment agency work took place, alongside those of regulatory inspection, in order to achieve compliance with regulatory standards. For example, addressing the conditions of employment for agency workers through the use of national frameworks for different sectors was mentioned as a successful means of governance. The framework for supply teaching in Wales was indicated as a pioneering example of success:

> *'We've been trying to construct a way in which national frameworks used to procure using government money, become a driver for better compliance. So for example the national framework for supply teaching, we do an operation every year where we go on to the national framework for teaching in Wales and we visit every single one of the suppliers that supplies agency workers under that framework and we report back to that framework about levels of compliance that we're finding within them…..what we've seen is a significant drop in the number of breaches we're finding….. So what we're finding is the more we do that, the better levels of compliance we get, the more that frameworks drives that through access to cash and money then the better you can control some of this.'*

The informant saw this very much as a model for practice in other sectors too. The role of supply chain relations and placing requirements for the use of agency work in procurement practices was cited as a further development of orchestrating influences and business incentives to promote best practice in sectors such as the Health Service and in Local Authorities:

> *'I would advocate doing that more and more. I'd advocate doing that in NHS frameworks…. in the contingent labour frameworks nationally…. Because, you know, it will drive better behaviour because you just don't get your money. Access to that pot of money for a small business or SME business, micro business is massive…. That's a real driver for change in my opinion. We can evidence it as well.'*

In these enforcement contexts, gathering, using and sharing information, were regarded as of central importance to the effective operation of the Inspectorate in regulating employment standards across the range of its activities, including those that related to work health and safety. Operating within its current 5-year strategy the EAS Inspectorate uses its case management system to gather and analyse data. This includes reporting the number and types of the cases it investigates, how they are notified, the numbers of workers affected, visits undertaken, the sectors and regions in which they occur and so on. This informs its enforcement practices, and generates further information on the actions it has taken directly as well as on what it passes on to other regulators that may be more appropriately placed to address its regulatory consequences. In the case of work health and safety, the HSE is often the recipient of such information. The key informant indicated that the Inspectorate had close relations with the HSE on matters of work health and safety, rather than with LA environmental health departments, even though the latter were responsible for many of the workplaces that employed agency workers, including those in private domiciliary care and in small car wash facilities in which labour abuses were well-known. Its preference for institutional links with HSE was because the number and diversity of the LAs in which environmental

health departments operated were too great for a small inspectorate to be able to establish meaningful institutional relations. This however, did not preclude individual contact between EAS Inspectors and Environmental Health officers on an ad hoc case by case basis, where there was a shared enforcement interest. Indeed, the informant attached considerable value to cooperation in joint enforcement actions between itself and other regulatory agencies, like those of local authorities, citing the experience of action in the clothing industry in Leicester as an example of a successful joint effort that had involved working closely with LAs and the NMW inspectors:

> *'We do see instances involving agency workers and unfortunately, fatalities and/or serious health and safety injuries. And that's kind of how we all join up like the most recent kind of work we did in this regard was in Leicester during COVID where fast fashion factories were up and running during the pandemic and we did a lot of work with the GLAA, the National Minimum Wage, Local Authorities around kind of these fast fashion factories, where basically everybody sat on top of each other with sewing machines making cheap clothing….'*

The EAS Inspectorate aims to be able to use its data analysis to target its enforcement efforts towards where risks of non-compliance are greatest. In terms of sharing information therefore, currently it shares its data with the Office of the Director of Labour Market Enforcement to help enable the latter to construct a wider profile of patterns and trends, their causes and prevention in the development of its labour market enforcement strategy and practices. And it also works closely with National Minimum Wage unit of HMRC, reciprocally sharing information of mutual interest on wages and working conditions for agency workers. The proposed creation of a new Office for Fair Work by the Employment Bill 2025 was regarded as likely to further help facilitate such sharing.

This said, the representative of the EAS Inspectorate acknowledged that there remained considerable gaps in its knowledge of the extent of employment agency work in Wales both overall and by sector. There were significant challenges to data sharing between government agencies, despite the presence of inter departmental and other MOUs signifying provision for co-operation:

> *'And there are lots of reasons for that. Some of that is legal. Some of that is human, some of that is operational. Some of that is organisational ….'*
>
> *'…there are lots of challenges with the way in which certain organisations hold their data….. And you know, quite rightly, there are lots of stringent rules about how one can access that data and at what level of that data you can access it.'*

Such legal constraints were acknowledged to be a barrier, although the approach adopted by the EAS Inspectorate that encouraged duty-holders to sign up to frameworks helped to reduce the impact of this barrier to some extent.

In addition to these various legal, institutional and operational constraints on the sharing of information — which were limiting in their own right, further constraints that might influence unwillingness to share in practice, were acknowledged to relate, for example, to perceptions held by individuals and organisations concerning the power conferred by the possession of information, and how this may lead to an unwillingness to share certain types of information.

> *'….. it all boils down to the same basic bit in my opinion, which is information is power. You give up your information and you give up your power. And you leave yourself open to scrutiny, into observation and to checking …..and I think that's in part why information sharing is really difficult.'*

A further issue for the Inspectorate concerned sometimes not knowing what sort of information was held by others that might be helpful. This made it difficult to know what information to ask for:

> *'….people will say to me, well, tell me what you need to know. I respond saying, I don't know what I need to know because I can't see the data. If I could see the data, I could ask you a more specific question, but I can't ask you a more specific question without seeing the data.'*

The informant suggested that the problem wasn't really how to get access to larger data sets that might be held by other agencies or organisations. Rather, it was seen as one of how to first obtain sufficient knowledge to know how to access the right kind of data that might be held elsewhere:

> *'…and I think that is the challenge for us in finding a way to get to….. higher levels of data that better inform the right questions to ask to get more specific data.'*

This applied not only in the case of other state or local authority-based regulators but also in relation to knowledge held by non-regulatory actors and stakeholders such as trade unions, employers' organisations and Welsh Government offices.

> *'I think there's enough law enforcement in Wales…. to be able to give you quite a good view of what it all looks like…'*

In this respect the WRRF was perceived to be a potentially useful platform for communication and sharing relevant information that could improve the effectiveness of labour market enforcement strategies including for work health and safety. Because of its small size and relative accessibility Wales was seen as a good location in which the Inspectorate's approach to cooperation between different regulatory agencies and other stakeholders could be pursued successfully and the Forum was identified as helpful in providing opportunities through which this might be developed. This said, the key informant also shared the view that there remained some way to go before the Forum delivered the conditions under which these opportunities could be exploited to their full advantage:

> *'What you need in any forum is a willingness to share, a mechanism to share and an appetite to share. I'm not sure that that's there currently but doesn't mean it can't be there. It's just not there currently. I don't think …. anybody's really clear about what it is that everybody holds that could be helpful or not helpful…'*

> *'And I'm not sure we do because we don't call the resource, don't call the knowledge, don't ask the right sets of questions to start to think actively about that in some meaningful way…'*

The Gangmasters and Labour Abuse Authority

The Gangmasters and Labour Abuse Authority is another of the small labour market enforcement agencies with a place on the WRRF that is likely to be embraced within the proposed UK Fair Work Agency. As noted previously, the GLAA was established in the aftermath of the Morecombe Bay cockle picking tragedy and it has regulatory powers in relation to shellfish gathering, horticulture, agriculture, food processing and packaging in England, Wales, Scotland and Northern Ireland. It licenses organisations that supply workers in these sectors, obliging them to comply with its standards. Where it discovers organisations operating without a licence it either ensures they have a licence and comply with the standards it stipulates, or it takes legal action against them if they are found to be wilfully breaking the law.

It also has police-style powers on modern slavery in England and Wales, which authorise it to investigate instances of exploitation of modern slavery in any sector, not just in the above sectors. As the informant said:

> *'In terms of the most serious and the real kind of criminality around modern slavery and so on the majority of cases that we see, including in Wales, are in the care sector'.*

They noted that 85% of people working in the care sector were women, and not surprisingly, there are now more reports appearing involving the exploitation of women, not only in terms of their working and living conditions but also concerning sexual exploitation, with sponsors and employers taking advantage of women with coercion and control. The exploiters' control of their victims in these scenarios is especially problematic:

> *'There's a lot of cultural pressure, but also if your employment is tied to a sponsor who has been sexually abusing you or raping you, your entire life is unstable if you report that person.'*

A particularly serious recent case in Wales, for example involved the discovery of women brought from India into Wales on student visas, forced to work long hours in care homes, while at the same time living in squalid accommodation. The informant further noted:

> *'…we are seeing an increase in reports around the care sector. I don't know if it's because exploitation is getting worse in the care sector or … [because]… there's been quite a lot of press coverage around it.'*

In the case of the regulated sectors, it estimates there are around 1,100 licence holders. Licences cover such matters as documented pay, contracts in languages appropriate to the workers involved, and accommodation standards and prices. It estimates it inspects about 10% of its licence holders annually. It acknowledges that this is considerably lower than recommended by the ILO. There are an estimated 520,000 or so workers in the regulated sector. The ILO recommends one inspector per ten thousand workers, but rather than the 52 inspectors this would theoretically require the GLAA to employ, it has only 10. Whether inclusion of the GLAA in the proposed Fair Work Agency will result in increased numbers of inspectors is not clear. In the meantime, the GLAA seeks to achieve operational efficiencies through adopting IT solutions to speed up administrative tasks and maximise availability of inspection.

Although not specifically tasked with securing compliance on work health and safety standards, the GLAA informant reported that it was an issue that was frequently seen during inspections:

> *'….often finding things around like PPE not being provided. So people being told they're going to provide their own steel cap boots for example if they're working in a kind of factory environment. That's not OK, they might not reach the standard. And also, if you're a migrant worker and you just come to the UK, finding £50 for a pair of boots before you've even started work is not fair. So those are the kind of things that we go in and we look at and our inspectors will say to people, did you buy your own shoes? All of this kind of stuff.'*

At the same time, they acknowledged labour providers in these sectors faced considerable pressure to keep their labour hire rates competitive, including being situated at the ends of larger supply chains at the heads of which were large and powerful buyers such as supermarkets, whose business strategies included keeping food prices as low as possible, for example:

> *'We work with a lot of the big supermarkets because they use the labour providers or it's part of their chain. The pressure to keep the cost of food really low has a knock-on effect then on what workers are paid. And so, there's quite a difficult challenge often. And I do see that labour providers are under quite a lot of pressure to keep the charge rates low, but also to support their staff.'*

In these kinds of scenarios, the GLAA was aware that in the regulated sectors there was some deliberate law breaking and criminality, but the informant pointed to a significant difference between employers cutting corners on elements of compliance with work health and safety standards, in relation to PPE for example, and the kinds of exploitive criminality involved in the modern slavery example quoted above.

> *'I would say the majority though want to do the right thing and operating in a really difficult work environment …if for example, they're cutting corners around things like PPE they're kind of chancing, hoping not to get caught out rather than kind of whole scale exploitation'.*

Thus, while acknowledging both such approaches to workers were wrong, the informant explained that from the perspective of enforcement, different strategies were needed from the regulator to address them and secure compliance with regulatory standards. On sharing information with other regulators, the informant indicated that the GLAA was guided by robust MOUs on what could and couldn't be shared, but explained that in their processing of licencing applications and during their investigations of labour practices for example, they frequently collaborated with other government labour market regulators, in a two way sharing of intelligence that revealed issues of mutual concern over for example, unpaid tax or payments below the national minimum wage. They expressed hope that joining forces with the other regulators in the proposed Fair Work Agency would help to facilitate the further development of these strategies but cautioned:

> *'I think when we come together in the new Fair Work agency with the National Minimum Wage team and the Employment Agency Standards Inspectorate is going to be really good, my challenge to government consistently has been [the Fair Work Agency] has got to be greater than the sum of its parts. We already work really closely with these two bodies, we're already do joint operations, we support each other. We share intelligence in line with MOUs that are set. It's got to do more than that.'*

They went on to suggest that broadening the regulatory remit for labour market enforcement and really investing in this new organisation was the way to achieve the potential that was desired.

On work health and safety matters more specifically, the GLAA informant indicated an informal organisational familiarity with the HSE, through staff with personal experience of working in both organisations. The GLAA considers the HSE to be a key partner along with the police and the fire service. Where obvious safety issues are discovered during GLAA investigations, the information was shared with the HSE and this was reciprocal. The informant also suggested that in the past, quite a lot of cases reported to the GLAA that were more appropriate to the HSE and had been passed on to it. Nowadays as a result of better signposting this occurred less frequently.

Similar relations existed with other regulators. The informant pointed to co-operation with the Care Quality Commission, in the care sector in England:

> *'…because they are understandably worried that if a worker is being exploited, the knock-on effect on patient safety is really significant. So, it's almost sort of a double offence really I think. And we work very closely with these bodies….'*

As with the HSE, the informant suggested that cooperation was at a strategic level.

> *'… anyone who is working with workers, we have a relationship with, and we either have a kind of strategic information sharing, what are the kind of themes you're seeing at the moment, what are the kind of problems you're seeing.'*

Or, there was a more ad-hoc sharing that arose when regulators became aware of cases that overlapped regulatory jurisdictions and said:

> *'When there's a reason for us to be really sort of working together like that, we do.'*

However, such instances were occasional and informal rather than part of a systematic approach towards co-operation. The informant also provided a further insight into a strategic approach to more innovative enforcement by suggesting that, when they were dealing with the exploitation of labour in a car wash, for example, the best way to get the impact they desired '….might actually be through the Environment Agency because they're pouring toxic chemicals down the drain.' As a result, the informant indicated that within the GLAA there was a willingness to '… work with lots of different bodies to see what's the best way to get the baddies on this because it might not be through our own regulation or our own law enforcement powers.'

At the same time challenges were recognised in the case of work and health. There was an awareness of the existence of the risks of poor health outcomes in the kinds of work and workplaces that fell within the remit of the enforcement powers of the GLAA, but an acknowledgement that until now this had not been something on which it had been able to focus on sufficiently. Resources were limited and it was obliged to '… focus really tightly on our own remit'. Again, the possibilities of partnerships with other enforcement or information providing agencies were seen as a possible way of going forward in addressing these challenges:

> *'So we can just kind of get together and say what are we doing? I think it's information. I think it's knowing where best to deploy your effort. So if I had a little bit more capacity, having the relevant guidance on what are the things that people can be focusing on to really make a difference is what's needed and I don't think we have that.'*

However, in the case of possible higher-level liaison or cooperation from a strategic perspective on work and health issues with the HSE, when asked directly whether there were ways in which such co-operation occurred, the informant admitted:

> *'No, there's not. There's not. It's something I'd be up for, to be fair. But no, there's not at the moment.'*

They felt that such co-operation would be helpful in addressing the gender related risks to health and safety to which women working within its jurisdiction were often particularly vulnerable. The informant acknowledged the need to address the challenges of cultural expectations and whether or not women were allowed to speak up, saying:

> *'…that feels to me like there's some societal norms that are a real challenge there, that link very closely into cultural issues that we're not always comfortable in handling and dealing with. So I think there could be real benefit in a link up there.'*

The key informant from the GLAA who took part in the study did not work in Wales and had no direct knowledge of the role of the WRRF. Nevertheless, they suggested that it seemed ideally placed to provide a platform for much of the information sharing and co-operation on securing improved compliance on work health and safety matters within its jurisdiction, that had been the focus of the discussion above.

The HMRC National Minimum Wage (HMRC-NMW)

This regulatory body is responsible for securing compliance with the national minimum wage standards in UK statutory requirements. It is well-known for its analysis of information in seeking evidence in pursuit of its enforcement practices. Key informants from this body spoke about their role in the investigation of serious non-compliance and specialist enforcement with respect to the national minimum wage and the relationship of these activities to securing compliance with work health and safety standards. As with the informants of several other enforcement agencies discussed here, they went to some length to explain that most employers were anxious to be compliant, and only a small minority sought to deliberately breach regulatory requirements.

Most non-compliance that routinely came to their attention arose through the failure of duty-holders to properly understand what was required of them by the somewhat complex standards associated with the national minimum wage. Thus for example, employers frequently failed to realise what is included within the meaning of 'work,' or the definition of 'working time', or again, how the purchase of clothing or tools required for work by employees represented expenditure deducted from wages, which thereby may reduce what they are considered to have been paid to below NMW standards. Also, administrative non-compliance through failure to keep adequate records or provide wage earners with adequate information that is required to show them that they are being paid at least the NMW, were a common cause of non-compliance. They did not notice non-compliance to be especially associated with particular working arrangements, nor were offences limited to micro or small employers or particular sectors, but were fairly ubiquitous across company size and sector.

The informants nevertheless acknowledged that there were sectors that historically have more cases of non-compliance. Hand car washes, nail bars, certain parts of the hospitality sector and fast food establishments, were all anticipated to have a higher degree of exploitation. The organisation of work in some sectors, such as private care for example, where workers routinely travel between their domestic worksites; or hospitality, in which the requirements for uniforms were widespread, further caused employment in these sectors to be frequently associated with forms of noncompliance.

The informants commented interestingly on the role of IT in facilitating the identification of non-compliance. Paradoxically, despite its association with the recent growth of non-standard forms of employment, the increased use of IT by businesses in sectors like fast food and car hire, which in the past were primarily cash-driven, has enabled regulators to gather evidence to help identify non-compliance, which would not have been previously visible as paper records. As a result, they suggested that the increasing use of electronic systems during the last 10 to 15 years has made it more difficult for deliberate non-compliance in these sectors to 'fly under the radar' and remain undetected because there is a trail of electronic evidence from records of transactions in relation to taxis or fast foods, for example. The NMW can use this to follow a trail of non-compliance making it harder for employers to avoid declaring that they are not paying their workers fairly.

With regard to deliberate and serious forms of non-compliance (which the informants suggested amounted to no more than 3% of cases), often breaches of NMW requirements were often indicative of non-compliance on other matters of employment regulation too, including on work health and safety standards. In such situations, as is further clear from the accounts provided by other regulators described in this chapter, the NMW regulators were frequently presented with opportunities to share information and communicate with other regulatory agencies seeking compliance with employment standards, as well as with other enforcement bodies. Interactions therefore occurred with the HSE, GLAA, EAS Inspectorate, the Home Office, police, the Care Quality Commission for England (CQC) and with other departments within HMRC.

