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Workplace health connect in rural areas

Prepared by the **Institute of Rural Health**
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Workplace health connect in rural areas

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This report presents the findings of a study conducted by the Institute of Rural Health with funding from the Health and Safety Executive.

The purpose of the study was to provide evidence to ensure that the needs of employers and employees in rural areas are incorporated into any future planning for the Workplace Health Connect service.

The report identifies and maps the rural areas of the UK; identifies the key sectors of employment in the rural areas of the UK, and the main occupational health, safety, and return-to-work issues facing those sectors; identifies the support services that currently exist in rural areas and how best use can be made of them; investigates what occupational health and safety approaches work well in rural areas; and identifies the type of background, skills, qualifications, and communication approaches that the Workplace Health Connect staff should have in order for the service to be able to operate effectively in rural areas of the UK.

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INTRODUCTION

This is the Executive Summary of a study conducted to provide evidence to ensure that the needs of employers and employees in rural areas are incorporated into any future planning for the Workplace Health Connect service, set up in partnership with the HSE.

The study was conducted by the Institute of Rural Health with funding from the Health & Safety Executive, and describes the rural context in terms of employment sectors, health and safety issues and return-to-work issues, and the type of occupational health and safety approaches which work well in rural areas.

BACKGROUND

Workplace Health Connect was set up in partnership with the Health & Safety Executive (HSE) and is based around an Adviceline and website, supported by a website and five regional problem solving service pathfinders. Workplace Health Connect is a confidential service designed to give free, practical advice on workplace health, safety and return-to-work issues, to smaller businesses (with 5 to 250 workers) in England and Wales. The Workplace Health Connect programme intends to offer a holistic approach to occupational health, safety and return-to-work support. The initial phase of Workplace Health Connect began in late February 2006, and will run for two years.

Whilst a small number of rural areas are covered within Workplace Health Connect pathfinder areas, such rural areas appear to be covered by incidence of geography rather than by design. In addition to this, Workplace Health Connect is targeting its advice and support at SMEs (Small and Medium Enterprises) with between 5 and 250 employees, but many small rural businesses employ fewer than five people.

It was for this reason, therefore, that the IRH was keen to support the aims of Workplace Health Connect by providing additional evidence to ensure the needs of employers and employees in rural areas are incorporated into any future planning by describing the rural context in terms of employment sectors, and occupational health and safety issues and return-to-work issues.

OBJECTIVES OF STUDY

There were four key objectives of the study:

1. Identify and map the rural areas of the UK.

2. Identify the key sectors of employment in the rural areas of the UK, and the main occupational health, safety, and return-to-work issues facing those sectors.

3. Identify the support services that currently exist in rural areas and how best use can be made of them. Investigate what occupational health and safety approaches work well in rural areas.

4. Identify the type of background, skills, qualifications, and communication approaches that the Workplace Health Connect staff should have in order to effectively operate in rural areas of the UK.

These objectives were achieved through using the new Urban Rural Classification for England and Wales and the Scottish Executive Urban Rural Classification to identify and map rural areas of the UK; using Office for National Statistics and Scottish Executive statistical information to identify the key sectors of employment in rural areas of the UK; conducting a literature review to establish the main occupational health, safety, and return-to-work issues facing those sectors; carrying out telephone interviews with representatives of Small & Medium Enterprises and key national organisations to identify the support services that currently exist in rural areas and how best use can be made of them, investigate what occupational health and safety approaches work well in rural areas, and identify the type of background, skills, qualifications, and communication approaches that the Workplace Health Connect staff should have in order to effectively operate in rural areas of the UK.

IDENTIFYING AND MAPPING THE RURAL AREAS OF THE UK

England and Wales

In 2002 a review of urban and rural definitions highlighted that different classifications were based upon different criteria, and therefore failed to describe rural areas satisfactorily. A project was established to produce a harmonised and consistent classification of both urban and rural areas for England and Wales, intended to encourage common standards of statistical analysis and a consistent approach to the presentation of data. The new classification is a settlement-based approach, and was developed using two measurement criteria: settlement form (morphology), and sparsity (context).

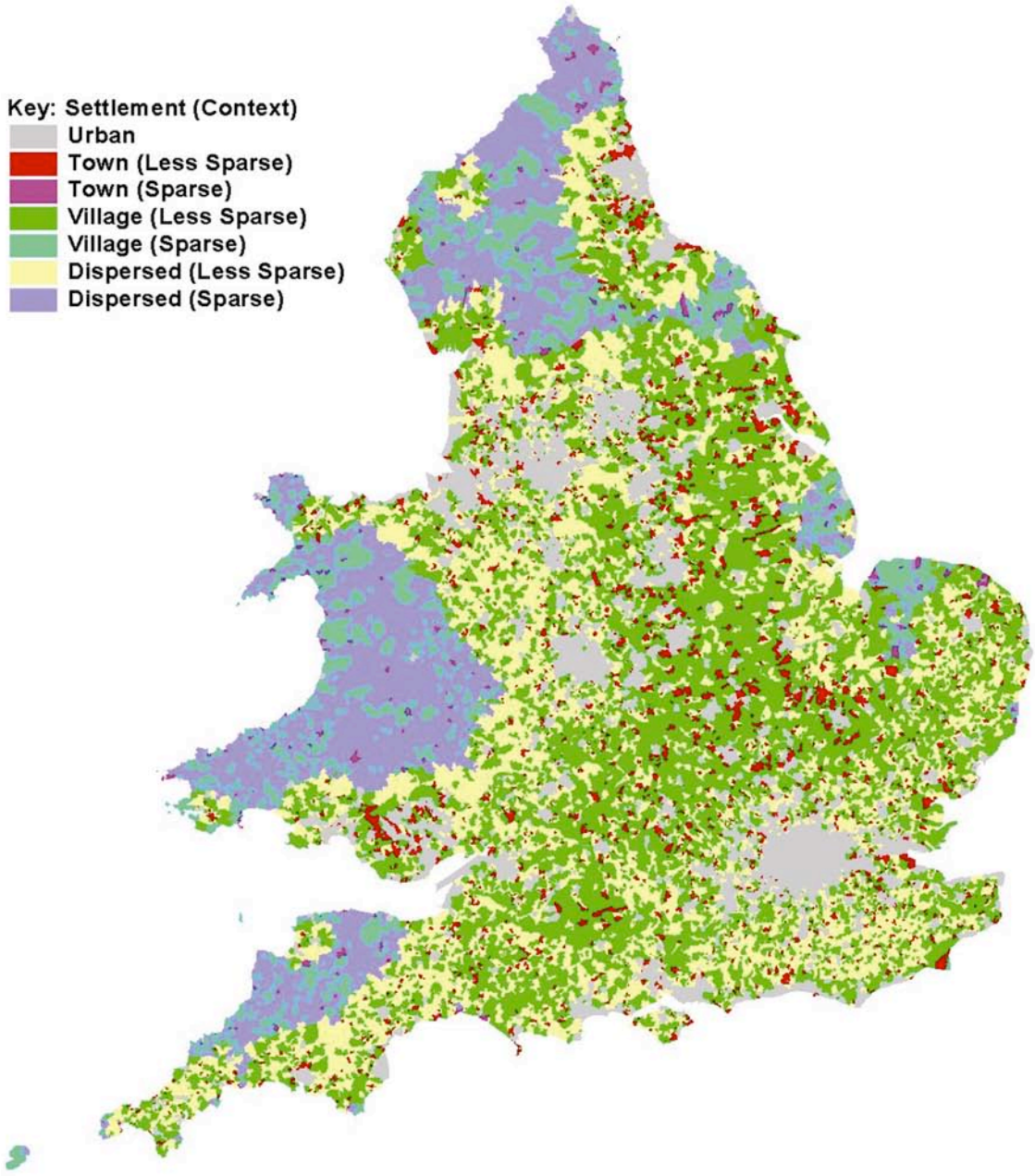
Figure 1 below shows the Urban Rural Classification applied to a map of Census Output Areas for England and Wales.

Scotland

The Scottish Executive Urban Rural Classification (previously entitled the Scottish Household Survey Urban Rural Classification) was first released in 2000, and has since been updated, with the latest version being published in 2003-04. Like the England and Wales classification, the intention behind the Scottish Executive Urban Rural Classification was to provide a consistent method of defining urban and rural areas.

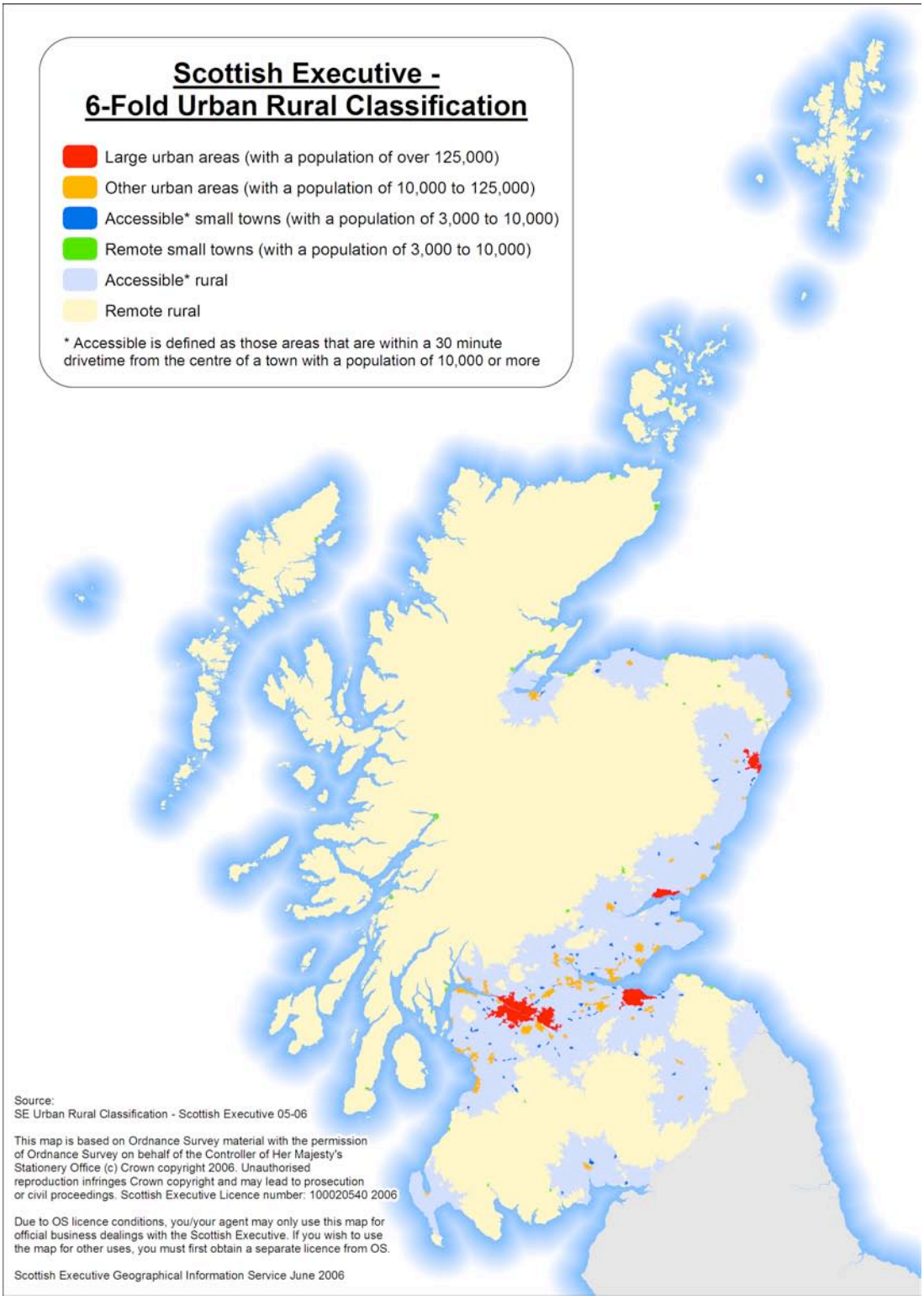
The two main criteria upon which the Scottish Executive urban rural classifications were developed are settlement size and accessibility (based on drive time analysis), to differentiate between accessible and remote areas of Scotland. The Scottish Executive classification consists of two levels of detail – 6-fold and 8-fold. The difference between the two versions of the classification is that an additional "over 60 minutes" drive time analysis has been added to the 8-fold classification so as to allow one to distinguish between remote and very remote areas.

Figure 2 below shows the Scottish Executive 6-fold Urban Rural Classification applied to a map of Scotland.



Source: Department for Environment, Food and Rural Affairs (Defra)

Figure 1: Urban Rural Classification of 2001 Census Output Areas in England and Wales



Source: Scottish Executive

Figure 2: Scottish Executive 6-Fold Urban Rural Classification

LITERATURE REVIEW

The study included a literature review of published and grey literature to establish the main occupational health, safety and return-to-work issues facing different employment sectors in rural areas of the UK, in line with Objective 2 of the study.

The review of the literature showed that there is a significant amount of literature relating to the agricultural sector, but little literature relating to rural businesses within other industrial sectors. This does not necessarily mean that there are no occupational health, safety and return-to-work issues within the other industrial sectors, perhaps simply that we do not know about them.

The literature concerning the agriculture sector is varied, and cites a great number of occupational health, safety and return-to-work issues facing the sector. One of the matters dealt with in the literature is stress and psychiatric morbidity, sometimes resulting in suicide, within the farming community. Respiratory disease is another area of concern in the field of farmers' health. The literature also gives considerable attention to musculoskeletal disorders, joint problems, and osteoarthritis within the agriculture sector. Considerable discussion also takes place on the subject of zoonoses. There is also evidence in the literature to suggest raised levels of lip cancer within the agricultural community. The literature also reports that workers in the agricultural sector face numerous safety issues, including farm accidents, sensorineural hearing loss, and exposure to chemicals and organophosphates. It is suggested that there is considerable underreporting of farm accidents. Issues are also raised in the literature relating to women, who often fulfil multiple roles on the farm, and face particular safety hazards on farms, owing to differences in size, stature, and physical strength. The literature also deals with the subject of immigrant workers, who are often employed in particularly hazardous industries and provided with insufficient safety training.

Return-to-work issues specifically facing small businesses were also highlighted in the literature review, and include such factors as workers within small businesses having tightly defined specific roles, and therefore sickness absence having a significant impact on performance of the business during employee absence, and finding and financing staff cover being a challenge.

A number of industry specific occupational health, safety and return-to-work projects also came to light during the literature search, including the Farmers' Health Project (Cumbria and Lancashire), the Farm Out Health Project (Derbyshire), Rural Emotional Support Team (Staffordshire), and Constructing Better Health (Leicestershire).

The primary focus of the literature reviewed for the study was upon the occupational health and safety issues facing the agricultural sector. It appears there are a great many unanswered questions around the impact of rurality upon occupational health, safety and return-to-work, and that further research is needed in order for a detailed picture of the occupational health and safety needs of rural business to be established. Unanswered questions raised by the literature review include whether rural businesses in the *Wholesale and retail* and *Manufacturing* sectors face the same occupational health and safety issues as urban businesses in the same sectors? Does remoteness from mainstream healthcare services and ambulance response times have an impact upon elements of occupational health and safety (e.g. outcomes in cases of industrial accident), and what impact does this have on the degree of expertise necessary for the appointed first aider in rural businesses? What impact does working for a small rural business have on an employee's decision whether or not to take sick leave? What is the impact of rurality and a smaller workforce upon factors around return-to-work after a period of sickness or accident, for example difficulties in finding cover, and continued performance of a business during staff absence?

IDENTIFYING THE KEY SECTORS OF EMPLOYMENT IN THE RURAL AREAS OF THE UK

Another element of the study was to identify the key sectors of employment in the rural areas of the UK.

Statistics obtained from the Office for National Statistics (ONS) and the Scottish Executive allowed for the number of people employed by particular industries in rural areas of England, Wales and Scotland (by new Urban Rural Classifications) to be established.

This work showed that within the most sparse and remote rural areas of England, Wales and Scotland, the top eight industrial sectors in terms of percentage of population employed, are:

- Wholesale & retail trade
- Manufacturing
- Health and social work
- Agriculture, hunting & forestry
- Hotels and restaurants
- Construction
- Education
- Real estate, renting & business activities

INTERVIEWS WITH SMALL AND MEDIUM ENTERPRISES AND KEY NATIONAL ORGANISATIONS

Semi-structured telephone interviews were held with key workers in a sample of Small and Medium Enterprises (SMEs), from a wide range of industrial sectors, within two diverse rural parts of the UK – East Anglia and Mid Wales. These interviews, of which fourteen were held in total, were intended to establish the nature of occupational health and safety approaches which work well in these two areas, identify the support services that currently exist in these two rural areas and establish how best use can be made of these support services, and also to ascertain the type of background, skills, qualifications, and communication approaches that the Workplace Health Connect staff should have in order to effectively operate in rural areas of the UK.

Five interviews were held with a series of key actors in national organisations representing key employment sectors in rural areas of the UK or national organisations with specific knowledge about the issues facing rural businesses, in order to gain the 'expert' view on Objectives 2, 3 and 4. Interviews were held with individuals representing different industrial sectors in rural areas of the UK: Agriculture, Construction, Education, Manufacturing/ engineering, and Wholesale.

The occupational health and safety issues faced by rural businesses that were interviewed as part of this study were many and varied, much as they would be in non-rural areas of the country. Occupational health and safety issues raised included manual handling; slips, trips and falls; working at heights; vehicles, plant and machinery; respiratory issues; contact with chemicals and hazardous materials; accidents; and stress. In addition to these and other specific issues that were raised by interviewees, other points made included the perception that employers need to protect themselves from damages claims from employees, difficulties that businesses face when trying to access affordable health and safety advice and training, and the pressures and stress facing small businesses as they try to keep up with health and safety legislation and comply with regulations.

When asked about the main return-to-work issues faced by small businesses, responses from interviewees focused around four key areas: difficulties with finding and funding cover for

absent employees, the difficulties faced by small businesses around funding periods of sick leave, challenges around easing employees back into work through the provision of phased returns to the workplace and light duties, and sick leave policies and return-to-work interviews.

The focus of the Workplace Health Connect model is upon improving access to existing provision of health and safety support where possible. Therefore from the outset it was intended that the Workplace Health Connect scheme would take the opportunity to work closely with existing occupational health, safety and return-to-work support services. For this reason, interviewees were asked whether they are aware of any support services for occupational health and safety and return-to-work issues in their industry. Interviewees cited the Health & Safety Executive, local training providers, their local Council, the Federation of Small Businesses, the Food Standards Agency, and a wide range of other agencies as sources of support and guidance on occupational health, safety and return-to-work issues. Many interviewees also reported that their business pays for occupational health and safety support and advice from private consultants or other providers. The descriptions of services provided by such organisations were broadly similar to the services that have been offered by the Workplace Health Connect service in Pathfinder areas, encompassing such services as workplace visits, helping the business to identify safety risks in the workplace, the opportunity to discuss health and safety issues with an advisor, and in some cases access to a telephone advice line. The fact that some small businesses are prepared to pay for such services shows that there is a clear demand amongst SMEs in rural areas for the types of occupational health, safety and return-to-work support offered by Workplace Health Connect service.

Interviewees were also asked what approaches to occupational health and safety they felt worked well. A wide range of responses were received. A number of businesses cited the Internet as a useful resource for details about health and safety legislation and regulations. Many felt that workplace visits were a good approach because the advice that they provide is business specific and therefore most relevant, and that they offer an opportunity for face-to-face discussion and the chance to ask questions. Some interviewees stressed the importance of the focus of workplace visits being upon prevention, and the business being free from the fear of enforcement or prosecution. Health and safety magazines were also mentioned by some interviewees as a good approach to occupational health and safety. Interviewees felt that these were a particularly good way of relaying information concerning updates to legislation in order that the business could ensure that they were fully compliant with a new regulation before it came into force. Several interviewees reported that they considered site-specific in-house training a good approach to occupational health and safety, because members of staff view it as relevant and applicable to them. Two interviewees commented that an industry specific health and safety handbook, detailing all of the up-to-date legislation and guidelines pertaining to their industry, would be a very useful resource, particularly if the handbook offered step-by-step guidance about what should be in place, offered advice about how to develop health and safety procedures, and included proforma checklists that businesses could adopt. Similarly, one business commented that it would be very useful for businesses employing fewer than ten workers to be provided with a simplified risk assessment booklet containing risk assessment policy and forms for the employer to complete.

Interviewees were also asked what key skills they think the staff of the Workplace Health Connect service would need in order for the service to operate effectively in rural areas. A number of interviewees felt it would be beneficial if the staff of the Workplace Health Connect service possessed industry specific knowledge, and the way businesses within their sector operate. A small number of interviewees also felt that it was important that the Workplace Health Connect staff possess local knowledge, and an awareness of the history of the area, in order for the service to operate effectively in rural areas. Good communication skills were also deemed to be a key skill required by Workplace Health Connect staff. Interviewees felt it

important that the staff are able to communicate with employers and employees at all levels, be able to offer immediate advice in a calm manner, and that the service uses a variety of communication methods in order to reach the widest audience possible. One interviewee from Mid Wales stressed the need for Workplace Health Connect to employ advisors who were capable of communicating with businesses through the medium of Welsh. Interviewees also stressed the need for the services of the Workplace Health Connect service to be clearly separate from any policing or enforcement role, in order to deal with businesses apprehension and anxiety about contacting external authorities in case this leads to repercussions for the business.

RECOMMENDATIONS

A number of recommendations can be drawn from the findings of this six-month study:

- Further research should be conducted into the occupational health and safety needs of businesses in rural areas across all industry sectors.

- Further targeted promotion and marketing of the Workplace Health Connect service should be carried out, following careful research to identify the most appropriate and effective vehicles through which to raise awareness of the service amongst rural SMEs across all industrial sectors.

- Services offered by the Workplace Health Connect programme should be made available to all SMEs employing fewer than 250 employees in rural areas, and elsewhere if resources allow.

- Promotion of the Workplace Health Connect service should reassure businesses of the advisory and support function of the service, and be clearly distinct from the policing and enforcement agenda.

- The Workplace Health Connect service should be staffed with competent individuals, ideally from the local area, with industry specific knowledge, and good communication skills. In Wales advisors should be able to communicate through the medium of Welsh.

- The Workplace Health Connect service should adopt a pragmatic approach to ensuring that SMEs comply with legislation, by helping SMEs to prioritise their needs, provide them with advice and practical solutions which are appropriate for a small business with limited resources, and allow them realistic deadlines in which to comply with regulations.

- The Workplace Health Connect service should give consideration to the best approach to working with local providers of health and safety support services in order to create a mutually beneficial relationship. This may include allowing local service providers to work under a Workplace Health Connect banner. Workplace Health Connect should also consider linking in with other reputable stakeholders in order to add credibility to the service.

- Future planning for the further development of the Workplace Health Connect service should give consideration to the findings and recommendations of this report in order to strive to meet the needs of employers and employees in rural areas of the UK.

SECTION 1: INTRODUCTION, BACKGROUND AND OBJECTIVES

1.1 INTRODUCTION

This report presents the findings of a study conducted to provide evidence to ensure that the needs of employers and employees in rural areas are incorporated into any future planning for the Workplace Health Connect service, set up in partnership with the HSE.

The study was conducted by the Institute of Rural Health with funding from the Health & Safety Executive, and describes the rural context in terms of employment sectors, health and safety issues and return-to-work issues, and the type of occupational health and safety approaches which work well in rural areas.

1.2 BACKGROUND

The Health and Safety Commission's 'Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond' recognised that tackling occupational health demands a more strategic and partnership based approach, and highlighted the need to develop innovative partnerships in the public and private sectors to develop the provision of occupational health and safety support (Health and Safety Commission, 2004).

Chapter 7 ('Work and Health') of the Government's 'Choosing Health: Making Healthy Choices Easier' White Paper recognised the importance of work to people's health, particularly their mental health, discusses the need to promote improved health in the workplace, and remarks upon the need for wider recognition of the positive benefits for individuals and their employers gained from people returning to work quickly after a period of sickness (Department of Health, 2004).

The 'Health, Work and Wellbeing – Caring for our Future' strategy, published by the Department for Work and Pensions, Department of Health and the Health & Safety Executive, demonstrated the government's commitment to working in partnership with stakeholders inside and outside of government to improve the health and wellbeing of the working age population. The Workplace Health Connect service was one route through which the aims of the 'Health Work and Wellbeing' Strategy would be delivered (HM Government, 2005).

Workplace Health Connect was set up in partnership with the Health & Safety Executive (HSE) and is based around an Adviceline supported by a website and five regional problem solving service pathfinders covering the North East, North West, West Midlands, South Wales and Greater London.

The initial phase of Workplace Health Connect began in late February 2006, and will run for two years.

The Workplace Health Connect programme intends to offer a holistic approach to occupational health, safety and return-to-work support. The aim of the programme is to provide both employers and workers with the support they need, in terms of helping with current ill-health in the workplace, preventing incidence of illness and injury, and securing an early return-to-work if or when such illnesses or injuries do occur.

The vision for Workplace Health Connect is: *"Everyone working in small firms has access to free, consistent, high-quality advice on creating and maintaining a healthy workplace. Workers and employers work together to improve the quality of workplace health and help the return to work of collegues when they have been ill. Businesses are more profitable and everyone enjoys the economic and health benefits of being in work." (Workplace Health Connect Handbook, p.4)*

The Workplace Health Connect programme consists of several varied elements of support:

- A confidential service designed to give free, practical advice on workplace health, safety and return-to-work issues, to smaller businesses (with 5 to 250 workers) in England and Wales.

- An Adviceline and supporting website - giving tailored practical advice to callers – both managers and workers – on workplace health, safety and return-to-work issues.

- A service that aims to transfer knowledge and skills direct to managers and workers, enabling them to tackle and solve any future workplace health issues themselves.

- A service that is testing free, problem solving, workplace visits in five separate areas across England and Wales.

Whilst a small number of rural areas are covered by Workplace Health Connect (e.g. Northumberland under the North East region Pathfinder, Cumbria and Lancashire under the North West region Pathfinder, and Carmarthenshire under the South Wales Pathfinder), such rural areas appear to be covered by incidence of geography rather than by design.

Also, Workplace Health Connect is targeting its advice and support at SMEs (Small and Medium Enterprises) with between 5 and 250 employees. Many small rural businesses, however, including the majority of farmers, employ fewer than five employees and would therefore not be entitled to a free workplace visit even if they were situated within a Pathfinder area. The percentage of UK businesses (private sector, including public corporations and nationalised bodies) in each of the eight key industry sectors in rural areas, which employ fewer than 5 employees can be seen in the Table 11 below:

Table 1: Percentage of UK businesses employing fewer than 5 employees

Industry sector	Percentage of UK businesses employing fewer than 5 employees
Construction	96%
Education	95%
Agriculture, hunting and forestry	94%
Real estate	92%
Health and social work	88%
Wholesale and retail trade	85%
Manufacturing	82%
Hotels and restaurants	74%

Source of data: Small Business Service Analytical Unit [1]

[1] TABLE 5: Number of enterprises, employment and turnover in the private sector (including public corporations and nationalised bodies) by number of employees and industry division, UK, start 2005. Small Business Service Analytical Unit

Overall, 91% of enterprises in the UK (including private sector, public corporations and nationalised bodies) employ fewer than 5 employees.[2]

It was for these reasons, therefore, that the IRH was keen to support the aims of Workplace Health Connect by providing additional evidence to ensure the needs of employers and employees in rural areas are incorporated into any future planning by describing the rural context in terms of employment sectors, and occupational health and safety issues and return-to-work issues.

1.3 OBJECTIVES OF STUDY

1. Identify and map the rural areas of the UK.

2. Identify the key sectors of employment in the rural areas of the UK, and the main occupational health, safety, and return-to-work issues facing those sectors.

3. Identify the support services that currently exist in rural areas and how best use can be made of them. Investigate what occupational health and safety approaches work well in rural areas.

4. Identify the type of background, skills, qualifications, and communication approaches that the Workplace Health Connect staff should have in order to effectively operate in rural areas of the UK.

[2] TABLE 4: Number of enterprises, employment and turnover in the private sector (including public corporations and nationalised bodies) by number of employees and industry section, UK, start 2005. Small Business Service Analytical Unit

SECTION 2: IDENTIFYING AND MAPPING THE RURAL AREAS OF THE UK

The first step in identifying and mapping the rural areas of the UK is to understand the Urban Rural Classification for England and Wales and the Scottish Executive Urban Rural Classification:

2.1 ENGLAND AND WALES

In 2002 a review of urban and rural definitions highlighted that different classifications were based upon different criteria, and therefore failed to describe rural areas satisfactorily.

Following the 2002 review a project was established, sponsored by the Office for National Statistics (ONS), Department for Environment, Food and Rural Affairs (Defra), the Office of the Deputy Prime Minister (OPDM), The Countryside Agency, and the Welsh Assembly Government, to produce a harmonised and consistent classification of both urban and rural areas for England and Wales. The work was conducted by a consortium of the South East Regional Research Laboratory (SERRL) at Birkbeck College, the Department of Town and Regional Planning at University of Sheffield, the School of Computing at the University of Glamorgan and Geowise Ltd of Edinburgh.

The publication of the new urban rural classification for England and Wales was intended to encourage common standards of statistical analysis and a consistent approach to the presentation of data.

The new classification is a settlement-based approach, and was developed using two measurement criteria:

- Settlement form (morphology) – each hectare grid square is associated with a particular settlement type urban (over 10,000 population), rural town, village, dispersed (hamlets and isolated dwellings)
- Sparsity (context) – each hectare grid square is given a sparsity score based on the number of households in surrounding hectare squares up to a distance of 30km. This translates into "Sparse" and "Less Sparse" classifications.

The Urban Rural Classification for England and Wales provides 8 Urban/Rural Classification (2 urban and 6 rural):

Urban Rural Classification for England and Wales
o Urban (Sparse)
o Urban (Less Sparse)
o Town (Less Sparse)
o Town (Sparse)
o Village (Less Sparse)
o Village (Sparse)
o Dispersed (Less Sparse)
o Dispersed (Sparse)

In diagram form, this translates as follows:

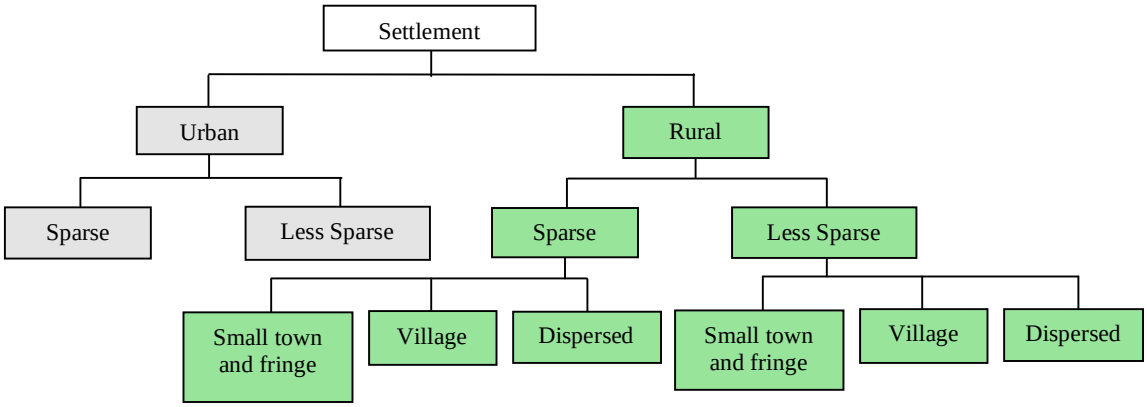
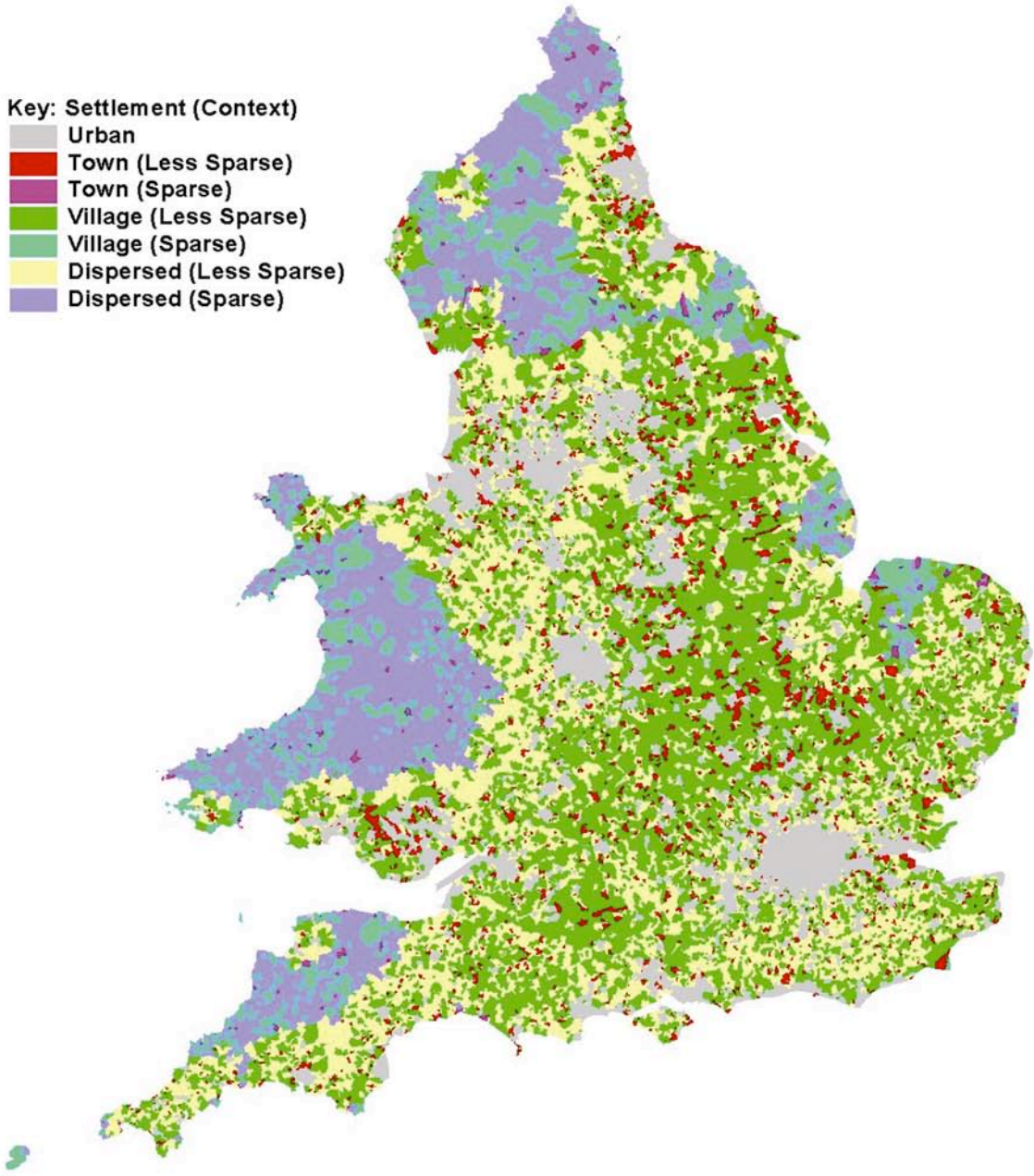


Figure 1: Urban Rural Classification for England and Wales
Source: Rural and Urban Classification 2004: An Introductory Guide.

When related to a map of census output areas in England and Wales, the Urban Rural Classification for England and Wales is depicted as this (see Figure 2):



Source: Department for Environment, Food and Rural Affairs (Defra)

Figure 2: Urban Rural Classification of 2001 Census Output Areas in England and Wales

2.2 SCOTLAND

The Scottish Executive Urban Rural Classification (previously entitled the Scottish Household Survey Urban Rural Classification) was first released in 2000, and has since been updated, with the latest version being published in 2003-04. Like the England and Wales classification, the intention behind the Scottish Executive Urban Rural Classification was to provide a consistent method of defining urban and rural areas.

The two main criteria upon which the Scottish Executive urban rural classifications were developed are settlement size (as defined by the General Register Office for Scotland {GROS}) and accessibility (based on drive time analysis) to differentiate between accessible and remote areas of Scotland (i.e. by classifying areas as remote based on drive times from settlements of 10,000 or more people).

The classification distinguishes between urban, rural and remote areas within Scotland and includes the following categories:

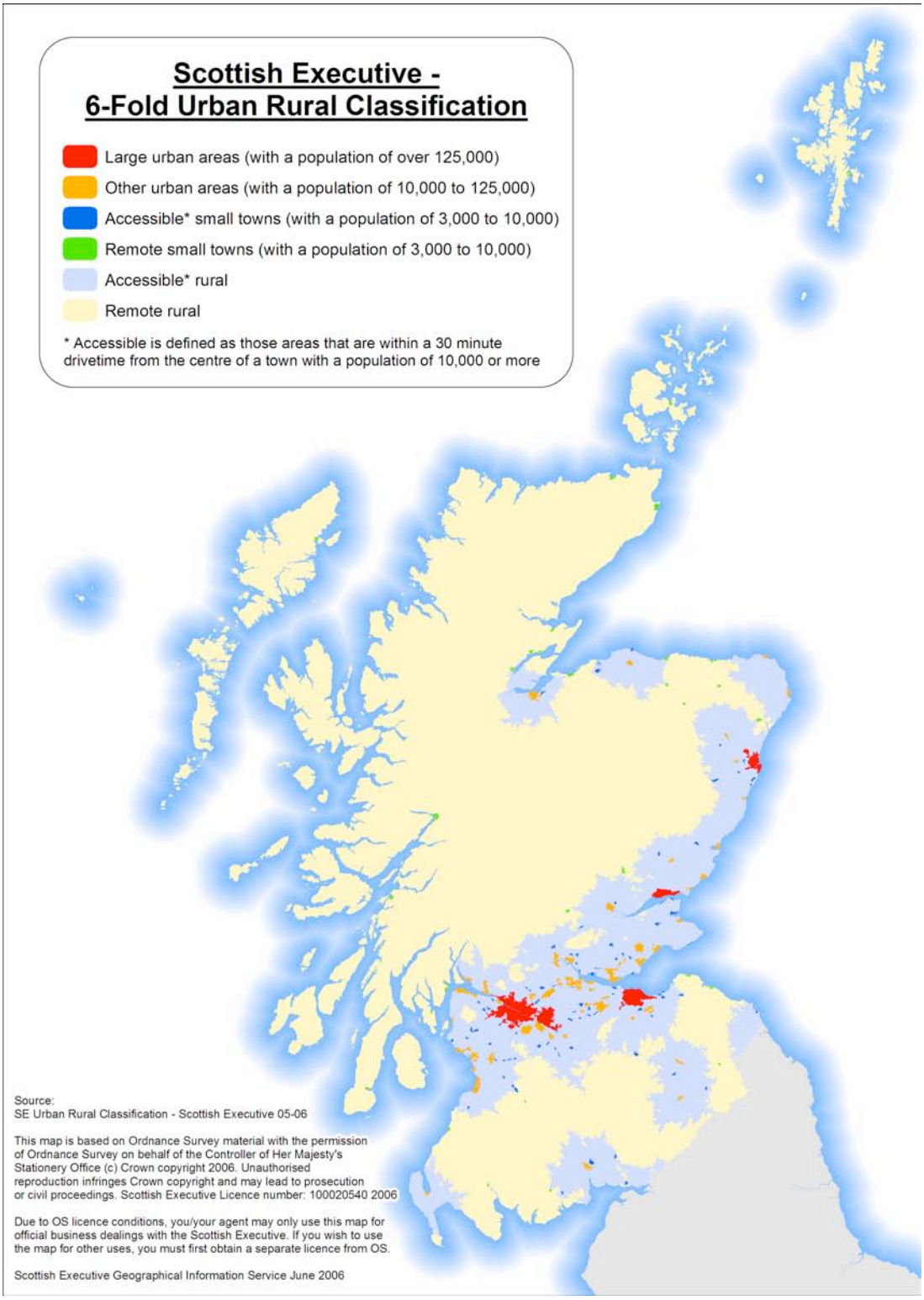
Scottish Executive Urban Rural Classification	
1 Large Urban Areas	Settlements of over 125,000 people.
2 Other Urban Areas	Settlements of 10,000 to 125,000 people.
3 Accessible Small Towns	Settlements of between 3,000 and 10,000 people and within 30 minutes drive of a settlement of 10,000 or more.
4 Remote Small Towns	Settlements of between 3,000 and 10,000 people and with a drive time of over 30 minutes to a settlement of 10,000 or more.
5 Accessible Rural	Settlements of less than 3,000 people and within 30 minutes drive of a settlement of 10,000 or more.
6 Remote Rural	Settlements of less than 3,000 people and with a drive time of over 30 minutes to a settlement of 10,000 or more.

Source: Scottish Executive

In line with the Scottish Executive's core definition of rurality, which defines settlements of 3,000 or less people to be rural, categories 5 (Accessible Rural) and 6 (Remote Rural) are generally considered to be rural.

The Scottish Executive classification consists of two levels of detail – 6-fold and 8-fold. The difference between the two versions of the classification is that an additional "over 60 minutes" drive time analysis has been added to the 8-fold classification so as to allow one to distinguish between remote and very remote areas. Therefore, under the 8-fold version of the classification, Remote Small Towns are defined as *"Settlements of between 3,000 and 10,000 people and with a drive time of between 30 and 60 minutes to a settlement of 10,000 or more"*; a new category of Very Remote Small Towns is added, and defined as *"Settlements of between 3,000 and 10,000 people and with a drive time of over 60 minutes to a settlement of 10,000 or more"*; the definition of "Remote Rural" under the 8-fold version is, *"Settlements of less than 3,000 people and with a drive time of between 30 and 60 minutes to a settlement of 10,000 or more"*; and finally an 8th classification of Very Remote Rural is added, and is defined as, *"Settlements of less than 3,000 people and with a drive time of over 60 minutes to a settlement of 10,000 or more."*

For the purposes of this project, the 6-fold classification (see above) will be used.



Source: Scottish Executive

Figure 3: Scottish Executive 6-Fold Urban Rural Classification

SECTION 3: LITERATURE REVIEW

3.1 METHODOLOGY

This review of published and grey literature was carried out to establish the main occupational health, safety and return-to-work issues facing different employment sectors in rural areas of the UK.

Five databases (British Nursing Index, CINAHL - Cumulative Index to Nursing & Allied Health Literature, EMBASE, HMIC Health Management Information Consortium, and Ovid MEDLINE) were searched for empirical and review articles.

Search terms used included:

- Rural, rural health, rural health services, rural areas, rural life
- Occupational stress, occupational health and safety, occupational health services, occupational diseases, occupational accidents, occupational hazards, occupational-related injuries, occupational exposure
- Return-to-work, rehabilitation, staff welfare, psychiatric rehabilitation, vocational rehabilitation, job re-entry
- Agriculture, wholesale and retail trade, manufacturing

In order to limit the search to more recent and therefore relevant material, only articles from 1996 to 2007 were included. Journal articles were limited to those originating from the UK. Some international review articles were included, where it was felt that these were particularly pertinent to the issues with which this project is concerned, and where the subject matter of the article was considered to have a main bearing on the UK.

Grey literature was identified through web searching and contact with organisations such as HSE, Defra, the farming unions, and the Federation of Small Businesses.

3.2 INTRODUCTION

It is a common misconception that the majority of businesses based in rural areas are connected with the land. In fact, as in urban areas, the rural economy is a diverse and complex mixture of businesses and industries, which vary in size and type. As Rousseau comments in Cox (1995), *"'Rural' does not imply a single community but a wide range of communities: affluent, deprived, agricultural, industrial, stable, mobile, and so on."* (Rousseau in Cox, 1995, p.3). In fact, the main sectors of employment in rural less sparse areas of England, Wales and Scotland are *Wholesale and retail trade*, *Manufacturing*, and *Health and Social Work*, none of which are solely, or even primarily, rural industries.

Having said this, there is a paucity of UK published literature focusing on the occupational health and safety issues facing rural industries, other than agriculture. For this reason, the primary focus of this literature review is on the agricultural sector, which is the focal point of most of the literature concerning rural businesses.

