WOMEN AND HEALTH AND SAFETY

A TUC SHORT COURSE: 2007
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Publisher’s note

1. TUC Education has done its best to ensure that all legal references and extracts quoted in these short course materials were accurate at the time of writing. However, health and safety law and practice are evolving all the time and participants should not rely on these materials as an authoritative statement or interpretation of health and safety law. If you are in any doubt about where you stand legally, seek the advice of your trade union, the Health and Safety Executive or a qualified legal professional.

2. Throughout these course materials there are many references to useful web pages. Although all links were checked for accuracy some may expire over the life of this edition. In such instances participants may be able to find the information they need by going to the root website and navigating from there.

Acknowledgements

- The women and health and safety short course materials have been prepared for TUC Education by Peter Kirby. In developing these materials they have drawn upon a wide range of TUC health and safety material and other sources acknowledged below.
- Ideas for Activities from women’s health and safety materials produced by Wales TUC
- The use of material and resources from various sources including: Hazards Magazine; the European Agency for Safety and Health at Work; PCS and USDAW
**Pre-course activity: finding information**

We want to ensure that the TUC Women and Health and Safety course you will be attending is useful for you and your members. Please try and take some time before the course to make a note of:

- your members' awareness, and main concerns about women's health and safety
- any successes you or your trade union has had in dealing with women and health and safety
- problems your trade union has had in dealing with women and health and safety
- employer/management action on tackling health and safety issues that affect women

Also try to bring along the following documents:

- management health and safety policies, plans and risk assessments as they affect the health and safety of women workers
- any information you have had from your trade union on women and health and safety

Don't worry if you cannot get hold of all the information, you will still benefit from this course.
Activity  Introductions

Aims  This activity will help us to:
   • get to know more about each other
   • share our first thoughts about the course
   • practise interviewing, listening and note-taking skills

Task  Work with another person on the course (preferably someone you don’t know). Use the checklist below to find out some information about them.

✓ Name
✓ Union and their position(s) in the union
✓ Workplace
✓ The numbers of men and women that work there
✓ The number of members they represent, the proportion that are women and the jobs that their members do
✓ The number of trade union safety reps in their workplace and the proportion that are women
✓ Other trade union courses they have done
✓ Initial thoughts on why they came on the course and how the course should be run.

Report back  You will be asked to introduce your partner to the rest of the course
How the course will work
Those of you who have attended TUC courses before know that they aim to be practical and to help you develop your knowledge, confidence and skills. The TUC Women and Health and Safety short course follows the same principles which include:

- Learning by doing - you learn far more by doing something yourself
- Collective work - work in small groups with regular reporting back
- Action at work - close links between you and your members
- Work on real problems – hazards, experiences and problems faced by members of the course
- Activities - specific tasks that you and other course participants undertake during the course
- Course file - a record of your work on the course. This is useful for a future reference point back at your workplace, and accreditation purposes

Course aims
You will have an opportunity to comment on the course aims and sample programmes which are reproduced below. They are based upon the TUC's assessment of the needs of health and safety representatives. Your tutor will also draw your attention to the learning outcomes and assessment criteria for the course (Identifying and Preventing Ill Health at Work) that has been accredited by the National Open College Network.

The course should help trade union health and safety representatives to:

- understand symptoms of ill health caused by work
- research and Identify appropriate legislation, policies and information
- recognise problems and opportunities for trade union action to tackle occupational ill health

Different experience of safety reps on this course
Some safety reps attending this short course may have a lot of experience of women and health and safety from their workplace, trade union, and health and safety courses. Some other safety reps attending this short course may have less experience and have come on the course to understand and apply the basic principles. Whatever our experiences, it is important that we work together so that everybody can get the most out of the course, apply it in the workplace and gain NOCN credits for their learning.

The TUC believes that women who make up half the workforce, often do not have their concerns about health and safety properly addressed and has produced activities and resources in this short course pack that can be used in entirety or selectively to suit your needs. In addition, your tutor may introduce new activities to suit your needs.

Course programme
The course can be organised in a variety of ways. For example, it can be run as a three day course on a day release basis using the example programme on the next page.
Example: 3 day short course with workplace activities

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<tr>
<th><strong>PRE-COURSE ACTIVITY</strong></th>
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Course guidelines

Equal opportunities are an integral feature of any TUC course. It is important that we identify rules for the course that incorporate equal opportunities principles. Your tutor will ensure that course guidelines are set collectively by the course participants.

Jargon list

During the course you might come across terms that you are unfamiliar with. It is useful to keep a jargon list so that people can check what words, phrases and abbreviations mean or what they stand for. If anyone (including the tutor) uses a word, phrase or abbreviation you are not familiar with then say so. The word, phrase or abbreviation and the meaning can then be written on the jargon list. Because there is some terminology that safety reps may be unfamiliar with, we have included a short glossary to be discussed at the start of the course on Page 13.

Your tutor’s role

Some of the things your tutor will be doing are:

- helping to organise the work, by suggesting tasks and ways of working
- organising resources, including basic information, internet access where possible, publications, and photocopying facilities, to help the course work
- giving advice and support
• leading some discussions and summarising key points
• giving guidance on the preparation of work for accreditation

**Record of achievement**
If you have previously attended a TUC Course, you will be familiar with accreditation of your learning by the National Open College Network. If you have not, your tutor will explain the basic principles.

An Achievement Record for the TUC Women and Health and Safety short course is provided below. Your course file will normally contain the evidence of your learning.

**Action at work**
As the course is a practical one, there will be a number of matters that arise where you will need to take some action at work and in your union. It is useful to keep a record of what needs to be done, and when you need to do it.