NMW regulators identified risks and communicated them to other organizations where joint action may result. There were well established and detailed protocols on sharing information which were scrupulously adhered with. Nevertheless, information was shared when a risk was identified that was relevant to another regulatory body. Joint activities had also occasionally taken place, for example, in the care sector, in the misuse of student visas, as well as in other sectors where working together with GLAA and the Home Office, in cases in which breaches of legislation were pursued, including in relation to criminal cases of serious non-compliance. Intelligence was also shared with the police in relation to the roe of organised crime in work related abuses. And as with other enforcement agencies discussed in this chapter, the informants cited cases of joint working in the Leicester garment industry during the Covid pandemic. However, while they acknowledged the existence of such crossover the HMRC-NMW informants pointed out that it was quite a small part of their work overall and usually related to particular themes. On the WRRF, the informants were positive concerning its potential role as a platform to help raise awareness of the NMW. They also regarded membership as a worthwhile investment for the future, suggesting that it was an important means of establishing contacts and participating in regulatory and information based networks that may prove useful in future regulatory actions. But they were able to

offer little in the way of examples of experiences of tangible joint actions in which it had been instrumental in securing their involvement to date.

The Office of the Director of Labour Market Enforcement

The Office of the Director of Labour Market Enforcement is an intelligence-based office that uses information provided by the three agencies whose activities have been outlined above, and from other bodies, including NGOs, academic sources, trade unions, employers' organisations, and individuals in its efforts to support labour market enforcement. It canvasses these and other bodies, along with trawling existing data sets for information on labour market compliance, especially in agriculture, adult social care and construction. More recently, it has also been exploring its own response driven sampling methods, to reach experiences often missed in routine surveys such as the Labour Force Survey. These additional methods help it to reveal the nature and scale of non-compliance with labour standards in the UK labour market and to identify areas and particular vulnerabilities on which strategies to secure better compliance could be focused more effectively. Its key informants talked about how the still relatively young ODLME had witnessed improvements in the ways in which the three enforcement agencies used their capacities to communicate and share information between them and its own role in helping to facilitate this improvement. At the same time, they acknowledged the need for inputs of information from wider sources too.

> *'…we have to be quite cautious about not being trapped in the shell of just sharing what is realistically intelligence and operational data between the three of them and we have that ability to supplement that data from the third-party source.'*

It has set up a Strategic Coordination Group to help bring together these different internal and external sources of contributions to labour market enforcement, including the HSE, which its informants regarded as 'a regular valued member who regularly contributes their operational updates, provides information to other partners and offers the ability to do joint working'. They said the Office had: 'a good working relationship at all levels with HSE and good representation in both roundtables and the Strategic Coordination Group'. On its role, they said:

> *'… from our perspective, the Health and Safety Executive sits outside of our direct control, but it doesn't mean it's not one of the key external partners we have…..'*

They also talked about their close working relationship with the Welsh Government, holding frequent and regular meetings with its representatives and being especially engaged around labour market enforcement issues for foreign domestic workers in sectors like adult social care and with modern slavery issues. This said, the informants also acknowledged limitations and gaps in the intelligence that the Office was able to gather and put to good use. The suggested for example that they 'don't have very good information on domestic workers and on work on the cultural sector in Wales as well, and that's a gap that [they] need to work on'. They pointed to their limited resources and the need to act strategically to make the best use of them. Using and encouraging enforcement bodies to use AI to help fill gaps and increase efficiency, where there were limited resources, was one way to do this. But here again, they saw sharing information and cooperating with other labour market enforcement agencies, unions, employers, NGOs and public sector bodies as important elements of a successful strategic approach.

As informants from several labour inspection agencies also reported, those from the Office of the DLME discussed the importance of formal channels for cooperation, memorandums of understanding and sharing data through strategic coordination groups and frequent regular meetings but also pointed to significant barriers to the availability of information presented by legal constraints on confidentiality:

> *'…. we can share, but there is that challenge that remains …. when we get to particularly sensitive data that is blocked by legislation…. HMRC National Minimum Wage is by far the largest we work with in terms of budget and number of workers but has very sensitive information … that cannot be shared because of the sort of confidentiality of taxpayers and there needs to be quite a good case made to be able to use that data. Which would be very useful but as ever we are confined by the law.'*

Echoing what other informants had said, they noted the likelihood that discovering non-compliance in one area of employment standards, would further reveal non-compliance in other areas too. This was seen as a further good reason for co-operation on labour market enforcement and sharing data with others since: 'if there's non-compliance in health and safety there's likely non-compliance in more general labour market issues that are covered by the three enforcement bodies'.
Overall then, the Office of the DLME, while not directly involved with labour inspection activity, was seriously engaged with strategies to support and enhance the compliance with regulatory standards across the range of working conditions and among many forms of precarious and non-standard employment that were had to reach with conventional approaches to labour inspection. As such it was strongly in favour of enhanced communication and sharing the use of information in securing regulatory compliance, both between agencies reporting to it directly, and in relation to other agencies, actors and stakeholders external to this relationship. Although it had a UK wide focus it was very aware of the devolved

nations and very positive about the WRRF as a platform for exactly this kind of enhanced communication and shared practice in Wales.

Along with the above three agencies, the Office of the DLME, will be subsumed within the proposed Fair Work Agency. In this respect, its key informants acknowledged that its future brief was not entirely clear. However, their strong expectation was that its intelligence gathering and sharing function along with its support for joint working in developing and focusing labour market compliance strategies, will be continued within the new Agency.

The Equality and Human Rights Commission

The Equality and Human Rights Commission also has a place on the WRRF. As already noted, it is both a potential source of information that may be useful to other regulators considering work health and safety consequences of inequalities in terms of disability, gender, age or ethnicity for example, as well as a body with enforcement powers of its own that may be relevant to the work health and safety consequences of such matters. In the latter case it may conduct inquiries into employment practices and workers' experiences for example. If there is good reason to believe there has been a breach of the Equalities Act, it may conduct an investigation. Outcomes of these actions may reveal actionable breaches of other regulatory provisions against discrimination, generate unfavourable publicity for employers or oblige them to enter into arrangements with the EHRC to improve their practices.

Much of the engagement of the EHRC and the information it generates is therefore of the kind that may be indirectly relevant to work health and safety, addressing wider work and employment practices that may expose workers to inequalities in terms of work health and safety practices too. As emphasised elsewhere in this report, often these wider practices are important determinants of those on work health and safety, that either limit or enhance employers' will and capacity to address the management of work and health. They are therefore important to consider when securing compliance with regulatory standards in modern work and employment.

At the same time, there was an awareness of the relevance of equality and human rights issues to health and safety outcomes among the EHRC informants. They gave several examples, including where the reasonable adjustments duty under the Equality Act had implications for health and safety protection, not only in relation to disabled workers, but also for other protected characteristic groups, such as in the case of requirements on assessment of potential risks to women of childbearing age as well as more specifically, for risk assessment once an employee notifies the employer that they're pregnant, and the mitigations that are required to be in place if risks are identified. Potential health implications around

menopause were also discussed as an area that might fall within the remit of the EHRC and one for which it had prepared.

The EHRC collects information via its own research and that undertaken by other organisations. It gathers informal intelligence coming through the Equality and Employment Advisory Support Service (EEASS) helpline, a telephone and e-mail service which people can contact on an individual basis based on a range of criteria, for example, if they feel they've been discriminated against at work, or on the grounds that an employer hasn't made reasonable adjustments, and so on. The EEASS and ECHR meet on a monthly basis and share the trends identified. It obtains information from other bodies such as ACAS and trade unions, through regular meetings with them and with other stakeholders. The EHRC sits on a range of public bodies including those in Wales, often with observer status, which again presents it with opportunities to collect intelligence. And there is further contact with stakeholders through its support for whistle blowers and its equality and human rights events which provide additional important sources of information. The trends it identifies from all these sources may not always be published, but are used to inform its ongoing work. Through them, for example, it might consider the case for an inquiry, leading to an investigation.
Its review of the regional evidence base for the subjects within its remit in various areas including employment, presents information on experience in relation to protected characteristics in England, Scotland and Wales at least once every five years.[6] Based on this evidence base, it provides recommendations for governments, including the Welsh Government as well as for other public sector bodies, on what they can do to improve the situation for protected characteristic groups across the country.

The EHRC informants reflected that many of the data gaps it identified in its review in 2018 in Wales were still in evidence during the recent review some five years later. They were aware of several reasons for the gaps, including difficulties associated with workers' uncertainties about acknowledging they may share protected characteristics or be part of a group sharing these characteristics. Additionally, there was considerable variation between organisations in how they report information. They suggested there was little consistency in this respect, for example, between the 22 Welsh local authorities. In other cases, there was some ignorance about the kind of information required, while in further situations, it was suggested that while organisations may be good at collecting the data, they are less good at doing anything with it.

They felt there was room for more work to be done with employers to help them build trust with their workers, enabling them to feel more confident and able to share their protective characteristics. They said the EHRC was also currently very involved with working with employers to help them understand their obligations in relation to protections from sexual harassment that are required by recent changes to the law.

[6] For Wales, see the 2023 report 'Is Wales Fairer'

On other issues they pointed to gender related pay gaps, which they anticipated broadening as a result of an eventual UK-wide Employment Rights Act, to include the implications arising from ethnicity and disability. They mentioned EHRC work on sexual harassment prevalent in the music and entertainment industry, and talked at length about the work it had done on low paid health and social care workers, which exposed the different experiences of low pay for minority workers, including migrants particularly within the social care sector in England, Wales and Scotland. The work showed lower paid social care workers to be more differently treated than health care workers. And also, that those lower paid social care workers that were contracted out rather than directly employed by local authorities, were more discriminated against. A finding that resonates with the international research evidence previously cited, which repeatedly points to the experience of work health and safety conditions among such workers to be poorer than that of directly employed workers. The informants also used this example as an illustration of how they worked closely with stakeholders to influence practice, pointing to how the follow up to the inquiry included meetings with the TUC Cymru, and raising the issues highlighted at the shadow Social Partnership Council, so trade unions became aware of the work, while at the same time informing Welsh ministers, other regulators, such as the Care Inspectorate Wales, and employers' organisation, Care Forum Wales.

The EHRC informants also drew attention to the experiences of disabled workers in Wales, where they had recently shown in evidence to the Senedd Social Justice Committee, that their employers frequently don't actually know what to do or how to do it, when 'reasonable adjustments' are needed. The EHRC argues that because of this ignorance, such reasonable adjustments are not made, and this increases the risk of the potential of an employee being made unsafe at work because their employer hasn't put the appropriate reasonable adjustment in place. This substantial experience of communication and co-operation, gathering and sharing regulatory intelligence and improving compliance on this basis, led the informants to suggest that while they valued the role of the WRRF, they felt that at present it was 'just an information sharing forum'. They said they felt there was room for it:

> *'to go that bit further than to just share information….around how do we work together to tackle these challenges, to tackle these gaps rather than just everybody saying there are these gaps because we all know that these gaps exist'*

Experiences and understandings of non-regulatory actors on the WRRF concerning using and sharing information on work health and safety in Wales

As Box 1.1 shows, there are several organisations with non-regulatory functions among the members of the WRRF. Public Heath Wales stands out as a potential source of information to support securing compliance on work health and safety standards in Wales. For this reason, its representatives were included among the key informants interviewed in the course of the research.

As part of its wider role in public health, PHW has a unit within its organisation, Healthy Work in Wales (HWW) which seeks to support positive approaches to health at work by providing information, through a variety of portals and means. Our key informants belonged to this Unit. Its resources include, its website, its responses to requests for information on specific topics from employers and others, as well as its own horizon scanning for information on topical issues on health at work. It also takes part in many information dissemination events, presenting material on work and heath at them as well as using them to help gather intelligence on the interests of recipients. It does not undertake routine data collection itself, but utilises sources of reported information such as the LFS, or through undertaking literature searches in relation to specific issues, generally with the aim of focusing on effective intervention. It is a small team of approximately 11 staff, and although historically, its Workplace Health Advisors offered 'hands on support' through direct interventions with employers and their businesses, nowadays, it acts somewhat more remotely and focusses on communication of (largely digital) information, rather than workplace visits. The informants however pointed out that there were other Welsh Government supported agencies that provided such support which may well collect information and hold data that could be useful sources of intelligence for the regulatory members of the WRRF. In particular they suggested that 'In Reach' and 'Occupational Health' may be well-placed in this respect although they were themselves unaware of the more precise nature of the information/support these bodies may be able to provide.

Healthy Work in Wales has recently re-launched its website. In line with its new approach as a digital information provider, the aim of the new version and the functionality that it is trying to build into it is to have more scope for on-line feedback and communication from the people using the site and employers. Each section is to have feedback elements about how useful it was and suggestions for information felt to be missing. It will provide a better record of what's coming in and allow more detailed analysis.

The focus for its work over the next year is to approach work and health from the perspective of its role in economic inactivity. This has prompted interest in increasing support for older and younger workers, where MSDs and mental health are respectively, both conditions that disproportionately affect each group in turn. Informants said:

> *'….there are three core big areas next year, they are the younger employees, the older employees and then we've got ongoing work around supporting employers to support people with a disability because we know of the inequalities in employment and that employment gap for people living with a disability…. scoping and discovering and finding out a lot more, there are a lot of focus groups, engagement events with disabled employees.'*

Healthy work in Wales has produced e-learning materials and toolkits; main focus last year was on managing sickness absence, in part reflecting a concern with long-term absence from work as a consequence of ill-health. It is currently working on a new interactive tool for employers to help them with this issue in ways more relevant to their undertakings. Proposed solutions frequently encourage more flexible work environments and hybrid working. It also informs inquirers on ways to access further support appropriate to their needs and may refer them to other support providers. Also current, is work with the HSE on work-related stress. Additionally, it works on these and other current issues with stakeholders such as Business Wales and others through ad-hoc collaborations, including those aimed at reaching smaller businesses.

It undertakes an annual survey with employers as well as carrying out quick polls with them and seeking further opportunities to engage with them. It hopes to carry out a survey with employees in the future on health and wellbeing and whether or not it has improved. However, for reasons of confidentiality, it would not share such raw data with others.

Although a member of the WRRF and clearly involved with the production and dissemination of information relevant to support for securing compliance with work health and safety standards, the informants suggested they had relatively limited engagement with it as a site for sharing information and joint working. They recognised its potential in this respect, but to date, most of its activities with other bodies, such as those mentioned above with the HSE and with Business Wales had taken place independently of the Forum. And the informants were unable to furnish examples of their work with other regulatory members of the forum. As one of them said:

> *'With that side of it, I'm not personally aware if we've done much with places like Occupational Health or with some of the other organisations, like the Environmental Health people and things like that. That's not to say we never have…*

CHAPTER 5

Analysis and Discussion

One of the key aims of this research project is to explore the extent to which sharing and using relevant information by members of the Workplace Rights and Responsibilities Forum might contribute to addressing a labour market 'enforcement gap' in Wales. A gap that has been identified by research studies to be present in the labour market regulatory regimes of most countries and particularly (but not solely) in relation to precarious employment in advanced economies. And as reported in previous chapters, this 'gap' and its consequences for a broad spectrum of work health and safety outcomes would seem likely to be present in Wales too. Chapter 4 provided a descriptive narrative of the experiences and perceptions of key informants concerning enforcement and the role of the WRRF as a platform for sharing relevant information and actions. The present chapter presents an analysis of that narrative based around several key themes that emerged during the discussions with key informants, while also taking account of the reviews of published materials in Chapter 2 and 3 —which, it will be recalled, presented the main sources of publicly available information on the labour market (Chapter 2) and on practices, outcomes and support for securing compliance with work health and safety standards in Wales (Chapter 3). The analysis in the present chapter aims to help provide an understanding of the nature and experience of key regulatory agencies, and the practice and potential of the WRRF, to aid them and others share information and develop strategies through which an 'enforcement gap' in relation to the broad notion of work health and safety might be addressed more effectively in the Welsh economy, as well to identify barriers that may act to constrain this.

Themes that emerged from the discussions with representatives of organisations that are members of the WRRF, reflected those broadly identified in initial discussions with trade unionists who were members of the TUC Cymru Health and Safety Committee (see Chapter 4). The same themes are also widely discussed in recent research on the nature and extent of emergent risks to workers' health and safety (see Chapter 1 pp 6-8). The trade unionists acknowledged the consequence for risk, brought about by structural and organisational changes in work and employment and for the capacity of regulators to respond to them with effective enforcement strategies to support protections for workers. Their discourse therefore centred around understandings of risk arising from work, its consequences for health; the means of its prevention or amelioration; the role of regulation, and challenges for ways of securing compliance in work organisations and the labour market more widely. There was acknowledgement of increasingly blurred boundaries in the relationship between work and health, especially in relation to concerns over stresses and strains for workers' mental health.

In our conversations that followed with key informants among regulators, they recognised the consequences of labour market change for conventional forms of inspection. The pervasive themes throughout discussions with their representatives, on the one hand, reflected the scale and increasing complexity of the labour market regulatory landscape, along with its bewildering pace of change; and on the

other, the very limited resources at their disposal to secure more comprehensive compliance with labour standards. Emerging from this was the sense shared by virtually all these informants, of the need for strategies to support securing compliance with approaches that went beyond traditional inspection practice. As we explore further in the following sections these stratagems varied in their detail, but the extent to which they invoked the need for information and communication in their operation was evident in all of them. However, while such themes were ubiquitous across the informant's discourse, it was equally evident in their accounts of the ways in which this need was addressed, that there were operational barriers and constraints that also determined how gathering and using information and its communication worked in practice. It was further clear that all these factors, in turn, have implications for the role of the WRRF and its potential as a platform for the delivery of more effective approaches to securing compliance with work health and safety standards in the Welsh labour market.

Therefore, in the following sections, the broad themes evident in the narratives of key informants representing regulatory and other stakeholders in the membership of the WRRF, are explored further, leading to a discussion of what they say about how sharing and using information through the platform provided by the WRRF might serve to support healthier and safer work and help regulatory agencies to secure improved compliance with regulatory standards in Wales.

Emergent risks of work in current labour market contexts

For all the informants, there was an awareness of the broad nature of the risks to health arising from work in modern labour market contexts. This was especially so in relation to Ill-health arising from the psycho-social risks that were observed to be created by the structural and organisational contexts of work in the current economy in Wales. Virtually all the informants participating in the research expressed concerns about the increased presence of these risks, their association with structural and organisational change in work and employment practices and the increased vulnerability of workers, and especially disadvantaged groups of workers, to their effects.