The literature review has been formatted in six main sections – health; safety; return-to-work; occupational health services for small businesses; occupational health, safety and return-to-work initiatives (nationally and internationally); and conclusions.

3.3 LITERATURE REVIEW

3.3.1 HEALTH

The literature focusing on the health issues facing workers in the agricultural sector focuses on several key areas of concern: mental health (particularly stress and suicide), respiratory problems, musculoskeletal disorders, and zoonoses.

Gerrard & Walsh report, *"Farmers are often perceived to lead a healthy, outdoor way of life. There is, however, little evidence to support this popular image."* (Gerrard & Walsh, 1997, p26). Mort *et al.* echo this view, *"Far from enjoying an idyllic picture of rural living, the farming community is a population with significant unmet health needs and are at high risk of suffering from serious stress and mental health problems, occupational diseases and accidents."* (Mort, *et al.* 2003, p.1).

Mental health – stress and suicide

There is a significant amount of literature relating to the mental health of the farming community in the UK, focusing on issues such as stress, psychiatric morbidity, and suicide.

Gerrard and Walsh (1997) report, *"Modern agricultural methods threatens not only farmers' physical health, but also their psychological wellbeing."* (Gerrard and Walsh, 1997, p.27) Walsh comments, *"The combination of isolation, loneliness, the dangerous nature of farming work and decreasing social cohesion and support networks, together with loss of control over the means and rewards of production, also contribute to serious stress and mental health problems."* (Walsh, 2000a, p.215)

There have been several studies of levels of stress, depression and anxiety in the farming community, and the impact that problems facing modern day farming have upon the mental health of farmers. These studies have highlighted such issues as difficulty in taking time away from the farm (Eisner, 1998; Malmberg, *et al.* 1997), financial pressures (Pollock *et al.* 2002), long hours of work (Malmberg, *et al.* 1997), adjusting to government policy (Pollock *et al.* 2002), unpredictable weather (Malmberg, *et al.* 1997), time pressures (Pollock *et al.* 2002), and fluctuating market prices (Raine, 1999). Paperwork, form-filling, government policy, and bureaucracy have been identified as some of the major causes of stress for farmers (Raine, 1999; Pollock, *et al*., 2002), along with financial matters and concerns about money and debt (Malmberg *et al.*, 1997; Raine, 1999). Due to the timing of Raine's study, the BSE (Bovine Spongiform Encephalopathy) situation was also cited as a key cause of stress by farmers (Raine, 1999). Later studies have reported similar findings about the Foot and Mouth Disease (FMD) outbreak (Mort *et al*., 2005; Peck, 2002; Deaville *et al*. 2003). Some farmers in Raine's study also cited physical isolation as a cause of stress, and that farmers working on their own have more opportunity to worry and dwell on things.

The fact that the majority of farms are traditional family businesses also impacts upon stress levels in various ways. Many farms are handed down from one generation of a family to the next, and one issue which has been shown to cause stress to members of the farming community is the fear of failing and letting their family down (Eisner, 1998). The HSE commissioned report, 'Farmers, Farm Workers and Work-Related Stress' echoes this view, stating, *"Farmers were often intensely attached to their farms particularly when these had been in families for some time, and were strongly committed to steering their business through economic difficulties, often at considerable personal cost."* (Parry, *et al*., 2005). Inter-generational disputes have also been cited as a factor contributing to stress in the farming community, for

example older farmers that are unwilling to retire and allow their sons to run the farm. (Malmberg, *et al.* 1997).

In addition to these factors, farmers may not feel that they are valued by the non-farming community (Eisner, 1998; Malmberg, *et al.* 1997) and feel that non-farmers lack interest in the problems that farmers face. Raine (1999) also cites the public's view of farming as something that is sometimes cited as a cause of stress to the farming community. An HSE commissioned report produced by the Policy Studies Institute (Parry, *et al*., 2005) cites the media and public perceptions of farmers as an extrinsic dimension of agricultural stress.

Another issue which influences the way in which farmers react to feelings of stress and anxiety is the social conditioning over generations, which has led to a culture of self reliance and stoicism amongst the farming community (Malmberg, *et al.* 1997; Eisner, 1998; Boulanger, *et al.* 1999; Mort, *et al.* 2003). The culture of self-reliance within the farming community affects the length of time before farmers seek help. When they do eventually access mainstream General Practice services, they often present with vague physical symptoms, which can then disguise underlying mental health issues (Pollock, *et al.* 2002). Health problems, particularly mental health issues also have a stigma attached to them – *"The stigma of mental illness in rural areas creates barriers for those needing help with emotional problems. For farmers the problem is compounded by the culture of self reliance and the expectation of always being able to cope with whatever problem life throws at them."* (Boulanger, *et al.* 1999, p.15). In addition to this, in small communities farmers often know their GP socially as well as professionally, and this may dissuade them from consulting them about mental health problems. (Eisner, 1998). Fears of breach of confidentiality are highlighted by some studies as contributing to farmers choosing not to seek help or advice with mental health issues (Boulanger, *et al.* 1999), and Peck, *et al.* (2002) found that many farmers were willing to use sources of support in which a degree of anonymity could be preserved, for example the internet or a telephone support line. All of the issues of social conditioning, such as stoic, independent, self-reliant attitudes, and the stigma of mental illness and fears around confidentiality, are compounded by the fact that farmers often work in social isolation, and lack *"confiding relationships."* (Eisner, 1998, p.104). Research findings such as those discussed above formed the background to the creation of an occupational health service for the farming community which operated in Cumbria and Lancashire between 1999 and 2001, and the Farm Out Health Project which operates in Derbyshire (discussed in greater detail later in this Literature Review).

Raine (1999) also highlighted that specific times of the farming calendar proved to be particularly stressful for members of the farming community, including lambing when, Raine reports, a number of farmers admitted working up to 18-20 hours a day, and harvest-time when time pressure and unpredictable and changeable weather exacerbated feelings of stress. A report compiled by the Policy Studies Institute on behalf of the Health & Safety Executive (Parry, *et al*., 2005) echoes this view, reporting that issues around seasonality and adverse weather conditions were of particular concern to arable farmers, as they are out of their control, disrupt the anticipated flow of their workload and have a knock-on effect upon other tasks which are awaiting completion, and make 'catch-up' necessary.

Tackling the causes of farmer stress is not an easy task, as many of the pressures that farmers face are beyond their control, as Parry *et al.* put it, *"…an escalation in the aspects of their work that farming communities feel powerless to control"* (Parry, *et al*., 2005, p.i), and as Raine states, *"many of the stressors reported are not amendable to simple manipulation."* (Raine, 1999, p.268). Unpredictable climactic conditions, unexpected death of livestock, and physical and social isolation, for example, are issues which are not easy to solve, and reducing bureaucracy and improving market prices would require pan-European legislation (Raine, 1999; Boulanger, *et al.* 1999).

The National Suicide Prevention Strategy for England set a target of reducing the number of suicides by high-risk occupational groups, citing farmers and agricultural workers as an example. (Department of Health, 2002).

At the time that Eisner completed her study farmers had the fourth highest rate of suicide of any occupation (after vets, pharmacists, and dentists). This can be attributed partly to the availability of methods of suicide (Eisner, 1998; Malmberg, *et al.* 1997; Thomas, *et al.* 2003), for example, firearms, hanging and poisoning. It could also be a result of the culture of farming, an industry in which sick or distressed animals are killed (Eisner, 1998), and a community in which the *"social transmission of suicidal ideation might occur whereby individuals may be more likely to be aware of suicide among colleagues"* (Thomas, *et al*, 2003, p.184). Similarly, Syson-Nibbs *et al*. state, *"…the high levels of suicide ideation among farmers in the present study are worrying and reflect the mental anguish of the farming community."* (Syson-Nibbs, *et al.*, 2005, p.227)

The relatively high suicide rate may also possibly be due to the fact that farmers may suffer from more, often undiagnosed, psychiatric morbidity than people employed in other industries (Eisner, 1998), or are more likely to report thinking that life is not worth living (Thomas *et al.* 2003). Thomas *et al.* comment, *"This fatalistic attitude towards their own life, together with access to lethal methods, may contribute to the high suicide risk in farmers."* (Thomas *et al.*, 2003, p.185) Eisner concludes that, *"Recognising and treating psychological morbidity may lead to less morbidity, fewer suicides and happier, more thriving rural communities."* (Eisner, 1998, p.104)

Therefore, there is evidence in the literature of stress and psychiatric morbidity within the farming community, with contributory factors being cited as issues such as: financial pressures, adjusting to government policy, long hours of work, difficulty in taking time away from the farm, unpredictable weather, unexpected death of livestock, time pressures, fluctuating market prices, fear of letting family down, intergenerational disputes, isolation, loneliness, disease outbreak (e.g. BSE, FMD), feeling that the non-farming community do not value them, negative perceptions of farmers in the media and amongst members of the public, the dangerous nature of farming work, and reduced social cohesion. In addition to this the ingrained culture of self-reliance and stoicism, accompanied by the apparent stigma surrounding mental health issues within the farming community, and associated fears of confidentiality breach, means that farmers often take longer to present at mainstream health services, and when they do so they often present with vague physical symptoms masking the underlying mental health issues. In the late 1990s a number of studies showed that farmers, as an occupational group, had one of the highest levels of suicide and a number of reasons were suggested for this including: availability of means, the culture of euthanasia for sick or distressed animals, higher levels of undiagnosed psychiatric morbidity, and suicide ideation within the farming community.

Respiratory problems

Farmers can often suffer from respiratory conditions such as asthma and bronchitis, caused by inhaling airborne pollen, grain dust and fungal spores (Gerrard, 1998). Linaker & Smedley report that *"Respiratory disease is a well-recognized occupational problem among agricultural workers… farmers have a higher morbidity and mortality from certain respiratory diseases than the general population."* (Linaker & Smedley, 2002, p.451).

People working in agriculture risk potential exposure to a wide range of respiratory toxins, often in higher concentrations than in other industries. Respiratory hazards encountered by agricultural workers range from organic dusts (e.g. mould and spores, mites and their excreta,

animal dander, animal urine and faeces) and inorganic dusts (e.g. silicates), to chemicals (e.g. pesticides, fertilisers, disinfectants) and gases and fumes (e.g. from slurry, silage, welding fumes, and exhaust fumes) (Linaker & Smedley, 2002).

Recent changes to farming practice have led to increases in animal production and further use of confinement buildings. Agricultural workers in these large-scale, high density, confined animal feeding units, risk exposure to endotoxins present in organics dusts (e.g. animal and insect faeces, pollen dust, animal dander, bedding particles, and fungal spores), and also to bioaerosols, and toxic gases (e.g. ammonia, hydrogen sulphide, carbon dioxide, and methane) (Cole *et al.* 1999; Kirkhorn *et al.* 2002; Linaker & Smedley, 2002; Nissen, 2005).

Exposure to such respiratory toxins have been known to cause conditions such as rhinitis, asthma, hypersensitivity pneumonitis (farmers' lung), organic dust toxic syndrome, 'asthma-like syndrome', toxic gas inhalation (Linaker & Smedley, 2002), chronic sinusitis, bronchitis (Cole *et al.* 1999), pulmonary function deterioration, and mucous membrane inflammation syndrome (Kirkhorn *et al.* 2002).

Linaker & Smedley conclude, *"…improving knowledge among farm workers and raising diagnostic awareness in hospital physicians and general practitioner in rural areas are key component in addressing the problem of respiratory disease in the farming industry."* (Linaker & Smedley, 2002, p.457)

The literature therefore shows that another occupational health issue within the farming community is respiratory disease, including conditions such as asthma, hypersensitivity pneumonitis (farmers' lung), organic dust toxic syndrome, pulmonary function deterioration, and toxic gas inhalation, caused by inhaling respiratory toxins and endotoxins, such as organic dusts, inorganic dusts, chemicals, and toxic gases and fumes. Respiratory disease is a particular concern for agricultural workers in large-scale, high-density confined animal feeding units.

Musculoskeletal Disorders

Risk factors for musculoskeletal disorders include: too frequent repetition of the same task; bending, twisting and over-reaching; lifting weights; uncomfortable or static working positions; working too long without breaks; and cold environmental conditions. (Faculty of Public Health & Faculty of Occupational Medicine, 2006). It could be said that all of these circumstances apply to the average UK farmer. Everyday farm work requires manual handling of heavy and awkward objects, often in abnormal postures; prolonged hours of tractor driving; rapid and repetitive arm movements; and exposes the farmer to whole body vibration through driving of tractors and other machinery. (Schenker, 1996).

Within horticulture businesses there remains a signficiant level of repetitive manual handling, which can cause musculoskeletal problems. Within the agriculture industry, mechanisation and technological improvements have reduced labour requirements and lessened the need for repetitive manual handling tasks to be carried out. However, there remain numerous diverse repetitive manual handling tasks, and many farmers suffer from historical musculoskeletal disorders which can be triggered again by intermittent manual handling tasks (Pettit, 2005). Any musculoskeletal problem can impair farmers' mobility and inhibit their ability to work.

In a health survey carried out in the Peak District National Park comparing the health status of the local farming population with the local non-farming population, Syson-Nibbs *et al.* identified farmers as having greater health needs than the non-farming sample, including musculoskeletal problems involving pain in the joints (specifically hips, knees, neck, back and hands) with pain lasting at least one month. *"Joint problems are a significant occupational risk*

for farmers. Problems result from a lifetime of knocks and jolts from animals and years of walking and running over uneven surfaces in poorly supporting footwear, often carrying heavy loads. Such hard repetitive activity damages joints and commonly results in osteoarthritis." (Syson-Nibbs, *et al.,* 2005, p.226). The study also reported that primary farmers (whose sole occupation was farming) were significantly more likely to report suffering from arthritis and hernia than secondary farmers (farmers who also had additional employment) or non-farmers. (Syson-Nibbs, 2005). Cowie supports this view, stating, *"The contribution of agricultural work to osteoarthritic degeneration is well-recognised, particularly in relation to osteoarthritis of the hip which is a prescribed disease for those working in agriculture."* (Cowie, *et al.* 2005)

The literature therefore suggests that musculoskeletal disorders, joint problems, and osteoarthritis are significant occupational health issues within the agriculture sector. These are caused by a number of contributory factors, including frequent repetition of tasks, bending, twisting, heavy lifting, uncomfortable/abnormal/static working positions, and vibration. A large percentage of farmers also suffer from historical musculoskeletal problems, which can be triggered off by occasional manual handling tasks.

Zoonoses

Another occupational health issue for farmers are zoonoses. The World Health Organisation defines zoonoses as *"Diseases and infections which are naturally transmitted between vertebrate animals and man".*[3]

Contact with animal wastes, such as manure, urine, carcasses and reproductive tissues, or inhalation of bioaerosols, can put agricultural workers in contact with microorganisms which can cause numerous bacterial infections, bacterial pathogens, and viruses. (Cole, *et al.* 1999). There are many different types of zoonotic agent, including bacteria, viruses, fungi, parasites, or other communicable agents. Common zoonoses in UK agriculture include orf, leptospirosis, ringworm, cryptospordiosis, E coli 0157, Q fever, bovine tuberculosis, brucellosis, and salmonella. Severe zoonoses internationally include Severe Acute Respiratory Syndrome (SARS), Monkeypox, Chronic Wasting Disease (CWD), Foot and Mouth Disease (FMD) and avian influenza.

The most recent major outbreak of a zoonotic disease in the UK was the FMD outbreak of 2001. Whilst it is very rare that FMD is transferred from animals to humans, the FMD outbreak in the UK affected human health in a different way – in the impact it had on levels of stress, depression and anxiety amongst members of the farming community. In a psychological assessment of the impact of FMD, strong evidence was found of psychological morbidity in the farming community, particularly amongst farmers affected by the FMD outbreak. (Peck, *et al.* 2002). A longitudinal ethnographic study also showed the profound psychosocial effects of the FMD outbreak on rural people, including feelings of distress, bereavement, and fear of a new disaster. (Mort, *et al.* 2005). In a major review, Bender *et al.* commented, *"The case of FMD highlights the strong and varied interrelationships between animals and humans. Although FMD is a disease primarily of animals with limited direct transmission to humans, it can have a significant public health impact in terms of psychological effects and its presence can send shockwaves through local economies."* (Bender, *et al.*, 2006, p.8)

Therefore, the literature suggests that zoonoses, caused by contact with microorganisms which can cause both bacterial and viral infection, are another health and safety issue faced by farmers.

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[3] *World Health Organization. Joint WHO/FAO expert committee on zoonoses. 2nd report. WHO technical report series no. 169, Geneva; 1959. 3rd report, WHO Technical Report Series no. 378, Geneva; The Organization; 1967.*

Cancer

Agricultural workers are exposed to multiple hazardous toxins, including pesticides, fertilisers, paints, solvents and dusts. Some epidemiological studies have associated some cancers with farming, although the results are often inconsistent, and further research is required to establish causal linkages. (Kirkhorn *et al.* 2002).

Acquavella *et al*. (1998) conducted a meta-analysis of studies to assess whether farmers have elevated rates for certain cancers, but concluded that the results of their analysis do not suggest so, except in the case of lip cancer. Cowie *et al.* (2005) also state that studies have shown relatively high levels of lip cancer within the farming community. It is suggested that exposure to sunlight is the probable cause of this.

Fishing industry

Whilst the vast majority of literature focused upon health issues within the agricultural sector, two articles related to the health of the fishing industry in the UK, one specifically relating to the health and lifestyle of Scottish fishermen (Matheson, *et al.* 2001; Lawrie, *et al.* 2004). Matheson *et al.* refer to fishing in the UK as *"a very hazardous occupation with high mortality"* (Matheson, *et al.*, 2001, p.309), and comments on the *"greatly increased risk of ill-health incurred in the fishing population."* (Matheson, *et al.*, 2001, p.310).

The articles discuss such issues as long hours, fatigue, extreme weather, heavy machinery, high levels of alcohol consumption, high levels of smoking and the effects of passive smoking, possible high rates of drug misuse, and dietary issues, all of which potentially impact upon the levels of morbidity and mortality within the industry. However, both articles comment upon the relative lack of research in the field of health and safety of fishermen, particularly studies involving UK fishermen (Matheson, *et al.* 2001; Lawrie, *et al.* 2004).

Matheson *et al.* point out that any occupational health service provision aimed at fishermen would face challenges due to the fact that the majority of fishermen are self-employed, and are therefore a mobile, and consequently a hard-to-reach group, and make the following recommendation: *"A full occupational health service may be practically very difficult in the fishing industry, given the self-employed nature of fishermen; however, some form of occupational health support should be possible. Models other than pre-employment screening, addressing specific health problems such as mental health problems, should be considered and perhaps piloted on a small scale"* (Matheson, *et al.* 2001, p.309).

Health & Social Work

One item of literature found during the literature search was a 2002 Health Development Agency report entitled "Workplace health in rural practices: Issues for GPs and their staff" (Cavanagh, 2002). The document serves to highlight issues of concern, share examples of good practice, and make recommendations on the future support and development of rural GP practices. One of the issues raised in the report is stress in the workplace, caused mainly by increases in workload due to higher patient demand and increasing list sizes; staff having to perform multiple roles, difficulty finding cover for periods of staff absence (people are often reluctant to travel long distances for temporary positions). In three out of the four practices upon which the report focuses, premises were inadequate, and there was little scope for expansion. None of the four practices had yet fully complied with the Disability Discrimination Act legislation. (Cavanagh, 2002).

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3.3.2 SAFETY

The literature highlights numerous areas of concern regarding safety within the agricultural sector, including farm accidents, hearing loss, and chemicals and organophosphates. Other issues raised concerning safety included specific safety issues concerning women on farms, and the safety of immigrant workers within all industries.

Farm Accidents

Gerard states, *"… the available statistics clearly demonstrate the severity and brutal significance of the health and safety risks in contemporary farming, an industry which ranks as one of the most dangerous in terms of accidental death and injury…"* (Gerrard, 1998, p.155)

Potential hazards on farms are numerous, varied, and serious in nature. Being struck by a moving vehicle (e.g. tractor or all terrain vehicle), entrapment beneath an overturning or collapsing object, being struck by a projectile, use of machinery, handling and lifting, trips and falls, falling from a height, and contact with animals, are just a few of the hazards which farmers face everyday. (Walsh, 2000b). *"An injury that may take the farmer weeks to recover from has massive implications for the farm as farm work has to go on regardless."* (Walsh, 2000b, p.27).

Reed (2004) comments, *"Most farmers can set their own work schedule and their own safety regulation…" and "…equipment generally is repaired by the farmers themselves and frequently has missing or damaged safety shields. In addition, safety devices often are disabled, removed, or unused, or they may never have been present on the machinery."* (Reed, 2004, p.401). Walsh (2000a) echoes this view, reporting that due to the economic situation within the agricultural sector, farmers may be tempted to cut corners to try to save money, and that many adopt a 'make do and mend' approach.

Reed, writing about agriculture in the US but raising issues which also pertain to agriculture in the UK, reports that many farm buildings may not have been designed for the work which is now carried out in them, which brings about several potential job hazards – "*lighting, ventilation, and electrical circuits may be inadequate. Ladders and steps may be in poor repair. Floor surfaces may be uneven and slippery."* (Reed, 2004, p.405)

Walsh (2000b) reports that studies have shown very low usage of personal protective equipment by farmers, and that a significant percentage of farm accidents could have been avoided if greater care had been taken, or if protective equipment had been worn at the time. However, Walsh goes on to comment that most protective equipment is designed for use in an industrial setting, and that problems such as safety goggles steaming up, wide brimmed hats blowing away in the wind, and steel-toe capped boots failing to offer the same level of waterproofing as traditional wellington boots, raise the question as to whether such protective equipment is suitable for use in a farm environment.

Despite the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR), it is thought that statistics of farm accident occurrence are considerably underestimated due to under-reporting (Walsh, 2000b).

Walsh also reports that, whilst a number of studies have been carried out which have collected data on farm accidents in different parts of the UK, there has been considerable local variation in the figures collected in these studies which, according to Walsh, *"reflects the variability in*
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farming in different part of the country and suggests that any local accident prevention strategy should be relevant to local farmers." (Walsh, 2000b, p.26)

Therefore, numerous safety issues arise in the literature relating to the agricultural sector. Potential hazards include: being struck by moving vehicles, falling from heights, contact with machinery, manual handling, being struck by projectiles, being trapped under overturning or collapsing objects, and kick, bites and crush injuries from contact with animals. Safety devices on vehicles and machinery are often disabled or removed, and it is suggested that farmers adopt a 'make-do-and-mend' approach to machinery maintenance in order to save money. Levels of use of personal protective equipment have been shown to be low. It is recognised that there is considerable underreporting of farm accidents.

Hearing loss

McCullagh states, *"Among the most common occupational diseases among farmers is noise-induced hearing loss"* (McCullagh, 2002, p.297).

Within the farming community repeated significant occupational exposure to elevated noise levels from, for example, gunshot blasts, tractors, and chain saws, can result in damage to the sensory cells of the inner ear, and consequent sensorineural hearing loss. Perry & May (2005) report that children and young people's ears are more vulnerable to noise damage, and discuss the risks to the hearing of young people working in farm settings.

McCullagh argues that a multi-disciplinary approach to noise-induced hearing loss is required, and that the development of an effective comprehensive farm-based hearing preservation programme will require input from a wide variety of stakeholders and disciplines. (McCullagh, 2002).

McCullagh concludes *"Research to date indicates that farmers experience accelerated hearing loss compared to non-farmers, that loss progresses with age, that onset of loss occurs early in life, and that the damage follows a pattern consistent with noise-induced hearing loss… The multiple negative effects of hearing loss on the quality of life of so many farmers and their families calls for renewed commitment to prevention of this widespread problem."* (McCullagh, 2002, p.315)

There are also several *non-noise induced* causes of hearing loss which farmers are exposed to in their everyday work. These include exposure to chemicals such as solvents, pesticides, and paints, which can cause injury to the sensory cells and affect the central auditory system, and which can interact with noise exposure to effect sensorineural hearing loss. (Perry & May, 2005)

Therefore, another safety issue facing the agricultural sector, raised in the literature, is significant occupational exposure to elevated noise levels, which can cause sensorineural hearing loss, particularly amongst children and young people whose ears are especially vulnerable to noise damage. Non-noise induced hearing loss, caused by exposure to chemicals, is also cited to be an issue, when combined with noise exposure.

Chemicals and Organophosphates

Another matter which has received considerable attention in terms of agricultural health and safety is the issue of chemicals and organophosphates. Farmers are exposed to these on a regular, and sometimes prolonged, basis in the form of insecticides, pesticides, fungicides, herbicides, rodenticides, fertilisers, detergents, and animal medication, amongst others.

Chemicals such as these can cause acute and chronic poisoning (Gerard, 1998), many are potentially carcinogenic substances (Dinham, 2005), have been linked to chronic neurotoxic effects (Coggon, 2002), adverse reproductive effects (Kirkhorn *et al.* 2002), and congenital birth defects (Kirkhorn *et al.* 2002). Kirkhorn *et al.* also make the recommendation that *"Further research into the endocrine disrupter effects of pesticides is an area of critical importance."* (Kirkhorn *et al.*, 2002, p.207).

Reed, writing about the US agricultural workers, comments *"the use of personal protective equipment among farmers when mixing and applying restricted use chemicals remains abysmally low."* (Reed, 2004, p.404). Buchanan (2001) found in a study of chronic neurological health effects among UK sheep dippers, that very few dippers wore the recommended protective clothing, but also found no evidence of significant reduction in exposure due to wearing of protective clothing.

Therefore, exposure to chemicals and organophosphates also receive considerable attention in the literature. Organophosphate and chemical exposure can cause chronic poisoning, neurotoxic effects, adverse reproductive effects, and congenital birth defects.

Women on farms

Another issue relating to farm safety, raised by the literature, was the issue of women on farms. McCoy *et al.* focus on the role of women in agriculture, and the risks for occupational injury within the context of gendered roles upon farms. Whilst the article is concerned with the agricultural sector in the United States, many of the points made have a bearing on women in the farming workforce within the UK. The article comments on how *"Differences in size and stature, increased physical strain, and low maximal oxygen uptake may predispose women to ergonomic-related injuries."* (McCoy *et al.*,2002, p.37)

In the UK many women from farms attempt to balance multiple roles, including employment off the farm, tasks on the farm, farm paperwork and accounts, and household responsibilities including primary responsibility for the raising of children. As the Policy Studies Institute (Parry, *et al*., 2005) report, farmers' wives often underplay the importance and extent of their role on the farm, and *"it was not until their role was unpacked on a daily basis that it became clear that the work of a farmer's wife comprised a very substantial degree of occupational capability."*

McCoy *et al.* (2002) comment that, to date, there has been little research conducted to examine work-related injuries amongst farm women, or the extent to which the occupational risks that these women are exposed to are recognised by the medical profession when they seek care.

Immigrant workers

Another topic covered by the literature is the issue of immigrant workers, and the challenges that they pose for occupational health services.

McCauley, who published an article concerning immigrant workers in the United States, reports that a large proportion of immigrant workers are employed in hazardous industries such as agriculture and construction, and that there is evidence to suggest that in the US immigrant workers may receive insufficient safety training, lack access to occupational health and safety services, and are disadvantaged by barriers of language and culture which may increase their risk of occupational illnesses and injuries. (McCauley, 2005).

McCauley states, *"If occupational health professionals do not provide safety and health information in an understandable and culturally appropriate manner, immigrant workers will be disadvantaged compared to non-foreign workers"* (McCauley, 2005, p.316). Reed echoes this view, commenting, *"Usual forms of safety measures, such as warning labels written in English, mean nothing to these workers."* (Reed, 2004, p.403).

Whilst one cannot directly compare with Hispanic and Asian immigrants moving into the United States, immigration is a growing issue in the UK. Similar considerations should perhaps be given where, for example, Polish and Lithuania immigration into the UK is concerned.

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3.3.3 RETURN TO WORK

Small businesses, a category into which the vast majority of rural businesses fit, suffer particularly when members of their workforce are on sickness absence. In 2006 the Federation of Small Businesses carried out a survey of its membership to obtain the SME perspective on a series of issues: the health of small business owners; the nature and extent of sickness absence amongst employers and employees; the impact of sickness absence on small businesses; how small businesses are managing sickness absence and rehabilitation; and views on relevant advice and support services. The report states that in many small businesses individual roles are tightly defined, and a particular member of staff is responsible for a specific role, and that therefore the absence of one member of staff impacts upon the whole team. *"Finding and financing appropriate staff cover for sickness absence is a significant challenge for small businesses where staffing is often finely tuned with no extra capacity and a highly specialised skill mix."* (FSB, 2006, p.4)

The report also comments on the fact that many owners of small businesses feel under pressure to continue to work despite illness, due to fears of loss of personal income, or impacts upon the continuity or quality of service the company is able to provide. Some small businesses that took part in the survey reported a repeating cycle of sickness absence, where a period of time off due to sickness impacts upon the business, leading to overwork and associated stress upon the return-to-work, which subsequently leads to further sickness absence. (FSB, 2006)

According to the Federation of Small Business' report small businesses *"cannot be expected to become trained HR Professionals overnight"* (FSB, 2006, p.13), and that in a survey that it conducted amongst its membership, business owners cited a need for a range of specialist services to help them to manage sickness absence, including conflict resolution, managing return-to-work interviews, and terminating employment. The Federation of Small Business' report makes a recommendation that the Government more effectively communicates the rights of employers and employees concerning managing return-to-work issues, and that more imaginative methods of promotion and awareness raising of support services such as Workplace Health Connect are implemented. (FSB, 2006)

In the report of the survey the FSB states:

"The FSB was pleased with the roll out of the Workplace Health Connect scheme… However we believe that more can be done to:

- *Raise awareness of the sources of advice available to businesses around occupational health and return-to-work issues and improve the range of services that can be accessed via GPs surgeries.*
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- *Build relationships and understanding between employers and GPs and ensure that businesses receive straightforward advice on their employees and their own fitness to work that takes into account workplace demands and context.*
- *Identify real incentives for businesses to help them look after the health and welfare of their employees and ensure that they benefit from lower Employers' Liability Compulsory Insurance premiums as a result."* (FSB, 2006, p.1)

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3.3.4 OCCUPATIONAL HEALTH SERVICES AND SMALL BUSINESSES

"The workplace has a powerful effect on the health of employees. How healthy a person feels affects their productivity, and how satisfied people are with their job affects their health."(Faculty of Public Health & Faculty of Occupational Medicine, 2006, p.6)

In 2002 the Institute of Occupational Medicine conducted a 'Survey of Use of Occupational Health Support', the objectives of which were to estimate the proportion of employers who use occupational health support. One of the conclusions of the survey was that there is a recognised lack of knowledge about how to deal with occupational health issues, particularly amongst micro and small companies, and that many smaller businesses would be willing to share occupational support services with other businesses. The survey also included an assessment of the degree of interest in a national helpline providing initial support about occupational health issues, in which over half of the companies surveyed displayed an interest. (Pilkington *et al*., 2002).

The Federation of Small Business' 2006 report "Health Matters: A Small Business Perspective" reported on a survey it had undertaken amongst its membership. The survey found that only 6.5% of small businesses that responded to the survey provided their employees with access to occupational health services, and the report recommends that incentives are made available to small businesses to *"enable them to promote healthy workplaces and provide occupational health support to their staff."*

A review by Mayhew, which focused on the distinct nature of occupational health and safety (OHS) information needs of small businesses in Australia (NB: for the purposes of the paper, a small business was defined as one employing fewer than five people) makes some suggestions about methods of reaching small businesses: *"…strategies for communicating occupational health and safety (OHS) information to larger businesses are not appropriate for small business."* (Mayhew, 1997, p.361) Mayhew goes on to suggest a series of key criteria which need to be considered in order to overcome the difficulty of reaching smaller businesses – *"Key criteria which must be considered include the limited spare time owners/managers have, their preferences for personalised contact, the need for industry sub-sector specific information provided through short written communications with practical applications, the provision of telephone contact numbers for additional information on specific subjects, support for private OHS information providers, and the use of alternative media outlets such as radio networks in rural areas."* (Mayhew, 1997, p.361).

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3.3.5 OCCUPATIONAL HEALTH, SAFETY AND RETURN-TO-WORK PROJECTS

Farmers' Health Project – Cumbria and Lancashire

In 1999 the Nurse Practitioner-Led Farmers' Health Project which operated in south Cumbria and north Lancashire was established as a result of work by Gerrard who conducted a study examining occupational health provision from the perspective of the farming community. Gerrard suggested that the health needs of farmers were not being met by the NHS because in some cases GPs and nurses were not aware of the occupational health risks encountered by farmers and failed to understand farming related health problems. (Gerrard, 1998). In addition to this, Gerrard & Walsh (1997) stressed the importance of farmers being able to see healthcare staff with a farming background, and that there should be health professionals with a specialist knowledge relevant to agriculture, so that they are aware of the realities of farming.

The Farmer's Health Project, which ran from July 1999 up to the outbreak of Foot and Mouth Disease in February 2001, employed two nurse practitioners and two support workers (all of whom originated from farming backgrounds), who were equipped with a purpose-designed, customised vehicle which toured agricultural shows, auction marts, and to farms by invitation, offering support and advice to farmers and farming families. The project particularly targeted the issues of farm accidents, mental health, and chronic conditions relating specifically to farming (Walsh, 2000a). The nurse practitioners running the project were also able to call upon the expertise of a General Practitioner, A&E specialist, community psychiatric nurses, health visitors and a practice nurse (Gould, 1999). The comprehensive evaluation of the Farmers' Health Project showed this model of occupational health service to be an effective in meeting the health needs of the isolated and marginalised farming community (Mort *et al.* 2003)

Gerard and Walsh believe that what is required is an occupational health service tailored to meet the needs of farmers and their families. (Gerard & Walsh, 1997; Walsh, 2000a). *"There is no integrated agricultural occupational health service. The highly fragmented nature of the industry, with each farmer representing a self-contained small business, mitigates against the sort of occupational health service that the employees of large companies take for granted. Yet it is difficult to think of an industry in which the need for an occupational health service is greater… A fair share of attention and resources is long overdue for rural health services and it is only fair that the farming community, like any other industry, should have an occupational health service that meets it needs."* (Gerard & Walsh, 1997).

Constructing Better Health - Leicestershire

In October 2004, the 'Constructing Better Health' (CBH) pilot was launched in Leicestershire. CBH is a workplace health scheme providing free and confidential advice and support to employers, employees, designers and clients within the construction industry. The initiative is funded by the government, trade unions, and the construction industry itself, and services are provided by health, safety and environmental consultancy Sypol.

Services included in the Constructing Better Health project include: a telephone helpline and website, briefings and training sessions, site checks and walk-through risk assessments, drafting policies and procedures, health screening for construction workers, and practical advice on how to reduce exposure to hazards in the workplace. (BOMEL, 2005)

Further information on the project can be found at: www.fitbuilder.com

Rural Emotional Support Team – Staffordshire

This Rural Emotional Support Team (REST) in Staffordshire is a voluntary sector, registered charity initiative aimed at addressing problems of exclusion from mainstream healthcare (particularly mental health care), experienced by many members of the agricultural community, and developing and sustaining new pathways into health care for the agricultural community.

Further information on the project can be found at: www.ruralhealthgoodpractice.org.uk

Health Initiatives for Migrant Workers – West Lancashire

The Health Initiatives for Migrant Workers Project was set up by West Lancashire Primary Care Trust, and came about as a result of the recognition that the market garden areas in parts of West Lancashire were attracting a large number of migrant workers (particularly from Spain, Portugal, and the Eastern European countries). It was thought that many of these migrant workers were not able to speak English, and therefore unable to effectively access health services and other local services.

Work achieved under the initiative included the introduction of an interpretation service for GPs and other healthcare professionals, and creation of a welcome pack to be given to workers via their employers, which included a dual language GP registration form, and information regarding access to health services in the area.

Further information on the project can be found at: www.ruralhealthgoodpractice.org.uk

Farm Out Health Project - Derbyshire

The Farm Out Health Project, which is run by Derbyshire County Primary Care Trust and funded from a variety of sources, was established in response to the number of health related enquiries received at an information kiosk situated within Bakewell Agriculture and Business Centre, and as a result of the economic decline of agriculture and the consequent health challenges faced by farmers.

One of the first pieces of work carried out by the Farm Out Health project was the completion of a participatory health needs assessment of the local agricultural community, which raised health issues such as mental health, musculoskeletal problems, accidents, and problems accessing primary care services.

Findings from this health needs assessment have been used to inform the development and implementation of public health solutions to meet the health needs of the local agricultural community, for example a dedicated outreach physiotherapy services for the agricultural community, the establishment of a nurse-led drop-in clinic at the local agricultural centre, and the development and delivery of Family Farm Safety courses for health professionals. These and other public health initiatives developed by the Farm Out Health Project have had a positive impact on the health of the rural population of Derbyshire County Primary Care Trust area.

Further information on the project can be found at: www.ruralhealthgoodpractice.org.uk

Safe & Healthy Working - Scotland

Safe and Healthy Working provides a free and confidential occupational health and safety service for small and medium sized enterprises in Scotland. Similar to the Workplace Health

Connect model, the support is focused around a national Adviceline for employers and employees, an information website, and workplace visits.

The aim of the project is to give Scottish SMEs and their workers access to confidential, high-quality information, advice and support, to enable them to recognise and address any occupational health and safety problems and to raise the awareness and prevalence of occupational health and safety policies in small and medium businesses in Scotland.

Further information on the project can be found at: www.sahw.co.uk

The "Farmsafe" study, Scotland

Between March 2005 and June 2006 the Scottish Food Quality Certification Limited (SFQC) ran a pilot scheme, funded by the Scottish Executive, known as the "Farmsafe" study, which was intended to promote the uptake of a free occupational health and safety audit amongst farmers.

The occupational health and safety audits were carried out by SFQC assessors as part of their routine annual quality inspections. Each audit took approximately 20 minutes and concentrated on six priority health and safety topics relevant to the specific workplace - falls from height, workplace transport, musculoskeletal disorders, children's safety, pesticide and chemical exposure, and occupational asthma. Front line information and advice was provided by assessors, who were also able to recommend the further services of Safe and Healthy Working (S&HW). During the audit the SFQC assessor scored each topic using a four point scoring scheme, ranging from a 1 (full compliance) to 4 (limited or no compliance).

The pilot intended to raise awareness of the fact that occupational health and safety is part of good business practice, and lead to recognition that poor health and safety practice is a threat to business.

In addition to the audit itself, farmers were asked a series of simple questions intended to: gather data regarding previous accidents and ill health; establish who the farmers approach for help and advice; and identify where they go for any medical or health treatment.

It is envisaged that the "Farmsafe" pilot, which is currently being evaluated, will be a major contributor to reducing accidents and cases of ill-health to farmers by raising their awareness of occupational health and safety issues, as well as allowing a measurement of existing health and safety performance within the agriculture sector.

International Occupational Health, Safety and Return-to-Work Projects

One international project worth mentioning is the Farmers' Preventive Health Service (Lantbrukshälsan) in Sweden, which was set up by the Swedish Federation of Farmers (which protects farmers' interests on a co-operative basis) as a pilot in the 1970s. In 1983 the service was permanently established as an occupational health service for farmers, farm workers, and people occupied in other farming-related industries, aimed at preventing work-related injuries and ill health. Farmers pay a fee to become a member of the service, for which they are offered biennial health checks, free medical care for work-related health problems, farm visits, first aid courses, and sessions focusing on the prevention and improvement of back and neck problems. (Höglund, 1990)

In 2005, as a forerunner to the HSE's Workplace Health Connect programme, BOMEL produced a report for the HSE entitled "Occupational health and safety support systems for small and medium sized enterprises: A Literature Review" (BOMEL, 2005). The review aimed to identify and review occupational health support models and programmes for SMEs similar in scope to the model proposed by HSE.

BOMEL's review reported that although some of the support models implemented elsewhere in the world included components of the HSE's proposed occupational health, safety and return-to-work model model, none of them took the holistic approach proposed by the HSE.

Some of the projects detailed in the BOMEL report originate from rural areas, including the Strategic Plan in the Agriculture Sector in Navarre, Spain, and the All Terrain Vehicle (ATV) Accident Reduction Programme in New Zealand.

3.3.6 CONCLUSIONS

The review of the literature has shown that there is a significant amount of literature relating to the agricultural sector, but little literature relating to rural businesses within other industrial sectors. One could suggest a variety of reasons for this. Firstly agriculture is found only in the countryside, therefore differentiating rural areas from urban areas. Secondly, agriculture is traditionally is the most visible industry of the countryside. Thirdly, there have been several high profile studies relating to the mental health of farmers, and farm accident statistics, which have led academics to take a particular interest in the health of the farming community in the UK. Fourthly, perhaps there is simply less available data for researchers to use in order to undertake an analysis of health, safety, and return-to-work issues in other rural industries, and so the lack of available data has reduced the academic focus upon any other industries besides agriculture. This does not necessarily mean that there are no occupational health, safety and return-to-work issues within the other industrial sectors, perhaps simply that we do not know about them.

The literature concerning the agriculture sector is varied, and cites a great number of occupational health, safety and return-to-work issues facing the sector.

This literature review has confirmed that there is evidence within the farming community of stress and psychiatric morbidity, sometimes resulting in suicide. Numerous contributory factors, ranging from government policy to intergenerational disputes, are cited in the literature. In addition to these contributory factors, self-reliance, stoicism, and stigma all play a part in preventing farmers from readily accessing mainstream health services.

Respiratory disease is another area of concern in the field of farmers health. Farmers, particularly those working in high density confined animal feeding units, are prone to conditions such as asthma, hypersensitivity pneumonitis (farmers' lung), organic dust toxic syndrome, pulmonary function deterioration. These conditions are caused by inhaling respiratory toxins and endotoxins, such as organic dusts, inorganic dusts, chemicals, and toxic gases and fumes.

The literature also gives considerable attention to musculoskeletal disorders, joint problems, and osteoarthritis within the agriculture sector. Repetition of tasks, bending, twisting, vibration, heavy weights, and abnormal working positions all play their part in causing or worsening musculoskeletal disorders. A great many farmers suffer from historical musculoskeletal disorders brought about by ways of working in the past.

The literature also contains considerable discussion on the subject of zoonoses, which are a daily threat to farmers who come in contact with microorganisms, and can cause both bacterial

and viral infection.

There is also evidence in the literature to suggest raised levels of lip cancer within the agricultural community, and suggests that exposure to sunlight is the probable cause of this.

Numerous safety issues also arise in the literature relating to the agricultural sector. The nature of the tasks carried out by farmers, the age, variety, condition and upkeep of machinery used, close contact with animals, and poor levels of use of personal protective equipment all impact upon the potential hazards faced by farmers in their everyday work. In addition to these factors it is recognised that there is considerable underreporting of farm accidents, so it is unlikely that official statistics paint an accurate picture of the prevalence of farm accidents occurring within the agricultural community.

Another safety issue faced by the farming community, and discussed in the literature, is sensorineural hearing loss, caused by significant occupational exposure to elevated noise levels (noise induced hearing loss) and exposure to chemicals (non-noise induced hearing loss).

Considerable attention is also given in the literature to exposure to chemicals and organophosphates, which farmers encounter in the form of insecticides, pesticides, fungicides, herbicides, rodenticides, fertilisers, detergents, and animal medication, amongst others. The impacts of this exposure can include such effects as chronic poisoning, neurotoxic effects, adverse reproductive effects, and congenital birth defects.

Another issue raised in the literature is the issue of women on farms. In the UK, women often possess multiple roles within the running of the farm including running the home, raising children, as well as tasks on the farm and farm paperwork. The literature suggests that women face particular safety hazards on farms, owing to differences in size, stature, and physical strength.

The literature also discusses the subject of immigrant workers, with issues such as large numbers of immigrant workers being employed in particularly hazardous industries, insufficient safety training, lack of access to occupational health and safety services, and barriers of language and culture increasing risk of occupational illnesses and injuries, being raised. Whilst the articles relating to this focus upon immigrant workers in the United States, immigration is a growing issue in the UK, and therefore consideration of the issues is required in this country also.