**Progression**
As a trained and experienced safety rep you will be skilled and valued by your members. Good employers will appreciate a safety rep who knows what they are doing and can represent members effectively. But your training and development needs won’t stop at the end of this short course. And so as a part of your action planning at the end of the course, you will have the opportunity to think about what you need to do after the course has finished. Your tutor will give you details of other TUC core and short courses.
# Identifying and Preventing ill health at work

## Learning Outcomes

The learner should be able to:

1. Understand symptoms of ill health caused by work
   - **Level 2**
     - 1.1 Identify symptoms of ill health at work by using the latest techniques e.g. body mapping, surveys, questionnaires etc
     - 1.2 Describe the effects on members
   - **Level 3**
     - 1.1 Analyse symptoms of ill health at work by using the latest techniques e.g. body mapping, surveys, questionnaires etc
     - 1.2 Assess the effects on members

2. Research and identify appropriate legislation, policies and information
   - **Level 2**
     - 2.1 Identify priority hazards that may be causing ill health at work by using the latest techniques e.g. hazard mapping
     - 2.2 Describe legislation, policies and information relevant to priority hazards
   - **Level 3**
     - 2.1 Analyse priority hazards that may be causing ill health at work by using the latest techniques e.g. hazard mapping
     - 2.2 Evaluate legislation, policies and information relevant to priority hazards

3. Recognise problems and opportunities for trade union action to tackle occupational ill health
   - **Level 2**
     - 3.1 Describe problems or potential problems and opportunities for trade unions to tackle occupational ill health in their workplace
     - 3.2 Produce a plan to deal with problems and take up opportunities
   - **Level 3**
     - 3.1 Analyse problems or potential problems and opportunities for trade unions to tackle occupational ill health in their workplace
     - 3.2 Produce a plan to deal with problems and take up opportunities, citing aims, actions, arguments and timescales

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**Key:**
- **WS** = Work Sheet
- **TO/PO** = Tutor/Peer Observation
- **SS** = Summary Sheet
- **P** = Plan
- **O** = Other

**NB:** You do not need to write in more than 2 occasions in the Evidence column e.g. first piece of evidence, best piece of evidence.

**Level achieved:**

**Signed:** Tutor: ____________________________

**Date:** ____________________________

**Level:**

**Signed:** Learner: ____________________________

**OCN CODES**
- **L2** AJ3/2/QQ/093
- **L3** AJ3/3/QQ/087
**Activity**  Women and health and safety in the workplace

**Aims**
To help us to:
- compare information about women and health and safety from our workplaces

**Task**
In your small group, discuss your findings from the pre-course activity.

1. Make a comparison chart using information from all the workplaces in the group about:
   - your members’ awareness, and main concerns about women’s health and safety
   - any successes you or your union has had in dealing with women and health and safety
   - problems your union has had in dealing with women and health and safety
   - employer/management action on tackling health and safety issues that affect women

2. Identify any documents that you managed to obtain that related to women and health and safety from your workplace and your trade union.

**Report Back**  Elect a spokesperson to report back

**Resources**
- Pre-course Activity
- Fact Sheet 1 below

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**Assessment criteria – Identifying and Preventing Ill Health at Work**
**Level 2: 2.2**
Activity
Important terms used about women and health and safety

Aims
To help us to:
- discuss different terms that are used in relation to women and health and safety
- use a glossary
- get the most out of these course materials and other resources

Task
Your tutor will lead a short discussion to clarify some of the following terms and phrases which will be used during the course. This will help us all to get the most out of the course. There is a short Glossary on the next page which should help as a record of ‘official’ definitions of these terms and phrases.

- “Sex” and “Gender”
- “Gender equality”
- “Gender neutrality”
- “Gender sensitivity”

Resources
- Glossary below
“Unions believe that legislation and guidelines should be gender sensitive. In other words they should take into account the fact that there are physiological and social differences between women and men. In addition, the three biological functions specific to women – menstruation, pregnancy and breastfeeding – have important implications for health and safety.”

**Glossary** (From the European Agency for Safety and Health at Work)

**Sex and gender**

The existing differences between men and women are of a biological and social nature.

- **Sex** refers to the biologically determined differences between men and women, which are universal.
- **Gender** refers to the social differences between women and men that are learned, changeable over time and have wide variations both within and between cultures.

Example: While only women can give birth (biologically determined), biology does not determine who will raise the children (gendered behaviour).

**Source:** *European Commission, ‘A Guide to gender impact assessment’*

**Gender equality** – equality between women and men

1. Gender equality means that all human beings are free to develop their personal abilities and make choices without the limitations set by strict gender roles; that the different behaviour, aspirations of women and men are equally valued and favoured. Formal equality is only a first step towards material equality. Unequal treatment and incentive measures (positive action) may be necessary to compensate for past and present discrimination. Gender differences may be influenced by other structural differences, such as race/ethnicity and class. These dimensions (and others, such as age, disability, marital status and sexual orientation) may also be relevant.

**Source:** *European Commission, ‘A Guide to gender impact assessment’*

2. Absence of discrimination on the basis of a person’s sex in opportunities and the allocation of resources or benefits or access to services.

**Source:** *World Health Organisation, ‘Gender and health technical paper’*

**Gender neutrality**

Failure to recognise that gender is an essential determinant of social outcomes

**Source:** *World Health Organisation, ‘Gender and health technical paper’*

**Gender sensitivity**

Ability to perceive existing gender differences, issues and inequalities and incorporate these into strategies and actions

**Source:** *World Health Organisation, ‘Gender and health technical paper’*
Activity  Attitudes to women and health and safety

Aims  To help us to:
- discuss different attitudes to women and health and safety
- develop a trade union approach

Task
In your small group, discuss the statements below, say whether you agree or disagree and list the arguments for and against:

- “Women don’t face special health and safety problems at work. All workers are exposed to hazards, so why should we single out women for special attention?”

- “Employers are responsible for reducing exposure for all workers. Women workers must be consulted specifically during these efforts to ensure that all of their job-related risks are included in prevention.”

- “Women’s work, by and large, is cleaner and safer than men’s. Women don’t work in the sorts of jobs where most of the serious accidents happen.”

- “Many factors have helped keep occupational health a ‘men only’ issue, from bad science to prejudice, to the different types of jobs we do.”

- “If women have health problems they should go to see their doctor. What has it got to do with the trade union?”

- “A traditional gender-neutral approach to prevention can result in underestimation and even negligence of the real risks especially to the health of women.”