As noted in the previous chapter, trade union respondents not only pointed to the pervasive presence of these risks and the conditions that create them, but also to the irrelevance of conventional safety and health management arrangements as means of addressing them. They regarded them as largely beyond the reach of such arrangements. They saw them instead as determined by wider employment arrangements. These included for example, increased production demands; pressures on worker to 'do more with less' as the result of reductions in the number and role of permanent employees, and increases in non-standard and

less secure forms of employment. They further included increased work intensity for all employees, often facilitated by applications of information technology; inadequate pay; and various forms of inequality inherent in current employment practices. These frequently resulted in disadvantaged workers to risk their health in pursuit of paid work. Thus, to put this in slightly different terms, these informants demonstrated an awareness of the health consequences of 'unfair work'. None of which, in their view, were addressed adequately by conventional approaches to safety management.

A similar concern about the presence of health effects arising from the way in which work and employment are currently structured and organised is also evident in the testimony of representatives of regulatory agencies reported in Chapter 4. The respondents from the HSE acknowledged the growing challenge of the health effects of psychosocial risks and those presented by employment practices such as sub-contracting in sectors like construction and the presence in other sectors of 'non-employees' such as created by platform work and zero-hours contracts. They pointed out that HSE has responded to these changes as an organisation, drawing attention to its most recent strategy statement as well as its enforcement arrangements in Wales, where inspection practices to deal with these challenges were indicated. The informant representing Environmental Health Departments acknowledged the same challenges, noting the less tangible nature of many of the work-related forms of ill-health responsible for the data on the causes of time-off from work and the difficulties these present for enforcement. They also spoke about mental health and its relationship to workplace culture, emphasising the difficulty involved in determining a regulatory breach and the need for regulatory agencies to work together towards ways of better addressing this:

> *'….stress is on our agenda. I'm kind of calling on the HSE to say, well, OK, you work with us in developing something to say well, this is best practise — this is what we considered as a non-compliance, because I don't think we've got a full comprehension of that yet.'*

Similarly, among the informants representing smaller labour market regulatory inspectorates, there was a clear awareness of the presence and challenges of psychosocial risks in the forms of employment they regulated. For example, it is evident in Chapter 4 that the informant for the EAS Inspectorate acknowledged the presence of these risks arising from the organisation of production and its managerial surveillance, that were likely to lead to mental health issues among agency workers, but also noted they arose from less straightforward breaches of regulation than those resulting in physical injuries. Indeed because of the challenges this raised for proving causation, the informant indicated that the EAS Inspectorate would be unlikely to pursue direct enforcement actions on such matters.

Informants from labour marker regulators such as the GLAA were also concerned about psychosocial risks and also spoke about the link between them and gender. They pointed out that their surveillance often found women to be disproportionately employed in poor jobs such as in the care sector. These women often faced a combination of low pay, poor working conditions, insecure contracts, and exploitive control, along with more overt sexual abuse from employers and others in controlling positions in labour supply chains — all of which amounted to serious risks to their health. These views were further supported by those of informants from the EHRC, who talked about gender related pay gaps, sexual harassment and the vulnerability of low-paid health and social care workers many of whom were from ethnic minorities and included migrant workers. In both cases, informants expressed concerns about the difficulties confronting the enforcement of labour standards in these situations where psychosocial risks faced by workers were considerable.

Consciousness of the extent of psychosocial risks in current work and employment and especially exposures in contexts that are acknowledged to be hard to reach for regulators, was also evident among non-regulatory members of the WRRF. For example, in addition to the concerns presented by trade union informants, the spokesperson for the FSB spoke about the challenges facing owner-managers in addressing these kinds of risks more effectively in micro and small firms that only rarely encountered any form of regulatory inspection. The informant spoke at length about the way that a more holistic understanding of the relationship between work and health may provide potential opportunities to effect cultural changes in the relations of work in small firms, which in turn, could contribute to better management and control of psychosocial risks in such workplaces. The role envisaged for regulators in supporting such opportunities, was through more attention to accessible guidance to small firms on how to achieve such outcomes. Similarly, the informant from Public Health Wales when speaking about its production of more user-friendly information and learning materials for employers, addressing the more prevalent causes of absence from work for health reasons, emphasised stress as among these, and highlighted the current work on stress it was conducting with the HSE.

However, it would be misleading to conclude from these examples that psychosocial risks were the only, or indeed even the primary, risks respondents identified as being more in evidence and less straightforward to manage and regulate as a consequence of labour market changes. Despite their inclusion in dialogue with most informants, it was more often than not expressed in the context of the relationship of these risks to changes in the structure, organisation and control of work and employment and the challenges the latter present for securing compliance with labour standards. In this respect, such changes were by no means confined to affecting psychosocial risks but seen to be affecting the risks of harm arising from the absence of effective controls for many other workplace risks too. Indeed, most of the anecdotal examples of enforcement actions related to health and safety

issues reported by informants from regulatory agencies during discussions, were examples of extremes of these kinds of situations, in which often, inadequately managed physical risks had led to serious injuries or ill-health.

Consequently, what concerned informants most were the challenges that current labour market structure and organisation presented for enforcement actions regulating risk, rather than solely the unfamiliarity of the risks themselves — as we explore further in the next sub-section.

Challenges for securing compliance

In their day-to-day experience of work, trade union respondents saw little sign of the enforcement practices of regulatory agencies responsible for work health and safety. Indeed, they provided little direct experience of the inspection and investigation activities of the principal agencies responsible — the HSE and the Environmental Health Departments of local authorities — and virtually none at all of that of smaller agencies like the GLAA or the EAS Inspectorate. The latter is perhaps not entirely surprising since trade union respondents would be more likely to reflect direct experiences associated with larger unionised workplaces, rather than that of the largely non-unionised and precarious forms of employment under the surveillance of these smaller regulatory agencies. But the absence of contact with the regulatory inspectors responsible for monitoring and surveillance of work health and safety compliance in larger workplaces and more conventional forms of employment was marked and seen as a strong indicator of their limited presence in the labour market overall.

For the key informants with regulatory functions, a shared theme was found in their recognition of the extent of the challenge that rapid labour market changes created for their regulatory strategies. New, non-standard forms of employment, work organisation and its control along with the emergent structures in which work and employment take place were seen as presenting consequences for the reach of regulation. The speed at which change in these matters occurred was widely perceived to present an additional special challenge. Change was also experienced, not only in the structures and practices that regulatory actors were attempting to monitor and regulate, but also in regulatory policies with which their own work were governed and in the structural composition and management within their organisations and the larger state departments in which they were based. Overall, in this rapidly shifting regulatory landscape, there was a commonly held perception of difficulty with the development of effective long-term strategic approaches to securing regulatory compliance while the same time informants frequently expressed a sense of the need to be reactive in response to change.

As an extension of its long-standing evidence-based approach to securing compliance, the informant from the HSE talked about the ways in which recent organisational and strategic changes within HSE supported the development of parallel approaches to 'engagement' and 'enforcement', the former supporting 'closer working partnerships with stakeholders' and aiming to achieve better informed self-regulatory approaches to the management of key risks. These included the psycho-social risks discussed in the previous section, which were seen to contribute to the large number of days lost though ill-health in the UK, and equally evident in data reported in Wales. While the challenges of the changes noted in the previous paragraph were acknowledged, the informant argued that both the regulatory provisions that the HSE is charged with enforcing and the organisation/s current strategic approaches towards securing compliance with them were fit for purpose. They pointed to the wide reach of the provisions of the HSW Act and their continued relevance to enforcement in the non-standard employment scenarios that were of current concern; the risk-based approaches to prioritising the use of its resources as well as the recent approaches to 'engagement' were all seen to be relevant to addressing the challenges for securing compliance in current labour market scenarios.

While generally supporting the strategic perspective of the HSE, it is evident from the testimony reported in Chapter 4 that the informant representing Local Authority Environmental Health Departments was somewhat less sanguine about their capacity to meet the challenges of the current labour market in Wales. Several issues stood out. The most obvious that was acknowledged, were the limited and diminishing resources available to local authorities to undertake activities to secure compliance with work health and safety standards. This it was reported, affected all the Environmental Health Departments in Wales, but in the case of smaller ones, undermined their capacities to balance pro-active and reactive activities effectively, with some authorities only able to undertake the latter. Separate, but related to this, were administrative and organisational challenges that emerged from the existence of 22 LAs in Wales with varying degrees of resourcing available to them for their enforcement of work health and safety standards in areas with often quite different labour market features. A problem that was considerably magnified when UK wide strategic approaches were required. Thirdly, the quantity and diversity of the work and employment scenarios that fell within the regulatory oversight of Environmental Health Departments were acknowledged to present problems not only in terms of the reach of enforcement, but also for gathering intelligence in order to develop and deliver strategic priorities in relation to the delivery of enforcement:

'But then it goes back to the resource available, if you haven't got something, which is a clear significant risk it may be unnoticed, and unregulated in that space because we don't know about it necessarily. So yeah, I don't think we've got a true picture'.

Similar concerns were evident in the testimonies of the smaller inspectorates recounted in Chapter 4 in which their limited resources were frequently contrasted with the number of duty-holders and workers they were charged with regulating. In the case of the EAS Inspectorate for example, the informant acknowledged that 'health and safety is 'one of our largest regularly breached kind of offences'. They indicated that there were '…1.1 to 1.2 million agency workers out in the economy on any given day, and …. around 40,000 recruitment businesses or agencies….' and pointed out that in terms of inspection activity, '20 frontline staff aren't going to do much' with 40,000 recruitment agencies or businesses'. In the case of the GLAA, as reported in Chapter 4, its informant indicated it was inspecting only about 10 per cent of licence holders annually and required more resources to increase this to more desirable levels. While the activities of unlicensed operators provided further serous challenges for the enforcement capacity of the agency.
Strategies of regulatory agencies in the face of labour market change

As noted in the introduction to this chapter, it was evident from Chapter 4, that aside from an obvious need for more resources, the way that regulatory agencies currently address the gap between their inspection capacity and the number and complexity of the range of duty holders was through strategically deploying other means to secure compliance. For most regulators of work health and safety, and for labour inspection more widely, recognition of the need for such approaches is not new, as the imbalance between their resources and that of the number and variety of the duty-holders from which they must secure compliance has always been evident. Moreover, it is widely acknowledged (as indeed it was in the testimonies in the present research) that much non-compliance is not deliberate evasion of regulatory duties, but the result of lack of knowledge or competencies on the part of duty holders, for which more appropriate remedies than inspection and enforcement are likely to be effective. Since the Robens Report and the HSW Act of the 1970s, regulatory policies on work health and safety in the UK have continued to emphasise employers' enlightenment and engagement as the best means of achieving and sustaining improved work health and safety outcomes.

The HSE for example, has made its strategies for large scale communication with duty holders a central part of its approach to securing compliance for many decades (Walters, 2016). Its strategic use of relations between duty holders, other businesses, customers, clients and other social and economic actors to secure enduring influences on good practice in occupational safety and health is also well known (see for example, Walters 2016; Bluff et al 2022; Blanc 2022).

The testimony of other regulatory agency members of the WRRF reported in the previous chapter demonstrates a clear concern to make their presence and role better known to duty holders, as the following quotes make clear:

> *'We know that not many people really understand what to expect when they get an EAS inspection, so we do a whole webinar on what to expect from an inspection.' (EAS Inspectorate)*

> *'And so, we do quite a lot of work with employers around trying to help them to build trust with their workers so that they feel more able and more comfortable to share their protective characteristics with their employer.' (EHR Commission)*

> *'So yeah, we are in the space at the moment of, well, let's try the educational type stuff. And then see what comes.' (Environmental Health Departments)*

> *'…we see a lot of joint work within things like webinars and things like the educational pieces. The enforcement bodies have gone out to businesses to promote what they do, but also to prevent non-compliance….the resources are not endless. So they have to think strategically how they can make those resources go further.' (Office of the DLME)*

Key themes in the development and use of more innovative approaches to securing compliance that are especially relevant in the present study were those involving collection and use of information and the role of better communication and co-ordination, both in informing the need for these strategies and in facilitating their use. As the informant from the EHRC put with regard to the collection analysis and use of data:

> *'So, we have an evidence led approach to the work that we undertake. That evidence may be research undertaken by other organisations, may be research undertaken by ourselves. It may be sort of intelligence coming through the Equality and Employment Advisory Support Service will provide that helpline. It may be other stakeholders, ACAS, trade unions, etc...'*

The theme of coordinated actions was also much in evidence in the discussions with representatives of regulatory agencies reported in the previous chapter too. Examples include economies of scale and improved coordination of support for compliance achieved in South Wales with the creation of the Shared Regulatory Service, that brought together the work of three previously separate local authority Environmental Health Departments creating closer liaison in sharing and using information. Another was greater coordination on work health and safety that the

informant for the LA Environmental Health Departments indicated to have been achieved by the creation of the All Wales Expert Group on Health and Safety at Work supported by the All Wales Heads of Environmental Health Group, and the benefits these could bring in helping to learn from sharing experiences. The same informant also spoke of the ways in which the wider enforcement role of EHOs was sometimes helpful in allowing health and safety issues to be piggy backed onto inspections for other purposes. And they spoke positively about working closely with non-regulatory bodies such as Public Health Wales in the production, dissemination and sharing of information.

Examples of innovation in strategies to improve compliance were also furnished by the smaller labour market inspectorates. For example, the spokesperson for the EAS Inspectorate pointed to the way in which it tried to use the influences of national frameworks for excellence to promote better standards of practice in relation to agency workers:

> *'We've been trying to construct a way in which national frameworks to procure government money, become a driver for better compliance.'*

He indicated how the sustainability of such strategies was linked to their perceived financial benefits being recognised and prioritised by the businesses that the Inspectorate wished to influence. An approach not dissimilar to the use of supply chain relations to promote and enforce better practice in managing health and safety at work across the tiers of supply chains in sectors like construction. Both of which rely on good intelligence and co-ordination for their effectiveness.

The informant from the GLAA talked about the role of innovative approaches in which a small agency like itself might exercise pressure to improve compliance by drawing attention to requirements enforced by other agencies in order to 'get the baddies', in cases where its own enforcement powers could not be applied. And indeed, the informant from the Office of the Director of Labour Market Enforcement that currently supports these and the HMRC National Minimum Wage regulator, talked at some length about its role in helping these agencies to develop information based coordinated strategies to improve labour market compliance:

> *'So in terms of data sharing, it's been a main theme of … the labour market enforcement strategy for a number of years now. And the reason behind that is very much that data sharing has improved over the years. And we've gone through the sort of formal channels, through memorandums of understanding, to be able to share data through strategic coordination groups and meet monthly and discuss'*

These groups were seen as important in this respect, and the informant emphasised both the importance of formal channels for co-operation between regulatory agencies and how discovery of a breach of one element of labour market regulation was often an indicator of non-compliance in other areas too.

Surmounting barriers and constraints

The above examples, and much of the discourse of the key informants concerning their regulatory activities that is reported in Chapter 4, suggest that the ability to collect, share and use information, underpins strategic approaches to better securing of compliance.

Informants regarded effective communication between regulatory agencies, and between them and duty-holders and other actors with influence upon the compliance of duty-holders, and co-ordinating consequent support for securing compliance with labour standards, as fundamental to their success. As indeed, does the analysis of recent regulatory literature reviewed in Chapter 3. All of the informants representing regulatory agency membership of the WRRF indicated that they understood the value of these activities in enhancing the effectiveness of their support for securing compliance in Wales. However, despite this, they acknowledged that their access to data was incomplete. For example, the informant for the Office of the DLME said:

> *'…the data we have, that exists already is not particularly great. It has a number of gaps which are very, very hard to address without sufficient funding because of the nature and the niche of this particular area'*

While the representative of the EHRC indicated:

> *'….definitely there's gaps in data relating to protected characteristic groups, and I think that there are lots of reasons for that… Specifically thinking about the workplace, part of the problem is that workers often don't feel comfortable … disclosing whether they have particular protective characteristics, whether they belong to any particular protected characteristic groups'.*

Other informants from regulatory agencies indicated awareness of similar gaps in their data, especially in relation to intelligence around work and health among hard to reach groups populating emergent structures of work and employment in the modern economy. As well as issues of funding that limited data collection and sharing its use, they also identified a number of institutional barriers and constraints on their capacities to be more effective in relation to both collecting data and its shared uses.

All the representatives of UK state based regulatory agencies in the membership of the WRRF mentioned the existence of memoranda of understanding between their own agency and other Government Departments, which addressed what information could, or could not be shared. For example, the informant from the GLAA pointed out:

> *'..we do have really strict and robust MOUs that say what we can and we can't share…. We share intelligence in line with MOUs that are set.'*

Such MOUs were regarded as helpful in most cases where co-operation between agencies had been recognised to be necessary and was already taking place, but they could also be a hindrance in other areas of potential co-operation. At the same time, they acknowledged the need for these arrangements to be based on recognition of the sensitivity of some of the data to which agencies had access. In the case of the HRMC National Minimum Wage regulators for example, while it was well-known this body held a considerable amount of data that might be helpful in informing the enforcement strategies of other labour market enforcement agencies it was also understood that there were powerful constraints on sharing it and its confidentiality needed to be respected. As the informant from the Office of the DLME summarised:

> *'where we can, we share, but there is that challenge that remains particularly with external third parties or within the enforcement [bodies] themselves when we get to particularly sensitive data that is blocked by legislation…*
>
> *…we work with HMRC National Minimum Wage … but it has very sensitive information on sort of national insurance level that cannot be shared because of the sort of confidentiality of taxpayers and there needs to be quite a good case made for that to be able to use that data…. So just to summarise, data sharing has improved over the years, but there is still that barrier created by legislation to be able to share certain data points.'*

A summary that held true for the experience of other regulatory informants too.