Return-to-work issues were raised in a survey report by the Federation of Small Businesses include the fact that workers within small businesses often have tightly defined specific roles, and therefore sickness absence has a significant impact on performance of the business during employee absence, and finding and financing staff cover is challenging (FSB, 2006). Many small business owners are inclined to continue working despite illness in order to keep the business going. The report also cited the fact that many business owners felt that they would benefit from a range of specialist services to assist and advise them on sickness and return-to-work issues.

A number of industry specific occupational health, safety and return-to-work projects also came to light during the literature search, including the Farmers' Health Project (Cumbria and Lancashire), the Farm Out Health Project (Derbyshire), Rural Emotional Support Team (Staffordshire), and Constructing Better Health (Leicestershire).

In conclusion, the primary focus of the literature reviewed for this study is upon the occupational health and safety issues facing the agricultural sector, despite the fact that within

Great Britain agriculture is not one of the main three industries in rural areas, in terms of percentage of population employed. There appears to be little rurally-specific information relating to other industry sectors. This in itself identifies an area for further research. For example, do rural businesses in the Wholesale and retail and Manufacturing sectors face the same occupational health and safety issues as urban businesses in the same sectors? Does remoteness from mainstream healthcare services and ambulance response times have an impact upon elements of occupational health and safety (e.g. outcomes in cases of industrial accident), and what impact does this have on the degree of expertise necessary for the appointed first aider in rural businesses? What impact does working for a small rural business have on an employee's decision whether or not to take sick leave? What is the impact of rurality and a smaller workforce upon factors around return-to-work after a period of sickness or accident, for example difficulties in finding cover, and continued performance of a business during staff absence?

It appears there are a great many unanswered questions around the impact of rurality upon occupational health, safety and return-to-work, and that further research is needed in order for a detailed picture of the occupational health and safety needs of rural business to be established.

SECTION 4: IDENTIFYING THE KEY SECTORS OF EMPLOYMENT IN THE RURAL AREAS OF THE UK

In the UK business establishments and other statistical units are classified by the type of economic activities that they are engaged in, using the Standard Industrial Classification of Economic Activities (UK SIC(92)). The classification provides a framework for the collection, tabulation, presentation and analysis of data and use of the Standard Industrial Classification of Economic Activities promotes uniformity of statistics.[4]

The summary of the sections and subsections of the Standard Industrial Classification of Economic Activities below is reproduced from the Office for National Statistics:

- Agriculture, hunting and forestry
- Fishing
- Mining and quarrying:
  Mining and quarrying of energy producing materials
  Mining and quarrying except energy producing materials
- Manufacturing:
  Manufacture of food products, beverages and tobacco
  Manufacture of textiles and textile products
  Manufacture of leather and leather products
  Manufacture of wood and wood products
  Manufacture of pulp, paper and paper products; publishing and printing
  Manufacture of coke, refined petroleum products and nuclear fuel
  Manufacture of chemicals, chemical products and man-made fibres
  Manufacture of rubber and plastic products
  Manufacture of other non-metallic mineral products
  Manufacture of basic metals and fabricated metal products
  Manufacture of machinery and equipment not elsewhere classified
  Manufacture of electrical and optical equipment
  Manufacture of transport equipment
  Manufacturing not elsewhere classified
- Electricity, gas and water supply
- Construction
- Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods
- Hotels and restaurants
- Transport, storage and communication
- Financial intermediation
- Real estate, renting and business activities
- Public administration and defence; compulsory social security

[4] ONS Website: Introduction to UK Standard Industrial Classification of Economic Activities UK SIC(92)

- Education
- Health and social work
- Other community, social and personal service activities
- Private households with employed persons
- Extra-territorial organisations and bodies

Source: Office for National Statistics.

Table KS11a Industry of Employment produced by the Office for National Statistics (ONS) includes employment statistics for all people aged 16-74 in employment in England and Wales, categorised by Standard Industrial Classification (UK SIC(92)), sorted by Government Office Region, and then separated by new urban/rural classification descriptor (e.g. Urban >10k – Sparse; Village – Less Sparse, Hamlet and Isolated Dwelling – Sparse, etc). Therefore, the number of people employed by particular industries in rural areas of England and Wales could be established.

Similar data was obtained from the Scottish Executive, including statistics for people of working age in employment in Scotland, divided by industry sector, electoral region, and urban/rural classification descriptor (e.g. Large Urban Areas; Accessible Small Towns, Remote Small Towns, Accessible Rural, etc). Therefore, the number of people employed by particular industries in rural areas of Scotland could be established.

The information obtained from the Office for National Statistics has been used to produce Tables 1-6 below, which summarise the working population (aged 16-74) divided by industrial sector in England and Wales, separated by the Urban Rural Classification. The information provided by the Scottish Executive has been used to produce Tables 7-9 below which show people of working age in employment by industry sector in Scotland, divided by the Scottish Executive Urban Rural Classification.

In addition to the summarised tables below, Appendices 1, 2 and 3 provide detailed information relating to each of the Government Office Regions of England and Wales, and the electoral regions of the Scottish Parliament. The Government Office Region of *London* has been omitted from the section relating to England, due to its almost wholly urban population. For the same reason, the Scottish electoral region of *Glasgow* has been omitted.

In each section of Appendices 1, 2 and 3 the employment statistics have been used to create tables showing the total division of employment by industry of all people aged 16-74, divided by rural (sparse) and rural (less sparse) for England and Wales, and all people of working age divided by rural (accessible) and rural (remote) for Scotland. For England and Wales an indication is also provided of the percentage of the workforce that is employed within each industrial sector. Due to the suppression of some of the Scottish data due to the estimates being below the reliability threshold, percentages are not provided in the section relating to Scotland.

4.1 ENGLAND - TOTALS

The table below shows the working population (aged 16-74) in urban areas of England, divided by industry sector:

Table 2: Working population (aged 16-74) divided by industrial sector in England - Urban

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	3,065,806	17.1%
Manufacturing	2,667,983	14.9%
Real estate; renting and business activities	2,400,734	13.4%
Health and social work	1,934,422	10.8%
Education	1,363,387	7.6%
Transport; storage and communication	1,324,258	7.4%
Construction	1,174,964	6.6%
Public administration and defence	989,859	5.5%
Other	943,936	5.3%
Financial intermediation	915,397	5.1%
Hotels and restaurants	838,048	4.7%
Electricity; gas and water supply	127,245	0.7%
Agriculture; hunting and forestry	122,884	0.7%
Mining and quarrying	36,853	0.2%
Fishing	2,974	0.0%

The table below shows the working population (aged 16-74) in rural less sparse areas of England, divided by industry sector:

Table 3: Working population (aged 16-74) divided by industrial sector in England – Rural Less Sparse

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	672,693	15.8%
Manufacturing	625,934	14.7%
Real estate; renting and business activities	539,955	12.7%
Health and social work	438,476	10.3%
Education	352,502	8.3%
Construction	318,928	7.5%
Public administration and defence	266,756	6.3%
Transport; storage and communication	252,526	5.9%
Other	207,799	4.9%
Hotels and restaurants	199,523	4.7%
Agriculture; hunting and forestry	175,526	4.1%
Financial intermediation	157,986	3.7%
Electricity; gas and water supply	30,698	0.7%
Mining and quarrying	17,063	0.4%
Fishing	1,904	0.0%

The table below shows the working population (aged 16-74) in rural sparse areas of England, divided by industry sector:

Table 4: Working population (aged 16-74) divided by industrial sector in England – Rural Sparse

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	43,544	15.9%
Manufacturing	34,520	12.6%
Health and social work	27,800	10.1%
Agriculture; hunting and forestry	27,707	10.1%
Hotels and restaurants	24,046	8.8%
Real estate; renting and business activities	23,779	8.7%
Construction	22,104	8.1%
Education	20,608	7.5%
Other	14,526	5.3%
Public administration and defence	14,140	5.2%
Transport; storage and communication	13,247	4.8%
Financial intermediation	4,699	1.7%
Electricity; gas and water supply	1,676	0.6%
Mining and quarrying	1,565	0.6%
Fishing	518	0.2%

4.2 WALES - TOTALS

The table below shows the working population (aged 16-74) in urban areas of Wales, divided by industry sector:

Table 5: Working population (aged 16-74) divided by industrial sector in Wales - Urban

	Number of people employed:	Percentage of workforce:
Manufacturing	138,533	18.5%
Wholesale and retail trade	126,112	16.9%
Health and social work	97,418	13.0%
Real estate; renting and business activities	64,880	8.7%
Education	58,234	7.8%
Public administration and defence	53,208	7.1%
Construction	48,928	6.5%
Transport; storage and communication	43,841	5.9%
Hotels and restaurants	38,133	5.1%
Other	36,224	4.8%
Financial intermediation	28,299	3.8%
Electricity; gas and water supply	7,877	1.1%
Agriculture; hunting and forestry	4,760	0.6%
Mining and quarrying	1,876	0.3%
Fishing	76	0.0%

The table below shows the working population (aged 16-74) in rural less sparse areas of Wales, divided by industry sector:

Table 6: Working population (aged 16-74) divided by industrial sector in Wales – Rural Less Sparse

	Number of people employed:	Percentage of workforce:
Manufacturing	50,219	17.8%
Wholesale and retail trade	42,863	15.2%
Health and social work	38,227	13.5%
Education	24,795	8.8%
Real estate; renting and business activities	24,505	8.7%
Construction	21,495	7.6%
Public administration and defence	18,222	6.4%
Transport; storage and communication	14,189	5.0%
Hotels and restaurants	14,081	5.0%
Other	12,925	4.6%
Financial intermediation	8,248	2.9%
Agriculture; hunting and forestry	8,617	3.0%
Electricity; gas and water supply	2,615	0.9%
Mining and quarrying	1,405	0.5%
Fishing	139	0.0%

The table below shows the working population (aged 16-74) in rural sparse areas of Wales, divided by industry sector:

Table 7: Working population (aged 16-74) divided by industrial sector in Wales – Rural Sparse

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	24,353	15.7%
Health and social work	18,600	12.0%
Manufacturing	16,957	10.9%
Agriculture; hunting and forestry	15,748	10.1%
Construction	13,640	8.8%
Education	13,355	8.6%
Hotels and restaurants	11,598	7.5%
Real estate; renting and business activities	11,431	7.4%
Public administration and defence	9,286	6.0%
Other	8,267	5.3%
Transport; storage and communication	7,323	4.7%
Financial intermediation	2,382	1.5%
Electricity; gas and water supply	1,584	1.0%
Mining and quarrying	629	0.4%
Fishing	159	0.1%

4.3 SCOTLAND - TOTALS

The table below shows the number and percentage of people of working age in employment, by industry sector, in urban areas and small towns in Scotland:

Table 8: People of working age in employment by industry sector in: Scotland – Urban and Small Towns

	Number of people employed:	Percentage of workforce: **
Wholesale and retail trade	287,000	15.0%
Health and social work	267,000	13.9%
Manufacturing	208,000	10.9%
Real estate; renting and business activities	185,000	9.7%
Public administration and defence	167,000	8.7%
Education	166,000	8.7%
Construction	140,000	7.3%
Transport; storage and communication	132,000	6.9%
Other	118,000	6.2%
Financial intermediation	97,000	5.1%
Hotels and restaurants	97,000	5.1%
Mining and quarrying	27,000	1.4%
Electricity; gas and water supply	18,000	0.9%
Agriculture; hunting and forestry	7,000	0.4%
Fishing	*	*

* estimate is below reliability threshold
** Original figures rounded to nearest thousand so percentages are not exact and are provided as guidelines only.

The table below shows the number and percentage of people of working age in employment, by industry sector, in rural (accessible) areas of Scotland:

Table 9: People of working age in employment by industry sector in: Scotland – Rural (Accessible)

	Number of people employed:	Percentage of workforce: **
Health and social work	47,000	13.7%
Wholesale and retail trade	47,000	13.7%
Manufacturing	39,000	11.4%
Construction	33,000	9.6%
Education	30,000	8.7%
Real estate; renting and business activities	30,000	8.7%
Public administration and defence	26,000	7.6%
Transport; storage and communication	21,000	6.1%
Other	18,000	5.2%
Agriculture; hunting and forestry	15,000	4.4%
Financial intermediation	14,000	4.1%
Hotels and restaurants	14,000	4.1%
Mining and quarrying	9,000	2.6%
Fishing	*	*
Electricity; gas and water supply	*	*

* estimate is below reliability threshold
** Original figures rounded to nearest thousand so percentages are not exact and are provided as guidelines only.

The table below shows the number and percentage of people of working age in employment, by industry sector, in rural (remote) areas of Scotland:

Table 10: People of working age in employment by industry sector in: Scotland – Rural (Remote)

	Number of people employed:	Percentage of workforce: **
Health and social work	17,000	13.0%
Wholesale and retail trade	17,000	13.0%
Hotels and restaurants	13,000	9.9%
Construction	12,000	9.2%
Education	12,000	9.2%
Manufacturing	12,000	9.2%
Agriculture; hunting and forestry	11,000	8.4%
Real estate; renting and business activities	9,000	6.9%
Transport; storage and communication	8,000	6.1%
Other	7,000	5.3%
Public administration and defence	7,000	5.3%
Fishing	3,000	2.3%
Mining and quarrying	3,000	2.3%
Financial intermediation	*	*
Electricity; gas and water supply	*	*

* estimate is below reliability threshold
** Original figures rounded to nearest thousand so percentages are not exact and are provided as guidelines only.

Table 11: Percentage of population employed by industry sector using SIC(92) classifications and urban rural classification for England and Wales and Scottish executive urban rural classification for Scotland

	England Urban	Wales Urban	Scotland Urban and small towns **	England Rural Less Sparse	Wales Rural Less Sparse	Scotland Accessible Rural **	England Rural Sparse	Wales Rural Sparse	Scotland Remote Rural **
Agriculture, hunting & forestry	0.7%	0.6%	0.4%	4.1%	3.0%	4.4%	10.1%	10.0%	8.4%
Fishing	0.0%	0.0%	*	0.0%	0.0%	*	0.2%	0.1%	2.3%
Mining & quarrying	0.2%	0.3%	1.4%	0.4%	0.5%	2.6%	0.6%	0.4%	2.3%
Manufacturing	14.9%	18.5%	10.9%	14.7%	17.8%	11.4%	12.6%	10.9%	9.2%
Electricity, gas & water supply	0.7%	1.1%	0.9%	0.7%	0.9%	*	0.6%	1.0%	*
Construction	6.6%	6.5%	7.3%	7.5%	7.6%	9.6%	8.1%	8.8%	9.2%
Wholesale & retail trade	17.1%	16.9%	15.0%	15.8%	15.2%	13.7%	15.9%	15.7%	13.0%
Hotels & restaurants	4.7%	5.1%	5.1%	4.7%	5.0%	4.1%	8.8%	7.5%	9.9%
Transport, storage & communication	7.4%	5.8%	6.9%	5.9%	5.0%	6.1%	4.8%	4.7%	6.1%
Financial intermediation	5.1%	3.7%	5.1%	3.7%	2.9%	4.1%	1.7%	1.5%	*
Real estate, renting & business activities	13.4%	8.7%	9.7%	12.7%	8.7%	8.7%	8.7%	7.4%	6.9%
Public admin. & defence	5.5%	7.1%	8.7%	6.3%	6.4%	7.6%	5.2%	6.0%	5.3%
Education	7.6%	7.8%	8.7%	8.3%	8.8%	8.7%	7.5%	8.6%	9.2%
Health & social work	10.8%	13.0%	13.9%	10.3%	13.5%	13.7%	10.1%	12.0%	13.0%
Other	5.3%	4.8%	6.2%	4.9%	4.6%	5.2%	5.3%	5.3%	5.3%

* Data suppressed as estimate is below reliability threshold

** Original data rounded to nearest thousand, so percentages may not be accurate

Tables 2-11 show that within the most sparse and remote rural areas of England, Wales and Scotland, the top eight industrial sectors in terms of percentage of population employed, are:

- Wholesale & retail trade
- Manufacturing
- Health and social work
- Agriculture, hunting & forestry
- Hotels and restaurants
- Construction
- Education
- Real estate, renting & business activities

SECTION 5: SECONDARY DATA

In addition to the material gathered through the detailed literature review, secondary data were gathered, primarily from Health & Safety Executive statistics, relating to the eight largest industry sectors (in terms of percentage of population employed) in rural areas. The data are provided below as a summary of the key accident and injury statistics, and the main illness and injury risks facing workers within the *Wholesale & retail trade, Manufacturing, Health and social work, Agriculture, hunting & forestry, Hotels and restaurants, Construction, Education,* and *Real estate, renting & business activities.* The data relate to people employed in particular industrial sectors across all areas of the Great Britain, and are not broken down by urban rural classification.

5.1 Wholesale and retail trade

The *Wholesale and retail trade* sector includes such business activities as repair of motor vehicles, motorcycles, and personal and household goods, and retail sale of automotive fuel.

An estimated total of 3,245,000 days (full-day equivalent) were taken off work by employees in the *Wholesale and retail trade* sector in 2003/04 due to self-reported work-related illness or workplace injuries attributed to the current or most recent job. This amounts to an average of 0.97 days lost per worker.[5]

The Health & Safety Executive cites that in the *Wholesale and retail trade* in 2004/05 the estimated prevalence of illness caused or made worse by any job was 212,000.[6]

Average annual cases of work related ill health seen by The Health and Occupation Reporting network (THOR) disease specialists for the *Wholesale and retail trade*, include 36 cases of spine/back disorders, 104 cases of stress, 101 cases of dermatitis, and 142 cases of upper limb disorders.[7]

5.2 Manufacturing

The *Manufacturing* sector is diverse, and includes such industries as motor vehicle repair, laundries and dry-cleaning, engineering, textiles, printing, waste and recycling, quarries, and woodworking, amongst others.

In 2004/05 the *Manufacturing* sector reported over 32,000 work related accidents to the Health and Safety Executive (HSE). This figure includes over 6,200 major injuries such as fractures and amputations. There were 43 fatalities.[8]

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[5] *Table ILLWHO6: Estimated days (full-day equivalent) off work and associated average days lost per worker in 2003/04 due to self-reported work-related illness or workplace injuries attributed to the current or most recent job*

[6] *Table ILLWHO1: Estimated prevalence and rates of self-reported work-related illness (HSE)*

[7] *Table ILLWHO5: Annual incidence rates for work related ill health seen by The Health and Occupation Reporting network (THOR) hospital specialists and cases assessed with compensatable prescribed diseases under the Industrial Injuries Disablement Benefit Scheme (IIDB), in the period 2003-2005. (HSE)*

[8] *Source: HSE - http://www.hse.gov.uk/manufacturing/index.htm*

The main causes of injury within the *Manufacturing* sector include: manual handling/musculoskeletal injuries (through lifting/carrying heavy and/or awkward objects); being struck by, or striking against fixed or moveable items (e.g. hand tools, plant, vehicles, or falling objects); machinery and workplace transport; slips and trips (i.e. wet or uneven floors); falls from height (e.g. elevated walkways, ladders, or into inspection pits).[9]

The main causes of ill-health in the *Manufacturing* sector include: musculoskeletal injuries; exposure to noise and noise induced hearing loss; work-related upper limb disorders (WRULDs); respiratory irritation and work-related asthma; occupational dermatitis; vibration white finger; and hand-arm vibration.[10]

In many manufacturing industries, there is reputed to be considerable under-reporting of cases of occupational ill health.

5.3 Health and Social Work

The *Health and social work* sector has a higher than average prevalence rate of work-related illness. The 2005/06 survey of self-reported work-related illness estimated that 150,000 people whose current or most recent job in the last year was in the *Health and social work* sector suffered from an illness which was caused or made worse by this job. This amounts to 4.1% of people employed by the sector, considerably higher than the all-industry prevalence rate of 3.1%.[11] In 2003/04 an estimated four million working days were lost in the *Health and social work* sector due to self-reported work-related illness or workplace injuries attributed to the current or most recent job.[12]

The estimated number of days lost due to injury and illness in 2004/05 indicates an average annual loss of 1.8 days per worker in the *Health and social work* sector, higher than the all-industry average of 1.3 days per worker.[13]

Musculoskeletal conditions, particularly spine/back disorders are also an important cause of work-related illness in the *Health and social work* sector, and well above the industry average (rate of 2.2 workers per 100 employed in the last 12 months, compared to all-industry average of 1.5).[14] Prevalence rates of stress and depression in the *Health and social work* sector are also

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[9] *Source: HSE - http://www.hse.gov.uk/manufacturing/index.htm*

[10] *Source: HSE - http://www.hse.gov.uk/manufacturing/index.htm*

[11] *SWI 05/06 Table 5 - Comparison of estimated 2001/02, 2003/04, 2004/05 and 2005/06 prevalence and rates of self-reported illness caused or made worse by current or most recent job, by industry section, for people working in the last 12 months (HSE)*

[12] *Table ILLHEA6 - Estimated days (full-day equivalent) off work and associated average days lost per worker in 2003/04 due to self-reported work-related illness or workplace injuries attributed to the current or most recent job (HSE)*

[13] *LFS/SWI Table WDLIND - Working days lost by Industry 2004/05 (LFS) - Estimated days (full-day equivalent) off work and associated average days lost per worker due to self-reported work-related illness or workplace injuries attributed to the current or most recent job, by industry section, 2004/05 (HSE)*

[14] *Table MSDIND2 2004/05 - Estimated prevalence and rates (%) of self-reported musculoskeletal disorders caused or made worse by current or most recent job, by industry section, for people working in the last 12 months (HSE)*

above the all-industry average, 1.8 per 100 workers employed in the last 12 months, compared to all-industry prevalence rate of 1.2.[15]

The prevalence rate of infection in the health services sector is considerably higher than the all-industry rate, standing at 32.0 per 100,000 workers, compared to an all-industry rate of 4.0. Prevalence of dermatitis in the sector is almost twice the all-industry average (prevalence rate of 14.0 per 100,000 workers, compared to all-industry prevalence rate of 6.0 per 100,000 workers).[16]

In the *Health and social work* sector the average number of days lost per worker in 2003/04, due to self-reported work-related illness or workplace injuries attributed to the current or most recent job, was 1.8 compared to an all-industry average of 1.3 days per worker.[17]

In 2005/06, 55% of major injuries to employees in the health services were as a result of slips or trips, 14% were injuries acquired through handling, lifting or carrying, and 12% resulted from physical assault.[18] In the social care sector in 2005/06 slips and trips were the most common kind of major injury accounting for 49% of injuries. 14% of major injuries were due to physical assault, and 12% of injuries were acquired through handling, lifting or carrying.[19]

There is a high level of occupational health provision in the *Health and social work* sector.[20]

5.4 Agriculture, hunting and forestry

According to the HSE, the *Agriculture, hunting and forestry* sector has one of the worst fatal accident and occupational ill health records of all the major employment sectors in the UK. In the ten year period from 1995/1996 to 2004/2005 there were 489 fatal injuries in *Agriculture, horticulture and forestry*.[21] On average a further 2,000 non-fatal injuries in agriculture are reported to the HSE each year. Many more go unreported – surveys suggest only 30% of legally reportable injuries to employees and 10% of those to self-employed are reported.[22]

In 2005/06, the main causes of fatalities within the *Agriculture, horticulture and forestry* sector were: transport (overturning vehicles or being struck by moving vehicles) which accounted for 36% of fatalities, falls which accounted for 13% of fatalities, livestock related fatalities which accounted for 13% of deaths, and machinery which accounted for 11% of fatalities. Other causes of fatalities included being struck by a moving/falling/flying object, poisoning, drowning, or fire.[23]

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[15] *Table STRIND2 2004/05 - Estimated prevalence and rates (%) of self-reported stress, depression or anxiety caused or made worse by current or most recent job, by industry section, for people working in the last 12 months (HSE)*

[16] *Table ILLHEA5 - Annual cases and incidence rates for work related ill health seen by The Health and Occupation Reporting network (THOR) disease specialists…for all industries and for health and social work (HSE)*

[17] *Source: HSE - http://www.hse.gov.uk/statistics/industry/healthservices.htm*

[18] *Source: HSE - http://www.hse.gov.uk/statistics/industry/healthservices.htm*

[19] *Source: HSE - http://www.hse.gov.uk/statistics/industry/healthservices.htm*

[20] *Source: HSE - http://www.hse.gov.uk/statistics/industry/healthservices.htm*

[21] *http://www.hse.gov.uk/agriculture/hsagriculture.htm*

[22] *farmwise: your essential guide to health and safety in agriculture. HSE.*

[23] *Health & Safety Executive. Fatal Injuries in Farming, Forestry and Horticulture. 2005/2006*

In 2005/06, 3.6% (3,600 per 100,000 employed) of people employed in the *Agriculture, hunting and forestry* sector in the past 12 months were suffering from an illness ascribed to their current/most recent job.[24]

Musculo-skeletal disorders are a particular health and safety problem within the sector, affecting 3.1% of people employed in the sector in the previous 12 months, compared to an all-industry level of 1.6% (figures from 2003/04).[25] Other main causes of illness in the sector include exposure to dusts, zoonoses, and noise and vibration.

5.5 Hotels and Restaurants

Based on Labour Force Survey statistics, the rate of reportable injury in the *Hotels and Restaurants* sector is not statistically significantly different to the all-industry average.[26] Statistics for 2004/05 suggest that the estimated number of days lost due to illness and injury amount to an average annual loss of 0.62 days per worker in the *Hotels and Restaurants* sector, lower than the all industry average (1.3 days per worker).[27]

The *Hotels and Restaurants* sector has a lower than average prevalence rate of work-related illness. In 2005/06, it was estimated that 26,000 people whose current or most recent job in the last twelve months was in the *Hotels and Restaurants* sector suffered from an illness which was cuased or made worse by this job. This amounted to 2,000 employees per 100,000 (2%) employed in the last twelve months, considerably lower than the all-industry average of 3,100 employees per 100,000 (3.1%).[28]

In 2004/05 the rate of self-reported musculoskeletal disorders caused or made worse by current or most recent job in the *Hotels and Restaurants* sector, for people working in the last 12 months, was 0.94 per 100, compared to an all-industry prevalence of 1.5 per 100. This amounted to approximately 12,000 employees in the *Hotels and Restaurants* sector.[29]

The annual incidence rates for work related ill health seen by The Health and Occupation Reporting network (THOR) hospital specialists, in the period 2003-2005, show an above average industry rate for dermatitis (15.0 per 100,000 workers, compared to 6.0 per 100,000

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[24] *SWI 05/06 Table 5 - Comparison of estimated 2001/02, 2003/04, 2004/05 and 2005/06 prevalence and rates of self-reported illness caused or made worse by current or most recent job, by industry section, for people working in the last 12 months*

[25] *Table MSDIND2 - 2003/04 - Estimated prevalence and rates (%) of self-reported musculoskeletal disorders caused or made worse by current or most recent job, by industry section, for people working in the last 12 months, 2003/04*

[26] *Source: HSE - http://www.hse.gov.uk/statistics/industry/hotel.htm*

[27] *Table: Working days lost by Industry 2004/05 (LFS): Estimated days (full-day equivalent) off work and associated average days lost per worker due to self-reported work-related illness or workplace injuries attributed to the current or most recent job, by industry section, 2004/05*

[28] *SWI 05/06 Table 5 - Comparison of estimated 2001/02, 2003/04, 2004/05 and 2005/06 prevalence and rates of self-reported illness caused or made worse by current or most recent job, by industry section, for people working in the last 12 months*

[29] *Table MSDIND2 - 2004/05 - Estimated prevalence and rates (%) of self-reported musculoskeletal disorders caused or made worse by current or most recent job, by industry section, for people working in the last 12 months, 2004/05, 2003/04 and 2001/02 (HSE)*

workers all-industry average annual incidence rate). The rates of upper limb disorders and infections in the *Hotels and Restaurants* sector are also significant, each having an average annual rate of 4.0 per 100,000 workers. [30]

The main cause of injury in the *Hotels and Restaurants* sector are slips, trips and falls (usually on wet or contaminated floors). In total, there were 1,158 reported major injuries to employees in the hotels and catering industries in 2005/06. 55% (638 of 1,158) of these injuries were as a result of slips or trips.[31] Other causes of injury in the sector include manual handling, exposure to hot or harmful substances (e.g. hot oil, or cleaning chemicals), and being stuck by something (e.g. sharp knives or falling objects).[32]

5.6 Construction

There were 3,677 reported major injuries to employees in the *Constuction* industry in 2005/06, a decrease on subsequent years (4,386 in 1999/2000 and 3,768 in 2004/05). 981 (27%) of these resulted from a slip or trip, 917 (25%) were a result of falling from a height, 577 (16%) were injuries due to handling, lifting or carrying, and 572 (16%) due to being hit by moving/falling objects.[33]

Statistics from the Labour Force Survey (LFS) show the average rate of reportable injury in the *Construction* sector to be 1,790 per 100,000 workers in 2004/05, compared to an average of 1,090 per 100,000 workers in all industries.[34]

In 2005/06, 86,000 people whose current or most recent job in the last year was in the *Construction* sector reported, in a self-reported work-related illness (SWI) survey, that they suffered from an illness which was caused or made worse by this job. This amounted to a prevalence rate of 3,800 per 100,000 people (a percentage of 3.8%) working in the last year, considerably higher than the average all-industry prevalence rate (3,100 per 100,000 people, a percentage of 3.1%).[35]

One of the dominant work-related health conditions affecting workers in the *Construction* industry is musculoskeletal conditions. In 2004/05, 2.5 per 100 construction workers suffered from a musculoskeletal disorder which they ascribed to their current or most recent job in the *Construction* industry. This was the highest prevalence rate for all industries.[36]

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[30] *Table ILLHOT5 - Annual incidence rates for work related ill health seen by The Health and Occupation Reporting network (THOR) hospital specialists and cases assessed with compensatable prescribed diseases under the Industrial Injuries Disablement Benefit Scheme (IIDB), in the period 2003-2005. (HSE)*

[31] *Source: HSE - http://www.hse.gov.uk/statistics/industry/hotel.htm*

[32] *Source: HSE - http://www.hse.gov.uk/catering/index.htm*

[33] *Source: HSE - http://www.hse.gov.uk/statistics/industry/construction.htm*

[34] *Source: HSE - http://www.hse.gov.uk/statistics/industry/construction.htm*

[35] *SWI 05/06 Table 5 - Comparison of estimated 2001/02, 2003/04, 2004/05 and 2005/06 prevalence and rates of self-reported illness caused or made worse by current or most recent job, by industry section, for people working in the last 12 months (HSE)*

[36] *Table MSDIND2 - 2004/05 - Estimated prevalence and rates (%) of self-reported musculoskeletal disorders caused or made worse by current or most recent job, by industry section, for people working in the last 12 months*

On the other hand, workers in the *Construction* industry are least likely to report stress, depression or anxiety caused or made worse by current or most recent job (a prevalence rate of 0.56 per 100 workers, compared to an all-industry average prevalence rate of 1.1 per 100 workers).[37]

Another major occupational health issue in the *Construction* industry is asbestos-related illness. Chronic lung illness asbestosis has an incidence rate of 7.3 per 100,000 in the *Construction* industry, compared to an all-industry average incidence rate of 1.1 per 100,000. Diffuse pleural thickening, which can result from asbestos exposure, has an *Construction* sector incidence rate of 50 per 100,000 workers, compared to an all-industry average incidence rate of 11.3 per 100,000. The incidence rate of asbestos-related cancer mesothelioma is also higher in the *Construction* industry – 41.9 per 100,000 workers, as opposed to 9.4 per 100,000 workers in all industries combined.

The effects of noise and vibration exposure are also a health and safety issue in the *Construction* sector.

5.7 Education

According to HSE statistics, in 2005/06 the *Education* sector carried a prevalence rate of work-related illness similar to the all-industry average. The average number of working days lost per worker is 0.89 for the *Education* sector, compared to an all-industry average of 1.3 days per worker.[38]

However, in 2004/05 the *Education* sector had one of the highest rates of self-reported stress, depression or anxiety caused or made worse by current or most recent job for people working in the last 12 months – almost twice the all-industry average (2.0 per 100 workers, compared to an all-industry average of 1.2 per 100 workers).[39] Stress is the predominant cause of work-related illness in the *Education* sector.

The prevalence rate of musculoskeletal problems within the *Education* sector, on the other hand, is one of the lowest of all industries (0.99 per 100 workers, compared to an all-industry average of 1.5 per 100 workers).[40]

In 2004/05 there were 2,604 over-3-day injuries to employees within the *Education* sector (a rate of 115 injuries per 100 000 employees). The most common cause of injuries leading to 3 or more days absence were handling injuries with 804 injuries (31%) and slips and trips with 783 (30%). 325 over-3-day injuries (12%) were due to physical assault or violence.[41]

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[37] *Table STRIND2 - 2004/05 - Estimated prevalence and rates (%) of self-reported stress, depression or anxiety caused or made worse by current or most recent job, by industry section, for people working in the last 12 months*

[38] *Working days lost by Industry 2004/05 (LFS) - Estimated days (full-day equivalent) off work and associated average days lost per worker due to self-reported work-related illness or workplace injuries attributed to the current or most recent job, by industry section, 2004/05*

[39] *Table STRIND2 - 2004/05 - Estimated prevalence and rates (%) of self-reported stress, depression or anxiety caused or made worse by current or most recent job, by industry section, for people working in the last 12 months*

[40] *Table MSDIND2 - 2004/05 - Estimated prevalence and rates (%) of self-reported musculoskeletal disorders caused or made worse by current or most recent job, by industry section, for people working in the last 12 months*

[41] *Source: HSE - http://www.hse.gov.uk/statistics/industry/education.htm*

5.8 Real Estate, renting and business activities

This sector includes such businesses as Real Estate Activities (e.g. developing, buying, and selling real estate, property letting, letting of conference and exhibition centres), Renting of Machinery and Equipment without Operator, and Personal and Household Goods (e.g. cars, transport equipment, sports and recreation equipment, personal and household goods), Computer and related Activities (e.g. hardware and software consultancy, data processing, Maintenance and repair of office, accounting and computer machinery), Research and development (e.g. research and experimental development on natural sciences, engineering, social sciences and humanities), and other business activities (e.g. legal activities, accounting, book keeping, auditing, market research and public opinion polling).

In 2004/05 2.9% of people working in the last 12 months, whose current or most recent job was in this sector, reported that they suffered with an illness which was caused or made worse by that job (compared to an all-industry average rate of 3.4%).[42] By 2005/06, this gap had widened further, and the *Real estate, renting and business activities* sector had a statistically significant lower than average prevalence rate of work-related illness - 2.2% compared to 3.1% all-industry average.[43]

Predominant kinds of work-related illnesses in the *Real Estate, renting and business activities* sector include musculoskeletal disorders and stress. Having said this, prevalence data for stress, depression and anxiety in the sector reveal rates in line with the all-industry average[44], and prevalence rates for musculoskeletal disorders are significantly lower than the all-industry average (1.0 person per 100 people employed in the last twelve months, compared to the all-industry average of 1.5).[45]

In 2004/05, the average number of days work lost per worker in the finance and business sector was 0.83 days per worker, significantly lower than the all industry average of 1.3 days per worker.[46]

[42] *SWI Table 5 - Comparison of estimated 2001/02, 2003/04 and 2004/05 prevalence and rates of self-reported illness caused or made worse by current or most recent job, by industry section, for people working in the last 12 months*

[43] *http://www.hse.gov.uk/statistics/industry/commerce.htm*

[44] *Table STRIND2 - 2004/05 - Estimated prevalence and rates (%) of self-reported stress, depression or anxiety caused or made worse by current or most recent job, by industry section, for people working in the last 12 months, 2004/05, 2003/04 and 2001/02 (HSE)*

[45] *Table MSDIND2 - 2004/05 - Estimated prevalence and rates (%) of self-reported musculoskeletal disorders caused or made worse by current or most recent job, by industry section, for people working in the last 12 months (HSE)*

[46] *Table - Working days lost by Industry 2004/05 (LFS) - Estimated days (full-day equivalent) off work and associated average days lost per worker due to self-reported work-related illness or workplace injuries attributed to the current or most recent job, by industry section, 2004/05*

SECTION 6: INTERVIEWS WITH SMEs IN TWO RURAL PARTS OF THE UK

Semi-structured telephone interviews were held with key workers in a sample of Small and Medium Enterprises (SMEs), from a wide range of industrial sectors, within two diverse rural parts of the UK – East Anglia and Mid Wales. Interviews were held with workers within SMEs employing 5-250 workers (i.e. those falling within eligibility criteria for the Workplace Health Connect service), and also within micro-businesses employing fewer than five people.

These interviews were intended to establish the nature of occupational health and safety approaches which work well in these two areas, identify the support services that currently exist in these two rural areas and establish how best use can be made of these support services, and also to ascertain the type of background, skills, qualifications, and communication approaches that the Workplace Health Connect staff should have in order to effectively operate in rural areas of the UK.

Interviewees were recruited through IRH networks, personal contact with SMEs identified through web searching and business indexes, and via contact with organisations such as the Federation of Small Business and Suffolk County Council.

A copy of the semi-structures interview schedules used with SMEs in East Anglia and Mid Wales, and with key national organisations, can be found as Appendices 4 and 5).

EAST ANGLIA

For the purposes of this study, interviews with representatives of SMEs in East Anglia were limited to those located in Suffolk and Norfolk.

Major urban centres in Suffolk and Norfolk include Norwich, Great Yarmouth, King's Lynn, Thetford, Ipswich, Bury St. Edmunds, Felixstowe and Lowestoft. The region also contains large swathes of rural land, encompassing a national park (The Norfolk Broads) and three Areas of Outstanding Natural Beauty (the Norfolk Coast, the Suffolk Coast and Heaths, and Dedham Vale).

The working population (age 16-74) in Suffolk and Norfolk amounts to some 673,000 people. The primary industry of employment in Suffolk and Norfolk is *Wholesale and Retail*, which employs 18% of the working age population. *Manufacturing* is also a significant employer, accounting for 15% of the workforce in Suffolk and Norfolk. The third largest sector of employment is *Health and social work*, which employs 11% of the working population.

Agriculture, hunting and forestry employs 6% of the population of rural areas of Norfolk and Suffolk. Traditionally known as Britain's 'breadbasket', the low-lying counties of Norfolk and Suffolk are best known for their arable farming. Key crops grown in the region include wheat, barley, sugar beet, oil seed rape, potatoes, flowers and shrubs, peas, beans, linseed, apples, strawberries, and salad crops. Livestock farming in the region is dominated by pig and poultry farming.

Six interviews were held with key workers, within SMEs in East Anglia, including representatives of the Manufacturing sector (marine windows and doors, precision components, and flavour and fragrance ingredients), Hotels and Catering (a Bed and Breakfast and Tea

Rooms business), Agriculture (a horticulture and arable business), and Wholesale and Retail (a newsagents/convenience store/sub-Post Office). Of the six interviewees, three were the proprietor of the business, two were directors, and one was the business's health and safety officer.

Five of the East Anglian business interviewed as part of the study employed between 5 and 250 workers (range 5 –14). One business interviewed employed 300 workers, so whilst outside of the limits placed upon this study, was included on account of the fact that the business had grown to that level over many years and was keen to be involved in the study.

Interviews took place by telephone. Information provided is anonymised.

WALES

For the purposes of this study, interviews with representatives of SMEs in Wales were limited to those located in Mid Wales (specifically Powys and Ceredigion), so as to ensure that businesses taking part were from rural areas of the Principality.

Mid Wales is a sparsely populated area, and is home to a dispersed rural population, alongside small market towns such as Llanidloes, Newtown, Welshpool, Rhayader, and Builth Wells, and coastal towns such as Aberystwyth, Aberaeron and Cardigan.

The working population (aged 16-74) of Powys and Ceredigion amounts to some 86,579 people. The dominant industry of employment in Powys and Ceredigion is *Wholesale and Retail*, which employs 16% of the working population aged 16-74. *Manufacturing* also employs a significant proportion of the workforce, accounting for 12% of the workforce in Powys and Ceredigion. The third largest sector of employment is *Health and social work*, which also employs 12% of the working population.

The *Agriculture, hunting and forestry* sector is a significant employer in rural areas of Powys and Ceredigion, employing 11% of the workforce. The Mid Wales landscape is dominated by livestock farming of the lowlands and the upland hills, predominantly of sheep, beef, and dairy cattle, the land being largely unsuitable for the cultivation of arable crops.

Eight interviews were held with key workers in SMEs in Mid Wales. Interviewees included representatives of the Construction sector (painting and decorating, building, double glazing and conservatories), Manufacturing (recycling sector, and production of products for the construction industry), Transport, Storage and Communication (voluntary sector community transport scheme), Health and Social Work (GP Practice), and Wholesale and Retail (furniture retail). Of the eight interviewees two were the business proprietor, two were managers, three were health and safety managers/officers, and one was a worker.

Five of the SMEs interviewed in Mid Wales employed between 5 and 250 employees (range 30 - 75) and three employed fewer than 5 employees (range 1 - 3).

Interviews took place by telephone. Information provided is anonymised.

FINDINGS FROM INTERVIEWS

6.1 MAIN OCCUPATIONAL HEALTH AND SAFETY ISSUES

Interviewees were asked what they feel are the main occupational health and safety issues that small businesses in their industry face:

6.1.1 Manual Handling / Musculo Skeletal Disorders

Manual handling and associated musculoskeletal disorders were raised as an occupational health and safety issue by a significant number of interviewees, across a wide range of industrial sectors, including:

- Health sector (e.g. lifting patients)
- Community transport (e.g. manoeuvring wheelchairs and helping heavy patients on and off vehicles)
- Painting and decorating - *"It's a physical job and you tend to get into awkward positions which causes problems." (SME, Mid Wales, fewer than five employees).*
- Tea rooms (e.g. bending and loading and removing trays of dishes from dishwasher)
- Manufacturing industry
- Recycling industry
- Construction industry
- Manufacturing industry
- Horticulture and arable agriculture business

A representative of an SME in the double-glazing and conservatories industry, stated that a health issue which has a big impact on their business is bad backs which predate employees' time with their company (e.g. attributable to previous jobs or car accidents), but their business is held liable for illness due to back pain, even if it was not caused by the work the employee has carried out whilst with their company. This also has a knock-on effect on their business because it means that there are jobs that employees suffering with bad backs cannot do, and another employee therefore has to cover. Health and safety issues such as this are not caused by their business, but end up being the problem of their business – *"there should be a subsidy to cover this" (SME, Mid Wales, fewer than five employees).*

Manual handling was also cited as an occupational health and safety issue faced by a village shop in East Anglia, particularly associated with unloading stock (e.g. cases if beer, propane gas cylinders). The proprietor of the shop who was interviewed as part of the study commented on the need for staff to apply common sense when deciding whether they are able to handle heavier items, and recognise how best to store items in the shop and in the storeroom (i.e. not put heavy items on top shelves).

Manual handling was also cited by a furniture retail outlet as one of the main occupational health and safety issues facing small businesses in their industry. The interviewee commented that whilst it was possible to resolve the issue of manual handling within the company's own building, when delivering furniture to peoples' homes *"it's a bit of a nightmare to be honest"* the interviewee reported, because the delivery personnel do not know in advance the size of rooms, layout of stairs, height of ceilings, and that a great deal of bending is required which puts stress on peoples' backs. *"53% of our accident reports are manual handling"* the interviewee reported. *(SME, Mid Wales, between 5 and 250 employees).*

An interviewee representing a company which manufactures marine windows for recreational boats commented that manual handling is one of the main occupational health and safety issues

that their business faces. The interviewee attributed this partly to the fact that they are operating within a niche market and all of their products are unusually shaped, and as a result of this, the business typically has to design its own lifting equipment.

6.1.2 Working at heights / Falls from heights

Working at heights and falls from heights was raised by three interviewees as an occupational health and safety issue faced by industries within their sector. All three of the interviewees who raised this as an issue were working in the construction sector.

One of the interviewees, from the double-glazing and conservatories industry, commented that working at heights is the major occupational health and safety issue facing their business – working from ladders, scaffolding, towers. The employer reported that they had recently lost a job because a customer was not prepared to pay for scaffolding, which would have required the employees to work in a way that the employer felt was potentially risky, so they had to turn the work down.