Report Back  Elect a spokesperson to report back

Resources
- Pre-course Activity
- Fact Sheet 1 below
- Web pages referred to in Fact Sheet 1

Assessment criteria – Identifying and Preventing Ill Health at Work
Level 2: 1.2
Level 3: 1.2
Fact Sheet 1: Why women and health and safety?
Women and health and safety – a TUC priority
The TUC believes that women, who make up half the workforce, do not have their concerns about health and safety properly addressed:

- the law on occupational safety and health does not distinguish between women and men's jobs other than in very specific areas. A gender-sensitive health and safety approach should replace the current gender-neutral system
- not enough account is taken of the physical differences between men and women that have an impact in the workplace
- women’s employment is concentrated in health, education, hotels and restaurants and the retail trade and in three major occupations – clerical/secretarial, personal and protective services (such as catering and hairdressing) and sales. Their exposure to hazards reflects their jobs, so the health and safety problems facing men and women are different
- women face a double jeopardy because they often work a double shift of paid work and work in the home – and the one often compounds the other
- women’s risks at work have traditionally been ignored by the research community, so less is known about the work risks that women face

Using figures from a previous Self-reported Work-related Illness (SWI) survey, the TUC has identified that:

- one in ten 25- to 34-year-old women workers have been physically attacked by a member of the public in the course of their work. Rates for women generally were a third higher than for men
- more than a quarter of women have to lift or move heavy loads at work. Musculoskeletal disorders associated with heavy lifting, awkward postures, repetitive tasks are by far the most commonly reported work-related illness
- stress is the second most commonly reported condition among working women but the source of the most concern
- one in five women said they were exposed to breathing fumes, dust or other harmful substances at work
- twice as many females as males reported suffering from work-related headache and eyestrain – an estimated 50,000 workers. Nearly three-quarters of these workers attributed the cause to the use of VDUs
- the highest rates for work-related skin diseases were in jobs like hairdressing and repetitive assembly – two occupations highly concentrated with women workers

The TUC has also examined employer action on women’s health and safety by surveying safety representatives. The results showed that:

- only in a disappointing one out of four cases does management always take the problems raised by women workers seriously
- employers are not adequately addressing the health and safety concerns of women workers in their risk assessments
- in relation to pregnant workers, those who have recently given birth, and those who are breast-feeding, more than half of employers are breaking
the law by not conducting any risk assessment at all for them, despite an absolutely specific requirement.

- almost seven out of ten employers do not specifically address women’s health and safety in their health and safety policies.

Another TUC report identified that many of the UK’s two and a half million working women who are in their fifties will be going through the menopause and many of these women’s jobs could be making their symptoms worse. Yet the majority of employers are ignoring the issue.

There are many health and safety issues for women that are not being effectively addressed by employers. The TUC believes that urgent action is required to improve the health, safety and welfare of women at work.

### Useful TUC web pages

- TUC report: No more ‘men only’ health and safety [www.tuc.org.uk/h_and_s/tuc-4838-f0.cfm](http://www.tuc.org.uk/h_and_s/tuc-4838-f0.cfm)
- TUC briefing: pregnant women and risk assessment [www.tuc.org.uk/h_and_s/tuc-9712-f0.cfm](http://www.tuc.org.uk/h_and_s/tuc-9712-f0.cfm)
- TUC briefing: Employers must do more to help women working through the menopause [www.tuc.org.uk/h_and_s/tuc-6353-f0.cfm](http://www.tuc.org.uk/h_and_s/tuc-6353-f0.cfm)

### European Agency for Safety and Health at Work

According to the European Agency for Safety and Health at Work, women make up 42% of the employed population in the EU. Men and women are not the same and the jobs they do, their working conditions and how they are treated by society are not the same. These factors can affect the hazards they face at work and the approach that needs to be taken to assess and control them. Factors to take into account include:

- women and men are concentrated in certain jobs, and therefore face hazards particular to those jobs
- women and men are physically different, including in regard to reproduction
- women and men have different responsibilities in the home. Working women may have two jobs, at work and in the home

The European Agency for Safety and Health at Work concludes that it is important to recognise these differences and take a "gender sensitive" approach to health and safety at work. A recent European Agency for Safety and Health at Work report reviewed gender differences in workplace injury and illness, gaps in knowledge and the implications for improving risk prevention. It shows how the design of work, its organisation and equipment are often based on the model of the ‘average’ man, although the principle of matching work to workers is enshrined in EU legislation. In general, the Report concludes that women suffer more from work-related stress, infectious diseases, upper limb disorders, skin diseases and asthma and allergies, while men suffer more from accidents, back pain and hearing loss.

### Examples of hazards in female-dominated work

## Work area | Risk factors and health problems include:
---|---
### Biological

<table>
<thead>
<tr>
<th>Healthcare</th>
<th>Infectious diseases</th>
<th>Manual handling and strenuous postures; ionising radiation</th>
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<tbody>
<tr>
<td>Nursery workers</td>
<td>Infectious diseases</td>
<td>Manual handling, strenuous postures</td>
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<tr>
<td>Cleaning</td>
<td>Infectious diseases; dermatitis</td>
<td>Manual handling, strenuous postures; slips and falls; wet hands</td>
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<tr>
<td>Food production</td>
<td>Infectious diseases, e.g. animal borne and from mould, spores, organic dusts</td>
<td>Repetitive movements, e.g. in packing jobs or slaughterhouses; knife wounds; cold temperatures; noise</td>
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<tr>
<td>Catering and restaurant work</td>
<td>Dermatitis</td>
<td>Manual handling; repetitive chopping; cuts from knives and burns; slips and falls; heat, cleaning agents</td>
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<td>Textiles and clothing</td>
<td>Organic dusts</td>
<td>Noise; repetitive movements and awkward postures; needle injuries</td>
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<td>Laundries</td>
<td>Infected linen, e.g. in hospitals</td>
<td>Manual handling and strenuous postures; heat</td>
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<td>Ceramics sector</td>
<td>Repetitive movements; manual handling</td>
<td>Glazes, lead, silica dust</td>
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<td>Light manufacturing</td>
<td>Repetitive movements, e.g. in assembly work; awkward postures; manual handling</td>
<td>Chemicals in microelectronics</td>
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<td>Call centres</td>
<td>Voice problems associated with talking; awkward postures; excessive sitting</td>
<td>Poor indoor air quality</td>
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<td>Education</td>
<td>Infectious diseases, e.g. respiratory, measles</td>
<td>Prolonged standing; voice problems</td>
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<td>Hairdressing</td>
<td>Strenuous postures, repetitive movements, prolonged standing; wet hands; cuts</td>
<td>Chemical sprays, dyes, etc..</td>
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<tr>
<td>Clerical work</td>
<td>Repetitive movements, awkward postures, back pain from sitting</td>
<td>Poor indoor air quality; photocopier fumes</td>
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<tr>
<td>Agriculture</td>
<td>Infectious diseases, e.g. animal borne and from mould, spores, organic dusts</td>
<td>Manual handling, strenuous postures; unsuitable work equipment and protective clothing; hot, cold, wet conditions</td>
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### Physical