In addition to the formal constraints however, as noted in the account in the previous chapter, in the view of some informants there were further constraints on sharing that hampered more effective joint activities. As the informant from the EAS Inspectorate put it:

> *'There are massive barriers with data sharing. It's really difficult. It's really difficult to understand what people have or don't have…. And there are lots of reasons for that. Some of that is legal. Some of that is human, some of that is operational. Some of that is organisational and it all boils down to the same basic bit … information is power… There's a real reluctance because it's a power base.'*

Such 'human' 'administrative' and 'operational' constraints were reported by other informants too. Despite this, as detailed in the previous chapter, there was already substantial experience of joint approaches to securing compliance with labour standards that included those relevant to work health and safety that require the sharing of intelligence. In their accounts presented in Chapter 4 for example, informants from the two regulatory agencies that dealt most directly with work health and safety regulation, the HSE and local authority Environmental Health departments, recounted details of their well-established structures and procedures for sharing the regulatory practices determined by their respective responsibilities for seeking compliance with statutory requirements. The liaison between them on operational matters as well as in the delivery and monitoring of national strategic aims and their outcomes are described, and their perceptions of the strengths and operational weaknesses of sharing and using intelligence in these arrangements are noted.

As is further noted in Chapter 4, there were indications that the HSE was also involved with other labour market enforcement bodies on a more UK-wide strategic level. For example, the informant from the Office of the DLME said:

> *'HSE is a regular valued member [of the Strategic Co-ordination group], who regularly contributes their operational updates, provides information to other partners and offers the ability to do joint working…. there is sensitivity around there, but we do work very closely and we have a good working relationship at all levels with HSE.'*

The numerous examples of co-operation between the HSE, LA Environmental Health Departments and other labour market regulators, and between the other regulators themselves, provided in the testimonies of informants presented in Chapter 4, were usually less systematic however, and seem to have been determined by needs identified on a case by case basis in an ad hoc way, rather than by any systematic policy. For example, the informant from the EAS Inspectorate indicated:

> *'We do, however, work with the Health and Safety Executive when health and safety instances happening regarding agency workers to ensure in part that that information has been transmitted and that feed into a broader HSE investigation and outcome'*

Although there were few examples referring specifically to actions in Wales, to illustrate such joint working, the EHRC informant spoke about follow-up work involving TUC Cymru, employers' organisations, inspectorates and the joint bodies set up by Welsh Government.

> *'I think a good example would be the follow up to our inquiry into the experiences of lower paid ethnic minority workers in health and social care. And we followed that up with meetings with the Welsh TUC. I brought it up at the shadow Social Partnership Council, so trade unions were aware of the work that we were doing. We also worked with Welsh ministers and also with other regulators, for example, Care Inspectorate Wales, also Care Forum Wales, who is the employer organisation for Social Care.'*

Several other informants referred to UK joint actions to illustrate what they saw as the significant success of these initiatives. They included the widely reported Operation Tacit which was a period of enforcement activity focused on the garment industry in Leicester, that commenced in July 2020 following widespread media reporting of allegations of modern slavery in the industry. Led by the GLAA, it involved working with other labour market enforcement bodies, the police, the National Crime Agency, and the HSE in partnership with Leicester City Council and community and workers' groups.

The informant from the Office of the DLME indicated that there were joint activities currently in progress but:

> *'…given the sensitivity of these joint operations, we have to be a bit careful about what is said given the significance of them. So Tacit is really the focus point there and it really shows the cooperation and the good work that was done by the three bodies working together with the likes of third parties as well.'*

One such operation was mentioned by the informant from the EAS Inspectorate. Known as Operation Topaz, they suggested it was a multi-agency project led by the GLAA and inspired by the lessons from Tacit, to address exploitation in the care sector and involving co-operation between labour market agencies.

'there are lots of good examples of kind of the work we've done across agencies, but Operation Topaz, ….we'll be carrying out as a group into the care sector, the foreign nationals coming into the care sector'.

Several informants also stressed that while the widely reported success of joint initiatives like Operation Tacit were based on activities outside Wales there was no reason why the same model shouldn't be the basis for joint enforcement activity in Wales too.

In addition, in Chapter 4, there are further accounts of existing co-operative relations between regulatory and non-regulatory stakeholders such as Public Health Wales and the representative of trade unions and employers' organisations, that have arisen in response to needs in a similar way. In all these cases, such cooperation was deemed by informants to have been helpful in relation to addressing the particular needs in question.

In short then, key informants from regulatory agencies with a role on the WRRF acknowledged the challenges for regulatory enforcement presented by changing risk profiles and labour market contexts in Wales, and their own limited resources for addressing them. In doing so they echoed most of the key findings of recent literature concerning current challenges for work health and safety regulation in advanced economies (see for example James and Waters, 2022; Vosko, 2020). Their testimony further supports the argument aired in previous chapters that current experience of work health and safety cannot be properly understood solely in terms of traditional understandings of occupational health and safety. The prevention or amelioration of poor health outcomes arising from work, needs to account for the much wider labour market contexts in which both the causes and consequences of work-related ill-health for workers are located. Since in the UK, responsibilities for securing compliance with labour standards relevant to these wider contexts are distributed among a number of institutionally separate agencies, gathering sharing and using information relevant to the task of securing compliance, would seem to be of paramount importance. The testimonies recounted in the previous chapter and their further analysis in the present one, confirm that most labour market regulators are aware of this and can furnish examples of how they have gone about achieving it. At the same time however, they have pointed to significant constraints, both in relation to the quality of the information they possess and for its shared and co-ordinated use, as well as the resources required for more effective sharing and coordination. It would seem that the Welsh Government's WRRF may offer a platform through which some such constraints may be overcome. The final section of this chapter therefore explores evidence of the extent to which informants have experienced ways in which this is already occurring and what might be the potential for the development of this role in the future.

Practice and potential for the WRRF

The attitude to the WRRF of the key informants whose organisations were among its members, was in every case positive. Remarks made by the informant from the EAS Inspectorate, such as, '…any forum that seeks to coordinate and/or bring together people is a welcome forum', were typical of the attitude of most informants towards the Forum. The idea that sharing the perspectives of other regulators and stakeholders was widely regarded useful. As the informant from the Local Authority Environmental Health Group said:

> *'…. it's always good to understand what the current position or current problems are for other agencies and of course, we all get a bit lost in our own little world, don't we? Sometimes we're just focusing on our little bit of the regulatory regime.'*

However, beyond this general approval, the range of expectations expressed about its functions lacked a common sense of direction, or overall purpose, beyond the idea that it was useful to have a platform for exchanging information and keeping up with what other regulators and stakeholders were doing, as is indicated by the feelings expressed by informant from the EHRC:

> *'I think the Workforce Rights and Responsibilities group at the moment, it's just an information sharing forum. And I think there's a role there for it to play, to go that bit further than to just share information.'*

But there was no clear consensus among its member on what this role should be. A significant finding of this indictive study is that the information sharing and use, as well as the co-operation and joint actions described by the key informants in this and the previous chapter, had all occurred without any obvious involvement of the WRRF. None of the informants provided examples of ways in which the WRRF had supported any special efforts to share information in relation to their activities or in the undertaking of joint regulatory actions. In the case of shared information, of course, some sharing would have taken place when members reported on their activities during meetings and may have also occurred informally during discussions between members during meetings, but the use of the Forum as a means of using and directing shared information for particular regulatory purposes seems to have not been tested.

The present study was unable to explore fully why this might be, but there are some indications from informants' remarks concerning the barriers and constraints involved in sharing intelligence that were discussed in the previous sections that would seem to be relevant. Additionally, the cases of joint actions also reported in the previous section were in each case, based on the recognition of a shared regulatory enforcement issue that could be most effectively resolved by joint action

rather than through separate individual actions. The committee that was the Forum's predecessor, was established to help to address such a recognised problem. In that case it was the need for multi-jurisdictional co-ordination in controlling work related infection and its consequences, during the Covid pandemic in Wales. But to date, the WRRF does not appear to have identified such a specific common issue of work health and safety on which its members might focus by productively pooling intelligence and sharing a joint enforcement strategy.

Nor is there necessarily resolution shared among its members to do so. For example, while generally positive about the existence of the Forum, the informant from the FSB was more cautious about its use:

> *'I think it has become more difficult, the forum itself has become more difficult since COVID, because Welsh government's own responsibility for some of these issues is necessarily limited.'*

They went on to indicate his organisation's opposition to any devolution of work health and safety responsibilities to the Welsh Government and to suggest that the WRRF should be forum for discussion, but avoid directing what were the UK wide responsibilities of UK government agencies. In a different way, the informant from the Welsh Government was equally cautious about expectations for the Forum. As indicated in the previous chapter, the Welsh Government regarded the Forum as a useful platform for liaison between itself and UK wide regulatory bodies, which the informant hoped might lead to facilitating improved compliance on work health and safety. But they were careful to avoid any indication of the Welsh Government leading the strategic direction of the Forum's part in achieving this.

A further political complication for the strategic position of the Forum concerns its role in the discourse around Fair Work, also discussed in the Introduction to this report, and briefly, referred to the narrative of informants reported in the previous chapter. For several years Fair Work has been a major public policy preoccupation in relation to employment affairs in Wales. Policy concern with Fair Work however, and many of the findings of the Fair Work Wales Commission, raise questions of what might be done to create a labour market and regulatory contexts that better support its achievement. The Report of the Fair Work Wales Commission made a number of recommendations for Welsh Government actions in relation to these matters that go a long way beyond the remit of the WRRF. Nevertheless, as noted in previous chapters, the Welsh Government's reports on its delivery of the recommendations of the Commission points to the establishment of the Forum as one of its responses. But again, as reported in Chapter 4 the Welsh Government's informants in the present study made clear their desire to 'manage expectations' in this respect, and distanced the Forum from a role as the 'Fair Work Observatory' recommended by the Commission.

While this is understandable, key informants in the present study (along with much of the relevant literature it has reviewed) are clear that much of the concern with the operation of regulatory rights and responsibilities in relation to work health and safety in Wales is not over compliance with traditional occupational safety and health standards in conventional work settings. Instead, it is with forms of work and employment that are less visible to regulators and with the health effects that are related to ways these, and other forms of work and employment, are structured, organised and controlled. That is, they are concerns about the causes of poor outcomes for health and well-being arising from the same kinds of scenarios that efforts to achieve Fair Work are focused upon. Addressing them is therefore likely to require much the same kinds of strategies for gathering, sharing and using information to support better regulatory surveillance initiatives that have been recommended in the case of Fair work and which the Forum has a potential role in delivering.

What is further clear from the literature reviewed in previous chapters is that the experiences of the key regulatory agency informants who participated in the present study are not unique. Rather, their concerns about enforcing work health and safety in Welsh labour market contexts are in several important respects similar to those of regulators in other advanced economies at the present time.
As noted in Chapter 1 of this report, the literature shows that rapid change in the structure, organisation and control of work and employment and resulting shifts in its risk profile alongside the challenges for reach of regulatory surveillance that they bring, are widely reported. Regulatory studies have identified a portfolio of possible responses to these challenges both in theory and in practice. In recent decades, shifts in labour market regulatory surveillance policies of many advanced economies reflect both the influences of prevailing political and economic ideology and efforts to address the influence of labour inspection in these contexts. As we have discussed in previous chapters, emerging from this literature is both an identification of the presence of an enforcement gap in relation to the working conditions and the operation of labour standards, including those on health and safety; and a set of broadly similar strategies that may be effective in addressing it (see for example Vosko, 2020).

Among the features these strategies have in common, are several that are particularly relevant to the potential role of the WRRF. They can be seen in the origins of the ILO's Declaration of Fundamental Principles and Human Rights, that is mentioned at the start of this report. That Declaration grew out of a debate about the linkages between trade liberalization and respect for basic workers' rights. Operationally, the soft-governance principles it exemplifies are nowadays a common feature of labour regulation within states. That is, there is widespread recognition that while regulatory standards are important and labour inspection remains an important support for securing compliance with such standards, it is one of a multiplicity of influences on the delivery of regulatory rights and responsibilities and the compliance behaviour of those with such responsibilities. Orchestrating these supports to achieve better WHS practices is nowadays widely

seen as playing a significant role in the regulatory strategies adopted by labour administrations in advanced economies, including in the UK (see Blanc et al, 2022). The literature has long acknowledged these connections and their influences. It notes how state-level regulatory strategists are faced with the challenge of reduced resourcing of regulatory surveillance, changes in business structures and arrangements for organizing and controlling production, and consequent risks, along with emerging technologies and their new risks — all of which combine to affect the reach and effectiveness of traditional approaches to regulatory inspection (James and Waters, 2022). It analyses strategies to securing compliance in these contexts and shows how they have increasingly involved efforts to harness multiple influences in the social and economic contexts in which work takes place. It reviews traditional cooperative and deterrence models of regulatory surveillance; theoretical and empirical analysis of later elaborations in responsive, smart, risk-based, and forms of regulation, and their variants; and more recent developments in approaches to strategic and co-enforcement. It offers perspectives on the dynamics and complexity of regulatory processes, including how regulatory functions might work more effectively and efficiently. And in the latter case, it explores how the use of more co-operative approaches by labour inspection authorities, between each other and between themselves and other state agencies and labour market stakeholders are effective in orchestrating better regulatory responses to current labour market challenges including, but not limited to, those of work health and safety.[7]

For the labour administrations of different countries, the extent of the institutional co-operation that is possible in these efforts is to some extent determined by their existing administrative structures and processes. In the UK, the separation of state-based agencies for enforcing the regulation of labour standards is marked, unlike in many other countries where many such agencies are all part of the same labour inspectorate/administration. While the current Employment Rights Bill may serve to bring some of the smaller of the labour market enforcement agencies closer together with the creation of Fair Work Agency, the major regulators of work health and safety, both the HSE and the LA Environmental Health Departments will remain separate. Given the existing legal, constitutional, operational and personal barriers and resource constraints on co-operation between institutionally separate enforcement agencies that were identified by the key informants in the present study and discussed earlier in this chapter, it would seem nevertheless, that the WRRF may offer at least some opportunities to explore ways to overcome a few of these constraints and provide a platform on which efforts to share information might lead to the identification of possible areas in which subsequent joint actions might help to bridge a recognised enforcement gap.

The extent to which this may be possible is of course likely to be influenced by a host of further political, institutional and resource constraints that are specific to the Welsh context and which have been beyond the scope of the present indicative study to investigate fully. But as several key informants pointed out in

[7] See EU-OSHA (2021) for a recent, comprehensive review of this literature

their testimonies, a significant opportunity and support for information sharing and cooperative orchestrated actions between institutional actors involved with regulating a broad conceptualisation of work health and safety, is provided by the small scale of the Welsh labour market context. The proximity between key actors that this allows, along with greater structural simplicity, would seem to provide encouraging prospects for effective joint actions that would be far more difficult to achieve and sustain on a UK wide basis. Thus, the WRRF potentially provides, in the words of one of our informants, an opportunity to 'go that bit further than to just share information'.

However, to do so, as the literature on what 'works' in other shared regulatory scenarios globally, suggests, requires effective leadership for its 'orchestration' (see for example Abbott et al, 2017). It was not clear in the present study, how or who might most effectively fill this role in relation to WRRF support for sharing information and possible future joint regulatory actions. Nor was it clear, what might be the resource implications of such actions, or whether sufficient political and employment relations support could be found for pursuing such a course. These remain important questions to be addressed. Nevertheless, given current labour market contexts and their consequences for workers' health safety and well-being identified in this report, there is a case for more systematic sharing of information and joined up regulatory surveillance. It may be that in the advent of the significant UK wide reforms of employment regulation that are currently anticipated, it is timely to give some consideration in economic policy discourse, to the role of the WRRF in supporting more effective operational strategies for labour market regulation in Wales.

CHAPTER 6

Conclusions

This report has discussed the findings of an indicative study exploring the nature of work health and safety information, and how organisations, involved in regulatory oversight of workers' rights in Wales, use and share information in support of their efforts to secure compliance with regulatory standards. It explored how the Welsh Government's Workplace Rights and Responsibilities Forum (WRRF) acts, or has the potential to act, as a platform for facilitating the more effective use of information in regulatory collaborations towards achieving better support for securing compliance in the context of the Welsh labour market. This Chapter summarises its conclusions.

Using a broad and holistic conceptualisation of 'work health and safety', to help to account for the effects of structural and organisational factors of work and employment, beyond those addressed by conventional approaches to occupational safety and health management, Chapters 2 and 3 of the report indicate that these structural and organisational factors present regulators in Wales with the same challenges for securing compliance with work health and safety standards as those widely discussed in current research literature.

The methodology of the study involved an initial review of published sources on the organisation of work and employment in Wales, the nature of work health and safety outcomes and the role of efforts to monitor and secure compliance with regulatory standards and improve these outcomes in Wales. Although the report was focused on Wales, its review of published sources embraced UK sources and sometimes international ones too. This helped fill gaps in the data specific to Wales and also allowed comparisons with the UK more widely. Following the review of published sources, the study sought information from conversations with key informants from organisations represented on the WRRF. This information concerned their experience of gathering, using and sharing information and undertaking collaborative regulatory actions. The majority of these informants represented regulatory bodies although other members of the WRRF were also interviewed. As this was a study commissioned by TUC Cymru to help inform its recently established Health and Safety and Regulation Committee, gathering information began with informal interviews and discussions with trade union members of this committee and TUC Cymru officers. The information received in this way helped the researchers focus the meetings that followed with the representatives of organisations among the membership of the WRRF. Chapters 4 and 5, presented the narrative that emerged from this exercise and its thematic analysis.

Several key issues are identified in what follows. However, it needs to be borne in mind that this report is the result of a small preliminary study. Its findings are indicative rather than definitive and further research is required to substantiate many of them.

Publicly available information on the labour market in Wales

As elsewhere in the UK, the economy in the parts of Wales where the majority of its population reside, has altered from one that was once heavily industrialised, to nowadays being largely service based. There is a substantial proportion of public sector employment; a greater than average concentration of employment in micro and small firms; with pockets of growth among IT based firms and other 'new industries' as well as growth in low skilled forms of work and in non-standard forms of employment. In parallel, the labour market and the structure of employment in rural Wales is fairly typical of an agriculture-based economy, with changes occurring as a consequence of growth in leisure and tourism, increased work mobility, an aging population and so on, also leading to some growth of work in public and private services.