Another interviewee, representing a painting and decorating business, commented that there has been more of a move towards using scaffolding in place of ladders these days. He commented that people in the industry are getting *"older and wiser"* and do not take as many risks as they used to. In the past, the interviewee commented, he would have gone up a ladder, walked across roofs, and worked at any height without thinking about it, and that it takes a fall to wake you up to the safety issues, and the fact that *"if you don't work you don't get paid". (SME, Mid Wales, fewer than five employees).*

6.1.3 Vehicles, plant, and machinery

Vehicles, plant and machinery were raised by four interviewees as an occupational health and safety issue facing SMEs in their sector. These interviewees represented the recycling industry, the community transport sector, and two retail businesses.

Occupational driving was raised as a health and safety issue faced by an SME in the community transport industry, the interviewee raising the fact that the driver is responsible for all passengers on the bus. The interviewee also raised the issue of the lift on the bus (used for wheelchairs), and cited this as a potential safety issue.

One interviewee, representing a company that sells and manufactures furniture, reported that they have recently installed new equipment in their workshop to protect workers from the blades on machinery, and to protect them from the effects of vibration from being too close to the wood feeder machinery.

The proprietor of a village shop and sub-post office reported that their business operated a delivery van which they use to deliver bulk items to the local prison and to take newspapers to outlying villages. The interviewee stressed the importance of the prime user of the van being made aware that it is their responsibility to check the van and report back any problems or servicing required.

6.1.4 Respiratory issues

Respiratory issues were raised by several interviewees as one of the main occupational health and safety issues facing small businesses in their sector. These interviewees represented SMEs in the construction and manufacturing sectors.

One interviewee, representing a company that sells furniture, but also has a small manufacturing element to the business, reported that one of the occupational health and safety issues that their company faces is exposure to hazardous substances on the manufacturing side of the business, and the safety and storage regulations, and provision of personal protective equipment that is required. The company are also required to provide breathing apparatus and vents to remove hazardous substances from the workplace. Recent changes to legislation is currently requiring them to change such processes, and the interviewee commented that this involves a significant amount of expense because very few people work on the manufacturing side. The interviewee reported that the company has even discussed whether it is worth continuing the manufacturing side of the business, because of the considerable costs of implementing such health and safety measures. *"Another cost of health and safety is that it could be the cost of jobs if it's too expensive to implement things"*, the interviewee commented. *(SME, Mid Wales, between 5 and 250 employees).*

A painter and decorator interviewed as a representative of the construction industry reported that he had had a scare 10-15 years ago with a respiratory problem, but now tends to take more care with dust and respiratory issues these days, and uses breathing apparatus. The interviewee also commented that, whilst painters and decorators are often subjected to strong fumes in their daily work, there is now better labelling and more health and safety literature, and that he tends to steer away from dangerous chemicals now. The interviewee also commented that there are numerous seminars that deal with such issues, but that micro businesses in the painting and decorating industry do not have the time to attend such events.

Respiratory conditions and lung function was also raised by an interviewee representing a company which manufactures marine windows for recreational boats, due to the fact that the company's workers are handling, cutting, and laying fibre glass and carbon fibre.

6.1.5 Contact with chemicals / hazardous materials

Contact with chemicals and hazardous materials were raised by a number of interviewees as one of the main occupational health and safety issues faced by businesses in their industry. These chemicals and hazardous materials included formaldehyde, butane gas, and caustic materials.

For example, one employer, representing a company who produce laminated profiles for the building trade commented that one of the health and safety issues that businesses in their industry face is exposure to formaldehyde which is used in the manufacture of MDF and chipboard, materials which the company uses.

A proprietor of a convenience store and sub-post office in East Anglia who was interviewed as part of the study cited the issues of propane and butane gas which is sold at the store, and the need for staff to understand how to handle them, both from the point of view of weight, and hazard.

The interviewee representing the convenience store also reported that their business has a commercial oven on the premises in which they part bake bakery products, and that this needs to be cleaned with caustic materials. The interviewee, who was the proprietor of the store, reported that he usually carries out this task himself.

An interviewee representing a manufacturing business dealing with flavour and fragrance ingredients commented that protection from the materials that they handle is an important health and safety issue within their business, and that they have to take proper care to avoid problems caused by exposure (e.g. dermatitis).

6.1.6 Stress

A number of interviewees cited work-related stress as an occupational health and safety issue faced by small businesses in their industry. These interviewees represented a range of industry sectors: Hotels and Catering, Wholesale and Retail, Agriculture, hunting and forestry, and Health and social work.

In some instances this stress was cited as being brought about by dealing with members of the public, for example in a Bed & Breakfast and Tea Room business, where the interviewee reported that stress can be an issue when dealing with the public, who can sometimes put undue pressure on the people working there. Also, a proprietor of a village shop and sub-post office commented that whilst the shop is in a small village and seemingly one cannot get much further from stress, the shop is busy and sells alcohol and cigarettes, and the staff need to be able to handle customers when they decline a sale. The interviewee also reported that there is a degree of stress around the Post Office section of the business, concerning security, and what could potentially happen, and stated that consequently the employer never allow members of staff to work there alone. In addition to these factors, the proprietor of the shop reported that there is a prison nearby with a mixture of open and closed units, and that from time to time the shop is visited by police or prison staff who wish to view the shop's CCTV footage if prisoners have escaped, or if they have bought products which they should not have bought. In addition to these factors, the interviewee commented, in some instances interaction between members of staff can be stressful.

An interviewee representing a GP Practice commented that stress is an occupational health and safety issue within the health sector also.

A representative of an agricultural business interviewed as part of the study said that stress is an issue which requires managing, and that it is related to how one handles human relations.

Two employers interviewed as part of the study commented that trying to comply with health and safety regulations, follow correct procedures, and carry out the necessary risk assessments causes them stress at work. One commented, *"It's a huge stress for me – the stress of it… gets me down." (SME, Mid Wales, fewer than five employees).*

6.1.7 Hot objects

For industries dealing with food and cooking, heat in a variety of guises poses an occupational health and safety issue for their businesses.

Hot objects (e.g. boiling water, hot oil, hot food, grills, hot plates, items just removed from the microwave) were cited as one of the main occupational health and safety issues for a Bed & Breakfast and Tea Rooms business in East Anglia. The interviewee reported that it meant that they sometimes have to *"think twice"* before they take on a new member of staff because there is so much that they need to tell them about how to look after themselves *(SME, East Anglia, between 5 and 250 employees)*. The interviewee reported that they always take tea and coffee out to customers on trays, and put soup bowls on plates, to avoid workers or customers being

scalded in the event of a spillage, but commented that regardless of the measures you take to make kitchen equipment such as urns and coffee machines safe, there are still scalds and burns.

Similarly an interviewee representing a village shop reported that their business stocks bakery products which are partly baked in store, and that therefore the business has a commercial oven cited off the shop floor, and that this can cause burns if staff are not careful.

6.1.8 Accidents

Accidents were raised as an occupational health and safety issue by a small number of interviewees.

Two of these comments related specifically to lighting. One interviewee, representing a community transport scheme, commented that one of the health and safety issues the scheme's workers face is the lack of lighting where the scheme's minibuses are parked at the end of the day. Similarly, an interviewee representing a village shop commented that their business has auxiliary storage at the back of the shop, and that staff are reminded to put the lights on if they go out to the stores after dark.

A representative of an agriculture business in East Anglia reported that *"typical random unforeseen accidents" (SME, East Anglia, between 5 and 250 employees)* were one of the main occupational health and safety issues faced by small business in the Agriculture sector.

The proprietor of a village shop and sub-post office reported that their business operates a daily logbook in the food preparation section of the shop, and a faults book, but commented that it is difficult to get staff to fill in the faults book.

The proprietor of a village shop and sub-post office also reported that they employ four paper boys and paper girls, who deliver newspapers either by bike or on foot. The business provides the paper boys and paper girls with day-glo bags and jackets and encourage them to wear them. They also check their bicycles, and advise them about how much weight of newspapers they should carry out (ensuring that they do two rounds if necessary).

6.1.9 Slips, trips and falls

Two interviewees, one representing an SME in the recycling industry, and one representing an SME in the construction industry, cited slips, trips and falls as one of their business' top three health and safety issues.

Also, the proprietor of a village shop and sub-post office reported that slips, trips and spills are one of the main occupational health and safety hazards that their business faces, and stressed the importance of making sure that staff are aware of what the hazards are (e.g. spilt milk, plastic binding strips from newspapers, packaging), and what everybody's responsibility is to avoid them. The interviewee commented that the Health & Safety poster that the business displays points out that it is as much down to the employee as the employer to be responsible, but is hard for employees to grasp that they also have the responsibility to minimise hazards. The interviewee commented that there is a need to educate staff to pick things up from the floor and put them in the bin, as there is a risk that staff adopt a *"not my job attitude"* if one is not careful *(SME, East Anglia, between 5 and 250 employees)*.

6.1.10 Standing all day

Backache brought about by staff standing on their feet all day was raised by one interviewee, running a Bed & Breakfast and Tea Rooms business, as one of the health and safety issues they face in their line of work.

6.1.11 Office health and safety

A small number of interviewees raised routine office health and safety, such as sitting stationery in a chair and working at a computer as an occupational health and safety issue faced by small businesses in their sector. One interviewee commented that their company pays for eyesight examinations for employees that use display screen equipment through their work.

6.1.12 Contact with illnesses

One interviewee representing a small community transport scheme stated that, as many of the journeys that they complete are to transport people to-and-from hospital and to medical appointments, means that drivers are often in contact with people suffering from illnesses, and that infections such as MRSA are a cause for concern.

6.1.13 Vibration

One interviewee, representing a large company manufacturing marine windows for recreational boats, reported that hand arm vibration is one of the main occupational health and safety issues that small businesses in their industry face, and that all of their staff are screened by a doctor for the condition.

6.1.14 Violence

One interviewee, representing a small voluntary sector community transport scheme, commented that one of the health and safety issues they face in their work is the possibility of individuals with mental health problems becoming aggressive towards drivers, but added that individuals with severe mental health problems are usually accompanied by a carer.

6.1.15 Fire safety

One interviewee commented on the fact that the law around fire safety assessments had changed in October 2006, and that businesses now have to conduct their own assessments. The interviewee also stressed the importance of businesses ensuring that staff are aware of the location of fire extinguishers and other equipment.

NB: Whilst it was considered important to report this issue, fire safety is currently outside of the scope of the Workplace Health Connect service.

6.1.16 Employers having to protect themselves from damages claims

Two interviewees raised the subject of employers having to protect themselves from damages claims as issues relating to occupational health and safety.

One interviewee, who felt the need to ensure that their business was protected from the risk of false claims for damages made by employees, commented, *"You've got to watch your backs…It's in people's nature to abuse their employers." (SME, Mid Wales, fewer than five employees).*

Similarly, a painter and decorator interviewed as part of the study commented, *"It's when you're responsible for other people you need these things at hand. If you're working for yourself there's no come back." (SME, Mid Wales, fewer than five employees).*

6.1.17 Access to affordable health and safety advice and training

One employer in the double glazing industry, felt that one of the main occupational health and safety issues that small businesses in her industry faced is being able to access *"Proper advice that doesn't cost the earth." (SME, Mid Wales, fewer than five employees).* At present, the interviewee reported, they are expected to be on top of all the up-to-date legislation, and once they have obtained the appropriate literature, they are then required to spend time digesting it, explain it to their staff, and then check jobs for risks. The employer commented that the cost of all of this activity is considerable. The employer also felt that the availability of training which is not cost prohibitive would be helpful. By the time loss of earnings for the business are factored in, along with the course fee, a single day training course can cost £350 for the day, she reported. The employer felt that the government fails to appreciate the cost of red tape to small businesses.

6.1.18 Health and safety legislation, policy, regulations, and responsibilities

Several interviewees raised the subject of health and safety legislation, and trying to keep up with new regulations and legislation when asked about occupational health and safety. These interviewees represented a range of industry sectors.

One employer, representing an engineering business manufacturing precision components, reported that the main occupational health and safety issue they currently face is the Health and Safety policy and regulations, Control of Substances Hazardous to Health (COSHH) regulations, and the need to carry out risk assessment on each piece of machinery, as they have just employed a fifth member of staff and have therefore been pushed into the bracket of being required to complete these procedures. The employer reported that the requirement to carry out such procedures and comply with regulations causes stress.

One employer reported that they issue a memo to their staff every week telling them that they will be disciplined if they do not follow health and safety guidelines, but commented that there is a *"conspiracy"* between the workers, and that whilst they do carry out spot-checks and sometimes catch them out not wearing the correct safety protection, the workers are always ready with an excuse. *"I can't be there on their sitting on their shoulders watching all the time. It's scary because if {the workers} are deceiving me… my insurance… it's a nightmare."* The employer went on to say that they have the legal demands, combined with having to trust that their employees are following the guidelines and procedures. *"It's a huge stress for me – the stress of it more than the financial thing gets me down." (SME, Mid Wales, fewer than five employees).*

Another interviewee, representing a company which manufactures and sells furniture commented on the challenges they have faced getting gutters cleared on their business premises. The interviewee commented that the company had purposefully employed third parties to carry out the task, so that they were not putting staff at risk by asking them to climb ladders or work from heights, but then found out that they were still liable for the contractors that they purchased services from, and are required by law to vet and check contractors regularly. Similarly, the interviewee reported the company is having to spend £250 on platform steps so that members of staff would be able to use both hands to change a lightbulb on the business premises.

6.2 MAIN RETURN-TO-WORK ISSUES

Interviewees were also asked what the main return-to-work issues that their business faces are. A number of interviewees commented that they have been lucky and have not experienced any problems with long-term employee absence. One business owner commented that theirs is a small company and that workers are loyal, and that they have not had anybody off on sick leave for three years.

However, a number of return-to-work issues were raised by interviewees:

6.2.1 Finding and funding cover

One of the major issues raised by interviewees when asked about the return-to-work issues facing small businesses in their industry was the performance of the business during employee absence, and difficulty in finding and/or funding cover when members of staff were on sick leave.

Several interviewees reported that it is necessary for other employees to take the strain when a member of staff is absent. One employer commented that sick leave sometimes results in work being delayed, and that this has a knock-on effect on other jobs on the work schedule. Another commented that staff try to inform them at their earliest convenience that they will be absent, and that they have a local group of relief agency staff that can provide cover if required.

One interviewee commented, *"there is no staff cover – we're a small business – we go without." (SME, Mid Wales, fewer than five employees).* Another stated, *"The business is reliant on me working so if you're not able to work it comes to a halt". (SME, Mid Wales, fewer than five employees).*

A representative of a micro business in the painting and decorating sector reported that although he has an informal arrangement whereby he can arrange for other self-employed people to help out during periods of sickness in order to keep the work going, and commented *"I'm lucky really – the customers are understanding and don't put pressure on you" (SME, Mid Wales, fewer than five employees)*, if a painter and decorator is working for a builder, and the builder has promised that the job will be complete by a certain date, if the painter and decorator cannot meet the deadline, they can lose the job.

An interviewee representing a voluntary sector community transport scheme commented that cover is an issue as there are only three trained drivers working for the scheme. The interviewee also commented that, unlike in some other industries, employees at the scheme are in contact with vulnerable people, and therefore need to be fully recovered before they can return to the workplace after a period of illness.

A business owner representing a Bed & Breakfast and Tea Room business reported that it is not easy to find cover for absent staff on a short term basis, and that the only cover she can usually find are people from the village, or students on a gap year.

One micro-business owner, in the manufacturing industry, reported that if a member of her staff went on long-term sickness absence, cover would be a major problem, as there is a lack of employment skills within the engineering sector, and as agencies charge *"exorbitant rates"*, cover would need to be provided by her husband working increased hours. *(SME, East Anglia, between 5 and 250 employees).*

One employer commented that it would be useful to know that there is somewhere to go for assistance if somebody goes off on long term sick, and that she did not know what they would do if that happened. Similarly, another interviewee representing a manufacturing company commented that he did not know what they would do if a worker went off on long term sick, and that with only five employees it would be a major issue when *"20% of your workforce goes" (SME, East Anglia, between 5 and 250 employees)*, and that he did not know whether the company would be able to afford a replacement. The interviewee went on to say that small businesses cannot afford to carry the cost of somebody who is long term sick and therefore not working, and commented that this is the *"sort of thing that could destroy the business and lose everyone's jobs." (SME, East Anglia, between 5 and 250 employees)*.

A representative of a GP Practice interviewed as part of the study commented that it is often difficult to find suitable relief workers to provide cover for members of staff that are absent on long-term sick leave. This, the interviewee commented, is particularly difficult where specialised roles (e.g. Practice Nurse) require cover. The interviewee commented that instead of cover, it is regularly the case that colleagues have to take on parts of the role of the absent member of staff, and that this adds additional stress to people who are only just coping with their own workload.

The proprietor of a village shop and sub-post office in East Anglia who was interviewed as part of the study reported that getting cover for absent staff is not usually difficult, as there are usually other members of staff who are glad of the extra hours, and he can always step in as part of the contingency. If one of the full time members of staff went off on sick leave, however, the interviewee commented that although the business would be able to find cover, it may be more inconvenient.

6.2.2 Easing employees back into work

The issue of easing employees back into work after a period of sick leave, through such means as phased returns and lighter duties were raised by several interviewees when asked about the return-to-work issues that they face. Several representatives of SMEs commented that they ensure that the returning employee is gradually eased back into the workplace after their period of absence, and given lighter duties where appropriate. One employer highlighted the importance of ensuring that an employee who has recently returned from a period of sick leave does not carry out any tasks which could aggravate their health problem, as this could also result in further financial costs for the small business.

One interviewee, representing a Bed & Breakfast and Tea Room business in rural East Anglia reported that it workers take a break and then return to the workplace it can be testing, as things are not quite how they used to be. The interviewee reported that they are forced to make changed in order to keep up with the Tourist Board rating, but people do not like change, and it takes time for the member of staff to be brought up to speed on the new way of doing things, or using new equipment. Similarly, the proprietor of a village shop and sub-post office in East Anglia commented that staff can face a learning curve when they return-to-work after a period of illness, in terms of how the shop is run, and the pricing policies.

The owner of an agricultural business interviewed as part of the study commented that the pace of the return-to-work had to be suited to the individual depending on their circumstance, and added that he leaves it to the employee's discretion to know what tasks in the workplace are appropriate for them to undertake. He commented that he tends to be able to manage such issues on a one-to-one basis.

One interviewee, representing a furniture manufacturing and retail company, reported that they had recently arranged a phased return-to-work for one member of staff, whereby the individual was not allowed to use work equipment, drive, or work at heights for a minimum of a year, at which point the situation would be reviewed.

A representative of a company which manufactures marine windows for recreational boats commented that their business has a return-to-work process which involves completion of a form and a return-to-work interview with the member of staff's manager. After a period of long term sickness absence a member of staff would have a referral to go to see the occupational health department at the Norfolk and Norwich University Hospital. The interviewee commented that, as well as reading a healthcare professional's letters and report, it is very useful to speak to a worker's doctor directly on a one-to-one basis. Then, depending on the advice received from the hospital, the member of staff may then be offered a phased return-to-work, or a short period of light duties. The interviewee commented, however, that whilst a short length of time on light duties can be accommodated, the majority of roles within the business involve manual handling, so it is not possible to grant workers extended periods of light duties.

6.2.3 Sick Leave Policies / Return-to-work interviews

A number of businesses raised the issue of sick leave policies and return-to-work interviews. Several interviewees reported that their business has a sick leave policy, many of which involved such elements as self-certification forms, return-to-work interviews, doctor's notes, and fitness to return-to-work notes from a doctor.

An interviewee representing a GP Practice highlighted the importance of businesses carrying out return-to-work interviews. The interviewee reported that at their Practice staff are required to fill out a form if they are on sickness absence of less than two days, but a period of longer than this they are given a return-to-work interview. During long term sickness absences the Practice keeps in touch with the member of staff to see how things are. If a member of staff is absent for more than 10 days, they are asked to see a GP in the Practice. If a member of staff is absent for more than 15 days they also meet with the Practice Manager. After more than 15 days of sickness absence in one accrual period the Practice advises the member of staff that they will probably be seeking a report from occupational health, but this is not normally required. If the case is particularly complex, the Practice refer to the Local Health Board to gain their point of view.

One interviewee commented that employers are only able to do their best, and to ensure that they ask members of staff who are returning to work after a period of sickness absence all the right questions. The interviewee's company had experienced one case where a worker had been advised by his doctor to take a week off work, but had assured the company during his return-to-work interview that he was fit to return to the workplace. Under such a circumstance, the interviewee felt, the employer could not do any more, other than ask the worker intently whether they are fit to return-to-work.

6.2.4 Funding sick leave

Difficulty in funding periods of sick leave was raised by a small number of interviewees. One business owner reported that, whilst they do have a sickness policy, they cannot afford to pay indefinitely for somebody who is not working. The owner of an agriculture business echoed this view, commenting that financially his business is under considerable pressure, and *"paying sick pay can be an awful business to be honest" (SME, East Anglia, between 5 and 250*

employees). He went on to say that paying people full pay for sick pay is very difficult financially, and has a negative impact on his morale as the owner of the business.

6.3 EXISTING OCCUPATIONAL HEALTH, SAFETY AND RETURN-TO-WORK SUPPORT SERVICES.

At the outset of the Workplace Health Connect pilot the HSE acknowledged the knowledge and experience of local occupational health projects and voluntary providers. As the Workplace Health Connect model is about improving access to existing provision, where there was an opportunity, it was intended that the Workplace Health Connect scheme would work closely with such existing services.

An important element of this study, therefore, was to identify where such occupational health support services exist, and make suggestions as to how best the Workplace Health Connect service can make use of these services.

Therefore, interviewees were asked whether they are aware of any support services for health and safety and return-to-work issues in their industry.

A number of representatives of SMEs reported that they were not aware of any support services for health and safety and return-to-work issues in their industry.

One interviewee commented that he had asked Business Link and the Chamber of Commerce whether there was anybody available to carry out workplace visits, or anywhere to go for training or support, but was told there is no help available. The Chamber of Commerce, the interviewee reported, asked whether the business may benefit from foreign language training, and Business Link offered training on website design, neither of which were appropriate. Another interviewee commented that he was aware of services offered by Business Link, but had not used them.

One interviewee reported that she was not aware of anything other than the services that they had to pay for. The interviewee reported that a First Aid course costs £300 for a course at the local college, and the nearest St John Ambulance course was 40 miles away.

Another interviewee commented that people that come out to look at health and safety issues do not understand that the small businesses are often aware of what they should be doing in order to comply with legislation, but that is challenging for them to get the practices implemented in the workplace.

An individual representing a voluntary sector community transport scheme reported that if an individual that it would be difficult for them to transport became a member of the scheme (for example, somebody with a motorised wheelchair), then the organisation would probably refer to somebody to find out how to transport them safely (for example, whether specialist equipment, or straps were required).

A number of interviewees did report that support services were available, and were therefore asked for further details. Support services cited by businesses included:

6.3.1 Health & Safety Executive

Several interviewees cited the HSE website, literature and Infoline as a source of support and guidance on occupational health, safety and return-to-work issues.

One employer commented that they are in possession of literature from the HSE, and downloaded from the HSE website, but some of it is probably quite old because they are charged for everything. To illustrate this, the employer observed that a number of years ago the company purchased a book which cost approximately £30 and detailed regulations and advice concerning a series of health and safety risks, for example, working at heights. However, new regulations were introduced in 2006, which have meant that they have had to send all of their employees for more training, and have also meant that the book should now be replaced with an updated version. Although they try to keep abreast of everything, the employer reported, it is impossible to keep on top of the legislation.

A number of businesses reported that they have been visited by HSE personnel in the past, but that this had not happened in recent years. One interviewee commented that the HSE only visit companies that have a health and safety problem, and questioned how the HSE can police so many businesses with so few staff. Another commented that the Health and Safety investigators that visit provide booklets on health and safety issues.

6.3.2 Private consultants or other providers of health and safety support

A number of interviewees reported that their business pays private consultants or other providers of health and safety support to provide health and safety support services to their business.

One interviewee, representing a horticulture and arable farming business, reported that within the last six months they have been working with a consultant that the business pays for. The business owner reported that he felt it necessary for him to take such measures because he has realised that he was not up-to-speed on carrying out risk assessments. The interviewee reported that the consultant had carried out a farm visit, conducted an initial risk assessment, and helped them to identify safety risks on the farm. Since then the consultant has assisted them in setting up their own risk assessment procedures. The business owner felt that purchasing these services from the consultant had been a very important process in terms of raising his awareness of health and safety and risk assessment procedures.

Another interviewee, representing a manufacturing organisation, reported that their company had purchased the services of a private health and safety consultant, who carries out workplace visits to discuss health and safety issues. The interviewee also reported that the company had employed an occupational health consultant who carries out pre-employment screenings, and private interviewees with members of staff to discuss issues. This, the interviewee commented, also served the purpose of letting the staff see that the company were doing something to look after their health and wellbeing, and that this has a morale benefit. Whereas, the interviewee reported, if the employer looked at a website or telephoned an advice line, this would not be seen by the staff and would not have the impact of making them feel that they were being looked after.

A representative interviewed on behalf of an SME in Mid Wales reported that they purchase human resources and health and safety advice from a company called 'Business First'. On the health and safety side, Business First offers two workplace visits a year, during which they ensure that records are being kept up-to-date. Business First are also able to offer support with return-to-work issues, and also issue a monthly or bi-monthly magazine, which makes them aware of any recent legislation of which they should be aware. The interviewee commented that the services offered by Business First generally ensure that the company is *"squeaky clean" (SME, Mid Wales, between 5 and 250 employees).*

A representative of an SME in the Construction sector stated that they pay membership to an H&S Construction Group, H&G Safety Construction Ltd. This allows them to make use of an H&S Consultant for industry specific advice, entitles them to site visits, and telephone advice. This support is limited to health and safety advice, and does not deal with return-to-work issues.

A representative of an SME in the recycling industry reported that they receive support from an organisation called 'Cylch' which can offer health and safety advice, and is currently working with the SME on a workplace involvement scheme trying to encourage workers to become involved in health and safety.

One interviewee, representing a furniture manufacturing and retail company, commented that they have insurance with the NFU, and also pay an annual subscription to them to provide health and safety support. This support includes a workplace visit during which the adviser identifies issues (e.g. lighting, different ways of lifting) and produces a report for the company. The NFU also provides a manual, which includes documentation such as risk assessment proformas. The company also have access to a 24 hour help line through this service. The NFU also provide solicitors if required, and will advise as to the best course of action – *"so we're on the ball"*, the interviewee remarked. *(SME, Mid Wales, between 5 and 250 employees).*

6.3.3 Local training providers

A small number of interviewees reported that local training providers were one of the support services available to small businesses for occupational health, safety and return-to-work issues.

A representative of one SME reported that they had attended training courses with a local training provider, but this costs money. *"Considering it is a requirement, we could do with a bit of assistance." (SME, Mid Wales, fewer than five employees).*

A representative of a company that manufactures and sells furniture reported that the company's Health & Safety Manager had been on a course at the local college, which had provided basic health and safety knowledge. The interviewee commented that the company regularly refresh training on health and safety and first aid through a local training provider, and that through these courses the company often gets to hear about new legislation and pick up up-to-date health and safety booklets and brochures.

6.3.4 Local Council

The proprietor of a village shop and sub-post office in East Anglia reported that he had been on health and safety training with the local Council. Following this training, the interviewee carried out risk assessments, and went through these with each member of staff. In an ideal world, the interviewee commented, he would also send staff on courses run by the local Council, but that the cost of course fees, travel, wages, and cover is prohibitive. However, the interviewee reported, he has sent all staff on a food handling course, because he considered it to be so important.

The interviewee also commented that the Local Council would be his first port of call for health and safety information and advice, and that he felt that they would be able to signpost him in the right direction, and are a useful resource in that respect. The interviewee also commented that the Local Council like to see businesses being proactive on the preventative side, and contacting them because it shows that they are taken seriously. The interviewee also commented that as their business is a food outlet they are regularly inspected by the Environmental Health Group, and that their brief also covers health and safety.

Another interviewee thought that their Local Authority may be able to pass a business on to a support service that would be able to help with occupational health, safety and return-to-work issues.

6.3.5 Federation of Small Businesses

Two interviewees cited the Federation of Small Businesses (FSB) as a potential source of support on occupational health, safety and return-to-work issues. One interviewee commented that they would probably contact if they were seeking support on health and safety and return-to-work issues, as they felt that the FSB would be able to signpost to an appropriate support organisation. The other interviewee commented that they thought that the FSB would charge a fee for occupational health, safety and return-to-work support.

6.3.6 Mid Wales Occupational Health Service

An interviewee interviewed on behalf of a GP Practice in Mid Wales reported that their practice offers an occupational health service, as a separate branch of the Practice business. The service, which is entitled the Mid Wales Occupational Health Service, is run by two qualified doctors who have a special interest in occupational health, and two part-time trained occupational health nurses. The Mid Wales Occupational Health Service provides occupational health services to local businesses, who pay a retainer to secure the services offered. These services include weekly workplace visits by occupational health nurses, and the option of an appointment with the GP for further guidance on a particular occupational health issue (e.g. bad back), as well as the availability of a sound booth for hearing tests for staff of businesses which pay for the services of the Mid Wales Occupational Health Service. The interviewee reported that at present eight businesses pay for the services of the Mid Wales Occupational Health Service, including the fire service and a number of large factories.

The interviewee reported that if a member of Practice staff is pregnant the occupational health nurses carry out a risk assessment of the workspace. The occupational health service also provides hepatitis B and chicken pox vaccinations for Practice staff. Practice staff are also able to access the occupational health service, through the Practice Manager, if they have an occupational health issue. If a member of Practice staff has a particularly confidential issue, this is referred straight to the Local Health Board occupational health service as a matter of courtesy to the staff member. The interviewee also reported that, as the Mid Wales Occupational Health Service shares the building with the GP Practice, the service will also pick the Practice up on specific safety issues which they happen to notice around the building (e.g. wires hanging down).

6.3.7 Occupational Health Department at a hospital

An interviewee representing a company which manufactures marine windows for recreational boats reported that on matters of occupational ill health and return-to-work matters, their company is guided by the Occupational Health Department at the Norfolk and Norwich University Hospital, and that the department is very good.

6.3.8 Food Standards Agency guidelines

The proprietor of a village shop and Post Office interviewed as part of the study reported that their business has the Food Standards Agency *"Safer Food: Better Business For Retailers"* procedures in place. *"Safer Food: Better Business For Retailers"* is a food safety management pack which was developed by the Food Standards Agency to help retail businesses across the UK comply with new regulations which came in in early 2006. The interviewee reported that

the pack sets out daily rota and checks, and allows for recording or breaks and hazards noticed. However, the interviewee commented that the staff have a *"tendency to just sign it and say – yeah – that's done" (SME, East Anglia, between 5 and 250 employees)*, and that there is a need for the staff to have the right mindset to go along with the procedures that are in place.

The interviewee also commented that he uses the Food Standards Agency website, which helps him to understand what hazards there are.

NB: Whilst it was considered important to report this issue, food safety is more a public safety issue than an occupational health and safety issue, and is therefore outside of the scope of the Workplace Health Connect service.

6.3.9 Other

Other support services for health and safety and return-to-work issues cited by interviewees were:

- Job Centre
- Construction Industry Training Board
- Chamber of Trade
- Health & Safety Manual
- Food Hygiene Inspectors
- Engineering Employers Federation
- Institute of Occupational Safety and Health
- Private Occupational Health Services

6.4 APPROACHES TO OCCUPATIONAL HEALTH AND SAFETY WHICH WORK WELL

Interviewees were asked what approaches to occupational health and safety they feel work well.

6.4.1 Internet / HSE website

Many businesses cited the Internet as a good resource for finding information on health and safety matters. Several cited the HSE website in particular. One business owner reported that they are informed of anything new via an e-mail from the HSE.

One interviewee commented that they make use of the HSE website a lot. Another commented that he uses the HSE website to clarify the law on health and safety, commenting, *"I'm on there quite regularly." (SME, Mid Wales, between 5 and 250 employees).* Another commented that the internet and the HSE website was extremely useful, and that their business completed all of their RIDDOR reporting through an online system.

One interviewee commented that websites were the approach which suited him best, as they are a way of finding out information without obligation, or fear of enforcement. However, the interviewee did comment that sometimes the information on websites does not specifically related to the job in hand, and that he often resorts to searching through Google for any other companies who have faced a particular problem.

Some interviewees highlighted the fact that some businesses do not have access to the Internet, and therefore online information is not accessible to them.

6.4.2 Workplace visits

A number of businesses felt that workplace visits were a good approach to health and safety.

One interviewee, representing a Bed & Breakfast and Tea Room business in rural East Anglia commented that workplace visits are particularly useful if you know when the person is going to be visiting the business, as this allows you to consider what you want to ask them (for example, whether the course of action that you took when a particular incident occurred was correct and appropriate) in order to make the most of the visit. The individual reported that if they are busy serving customers and somebody from the HSE arrives, it is not possible to think about all the things you want to discuss, and that one ends up thinking, *"I wish I'd have asked them that" (SME, East Anglia, between 5 and 250 employees).*

The owner of a horticulture and arable agriculture business reported that he felt that the best approach to occupational health and safety is through one-to-one workplace visits, as they are business specific and deal with issues that apply to that particular business. However, the interviewee did make the comment that in order to encourage openness the workplace visit had to be without fear of enforcement and prosecution. The business owner reported that there are so many pieces of legislation for them to keep up with, and that other forms of inspection (e.g. crop assurance inspections, organic inspections, spot checks) all have the overtone that they can lead to significant problems and major financial costs to the business, and this consequently creates pressure and stress. The interviewee welcomed the preventative approach when separated from policing and enforcement, and commented that people informing the business about legislation and giving the business time to comply was the most useful approach.

An interviewee representing a manufacturing business commented that nothing is better than somebody coming out to the workplace, seeing what you are doing, and advising you on it. Such advice is not only workplace specific but is also, the interviewee felt, the best way of dealing with issues such as sitting correctly at desks in order to avoid back pain, and manual handling issues, neither of which the interviewee felt could be adequately dealt with over the telephone or by reading some literature. *"We're not in the health and safety business. We're not experts in that area"* the interviewee commented, and reported that their company had hired specialist professionals to come in to the company and offer advice on occupational health and safety. *(SME, East Anglia, between 5 and 250 employees).*

One interviewee, representing a large business in East Anglia reported that their company actively invites doctors and occupational health nurses in to the factory for half a day to walk around the site with them, and actually see how the industry operates and what the workers do. The interviewee commented that there is no point in a doctor or occupational health nurse carrying out a health surveillance on somebody if they do not know what the person does in their job, or the conditions that they work in. This, the interviewee commented, helps the doctor or occupational health nurse to understand, when they are deciding whether to recommend that a worker is fit to return-to-work, the nature of the work that the person will be returning to. The interviewee concluded by commenting that he would advise other businesses to invite occupational health workers in to carry out a site visit.

The proprietor of a village shop and sub-Post Office in East Anglia commented that businesses want to be doing the right thing, and that it would be good if somebody would visit the premises on a twice yearly basis to assess and offer advice without fear of enforcement. Ideally, the interviewee commented, this workplace visit would involve a walk around the workplace, conversations with staff to check they are up-to-date on health and safety matters, and a check of the premises for safety issues.

6.4.3 Health and safety magazines

The representative of one Mid Wales SME reported that "Business First" (which their company subscribes to for human resources and health and safety support) issue a monthly or bi-monthly magazine, which highlights any updates to legislation for them.

One interviewee commented that they receive a magazine from the Chamber of Commerce and a publication from the Federation of Small Businesses, which include information relating to health and safety issues.

One interviewee commented that their business pays a HR consultancy firm called Peninsula for human resources services, and that they also offer health and safety support and send out a magazine which has *"a good section on new laws" (SME, Mid Wales, between 5 and 250 employees).*

Another interviewee, representing a furniture retail company with a small furniture manufacturing branch to the business, commented that their company used to receive a monthly magazine from a company called Indicator (www.indicator.co.uk). The magazine alerted the company to changes in the law, new legislation that was coming into effect, offered advise about how to be fully operational before the law comes in, and included letters pages which companies could write to for advice on specific issues, which the interviewee had found were often relevant to situations that their company also faced. Indicator also provided a CD ROM containing, for example, proforma risk assessment forms and contractor check lists. However, after several issues Indicator requested that the company subscribe in order to continue receiving the magazine, and as the company did not do so, they have since stopped receiving it.

An interviewee representing a GP Practice commented that they receive a monthly Practice Managers Magazine, and that this is a *"very useful resource". (SME, Mid Wales, between 5 and 250 employees).*

6.4.4 Industry specific health and safety handbook

One employer, who was in the double glazing and conservatories industry, commented that a health and safety handbook specific to their industry, detailing all of the up-to-date legislation and guidelines pertaining to their industry would be the most useful assistance to them. The employer suggested the handbook be in the form of a file, with removable pages, and when legislation is updated a new page is automatically sent out to them. The employer commented that they would be happy to pay for such a file in the first instance, providing the obligation to ensure that they are provided with details of new legislation lies elsewhere.

The proprietor of a village shop in East Anglia praised the Food Standards Agency food safety management pack entitled *"Safer Food: Better Business For Retailers"*, because it offers step-by-step guidance about what should be in place, prompts a business to find health and safety risks and carry out preventative and remedial measures, provides briefings about the law and good practice, helps businesses to develop their own procedures, and contains proforma checklists that businesses can adopt if they so wish. The pack dealt with issues such as cross contamination, cleaning, chilling, managing food hygiene, cooking and preparation. The interviewee commented that the style worked well, it was easy to use, and was suitable for all levels of staff. The interviewee felt it would be beneficial if a similar publication was issued relating to retail specific health and safety, dealing with issues such as spillage and packaging, and contained proformas. The interviewee commented that for a busy retailer not having to reinvent the wheel is highly productive, and the interviewee speculated about whether large businesses such as Tesco may have already drawn up something along these lines.

6.4.5 Site-specific, in-house staff training

One interviewee felt that one of the approaches to occupational health and safety which works best is site-specific staff training, developed in-house to ensure that the workforce perceive the training as relevant and applicable to them. The interviewee commented that he tended to deliver this training himself, as the staff were more likely to listen if the information was coming from their boss.

Another interviewee commented that he delivers in-house training to employees, or sometimes books an external trainer to provide training on specific issues.

The owner of a horticulture and arable farming business commented that on external training days it is not always clear what applies to your particular business, perhaps emphasising the need for training to be specific and targeted.

A proprietor of a village shop commented that on-site coaching would be a good approach, if resources were available.

6.4.6 Simplified risk assessment booklet

One interviewee, representing a manufacturing business, commented that for businesses employing fewer than ten workers, the most useful approach would be a very brief, relevant, and simplified booklet containing risk assessment policy and forms, where the employer can simply complete the necessary sections.

6.4.7 Other

Other approaches to occupational health and safety which were mentioned by interviewees when asked what approaches to occupational health and safety they feel work well, were:

- Training a member of staff in occupational health and safety (NEBOSH)
- Leaflets
- Posters/handouts
- Help line
- Ad hoc information (e.g. from people that check fire extinguishers and medical supplies)
- Newspapers and the media

One interviewee, representing a painting and decorating business commented that convenience is most important in terms of how well different approaches to occupational health and safety work. The interviewee commented that he receives telephone calls during the day that he does not have time to deal with, and that he usually asks the called to send details by post, so that he can look at them at a convenient time.

6.5 KNOWLEDGE OF WORKPLACE HEALTH CONNECT SERVICE

Interviewees were asked whether they knew about the Workplace Health Connect service. The majority of the representatives of SMEs that were interviewed as part of the study were not aware of the Workplace Health Connect service, and were therefore provided with a brief description of the Workplace Health Connect aims and objectives, and the services offered by the programme.

It should however be noted that the focus of publicity about the Workplace Health Connect programme has been upon the five Pathfinder areas. East Anglia is not covered by a Pathfinder area, and Mid Wales has only recently been encompassed by the expansion of the South Wales Pathfinder to cover all of Wales.

6.6 BACKGROUND AND SKILLS REQUIRED BY WORKPLACE HEALTH CONNECT STAFF IN ORDER FOR THE SERVICE TO OPERATE EFFECTIVELY IN RURAL AREAS OF THE UK

The Workplace Health Connect Handbook states that SME's acceptance and use of Workplace Health Connect, and the delivery of an effective and professional support service will be entirely reliant on the quality of the service's adviser teams. The HSE has laid down standard specifications for the knowledge, skills and experience required by advisers for them to be able to help employers and employees to tackle their own problems, and to do their job effectively.[47]

The Handbook goes on to state that advisers should possess a national, accredited qualification (e.g. an S/NVQ 3 in Occupational Safety and Health, or a Diploma in Safety Management), and some occupational health, safety and return-to-work work experience. The Handbook also contains comprehensive tables detailing the range of knowledge and skills required by core advisors, including interpersonal skills and behaviours, planning and organising skills and behaviours, problem-solving skills and behaviours, generating opinions, skills and behaviours, and resilience skills and behaviours.

Gerrard & Walsh (1997) recommend that somebody with nurse training, coming from a farming background would be ideally placed to provide farmers with health education and advice. They also state, "*There is a need for health professionals who have specialist knowledge relevant to agriculture as many do not understand the realities of farming. This is reflected in the fact that farmers often consult veterinary surgeons about their own health problems."* (Gerrard & Walsh, 1997, p.27)

Objective 4 of this study was to identify the type of background, skills, qualifications, and communication approaches that the Workplace Health Connect staff should have in order to effectively operate in rural areas of the UK. Therefore, interviewees were asked what key skills they think the staff of the Workplace Health Connect service would need in order for the service to operate effectively in their rural area.

Generally interviewees found it difficult to pinpoint specific key skills which they felt that the staff of the Workplace Health Connect service should possess in order for the service to operate effectively in rural areas. One interviewee commented that she did not think that the Workplace Health Connect staff would require any specific skills in order for the service to operate effectively in rural areas. The interviewee commented that whilst it may be further to seek professional help in a rural area, this is no different from accessing any other services in a rural area, and people who decide to move to a rural area need to accept this fact.

However, some interviewees did make some suggestions about the key skills they felt staff of the Workplace Health Connect service would need in order for the service to operate effectively in rural areas of the UK:

[47] *Workplace Health Connect Handbook, Chapter 9*

6.6.1 Industry specific knowledge

Several interviewees felt that it was important that the Workplace Health Connect staff possess industry specific knowledge about their area of work.

For example, a representative of an SME that produces products for the building trade highlighted the need for people staffing the Workplace Health Connect service to have a knowledge of adhesives and polyurethane glue systems. The interviewee commented that, whilst they always check the packaging of products to ascertain that they are safe to use, it would be useful if a service such as Workplace Health Connect possessed the necessary knowledge to be able to confirm such matters.

The owner of a horticulture and arable agricultural business interviewed as part of the study commented on the need for the Workplace Health Connect staff to have a good understanding of the way agricultural businesses operate. For example, the business owner reported that in his daily life he witnesses things on some farms which he knows the farmer should be putting right immediately, but in other instances the farmer should be given the time to put it right (e.g. a problem with a seasonal piece of machinery which is not going to be used for a few months). The business owner highlighted the need for the Workplace Health Connect staff to be firm about what they are asking farmers to do in terms of complying with legislation, but also to understand the realities of the farming situation, and individual variation.

The owner of a painting and decorating business interviewed as part of the study commented that the Workplace Health Connect staff would need to have a knowledge of the industry in order for the service to operate effectively, and went on to say that somebody who had worked in the job, and perhaps retired from it, would be the ideal person. Similarly, another interviewee in the construction sector commented that the Workplace Health Connect staff would need to have worked in the construction industry to be aware of where they are coming from, and the burdens and stresses that go alongside health and safety.