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<tr>
<th>Healthcare</th>
<th>Manual handling and strenuous postures; ionising radiation</th>
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<td>Nursery workers</td>
<td>Manual handling, strenuous postures</td>
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<tr>
<td>Cleaning</td>
<td>Manual handling, strenuous postures; slips and falls; wet hands</td>
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<tr>
<td>Food production</td>
<td>Repetitive movements, e.g. in packing jobs or slaughterhouses; knife wounds; cold temperatures; noise</td>
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<td>Catering and restaurant work</td>
<td>Passive smoking; cleaning agents</td>
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<td>Textiles and clothing</td>
<td>Dyes and other chemicals, including formaldehyde in permanent presses and stain removal solvents; dust</td>
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<td>Laundries</td>
<td>Dry cleaning solvents</td>
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<td>Ceramics sector</td>
<td>Stress associated with repetitive assembly line work</td>
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<td>Light manufacturing</td>
<td>Stress associated with repetitive assembly line work</td>
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<td>Call centres</td>
<td>Stress associated with dealing with clients, pace of work and repetitive work</td>
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<td>Education</td>
<td>Poor indoor air quality</td>
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<tr>
<td>Hairdressing</td>
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<td>Clerical work</td>
<td>Poor indoor air quality</td>
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<td>Agriculture</td>
<td>Pesticides</td>
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### Chemical

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<th>Healthcare</th>
<th>Cleaning, sterilising and disinfecting agents; drugs; anaesthetic gases</th>
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<td>Nursery workers</td>
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<td>Cleaning</td>
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<td>Food production</td>
<td>Pesticide residues; sterilising agents; sensitising spices and additives</td>
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<td>Catering and restaurant work</td>
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<td>Hairdressing</td>
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<td>Agriculture</td>
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### Psyco-social

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<tr>
<th>Healthcare</th>
<th>Emotionally demanding work; shift and night work; violence from clients and public</th>
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<tr>
<td>Nursery workers</td>
<td>Emotional work</td>
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<tr>
<td>Cleaning</td>
<td>Unsocial hours; violence, e.g. if working in isolation or late</td>
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<td>Food production</td>
<td>Stress associated with repetitive assembly line work</td>
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<td>Catering and restaurant work</td>
<td>Stress from hectic work, dealing with the public, violence and harassment</td>
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<td>Textiles and clothing</td>
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<td>Laundries</td>
<td>Stress associated with repetitive and fast-pace work</td>
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<td>Ceramics sector</td>
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<td>Light manufacturing</td>
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<tr>
<td>Call centres</td>
<td>Stress associated with dealing with clients, pace of work and repetitive work</td>
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<td>Education</td>
<td>Emotionally demanding work, violence</td>
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<td>Clerical work</td>
<td>Stress, e.g. associated with dealing with clients; fast-paced work</td>
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<tr>
<td>Agriculture</td>
<td>Stress associated with lack of control over work, frequent interruptions, monotonous work</td>
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Other research on women and health and safety
There have been research findings from other agencies showing health and safety issues for women that have not previously been well documented.

Older women’s workplace health 'neglected'
Too little is known about the work and health of older women, according to a new report. ‘Older women, work and health’, a research paper jointly commissioned by Help the Aged and TAEN - The Age and Employment Network - shows that few studies have explored the links between the work and health of older women despite their increased participation in the labour market. Report authors Lesley Doyal and Sarah Payne of the School of Policy Studies at the University of Bristol conclude that greater commitment to age and gender equality is needed in occupational health research, the organisation of work, workplace health interventions and in the framing of wider social policy if the needs of older working women are to be met. Commenting on the findings, TAEN chief executive Patrick Grattan said: ‘This report highlights a neglected issue. There has been little research on the work and health of older people, and of older women in particular.’ He added: ‘Employment amongst people in their 50s and 60s is rising, driven recently by a growth in the number of older working women. Today, 69 per cent of women aged 50-59 are in paid work and 12 per cent of women aged 60 and over. It's vital that there should be more focus on the needs and health of older working women, an increasingly important group in the labour market, if the government is to realise its ambition of adding a million older people to the workforce.’ Pamela Holmes of Help the Aged said: 'It's critical that women who need or want to work in their 50s and beyond should be able to do so - and for work to be beneficial rather than detrimental to their health. We hope the publication of this report will help draw attention to the gaps in our knowledge in this important area. We urge government, employers, occupational health professionals and researchers to take steps to address the issues raised.'

TUC Briefing document 10th November 2006
www.tuc.org.uk/h_and_s/tuc-12623-f0.cfm

Temp work 'harms women’s health'
Women in temp jobs are more likely than men in similar posts to have their employment terminated if they are often off sick, a study has found. Researchers from the Finnish Institute of Occupational Health looked at data from a public health study in the country which compared the work records of hospital and council workers. Their findings, published in the journal Occupational and Environmental Medicine, are based on employment data for 60,600 people aged 16 to 54 during 1996, a third of whom worked as temps. The research team, led by Dr Marianna Virtanen, concluded: ‘Temporary employment involves a significantly increased risk of unemployment. High absence among young temporary women puts them at an even greater risk of job loss and consequent unemployment.’ They cite other research which has suggested that people who end up in poorer paid or temporary jobs are more likely to have other health or social disadvantages. This puts them into a ‘catch 22’ situation as poor health affects their job prospects, which in turn affects their health. The Finnish researchers believe more should be done to safeguard the health of temporary employees. Mike Clinton, an occupational psychologist at King’s College London, who has studied the well-being of temp workers, said: ‘Temporary work is inherently more insecure, particularly when contracts are short or coming to an end and the risks for employee health seem to increase when workers do not choose to be temps. The findings that women in this study were particularly vulnerable is a concern.’