The data describe an economy in which there is a continuing presence of comparative poverty in a number of locations of economic and social disadvantage mainly in formerly industrial areas. The data point to a greater presence of long-term sickness compared to the UK as a whole. The employment rate in Wales is lower than that of the UK overall and there is a higher rate of economic inactivity. There is a further suggestion in the data, that in several respects, changes in the structure and organisation of work and employment in Wales have led to a marginally greater presence of a number of situations that may be associated with risks of poor work health and safety outcomes, such as for example, a slightly larger proportion of micro and small enterprises than for the UK; a higher proportion of workers still employed in high-hazard industries like agriculture, manufacturing and construction; fewer workers in permanent jobs and more low paid work than in the UK overall, and more seasonal workers too.
Other data on the presence of non-standard forms of employment, as with that for the UK more widely, suggest such employment may present a further significant challenge for the agencies charged with securing compliance with health and safety standards. There is also evidence that some of non-standard forms of employment in Wales occur in less visible types of work, undertaken to complement main incomes, with more workers in Wales being underemployed, in non-desired contracts or underpaid. The presence of trade unions has declined in Wales over recent decades, in common with the general trend in the UK and many other advanced economies, although they nevertheless have a proportionally greater remaining presence in Wales than in the UK overall.

Contextualising this information with that from the wider literature, leads further support for the conclusion that the presence of these factors in the Welsh economy is likely to contribute to the existence of poor work health and safety practices and outcomes as well as give rise to challenging scenarios for securing compliance with regulatory rights to fair standards of work health and safety.

Information on work health and safety practices and outcomes

This is borne out by published evidence, first of the effects of these factors on work health and safety practices and outcomes and second by data on efforts to secure compliance. There were no surprises in the profile of work health and safety in Wales indicated by this published evidence. Notwithstanding some small differences, patterns of the data on these matters in Wales reflect what might be anticipated from the wider UK evidence and that from other advanced economies. In relation to the most significant forms of work-related ill-health, HSE analysis of Labour Force survey data highlighted the most important causes of MSDs (and associated prevalence rates) to be manual handling, awkward/tiring positions and keyboard work or repetitive action. An analysis conducted on reported cases of stress, depression or anxiety indicates the main causes of such conditions (and associated prevalence rates) to be workload, lack of support, violence and threats or bullying, changes at work, role uncertainty and lack of control. These findings confirm wider evidence indicating that conflict at work, high job demands, an imbalance between effort and reward and a lack of autonomy and control (particularly in the context of high job demands) elicit long-term health consequences, including coronary heart disease, morbidity and mortality, and mental illness.

The small differences in work health and safety outcomes in Wales, compared to the UK as a whole, might be anticipated from features of the development of its economy and labour market, already identified. They include the industrial legacy of the areas in which the majority of the population live and work; as well as the features of the agriculture and service-based economy in the more sparsely populated rural areas. They further include the wider effects on health outcomes that may be associated with areas of economic and social deprivation that still feature in the social and economic profile of Wales. The conventional explanations for the slightly greater incidence of fatal injuries experienced at work in Wales, for example, are that they are largely compositional effects that reflect the continuing presence of proportionally more hazardous work, while the presence of a slightly greater proportion of micro and small firms in the economy may lead to the known effects that the limited resources such firms have on work health and safety practice and outcomes.

The resulting profile of work health and safety in such an economy would be expected to include, in the formerly industrialised areas, a continuing presence of the health and safety effects of conventionally hazardous work in industries that remain and the consequences of the long latency of many forms of work-related ill-health in relation to past exposures. Additionally, it would be anticipated to reflect outcomes prevalent in an economy in which there is relatively high proportion of workers in low-skill, poorly paid health and social care work, retail, and transport;

in health, education and other service-based work with a large public interface, in both public and private sector employment. And where micro and small firms predominate, along with a growing amount of work taking place in non-standard forms of employment. In such scenarios, which are common elsewhere in the UK as well as in other advanced economies, current data indicate high levels of work-related outcomes such as musculoskeletal diseases (MSDs), work-related stress, depression and anxiety, injuries and fatalities arising from preventable incidents and a high prevalence of longer-term health issues arising from these forms of work. These also broadly describe the work-related outcomes prevalent in Wales. While in rural Wales, the acknowledged serious safety and health risks of agriculture, along with its high levels of casual, temporary and low-skilled and poor paid jobs, high levels of migrant labour and informality and a predominance of micro and small enterprises, all contribute to its work health and safety outcomes — as do the prevalence of low-skilled, precarious and poorly paid work in the private and public sector.

Information on securing compliance

The limited published evidence of support for securing compliance with regulatory and other standards of good practice in these scenarios in Wales, shows a similar profile as is evident in the UK more widely. On the one hand, reported enforcement actions undertaken by state and local authority agencies (the HSE and the LA Environmental Health Departments) with responsibilities for monitoring and securing compliance with regulatory standards in work health and safety are relatively few. Trends suggest their decreasing frequency. On the other hand, the accounts in which these statistics appear, as well as those of the various other agencies charged with labour market enforcement duties (such as the ESA Inspectorate; the GLAA; HMRC minimum wage enforcement; the EHR Commission and others represented on the WRRF) together with the critical literature more widely, suggest an awareness of a similar array of challenges to securing compliance with labour standards (including those on work health and safety). These include those resulting from an increased presence of non-standard forms of work and employment, technological change and change in business management practices, as well as those arising from change in the composition of the labour force and the extent of its capacity to represent its interests in work health and safety.

Perhaps not surprisingly, given the comparatively small numbers involved, and the nature of work and employment in Wales, there are limits to the specific details publicly available concerning WHS outcomes and the extent and effectiveness of support for compliance in Wales. This necessitates reliance on wider data sources. In some cases, this may be justified, while in others it raises questions concerning the need for more specific information. In line with the conclusions of the Fair

Work Commissioners in their 2019 Report on Fair Work in Wales, the present study concludes that current information on some features of the profile of work and employment, their consequences for WHS and for securing compliance with regulatory standards, is incomplete, fragmented and anecdotal. It is therefore of relatively limited use in identifying where risks of non-compliance may be greatest, or of usefully informing the orientation of strategies of support for achieving improved regulatory compliance. This said, it is further concluded that filling these gaps with additional detailed routine information, along with special research reports and their more detailed analysis would require additional resources. It is not at all clear where such additional resource would come from, or whether a strong enough case could be made to lead to its provision. This further suggests that a more pragmatic and less costly solution to filling gaps in the data, at least as far as it is relevant to securing compliance, might be found by regulatory agencies sharing the intelligence each of them separately gathers concerning the risk profiles of the elements of the labour market over which they conduct surveillance.

Experiences and perceptions of key informants

In the face of the above challenges, the views firstly of representatives of workers and then of those of regulatory agencies charged with securing compliance with work health and safety standards in Wales were sought. In the narrative and analysis of Chapters 4 and 5, their perceptions of challenges of surveillance and securing compliance on WHS are explored, as is the role that ways of gathering, using and sharing relevant labour market information might play in improving WHS surveillance and its outcomes in Wales. Based on the information shared by these participants, the chapters discuss how informants obtained information from other agencies, or shared information they held themselves, in order to better support their regulatory strategies and actions; the extent to which overlapping concerns with broadly defined work health and safety issues might support joint regulatory actions to secure compliance in Wales; and what might be the experience of the role or potential role of the WRRF in supporting their joint endeavours to secure compliance.

Chapter 4 presented a rich narrative of these experiences and understandings drawn from the testimonies of each of the key informants. It vividly illustrates both the breadth and depth of regulators' familiarity with securing compliance in the context of the labour market profiles and health and safety outcomes described in previous chapters. It also shows how these matters are perceived by other stakeholders and information providers who are also among the membership of the WRRF.

Several key themes were evident in the testimonies of the participants and analysed further in Chapter 5. They focused around the consequences of rapid recent changes in the structure, organisation and control of work and employment in Wales for work-related risks to health and safety and the challenges they present for securing compliance with regulatory standards. They further addressed the ways in which regulatory actors sought to overcome these challenges. Since this research is especially interested in the role of gathering, using and sharing information to better support securing compliance and the practice and potential of the WRRF as a platform to facilitate and support such action, the perceptions and experiences of its role formed a further focus for analysis in Chapter 5.

To a large extent these experiences and perceptions echoed what is found in the published evidence concerning the nature of current work health and safety risks; the failure of conventional safety and health management systems to address them effectively; and the challenges of securing compliance presented by changes in the structure, organisation and control of work and employment that also are largely responsible for their presence and causation. The presence of an 'enforcement gap' such as that identified in the research literature in relation to labour standards and precarious and insecure work, was perceived in different ways and to differing degrees by the informants. There was widespread agreement however, that actions to secure compliance, whether through conventional forms of labour inspection or through more diffuse means of achieving engagement from duty-holders and workers, had limited reach, and in every case a large and changing segment of the regulated population and the workers subject to such protection remained outside the influence of efforts to secure compliance.

What is to be done? Sharing and using intelligence and the potential of the WRRF
The study identified a number of important factors in current labour market contexts that affect the health and safety of workers in Wales, as well as significant gaps in support for securing compliance. More positively, Chapters 4 and 5 showed that while there are knowledge gaps, regulators recognise the importance of sharing information and working together to secure enforcement of labour standards in the Welsh labour market. They generally all acknowledge the current complexity of labour market enforcement and recognise that health and safety issues are among the prominent abuses that require remedy. Most regulatory agencies could also demonstrate some experience of successful collaboration and joint actions in these matters as well as an awareness of the potential constraints that need to be overcome for such actions to be more widespread.

The role of the WRRF as a platform to facilitate and organise such sharing of information and possible collaborative actions is relatively underdeveloped, but there is widespread agreement among regulators that it has potential to be of benefit in this respect. Currently movement in this direction is not prominent however, and it is not entirely clear whether there is sufficient motivation among its membership, or the Welsh Government, to further exploit this potential. The

research and theoretical understandings in the regulatory literature point to the advantages of 'orchestration' of multiple regulators and other stakeholders in efforts to secure compliance with regulatory standards in complex and hard to reach segments of the labour market. Regulators in the present study also frequently acknowledged the likelihood that when serious breaches of one element of labour standards are discovered, further investigation may reveal breaches in other areas of labour regulation too. Given the increasingly holistic understanding of matters that are embraced by current notions of the effects of work on health and safety, it would seem important that shared regulatory monitoring and surveillance plays a role in securing compliance. And the WRRF was generally acknowledged to have some potential as a platform for orchestrated actions in this respect. However, as the literature makes clear, the operation of such orchestration further requires both leadership and focus.

At present, jurisdictional challenges that beset shared activities between Welsh and UK level regulators may act to limit the possibilities of leadership and direction towards more shared activity within the WRRF. The study also identified a number of institutional, procedural and personal barriers that constrain regulatory agencies from sharing information and undertaking more joined up regulatory activities in practice. However, none of these constraints appear to be entirely insurmountable, once a focus for co-operation has been identified. The positive experiences that were associated with the work of the committee that preceded the existence of the WRRF during the Covid 19 pandemic in Wales is further suggestive of the importance of focus on a particular issue. As are the examples of joint regulatory actions in some sectors, such as clothing manufacture, in other parts of the UK, that were mentioned in conversations with key informants.

In every case, regulators are further constrained in their activities by the limited resources available to them. Although pending legislative reforms may serve to bring some of the smaller labour market enforcement agencies closer together, they are unlikely to lead to significant additional resources being made available to them. While resourcing remains a challenge for all the regulatory bodies with membership of the WRRF, in some respects it may also prompt recognition of the need to pool resources to achieve more effective support for compliance. Again, the WRRF would be well-placed to act as a platform for such shared activities.

The report has demonstrated that there is some consensus in the wider regulatory literature that an 'enforcement gap' exists in relation to compliance with labour standards, including those on work health and safety. The same literature points to various forms of 'strategic enforcement' that are recommended to fill this gap. However, a bigger question that is also posed by this literature is whether in current labour market contexts in Wales, a more strategic approach to effective enforcement of regulatory rights and responsibilities is possible, within the current regulatory and institutional framework with which it is governed. Or perhaps first, a more fundamental inquiry may be needed to examine how this framework could

be reformed to address the current 'enforcement gap' in the UK more broadly? Addressing these questions requires paying some attention to the nature and role of regulatory surveillance and enforcement of work health and safety within labour inspection more widely in the UK. The development of such surveillance and enforcement in this country has led to a model of specialist regulation in which health and safety was institutionally separated and regarded as distinct from other elements of labour regulation. Questions arise as to whether this model has stood the test of time and remains as relevant to modern labour market contexts as the more generalised systems of labour inspection sometimes found in other countries.

Absence of an institutionally coherent regulatory enforcement framework for labour standards other than those on occupational health and safety, prompted the relatively recent introduction of the co-ordinating role for the Office of the Director of Labour Market Enforcement and a discourse on the merging of several institutionally separate enforcement agencies involved with securing compliance. Provisions in the Employment Rights Bill to create a Fair Work Agency are among the current outcomes of this discourse. At the same time, the evident work health and safety content of the abuses with which such agencies are involved, speaks for the need for their co-ordinated co-operation with the specialist inspectors of the HSE and LA Environmental Health Departments. While the testimony of key informants discussed in Chapters 4 and 5 report that this takes place, it also shows that it does so rather unsystematically.

The continually growing burden of work-related ill-health in both Wales and the UK, that is so prominent in current reporting, and largely the result of psycho-social causes, suggests this problem to be largely unreached by efforts of specialist inspectorates like the HSE to secure compliance with provisions on the management of work health and safety. One conclusion of the present report is that this is at least in part because the structural and organisational causes of much of this incidence is beyond the reach of current health and safety regulation and its regulators. As critics of the current regulatory framework for work health and safety in the UK have pointed out, addressing this problem may require major reforms (see for example James and Walters, 2022; GMB, 2024).

The nature and need of such reform is well-beyond the remit of this report. Its discussion is more appropriately the subject for a major and more fundamental inquiry into the nature and regulation of work health and safety in the UK. One element of such an inquiry that is clearly important however, would involve consideration of the role of arrangements for securing compliance with regulatory standards that adequately address the prevention of all forms of ill-health arising from, or worsened by work in current and future labour market contexts. This would require the benefits of continued institutional separation of the agencies responsible for securing such compliance to be thoroughly reviewed and better justified.

Notwithstanding the importance of recognising this wider perspective, a pragmatic conclusion of the present indicative study is that because of its comparatively small size and geographical proximities, Wales presents opportunities for regulatory innovation involving the greater sharing of information and joint and co-ordinated actions between agencies charged with securing compliance with labour standards. The role of the WRRF as a platform to facilitate this innovation remains largely untested. However, given commitment from its membership, along with some leadership, the study has showed it to be well-placed to facilitate the exploration of needs through more sharing of information. This could lead to a clearer identification of enforcement gaps that might be more effectively filled through shared regulatory initiatives, undertaken by the regulatory bodies and others that constitute its membership, through further co-operation and co-ordination of their interests and actions.

References

Abbott KW, Levi-Faur D and Snidal D (2017) Theorizing regulatory intermediaries: The RIT model. The Annals of the American Academy of Political and Social Science 670(1): 14–35.

Atwell, S., Vriend, M., Finch, D., Mooney, A., Rocks, C., Bibby, J., 2024. How can the next Government improve the health of the workforce and boost growth? London: Health Foundation. [viewed 30 July 2024]. Available at: Bit.ly/4boTuKR

Benach, J., Amable, M., Muntaner, C. and Benavides, F.G., 2002. The consequences of flexible work for health: are we looking at the right place? Journal of Epidemiology & Community Health, 56(6), pp.405-406

Blanc, F. (2018). From Chasing Violations to Managing Risks: Origins, Challenges and Evolutions in Regulatory Inspection. Edward Elgar, Cheltenham.

Blanc, F., and Faure, M. (2018). Smart Enforcement: Theory and Practice. European Journal of Law Reform, 20(4): 78–103

Blanc, F., Ottimofiore, G., Myers, K. 2022. From OSH regulation to safety results: Using behavioural insights and a "supply chain" approach to improve outcomes – The experience of the Health and Safety Executive. Safety Science, 145, p.105491

Bluff, E., Johnstone, R., Walters, D. Limborg, H.J Gensby, U. 2022 Fitness For Purpose of Occupational Safety and Health Monitoring and Enforcement in the European Union, Comparative Labour Law and Policy Journal, 42:679-706

Brookes, K., Limbert, C. Deacy, C., O'Reilly, A., Scott, S. and Thirlaway, K. 2013. Systematic review: Work-related stress and the HSE Management Standards, Occupational Medicine, Volume 63, Issue 7, Pages 463–472, https://doi.org/10.1093/occmed/kqt078

CIPD, 2018. Fair Work Wales: submission to the Welsh Government's Fair Work Commission. Chartered Institute of Personnel and Development. [viewed 30 July 2024]. Available from https://www.cipd.org/uk/about/public-policy/engagements-archive/fair-work-wales/

Clarke, S. and D'Arcy, C., 2016. Low Pay Britain. London: Resolution Foundation

Davies, R. and Jones, P. 2005. Trends and context to rates of workplace injury. HSE Research Report 386. Sudbury: HSE Books

Dawson, S., 1988. Safety at work: The limits of self-regulation (Vol. 12). CUP Archive.