One interviewee, representing a small manufacturing business, commented that if he contacted the Workplace Health Connect service he would expect the adviser to possess health and hygiene or health and safety qualifications, and would expect to be able to talk to somebody who had knowledge of the products that their company is dealing with, and the environment that they work in. The interviewee commented, *"Nothing would annoy me more than to talk to somebody who didn't know what they were doing." (SME, East Anglia, between 5 and 250 employees).*

The proprietor of a village shop commented that the Workplace Health Connect staff would need to have an understanding of how a retailer works, and a knowledge of the life cycle of products within a retail environment (i.e. the delivery truck arriving, the customer leaving having purchased the item, and all stages in-between). This, the interviewee commented, would enable them to understand each person's role within the business and all perspectives from the shop owner, to the shop workers. The same thing could be done for the customer, identifying how customers travel to the shop, therefore identifying issues such as people reversing the cars, and bicycles pulling out of the shop forecourt on to a rural road that is regularly occupied by tractors, for example. This, the interviewee commented, would enable the Workplace Health Connect staff to build up *"a day in the life of"* life cycle and help them to understand all the hazards and health and safety issues that staff and customers face along the way *(SME, East Anglia, between 5 and 250 employees).*

Another interviewee highlighted the importance of the Workplace Health Connect staff understanding specific health and safety risks and issues which occur within the farming sector.

6.6.2 Local knowledge

A small number of interviewees commented that they felt that the Workplace Health Connect staff would need to possess local knowledge, in order for the service to operate effectively in rural areas.

The representative of one SME in Mid Wales commented that good local knowledge would be useful, and that staffing it with competent local people would be beneficial. Another commented that the Workplace Health Connect staff needed to understand the general history of each rural area in order to understand the nature of the businesses within the areas - *"factories surrounded by fields" (Business, East Anglia, more than 250 employees)* – and the nature of people's former employment and historical health problems. The individual commented that if one wishes to look at people's health, what goes awry, and what may go wrong in the future, one needs to understand the history of industry in the area. For example, in East Anglia, people's previous employment may have put them in contact with pesticides and the consequences of manual handling (e.g. agriculture), fibre glass (e.g. Norfolk Broads boat yards), and health issues which surface later in life may date from tasks carried out in previous employment.

6.6.3 Good communication skills

Good communication skills were another skill cited by interviewees when asked what key skills they felt that staff of the Workplace Health Connect service would require in order for the service to operate effectively in rural areas of the UK.

One interviewee cited that communication skills and the ability to converse with both the employer and employees would be required in order for the Workplace Health Connect service to operate effectively. The interviewee reported that the last thing the employer needs is a disgruntled employee who is unhappy or has a bad attitude, as customers pick this up.

Interestingly, however, another interviewee, representing a manufacturing company, commented that if Workplace Health Connect staff were to visit the factory, it would be important that they dealt with the manager and not with workers, because involvement of the workers would be time consuming and disruptive, and that if production was halted, this would prevent the factory from making money. This, the interviewee felt, would be different in a factory employing 250 workers, as somebody else would be able to provide cover for co-workers who were speaking to Workplace Health Connect staff.

Another interviewee commented on the need for Workplace Health Connect staff to be able to communicate calmly and effectively, and be capable of responding quietly and dealing with somebody who is in a panic. The interviewee commented that if an employer telephoned a service like Workplace Health Connect they would usually be doing so because they needed instantaneous advice, and that therefore it would not be adequate for somebody to say that they would get back to them, and then failing to do so.

One interviewee commented on the importance of the service ensuring that information was available through a variety of mediums, and not only via the Internet, because some smaller companies may not have good levels of access to the Internet.

One interviewee commented on the need for the Workplace Health Connect staff to be able to communicate with people at different levels, understand how they live, and understand their

particular attitude. For example, the interviewee commented, the rural attitude is different to the attitude of people from areas like, for example, Manchester.

6.6.4 A clear separation from policing/enforcement role

One employer, who did not know about the Workplace Health Connect service, after hearing an explanation of what the service offered, stated that they would be nervous to contact services such as Workplace Health Connect because they *"tend to throw things at you."* It is due to the fear of interference, the employer stated, *"yet more stuff on me to comply with and deal with. I don't want to rock the boat... You get in touch with authority and you feel like you're pulling everything down on top of you."* The employer said that she feared the authorities *"dumping more red tape"* and said, *"the admin side is drowning me"*. The employer added, *"I feel I'm doing my best to keep people well and healthy but I don't want them to come and tell me because they'll try and spoil things for us and stir things up to justify their own jobs." (SME, Mid Wales, fewer than five employees).*

6.6.5 Good knowledge and understanding of preventative measures

One interviewee, the owner of a Bed & Breakfast business and Tea Room in East Anglia, commented that if the service was available in their area they would use it if they had a workplace issue with a member of staff. The interviewee also reported that they would use a service like Workplace Health Connect if they were refitting or refurbishing their kitchen, as it would be useful to have a "different set of eyes" to look at workplace health and safety issues, and that therefore the Workplace Health Connect staff would need to be clued up on preventative measures as well as being able to help out if a problem occurred.

6.6.6 Welsh language skills

One interviewee in Mid Wales commented that the Workplace Health Connect service would need to employ Welsh speaking advisers in order to provide a bilingual service in Wales.

6.7 OTHER COMMENTS

Interviewees were also given the opportunity to make any additional comments that they wishes to share with regard to occupational health, safety and return-to-work in rural areas.

6.7.1 Small rural businesses

Some of the comments made by interviewees related to the problems faced by small business operating in rural areas.

One interviewee commented that because of the company's rural location it is difficult to keep up-to-date with legislation, and that companies do not necessarily know where to go to find out about changes in legislation, or tips and advice regarding health and safety matters. The interviewee commented that it is important that the lack of knowledge concerning health and safety is understood, and that consideration is given to how best to get the information across to companies.

One employer stated that their business follows health and safety guidelines closely, and comply with all regulations, sometimes even exceeding their responsibilities (for example, by carrying out risk assessments even though they are not required to by law, because they employ fewer than five people). However, the employer was aggrieved by the fact that competitors in

their industry do not follow the legislation, and yet this is not policed. The example that the employer cited was a situation in which their workers discover materials containing asbestos. Under such circumstances, their company is obliged to send a sample of the material away for testing, and then to remove the material containing the asbestos, arrange for it to be transported a considerable distance (across three counties), and then to pay to dispose of it - a process which the employer estimates to cost approximately £400. And yet, the employer commented, some other businesses in their sector simply remove the materials and transport it in the back of a car to their local authority disposal site. The employer remarked, *"It's a sledgehammer to crack a nut with small businesses"* and commented *"We are a small family business, and do not have limited liability. We're personally liable because we are not a limited business."* The employer went on to say that there is a need for the government to grasp the scale of the stress. Many small businesses are family businesses, the employer reported, and stress can cause arguments within the family also. *"It's always the human rights of the employee – they don't consider the human rights of the employer. We are individuals as well. We suffer stress the same as employees do"*, the employer commented. *"The government have no idea of the stresses and strains of running a business… The people who are bringing in legislation have to understand that employers have to have human rights." (SME, Mid Wales, fewer than five employees). (SME, Mid Wales, fewer than five employees).*

A representative of an SME in Mid Wales employing fewer than 5 employees commented, *"It's good that you're doing this because we tend to be forgotten in Mid Wales. A lot of businesses in rural areas have one or two employees so why shouldn't we be entitled to the same information as larger businesses?" (SME, Mid Wales, fewer than five employees).*

6.7.2 Rural residents

A small number of comments were received relating to people and employment in rural areas.

One employer in an SME in East Anglia reported that, in rural areas, there appears to be a lack of enthusiasm to go back to work after a health problem or a period of illness, and that this is a different attitude from what they have experienced in non-rural areas. Similarly, the proprietor of a village shop and sub-Post Office in East Anglia commented that there are a lot of *"shirkers"* in their area, who claim to be unwell and unable to work. The interviewee commented that it is *"galling"* because they serve such individuals their benefits in the Post Office, and then often see them spend it on alcohol.

The proprietor of a village shop and sub-Post Office in East Anglia commented that rural areas can be areas of high unemployment, and anybody who is not 100% fit becomes vulnerable in terms of employment. As a business owner, the interviewee commented, one ideally wants 100% fit workers, but as a human being one recognises the social responsibility to look after workers who are on sick leave.

One employer reported that years ago she was off work for three months following a breakdown, and that she was signed on the invalidity benefit whilst in hospital. But, she reported that she stopped claiming invalidity benefit as soon as she was out of hospital because of the stigma of claiming benefits – *"It's a matter of principle, of pride" (SME, Mid Wales, fewer than five employees).*

6.7.3 Workplace Health Connect

Some of the comments made by interviewees related to the Workplace Health Connect service.

One interviewee, representing a small manufacturing firm, commented that he liked the idea of Workplace Health Connect, and had begun looking at the website whilst the interviewee progressed. The interviewee commented that it would be the sort of service their company would have used, and that they might telephone the service and speak to an advisor. The key thing for small businesses, the interviewee commented, is the knowledge that a service is not going to cost the company much money.

The owner of a painting and decorating business interviewed as part of the study commented that it is people who are employing other people that need to have the good, up-to-date knowledge and understanding of health and safety matters, and that *"you've only got yourself to worry about"* and *"you take the chance yourself"* if you are self-employed. *(SME, Mid Wales, fewer than five employees).* The interviewee went on to say that the Workplace Health Connect seems more geared to people who are employing others, and that perhaps something could be targeted more at individuals who are self employed, in order to raise their awareness of health and safety issues.

Similarly, another interviewee, representing a manufacturing company, commented that Workplace Health Connect appears to be geared towards larger companies employing 250 workers. In such a company, the interviewee commented, there would be a health and safety department, whereas in a small company employing five workers one person would be likely to deal with everything. The interviewee concluded by commenting that small businesses are having to deal with so much legislation, and that they cannot afford to pay somebody else to deal with it.

One interviewee, who looked at the Workplace Health Connect website as the interview commenced, commented that from the way the website is designed it looks as though the service is aimed at the business owner (e.g. focus on absence issues, staff retention issues). The interviewee commented that if would be helpful if the website also had a section aimed at employees, where they could ask questions or deal with their concerns, as well as a *"report your concern here*", *"whistle-blowing"* section *(SME, East Anglia, between 5 and 250 employees)*, which employees could use to report something which was causing them concern at their workplace. This, the interviewee felt, would be beneficial as it would be proactive, and emphasise a preventative approach, rather than the focus being upon patching things up when there has been a problem.

One employer felt that it would be an advantage if there were just one place to go for health and safety information and advice. The employer commented that when she has made use of the Business Advice Centre and Business Eye services, they are only able to provide generalist knowledge. The employer felt it would be better if they knew that it was just the HSE that dealt with health and safety matters.

SECTION 7: INTERVIEWS WITH KEY NATIONAL ORGANISATIONS

Five interviews were held with a series of key actors and national organisations representing key employment sectors in rural areas of the UK or national organisations with specific knowledge about the issues facing rural businesses, in order to gain the 'expert' view on Objectives 2, 3 and 4.

Interviews were held with individuals representing different industrial sectors in rural areas of the UK:

- Agriculture
- Construction
- Education
- Manufacturing/engineering
- Wholesale

Interviews took place by telephone. Information provided is anonymised.

7.1 AGRICULTURE

A telephone interview was held with a representative of the Agriculture and Food Section of the Health & Safety Executive.

The interviewee was asked what he felt were the main occupational health and safety issues that small businesses in the agriculture sector face.

One of the issues that the interviewee raised was occupational stress. The interviewee reported that the HSE had conducted a piece of work on this subject (Parry, J., *et al.* 2005) and that the main findings were that factors that cause stress for farmers are not always things that organisations such as the HSE can control – for example, market value, and weather.

Another issue that the interviewee raised was musculo-skeletal disorders, such as back injuries, back pain, and muscular injuries brought about by poor manual handling. Despite increased mechanisation, the interviewee reported, there are still many tasks that involve manual handling within agriculture (e.g. animal handling, carrying objects, harvesting of certain crops), and although handling aids are now available to assist with many tasks, the farming industry has not taken these onboard as much as other industries have, perhaps partly due to the capital required to purchase such equipment (e.g. telescopic handlers), but also due to the fact that many farm buildings are old and do not lend themselves to the use of equipment due to their small, narrow passageways, low ceilings, narrow entrances. This, the interviewee commented, is a problem on many farms, but particularly affects tenant farmers.

The interviewee commented that the Health & Safety Executive run regular Safety and Health Awareness Days aimed at the farming community, and that these days always include a manual handling demonstration. The interviewee reported that 80% of farmers who attend the manual handling demonstration admit to have suffered from a bad back at some time.

Many musculo-skeletal disorders are historical, the interviewee reported, and resort from a time when tasks were carried out manually rather than mechanically. These injuries can be reactivated when the farmer carries out a manual handling task today.

The interviewee reported that certain industry sectors have accepted that particular types of training are acceptable (e.g. safe use of pesticides, fork lift truck driving training), but that the agricultural sector has yet to recognise the benefit of safe lifting techniques, and manual handling training is not viewed as an essential requirement.

Occupational asthma and respiratory diseases such as farmers lung were also reported by the interviewee as an occupational health issue routinely faced by members of the farming community. Every stage in the grain process, from harvesting to milling and mixing, gives rise to dust which can cause an asthmatic condition. Grain has reduced in price in recent years, meaning that many farmers are growing grain as animal feed rather than using compound feeds, which has only served to heighten this problem. Recent research has shown that levels of dust experienced by farmers in the poultry industry are also much higher than previously thought, and that the poultry housing environment is conducive to producing high levels of dust.

The interviewee also commented that farmers are rarely up-to-date on the latest respiratory protective equipment, and that such personal protective equipment needs to be to a certain standard in order to be effective.

Exposure to chemicals, such as sheep dip, was also raised by the interviewee as an occupational hazard faced by farmers. The interviewee commented that whilst there is a lack of reporting of accidents and ill health within the agricultural sector in general, there is anecdotal evidence of illness as a consequence of exposure to sheep dipping chemicals.

Zoonotic diseases were also mentioned by the representative of the Agriculture and Food Section of the Health & Safety Executive. Farmers are exposed to numerous zoonotic diseases in their daily work, and poor hygiene amongst those working in the sector, compounded with a failure to understand easy prevention of zoonotic diseases through processes such as hand washing, and cleaning and dressing of wounds) worsen this problem. Instead, the interviewee reported, farmers often see zoonotic diseases as *"part and parcel of the job"* and do not consider how they can protect themselves.

In addition to dealing with animals putting farmers at risk of contracting any of a great many zoonotic diseases, veterinary treatments also take farmers in close proximity to livestock, and along with the considerable risk arising from handling the animals, farmers are also at risk of dirty needle stick injuries. The interviewee reported that the Veterinary Medicines Directorate of the Department for Environment, Food and Rural Affairs runs the Suspected Adverse Reaction Surveillance Scheme (SARSS), which is a national voluntary scheme for monitoring reports of suspected adverse reactions to veterinary medicines in both animals and humans.

The interviewee reported that one of the main occupational safety issues faced by farmers is accidents relating to workplace transport. Increases in mechanisation over the last twenty years have meant that farmers routinely use large pieces of machinery, and that issues such as poor visibility and manoeuvrability can be a problem. Reversing tractors and trailers and telescopic handlers can be a danger to pedestrians and other farm workers, and the traditional layout of farms and farm buildings can make organisation of a system of work which avoids reversing impossible.

Falls from height is another safety issue faced by farmers raised during the interview. Farmers often like to undertake their own repair and maintenance work where possible, and they often do

so without taking adequate precautions. This leads to accidents such as falls from roofs, falls through roofs (e.g. asbestos cement, which has very little load bearing capacity), and falls from ladders. Farmers are also at risk of falling from machinery, bale stacks, and trees. The interviewee reported that there has been a lot of effort to encourage the agricultural industry to adopt good safety principles when working at heights, and to use cherry pickers or fork lift baskets in place of ladders.

Contact with machinery is another matter which raises a great many occupational safety issues for members of the farming community. Safety guards are often defective or missing, and farmers risk getting tangled, trapped, or drawn into pieces of machinery. The situation is made more dangerous due to farmers working under time pressures due to the weather, the need to get the job done by a particular deadline, and the fact that much farm work is carried out alone and remotely (i.e. it is difficult for the farmer to go back to the farm to get a replacement guard if he is working several miles away, and so the tendency is to carry on without the guard), along with the *"deep seated culture of unwise risk taking"* within the agricultural sector. Contact with machinery is even more hazardous as much farm machinery is required to operate in harsh, outdoor environments, there is a lot of scope for blockages and breakdowns, and the farmer is often working on his own. These factors combine to lead to scenarios whereby, for example, a piece of machinery is operated with the safety guard removed in order to clear a blockage.

Another safety issue faced by members of the farming community is contact with animals. Livestock related contact such as handling animals like bulls, beef cattle, and suckler cows which have a dangerous maternal instinct, cleaning animals and clipping contaminated hide before taking them to the abattoir, are very high risk activities, with much potential for serious injury if the job is not approached in the correct way.

Electricity is another potential occupational safety hazard faced by farmers. Electrical accidents caused by poor installations, wiring faults, and poor maintenance are all risk factors. In addition to this, contact with overhead power lines through conductive materials such as ladders and irrigation pipes and trailer tipping, has become more of an issue as machinery has grown in size (e.g. telescopic handlers, combine harvesters).

Being struck by falling objects (e.g. bales), falling trees/branches, gates/doors and parts of buildings in stormy weather, are also occupational safety hazards that farmers routinely face.

Another safety factor which leads to a greater number of accidents within the agricultural sector is the fact that many farmers work well beyond the normal retirement age. There are several reasons for this, including the lack of a pension, the fact that farming is a lifestyle and not merely a job, the fact that farmers tend to be active people who are not content doing nothing, and the fact that, as head of the household, many older farmers continue to keep control of the business chequebook even after their sons have taken over the bulk of the operational side of running the family farm. The fact that many farmer work well beyond normal retirement age raises a whole series of occupational health and safety hazards. In their 70s or 80s many farmers are still actively involved in the running of the family farm, even though their physical capacity is reduced, they are less fit and less mobile, and they are less able to cope with the trauma and impact incurred by an injury. Older farmers are also more likely to use old pieces of machinery and vehicles because of the financial outlay required to replace them.

The interviewee was also asked what he felt were the main return-to-work issues that businesses in the agriculture sector face.

The interviewee reported that a large number of SMEs face problems getting cover if somebody is ill or injured, as many farmers cannot afford to pay for relief workers, and it is difficult to find

people at short notice who are experienced at skills such as animal husbandry. The interviewee also referred to a *"culture of coping"* which leads to reluctance amongst members of the farming community to admit that they need to call upon help. These issues combine to mean that many farmers end up carrying on working through illness and injury.

In addition to the above, traditionally farm workers have tended to be loyal to their employer. This is partly due to a variety of historical reasons, dating back to the provision of tied cottages. This mutual loyalty, felt by the farmer and his employees, may lead the farmer to feel duty bound to look after workers who have been made ill to reward their loyalty.

The interviewee also commented that there is a general lack of awareness of provision for information and advice that is available to help get people back to work. Farmers are generally reluctant to go to their GP unless they are physically unable to work. This reluctance to seek help from healthcare professionals is particularly acute where issues of stress, or psychiatric/psychotic illness are concerned, as these carry a particular stigma. The interviewee reported that there are a number of organisations which have been established to deal with rural stress, but that awareness, confidentiality and reluctance are an issue.

The interviewee was also asked whether he was aware of any support services for health and safety and return-to-work issues for small businesses in the agriculture sector, such as somewhere they can go to receive advice or practical assistance on managing health risks or safety issues at work, and help them to understand their health and safety responsibilities.

The interviewee reported that the HSE website and Infoline is a valuable source of information. The interviewee also commented that years ago farmers would have known their local HSE inspector but that that is not necessarily the case now as the HSE staff do not tend to stay in one patch for a length of time as they did in the past.

The interviewee also reported that farmers are suspicious of officialdom and resistance to red tape. The interviewee also commented that the policing side of the HSE's role conflicts with its advisory role, and that farmers fear enforcement and fail to realise that the HSE is also there to provide advice and information.

The interviewee also listed several other support services that are able to provide occupational health, safety and return-to-work support for small businesses in the agriculture sector. These were Trade Associations that represent different sectors of the industry (e.g. the National Sheep Association), farmers unions (e.g. TGWU, NFU), and Farm Assurance Schemes.

On issues of stress, the interviewee reported, organisations such as the Rural Stress Information Network (RSIN) are available, along with several other organisations which are listed in Parry, J. *et al.* Farmers, Farm Workers and Work-Related Stress, published by the Health & Safety Executive in 2005.

The interviewee was also asked what might prompt SMEs in the agriculture sector to use these support services. The interviewee reported that one of the issues that might prompt them would be if they knew that they were going to get a visit from the Health and Safety Executive (which gives 2-3 weeks notice of an inspection).

The interviewee commented that fear of litigation would be less of an issue in the agriculture sector than in some other sectors, due to issues such as many farm businesses being family business, and the loyalty of employees.

The interviewee also reported that if it were possible to show a direct positive cost benefit of using such support services, might be a driving force, as might convincing the farmer that making use of external sources of knowledge is something that they should be factoring into business management.

The interviewee was also asked what might prevent agricultural SMEs from using such support services. The interviewee reported that one of the issues may be lack of awareness about where to go, but commented that farmers are hopefully becoming more IT literate, and are able to access such information via the Internet. The interviewee also commented that some farmers rely on their sons and daughters to do this for them. The interviewee also reported that farmers are under pressure because of the weather, seasons, long hours, reduced labour, increased paperwork, and finding the time to research the availability and whereabouts of support services is difficult.

The interviewee highlighted the fact that farmers need to see that services are easy to access, because if not they will not want to use them. In terms of websites, the interviewee commented that this requires them to be user friendly, and to involve limited "clicks" before the farmer if able to find the information that he/she is seeking.

The interviewee also reported that farmers are often inundated with information, both through the post and electronically, and there is an issue about how such support services go about marketing themselves, and the importance of a careful choice of vehicle of promotion. The interviewee commented that some Farm Assurance Schemes require farmers to be members of the National Register of Sprayer Operators (NRoSO), which produces a newsletter, and runs continuing professional development events. The interviewee commented that it may well be that support services could use these sort of schemes as a way of promoting their services. The interviewee highlighted the importance of knowing where farmers get information from, what publications they read, and using an existing vehicle to get the message across.

The interviewee was also asked what approaches to occupational health and safety he thinks work well.

The interviewee felt one of the best approaches to occupational health and safety is workplace visits, because this means the health and safety advisor is dealing directly with the individual and their business, and discussing issues of direct relevance to them.

The interviewee also commented that credibility is an issue for farmers, and highlighted the importance of using other farmers or professionals, who have skills or knowledge, to get the messages across, because farmers tend to respect the opinions of their peers. Farmers are quick to notice when somebody is "green" and it is important that advisers have a good knowledge of the agriculture industry in order to be credible. The interviewee commented that this approach has already been adopted by Local Training Provider Groups or Machinery Rings, who make use of local trusted sources of knowledge and expertise. Similarly, the interviewee commented, HSE inspectors in agriculture have been traditionally from farming backgrounds with good knowledge of the industry. To further illustrate this point, the interviewee commented that at the Health & Safety Executive's Safety and Health Awareness Days safety demonstrations are carried out by Lantra instructors, many of whom are also farmers, and that this has made a big difference.

Similarly, when asked what key skills he thought the staff of the Workplace Health Connect service would need in order for the service to operate effectively in rural areas of the UK, the interviewee stressed the need for good knowledge of the agriculture industry and of the area that they are covering. The interviewee commented that the Workplace Health Connect staff should

know the geography, the lie of the land, and the type of farming in the locality they were covering, in order for them to be credible. The interviewee stressed the importance of the service being given a *"local flavour"*, as farmers like to deal locally. The interviewee even went so far as to say that the staff of the service should be able to make small talk with the farmers in order to gain their confidence. The interviewee also stressed the importance of the Workplace Health Connect staff having a good knowledge of the farming calendar, an awareness of seasonality and the demands on farmers' time, and knowing when is a good time to call, for example avoiding times such as lambing.

The interviewee also commented that the Workplace Health Connect service should link in with other reputable stakeholders (e.g. NFU, TGWU, CLA), and making sure they are onboard in order to add credibility to the service.

The interviewee also commented that the Workplace Health Connect service should use high profile farming people, for example using people from television (e.g. Emmerdale), in materials such as promotional videos.

When asked whether he had any further comments to make, the interviewee summarised that agriculture is a difficult industry to deal with for a wide range of reasons, including the fact that workers are geographically remote, and hard to reach; the isolation factor; the traditional culture of self reliance, and reluctance to seek advice because this is seen as a sign of being unable to cope; and the fact that farming is seen as a way of life, with less distinction between work-life and home-life than there is in other industries.

7.2 CONSTRUCTION

An interview took place with a representative of a national training organisation for the construction industry.

The interviewee was asked what he felt are the main occupational health and safety issues that small businesses in the construction sector face.

The interviewee raised a series of occupational health issues: hand arm vibration; noise; dust; dealing with asbestos (especially in refurbishment projects); and musculo-skeletal disorders (particularly back pain). The interviewee also reported that occupational stress within the construction sector tends to be overlooked, as the industry is male dominated and a particular class of people tend to work within the industry, a group that research has shown are very reluctant to do to the doctors, and are often living away from home in the week so face the practical issue of getting access to a doctor at a time that they can be seen. The interviewee also commented that site supervisors face a range of occupational health issues, including the fact that they work within a pressurised industry and do not tend to look after themselves (e.g. physical exercise, alcohol consumption, not eating the right foods at the right times).

In terms of occupational safety, the interviewee raised a series of issues, including falling from heights; being hit by moving vehicles; slips, trips and falls; health impacts of manual handling; and respiratory hazards (for example, inhaling silica dust from curb cutting).

The interviewee was also asked what he thinks are the main return-to-work issues that businesses in the construction sector face. The interviewee commented that return-to-work is more an issue for the individual worker, than for the business as a large proportion of the industry is *"labour only"* and workers are not directly employed by construction companies. Therefore, if a worker is not able to work, the construction company will simply hire somebody

else from an agency. The interviewee commented that the construction company's attitude is usually, *"If you don't turn up for work you don't get paid mate. There's plenty more where you come from."* Because of this individuals often do not admit to ill health and cover conditions such as noise induced deafness, poor eyesight and dermatitis. The interviewee referred to the sector as the *"hard nosed construction industry"* and reported that construction companies tend to have a traditional view of *"softer things like returning to work". "Traditionally it's been a hire-and-fire industry"*, the interviewee commented.

When asked whether he was aware of any support services for health and safety and return-to-work issues for small businesses in the construction sector, the interviewee reported that a number of private businesses and consultancies offer advice in that area. The interviewee reported that a marginal number of enlightened companies pay for advice to be given to their workers from a welfare point of view, for example issues such as healthy eating and looking after themselves. The interviewee commented that there *"are some enlightened companies out there but view is that vast majority couldn't give two hoots"*.

The interviewee was asked what might prompt SMEs in the construction sector to use health and safety and return-to-work support services. The interviewee reported that within the construction sector there are regularly contractors, working for contractors, working for clients, and that almost the only thing that would prompt businesses to use such support services is if the client companies for whom the contractor is working makes this a requirement of them carrying out work for them. The interviewee stressed the importance of clients needing to understand wider corporate social responsibility and adopt ethical procurement policies whereby they only offer work to contractors with health and safety policies and facilities for their workers to access health advice. The problem, the interviewee reported, is how to enforce this, as most contractors think *"Why bother? We can get away with it"* and *"If we get caught, we get caught."*

The interviewee reported that fines are not really an adequate deterrent, and there is not sufficient enforcement, particularly where welfare is concerned. The interviewee reported that conditions on construction sites are often appalling and facilities for workers going to the lavatory, washing their hands, and eating their lunch are usually non-existent. Construction workers are often working long hours, in all weathers, and are not usually provided with the facilities to sit down and eat lunch in a warm place with clean hands. And yet, the interviewee commented, a lot of health and safety problems could be dealt with through basic provision of facilities. The interviewee commented that client companies are often cost orientated, have a budget, and are not interested in the condition in which workers are working.

In order to improve the situation, the interviewee commented it has to be *"led from the top."* The interviewee reported that the government procures 40% of construction work within the UK, and yet even within the government there are different procurement regulations. The interviewee commented that conditions of contract of public sector work tend to be reflected by the upper private sector, and from here the standards filter down to other private sector companies (e.g. as happened with quality management systems), and therefore if the government adopted a set of standards in their procurement, the private sector would follow.

The interviewee was also asked what might prevent SMEs in the construction sector from using health and safety support services. The interviewee replied that it is not that anything prevents them from using the services. It is simply that they have not yet identified the need or have the desire to use them. *"Until you know you've got a need you don't start looking for a solution"*, the interviewee commented.

One approach to occupational health and safety that the interviewee felt worked really well was the Constructing Better Health project in Leicestershire (discussed in Literature Review section of this report), which involved occupational health nurses delivering occupational health services onsite. Although an expensive project, the interviewee commented that it was a very successful project, and had highlighted health issues, some of which were not necessarily connected to construction. For example, the interviewee commented, the professionals working on the Constructing Better Health project found workers who were on the verge of heart attacks, brought on by smoking, heavy drinking and poor diet. The interviewee commented that such initiatives require careful consultation with workers, and the co-operation and understanding of workers, to ensure that they are aware that the service is confidential, and therefore are not suspicious and distrusting of it.

The interviewee reported that some larger construction sites, such as Terminal 5 at Heathrow Airport, have onsite occupational health assistance, and the British Airports Authority who adopted a socially responsible approach to managing the site are regularly cited as an exemplar client. Onsite occupational health assistance is also going to be provided at the London Olympic 2012 construction sites.

The interviewee reported that the construction industry has huge skills needs and skills shortages, and that the industry is predicted to continue to grow until 2015. There are therefore advantages for employers who directly employ staff, properly care for them, and consequently keep these skilled and experienced workers working until the age of 65.

Finally the interviewee was also asked what key skills he thought that the staff of the Workplace Health Connect service would need in order for the service to operate effectively in rural areas of the UK. The interviewee highlighted the need for staff of the service to be able to communicate, help businesses to identify a need, and raise awareness of where to go to get help. The interviewee commented that awareness of where to go for help or advice is a huge issue for the construction sector, as half a million workers in the UK are working directly for the domestic market and are a very difficult group to communicate with. The interviewee commented that one of the most effective ways of communicating with this group is by adopting the "red-top approach" and using such vehicles as the tabloid newspapers (e.g. The Sun, The Daily Mirror, The Daily Mail). This, the interviewee commented is the type of approach adopted by the Constructing Better Health project in Leicestershire, the website of which is entitled "Fit Builder" and resembles a tabloid newspaper. Whilst this approach may not be considered politically correct, the interviewee commented, it depends on your objective, and if it is considered more important to get through to these people than to be politically correct, it is an effective approach to take.

In terms of the key skills required by the Workplace Health Connect staff, the interviewee also commented that they would require staff who understand the construction industry and the pressured that workers in the sector work under. The worst approach, the interviewee commented, would be the traditional clipboard health and safety professional using tick boxes to carry out an audit and setting impossible tasks and telling businesses *"you've got to work in this way."* The interviewee stressed the importance of the Workplace Health Connect service understanding businesses and adopting a pragmatic approach, and questioning whether things are really crucial. It is important, the interviewee felt, that the Workplace Health Connect service encourages businesses and builds on the fact that they have contacted the service. There is a need for the service to increase the confidence of businesses and build a relationship with them, so as to avoid the air of suspicion and distrust – *"If you find something wrong are you going to report me to the HSE?"*

7.3 EDUCATION

A telephone interview was held with a representative of a leading professional association and trade union for teachers.

The interviewee was asked what he felt are the main occupational health and safety issues that schools in rural areas face.

The interviewee commented that schools should have their own health and safety policies which are designed for their particular needs. However, the interviewee did point out that rural schools are often older buildings which brings into question their suitability in this day and age, in terms of sanitation, heating, lighting, temperatures in winter, and maintenance requirements. The interviewee reported that maintenance of schools is not always a priority for local authorities and, in addition to this, a lot of rural schools have been targeted for closure which means that maintenance work in the short and medium term is not carried out. All of this, the interviewee commented, imposes upon a persons' comfort within the working environment.

Transport was another health and safety issue facing rural schools raised during the interview. The interviewee commented that rural schools are often situated on minor roads, and when traffic is diverted due to, for example, an accident, the locations do not have the infrastructure (e.g. pavements) available to protect people walking to the school (i.e. parents, pupils, teachers).

Another health and safety issue faced by some rural schools, the interviewee reported, are issues specific to the rurality of the location. For example, some schools which neighbour farmland have had problems with farm animals venturing into the school grounds through holes in the perimeter fences, and there is a need to be proactive and make contingency plans in such situations.

The interviewee commented that ambulance response times in rural areas are an issue meaning that rural schools need to have better first aid facilities onsite, in order to protect staff and pupils.

The interviewee was also questioned about the main return-to-work issues that rural schools face. The individual reported that cover issues are magnified in small rural schools, which can be situated in isolated areas where it is difficult to get people there to cover for absent staff. In addition to this schools are subject to a maximum of cover leave, the interviewee reported.

The interviewee commented that most schools have reasonably good return-to-work policies in place and are generally expected to accommodate return-to-work processes. The format of these policies is suggested by the Local Education Authority, and subsequently adopted by the school. It is likely that such return-to-work policies include factors such as return-to-work interviews, phased return-to-work, and reasonable adjustments. The interviewee commented that Local Education Authority's offer good advice and assistance with return-to-work and will, for example, send representatives into schools to check that systems are in place. The involvement of the Local Education Authority means, the interviewee commented, that return-to-work arrangements are similar in rural schools to in urban schools. However, the interviewee commented if an employee had been absent from work due to stress, as a trade union their organisation would generally like to see the employee being offered a phased return-to-work. However, the interviewee reported, in a rural school there is sometimes more reluctance to agree to this, due to concerns that they do not possess sufficient cover to allow this.

The interviewee commented that representatives of his organisation are often invited to meetings with members of staff who are on sick leave, in their trade union capacity. The

interviewee commented that people are often suspicious about the purpose of such meetings, and that they have to convince them that the meeting is for their benefit.

The interviewee reported that monitoring and evaluation return-to-work proposals can be difficult, due to economies of scale and whether there are personnel available to conduct the monitoring and evaluation processes.

The representative of the professional association and trade union for teachers was also asked whether he was aware of any support services for occupational health, safety and return-to-work issues for schools. The interviewee replied that the Local Education Authority would be the main port of call, and that they can offer advice and guidance on procedures and offer counselling support, as well as offering health and safety training to make sure that procedures are in place. Whilst Local Education Authority services would not be available to independent schools, the interviewee stated that they could have their own organisations that they could go to for advice. The interviewee also reported that school governors are able to access support from governing bodies (e.g. Governing Wales) who can give advice and guidance on what schools should be implementing. The interviewee also reported that teachers' trade unions are also able to offer advice, and health and safety training.

The interviewee was asked what might prompt schools to use health and safety support services, to which he replied that, in an ideal situation, schools would not need to seek such support services, as their procedures should be well embedded. However, the interviewee commented, fear of litigation and not doing the right thing may be factors in prompting schools to use health and safety support services, but that schools are starting to trust their own procedures and policies and understand the importance of having them in place.

The interviewee was also asked what might prevent schools from using such support services, to which he replied that cost should not be an issues, as Local Education Authorities should be able to cover the cost. However, the interviewee felt, lack of resources and staff time may be an issue, and the problem of sourcing relief workers to cover ongoing counselling sessions or ongoing treatment.

The interviewee was also asked what approaches to occupational health and safety he thought worked well, to which he commented that the key is ensuring that the school's management team understand their obligations in terms of occupational health and health at work, and that governors are aware of their obligations and carry out checks. In an ideal situation, the interviewee felt, each school would have its own health and safety representative.

The interviewee was also asked what key skills he considered that the staff of the Workplace Health Connect service would need in order for the service to operate effectively in rural areas of the UK. The interviewee responded that there would have to be an element of trust that the Workplace Health Connect staff would be able to provide detailed advice and guidance, and have a basic grounding and understanding of regulations and statutes. The interviewee also felt it would be important that the Workplace Health Connect staff have a understanding of how rural schools operate and the nature of individual situations which may arise there.

7.4 MANUFACTURING/ENGINEERING

One of the interviewees interviewed as part of the study represented a national industrial body in the field of manufacturing/engineering.

When asked what the main occupational health and safety issues that small businesses in the manufacturing and engineering sector face, the interviewee highlighted the issues of musculo-skeletal disorders caused by lifting and twisting, and occurrences of workplace stress, depression and anxiety.

The interviewee was also asked what he felt were the main return-to-work issues that business in the manufacturing and engineering sector face. The interviewee reported that in rural areas such as North Devon and the Forest of Dean one of the main return-to-work problems that companies face is transport. The interview reported that in the last 12 months he has received several telephone calls from companies who have been told that a worker is fit to return-to-work if the company adopts rehabilitation measures and the person is given light duties, but the person is unable to get to the workplace because they are unable to drive and there is no public transport available.

When asked whether he was aware of any support services for health and safety and return-to-work issues for small businesses in the manufacturing and engineering sector, the interviewee reported that the Engineering Employers Federation provides health and safety advice to companies which pay a membership fee. The interviewee also reported that he recommends companies contact the Disability Employment Advisers (DEA) service which is able to offer advice and assistance on access to work.

When asked what he thought would prompt or what might prevent SMEs in the manufacturing and engineering sector to use support services for health and safety and return-to-work issues, the interviewee reported that there is a *"fair level of ignorance"* amongst SMEs in the sector about what services the government might offer, and that there is a low general knowledge and awareness of what services are available, and that perhaps this lack of awareness is heightened in rural areas.

The interviewee was asked what approaches to occupational health and safety he thinks work well. The interviewee reported that if companies are going to use occupational health services, they should get them onsite, but commented *"geography is a problem"*. To highlight this, the interviewee commented that in Devon, for example, the nearest occupational health service available may be situated in Plymouth, and that this would be difficult for companies in North Devon to access.

The interviewee also reported that a good approach to occupational health and safety is to bring somebody in to provide occupational health advice to both the employer and the employees through a half-day training course held onsite. The interviewee considered that telephone advice was not as good as onsite advice.

The interviewee also considered information websites to be a good approach to occupational health and safety, as most people now have broadband access on their desktop and are able to access information quickly and easily. However, the interviewee stressed the importance of drawing attention to the availability of such information online.

The interviewee was asked what key skills the staff of the Workplace Health Connect service would need to have in order for the service to operate effectively in rural areas. The interviewee's response to this was that there is currently a disconnect between employers and GPs, and that the role that rural GPs play in any process needs to be taken into account. The interviewee commented that at present GPs do not understand that engineering businesses, do not comprehend what the employer or the employee does, and have no information on which to base their advice on what rehabilitation services the company should offer. The interviewee

commented that GPs need to be responsive to the whole rehabilitation and return-to-work process.

7.5 WHOLESALE

An interview was held with a representative of the HSE's Commercial & Consumer Services, Transportation and Utilities Section (CACTUS), which deals with a diverse range of industries including road haulage, hospitality, fairgrounds, utilities, and docks and air transport. The interviewee's specialist knowledge was in the field of Storage and Warehousing.

The interviewee was asked what he feels are the main occupational health and safety issues that small businesses in the wholesale sector face.

The interviewee reported that manual handling is statistically the biggest cause of injury, and that musculo-skeletal disorders are a problem within the sector. The interviewee also cited work-related stress as another big issue. In warehouses which store flowers, dermatitis is an occupational health issue, the interviewee reported, and another occupational health and safety risk is temperature controlled storage, which is increasingly being taken on by local suppliers, due to demands resulting from carbon emissions.

The interviewee reported that the most common types of accidents reported within the warehousing industry are: slips and trips, manual handling, low falls, and being struck by a falling or moving object. The interviewee commented that there would be unlikely to be much difference in terms of what the main occupational health and safety issues faced by rural businesses are, in comparison to the issues faced by urban businesses.

The interviewee also commented that SMEs tend to use risk assessment to confirm what they are currently doing which they are doing because they have always done it a certain way, rather than using it to identify whether what they are doing at present is adequate and whether there might be any risks that they have not considered.

The interviewee commented that SMEs do face and administration problem when dealing with health and safety because of a lack of time. He also commented that rural businesses do face difficulties because of their nature, but that one cannot presume that larger companies always get it right, as this is not the case. In fact, the interviewee commented, if anything smaller networks and communication channels in small businesses can assist, as there is less bureaucracy which can stifle change.

The interviewee was also asked what he thinks are the main return-to-work issues that businesses in the Wholesale sector face. The interviewee commented that backfilling is a problem in rural businesses, because of the small staff base, and the difficulties businesses face when trying to redistribute roles because there is a smaller resource to call upon.

In addition to this, the interviewee felt that in a small rural businesses people can feel pressurised not to go on sick leave, or to return-to-work quickly because they feel that they are letting their colleagues down. This is worsened, the interviewee commented, by the fact that they would be likely to know their colleagues well, and possibly socialise with in the evening too, making it more difficult to separate work life from personal life.

The issue of returning to work on lighter duties can also be controversial, the interviewee commented, because on a smaller site there are not the same range of roles and duties that you would have on a larger site, and it is harder to find roles which only consist of light duties.

Finding staff to provide cover is also an issue in small rural businesses, the interviewee commented, because there are generally few workers in a community, who have the right skills, and happen to be looking for work at the time that cover is required.

The interviewee was also asked whether he was aware of any support services for health and safety and return-to-work issues for small businesses in the Wholesale sector, for example somewhere businesses could go for practical assistance on managing health risks and safety issues at work, and helping them to understand their health and safety responsibilities.

The interviewee replied that there is not really much available. Although in Scotland there is the Safe and Healthy Working Lives scheme, the interviewee commented that he was not sure of how high the general awareness of the scheme was amongst businesses. The interviewee also reported that SMEs that are Local Authority enforced industries would tend to ask their Local Environmental Officer for advice or information in the first instance.

The interviewee was also asked what he thought might prevent SMEs from using health and safety support services. The interviewee commented that fear of enforcement was one of the major reasons they would hesitate to make use of such support services. The interviewee commented that businesses tend to be nervous about letting somebody in from outside, and that there are therefore barriers and hurdles to be overcome.

Also, the interviewee commented that there is a general disbelief that services are genuinely being offered free of charge, and that it is therefore important to get the *"no strings attached"* message across, in order to combat the *"if it looks too good to be true, it is too good to be true"* attitude.

The interviewee also cited the problem of businesses not feeling confident that training providers are good quality, competent, and good value for money, as there is no stamp of quality for training providers.

When asked what he considered were the approaches to occupational health and safety which worked well, the interviewee commented that there is no panacea, and that a combination of a suite of approaches (e.g. information websites, leaflets, advice lines, workplace visits) is most appropriate, providing they are targeted and marketed correctly, and appropriately resourced.

The interviewee commented that websites are good in the first instance, but that it is important to remember that not all businesses have access to the internet, and not all people are literate. The interviewee commented that site visits were a particularly effective approach, because people tend to respond well to face-to-face discussion, and the opportunity to ask questions. The interviewee also commented that events/seminars targeted at appropriate people at appropriate times (e.g. free HSE course aimed at cleaning industry looking at how to avoid slips and trips in the workplace) are an effective approach to occupational health and safety.

The interviewee was asked what key skills he considered that the staff of the Workplace Health Connect service could need in order for the service to operate effectively in rural areas across the UK. The interviewee reported that in terms of staff skill sets, these would not need to be much different in rural areas than in other areas, but that an awareness of the problems of people in rural areas would be beneficial. Also, the interviewee commented that whilst the risks or hazards would be comparable in rural areas to non-rural areas, there would be issues around access to health services in rural areas, and issues arising out of being more remote from the population centres.

SECTION 8: CONCLUSIONS AND RECOMMENDATIONS

8.1 CONCLUSIONS

In order to draw conclusions and make recommendations from the findings of the study, it is important to revisit the study's objectives:

1. Identify and map the rural areas of the UK.

2. Identify the key sectors of employment in the rural areas of the UK, and the main occupational health, safety, and return-to-work issues facing those sectors.

3. Identify the support services that currently exist in rural areas and how best use can be made of them. Investigate what occupational health and safety approaches work well in rural areas.

4. Identify the type of background, skills, qualifications, and communication approaches that the Workplace Health Connect staff should have in order to effectively operate in rural areas of the UK.