TUC briefing document 3rd March 2006
www.tuc.org.uk/h_and_s/tuc-11510-f0.cfm
Equality body finds pregnant workers aren't protected

Most employers do not know about their legal duty to undertake risk assessments to protect pregnant staff. Preliminary findings of Equal Opportunities Commission (EOC) research suggests a lack of awareness and understanding of legal obligations could be preventing many businesses from managing pregnancy effectively. The research into the knowledge and attitudes of 450 employers was carried out as part of 'Pregnant and productive,' the first ever investigation into pregnancy discrimination in the workplace. When asked what they believed to be the legal rights of pregnant women and those on or returning from maternity leave, around three-quarters (73 per cent) were able to cite at least one statutory entitlement. Those most frequently mentioned were maternity leave (46 per cent) and maternity pay (45 per cent). However, only 7 per cent said risk assessments and 1 per cent said sick pay/benefit. In May 2004, retail union Usdaw said its own survey had found over two-thirds of pregnant women were not properly protected at work because their employers were ignoring a legal duty to carry out risk assessments.

TUC briefing document 13th August 2004

Diesel exhaust exposure raises ovarian cancer risk

The risk of ovarian cancer increases with increased exposure to diesel exhaust at work, according to a new study. Writing in the International Journal of Cancer, a research team from the Finnish Institute of Occupational Health describe how they assessed the risk a variety of cancers possibly linked to engine exhaust exposure. These included leukaemia and cancers of the throat, ovaries, testes, kidney and bladder. Between 1971 and 1995, they followed a large group of Finns using cancer registries and population census data to explore the cancer risk from cumulative exposure to diesel and gasoline engine exhausts. Individuals with the highest cumulative exposure to diesel exhaust had more than 3.5 times the risk of ovarian cancer. 'In conclusion, our study suggests a positive exposure-response relation between occupational exposure to diesel exhaust (or a factor related to diesel exhaust) and ovarian cancer,’ the authors write.

TUC briefing document 20 March 2004

www.tuc.org.uk/h_and_s/tuc-8488-f0.cfm

Other useful web pages

World Health Organisation
Gender, equality, work and health – a review of the evidence
www.who.int/gender/documents/Genderworkhealth.pdf

TUC checklist: how women’s health and safety concerns are hidden

✓ A lack of documentation and statistics about women’s injuries and ill health
✓ A lot of British health and safety law is gender neutral
✓ A mistaken belief that women are concentrated in so called ‘low-risk’ industries
✓ Women are more exposed to repetitive risks and psychosocial risks with effects occurring over a longer period which is more difficult to monitor
✓ Many safety practitioners and safety reps are male
✓ Many women work from home and are isolated
Activity  The law and women’s health and safety

Aims  To help us to:
• analyse some of the legal requirements that relate to women and health and safety
• relate the legal requirements to your workplace practice

Task  In your small group:
1. Look at Fact Sheet 2 below and other resources that are listed below. Analyse some of the key legal requirements that relate to women and health and safety
2. In your workplace, identify areas of good practice and/or areas for improvement

Report Back  You may find it helpful to use the worksheet below to record your findings. Photocopy it for all the other participants. Elect a spokesperson who will be asked to explain some of the key points

Resources  
• Pre-course activity
• Fact Sheet 2 below
• Chapter 42, TUC Hazards at Work – organising for safe and healthy workplaces
• Other resources from your Trades Union Studies Centre/Tutor

Assessment criteria – Identifying and Preventing Ill Health at Work
Level 2: 2.2
Level 3: 2.2
## Worksheet: Law and women’s health and safety

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<th>Key legal requirements</th>
<th>Current workplace practice</th>
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## Worksheet: Law and women’s health and safety

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Fact Sheet 2 Women and health and safety – some of the key legal requirements

Women workers are meant to be protected by the same laws as other workers, for example:

- SRSC Regulations 1977 – with reference to safety representatives’ rights and consultation
- Health and Safety at Work etc. Act 1974 – dealing with the general duties of employers and employees under Sections 2–9. Generally, the employer has a duty to ensure the health, safety and welfare of all employees, women and men. Gender issues should be mainstreamed into the requirements for a health and safety policy.

Examples of Regulations that are important for women workers include those listed below.

Management of Health and Safety at Work Regulations 1999

These Regulations apply to all workers, but it is important that gender issues are mainstreamed into workplace risk assessments and risk prevention (see later course activities and ‘A model for making risk assessment more gender-sensitive’ in Fact Sheet 6), otherwise the concerns of women will not be adequately addressed. Important provisions in the 1999 Regulations include:

Regulation 3: Risk assessment
- Making a suitable and sufficient assessment of risks
- Identifying measures needed to comply with legal requirements
- Reviewing the risk assessment
- Recording the assessment where there are five or more employees

Regulation 4 (and Schedule 1): Implementing preventive and protective measures

This should be on the basis of:
- avoiding risks
- evaluating the risks which cannot be avoided
- combating the risks at source
- adapting the work to the individual, especially as regards the design of workplaces, the choice of work equipment and the choice of working and production methods, with a view, in particular, to alleviating monotonous work and work at a predetermined work-rate and to reducing their effect on health
- adapting to technical progress
- replacing the dangerous by the non-dangerous or the less dangerous
- developing a coherent overall prevention policy which covers technology, organisation of work, working conditions, social relationships and the influence of factors relating to the working environment
- giving collective protective measures priority over individual protective measures
- giving appropriate instructions to employees
Regulation 5: Health and safety arrangements
Making arrangements for the effective planning, organisation, control, monitoring and review of the preventive and protective measures.

Regulation 6: Health surveillance
Ensuring that his employees are provided with health surveillance having regard to the risks to their health and safety which are identified by the assessment.

Regulations 16–18: New or expectant mothers
- Carrying out a specific risk assessment where women of childbearing age and new and expectant mothers may be at risk from a work process, working conditions or physical, chemical or biological agents
- Altering working conditions or hours of work when reasonable and when the risk cannot be avoided
- Medically suspending the employee when it is not reasonable to alter the conditions of work

The Manual Handling Operations Regulations 1992
These Regulations apply to all workers but it is important that gender issues are mainstreamed into preventing the many injuries caused to women through manual handling. Important provisions in the Regulations include:

Employers’ duties (Regulation 4)
Regulation 4(1) establishes a clear hierarchy of measures that employers must follow which are explained in detail below.