Delautre, G., Echevarria Manrique, E. and Fenwick, C. (eds). 2021. Decent work in a globalized economy: Lessons from public and private initiatives. ILO, Geneva Department for Business and Trade, 2023. Employment Agency Standards (EAS) Inspectorate: annual report, 2022 to 2023 [Viewed 28 November 2024]. London: Department for Business and Trade. Available at: https://www.gov.uk/government/publications/employment-agency-standards-eas-inspectorate-annual-report-2022-to-2023

Department for Trade and Industry, 2023. Trade Union Membership, UK 1995-2022 [viewed 19 November 2024]. Available from: https://assets.publishing.service.gov.uk/media/646dcc477dd6e7000ca9b289/Trade_Union_Membership_UK_1995-2022_Statistical_Bulletin.pdf

Edwards, R.T., Spencer, L.H., Anthony, B., Davies, J., Pisavadia, K., Makanjuola, A., Lloyd-Williams, H., Fitzsimmons, D., Collins, B., Charles, J.M. and Lewis, R., 2024. Wellness in work-supporting people in work and assisting people to return to the workforce: An economic evidence review. medRxiv, pp.2024-01

Equality and Human Rights Commission [EHRC], 2023. Is Britain Fairer? [viewed 16 June 2024]. Available from: https://www.equalityhumanrights.com/en/britain-fairer/britain-fairer-report

EU-OSHA (2016). Contexts and arrangements for occupational safety and health in micro and small enterprises in the EU – SESAME project. Available at: https://osha.europa.eu/en/publications/contexts-and-arrangements-occupational-safety-and-health-micro-and-small-enterprises-eu/view

EU-OSHA, 2021. Improving compliance with occupational safety and health regulations: an overarching review. Vol 1, Final Report [viewed 18 November 2024]. Available from: https://osha.europa.eu/en/publications/summary-improving-compliance-occupational-safety-and-health-regulations-overarching

Fawcett, J. and Gunson, R., 2019. A 21st century skills system for Wales: challenges and opportunities

Felstead, A., Gallie, D., Green, F. and Henseke, G. 2018. Insecurity at Work in Britain: First Findings from the Skills and Employment Survey 2017. London: Centre for Learning and Life Chances in Knowledge Economies and Societies. London: UCL Institute of Education

Ferrie, J. E., Shipley, M. J., Stansfeld, S. A. and Marmot, M. 2002. Health effects of chronic job insecurity and change in job security on self‐reported health, minor psychiatric morbidity, physiological measures and health related behaviours in British civil servants: The Whitehall II study, Journal of Epidemiology and Community Health, 56(6), 450‐454

Gallie, D., Felstead, A., Green, F. and Henseke, G. 2018. Participation at Work in Britain: First Findings from the Skills and Employment Survey 2017. London: Centre for Learning and Life Chances in Knowledge Economies and Societies. London: UCL Institute of Education

GMB 2024 CEC Special Report on 50 Years of the Health and Safety at Work Act 1974, GMB Congress Bournemouth 2024

Håkansson, K. and Isidorsson, T., 2016. Between two stools: occupational injuries and risk factors for temporary agency workers. International Journal of Workplace Health Management.

Hall, A. 2021. The subjectivities and politics of occupational risk: mines, farms and auto factories. Routledge: Oxford

Head, J., Ferrie, J., Brunner, E., Marmot, M., Rydstedt, L. and Stansfeld, S. 2007. The Potential Impact on Health and Sickness Absence of Management Standards for Work-related Stress. Research Report to Health and Safety Executive

Health and Safety Executive, 2024a. Health and safety statistics 2023/24 [Viewed 28 November 2024]. Available at: https://www.hse.gov.uk/statistics/assets/docs/hssh2324.pdf

Health and Safety Executive, 2024b. Historical picture statistics in Great Britain, 2024. [viewed 28 November 2024]. Available from https://www.hse.gov.uk/statistics/assets/docs/historical-picture.pdf

Health and Safety Executive, 2024c. Workplace health and safety statistics for Wales, 2024 [viewed 28 November 2024]. Available from https://www.hse.gov.uk/statistics/assets/docs/wales-statistics.pdf

Health and Safety Executive, 2024d. Work-related musculoskeletal disorder statistics in Great Britain, 2024 [viewed 28 November 2024]. Available from https://www.hse.gov.uk/statistics/assets/docs/msd.pdf

Health and Safety Executive, 2024e. Work-related stress, anxiety or depression statistics in Great Britain, 2024 [viewed 28 November 2024]. Available from https://www.hse.gov.uk/statistics/assets/docs/stress.pdf

Hintikka, N., 2011. Accidents at work during temporary agency work in Finland–Comparisons between certain major industries and other industries. Safety Science, 49(3), pp.473-483.

Home Office Modern Slavery Research & Analysis, 2024. National Referral Mechanism and Duty to Notify Statistics, 2014-2024. [data collection]. 13th Edition. UK Data Service. SN: 8910, DOI: http://doi.org/10.5255/UKDA-SN-8910-13

HSE, 2022 Protecting people and places; HSE strategy 2022 to 2032 https://www.hse.gov.uk/aboutus/assets/docs/the-hse-strategy.pdf https://doi.org/10.1177/0020731417707491

Huws, U., Spencer, N.H., and Coates, M., 2019. Platform Work in the UK 2016–2019, Brussels and London: Foundation for European Progressive Studies and the Trades Union Congress [viewed 6 September 2024]. Available from: https://feps-europe.eu/wp-content/uploads/downloads/publications/platform%20work%20in%20the%20uk%202016-2019%20v3-converted.pdf

James, P. and Walters, D., 1999. Regulating Health and Safety at Work: The Way Forward, Institute of Employment Rights: Liverpool

James, P. and Walters, D., 2005. Regulating Health and Safety: An Agenda for Change? Institute of Employment Rights, Liverpool

James, P. and Walters, D., 2022. Work and Health: 50 Years of Regulatory Failure. Liverpool: IER

James, P. and Walters, D., 2024. Whither the HSW Act: Reflections on 50 years of the Health and Safety at work etc Act 1974, Occupational Health at Work, 21(2)19-23

James, P., 2021. HSE and Covid: A case of regulatory failure? Institute of Employment Rights Liverpool

Joseph Rowntree Foundation, 2020. Briefing: Poverty in Wales 2020 [viewed 16 June 2024]. Available from: https://www.jrf.org.uk/poverty-in-wales-2020#:~:text=What%20you%20need%20to%20know,the%20rest%20of%20the%20UK

Kreshpaj, B., Bodin, T., Wegman, D.H., Matilla-Santander, N., Burstrom, B., Kjellberg, K., Davis, L., Hemmingsson, T., Jonsson, J., Håkansta, C. and Orellana, C., 2022. Under-reporting of non-fatal occupational injuries among precarious and non-precarious workers in Sweden. Occupational and environmental medicine, 79(1), pp.3-9.

Lippel, K., and Quinlan, M., 2011. Regulation of psychosocial risk factors at work: An international overview [Editorial]. Safety Science, 49(4), 543 546. https://doi.org/10.1016/j.ssci.2010.09.015

MacKay, C. J., Cousins, R., Kelly, P. J., Lee, S., & McCaig, R. H. (2004). 'Management Standards' and work-related stress in the UK: policy background and science. Work & Stress, 18(2), 91–112. https://doi.org/10.1080/02678370410001727474

Marmot, M., 2015. The Health Gap: The Challenge of an Unequal World. London: Bloomsbury

Marmot, M., Allen, J., Boyce, T., Goldblatt, P. and Morrison, J., 2020. Health Equity in England: The Marmot Review 10 Years On. [viewed 18 November 2024]. Available at: https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on

Maslach, C., and Leiter. M. P., 2008. Early Predictors of Job Burnout and Engagement. Journal of Applied Psychology 93(3): 498-512. doi: 10.1037/0021-9010.93.3.498

Mills, C., 2021. Implementing the Socio-economic Duty: A review of evidence on socio-economic disadvantage and inequalities of outcome. Cardiff: Welsh Government, GSR report number 68/2021> [Viewed 08 October 2024]. Available at: https://gov.wales/evidence-review-socio-economic-disadvantage-and-inequalities-outcome

Mireia J., Vanroelen, C., Bosmans, K., Van Aerden K. and Benach, J. 2017. Precarious Employment and Quality of Employment in Relation to Health and Well-being in Europe, International Journal of Health Services, 47(3)

Morantz, A.D., 2017. What unions do for regulation. Annual Review of Law and Social Science, 13(1), pp.515-534.

Moretta, A., Tombs, S., Whyte, D., 2022. The Escalating Crisis of Health and Safety Law Enforcement in Great Britain: What Does Brexit Mean? Int. J. Environ. Res. Public Health, 19, 3134. https://doi.org/10.3390/ijerph19053134

Neis, B. and Lippel, K., 2019. Occupational Health and Safety and the Mobile Workforce: Insights From a Canadian Research Program. New Solutions: A Journal of Environmental and Occupational Health Policy, 29(3):297-316. doi:10.1177/1048291119876681

Office for National Statistics, 2023. Annual Population Survey Two-Year Longitudinal Dataset, January 2021 - December 2022. [data collection]. UK Data Service. SN: 9135, DOI: http://doi.org/10.5255/UKDA-SN-9135-1

Office for National Statistics, 2024. Quarterly Labour Force Survey, January - March, 2024. [data collection]. UK Data Service. SN: 9264, DOI: http://doi.org/10.5255/UKDA-SN-9264-1
Parker, C. and Nielsen, V.L. (eds) 2011. Explaining Compliance: Business Responses to Regulation. Edward Elgar, Cheltenham, United Kingdom, 1-33

Pearce, F. and Tombs, S., 1990. Ideology, Hegemony and Empiricism: Compliance Theories of Regulation. British Journal of Criminology, 30(4): 423–443

Peixoto Vale Gomes, L. and Poole, E.G., 2023. Labour market update for Wales [Accessed 25 November 2024]. Available from: https://www.cardiff.ac.uk/__data/assets/pdf_file/0007/2779882/20230920_Labour-Market_27oct.pdf

Prospect, 2023. HSE under pressure: A perfect storm London: Prospect New Prospect House, [viewed 08 October 2024]. Available from: https://library.prospect.org.uk/download/2023/00486

Public Health Wales, 2019. The Work and Employment Landscape in Wales 2019-30 (draft) [viewed 16 September 2024]. Available from: https://phw.nhs.wales/services-and-teams/healthy-working-wales/reports/the-work-and-employment-landscape-in-wales-2019-30-draft/

Public Health Wales, 2021. COVID-19 and employment changes in Wales: what we know about current and future impacts [viewed 16 September 2024] Available from: https://phw.nhs.wales/services-and-teams/wider-determinants-of-health-unit/good-fair-work/what-we-know-about-current-a-future-impacts1/

Public Health Wales, 2022. Briefing: The Rise in Economic Inactivity due to Ill Health [viewed 16 September 2024]. Available from: https://phw.nhs.wales/services-and-teams/healthy-working-wales/reports/the-rise-in-economic-inactivity-due-to-ill-health/

Quinlan, M. 2014. Precarity and Workplace Well-Being: A General Review, in Walters and Nichols (eds) Safety or Profit: International Studies in Governance, Change and the Work Environment, Baywood. New York

Raleigh, V. and Holmes J., 2021. The health of people from ethnic minority groups in England [Viewed 28 November 2024]. Available at: https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england

Tombs, S. and Whyte, D., 2007. Safety Crimes. Cullompton: Willan Publishing

Tombs, S., 2017. Social Protection After the Crises: Regulation Without Enforcement. Bristol: Polity Press

TUC, 2019. Insecure Work: Why the new PM must put decent work at the top of his to-do list. London: TUC.
TUC, 2023. Trade Union Health & Safety Reps Survey 2022 – 2023, Trades Union Congress, London. Available at:https://www.tuc.org.uk/sites/default/files/SafetyReps%20Survey22-23.pdf

Underhill, E. and Quinlan, M., 2011. How precarious employment affects health and safety at work: the case of temporary agency workers. Relations Industrielles/Industrial Relations, 66(3), pp.397-421.

Underhill, E., Lippel K. and Quinlan, M., 2011, Precarious work: recent research and policy challenges, Policy and Practice in Health and Safety, 9(2), 1-3

Vosko, L.F., 2020. Closing the enforcement gap: improving employment standards protections for people in precarious jobs. University of Toronto Press.

Wales Fiscal Analysis, 2023. Labour Market Update for Wales 2023, Cardiff University

Walters, D and Nichols T. 2007. Worker representation and workplace health and safety, Palgrave Macmillan Basingstoke.

Walters, D. 2016. Labour inspection and health and safety in the EU. HESA Magazine, 14: 12-17

Walters, D. and Wadsworth, E., 2021. Determinants of effective action on workplace safety and health in global companies—The case of global network container terminal operators. Marine Policy, 124, p.104374.

Walters, D. and Wadsworth, E., 2019. Participation in OSH in European Workplaces: Framing the capture of representation. Euro¬pean Journal of Industrial Relations, https://doi.org/10.1177/0959680119835670

Walters, D., Johnstone, R. and James, P., 2024. The challenge of improving work health and safety in global supply chains: Institutions and evidence of effectiveness. Economic and Industrial Democracy

Welsh Government, 2022. Well-being of Wales 2022 [viewed 19 November 2024]. Available from: https://www.gov.wales/wellbeing-wales-2022-more-equal-wales-html

Welsh Government, 2023. Adult General Health and Illness (National Survey for Wales): April 2022 to March 2023, GOV.WALES [Viewed 08 October 2024). Available at: https://www.gov.wales/adult-general-health-and-illness-national-survey-wales-april-2022-march-2023

Welsh Government, 2024. Wellbeing of Wales: 2024, GOV.WALES [Viewed 08 October 2024]. Available at: https://www.gov.wales/wellbeing-wales-2024

Welsh Government, 2024a. Business Register and Employment Survey: 2023 [Accessed 25 November 2024]. Available from: https://www.gov.wales/business-register-and-employment-survey-2023-html

Welsh Government, Fair Work Commission, 2019. Fair Work Wales: Report of the Fair Work Commission. Cardiff, Welsh Government [viewed 18 November 2024]. Available from: https://www.gov.wales/sites/default/files/publications/2019-05/fair-work-wales.pdf

Welsh Government. 2024b. Wellbeing of Wales: 2024, GOV.WALES [viewed 08 October 2024]. Available from: https://www.gov.wales/wellbeing-wales-2024

Wilkinson, R. and Picket, K. 2009. The Spirit Level: Why Equality is Better for Everyone. Penguin Books London

Windett, S.A., Bivand, P., Atay, A., Aleynikova, E. and Ahmed, J., 2023. The future of work: protected characteristics in a changing workplace. Learning and Work Institute

Young, J., 2023. CIPD Good Work Index 2023: Wales report. London: Chartered Institute of Personnel and Development

Annex 1

Sources of data on the structure and organisation of work and employment in Wales

As outlined in Chapter 2, there are many elements of the profile of work and employment which influence the ways in with work health and safety risks are regulated and managed and the outcomes that result. Information that may be important in explaining these outcomes and the support for securing compliance with regulatory standards for safe and healthy work in Wales might include, for example:

- Information on the overall structure and organisation of work and employment in Wales
- The employment rate - that is the proportion of people of employment age (16-64) who are in paid employment
- Analysis of work and employment by:
  - workplace size/firm size
  - occupation
  - sector
  - Workforce diversity by age; sex; ethnicity;
  - by type of employment contract e.g. full-time permanent contracts/ part -time temporary, zero hours contacts, self-employment; extent of homeworking, platform work other non-standard forms of employment contracts
  - pay and working conditions including measures of poverty while in employment
  - measures of job discretion/work intensity
  - measures of equality/inequality
  - trade union membership and activity

The profile of work and employment in Wales, as elsewhere, is not static. Indeed, its outstanding feature in most economies in recent decades has been that of increasingly rapid change. Therefore, an important element of description and analysis involves identifying trends of change over time and their possible effects on workers' health and safety. The consequences of these changes for the health

and well-being of the workers involved has been a source of recent concern. In particular, the apparent growth of non-standard forms of work and employment — such as zero hours contracts, platform work, algorithmic controls and so on — have both challenged the efficacy of traditional approaches to work regulation based around the contract of employment and, importantly in relation to the content of Chapter 2, they have also proved difficult to profile through the use of routine data.

A second comparison also useful in explaining work health and safety outcomes and the nature of support for regulatory compliance, is between patterns evident in the Welsh economy and those for the UK as a whole, as differences between the two may help to identify both examples of successful strategies in Wales and areas that may be of particular concern. Recent studies are important in these respects. They help contextualise current profiles with analysis of trends over time and in making comparisons, such as for example between sectors or areas in Wales and with the UK overall. Not least of these is the Report of the Fair Work Commission (2019). Although now some five years old, it provides a profile of the labour market in Wales, including detailed information on economic activity, the composition of employment, projections of change in employment, low pay, inequality, insecure and non-standard work as well as on trade unions, collective bargaining, worker voice and managerial support and so on. Its data is derived from the same Welsh Government sources as those referred to in the present report along with a number of further individual studies all of which are relevant to consideration of the evidence of work health and safety practice and its outcomes in Wales and the support for securing compliance with the regulatory standards to which they are subject.

Notwithstanding its limitations in terms of profiling some elements of change, sources of routine data on the nature and organisation of employment and the characteristic of the Welsh labour force are a starting point for the development of an understanding of the context of regulatory practice on work health and safety in Wales. Much of the data informing the outline in Chapter 2, can be found in the Welsh Government's Statistical Bulletins, which are mostly compilations of analysis of previously published data sets. In the case of work and employment, the data in the Bulletins is itself largely derived from the regularly undertaken UK-wide surveys like the Labour Force Survey. This runs quarterly and aims to provide information on the UK labour market. It is based on a sample of around 27 thousand private households in the UK and its results inform labour market policies. Each quarter's LFS sample of households is made up of 5 waves and each wave is interviewed in 5 successive quarters. The HSE estimates a yearly sample of an average of 1,350 respondents for Wales with around 60 to 70 respondents having a health condition that affect their work and around 20 having had work accidents resulting in injury. Analysis is based on three-year averages to mitigate the small sample size issues.

The Office for National Statistics has indicated issues with the sample size for LFS, resulting in a decrease in the robustness and reliability of data, particularly for Wales. It advises to exercise caution when analysing data and benchmark to previous years and they recommend considering data from the Annual Population Survey when analysing trends (Howarth, 2023). ONS are developing the Transformed Labour Force Survey which will rely on a larger sample size and online data gathering. Questions in the LFS include:

- Demographics questions (e.g. household members, age, gender, nationality, religion, language, social mobility, education and training)
- Wellbeing (satisfaction with life, happiness, anxiety)
- Participation in schemes/programmes
- Days/hours spent doing work in a week, employment pattern (e.g. shifts, zero hours), earnings, holiday pay, second jobs, looking for work, methods of looking for work.
- Industry, occupation, employment type, contract type and length
- Reasons for being in part time/temporary employment
- Working environment (e.g. working from home/remotely, area of work, travel to work, shift work)
- Sickness (days off because of sickness or injury, causes, length), accidents, illnesses and injuries at work, types.
- Career progression, control, job satisfaction, support, bullying, skills to do job, representation

A second source of data for the Welsh Government is the UK wide Annual Population Survey (APS). The APS uses the same core questionnaire as the Labour Force survey but has a larger sample (320,000). The APS combines data from 4 successive quarters of the Labour Force Survey with rolling-year data from the English, Welsh and Scottish Local Labour Force Survey. The APS data set is created by taking waves 1 and 5 from 4 successive quarters of the LFS to obtain an annually representative sample of around 80,000 households. The APS sample has been increased by three annual boost samples. Respondents to the annual boosts are interviewed four times at yearly intervals and approximately one quarter of the sample is replaced each year. Questions include:

- Region of work
- Whether job is permanent
- Reason for taking non-permanent job
- Reason for taking part time job
- Whether health problem affects the kind of paid work respondents might have done.