Under Objective 1, the new Urban Rural Classification for England and Wales and the Scottish Executive Urban Rural Classification were used to identify and map rural areas of Great Britain. This made it possible to use statistical data to identify key sectors of employment in rural areas, and enabled the identification of the top eight industrial sectors in the most sparse and remote rural areas of England, Wales and Scotland in terms of percentage of population employed: Wholesale & retail trade; Manufacturing; Health and social work; Agriculture, hunting & forestry; Hotels and restaurants; Construction; Education; and Real estate, renting & business activities.

A comprehensive literature review was conducted to identify the main occupational health, safety, and return-to-work issues facing the main employment sectors in rural areas of Great Britain. The literature review showed that there is a paucity of UK published literature focusing on the occupational health and safety issues facing rural industries, other than the agricultural sector. It is not clear, therefore, whether rural SMEs in other sectors do not encounter any occupational health and safety issues specifically due to their rural location, or whether they do, but that we are simply not aware of them. Further research is required if we are to adequately draw up a picture of the occupational health and safety needs of rural businesses.

As part of the study, fourteen telephone interviews were held with SMEs in East Anglia and Mid Wales, from a wide range of industrial sectors, and five telephone interviews were held with a series of national organisations representing key employment sectors in rural areas (agriculture, construction, education, manufacturing/engineering, and wholesale). The interviews were intended to establish the nature of occupational health and safety approaches which work well in rural areas, identify the health and safety support services that currently exist to SMEs in rural areas and establish how best use can be made of these support services, and also to ascertain the type of background, skills, qualifications, and communication approaches that the Workplace Health Connect staff should have in order to effectively operate in rural areas.

The occupational health and safety issues faced by rural businesses that were interviewed as part of this study were many and varied, much as they would be in non-rural areas of the country.

Occupational health and safety issues raised included manual handling; slips, trips and falls; working at heights; vehicles, plant and machinery; respiratory issues; contact with chemicals and hazardous materials; accidents; and stress. In addition to these and other specific issues that were raised by businesses, other points made by interviewees included the perception that employers need to protect themselves from damages claims from employees, difficulties that businesses face when trying to access affordable health and safety advice and training, and the pressures and stress facing small businesses as they try to keep up with health and safety legislation and comply with regulations.

When asked about the main return-to-work issues faced by small businesses, responses from interviewees focused around four key areas: difficulties with finding and funding cover for absent employees, the difficulties faced by small businesses around funding periods of sick leave, challenges around easing employees back into work through the provision of phased returns to the workplace and light duties, and sick leave policies and return-to-work interviews.

The focus of the Workplace Health Connect model is upon improving access to existing provision of health and safety support where possible. Therefore from the outset it was intended that the Workplace Health Connect scheme would take the opportunity to work closely with existing occupational health, safety and return-to-work support services. For this reason, interviewees were asked whether they are aware of any support services for occupational health and safety and return-to-work issues in their industry.

Interviewees cited the Health & Safety Executive, local training providers, their local Council, the Federation of Small Businesses, the Food Standards Agency, and a wide range of other agencies as sources of support and guidance on occupational health, safety and return-to-work issues. Many interviewees also reported that their business pays for occupational health and safety support and advice from private consultants or other providers. The descriptions of services provided by such organisations were broadly similar to the services that have been offered by the Workplace Health Connect service in Pathfinder areas, encompassing such services as workplace visits, helping the business to identify safety risks in the workplace, the opportunity to discuss health and safety issues with an advisor, and in some cases access to a telephone advice line. The fact that some small businesses are prepared to pay for such services shows that there is a clear demand amongst SMEs in rural areas for the types of occupational health, safety and return-to-work support offered by Workplace Health Connect service.

Interviewees were also asked what approaches to occupational health and safety they felt worked well. A wide range of responses were received. A number of businesses cited the Internet as a useful resource for details about health and safety legislation and regulations. Many felt that workplace visits were a good approach because the advice that they provide is business specific and therefore most relevant, and that they offer an opportunity for face-to-face discussion and the chance to ask questions. Some interviewees stressed the importance of the focus of workplace visits being upon prevention, and the business being free from the fear of enforcement or prosecution.

Health and safety magazines were also mentioned by some interviewees as a good approach to occupational health and safety. Interviewees felt that these were a particularly good way of relaying information concerning updates to legislation in order that the business could ensure that they were fully compliant with a new regulation before it came into force.

Several interviewees reported that they considered site-specific in-house training a good approach to occupational health and safety, because members of staff view it as relevant and applicable to them.

Two interviewees commented that an industry specific health and safety handbook, detailing all of the up-to-date legislation and guidelines pertaining to their industry, would be a very useful resource, particularly if the handbook offered step-by-step guidance about what should be in place, offered advice about how to develop health and safety procedures, and included proforma checklists that businesses could adopt. Similarly, one business commented that it would be very useful for businesses employing fewer than ten workers to be provided with a simplified risk assessment booklet containing risk assessment policy and forms for the employer to complete.

Interviewees were also asked what key skills they think the staff of the Workplace Health Connect service would need in order for the service to operate effectively in rural areas. A number of interviewees felt it would be beneficial if the staff of the Workplace Health Connect service possessed industry specific knowledge, and the way businesses within their sector operate.

A small number of interviewees also felt that it was important that the Workplace Health Connect staff possess local knowledge, and an awareness of the history of the area, in order for the service to operate effectively in rural areas.

Good communication skills were also deemed to be a key skill required by Workplace Health Connect staff. Interviewees felt it important that the staff are able to communicate with employers and employees at all levels, be able to offer immediate advice in a calm manner, and that the service uses a variety of communication methods in order to reach the widest audience possible. One interviewee from Mid Wales stressed the need for Workplace Health Connect to employ advisors who were capable of communicating with businesses through the medium of Welsh.

Interviewees also stressed the need for the services of the Workplace Health Connect service to be clearly separate from any policing or enforcement role, in order to deal with businesses apprehension and anxiety about contacting external authorities in case this caused problems for the business.

8.2 RECOMMENDATIONS

A number of recommendations can be drawn from the findings of this six-month study.

8.2.1 Further research

The literature review that formed part of this study showed that there appears to be little rurally-specific information about the occupational health and safety issues facing industries other than agriculture. Further research into whether rural SMEs in other industry sectors encounter any occupational health and safety issues specifically due to their rural location, is required if we are to adequately draw up a picture of the occupational health and safety needs of businesses in rural areas.

Recommendation:
Further research should be conducted into the occupational health and safety needs of businesses in rural areas across all industry sectors.

8.2.2 Marketing of Workplace Health Connect services

A clear finding to come out of this six-month study is that SMEs in rural areas are keen to ensure that they abide by their health and safety responsibilities, but find it difficult and stressful trying to keep up-to-date with health and safety regulations, do not know where to go to find out about changes in legislation, or who to approach for cost effective occupational health and safety advice.

Several interviewees, including representatives of national organisations, reported that there is a low level of general knowledge and awareness amongst SMEs about what services are available for information and advice on occupational health, safety and return to work, and that it is possible that this lack of awareness is heightened in rural areas.

It was clear from the discussions with this small sample of SMEs, that awareness of and knowledge about the Workplace Health Connect service appears to be very limited. It should however be noted that the focus of publicity about the Workplace Health Connect programme has been upon the five Pathfinder areas. East Anglia is not covered by a Pathfinder area, and Mid Wales has only recently been encompassed by the expansion of the South Wales Pathfinder to cover all of Wales.

One recommendation to come out of the study is the need to further market and promote the Workplace Health Connect service. Careful consideration should be given to the most effective and most appropriate way of getting the promotional message across, and recognition is required that the most effective vehicles of promotion may vary from one industry to another.

Recommendation: Further targeted promotion and marketing of the Workplace Health Connect service should be carried out, following careful research to identify the most appropriate and effective vehicles through which to raise awareness of the service amongst rural SMEs across all industrial sectors.

8.2.3 Eligibility for Workplace Health Connect services

Due to the wide diversity of businesses in the UK, there is no single definition of a Small and Medium Enterprise (SME).

Workplace Health Connect focuses its services on businesses employing between 5 and 250 employees. In rural areas, however, many businesses employ fewer than 5 employees (such as small agricultural businesses, or sole traders including many plumbers, painters and decorators, and electricians), and are therefore excluded from some of the services offered by the Workplace Health Connect programme. In fact, overall, 91% of enterprises in the UK (including private sector, public corporations and nationalised bodies) employ fewer than 5 employees.[48]

[48] TABLE 4: Number of enterprises, employment and turnover in the private sector (including public corporations and nationalised bodies) by number of employees and industry section, UK, start 2005. Small Business Service Analytical Unit

The Safe and Healthy Working programme in Scotland, which is funded by the Scottish Executive, is available to SMEs who employ up to 250 employees, and therefore includes companies employing 0 – 5 people.

Recommendation:
Services offered by the Workplace Health Connect programme should be made available to all SMEs employing fewer than 250 employees in rural areas, and elsewhere if resources allow.

8.2.4 A clear separation from the policing and enforcement role

Another recommendation to emerge from this study is the need for a clear separation of the advisory role of the Workplace Health Connect service from the traditional policing and enforcement role of the Health & Safety Executive. The findings from the interviews carried out as part of this study appear to suggest that rural businesses are inherently distrustful and suspicious of inviting external people into their workplace in case this results in negative repercussions for the business. In order to encourage openness, overcome barriers of distrust and suspicion, and to increase the confidence of businesses and build an effective relationship with them, there is a need to reassure businesses that the Workplace Health Connect service is primarily an advisory and support service.

Recommendation:
Promotion of the Workplace Health Connect service should reassure businesses of the advisory and support function of the service, and be clearly distinct from the policing and enforcement agenda.

8.2.5 Key skills for Workplace Health Connect staff

Several key skills required by Workplace Health Connect staff in order for the service to operate effectively in rural areas have emerged from the findings of this study:

Industry specific knowledge – In order to be able to offer targeted, specific, detailed and pragmatic advice to businesses, there is a need for the Workplace Health Connect staff to have industry specific knowledge, a good understanding of the realities of how SMEs in different industry sectors operate, and the nature of workers' roles within an SME. Even being aware of the most appropriate time to contact businesses (e.g. avoiding busy times like lambing within the agricultural sector) relies on the Workplace Health Connect staff having a good knowledge of each industry sector.

Knowledge of the local area – In order to assure credibility and gain the confidence and trust of small rural businesses, Workplace Health Connect staff should have knowledge of the local area - the geography, type of industries, and traditional employment history of the area.

Good communication skills – the Workplace Health Connect staff should possess good communication skills and the ability to converse with employers and employees at all levels, and through a variety of mediums, in order for the service to operate effectively. In Wales advisors would be required who can communicate with businesses through the medium of Welsh.

Recommendation:
The Workplace Health Connect service should be staffed with competent individuals, ideally from the local area, with industry specific knowledge, and good communication skills. In Wales advisors should be able to communicate through the medium of Welsh.

8.2.6 A pragmatic approach

It was clear from the interviews with representatives of SMEs in East Anglia and Mid Wales that striving to comply with health and safety legislation is a cause of stress and anxiety for many small rural businesses, where time and staff resources are limited.

The Workplace Health Connect service should build on the fact that businesses have taken the initiative to contact the service in order to seek advice and assistance, adopt a pragmatic, flexible and encouraging approach to advising businesses, and show an awareness of what is realistically achievable within a small business environment, in order to strike a balance between raising awareness of regulations and legislation, and setting realistic targets for improvements to be made.

Recommendation:
The Workplace Health Connect service should adopt a pragmatic approach to ensuring that SMEs comply with legislation, by helping SMEs to prioritise their needs, provide them with advice and practical solutions which are appropriate for a small business with limited resources, and allow them realistic deadlines in which to comply with regulations.

8.2.6 Partnership working

At the outset of the Workplace Health Connect pilot the HSE acknowledged the knowledge and experience of local occupational health projects and voluntary providers. As the Workplace Health Connect model is about improving access to existing provision, it was intended that the Workplace Health Connect scheme would work closely with such existing services.

Interviewees identified a host of providers of occupational health and safety support. A number of businesses reported that they were paying private consultancies or other providers for health and safety support services similar to those offered by the Workplace Health Connect service, showing a clear demand for the service amongst SMEs in rural areas.

It was also suggested that working in partnership and linking in with reputable, respected stakeholders (e.g. trade unions) would add credibility to the Workplace Health Connect service within certain industry sectors, and may help to overcome barriers of distrust and suspicion.

Recommendation:
The Workplace Health Connect service should give consideration to the best approach to working with local providers of health and safety support services in order to create a mutually beneficial relationship. This may include allowing local service providers to work under a Workplace Health Connect banner. Workplace Health Connect should also consider linking in with other reputable stakeholders in order to add credibility to the service.

8.2.7 Meeting the needs of rural SMEs

The vision for Workplace Health Connect is: *"Everyone working in small firms has access to free, consistent, high-quality advice on creating and maintaining a healthy workplace. Workers and employers work together to improve the quality of workplace health and help the return to work of collegues when they have been ill. Businesses are more profitable and everyone enjoys the economic and health benefits of being in work."* (Workplace Health Connect Handbook, p.4). In order to adequately fulfil this vision it is vital that the needs of employers and employees in rural areas of the UK are not ignored. After all, *"Rural small businesses are crucial to the development of a sustainable countryside. Small businesses generate income, employment and expand commercial markets, playing a major role in the continuation of the rural economy."* (Langelaan, 2004, p.7)

Recommendation:
Future planning for the further development of the Workplace Health Connect service should give consideration to the findings and recommendations of this report in order to strive to meet the needs of employers and employees in rural areas of the UK.

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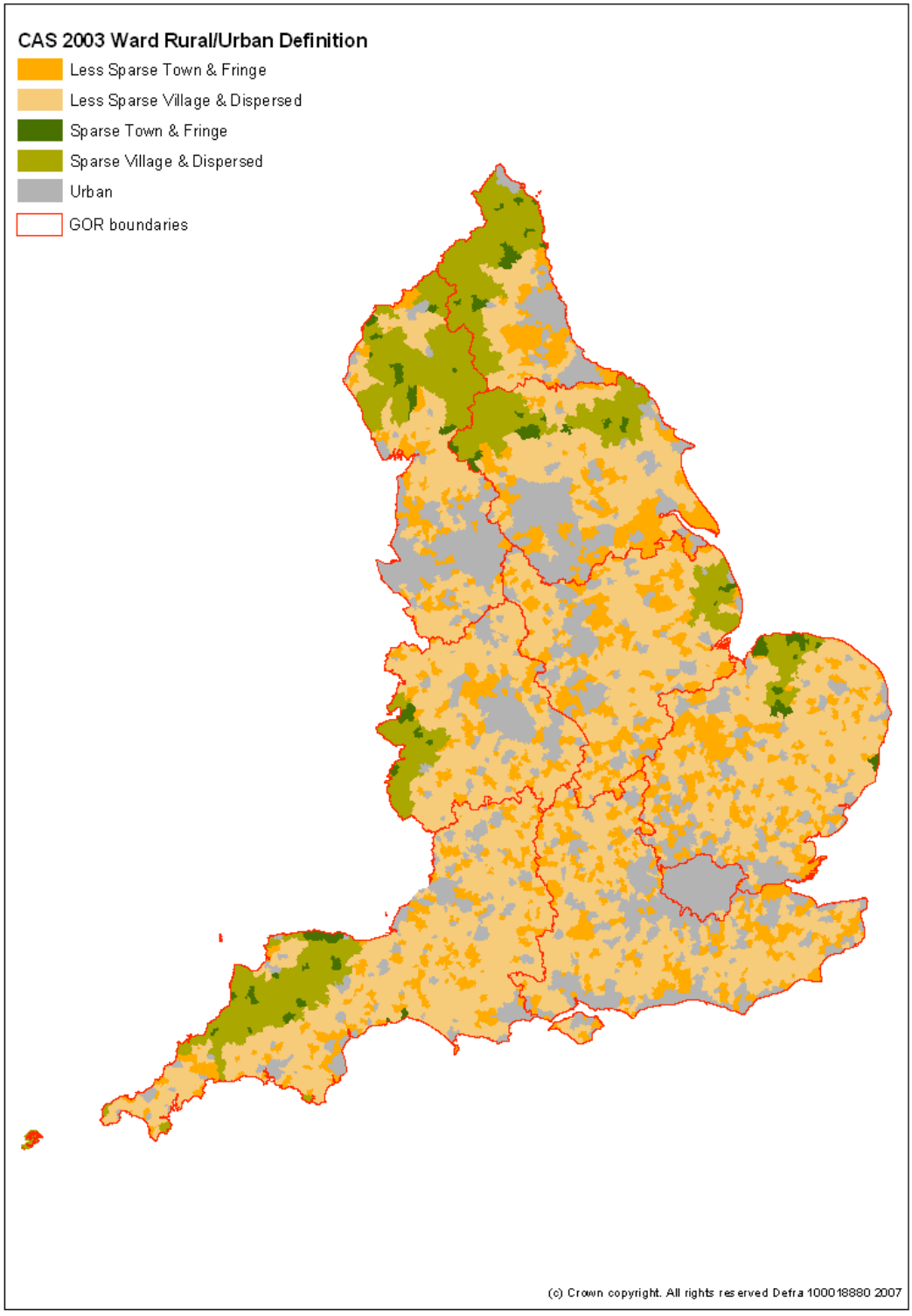
Workplace Health Connect Handbook

APPENDIX 1

Detailed employment information for each of the Government Office Regions in England



Source: Department for Environment, Food and Rural Affairs

Figure 3: Map showing Government Office Regions in England using Urban Rural Classification for England and Wales

NORTH EAST ENGLAND REGION

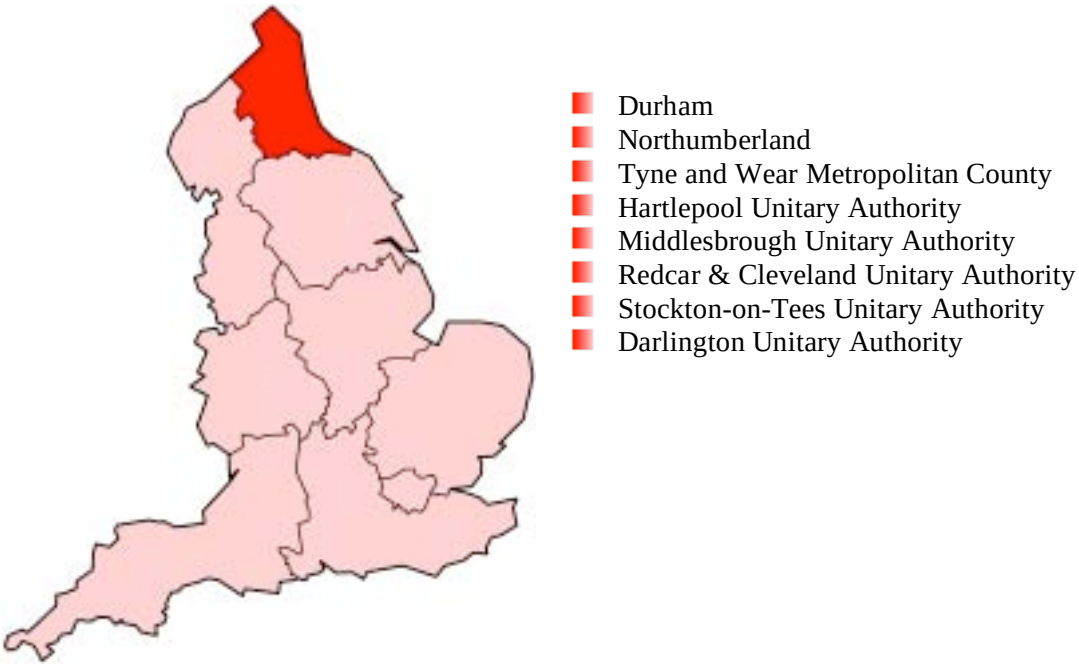


Figure 4: North East England Region
Map subject to GNU Free Documentation License

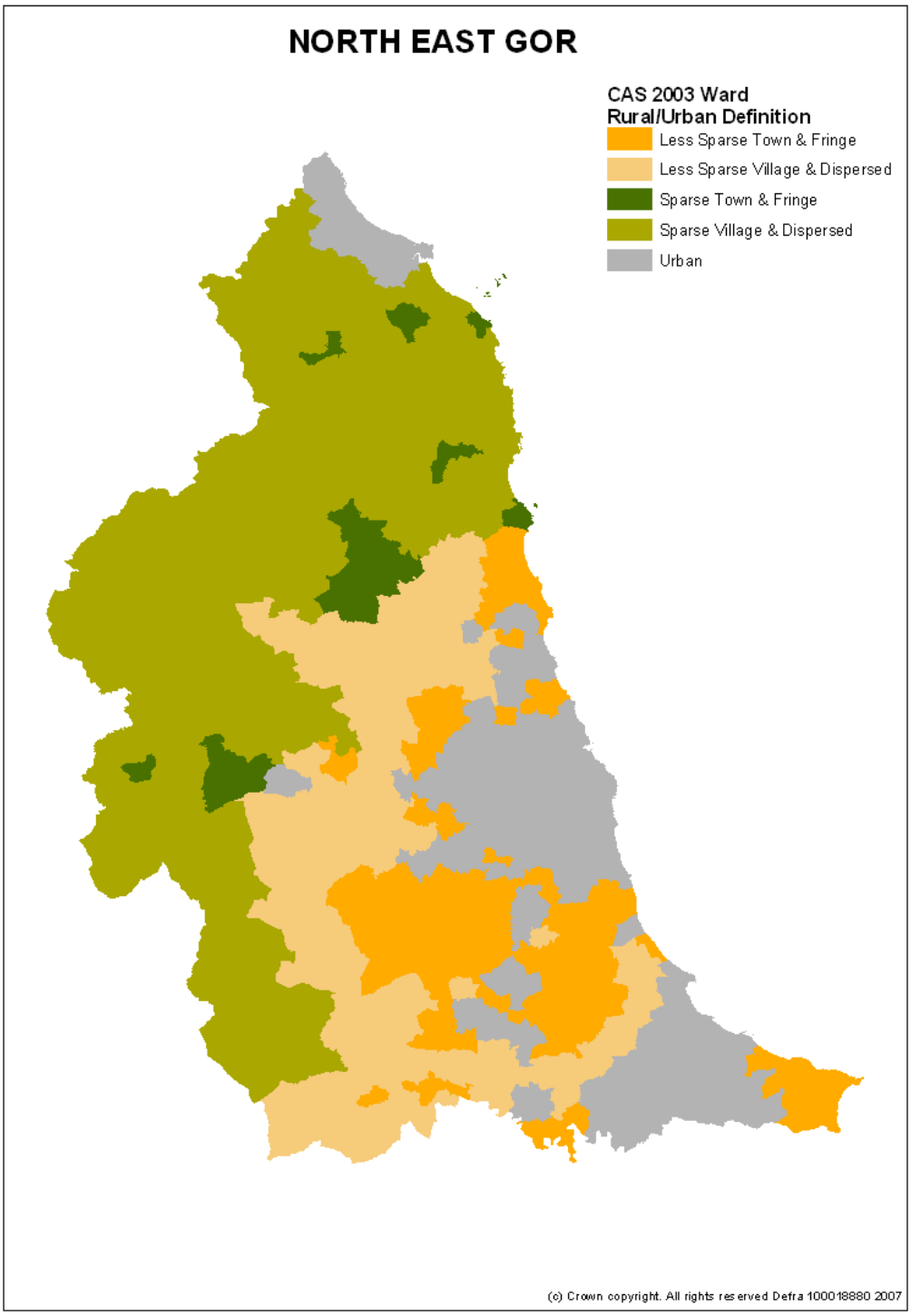
The main urban centres in the North East England region include Newcastle, Durham, Sunderland, and Middlesbrough.

Approximately two thirds of the region is rural, which includes Northumberland National Park and part of the North York Moors National Park, North Pennines Area of Outstanding Natural Beauty, and Northumberland Coast Area of Outstanding Natural Beauty.

80% of the working population (aged 16-74) of the North East Region live in the urban areas, 17% in rural less sparse areas, and the remaining 3% in rural sparse areas.

89% of enterprises in the private sector in the North East Region employ fewer than 5 employees.[49]

[49] *TABLE 10: Number of enterprises, employment and turnover in the private sector at the start of 2005, by size of enterprise and industry section in the North East. Small Business Service Analytical Unit*



Source: Department for Environment, Food and Rural Affairs

Figure 5: Map showing North East Government Office Region using Urban Rural Classification for England and Wales

NORTH EAST ENGLAND REGION

Table 12: Working population (aged 16-74) divided by industrial sector in: North East England Region – Urban

	Number of people employed:	Percentage of workforce:
Manufacturing	141,725	17%
Wholesale and retail trade	137,248	17%
Health and social work	105,865	13%
Real estate; renting and business activities	76,336	9%
Education	65,303	8%
Public administration and defence	61,251	7%
Construction	59,902	7%
Transport; storage and communication	57,612	7%
Hotels and restaurants	41,948	5%
Other	37,371	5%
Financial intermediation	26,453	3%
Electricity; gas and water supply	8,632	1%
Agriculture; hunting and forestry	4,051	0%
Mining and quarrying	3,776	0%
Fishing	189	0%

Table 13: Working population (aged 16-74) divided by industrial sector in: North East England Region – Rural Less Sparse

	Number of people employed:	Percentage of workforce:
Manufacturing	30,572	18%
Wholesale and retail trade	25,799	15%
Health and social work	22,109	13%
Real estate; renting and business activities	15,508	9%
Education	15,129	9%
Construction	13,381	8%
Public administration and defence	13,074	7%
Transport; storage and communication	10,658	6%
Hotels and restaurants	8,454	5%
Other	7,621	4%
Agriculture; hunting and forestry	4,412	3%
Financial intermediation	4,406	3%
Mining and quarrying	1,634	1%
Electricity; gas and water supply	1,622	1%
Fishing	66	0%

Table 14: Working population (aged 16-74) divided by industrial sector in: North East England Region – Rural Sparse

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	4,175	14%
Health and social work	3,639	12%
Agriculture; hunting and forestry	3,223	10%
Manufacturing	3,194	10%
Real estate; renting and business activities	2,746	9%
Public administration and defence	2,464	8%
Education	2,440	8%
Hotels and restaurants	2,304	7%
Construction	2,299	7%
Transport; storage and communication	1,581	5%
Other	1,561	5%
Financial intermediation	557	2%
Mining and quarrying	360	1%
Electricity; gas and water supply	199	1%
Fishing	119	0%

Manufacturing is a major employer in urban and rural less sparse areas of the North East of England region, with 17% of the working population employed in this sector. In the rural sparse areas of the North East of England the *Manufacturing* sector is a less significant employer, with only 10% of the rural sparse working population employed in this field. Overall, although the *Manufacturing* sector has declined significantly in the past 25 years, it is still an important part of the economy in the North East England Region. As the economy of the North East of England moves away from a dependence on the traditional industries, the economic base of the region has diversified into new areas such as microelectronics, the offshore industry, biotechnology, and automotives (Government Office for the North East).

Another significant employment sector in the North East England Region is *Wholesale and retail trade* sector, which employs 17% of the urban working population, 15% of the rural less sparse working population, and 14% of employed people in rural sparse areas.

Health and Social Work also employs a significant proportion of the working population in North East of England region - 13% in urban areas, 13% in rural less sparse areas, and 12% in rural sparse areas.

Real estate, renting and business activities also constitute a significant employing sector in the North East of England region, employing 9% of the working population in urban areas, and also 9% in both rural less sparse areas and rural sparse areas.

The *Education* sector is another significant employers in the North East England, employing 8% of the working population in urban areas, 9% in rural less sparse areas, and 8% in rural sparse areas.

Other significant employers in urban areas of the North East of England are: *Public Administration and Defence*, *Construction*, and *Transport; Storage and Communication*. Similarly, these industries are also significant employers in rural less sparse areas of the North East of England.

Other significant employers in rural sparse areas of the North East of England region are: *Agriculture, hunting and forestry* (which employs 10% of the rural sparse working population), *Public administration and defence*, *Education*, and *Hotels and restaurants*.

NORTH WEST ENGLAND REGION

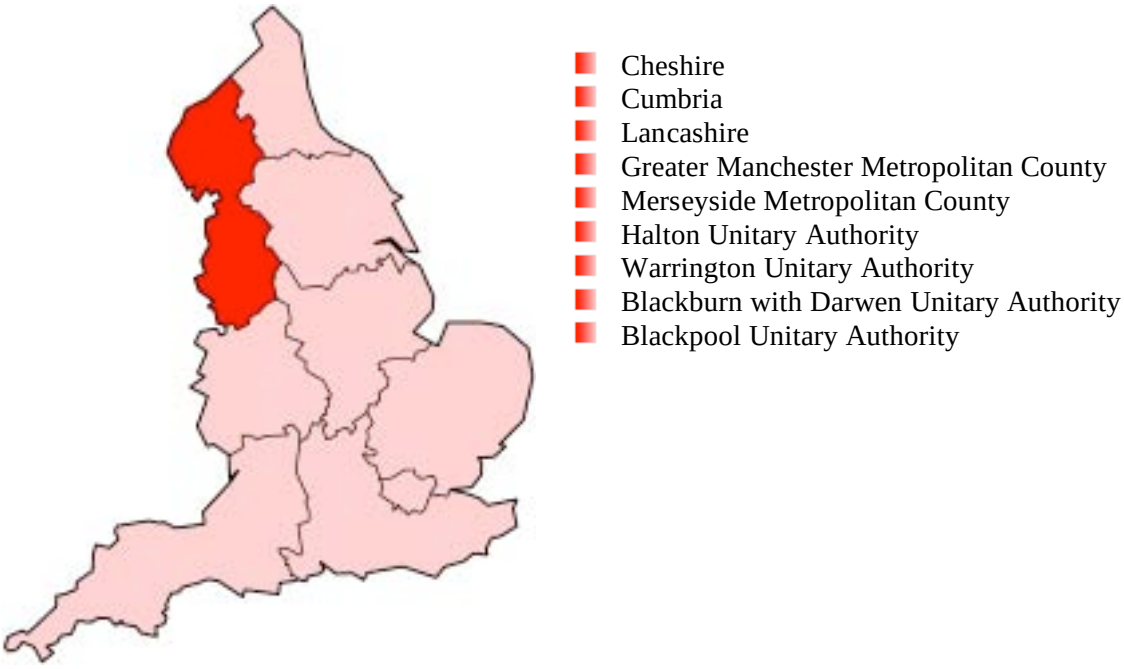


Figure 6: North West England Region
Map subject to GNU Free Documentation License

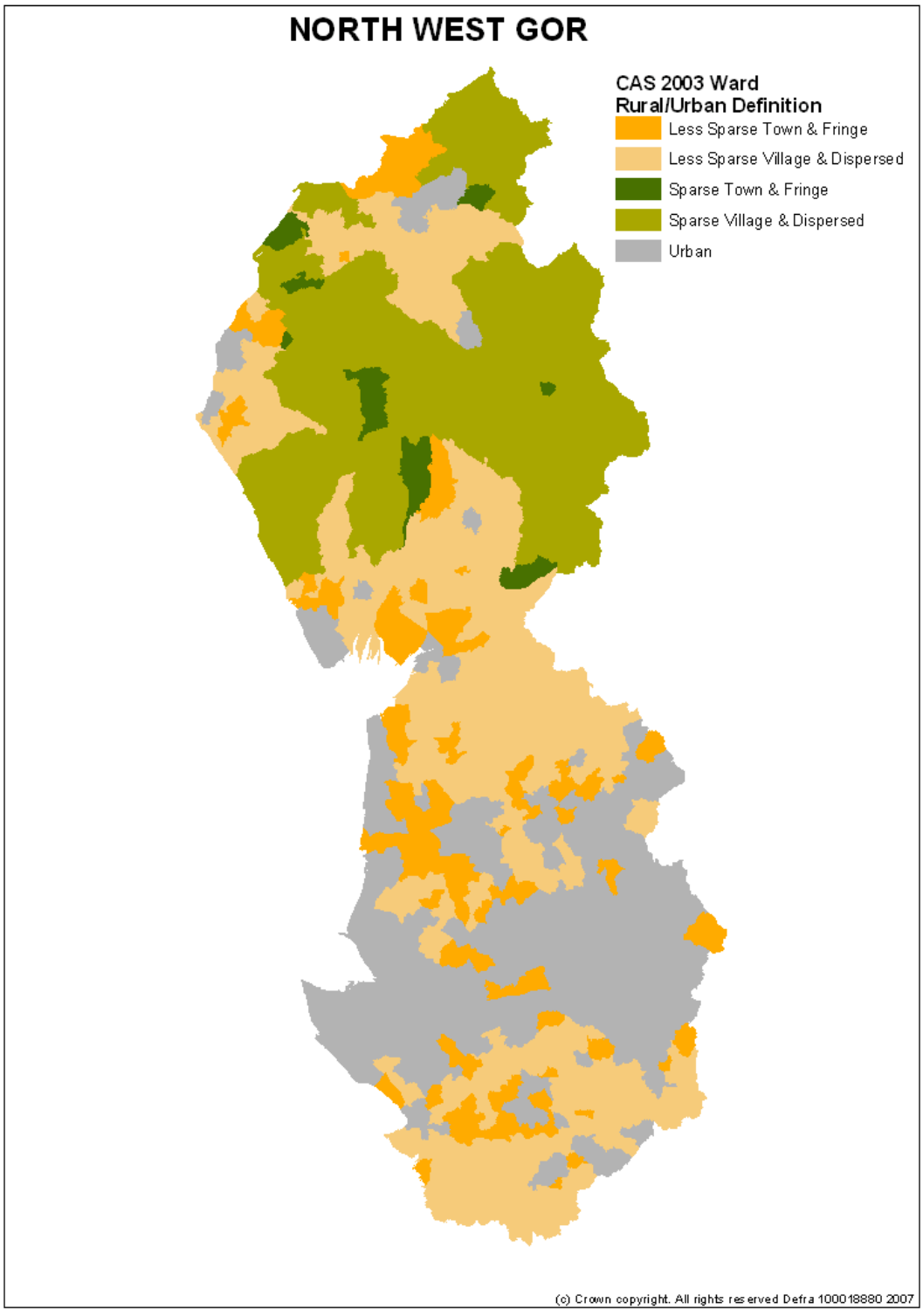
The North West England Region includes the large metropolitan areas of Manchester and Liverpool, as well as several smaller cities including Chester, Carlisle, Preston, and Blackpool. However, four-fifths of the region is rural[50], which includes the Lake District National Park, Solway Coast AONB, Arnside and Silverdale AONB and the Forest of Bowland AONB.

87% of the region's working population live in the urban centres, with only 12% and 2% respectively living in the rural less sparse and rural sparse areas.

90% of enterprises in the private sector in the North West Region employ fewer than 5 employees.[51]

[50] *Government Office for the North West - www.gos.gov.uk/gonw*

[51] *TABLE 11: Number of enterprises, employment and turnover in the private sector at the start of 2005, by size of enterprise and industry section in the North West. Small Business Service Analytical Unit*



Source: Department for Environment, Food and Rural Affairs

Figure 7: Map showing North West Government Office Region using Urban Rural Classification for England and Wales

NORTH WEST ENGLAND REGION

Table 15: Working population (aged 16-74) divided by industrial sector in: North West England Region – Urban

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	455,979	18%
Manufacturing	426,838	17%
Health and social work	304,996	12%
Real estate; renting and business activities	270,809	11%
Education	195,868	8%
Transport; storage and communication	176,188	7%
Construction	160,640	6%
Public administration and defence	143,794	6%
Hotels and restaurants	124,957	5%
Other	114,713	5%
Financial intermediation	97,327	4%
Electricity; gas and water supply	19,041	1%
Agriculture; hunting and forestry	16,005	1%
Mining and quarrying	3,381	0%
Fishing	203	0%

Table 16: Working population (aged 16-74) divided by industrial sector in: North West England Region – Rural Less Sparse

	Number of people employed:	Percentage of workforce:
Manufacturing	56,786	17%
Wholesale and retail trade	53,292	16%
Real estate; renting and business activities	38,187	11%
Health and social work	37,828	11%
Education	30,287	9%
Construction	23,767	7%
Public administration and defence	18,651	6%
Transport; storage and communication	18,041	5%
Hotels and restaurants	17,292	5%
Agriculture; hunting and forestry	14,473	4%
Other	14,426	4%
Financial intermediation	11,001	3%
Electricity; gas and water supply	3,058	1%
Mining and quarrying	924	0%
Fishing	117	0%

Table 17: Working population (aged 16-74) divided by industrial sector in: North West England Region – Rural Sparse

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	7,538	15%
Hotels and restaurants	6,608	13%
Manufacturing	6,209	12%
Agriculture; hunting and forestry	5,042	10%
Health and social work	4,421	9%
Education	4,351	9%
Real estate; renting and business activities	4,192	8%
Construction	3,878	8%
Transport; storage and communication	2,598	5%
Other	2,546	5%
Public administration and defence	2,147	4%
Financial intermediation	884	2%
Electricity; gas and water supply	352	1%
Mining and quarrying	344	1%
Fishing	41	0%

The *Wholesale and retail trade* is a major employer in the North West England Region, employing 18% of the working population in the urban areas, 16% in the rural less sparse regions, and 15% in the rural sparse areas.

Although the North West England region has seen a decline in its traditional manufacturing and engineering industries, *Manufacturing* continues to be a significant employer in the North West England Region, employing 17% of the working population in urban areas of the region, 17% in the rural less sparse areas, and 12% in the rural sparse areas.

Health and social work is another significant employing industry, accounting for 12% of the urban working population, 11% of employed people in rural less sparse areas, and 9% in rural sparse areas.

The *Real estate; renting and business activities* industry employs 11% of the urban working population of the region, 11% of the rural less sparse working population, and 8% of the working population of rural sparse areas of the region.

Education employs 8% of the region's urban workforce, 9% of the rural less sparse working population, and 9% of the rural sparse workforce.

Other significant industries in urban and rural less sparse areas of the North West England region include *Transport; storage and communication*, *Construction*, and *Public administration and defence*.

A major employer in rural sparse areas of the North West England region is the *Hotels and restaurants* industry which employs 13% of the working population in those areas. Another significant employer in the sparse rural areas is *Agriculture; hunting and forestry*, which accounts for 10% of the rural sparse workforce in the North West England region. *Construction* is also a significant employer in the rural sparse areas of the region.

YORKSHIRE AND THE HUMBER REGION

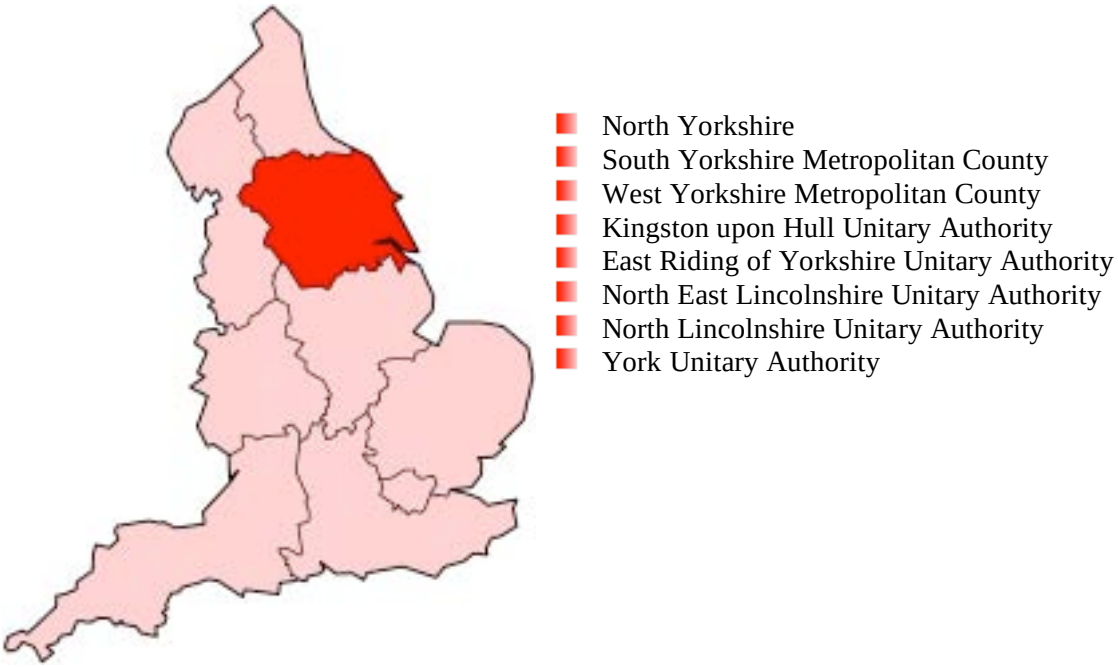


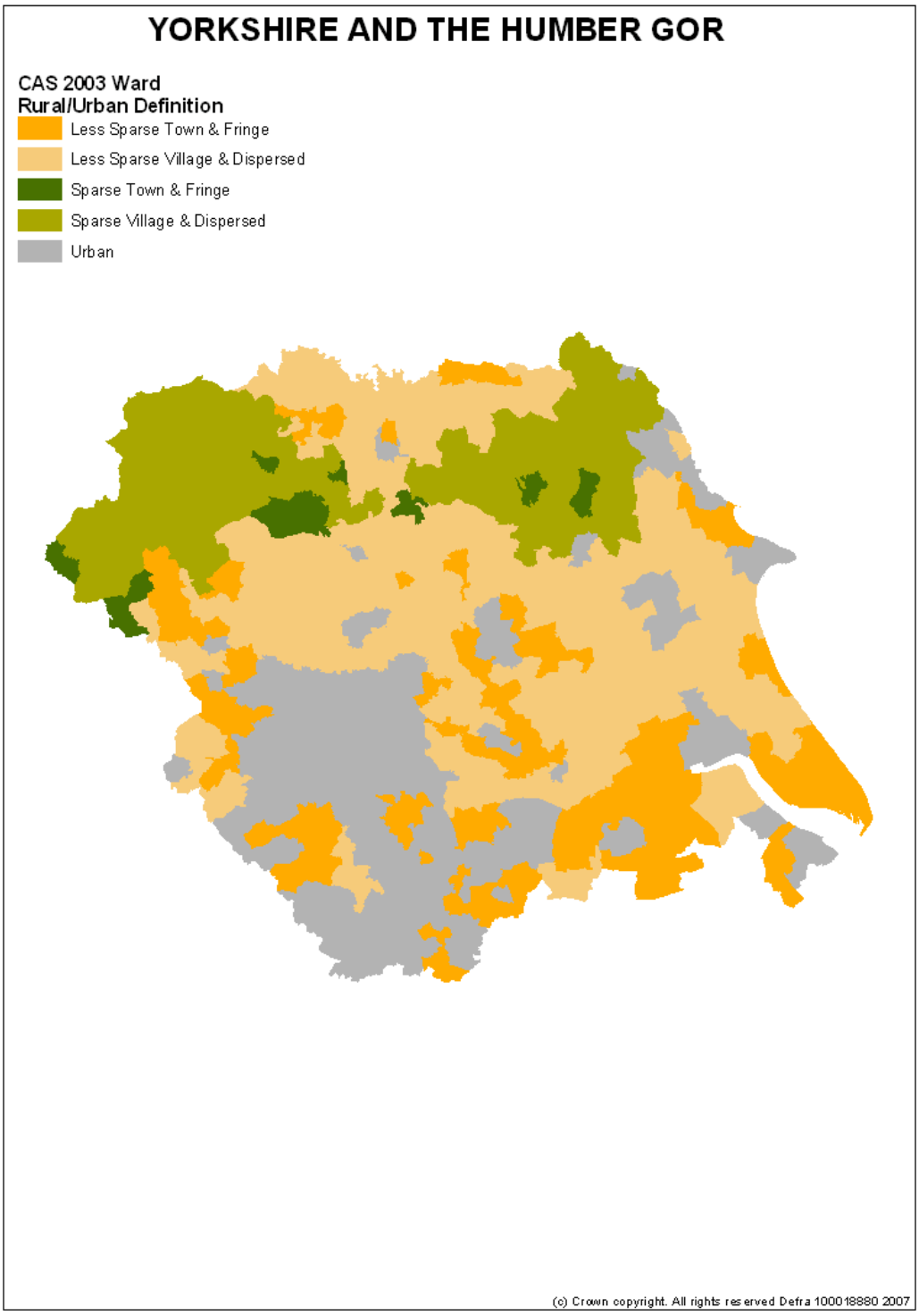
Figure 8: Yorkshire and the Humber Region
Map subject to GNU Free Documentation License

The Yorkshire and the Humber Region hosts a number of large cities including Leeds, Sheffield, Hull, Bradford and York. However, over a quarter (27%) of the land consists of designated National Parks and AONB, namely the North York Moors National Park, the Yorkshire Dales National Park, Howardian Hills AONB, Nidderdale AONB, and Lincolnshire Wolds AONB.