- Regulation 4(1)(a) Avoidance of manual handling: so far as is reasonably practicable, avoid the need for employees to undertake any manual handling operations which involve a risk of injury
- Regulation 4(1)(b)(i) Assessment of risk: where it is not reasonably practicable to avoid the need for employees to undertake any manual handling operations which involve a risk of injury, to make a suitable and sufficient assessment of manual handling operations. This assessment should take account of the factors in Schedule 1 of the Regulations, which include: the task; the load; the working environment; individual capability
- Regulation 4(1)(b)(ii) Reducing the risk of injury: if it is not reasonably practicable to avoid the need for employees to undertake any manual handling operations which involve a risk of injury, the employer should reduce the risk of injury
- Regulation 4(1)(b)(iii) Providing information on the load: if it is not reasonably practicable to avoid the need for employees to undertake any manual handling operations which involve a risk of injury, the employer should provide precise information on: the weight of each load; the heaviest side of any load whose centre of gravity is not positioned centrally
- Regulation (4)(2) Reviewing the assessment: an assessment must be reviewed when: there is reason to suspect that it is no longer valid; there has been a significant change in manual handling operations
Regulation (4)(3) In determining for the purposes of this regulation whether manual handling operations at work involve a risk of injury, and in determining the appropriate steps to reduce that risk, regard shall be had in particular to: the physical suitability of the employee to carry out the operations; the clothing, footwear or other personal effects s/he is wearing; her/his knowledge and training; the results of any relevant risk assessment carried out under Regulation 3 of the Management of Health and Safety at Work Regulations 1999; whether the employee is within a group of employees identified by that assessment as being especially at risk; and the results of any health surveillance provided pursuant to Regulation 6 of the Management of Health and Safety Regulations 1999

The Personal Protective Equipment at Work Regulations 1998
Provision of Personal Protective Equipment (Regulation 4)
When health and safety risks cannot be adequately controlled by other means, employers must provide employees with suitable PPE. Suitable PPE means that ergonomic requirements are taken account of, and it is capable of fitting women as well as men.

The Provision and Use of Work Equipment Regulations 1992
Regulation 4: Suitability of work equipment
Employers must ensure that the equipment is suitable for use, and for the purpose and conditions in which it is used. So, for example, are women expected to use tools and equipment that are designed for men? If so, the tools or equipment may not be suitable.

Workplace (Health, Safety and Welfare) Regulations 1992
Regulation 25: suitable and sufficient rest facilities
Suitable and sufficient rest facilities must be provided at readily accessible places. Rest facilities must include suitable facilities to eat meals where food eaten in the workplace would otherwise be likely to become contaminated. In addition, suitable facilities should be provided for any person at work who is a pregnant woman or nursing mother to rest.

Paragraphs 227–239 of the Approved Code of Practice require that: facilities for pregnant women and nursing mothers to rest should be conveniently situated in relation to sanitary facilities and, where necessary, include the facility to lie down.

In addition, in the HSE guide HSG122, New and expectant mothers at work, paragraph 15 states: "Although there is no legal requirement to do so, you will want to consider providing a safe and healthy environment for workers who are breastfeeding to express and store milk."

Although the needs of women going through the menopause are not covered by the Workplace (Health, Safety and Welfare) Regulations 1992, the TUC recommends that it should be treated as a workplace issue with adequate welfare facilities being made available for working women.
Activity  New & expectant mothers & risk assessment

Aims  To help us to:
• analyse the legal requirements that relate to new or expectant mothers
• relate the legal requirements and TUC advice to your workplace practice

Task
In your small group:
1. Look at Fact Sheet 3 below. Analyse the key legal requirements and TUC advice that relates to new or expectant mothers
2. In your workplace, identify areas of good practice and/or areas for improvement
3. Use the worksheet below to summarise your views

Report Back  You will be asked to report back to a role play safety committee meeting

Resources
• Fact Sheet 3: TUC Briefing – Pregnant women and risk assessment
• Worksheet below

Assessment criteria – Identifying and Preventing Ill Health at Work
Level 2: 2.2
Level 3: 2.2
Worksheet: New & expectant mothers & risk assessment

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**Worksheet: New & expectant mothers & risk assessment**

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Fact Sheet 3
TUC Briefing - Pregnant women and risk assessment

Introduction
The last thing that a pregnant woman needs is concern that the health of either herself or her future baby could be made worse by working. The law requires employers to take account of the special position of new and expectant mothers and to conduct a risk assessment. This should then take account of any risks where the worker may be exposed to any process, working conditions, or physical, chemical, or biological agents which might adversely affect the health and safety of the worker or their baby.

Risk assessments should include consideration of the risks for those who are pregnant, those who have given birth or miscarried in the last six months, or those who are breast-feeding. The risks should be avoided by prevention and control measures initiated by the employer. But if the risks cannot be avoided the employers must make provision to alter the working conditions or hours of work of new or expectant mothers. In certain circumstances this may mean suspending the woman from work for as long as is necessary to avoid the risks identified.

Unfortunately most employers do not conduct risk assessments for new or expectant mothers. Surveys by both the TUC and the Equal Opportunities Commission have shown that most employers have ignored the regulations. In addition employers are not obliged to take these actions unless they have received written notification from the woman of her condition. However many women fear notifying their employer early on because they fear that the employer may discriminate against them. Every year there are around 1,500 potential tribunal cases involving pregnancy maternity-related discrimination. Of these the vast majority (over 90%) involved some breach of health and safety legislation.

Safety representatives must therefore ensure that employers fulfil their legal obligations and protect both pregnant women and those who return to work while breast-feeding. Around 350,000 women continue to work during their pregnancy every year and of those, 69% return to work after giving birth. The regulations on new and expectant mothers at work are very important. Many hazards in the workplace can affect the health and safety of new and expectant mothers and their children and therefore working conditions, normally considered acceptable, may no longer be suitable when a worker is pregnant or breast-feeding.

Because pregnancy usually goes undetected for the first few weeks after a conception, employers should identify hazards and risks for all female employees of childbearing age, not only those that they know are pregnant. In addition some hazards can present more of a risk at different stages of pregnancy.
However controlling common workplace risks better will reduce the need for special action for new and expectant mothers and a good employer will ensure that the workplace is safe for all employees, including pregnant employees regardless of whether they know that any of the workforce is pregnant.

**The law**
The Management of Health and Safety at Work Regulations 1999 states ‘You are required to assess risks to all your employees and to do what is reasonably practicable to control these risks. You are also required to take into account risks to new and expectant mothers while assessing risks in your work activity.’ The regulations also state that if an employer cannot avoid a risk by other means they are specifically required to make changes to the working conditions or hours of a new or expectant mother, offer her suitable alternative work, or if that is not possible, suspend her for as long necessary to protect her health and safety and that of her baby.