In addition, there are further sources of data available from more targeted surveys and other sources of relevant information in previously published studies, all of which may be relevant to understanding health and safety outcomes and support

for securing compliance with regulatory standards for safe and healthy work. For example, Understanding Society is a longitudinal survey with a sample of 40,000 households interviewed each year including Welsh households. Topics include employment histories and transitions, job satisfaction, commuting, working conditions, job security, flexible working, trade union membership and future job plans.

The Wales Institute of Social and Economic Research and Data Skills and Employment Survey aims to collect data on the skills and experiences of the UK working population. The 2023 Skills and Employment survey is currently running and expected to be completed in July 2025 (Felstead et al, 2019). Questions included:

- employment status, stability of hours worked, strain, tasks, emotions, satisfaction, sickness, things that cause anxiety at work
- skills and training
- demographics

The CIPD surveys around 5,000 workers across many industries and benchmark job quality in the UK. The CIPD Good Work index publishes a report focused on Wales. Findings include job satisfaction, relationships, health and wellbeing, financial wellbeing, autonomy, security and work/life balance.

Returning to the statistics published by the Welsh Government, there are monthly data bulletins on employment, unemployment and economic inactivity in Wales compared with the rest of the UK in its Labour Market Overview (headline results). Most of this data is derived from the Labour Force Survey but also includes some experimental statistics from HMRC's 'Pay As You Earn Real Time Information', on payrolled employees, mean pay, aggregate pay and single month estimates for median pay.

The most recent sources informing the present report included the Labour market statistics (Annual Population Survey): April 2023 to March 2024. One-off publications based on this data, also helpful, include, for example, People in employment who earn at least the real Living Wage (Annual Population Survey): 2012 to 2021 , which indicates the percentage of people in employment, who are on permanent contracts (or on temporary contracts, and not seeking permanent employment) who earn at least the real Living Wage for 2012 to 2021. In addition, the Business Register and Employment Survey (2023) presents employee and employment estimates by detailed geography and industry for 2023. While the Annual Survey of Hours and Earnings 2024 presents employee and employment estimates by detailed geography and industry. The survey provides information about the levels, distribution and make-up of earnings and hours worked for employees in all industries and occupations. It is further useful as a source of information on gender pay gaps in Wales. Also, of some relevance, is the Employer Skills Survey

Wales Report. This provides key information on employer demand for labour, skill deficiencies, levels of investment in training and workforce development by analysing the Employers Skills Survey results relating to Wales.

It is widely accepted that employment, pay and conditions are among the elements of a wider set of social and economic determinants of health in any population (Marmot, 2016). Broader sources of data on remuneration and other relevant socio-economic indicators are therefore also relevant to investigating the relationship between work and health. These sources might include for example, the Evidence Review: socio-economic disadvantage and inequalities of outcome 2020. It provides a general overview of the evidence in different areas related to socio-economic deprivation and a summary of key evidence relating to how socio-economic disadvantage affects the people of Wales, including those with protected characteristics as well as communities of place and interest. It highlights the intersectionality that is key when examining socio-economic deprivation and summarises the key inequalities of outcome that certain groups face, and it contains sections on work and on health.

Earlier (up to 2020) Regional economic and labour market profiles also provide data on various topics such as employment, economic inactivity, claimant count and earnings. And the Welsh economy in numbers dashboard also presents key economy and labour market indicators for Wales with comparisons against the other UK countries and regions. Other sources include a statistical bulletin on Modern Slavery provided by the Home Office which reports by the number of potential victims of modern slavery referred into the National Referral Mechanism or via the Duty to Notify process. The 2021 Census also includes data on economic activity, occupation, hours worked, industry and commute.

In addition to the above sources there are several further ad hoc, occasional or discontinued surveys and reports which contain relevant data. They include for example, the Deconstructing Unsafe Spaces by the Race Alliance Wales, an overview of how internal organisational culture impacts racialised people in office-based workplaces in Wales; and the Feminist Scorecard - published by Oxfam Cymru and the Women's Equality Network- that tracks the Welsh Government's actions to advance women's rights and gender equality.

Surveys of exposures to particular risks in the work environment are less frequent and participants in Wales are weakly represented. The European Working Conditions Survey includes questions on employment, job and contract type, health issues and exposure to hazards, stress, violence and harassment. The Workplace Employment Relations Survey (last run 2011) included analysis of an interview with the most senior manager with responsibility for employment relations, an interview with a worker representative (when present in the workplace), a worker questionnaire and financial performance questionnaire and provided information on how employment relations changed over time. Findings included information

on pay, training, work-life balance, health and safety (such as consultation and control) and job satisfaction and wellbeing. Similarly, the EU-OSHA European Survey of New and Emerging Risks (ESENER) – which has been repeated several times, does not publish findings by area of their location within the UK, only for the UK overall.

Other employer surveys focus on skills and development of the workforce (see for example the Employers Skills Survey and the now discontinued Employers Perspective Survey). The Management and Wellbeing Practices Survey (last run 2018) included a sample of 2,500 employers in the UK and focused on flexible working, shared parental leave and worker representation. The European Companies Survey working time arrangements and work–life balance at company level.

Since as already noted, paid work and its associated risks does not occur in isolation, information concerning social, environmental, and structural factors that affect health, well-being, and which may influence health inequalities, including that on finance, education, housing, social welfare, transportation and so on may be further relevant to the profile of work- related health in Wales and its regulation and management. There are a host of sources of such information. Cataloguing their extent and variety is beyond the remit of the present report, and we are restricted to acknowledging the potential importance of these sources and citing a few by way of example. For instance, research published by Wales Fiscal Analysis at the Wales Governance Centre, Cardiff University, which is supported by a consortium of sponsors including the Welsh Government, provides some independent relevant research on public finances, taxation, and public expenditures in Wales. Its most recent labour market update (Wales Fiscal Analysis, 2023) shows how the current economic climate remains difficult for Wales both as a result of local economic legacies and their exposure to wider UK and global economic influences and trends. Its analysis further points to the weakness of available data when studying the Welsh labour market. It notes that Wales is dependent on UK-wide data collection that often samples the nation as a region of England and Wales, rather than a separate statistical entity as it does with Scotland and Northern Ireland. It suggests this often results in under-sampling, which makes studying labour market trends at local authority level in Wales difficult (and in some cases impossible).

Measures of social and economic deprivation are also available in the Welsh Index of Multiple Deprivation, which provides a measure of relative deprivation for small areas in Wales. The most recent version is the WIMD 2019. It is based largely on administrative data, with a limited number of Census variables where appropriate administrative data are not available. Various indicators of deprivation that are consistent across Wales are grouped into domains (including income and employment, housing, physical environment, access to services, health, education and community safety) and scored and weighted to produce overall WIMD ranks.

Public Health Wales collects information through engagement surveys, a panel and an observatory, that gathers data and statistics to help inform policy, practice and future strategy. The observatory includes the Evidence Service that produces maps and rapid summaries on issues relating to health behaviours, infectious diseases but also wider determinants of health such as systematic reviews that focus on improvements to increase participation at work. It also contains Resources that offer guidance on the various data sources and methodologies and Data and Analysis that includes up to date dashboards and reports on physical and wellbeing outcomes. The Wales Public Health Rapid Overview Dashboard provides up to date information (updated monthly or fortnightly) across topics such as communicable disease, NHS ability to respond to pressures, health and wellbeing and wider determinants. These include real time information from PAYE and LFS such as pay growth rate, pay and inequality rate, employment, economic inactivity. In addition, The Wider Determinants of Health Unit looks at social, economic, environmental, and structural factors (including work) that affect health and well-being. It aims to influence those determinants by evidence and provision of resources. To that end it provides guidance to local and regional organisations in Wales as well as resources for employers, including commissioned research and reports. The Digital Health and Care Wales Information Delivery is the single point of access for health and care intelligence products and data, offering customised requests and published data. The annual Hospital Admissions Publications Tables holds publicly available records from Admitted Patient Care.

In short, there are a variety of published sources of routinely collected data concerning the structure and organisation of paid work in Wales and on relevant features of Welsh labour force which provide some useful context for understanding more specific information concerning the operation of regulatory rights and duties around work health and safety. However, as is often the case with routine data, largely because of the methods used to collect them, they are often not sufficiently sensitive to be useful as direct measures of the effects of change in work and employment contexts which have negative consequences for the (comparatively) small numbers of workers that may be negatively affected by them. Identifying such effects and the workers affected, is likely to require at very least, further analysis of existing sources, where for example, such data is analysed alongside variables on work health and safety outcomes or regulatory practices and statistically significant associations discovered. Or it requires a combination of such analysis with that of specially designed surveys or studies to explore causation more reliably as well as to identify possible remedies to problems this revealed.

Annex 2

Sources of conventional work health and safety data

This Annex outlines the main institutional sources of published data on occupational health and safety outcomes, arrangements for managing risks to safety and health, and support for securing compliance with regulatory standards.

Data from the regulator

The Health and Safety Executive

The principal source of data on work health and safety outcomes and support for securing regulatory compliance in the UK is the state body primarily responsible for oversight of work health and safety regulation in the UK — the Health and Safety Executive.

Health and safety at work has been the subject of state regulation since the early part of the 19th century when concerns over the toll of deaths and injuries, initially for women and children working in mines and textiles factories, led to legislative intervention and the creation of small regulatory inspectorates charged with securing compliance with its requirements — most notably HM Factory Inspectorate and the HM Mines Inspectorate. Since then, regulatory duties have been gradually extended in a piecemeal fashion to other forms and places of work and regulatory inspectorates expanded and multiplied.

By the 1960s it was widely acknowledged that such piecemeal development had created a complex mass of requirements and an unwieldly and an inadequately coordinated state apparatus to monitor and ensure compliance. In response to this situation, in 1970, an outgoing Labour Government set up an inquiry into safety and health at work — the so-called, Robens Committee, chaired by Lord Alfred Robens. The Report of the inquiry, published in 1972, called for major reform (Robens, 1972) and is widely seen as heralding the modern era of work health and safety regulation in the UK, with the introduction of the Health and Safety at Work Act 1974, which, some 50 years on, still forms the basis of British regulatory provision for health and safety at work.

Included in the 1974 Act were provisions creating a unified regulatory administration — the Health and Safety Executive, under the aegis of a tripartite body — the Health and Safety Commission, which reported to a single government department — at the time, the Department of Employment and Productivity. It was charged with the administration of regulation of health and safety for all workers and employers in the UK.[8] It brought together the various formerly separately administered inspectorates, along with their research and information provision responsibilities and facilities, including those for administering the reporting of health and safety outcomes resulting from requirements placed on duty holders (normally employers) to report certain forms of work-related injuries, ill-health and fatalities. But reporting levels were recognised to vary between sectors, with significant levels of under-reporting estimated to occur in some. The requirements were replaced with regulations (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations - RIDDOR), made under the Act, updating previous regulatory requirements. Subsequently these regulations have been periodically revised, in efforts to make their requirements more relevant or inclusive (with the latest revisions in RIDDOR in 2013). But issues of under-reporting remain (Health and Safety Executive, 2007).

In addition to inspectorates administered by the state, local authorities also have some delegated enforcement powers in relation to work health and safety – mostly in premises considered 'low risk' like offices and shops and some catering premises. These are added to their regulatory functions in relation to public health (such as food hygiene and sanitation regulation) for these premises and undertaken by inspectors of local authority Environmental Health Departments. Nowadays, some 380 local authorities are the main enforcing authorities for retail, wholesale distribution and warehousing, hotel and catering premises, offices, and the consumer/leisure industries. They provide data annually to HSE on their health and safety intervention, enforcement and prosecution activities, which the HSE incorporates in its published material. Some small specialist inspectorates have subsequently separated from the HSE (such as the Railways inspectorate and the Nuclear Installations Inspectorate for example), but it remains the primary regulatory authority for work health and safety in the UK. While LAs continue to share enforcement powers in relation to low risk premises (the nature of which has been extended in recent years), they act in liaison with it and under its overall authority.

a) Outcomes data

Nowadays, HSE publishes a range of statistics on workplace ill health and injury, days lost due to ill health or incidents and conditions and management of work. Its main sources for this information are derived from the requirements of:

[8] Only domestic servants in private employment were excluded.

i) the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. The long-standing acknowledgement of under-reporting under these regulations meant that their evidence was further supported by data on claims for benefits for time off following a work-related incident, and later by self-reported data on time off as a result of health conditions arising from or made worse by work and reported in:

a. the Labour Force Survey run by the Office for National Statistics with the HSE commissioning questions that assess perceptions of workplace injury and ill health. In particular, the HSE reports on the prevalence and incidence of illness (musculoskeletal disorders, stress, depression or anxiety), working days lost and days lost per worker/case, for people working in the last 12 months (annual, three-year average). These results are further broken down by age, country and region of residence, industry, occupation, workplace size and how caused or made worse by work. They also report on incidence, over three- and seven-days absence, working days lost and days lost per worker/case (annual - for people working in the last 12 months). These results are further broken down by kind of accident, nature of injury, country and region of residence, age and gender, industry, occupation and workplace size.

The occupational health elements of this data are further supported by:
b. various schemes to report forms of occupationally related ill-health – such as the Health and Occupation Research network in General Practice which collects data from GPs with training in occupational medicine

ii) Further support includes data gathered from:

a. new cases applying for ill health assessed for disablement benefit and
b. Death Certificates related to occupational health.

iii) Recent HSE reports also refer to data from the Crime Survey for England and Wales (CSEW) on work related violence, although there is currently no analysis specifically for Wales.

While the LFS is widely used as a source of data to inform and monitor policy, ONS has drawn attention to concerns about reliability resulting from falling response rates. It is not clear how these might affect reliability of work health and safety data, but the ONS cautions need to be borne in mind.[9]

b) Enforcement data

As well as reporting data on injuries fatalities and forms of work-related ill-health, the HSE also publishes records of its enforcement activities and those of the environmental health departments of local authorities, to which it delegates enforcement in low-risk premises.

[9] https://commonslibrary.parliament.uk/has-labour-market-data-become-less-reliable/

In its Annual Reports HSE includes the key figures for UK based on its analysis of data from both these sources. It also publishes ad-hoc comparative analyses of performance trends. These include reports on performance in Wales, in which some qualified comparisons are made with that for the UK as a whole (see the following section for further details). It further documents enforcement notices and prosecutions in the register of convictions and notices with information on the type of notice, company, date, industry. Previously it had published detailed compilations of the number of different types of inspections, enforcement actions and prosecutions in its Annual Reports. Nowadays this information is restricted to headline figures that are summarised in a single table (see also the following section for further details).

In addition to the material they supply to the HSE and included in the statistics it publishes, health and safety enforcement returns of Local Authority Environmental Health Departments are separately available (Health and Safety Executive, 2023). In Wales as elsewhere, some LAs co-operate with each other and across subject areas of enforcement responsibilities.[10]

Sources of data on work health and safety management

As discussed in the previous chapter, changes that have taken place in the structure and organisation of work and the labour market in advanced economies generally have led to significant shifts in the risk profile of current work arrangements. While the consequences of these changes for work health and safety outcomes are still mostly captured by the routine reporting outlined in the previous section, their extent and scale of their effects have also been measured through more focused surveys and studies of the work environment and health and safety management. Information on the operation of WHS management practice is obviously of critical importance as it both determines WHS outcomes and is the primary focus of support for securing compliance with the principle and process-based requirements of current WHS regulatory measures. None of these surveys specifically or exclusively target the Welsh economy, but their findings may be nevertheless relevant to the profiling of WHS in Wales.

a) The European Foundation for Living and Working Conditions (EuroFound), European Working Conditions Survey

The latest European Working Conditions 2021 survey (Eurofound, 2024a) ran across 37 countries and had a total sample of 71,758 respondents. From those 2,134 came from the UK. The survey asks questions about:

[10] For example, the Shared Regulatory Service (SRS) administers Environmental Health, Trading Standards and Licensing functions on behalf of Bridgend County Borough Council, City of Cardiff Council and the Vale of Glamorgan Council. It is also responsible for health and safety complaints and advice as well as compliance and enforcement activities. It runs a survey that assesses inspection visits, information and advice given on health and safety and whether visit improved practices and compliance.

- employment type
- site of work, number of employees, commuting time, hours of work, renumeration
- work restructuring
- exposure to hazardous conditions, work/life balance, job characteristics, training, discrimination, health and safety, days lost due to accidents or ill health at work, bullying and harassment at work
- demographics

The survey for 2021 did not identify the region of the UK in which respondents lived, however the 2015 results show a sample of 90 for Wales (Eurofound, 2024b).

b) Experience of health and safety arrangements and management — The European Union Occupational Safety and Health's (EU-OSHA) European Survey of New and Emerging Risks (ESENER)

Another Europe-wide survey that included the UK is EU-OSHA's ESENER. Repeated four times since 2009, ESENER looks at how European workplaces manage safety and health risks in practice by participating in a questionnaire administered to businesses and organisations across Europe. In each establishment surveyed, 'the person who knows best about the way safety and health risks are managed at their workplace' is interviewed.

Questions focus on:

- General safety and health risks in the workplace and how they are managed
- Psychosocial risks, such as stress, bullying and harassment
- Drivers of and barriers to OSH management
- Worker participation in safety and health practices.

Results are complemented by secondary analyses involving a series of in-depth studies that focus on specific topics. There were 2,251 responses from the UK in the 3rd ESENER published in 2020 (European Agency for Safety and Health at Work, 2020). The results of the 4th ESENER are due to be publicised in 2025.

c) The TUC Trade Union Health and Safety Reps Survey:

Every two years the TUC administers a UK wide on-line survey of trade union health and safety representatives about their experiences of work health and safety. In 2022/23 it conducted the 14th of these surveys and received replies from 3,046 respondents, one third of which were women. 90% of the respondents were white and around 20% considered themselves disabled. One in five were over 60. The majority were employed in the public sector. The largest group of respondents worked in 'other services' (19%); with 13% in transport and 12% each in education

and health services. Only 10% were from manufacturing, 9% each were from distribution and local government and 6% were employed in central government. A higher proportion of respondents worked in larger establishments with one third from those with over one thousand employees. 21% came from workplaces with fewer than 100 workers.