78% of the region's working population live in the urban centres, 20% in the rural less sparse areas, and 2% in the region's rural sparse areas.

90% of enterprises in the private sector in the Yorkshire and the Humber Region employ fewer than 5 employees.[52]

[52] *TABLE 12: Number of enterprises, employment and turnover in the private sector at the start of 2005, by size of enterprise and industry section in Yorkshire & the Humber. Small Business Service Analytical Unit*



Source: Department for Environment, Food and Rural Affairs

Figure 9: Map showing Yorkshire and the Humber Government Office Region using Urban Rural Classification for England and Wales

YORKSHIRE AND THE HUMBER REGION

Table 18: Working population (aged 16-74) divided by industrial sector in: Yorkshire and the Humber Region – Urban

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	314,294	18%
Manufacturing	305,809	18%
Health and social work	201,277	12%
Real estate; renting and business activities	167,994	10%
Education	135,425	8%
Construction	118,486	7%
Transport; storage and communication	110,210	6%
Hotels and restaurants	86,180	5%
Public administration and defence	85,156	5%
Other	75,672	4%
Financial intermediation	72,891	4%
Electricity; gas and water supply	13,749	1%
Agriculture; hunting and forestry	12,114	1%
Mining and quarrying	6,034	0%
Fishing	677	0%

Table 19: Working population (aged 16-74) divided by industrial sector in: Yorkshire and the Humber Region – Rural Less Sparse

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	69,827	16%
Manufacturing	67,481	16%
Health and social work	47,426	11%
Real estate; renting and business activities	44,307	10%
Education	37,473	9%
Public administration and defence	31,615	7%
Construction	31,378	7%
Transport; storage and communication	24,726	6%
Hotels and restaurants	20,699	5%
Other	18,990	4%
Agriculture; hunting and forestry	18,240	4%
Financial intermediation	15,898	4%
Electricity; gas and water supply	3,659	1%
Mining and quarrying	2,702	1%
Fishing	207	0%

Table 20: Working population (aged 16-74) divided by industrial sector in: Yorkshire and the Humber Region – Rural Sparse

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	6,568	16%
Manufacturing	5,442	13%
Agriculture; hunting and forestry	4,150	10%
Health and social work	4,102	10%
Real estate; renting and business activities	3,733	9%
Education	3,530	8%
Hotels and restaurants	3,286	8%
Construction	3,217	8%
Other	2,508	6%
Public administration and defence	2,457	6%
Transport; storage and communication	1,925	5%
Financial intermediation	785	2%
Mining and quarrying	295	1%
Electricity; gas and water supply	181	0%
Fishing	64	0%

The *Wholesale and retail trade* is the largest employer in the Yorkshire and Humber Region, employing 18% of the urban workforce, 16% of the rural less sparse working population, and similarly 16% in rural sparse areas.

Although the last twenty years have seen decline in the traditional industries (coal mining, steel, engineering and textiles), *Manufacturing* is the still the second most significant employer in the Yorkshire and the Humber Region, employing 18% of the working population in urban areas, 16% in rural less sparse areas, and 13% in rural sparse areas.

Health and social work accounts for a large percentage of the working population of the region - 12% in urban areas, 11% in rural less sparse areas, and 10% in rural sparse areas.

Real estate; renting and business activities also employ a significant number of the working population in the Yorkshire and the Humber Region – 10% in urban areas, 10% in rural less sparse areas, and 9% in rural sparse areas.

8% of the urban workforce, 9% of the working population of rural less sparse areas, and 9% of the rural sparse working population are employed in *Education*.

Other significant employers in urban areas of the Yorkshire and the Humber Region include *Construction*, *Transport; storage and communication*, and *Hotels and restaurants*.

Other significant employers in rural less sparse areas of the Region include *Public administration and defence*, *Construction*, and *Transport; storage and communication*.

In rural sparse areas of the Yorkshire and the Humber Region, other significant employers include *Agriculture, hunting and forestry* (10%), *Hotels and restaurants* (8%), and *Construction* (8%).

EAST MIDLANDS REGION

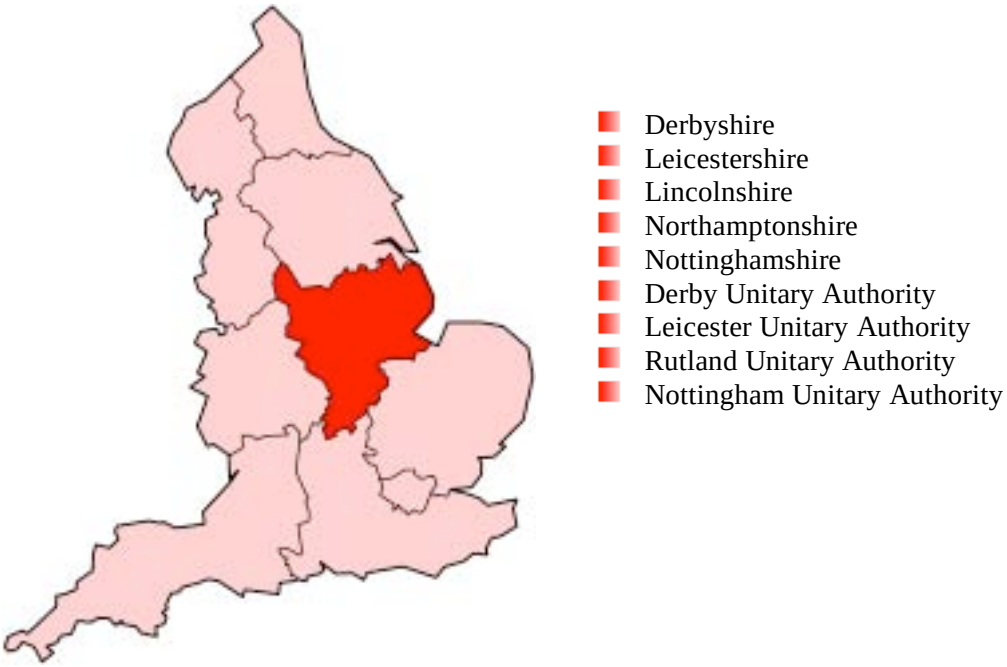


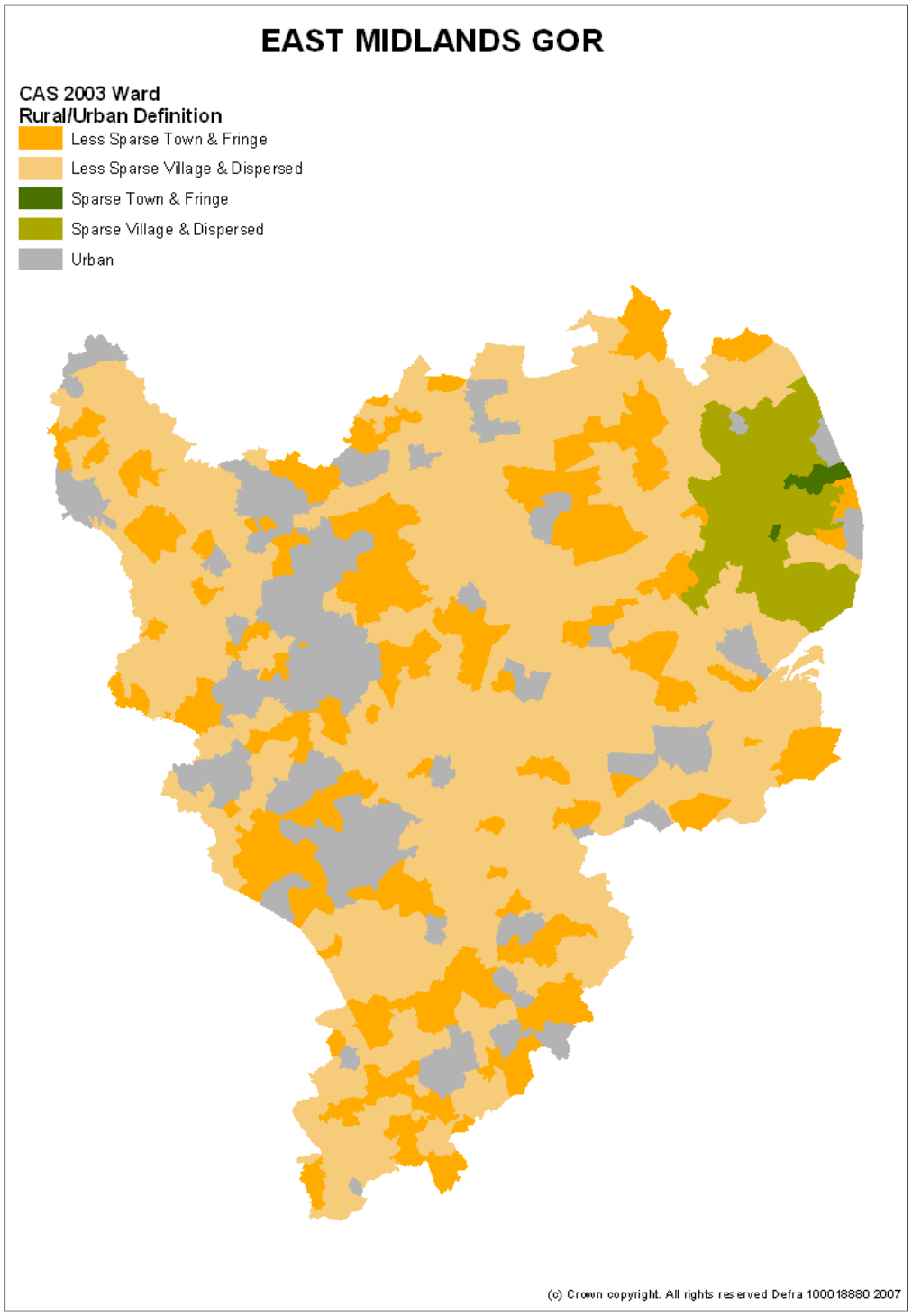
Figure 10: East Midlands Region
Map subject to GNU Free Documentation License

The East Midlands Region has a number of large urban settlements, including Derby, Nottingham, Leicester, Northampton, Mansfield, Chesterfield, and Lincoln, but also swathes of rural land, encompassing the Peak District National Park, ten national nature reserves, and Derwent Valley world heritage site.

More than 90% of the region is rural. 69% of the region's working population live in the urban centres, 30% in the rural less sparse areas, and the remaining 1% of the working population reside in the region's rural sparse areas.

90% of enterprises in the private sector in the East Midlands Region employ fewer than 5 employees.[53]

[53] *TABLE 13: Number of enterprises, employment and turnover in the private sector at the start of 2005, by size of enterprise and industry section in the East Midlands. Small Business Service Analytical Unit*



Source: Department for Environment, Food and Rural Affairs

Figure 11: Map showing East Midlands Government Office Region using Urban Rural Classification for England and Wales

EAST MIDLANDS REGION

Table 21: Working population (aged 16-74) divided by industrial sector in: East Midlands Region – Urban

	Number of people employed:	Percentage of workforce:
Manufacturing	277,191	21%
Wholesale and retail trade	249,956	19%
Health and social work	142,834	11%
Real estate; renting and business activities	135,178	10%
Education	100,075	8%
Construction	89,161	7%
Transport; storage and communication	84,895	6%
Public administration and defence	62,614	5%
Hotels and restaurants	60,488	5%
Other	56,753	4%
Financial intermediation	41,834	3%
Electricity; gas and water supply	11,628	1%
Agriculture; hunting and forestry	11,308	1%
Mining and quarrying	4,640	0%
Fishing	67	0%

Table 22: Working population (aged 16-74) divided by industrial sector in: East Midlands Region – Rural Less Sparse

	Number of people employed:	Percentage of workforce:
Manufacturing	102,328	18%
Wholesale and retail trade	96,407	17%
Real estate; renting and business activities	63,215	11%
Health and social work	58,686	10%
Education	48,284	8%
Construction	41,311	7%
Transport; storage and communication	34,292	6%
Public administration and defence	31,684	6%
Hotels and restaurants	25,122	4%
Other	24,586	4%
Agriculture; hunting and forestry	22,920	4%
Financial intermediation	16,699	3%
Electricity; gas and water supply	4,277	1%
Mining and quarrying	3,418	1%
Fishing	97	0%

Table 23: Working population (aged 16-74) divided by industrial sector in: East Midlands Region – Rural Sparse

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	2,845	18%
Manufacturing	2,274	14%
Agriculture; hunting and forestry	1,900	12%
Health and social work	1,845	12%
Real estate; renting and business activities	1,248	8%
Construction	1,176	7%
Education	1,157	7%
Hotels and restaurants	810	5%
Transport; storage and communication	740	5%
Other	706	4%
Public administration and defence	680	4%
Financial intermediation	249	2%
Electricity; gas and water supply	88	1%
Mining and quarrying	51	0%
Fishing	12	0%

The East Midlands has a strong tradition of industry, and *Manufacturing* remains the main employer in the Region, accounting for over a fifth (21%) of the urban workforce, 18% of the rural less sparse working population, and 14% of working people in the rural sparse areas of the region.

The *Wholesale and retail trade* also employs a significant proportion of the working population in the East Midlands Region – 19% in urban areas, 17% in rural less sparse areas, and 18% in rural sparse areas, where it is the main sector of employment.

Another key field of employment is *Health and social work*, in which 11% of the urban East Midlands working population, 10% of the rural less sparse workforce, and 12% of the rural sparse working population are employed.

Real estate; renting and business activities also employ a significant number of people of working in the East Midlands – 10% in urban areas, 11% in rural less sparse areas, and 8% in rural sparse areas.

A significant proportion of the working population (8% in urban areas, 8% in rural less sparse areas, and 7% in rural sparse areas) is employed in the field of *Education*. Some of this is attributable to the eight Universities situated in the East Midlands Region.

Other key sectors of employment in urban areas and rural less sparse areas of the East Midlands Region include *Construction*, *Transport; storage and communication*, and *Public administration and defence.*

In rural sparse areas of the East Midlands Region, *Agriculture; hunting and forestry* is the third largest sector of employment, employing 12% of the working population. Other significant industries of employment in rural sparse areas of the East Midlands region include *Construction* (7%) and *Hotels and restaurants* (5%).

WEST MIDLANDS REGION

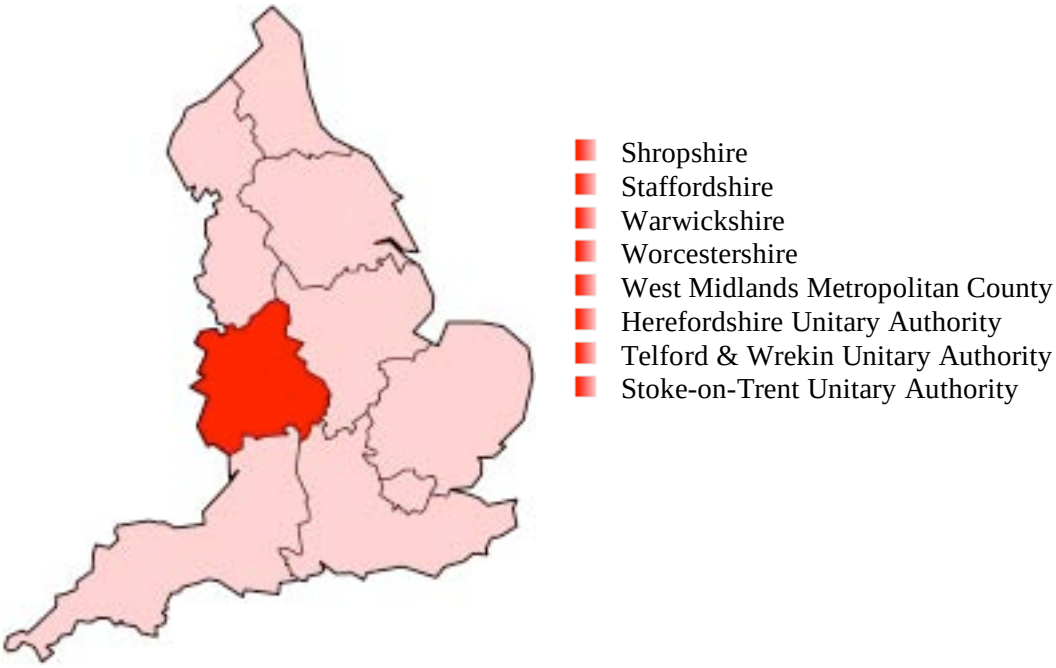


Figure 12: West Midlands Region
Map subject to GNU Free Documentation License

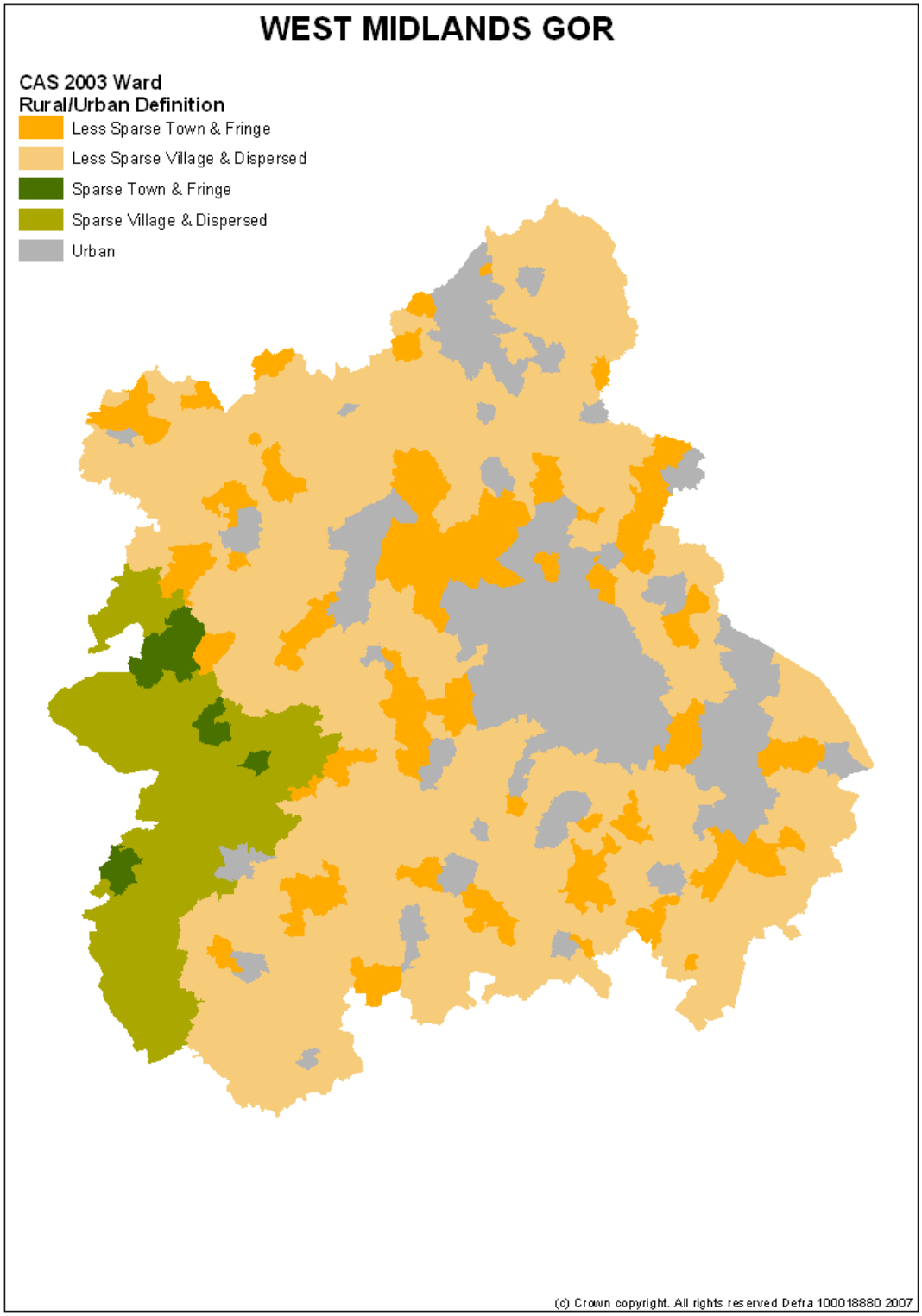
The West Midlands Region encompasses the large cities of Birmingham, Coventry and Wolverhampton, but also the predominantly rural counties of Warwickshire, Herefordshire, and Shropshire, and includes Cannock Chase AONB, Shropshire Hills AONB, the Malvern Hills AONB, part of the Wye Valley AONB, and part of the Peak District National Park.

The region contains several rural counties which account for three quarters of the region's area[54]. Of the working population, 83% live in the urban areas of the West Midlands Region, 16% in the rural less sparse areas, and the remaining 1% of the working population resides in the rural sparse areas.

90% of enterprises in the private sector in the West Midlands Region employ fewer than 5 employees.[55]

[54] *Government Office for the West Midlands - www.gos.gov.uk/gowm*

[55] *TABLE 14: Number of enterprises, employment and turnover in the private sector at the start of 2005, by size of enterprise and industry section in the West Midlands. Small Business Service Analytical Unit*



Source: Department for Environment, Food and Rural Affairs

Figure 13: Map showing West Midlands Government Office Region using Urban Rural Classification for England and Wales

WEST MIDLANDS REGION

Table 24: Working population (aged 16-74) divided by industrial sector in: West Midlands Region – Urban

	Number of people employed:	Percentage of workforce:
Manufacturing	417,478	22%
Wholesale and retail trade	341,243	18%
Real estate; renting and business activities	207,951	11%
Health and social work	206,120	11%
Education	148,797	8%
Transport; storage and communication	125,962	7%
Construction	124,879	6%
Public administration and defence	90,080	5%
Hotels and restaurants	88,238	5%
Other	80,397	4%
Financial intermediation	67,624	4%
Electricity; gas and water supply	17,262	1%
Agriculture; hunting and forestry	12,343	1%
Mining and quarrying	2,221	0%
Fishing	74	0%

Table 25: Working population (aged 16-74) divided by industrial sector in: West Midlands Region – Rural Less Sparse

	Number of people employed:	Percentage of workforce:
Manufacturing	64,739	17%
Wholesale and retail trade	61,029	16%
Real estate; renting and business activities	47,017	12%
Health and social work	37,962	10%
Education	31,504	8%
Construction	26,515	7%
Public administration and defence	21,173	6%
Transport; storage and communication	20,029	5%
Agriculture; hunting and forestry	19,713	5%
Hotels and restaurants	18,126	5%
Other	16,646	4%
Financial intermediation	11,425	3%
Electricity; gas and water supply	2,694	1%
Mining and quarrying	914	0%
Fishing	48	0%

Table 26: Working population (aged 16-74) divided by industrial sector in: West Midlands Region – Rural Sparse

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	3,970	16%
Manufacturing	3,330	14%
Agriculture; hunting and forestry	3,097	13%
Health and social work	2,628	11%
Real estate; renting and business activities	2,414	10%
Construction	2,072	9%
Education	1,910	8%
Other	1,213	5%
Hotels and restaurants	1,159	5%
Transport; storage and communication	1,050	4%
Public administration and defence	893	4%
Financial intermediation	382	2%
Electricity; gas and water supply	138	1%
Mining and quarrying	107	0%
Fishing	0	0%

Despite a recent decline in the *Manufacturing* sector, it remains an important element of the economy of the West Midlands Region, employing 22% of the region's urban workforce, 17% of working people in rural less sparse areas, and 14% of the rural sparse working population.

The *Wholesale and retail trade* is another significant employer, accounting for 18% of employment for the urban workforce, 16% of employment for working people in rural less sparse regions, and 16% of employment for the rural sparse workforce.

Real estate; renting and business activities is another key industry of employment, employing 11% of the working population in urban areas, 12% in rural less sparse areas, and 10% in rural sparse areas.

The *Health and social work* sector also employs a significant proportion of the working population of the West Midlands Region – 11% in urban areas, 10% in rural less sparse areas, and 11% in rural sparse areas.

The West Midlands Region houses 8 Universities, 4 other higher education establishments and over 50 Further Education establishments, and therefore *Education* is another key industry of employment. 8% of the urban workforce is employed in *Education*, along with 8% of the rural less sparse workforce, and 8% of the working population in rural sparse areas.

Other significant industries of employment in urban areas of the West Midlands include *Transport; storage and communication*, *Construction*, and *Public administration and defence*.

In rural less sparse areas of the region, a significant number of people are also employed in *Construction*, *Public administration and defence*, and *Transport; storage and communication*.

In rural sparse areas *Agriculture; hunting and forestry* is the third largest industry of employment, accounting for 13% of the working population. Construction is also a significant industry, accounting for 9% of employment in rural sparse areas of the West Midlands.

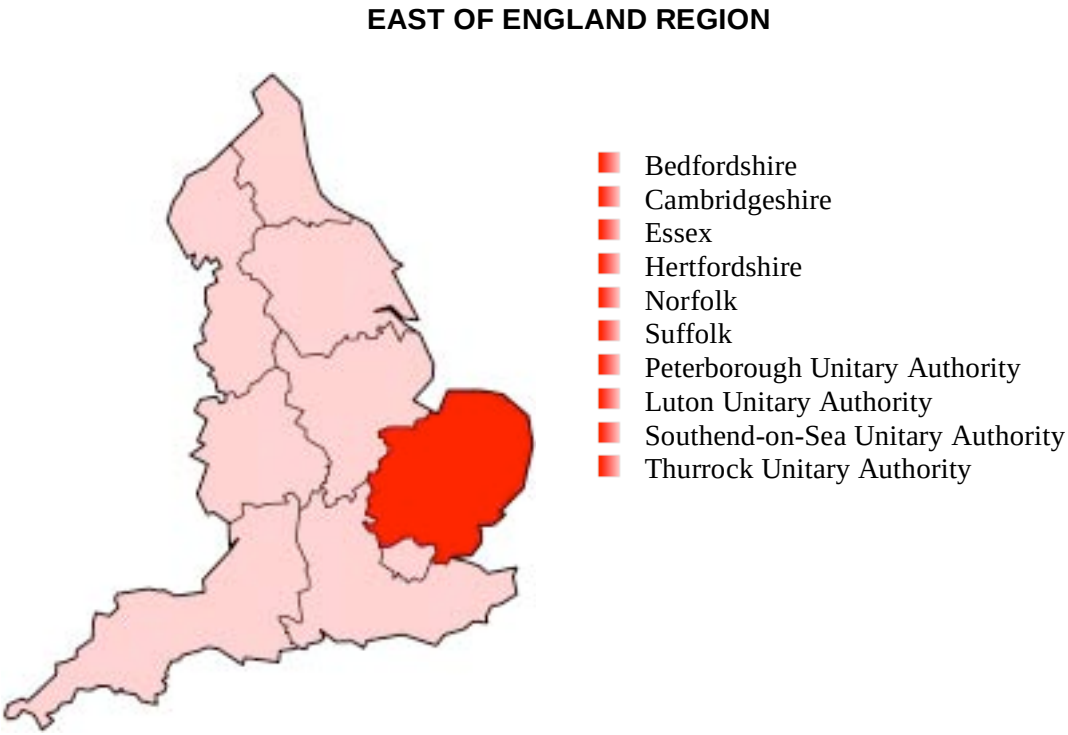


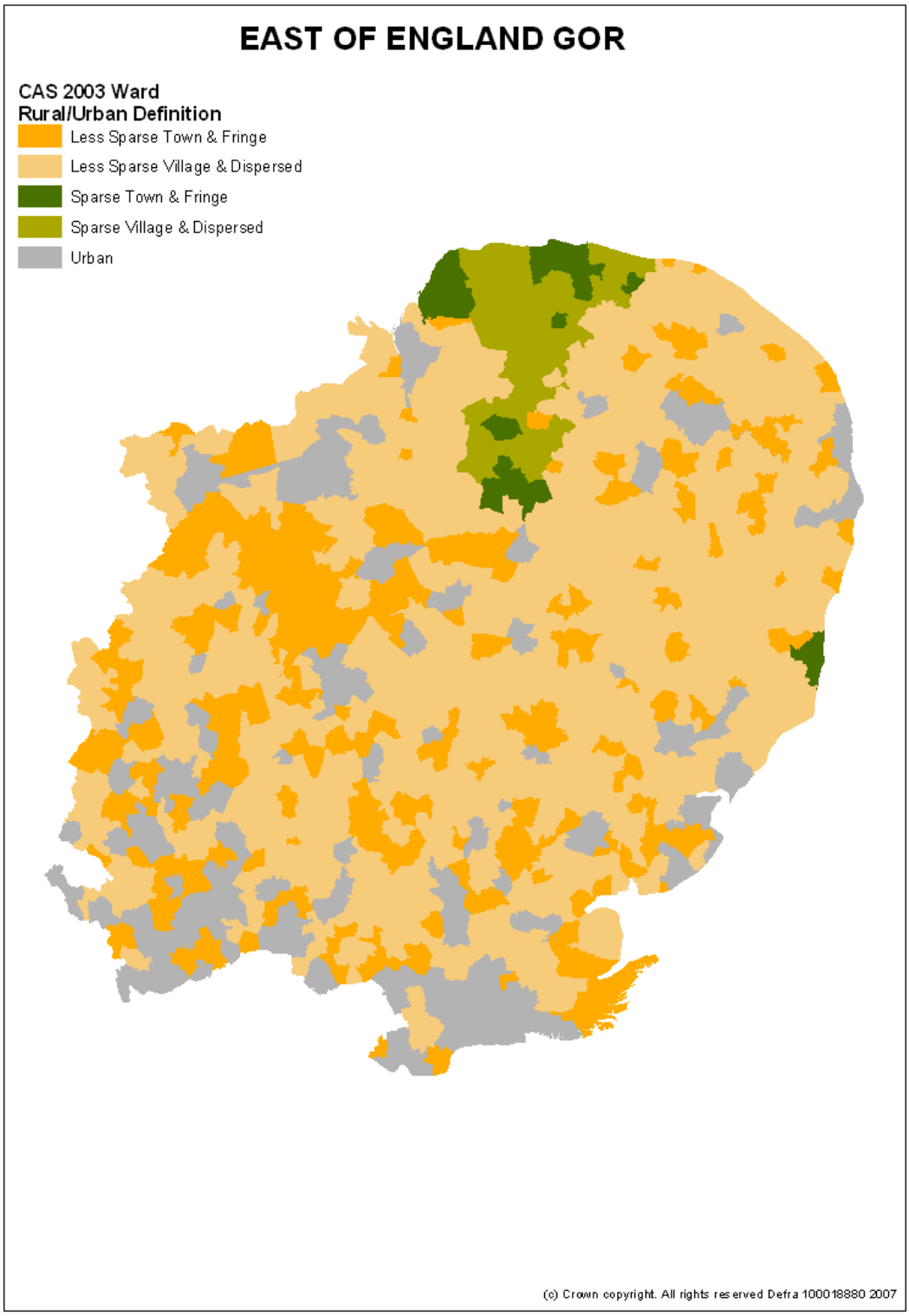
Figure 14: East of England Region
Map subject to GNU Free Documentation License

The East of England Region, although encompassing cities such as Peterborough, Luton, Ipswich, Norwich, Colchester, Southend, and Cambridge, also plays host to vast areas of open countryside and rural villages and hamlets.

69% of the working population live in the urban areas of the East of England Region, 30% in the rural less sparse areas, and the remaining 1% in the rural sparse areas.

91% of enterprises in the private sector in the East of England Region employ fewer than 5 employees.[56]

[56] *TABLE 15: Number of enterprises, employment and turnover in the private sector at the start of 2005, by size of enterprise and industry section in the East of England. Small Business Service Analytical Unit*



Source: Department for Environment, Food and Rural Affairs

Figure 15: Map showing East of England Government Office Region using Urban Rural Classification for England and Wales

EAST OF ENGLAND REGION

Table 27: Working population (aged 16-74) divided by industrial sector in: East of England Region – Urban

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	315,772	18%
Manufacturing	257,089	15%
Real estate; renting and business activities	237,367	13%
Health and social work	170,917	10%
Transport; storage and communication	140,802	8%
Construction	130,750	7%
Education	128,045	7%
Financial intermediation	113,199	6%
Other	86,752	5%
Public administration and defence	86,558	5%
Hotels and restaurants	72,682	4%
Agriculture; hunting and forestry	15,413	1%
Electricity; gas and water supply	11,019	1%
Mining and quarrying	3,435	0%
Fishing	290	0%

Table 28: Working population (aged 16-74) divided by industrial sector in: East of England Region – Rural Less Sparse

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	124,139	16%
Manufacturing	111,232	14%
Real estate; renting and business activities	102,951	13%
Health and social work	75,155	10%
Construction	62,651	8%
Education	59,008	8%
Transport; storage and communication	48,842	6%
Public administration and defence	43,868	6%
Other	39,730	5%
Financial intermediation	36,027	5%
Hotels and restaurants	32,155	4%
Agriculture; hunting and forestry	31,164	4%
Electricity; gas and water supply	4,854	1%
Mining and quarrying	1,933	0%
Fishing	284	0%

Table 29: Working population (aged 16-74) divided by industrial sector in: East of England Region – Rural Sparse

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	5,976	17%
Manufacturing	4,834	14%
Health and social work	3,704	10%
Construction	3,060	9%
Real estate; renting and business activities	2,946	8%
Public administration and defence	2,640	7%
Hotels and restaurants	2,581	7%
Agriculture; hunting and forestry	2,432	7%
Education	2,221	6%
Other	2,134	6%
Transport; storage and communication	1,608	5%
Financial intermediation	657	2%
Electricity; gas and water supply	350	1%
Mining and quarrying	89	0%
Fishing	63	0%

The major industry of employment in the East of England Region is *Wholesale and retail trade*, which accounts for 18% of employment for working people in urban areas of the region, 16% of employment amongst the rural less sparse workforce, and 17% of employment for working people in rural sparse areas of the region.

Manufacturing is the second most significant industry of employment, employing 15% of the urban working population, 14% of employed people in the rural less sparse areas, and 14% of the rural sparse working population.

Real estate; renting and business activities are another key industry of employment, accounting for 13% of employment amongst the urban workforce, 13% in rural less sparse areas, and 8% in rural sparse areas.

Health and social work employs 10% of employed people in urban areas, in rural less sparse areas, and in rural sparse areas of the East of England Region.

Transport; storage and communication is another significant industry of employment, accounting for 8% of the urban workforce, 6% of the rural less sparse workforce, and 5% of the rural sparse workforce.

Construction employs a greater proportion of the rural population than the urban population, accounting for 7% of employment in urban areas of the region, 8% in rural less sparse areas, and 9% in rural sparse areas.

Other significant industries of employment in urban areas of the East of England include *Education* and *Financial intermediation*.

In rural less sparse areas of the region, *Education* (8%) and *Public administration and defence* (6%) are also key employers.

Other significant employers in rural sparse areas of the East of England Region include *Hotels and restaurants* (7%) and *Agriculture; hunting and forestry* (7%). Despite low figures of employment in the agricultural sector (2% of employment across the whole region), over 70% of the total land area of the East of England region is used for agriculture, and more than 87% of this is used for arable crops.[57]

SOUTH WEST REGION

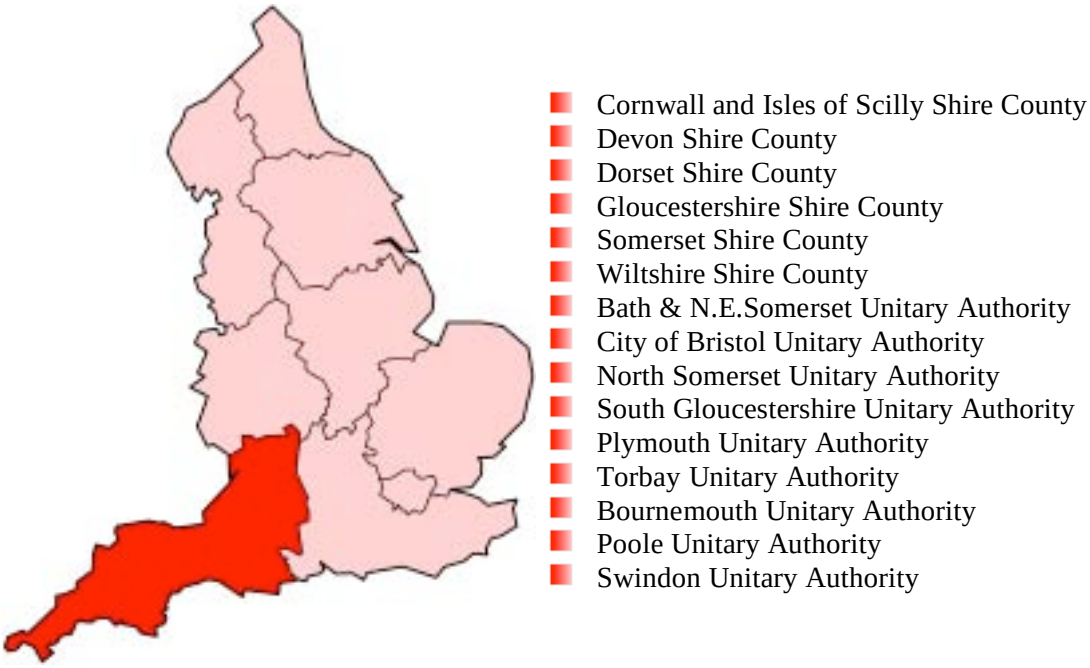


Figure 16: South West Region
Map subject to GNU Free Documentation License

The South West Region covers the largest land area of the nine regions of England, and has the highest percentage of land classified as rural, including the two National Parks of Exmoor and Dartmoor. In total, around three quarters of the total land area of the South West Region is agricultural.

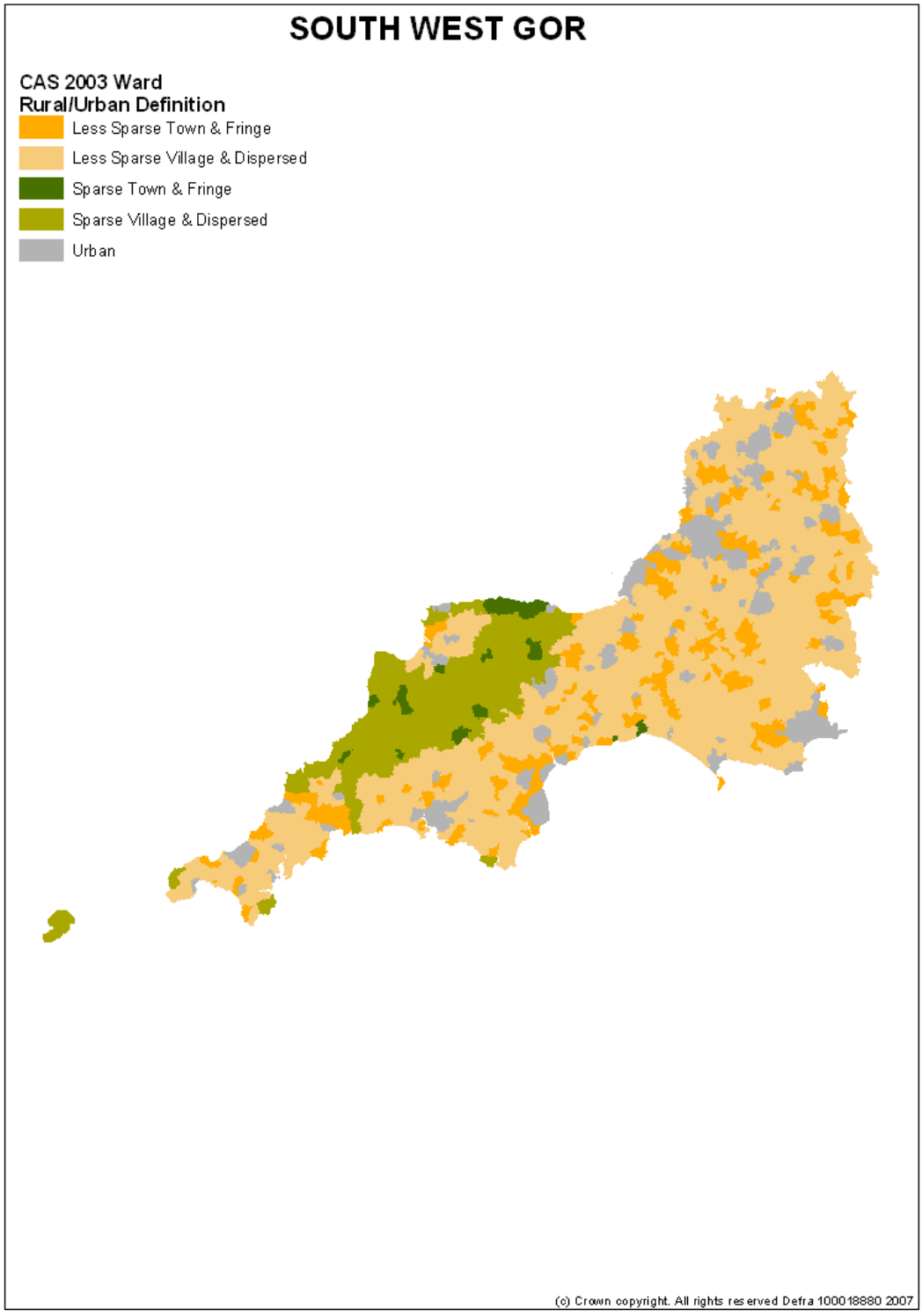
The region also houses some large urban centres, such as Bristol, Bournemouth, Poole, Plymouth, Swindon, Gloucester, Torbay, Cheltenham and Exeter.

66% of the working population of the South West Region live in urban areas of the region, 31% in rural less sparse areas, and the remaining 3% in the rural sparse areas of the region.

91% of enterprises in the private sector in the South West Region employ fewer than 5 employees.[58]

[57] *Government Office for the East of England* www.go-east.gov.uk/goeast/

[58] *TABLE 18: Number of enterprises, employment and turnover in the private sector at the start of 2005, by size of enterprise and industry section in the South West. Small Business Service Analytical Unit*



Source: Department for Environment, Food and Rural Affairs

Figure 17: Map showing South West Government Office Region using Urban Rural Classification for England and Wales

SOUTH WEST REGION

Table 30: Working population (aged 16-74) divided by industrial sector in: South West Region – Urban

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	269,225	18%
Manufacturing	217,502	14%
Real estate; renting and business activities	172,605	11%
Health and social work	169,907	11%
Education	110,307	7%
Construction	105,432	7%
Transport; storage and communication	101,869	7%
Public administration and defence	101,294	7%
Hotels and restaurants	80,981	5%
Financial intermediation	75,115	5%
Other	73,001	5%
Agriculture; hunting and forestry	13,564	1%
Electricity; gas and water supply	12,415	1%
Mining and quarrying	3,578	0%
Fishing	819	0%

Table 31: Working population (aged 16-74) divided by industrial sector in: South West Region – Rural Less Sparse

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	110,205	16%
Manufacturing	92,211	13%
Real estate; renting and business activities	82,171	12%
Health and social work	74,825	11%
Education	57,482	8%
Public administration and defence	56,884	8%
Construction	53,649	8%
Hotels and restaurants	39,795	6%
Transport; storage and communication	35,936	5%
Agriculture; hunting and forestry	35,512	5%
Other	35,198	5%
Financial intermediation	21,085	3%
Electricity; gas and water supply	4,857	1%
Mining and quarrying	3,677	1%
Fishing	785	0%

Table 32: Working population (aged 16-74) divided by industrial sector in: South West Region – Rural Sparse

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	12,390	17%
Manufacturing	9,181	12%
Agriculture; hunting and forestry	7,856	11%
Health and social work	7,380	10%
Hotels and restaurants	7,261	10%
Real estate; renting and business activities	6,449	9%
Construction	6,347	9%
Education	4,979	7%
Other	3,820	5%
Transport; storage and communication	3,701	5%
Public administration and defence	2,833	4%
Financial intermediation	1,167	2%
Electricity; gas and water supply	332	0%
Mining and quarrying	318	0%
Fishing	208	0%

Wholesale and retail trade accounts for a significant proportion of employment amongst the working population in the South West Region – 18% in urban areas, 16% in rural less sparse areas, and 17% in rural sparse areas.