This requirement commences as soon as the employer has been notified in writing that the worker is pregnant, has given birth in the last six months, or is breast-feeding. The employer does have the right to request a certificate from a GP or a midwife confirming the pregnancy.

Where an employee works nights and has a certificate from a doctor or midwife showing that it is necessary for her health and safety not to work nights then the employer should suspend her from working nights for the period identified in the certificate. The employer must offer suitable alternative daytime work on the same terms and conditions.

In addition there is a requirement under the Workplace (Health, Safety and Welfare) Regulations 1992 to provide suitable facilities for workers who are pregnant or breast-feeding to rest. Although the regulations do not say what ‘suitable’ includes, the Code of Practice says that the facility should be conveniently situated in relation to sanitary facilities and include the facility to lie down. As breast-feeding can include expressing milk, the TUC believes that employers should also provide a private place where employees are able to express milk at work. This means a private area where there are facilities to sterilise equipment and a fridge to store milk in.

**Risk assessment**
Where an employer employs any women of childbearing age in the workforce and the work that the employee does is of a kind that could involve any risk either because of a woman’s condition or the health and safety of a new or expectant mother, or their baby then the employer must take the following steps.
Step 1
They must carry out a 'risk assessment' of any processes, working conditions or agents that could jeopardise the health and safety of any employee or their baby. If the employer has more than 5 employees the assessment must be recorded. The kind of risks include:
Is there
• continuous standing?
• constant sitting?
• any work in confined spaces?
• manual handling?
• any shocks or vibration?
• ionising radiation?
• high pressure?
• chemical or biological agents?
• stress?
• excess travelling?
• passive smoking?
• heat or cold?
• work at heights?
• work-related violence?

In addition the assessment should look at the possible risks of any women who are working alone should require medical attention and ensure that any protective equipment is designed specifically to meet the needs of pregnant women. The European Pregnant Workers directive gives more detail on the kind of possible risks (Annexes 1 & 2)

Step 2
If a significant risk is found the employer must do all that they reasonably can to remove it or prevent exposure to it. They must also give information to their employees on the risk and what action has been taken.

Step 3
The employer should give information about any risk and what action they consider it necessary to take and consult with the employee and their safety representative about what is being proposed.

Step 4
If any risk remains the employer should temporarily alter the woman’s working conditions or hours of work if it is reasonably practicable to do so and if this leads to the risk being removed. Again this should be after consultation.

Step 5
Once a woman has informed her employer in writing that she is pregnant, if the risk cannot be avoided, the employer must offer her suitable alternative work on terms and conditions which are not substantially less favourable than her original job. In considering whether an offer of alternative work is suitable consideration should be taken of issues such as the working conditions, status, hours of work, location, travelling time and pay.

Step 6
If there is no suitable alternative work available the employer must suspend her on full pay for as long as is necessary to avoid the risk. The employee’s
pay is based on what she would have received had she been working normally.

**Other legislation**
Pregnant workers are covered by a number of different regulations. Some of these are enforceable by the local authority and HSE inspectors, others are enforceable through the courts.

Regulations protecting new and expectant mothers at work include:
- Management of Health and Safety at Work Regulations 1999
- Manual Handling Regulations 1992
- Display Screen Equipment Regulations 1992
- Control of Substances Hazardous to Health Regulations 1999
- Maternity and Parental Leave Regulations 1999
- Equal Pay Act 1970
- Sex Discrimination Act 1975
- Employment Protection (Consolidation) Act 1978
- Employment Rights Act 1996

A Guide from the Health and Safety Executive for new and expectant mothers can be downloaded at [www.hse.gov.uk/pubns/indg373.pdf](http://www.hse.gov.uk/pubns/indg373.pdf) The HSE have produced also a detailed guide for employers called 'New and Expectant Mothers at work'. It is available from HSE Books.
Workplace Activity
Body mapping with women members

Aims
To help us to:

- involve women members in discussion about occupational ill health and safety
- use “body mapping” to find out about symptoms of ill health and injuries

Task
1. Organise an informal workplace meeting with a group of women members who do the same or similar jobs
2. Use the instructions on body mapping in Fact Sheet 4 below
3. Keep notes of what women members say around the body maps
4. Talk through the findings with your women members. Discuss common patterns and potential causes
5. Collect up the “Body Maps” and explain that you will be looking at them in more detail as part of your TUC women and health and safety course

Assessment criteria – Identifying and Preventing Ill Health at Work
Level 2: 1.1 & 1.2
Level 3: 1.1 & 1.2
Workplace Activity  Body mapping preparation
Your tutor will give you time to think about your workplace activity before you leave.

How will you do it?

When will you do it?

Which group of women members will you “body map” with?

What do you need to do to prepare?

Are there any potential problems that you envisage?

What can you do to overcome the problems?
### Fact Sheet 4 Some ways of identifying occupational ill health

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<th><strong>Listening to members</strong></th>
<th>This is the most widely used method of finding out which hazards at work are causing ill health. Areas without safety reps, or reps who don’t yet know how to evaluate what they’re hearing, may miss some of the problems.</th>
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<tr>
<td><strong>Inspections</strong></td>
<td>Safety reps can do regular inspections of the workplace. Inspections are one of your most valuable tools and give you lots of information about what might be causing ill health at your workplace. Sometimes they are not so good at spotting issues like stress, ergonomics and irritating chemicals.</td>
</tr>
<tr>
<td><strong>Ill health statistics</strong></td>
<td>Employer’s statistics could determine what ill health is caused by work. You may find, however, that your employer does not collect statistics in a systematic way, or collect them at all. If they are collected, they might bear very little relation to real life in your workplace.</td>
</tr>
<tr>
<td><strong>Surveys</strong></td>
<td>You may have found surveys and questionnaires of your members to be the most effective way of pinpointing particular workplace health issues. Many reps use this method as they can target certain areas of work or cover the whole workplace, concentrate on a single topic or cover several.</td>
</tr>
<tr>
<td><strong>Research</strong></td>
<td>Research can be extremely useful but management may not readily agree to having outsiders come in and examine a workplace.</td>
</tr>
<tr>
<td><strong>Other (for example, mapping – see below)</strong></td>
<td></td>
</tr>
</tbody>
</table>

35
Body mapping

Introduction

You can see on Page 35 above that there are a variety of ways to identify hazards in the workplace. But, it can be difficult for safety reps to identify health problems amongst the workforce. One technique that is being recommended by the TUC for use is “body mapping.” Body mapping has been successfully used in this and other countries, for example, by USDAW and the Canadian Union of Public Employees.