Data relevant to regulatory practice in relation to work and health from other labour market enforcement agencies

Efforts have been made in recent years to ensure conventional sources of data are inclusive of health and safety outcomes that may occur in current forms of work and employment as well as to ensure that efforts to monitor and secure compliance with regulatory standards in these situations are appropriate. Despite these efforts however, considerable challenges remain for the comprehensiveness of reported data, and particularly in a rapidly changing economy, the extent to which published data captures a more holistic perspective of the relationship between work and health and the factors affecting this as well as the extent of efforts to secure compliance with regulatory standards in respect of this broader understanding.

Data collection relies on the visibility of its subjects. A number of the features of the structure and organisation of modern work and employment may act to obscure this. For example, informal and other non-standard employment practices often mean that workers involved may go unnoticed by any of the official means of registering their presence. Similarly, firm-size and life-span may be too small or short lived to register in official reporting systems. Visibility may be further reduced by conscious efforts to avoid disclosure for various reasons. Work practices may also result in a host of health effects that are either not detected by current reporting systems, or for which preventive arrangements for safety and health are not acknowledged to be relevant because such health effects are not seen to be sufficiently 'work-related'. Even where hazardous exposures are acknowledged, the latency of their health effects may be too long to establish a reliable connection to work. In all these cases and many others, additional sources of data may be useful to enhance the picture provided by conventional health and safety reporting systems.

Many such situations are either difficult to reach or beyond the jurisdiction of the main regulatory agencies for health and safety. However, some of the employment practices with which they are associated do fall within the regulatory oversight of several labour market regulatory agencies that are also represented on the Welsh Government's Workplace Rights and Responsibilities Forum (WRRF). The nature of

these agencies, and the non-standard forms of work and employment, in relation to which, they seek to support compliance with regulatory standards, mean that they often do not produce routine or comprehensive data. Nor do they publish much analysis by country or region. For others, work health and safety may be tangential to their primary interests and functions. Nevertheless, they all may be both sources of relevant information and in need of sharing further information themselves. In the examples that follow, reports and other publications produced by such agencies and organisations represented on the WRRF, present useful perspectives on work health and safety in non-standard work and employment contexts and on the challenges of securing compliance with regulatory standards in such circumstances. Although mostly concerned with UK-wide experience, the situations they describe are relevant to the Welsh economy too.

a) The Gangmasters and Labour Abuse Authority

GLAA is a Non-Departmental Public Body governed by an independent Board and Chair appointed by the Home Secretary that was set up in 2005 in the wake of the 2004 Morecambe Bay cockle pickers' disaster, by the Gangmasters (Licencing) Act 2004. It investigates circumstances where there is a risk of worker exploitation by gathering intelligence and working with police, government departments, and other enforcement agencies to target, dismantle and disrupt serious and organised crime across the UK labour market. The 2004 Act established four specific offences:

- Operating as a gangmaster without a licence
- Obtaining or possessing a false licence or false documentation likely to cause another person to believe that a person acting as a gangmaster is licensed
- Entering into arrangements/using an unlicensed gangmaster
- Obstructing enforcement officers/compliance officers exercising their functions under the Act

The Immigration Act 2016 introduced Labour Market Enforcement Undertakings and Labour Market Enforcement Orders which can be used as an alternative or additional sanction for breaches of labour market legislation. The first Labour Market Enforcement Orders in the UK was issued following a GLAA investigation. The GLAA carries out investigations of worker exploitation based on intelligence received from its own inspections and from the public and its partner organisations (including the police and the National Crime Agency). It's Labour Abuse Prevention Officers have powers under the Police and Criminal Evidence Act to investigate labour market offences, including the forced or compulsory labour element of modern slavery, across England and Wales. They inspect and licence businesses who provide casual/temporary workers to the agriculture, horticulture, shellfish gathering and processing and packaging supply chain. Its website holds annual information on inspections and convictions and a performance summary can be found in its latest annual report and accounts (1 April 2021 to 31 March 2022, UK wide).

The GLAA also participates in the Joint Slavery and Trafficking Analysis Centre, which was set up in April 2017 and made up of analysts from the National Crime Agency, police, Border Force, Immigration Enforcement HM Revenue and Customs as well as the GLAA. The purpose of the centre is to provide intelligence analysis to assess the threat posed by modern slavery, and to support an increased operational response to it. Additionally, the GLAA engages through two liaison groups (one aimed at business, the other at workers and their representatives) as well as running webinars and issuing subject briefs on topical issues. Also, in collaboration with the Skills and Education Group, Nottingham Rights Lab and Boston College they have brought a level 1 qualification in workers' rights onto the UK curriculum. Lastly, the Modern Slavery Information Network is led by businesses in food and agriculture and was set up to share intelligence to help disrupt modern slavery and labour exploitation within the UK. It is supported by the GLAA and the Information Commissioner's Office (ICO).

The Immigration Act 2016 also created the position of Director of Labour Market Enforcement (see further below) which provides strategic direction for organisations regulating the UK labour market: including the GLAA, but also the HM revenue and Customs National Minimum Wage Unit and the Employment Agency Standards Inspectorate (see further on both below). Government intentions to merge these authorities have been mooted several times in recent years to increase co-operation and coordination, but currently they remain separate.

b) Director of Labour Market Enforcement

The aim of the Director of Labour Market Enforcement is to assess the extent of labour exploitation and prioritise labour market enforcement. The DLME does not release regular information, such as intelligence gathered from longitudinal surveys or official statistics. Instead, it releases annual reports and strategies outlining the industries mostly at risk and priorities to tackle non-compliance, in matters that are also relevant to work health and safety. In the latest published strategy for 2023-2024 (Director of Labour Market Enforcement Margaret Beels, 2023) it is mentioned that data and intelligence enforcement bodies receive from a variety of sources (e.g. other enforcement bodies, complaints from workers) feed into risk modelling to prioritise and target compliance and enforcement activity. The ODLME aims to identify sources of information currently underutilised (e.g. official, commercial and survey data) and use it to expand the evidence base for the three regulatory bodies within its remit, whilst also encouraging sharing of intelligence and resources to improve the radar picture. Third party information (e.g. from unions) can also be utilised to inform future strategies so there are efforts to improve the quality and quantity of that information. Additionally, the DLME Information Hub works towards learning from compliance and enforcement interventions by measuring their impact and sharing good practice.

c) The Employment Agency Standards Inspectorate

Located within the Department for Business and Trade the EAS is the government regulator for the private recruitment sector, regulating all employment agencies and employment businesses that provide work-finding services in Great Britain. It is responsible for seeking compliance with specified minimum standards by the Employment Agencies Act 1973 and The Conduct of Employment Agencies and Employment Businesses Regulations 2003 (as amended). The regulator holds information on non-compliance (such as non-payment complaints or agencies charging fees to secure employment) and publicise basic information on industry non-compliance and enforcement broken down by nation. Workers that need to make a complaint are advised to contact ACAS which can then put them in touch with an EAS inspector.[11]

d) HM Revenues and Customs

HMRC is the UK's tax, payments and customs authority, established in 2005 to replace the Inland Revenue and Customs and Excise. Its main purpose is to collect money for public services through taxes. Businesses must register with HMRC as soon as they start trading and complete a Self-Assessment tax return each year. HMRC processes data on members of the public, customers and clients, businesses, service providers, complainants, offenders and employees. They collect and use certain personal information such as income, employment and business activities. Occasionally, that information can be used for the detection and prosecution of criminal activities. Data can be shared with third parties, such as other government departments, public authorities and law enforcement agencies both in the UK and overseas.

HMRC is also responsible for the enforcement of the National Minimum Wage, the minimum pay, per hour, almost all workers in the UK are entitled to. HMRC officers have the right to carry out checks, see payment records and investigate employers if a worker complains to them. The Individuals and Small Business Compliance department manages compliance risks across all main taxes and duties, leads on work tackling hidden economy, facilitating international trade and enforcing NMW. The Knowledge, Analysis and Intelligence department provides analysis, research and statistics to inform policy, operational decision-making, and cross-government analysis. Some of the research is relevant to the work environment, e.g. research on contract trends in the UK labour market, investigations on employment status and on NMW compliance in the social care sector.[12]

[11] The EAS Inspectorate also presented at workshops hosted by Food Skills Cymru in partnership with Welsh Government aimed at safeguarding workers' rights in the food and drink sector in Wales.

[12] The HMRC NMW undertakes a Geographic Compliance Approach campaign, targeting locations with the highest percentage of underpaid workers. It includes contacting businesses when there is information of non-compliance, contacting workers to encourage them to make complaints to HMRC or ACAS and offering employer support on NMW compliance. Through this, it encourages businesses to use a self-correct system. It also offers minimum wage compliance 'health checks'. And it works with NGOs such as Citizens Advice and the Refugee Council, to deliver awareness sessions for community workers and refugees.

e) The Equality and Human Rights Commission

The EHRC is responsible for the promotion and enforcement of equality and non-discrimination laws in England, Scotland and Wales. Its Equality and Human Rights Monitor reviews performance nationally and the Commission regulate the public sector equality duty. It also offers guidelines for employers on how to avoid discrimination in the workplace, gender gap reporting, how to prevent sexual harassment at work as well as information on the Public Sector Equality Duty for the public sector.

To ensure compliance, it gathers intelligence from national and local bodies, it partners with other organisations to promote awareness, and assesses and serves compliance notices or institute judicial review proceedings. It also publishes a list of the companies that refuse to report their gender pay gap on a yearly basis. The Commission carries out research and publishes reports on fair work on its website. Some are published on a regular basis (see below "Is Wales Fairer" report) while others are one-off reports on particular sectors of employment. Some specifically address fair work experience in Wales.

Its ' Is Wales Fairer? 'report is a review of equality and human rights carried out by analysis of publicly available statistics, and reporting of outcomes for those with protected characteristics. It suggests that more effort should be made to address issues around insecure employment and different treatment at work because of gender, disability and ethnicity. Findings also show that none of the public authorities monitored are fully compliant with the Public Sector Equality Duty Regulations 2011 and recommends that the Welsh Government should work towards clarifying regulations and monitor progress towards meeting compliance and use the Public Procurement Act to address any inequalities. It has also published a report on the experiences of low paid ethnic minorities workers on health and social care, using information from published data (such as the Skills for Care workforce data, NHS England workforce data, NHS England and Wales staff surveys and the Labour Force Survey), in-depth interviews with stakeholders, an online call for evidence and focus groups and interviews with workers.

f) Care Inspectorate Wales

Although not part of the WRRF, the Care Inspectorate have regulatory and enforcement powers for care homes, residential family centres, day cares and childminders etc. They work with other regulators and relevant agencies to share information and take coordinated enforcement action. In its latest annual report, the Inspectorate raises concerns relating to the impact caused by the lack of care staff and the increasing use of agency staff on the continuity and quality of care of both adult and children services. Labour shortages can lead to labour exploitation in the sector so the inspectorate cooperates with bodies such as the

police and GLAA to ensure compliance and offers advice and information on the checks it expects care providers to carry out to ensure that agency workers are not victims of modern slavery (see for example how concerns raised about Indian student working in care homes in Wales led to an investigation and a Slavery and Trafficking Risk Order).

Further sources

a) Public Health Wales

As outlined in Chapter 2, Public Health Wales is a further major source of information on the health of the Welsh population and what determines it. As noted there, its Wider Determinants of Health Unit looks at social, economic, environmental, and structural factors (including fair work) that affect health and well-being and produces ad hoc reports on work and working conditions as determinants of health. These may provide additional useful material that is helpful when addressing wider and more holistic understandings of WHS.

b) Other reports and ad hoc surveys

Some other sources of further information that may be relevant to work health and safety practices, outcomes and approaches to securing regulatory compliance in Wales and the UK have been referred to in writing this report. Mostly they are ad-hoc surveys or studies focusing on particular elements – see for example, the Freedom From Fear survey results show that there is a need for an effective strategy to ensure that shopworkers are protected from violence and crime. The Fairer Winds, Workers' Rights in the Age of Transition report also asks for a long-term industrial strategy to deliver good quality, local jobs during the UK transition to net zero. Additionally, the Resolution Foundation's report on weaknesses in enforcement of labour regulation in the UK (Enforce For Good) , the Modern Slavery and Human Rights report on labour exploitation in agriculture (UK agriculture and care visas) and labour trafficking (Home grown slavery: ending state sponsored trafficking), reveal widespread weaknesses in regulatory practices and recommend greater co-operation between regulatory agencies.

References Annex 1 and Annex 2

Director of Labour Market Enforcement Margaret Beels, 2023. United Kingdom Labour Market Enforcement Strategy 2023/24 [Viewed 19 September 2024]. Available at: https://assets.publishing.service.gov.uk/media/65324da6e839fd001486724f/uk_labour_market_enforcement_strategy_2023_2024_accessible_version.pdf

Eurofound. (2024a). European Working Conditions Telephone Survey, 2021. [data collection]. 3rd Edition. UK Data Service. SN: 9026, DOI: http://doi.org/10.5255/UKDA-SN-9026-3

Eurofound. (2024b). European Working Conditions Survey, 2015. [data collection]. 4th Edition. UK Data Service. SN: 8098, DOI: http://doi.org/10.5255/UKDA-SN-8098-5

European Agency for Safety and Health at Work, Kantar Public. (2020). Third European Survey of Enterprises on New and Emerging Risks, 2019. [data collection]. UK Data Service. SN: 8690, DOI: http://doi.org/10.5255/UKDA-SN-8690-1

Fair Work Commission, 2019. Fair Work Wales: Report of the Fair Work Commission. Cardiff, Welsh Government [viewed 18 November 2024]. Available from: https://www.gov.wales/sites/default/files/publications/2019-05/fair-work-wales.pdf

Felstead, A., Gallie, D., Green, F., Henseke, G., (2019). Skills and Employment Survey, 2017. [data collection]. UK Data Service. SN: 8581, DOI: http://doi.org/10.5255/UKDA-SN-8581-1

Health and Safety Executive, 2023. LA intervention and enforcement activity [viewed 20 June 2024]. Available from https://www.hse.gov.uk/lau/enforcement-lae1-returns.htm

Health and Safety Executive, 2007. An investigation of reporting of workplace accidents under RIDDOR using the Merseyside Accident Information Model. Research Report, RR 528 [viewed 28 November 2024]. https://www.hse.gov.uk/Research/rrhtm/rr528.htm

Howarth, S., 2023. Chief Statistician's update: understanding the labour market in Wales [viewed 19 August 2024]. Available from: https://www.equalityhumanrights.com/our-work/equality-and-human-rights-monitor/equality-and-human-rights-monitor-2023-wales-fairer

Marmot, M., 2016. The Health Gap: The Challenge of an Unequal World, London: Bloomsbury Publishing

Robens, A., 1972. Report of the Committee on Safety and Health at Work. Command Paper 5034. London: HMSO

Wales Fiscal Analysis, 2023. Labour Market Update for Wales 2023, Cardiff University

Annex 3

Research Instruments

The Wales Regulatory Rights Forum (WRRF) aims to gather data on work health and safety, sharing information between its members and working towards developing a sound evidence base, in order to contribute to an improved collective understanding of levels of compliance on work health and safety across the labour market in Wales. It has reasoned that taking such an evidence led approach will help:

- improve the current fragmented and anecdotal character of its knowledge;
- identify where risks of non-compliance and exploitation are greatest;
- enable a better understanding of the balance between deliberate non-compliance and more technical or less serious breaches of regulation; and
- help guide support for securing compliance and appropriate enforcement activity.

In support of these aims, the present research has reviewed the publicly available sources of data and what they say about work health and safety and its regulation in Wales. It is now seeking to supplement this knowledge through a dialogue with key informants, whose organisations take part in the WRRF. Findings from the work so far, suggest that the following broad themes are common to the interests of all these organisations. However, they are filtered through the particular experiences and contexts that are determined by their activities. Taking account of this implies some variation in the focus, structure and content of the dialogue that is sought in each case.

Overarching themes

Work health and safety issues and change - challenges for the knowledge base
What does the informant understand to be the main work health and safety (WHS) issues in Wales? How do they see changes in the structure and organisation of work and employment impacting on the WHS risk profile in the labour market in Wales? What do they regard as the key emergent risks as a consequence of these changes? Who in Wales is more susceptible to these risks?

Challenges for the collection and recording of data

What are the main strengths and weaknesses of the current knowledge base on these issues. How could weaknesses be addressed – (a. by the informant's organisation; b. by others)?

The role of regulatory rights and securing compliance in supporting improved WHS practice and outcomes

What does the informant understand to be the role of regulatory rights in securing better work health and safety practice and outcomes in Wales. What are the challenges for securing compliance with regulatory standards on WHS in the face of changes occurring in the structure, organisation and control of work and employment?

How could improvements in data collection, analysis and dissemination help address these challenges? What changes do they anticipate on how regulators engage with businesses to ensure compliance?

Current practice on recording and using data to support improved WHS practice and outcomes

How does the informant's organisation record data on their actions to secure compliance? What uses do they or others currently make of this data? What are the main trends in the way they have recorded and used data in the past decade. How do these trends address change? Are there gaps? What are they? - How could recorded data be made more useful? Are there any groups or workers harder to reach? Is there scope to replace current practices with new e.g. use of technologies such as AI?

Cooperating with other organisations — sharing data to support improved WHS practice and outcomes

What might be the benefits of more cooperation with other stakeholders?

What kind of co-operative arrangements do they have for sharing WHS with other organisations involved with WHS issues? Are they useful? How might they be made more useful? What are the barriers of sharing data with other organisations involved with WHS issues? What are the benefits of the WRRF and how could the forum be used as a way of sharing information to improve compliance with WHS standards and achieve better WHS practices and outcomes.

Os hoffech fersiwn Cymraeg o'r ddogfen hon, cysylltwch os gwelwch yn dda efo TUC Cymru i ymholi.

If you require a Welsh language version of this document, please contact TUC Cymru to request