Manufacturing is another significant industry, employing 14% of the working population in the urban areas of the South West Region, 13% in rural less sparse areas, and 12% in rural sparse areas.

Real estate; renting and business activities employs 11% of the urban working population, 12% in rural less sparse areas, and 9% in rural sparse areas.

Health and social work is another key industry, accounting for 11% of the urban workforce, 11% in rural less sparse areas, and 10% of working people in rural sparse areas of the South West Region.

Education is another key sector of employment, accounting for 7% of employment for working people in urban areas of the South West Region, 8% in rural less sparse areas, and 7% in rural sparse areas of the region.

Other key sectors of employment in urban areas of the South West Region include *Construction*, *Transport; storage and communication*; and *Public administration and defence*.

In rural less sparse areas, other significant industries of employment include *Public administration and defence* (8%), *Construction* (8%), and *Hotels and restaurants* (6%).

The third largest sector of employment in rural sparse areas of the South West Region is *Agriculture; hunting and forestry*, which employs 11% of the workforce in those areas. Over 80% of the land area of the South West Region is agricultural, mainly dairy farming, but also

some arable crops, horticulture, beef and sheep farming.[59] Other significant sectors of employment in rural sparse areas include *Hotels and restaurants* (10%) and *Construction* (9%).

SOUTH EAST REGION

- Buckinghamshire Shire County
- East Sussex Shire County
- Hampshire Shire County
- Kent Shire County
- Oxfordshire Shire County
- Surrey Shire County
- West Sussex Shire County
- Medway Unitary Authority
- Bracknell Forest Unitary Authority
- West Berkshire Unitary Authority
- Reading Unitary Authority
- Slough Unitary Authority
- Windsor & Maidenhead Unitary Authority
- Wokingham Unitary Authority
- Milton Keynes Unitary Authority
- Brighton & Hove Unitary Authority
- Portsmouth Unitary Authority
- Southampton Unitary Authority
- Isle of Wight Unitary Authority

Figure 18: South East Region
Map subject to GNU Free Documentation License

The South East region contains several large urban centres, including Medway, Brighton and Hove, Southampton, Oxford, Milton Keynes, Portsmouth, Canterbury, Eastbourne, and Reading.

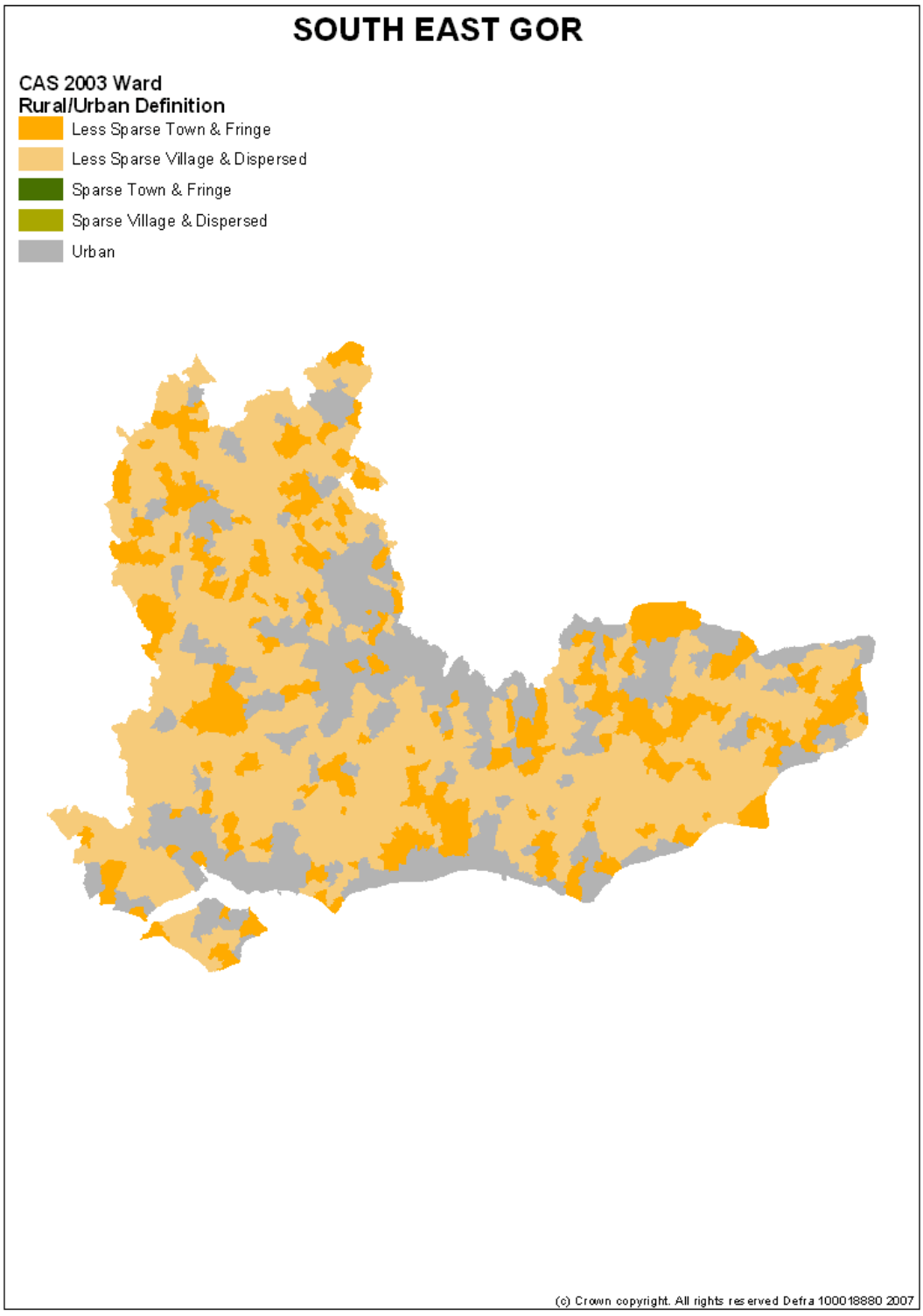
More than 80% of the region is classified as rural.[60] Of the working population 78% dwells in the region's urban areas, 22% in rural less sparse areas, and <1% in rural sparse areas.

92% of enterprises in the private sector in the South East Region employ fewer than 5 employees.[61]

[59] *Government Office South West* www.gosw.gov.uk/gosw/

[60] *Government Office for the South East* - www.go-se.gov.uk/gose

[61] *TABLE 17: Number of enterprises, employment and turnover in the private sector at the start of 2005, by size of enterprise and industry section in the South East. Small Business Service Analytical Unit*



Source: Department for Environment, Food and Rural Affairs

Figure 19: Map showing South East Government Office Region using Urban Rural Classification for England and Wales

SOUTH EAST REGION

Table 33: Working population (aged 16-74) divided by industrial sector in: South East Region – Urban

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	504,848	17%
Real estate; renting and business activities	460,555	15%
Manufacturing	371,695	12%
Health and social work	298,517	10%
Transport; storage and communication	256,870	9%
Education	232,172	8%
Construction	211,586	7%
Public administration and defence	181,116	6%
Financial intermediation	156,994	5%
Other	155,541	5%
Hotels and restaurants	129,437	4%
Agriculture; hunting and forestry	27,357	1%
Electricity; gas and water supply	22,486	1%
Mining and quarrying	5,308	0%
Fishing	523	0%

Table 34: Working population (aged 16-74) divided by industrial sector in: South East Region – Rural Less Sparse

	Number of people employed:	Percentage of workforce:
Real estate; renting and business activities	145,504	17%
Wholesale and retail trade	130,862	15%
Manufacturing	99,883	11%
Health and social work	83,691	10%
Education	72,963	8%
Construction	65,673	8%
Transport; storage and communication	59,494	7%
Other	50,125	6%
Public administration and defence	49,542	6%
Financial intermediation	41,063	5%
Hotels and restaurants	37,660	4%
Agriculture; hunting and forestry	28,923	3%
Electricity; gas and water supply	5,655	1%
Mining and quarrying	1,855	0%
Fishing	295	0%

Table 35: Working population (aged 16-74) divided by industrial sector in: South East Region – Rural Sparse

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	82	15%
Health and social work	81	14%
Manufacturing	56	10%
Construction	55	10%
Real estate; renting and business activities	51	9%
Transport; storage and communication	44	8%
Other	38	7%
Hotels and restaurants	37	7%
Electricity; gas and water supply	36	6%
Public administration and defence	26	5%
Education	20	4%
Financial intermediation	17	3%
Fishing	13	2%
Agriculture; hunting and forestry	7	1%
Mining and quarrying	0	0%

The *Wholesale and retail trade* is a major employer in the South East Region, employing 17% of the urban working population, 15% of employed people in rural less sparse areas of the region, and 15% of the rural sparse workforce.

Another major employer is the *Real estate; renting and business activities* sector which employs 15% of the urban workforce, 17% of the rural less sparse working population, and 9% of employed people in the rural sparse areas of the South East Region.

Manufacturing is another key sector of employment, accounting for 12% of employment in urban areas, 11% in rural less sparse areas, and 10% in rural sparse areas of the region.

Another significant employing industry in the South East Region is *Health and social work*, which employs 10% of the working population in urban areas of the region, 10% in rural less sparse areas, and 14% in rural sparse areas.

Transport, storage and communication is another key industry, accounting for 9% of employment of the working population in urban areas of the region, 7% in rural less sparse areas, and 8% in rural sparse areas.

Other significant employment in urban areas of the South East Region includes the *Education*, *Construction*, and *Public administration and defence* sectors.

In rural less sparse areas of the South East Region, other significant industries include *Education* (accounting for 8% of employment), and *Construction* (similarly accounting for 8% of employment).

It should be noted that the population figures for rural sparse areas were low (563 total), and that figures for individual industries may therefore be misleading.

APPENDIX 2

Detailed employment information for Wales

WALES

Figure 20: Wales
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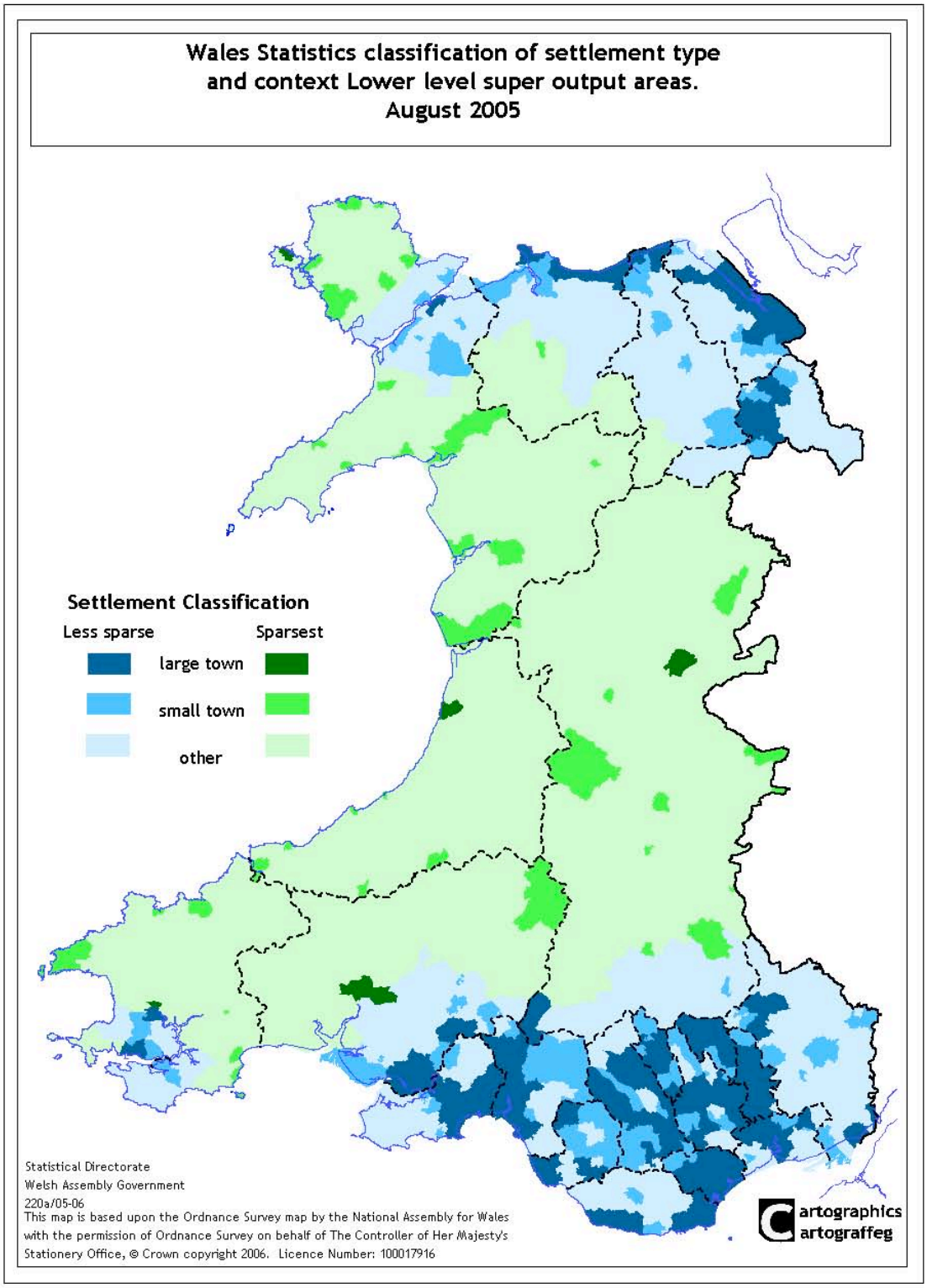
- Blaenau Gwent
- Bridgend
- Caerphilly
- Cardiff
- Carmarthenshire
- Ceredigion
- Conwy
- Denbighshire
- Flintshire
- Gwynedd
- Isle of Anglesey
- Merthyr Tydfil
- Monmouthshire
- Neath Port Talbot
- Newport
- Pembrokeshire
- Powys
- Rhondda Cynon Taff
- Swansea
- Torfaen
- Vale of Glamorgan
- Wrexham

Wales has a number of large urban centres, the largest of which are Cardiff, Swansea, Newport and Bangor. However, large swathes of the Principality are rural, including three National Parks.

Regarding employed people in Wales, 63% live in the Principality's urban areas, 24% in rural less sparse areas, and 13% in rural sparse areas.

91% of enterprises in the private sector in Wales employ fewer than 5 employees.[62]

[62] *TABLE 20: Number of enterprises, employment and turnover in the private sector at the start of 2005, by size of enterprise and industry section in Wales. Small Business Service Analytical Unit*



Source: Welsh Assembly Government

Figure 21: Wales Statistics classification of settlement type and context – lower level super output areas – August 2005

WALES

Table 36: Working population (aged 16-74) divided by industrial sector in: Wales – Urban

	Number of people employed:	Percentage of workforce:
Manufacturing	138,533	19%
Wholesale and retail trade	126,112	17%
Health and social work	97,418	13%
Real estate; renting and business activities	64,880	9%
Education	58,234	8%
Public administration and defence	53,208	7%
Construction	48,928	7%
Transport; storage and communication	43,841	6%
Hotels and restaurants	38,133	5%
Other	36,224	5%
Financial intermediation	28,299	4%
Electricity; gas and water supply	7,877	1%
Agriculture; hunting and forestry	4,760	1%
Mining and quarrying	1,876	0%
Fishing	76	0%

Table 37: Working population (aged 16-74) divided by industrial sector in: Wales – Rural Less Sparse

	Number of people employed:	Percentage of workforce:
Manufacturing	50,219	18%
Wholesale and retail trade	42,863	15%
Health and social work	38,227	14%
Education	24,795	9%
Real estate; renting and business activities	24,505	9%
Construction	21,495	8%
Public administration and defence	18,222	6%
Transport; storage and communication	14,189	5%
Hotels and restaurants	14,081	5%
Other	12,925	5%
Financial intermediation	8,248	3%
Agriculture; hunting and forestry	8,617	3%
Electricity; gas and water supply	2,615	1%
Mining and quarrying	1,405	0%
Fishing	139	0%

Table 38: Working population (aged 16-74) divided by industrial sector in: Wales – Rural Sparse

	Number of people employed:	Percentage of workforce:
Wholesale and retail trade	24,353	16%
Health and social work	18,600	12%
Manufacturing	16,957	11%
Agriculture; hunting and forestry	15,748	10%
Construction	13,640	9%
Education	13,355	9%
Hotels and restaurants	11,598	7%
Real estate; renting and business activities	11,431	7%
Public administration and defence	9,286	6%
Other	8,267	5%
Transport; storage and communication	7,323	5%
Financial intermediation	2,382	2%
Electricity; gas and water supply	1,584	1%
Mining and quarrying	629	0%
Fishing	159	0%

Manufacturing is the most significant industry of employment in Wales, accounting for 19% of urban employment, 18% of employment for the rural less sparse workforce, but a considerably smaller proportion, 11%, of the rural sparse workforce.

The *Wholesale and retail trade* accounts for 17% of employment in urban areas of Wales, 15% in rural less sparse areas, and 16% in rural sparse areas.

Health and social work is another significant sector for employment, accounting for 13% of the urban workforce, 14% of the rural less sparse workforce, and 12% of the rural sparse workforce.

Real estate; renting and business activities, employing 9% of the working population in urban areas, 9% of the working population in rural less sparse areas, and 7% of employed people in rural sparse areas.

Education is another significant employer, accounting for 8% of employment in urban areas of Wales, 9% of employment in rural less sparse areas, and employing 9% of the rural sparse working population.

Other significant sectors in urban areas of Wales include *Public administration and defence*, *Construction*, and *Transport; storage and communication*.

In rural less sparse areas, *Construction* (8%), *Public administration and defence* (6%), and *Transport; storage and communication* (5%) are also key industries.

In rural sparse areas, the fourth largest employing sector is *Agriculture; hunting and forestry*, which accounts for 10% of employment in rural less sparse areas, *Construction* (9%), and *Hotels and restaurants* (7%).

APPENDIX 3

Detailed employment information for each of the Scottish Executive Electoral Regions in Scotland

SCOTLAND

Figure 22: Scotland
Map subject to GNU Free Documentation License

The extensive landmass of Scotland covers some 78,772km^2. With a population of 5,062,011 (Census 2001), this gives an average population density of 64/km^2 (64 persons per square kilometre), varying between 8 persons per square kilometre in Highland, and as many as 3,290 persons per square kilometre in Glasgow.

Some data within the employment statistics for Scotland were suppressed as the estimates were below the reliability threshold. In addition to this all figures relating to employment in Scotland were rounded to the nearest thousand. These issues impacted upon the level of detail and accuracy which could be provided in this section of this report, making it impossible to provide detailed text relating to each of the electoral regions of Scotland, divided by urban and rural areas. When data for all electoral regions was collated, however, it was possible to provide information relating to the division of employment by industry sector for Scotland as a whole.

Traditionally the Scottish economy was dominated by manufacturing and heavy industries such as coal mining, iron and steel, and shipbuilding. Since the 1970s the extraction of oil in the North Sea has also impacted upon the nature of Scottish industry, particularly in the northeast. In recent decades, the decline in the traditional manufacturing industries has corresponded with a significant growth in the service sector.

In modern day Scotland, employment within urban areas and small towns is dominated by the *Wholesale and retail trade* sector which accounts for approximately 15% of employment. As

the second largest industry of employment, *Health and social work* accounts for approximately 14% of urban and small town employment. *Manufacturing* continues to be a significant employing industry, employing approximately 11% of the urban workforce in Scotland. *Real estate; renting and business activities* are another significant industry, employing just under 10% of the working population in urban areas and small towns. *Public administration and defence* and *Education* account for just under 9% each of the urban workforce. The *Construction* industry employs over 7% of the workforce in urban areas and small towns. The *Transport; storage and communication* industry accounts for just under 7% of employment of Scotland's urban workforce.

In the Rural (Accessible) regions, the two main industries of employment are *Health and social work* and the *Wholesale and retail trade* which employ just under 14% of the population each. *Manufacturing* is another significant sector of employment, accounting for over 11% of the workforce in rural (accessible) regions of Scotland. The *Construction* trade is also a significant industry of employment, employing just under 10% each of the workforce in such areas. *Education* and *Real estate; renting and business activities* account for just under 9% of employed persons in rural (accessible) regions. *Public administration and defence* accounts for just under 8% of the workforce in rural (accessible) regions, and *Transport, storage and communication* accounts for approximately 6%.

In Rural (Remote) areas of Scotland *Health and social work* and the *Wholesale and retail trade* are the dominant industries of employment accounting for approximately 13% of the workforce each. *Hotels and restaurants* are another significant employer accounting for just under 10% of the rural (remote) working population. *Construction*, *Education*, and *Manufacturing* each account for just over 9% of the rural (remote) workforce. *Agriculture; hunting and forestry* accounts for over 8% of the working population in rural (remote) areas of Scotland, and *Real estate; renting and business activities* employ just under 7%.

More detailed information relating to the dominant industries of employment in each of the Scottish Executive electoral regions in Scotland, divided by urban and rural area, is provided below. Unfortunately, the project team were not able to obtain detailed maps of each of the Scottish electoral regions classified by the Scottish Executive Urban Rural Classification.

HIGHLANDS & ISLANDS

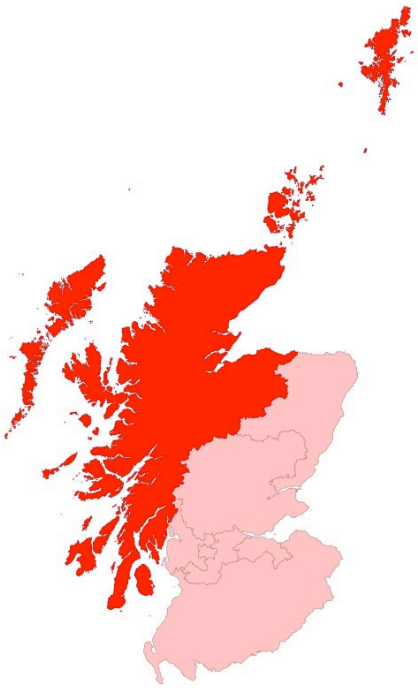


Figure 23: Highlands and Islands Electoral Region
Map subject to GNU Free Documentation License

Table 39: People of working age in employment by industry sector in: Highlands and Islands - Urban Areas and Small Towns

	Number of people employed:
Wholesale and Retail Trade	16,000
Health and Social Work	15,000
Public Administration and Defence	7,000
Construction	7,000
Manufacturing	4,000
Transport, Storage and Communication	4,000
Real Estate, Renting and Business Activities	3,000
Education	3,000
Other	3,000
Agriculture, Hunting and Forestry	*
Fishing	*
Mining and Quarrying	*
Electricity, Gas and Water Supply	*
Hotels and Restaurants	*
Financial Intermediation	*

All figures rounded to nearest thousand
* Data suppressed as estimate is below reliability threshold

Table 40: People of working age in employment by industry sector in: Highlands and Islands - Rural – Accessible and Remote

	Number of people employed:
Wholesale and Retail Trade	14,000
Health and Social Work	13,000
Manufacturing	11,000
Construction	11,000
Hotels and Restaurants	9,000
Public Administration and Defence	8,000
Education	8,000
Transport, Storage and Communication	6,000
Real Estate, Renting and Business Activities	5,000
Other	4,000
Agriculture, Hunting and Forestry	3,000
Fishing	3,000
Mining and Quarrying	*
Electricity, Gas and Water Supply	*
Financial Intermediation	*

All figures rounded to nearest thousand
* Data suppressed as estimate is below reliability threshold

NORTH EAST SCOTLAND

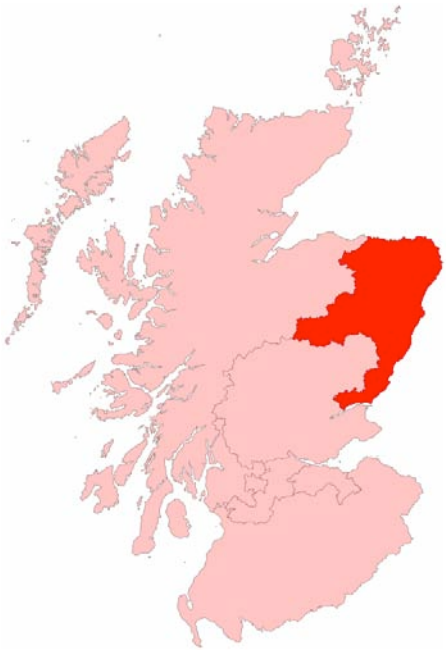


Figure 24: North East Scotland Electoral Region
Map subject to GNU Free Documentation License

Table 41: People of working age in employment by industry sector in: North East Scotland - Urban Areas and Small Towns

	Number of people employed:
Wholesale and Retail Trade	34,000
Health and Social Work	31,000
Manufacturing	27,000
Mining and Quarrying	22,000
Education	22,000
Real Estate, Renting and Business Activities	21,000
Public Administration and Defence	15,000
Construction	14,000
Other	12,000
Hotels and Restaurants	10,000
Transport, Storage and Communication	10,000
Financial Intermediation	3,000
Agriculture, Hunting and Forestry	*
Fishing	*
Electricity, Gas and Water Supply	*

All figures rounded to nearest thousand
* Data suppressed as estimate is below reliability threshold

Table 42: People of working age in employment by industry sector in: North East Scotland - Rural – Accessible and Remote

	Number of people employed:
Health and Social Work	10,000
Manufacturing	7,000
Wholesale and Retail Trade	7,000
Mining and Quarrying	6,000
Construction	6,000
Education	6,000
Real Estate, Renting and Business Activities	5,000
Public Administration and Defence	4,000
Agriculture, Hunting and Forestry	3,000
Hotels and Restaurants	3,000
Transport, Storage and Communication	3,000
Other	3,000
Fishing	*
Electricity, Gas and Water Supply	*
Financial Intermediation	*

All figures rounded to nearest thousand
* Data suppressed as estimate is below reliability threshold

MID SCOTLAND AND FIFE

Figure 25: Mid Scotland and Fife Electoral Region
Map subject to GNU Free Documentation License

Table 43: People of working age in employment by industry sector in: Mid Scotland and Fife - Urban Areas and Small Towns

	Number of people employed:
Wholesale and Retail Trade	35,000
Health and Social Work	27,000
Manufacturing	26,000
Construction	21,000
Real Estate, Renting and Business Activities	20,000
Public Administration and Defence	20,000
Education	18,000
Other	14,000
Hotels and Restaurants	12,000
Transport, Storage and Communication	11,000
Financial Intermediation	10,000
Agriculture, Hunting and Forestry	*
Fishing	*
Mining and Quarrying	*
Electricity, Gas and Water Supply	*

All figures rounded to nearest thousand
* Data suppressed as estimate is below reliability threshold

Table 44: People of working age in employment by industry sector in: Mid Scotland and Fife - Rural – Accessible and Remote

	Number of people employed:
Health and Social Work	14,000
Wholesale and Retail Trade	12,000
Construction	9,000
Education	8,000
Manufacturing	7,000
Real Estate, Renting and Business Activities	7,000
Financial Intermediation	5,000
Public Administration and Defence	5,000
Other	5,000
Agriculture, Hunting and Forestry	4,000
Hotels and Restaurants	4,000
Transport, Storage and Communication	4,000
Fishing	*
Mining and Quarrying	*
Electricity, Gas and Water Supply	*

All figures rounded to nearest thousand
* Data suppressed as estimate is below reliability threshold

WEST OF SCOTLAND

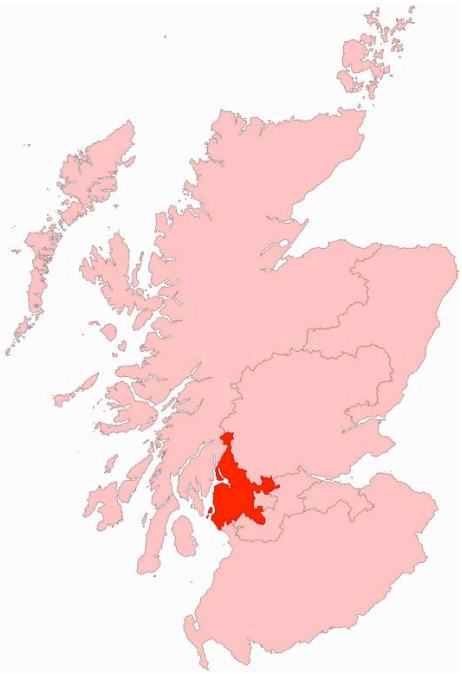


Figure 26: West of Scotland Electoral Region
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Table 45: People of working age in employment by industry sector in: West of Scotland - Urban Areas and Small Towns

	Number of people employed:
Wholesale and Retail Trade	38,000
Health and Social Work	37,000
Manufacturing	32,000
Public Administration and Defence	30,000
Real Estate, Renting and Business Activities	26,000
Education	25,000
Construction	19,000
Transport, Storage and Communication	18,000
Other	16,000
Financial Intermediation	13,000
Hotels and Restaurants	11,000
Agriculture, Hunting and Forestry	*
Fishing	*
Mining and Quarrying	*
Electricity, Gas and Water Supply	*

All figures rounded to nearest thousand
* Data suppressed as estimate is below reliability threshold

Table 46: People of working age in employment by industry sector in: West of Scotland - Rural – Accessible and Remote

	Number of people employed:
Construction	3,000
Wholesale and Retail Trade	3,000
Real Estate, Renting and Business Activities	3,000
Education	3,000
Health and Social Work	3,000
Agriculture, Hunting and Forestry	*
Fishing	*
Mining and Quarrying	*
Manufacturing	*
Electricity, Gas and Water Supply	*
Hotels and Restaurants	*
Transport, Storage and Communication	*
Financial Intermediation	*
Public Administration and Defence	*
Other	*

All figures rounded to nearest thousand
* Data suppressed as estimate is below reliability threshold

LOTHIANS

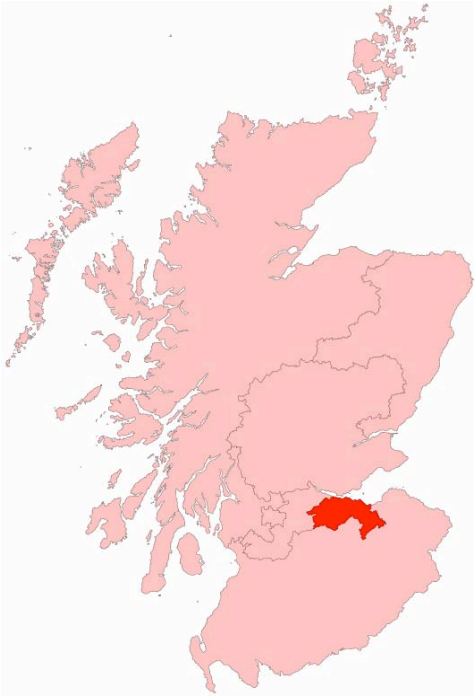

Figure 27: Lothians Electoral Region
Map subject to GNU Free Documentation License

Table 47: People of working age in employment by industry sector in: Lothians - Urban Areas and Small Towns

	Number of people employed:
Real Estate, Renting and Business Activities	43,000
Wholesale and Retail Trade	42,000
Health and Social Work	42,000
Education	33,000
Financial Intermediation	30,000
Public Administration and Defence	27,000
Manufacturing	25,000
Other	22,000
Transport, Storage and Communication	20,000
Construction	14,000
Hotels and Restaurants	14,000
Agriculture, Hunting and Forestry	*
Fishing	*
Mining and Quarrying	*
Electricity, Gas and Water Supply	*

All figures rounded to nearest thousand
* Data suppressed as estimate is below reliability threshold

Table 48: People of working age in employment by industry sector in: Lothians - Rural – Accessible and Remote

	Number of people employed:
Wholesale and Retail Trade	3,000
Transport, Storage and Communication	3,000
Real Estate, Renting and Business Activities	3,000
Health and Social Work	3,000
Agriculture, Hunting and Forestry	*
Fishing	*
Mining and Quarrying	*
Manufacturing	*
Electricity, Gas and Water Supply	*
Construction	*
Hotels and Restaurants	*
Financial Intermediation	*
Public Administration and Defence	*
Education	*
Other	*

All figures rounded to nearest thousand
* Data suppressed as estimate is below reliability threshold

CENTRAL SCOTLAND

Figure 28: Central Scotland Electoral Region
Map subject to GNU Free Documentation License

Table 49: People of working age in employment by industry sector in: Central Scotland - Urban Areas and Small Towns

	Number of people employed:
Wholesale and Retail Trade	49,000
Manufacturing	45,000
Health and Social Work	38,000
Construction	28,000
Transport, Storage and Communication	23,000
Public Administration and Defence	22,000
Real Estate, Renting and Business Activities	21,000
Education	20,000
Other	14,000
Financial Intermediation	13,000
Hotels and Restaurants	12,000
Agriculture, Hunting and Forestry	*
Fishing	*
Mining and Quarrying	*
Electricity, Gas and Water Supply	*

All figures rounded to nearest thousand
* Data suppressed as estimate is below reliability threshold

Table 50: People of working age in employment by industry sector in: Central Scotland - Rural – Accessible and Remote

	Number of people employed:
Manufacturing	5,000
Public Administration and Defence	4,000
Health and Social Work	4,000
Construction	3,000
Wholesale and Retail Trade	3,000
Real Estate, Renting and Business Activities	3,000
Agriculture, Hunting and Forestry	*
Fishing	*
Mining and Quarrying	*
Electricity, Gas and Water Supply	*
Hotels and Restaurants	*
Transport, Storage and Communication	*
Financial Intermediation	*
Education	*
Other	*

All figures rounded to nearest thousand
* Data suppressed as estimate is below reliability threshold

SOUTH OF SCOTLAND

Figure 29: South of Scotland Electoral Region
Map subject to GNU Free Documentation License

Table 51: People of working age in employment by industry sector in: South of Scotland - Urban Areas and Small Towns

	Number of people employed:
Wholesale and Retail Trade	27,000
Health and Social Work	27,000
Manufacturing	23,000
Construction	16,000
Public Administration and Defence	16,000
Education	14,000
Real Estate, Renting and Business Activities	13,000
Transport, Storage and Communication	11,000
Other	9,000
Financial Intermediation	7,000
Hotels and Restaurants	6,000
Agriculture, Hunting and Forestry	*
Fishing	*
Mining and Quarrying	*
Electricity, Gas and Water Supply	*

All figures rounded to nearest thousand
* Data suppressed as estimate is below reliability threshold

Table 52: People of working age in employment by industry sector in: South of Scotland - Rural – Accessible and Remote

	Number of people employed:
Wholesale and Retail Trade	16,000
Health and Social Work	16,000
Manufacturing	13,000
Construction	10,000
Agriculture, Hunting and Forestry	9,000
Education	7,000
Real Estate, Renting and Business Activities	6,000
Public Administration and Defence	6,000
Transport, Storage and Communication	5,000
Other	4,000
Hotels and Restaurants	3,000
Financial Intermediation	3,000
Fishing	*
Mining and Quarrying	*
Electricity, Gas and Water Supply	*

All figures rounded to nearest thousand
* Data suppressed as estimate is below reliability threshold

APPENDIX 4

Semi-structured interview schedule used for interviews with SMEs in East Anglia and Mid Wales

WORKPLACE HEALTH CONNECT IN RURAL AREAS: A SCOPING STUDY

Telephone interview topics for use with SMEs in East Anglia and Mid Wales

Name of interviewee:

Post:

Organisation:

Date:

Interview conducted by:

~~~~~~

Preamble

Thank you for agreeing to speak to me today.

Background: The Institute of Rural Health has been commissioned by the Health & Safety Executive to undertake a scoping study to ascertain what the main health, safety and return-to-work issues are in rural areas, and the type of occupational health and safety approaches which work well in rural areas. The study will provide evidence to ensure that the needs of rural communities and employers/employees are incorporated into any future planning for the HSE's Workplace Health Connect service, which we'll go on to discuss a bit in a few minutes.

For the purposes of the study, we are speaking to a sample of representatives of key employment sectors in rural areas of the UK, and also conducting a series of interviews with representatives of Small & Medium Enterprises in Mid Wales and East Anglia, which are two particularly rural parts of the UK.

Thank you for agreeing to take part in this study, this interview should take no longer than half an hour.

~~~~~~

1. Can you please tell me how many people your business employs?

2. Could you please tell me the nature of work carried out by your business?

3. What do you feel are the main occupational health and safety issues that small businesses in your industry face?
   Prompts: health issues – dermatitis, stress, vibration white finger,
   safety issues – manual handling, falls from heights, machinery, vehicles, musculo skeletal injuries, slips and trips, asbestos, chemicals

4. What are the main return-to-work issues that your business faces?
   Prompts: performance of business during employee absence, lack of cover for absent employees, recording and keeping track of sickness absence, keeping in contact with absent employees, using professional or treatment advice, agreeing a return-to-work plan, co-ordinating the return-to-work process.

5. Are you aware of any support services for health and safety and return-to-work issues in your industry? (by this I mean advice or practical assistance on managing health risks or safety issues at work, helping you to understand you health and safety responsibilities, helping you to ensure that you business is a safe place to work, facilitating return-to-work after illness, and promoting general health at work)?
(Prompt: what is available in terms of advice and practical assistance on managing health risks at work, controlling the effects of health on work, rehabilitation, and promoting general health at work. Perhaps from primary care, HSE, local authority, trade association, local projects etc?)

6. Have you made use of any of these services?

6a) If yes, which services have you used, and for what purpose?

6b) If no, why have you not used these services? Under what circumstances would you use them?

Prompt: What prevents you from using these support services? (cost, lack of knowledge about what to do, lack of resources (time/staff))

Prompt: What might prompt you to use these support services? (pressure from employees, responsibility for health of employees, concerns about litigation, costs of absence, pressure from union)

7. What approaches to occupational health and safety do you think work well?
Prompt: information website, leaflets, advice line, workplace visits

8. Do you know about the Workplace Health Connect service, which is run in partnership with the Health & Safety Executive?

8a) If yes, have you used the Workplace Health Connect service (the Advice Line or website)?

8b) If no, explain what Workplace Health Connect is about:
Workplace Health Connect was set up in partnership with the Health & Safety Executive and intends to offer a holistic approach to occupational health, safety and return-to-work support. The service is based around an information website, an advice line, and free workplace visits to eligible SME if they fall within one of the five pilot Pathfinder areas. The aim of the programme is to provide both employers and workers with the support they need, in terms of helping with current ill-health in the workplace, preventing incidence of illness and injury, and securing an early return-to-work if or when such illnesses or injuries do occur. You can find out further information at www.workplacehealthconnect.co.uk

9. In your rural areas, what key skills do you think the staff of the Workplace Health Connect service would need in order for the service to operate effectively?
Prompt: background, skills, qualifications, communication approaches, knowledge of your industry, understanding of how SMEs operate?

10. Do you have any additional comments that you would like to share with regard to occupational health, safety and return-to-work in rural areas?

Thank you very much for your contribution

APPENDIX 5

Semi-structured interview schedule used for interviews with key national organisations

WORKPLACE HEALTH CONNECT IN RURAL AREAS: A SCOPING STUDY

Telephone interview topics for use with representatives of key national organisations

Name of interviewee:

Post:

Organisation:

Industry sector:

Date:

Interview conducted by:

~~~~~~

Preamble

Thank you for agreeing to speak to me today.

Background: The Institute of Rural Health has been commissioned by the Health & Safety Executive to undertake a scoping study to ascertain what the main health, safety and return-to-work issues are in rural areas, and the type of occupational health and safety approaches which work well in rural areas. The study will provide evidence to ensure that the needs of rural communities and employers/employees are incorporated into any future planning for the HSE's Workplace Health Connect service, which we'll go on to discuss a bit in a few minutes.

For the purposes of the study, we are speaking to a sample of representatives of key employment sectors in rural areas of the UK or national organisations with knowledge about the issues facing rural businesses. We have also chosen two rural sparse areas (East Anglia and Mid Wales) to conduct telephone interviews with representatives of Small & Medium Enterprises.

Thank you for agreeing to take part in this study, this interview should take no longer than an hour.

~~~~~~

1. What do you feel are the main occupational health and safety issues that small businesses in the _____ sector face?
   Prompts: health issues – dermatitis, stress, vibration white finger,
   safety issues – manual handling, falls from heights, machinery, vehicles, musculo skeletal injuries, slips and trips, asbestos, chemicals

2. What do you think are the main return-to-work issues that businesses in the _____ sector face?
   Prompts: performance of business during employee absence, lack of cover for absent employees, recording and keeping track of sickness absence, keeping in contact with absent employees, using professional or treatment advice, agreeing a return-to-work plan, co-ordinating the return-to-work process.

3. Are you aware of any support services for health and safety and return-to-work issues for small businesses in the _____ sector? (by this I mean advice or practical assistance on managing health risks or safety issues at work, helping them to understand their health and safety responsibilities, helping them to ensure that their business is a safe place to work, facilitating return-to-work after illness, and promoting general health at work)?
(Prompt: what is available in terms of advice and practical assistance on managing health risks at work, controlling the effects of health on work, rehabilitation, and promoting general health at work. Perhaps from primary care, HSE, local authority, trade association, local projects etc?)

4. What do you think would prompt SMEs in the _____ sector to use these support services?
Prompt: pressure from employees, responsibility for health of employees, concerns about litigation, costs of absence, pressure from union

5. What might prevent SMEs from using these support services
Prompt: cost, lack of knowledge about what to do, lack of resources (time/staff)

6. What approaches to occupational health and safety do you think work well?
Prompt: information website, leaflets, advice line, workplace visits

7. Do you know about the Workplace Health Connect service, which is run in partnership with the Health & Safety Executive?

If no, explain what Workplace Health Connect is about:
Workplace Health Connect was set up in partnership with the Health & Safety Executive and intends to offer a holistic approach to occupational health, safety and return-to-work support. The service is based around an information website, an advice line, and free workplace visits to eligible SME if they fall within one of the five pilot Pathfinder areas. The aim of the programme is to provide both employers and workers with the support they need, in terms of helping with current ill-health in the workplace, preventing incidence of illness and injury, and securing an early return-to-work if or when such illnesses or injuries do occur. You can find out further information at www.workplacehealthconnect.co.uk

8. If the Workplace Health Connect service were to be made available in SMEs in rural areas across the UK, what key skills do you think the staff would need in order for the service to operate effectively?
Prompt: background, skills, qualifications, communication approaches, knowledge of your industry, understanding of how SMEs operate?

9. Do you have any additional comments that you would like to share with regard to occupational health, safety and return-to-work in rural areas?

Thank you very much for your contribution

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Health and Safety Executive

Workplace health connect in rural areas

This report presents the findings of a study conducted by the Institute of Rural Health with funding from the Health and Safety Executive.

The purpose of the study was to provide evidence to ensure that the needs of employers and employees in rural areas are incorporated into any future planning for the Workplace Health Connect service.

The report identifies and maps the rural areas of the UK; identifies the key sectors of employment in the rural areas of the UK, and the main occupational health, safety, and return-to-work issues facing those sectors; identifies the support services that currently exist in rural areas and how best use can be made of them; investigates what occupational health and safety approaches work well in rural areas; and identifies the type of background, skills, qualifications, and communication approaches that the Workplace Health Connect staff should have in order for the service to be able to operate effectively in rural areas of the UK.

This research was commissioned by COI on behalf of HSE. This report and the work it describes were funded by the Health and Safety Executive (HSE). Its contents, including any opinions and/or conclusions expressed, are those of the author alone and do not necessarily reflect HSE policy.