Body mapping has been particularly helpful in identifying health and safety problems that are being experienced by women workers.

Body mapping provides route to safer workplace
USDAW Arena at www.hazards.org/diyresearch/usdaw.htm

The technique, called body mapping, enables safety reps to identify clusters of common problems and their causes. It also helps to get workers thinking about possible solutions to problems.

Warehouse worker Pauline Nash said; "I was asked by my manager to attend, but I didn't have a clue what body mapping was until the course started."

Despatch operator Carol Holt, who had read the union leaflet on body mapping was keen to expand her understanding and follow the practical guidance available, said: "I do a lot of heavy lifting in my job, but I didn't realise that all kinds of different jobs can lead to aches and pains."

Packer Kathleen Fox said: "The results were very interesting and made us aware of the health and safety implications of posture and lifting correctly."

VDU operator Maureen Lees also had no idea what body mapping was all about. "My job is totally different from the other people who attended," she said, "but the common complaints were virtually the same. It made me aware of the importance of health and safety in the workplace. No matter what your job entails, it's always helpful to discuss these issues with other workers."

Packer Hazel Yewdall said: "I've worked for Littlewoods for 14 years. I found the body mapping day very interesting and informative because the job has changed over time.

"I think we should have more sessions like this to help reinforce the importance of health safety."

Body mapping is a way of identifying common patterns of health problems amongst workers in a particular workplace, normally doing the same or a similar job. While it isn't certain that any such common ailments are work-related, it highlights areas for further investigation.

Confidentiality and security

Mapping works best when workers feel safe and comfortable about divulging any personal information about their health. For example, some women members may only be comfortable mapping with a woman trade union safety rep, and some men may only feel comfortable with another man. You and your members will be the best judge of this issue.
Advantages of body mapping

Body mapping:
- provides an easy and effective way to encourage workers to speak out and report symptoms of ill health that they suffer
- identifies common patterns of health problems amongst workers in a particular workplace or doing the same job
- highlights areas for further investigation and action.

Photos: courtesy of the Union of Shop, Distributive and Allied Workers and Hazards Magazine

How to body map

1. What you will need
- front and back body outlines
- a small body map for each member or, a larger body map for several members to use
- different coloured stickers, or pens so that members can mark any symptoms that they have on to the body map.

2. Organising the session
- Get together with a group of your women members who should usually be doing the same or similar jobs.
- Explain what you are proposing to do, and stress that information from individuals is confidential.
- Ask them to place a sticker or a coloured mark on to the body map to show any symptoms that they may have. It is a good idea to use different colours to identify different symptoms. For example:
  - red = pain/soreness/aches
  - green = others
  - yellow = stress
  - blue = reproductive problems

3. Keeping a record
As your members apply the stickers/coloured mark, ask them to explain briefly why they placed the sticker/coloured mark in the particular place. Keep notes of what they say around the body map and the numbers who say it.
4. Discussing the findings with members
Talk through the findings with your members. Discuss common patterns. The more that members report the same symptoms, the more likely that the work they are doing is to blame.

5. Planning the next steps
Once you and your members have identified symptoms, you will then need to identify the hazards that may be causing the symptoms.

Useful web pages for body mapping techniques
ILO: Barefoot Research manual
www.ilo.org/public/english/protection/ves/info/publ/2barefoot.htm
Hazards Magazine mapping resources
www.hazards.org/diyresearch/index.htm#mapping
PCS: Body Mapping - a safety rep's guide
USDAW: Body mapping provides route to safer workplace
www.hazards.org/diyresearch/usdaw.htm
Activity  Report on body mapping

Aims
To help us to:
- review how body mapping worked with your women members
- analyse the results of the body mapping activity
- consider the use of body mapping for future hazard identification

Task:
Your tutor will divide you into small groups to discuss the outcomes of the Body Mapping workplace activity.

1. Discuss how your body mapping worked with your members. Identify what worked well, and any problems that you encountered
2. Look at the marked body maps in turn, for each workplace in your group. Each person in the group should prepare a short report for their workplace identifying:
   - any patterns from the body maps that have been highlighted by your women members
   - any initial thoughts or observations on possible links between ill health and work activity
3. List the strengths and weaknesses of Body Mapping as a means of communicating with your women members and finding out about risks to their health

Report back
Elect a spokesperson to report back for Tasks 1 & 3. Each person should report for their own workplace in Task 2

Assessment criteria – Identifying and Preventing Ill Health at Work
Level 2: 1.1 & 1.2
Level 3: 1.1 & 1.2
Activity  Hazard mapping and prioritisation

Aims
To help us to:

- analyse the results of body mapping activities
- use hazard mapping for analysis
- select priority hazards

Task
In the same groups that you were in for the body mapping activity, use Fact Sheet 5 below and the results of your body mapping activity to:

1. Draw a simple plan/map of your workplaces on a large piece of paper
2. Use the results of the body mapping activity to pinpoint hazards on the map/plan (using “post-its”) that could be causing the health and safety problems identified by your members
3. Keep notes of your reasons around the hazard map
4. Discuss the findings with the group. Common patterns can be identified. A lot of “post-its” will show that there is likely to be a problem that needs to be tackled
5. Look at the marked hazard maps in turn, and select one priority hazard for each person for use in the next activity

Report back
Elect a spokesperson to report back to the whole group on the priorities identified in Task 5.

Resources
- Hazard maps
- Fact Sheet 5

Assessment criteria – Identifying and Preventing Ill Health at Work
Level 2: 2.1
Level 3: 2.1
Fact Sheet 5: Hazard mapping

Introduction

Following a body mapping activity with our members, we can use further mapping techniques to investigate the problems further. One technique is called hazard mapping, which should help to identify and prioritise hazards. With hazard mapping, a rough map of the workplace is used to highlight where problems are found. Like body mapping, hazard mapping gives a much more visual picture.

How to hazard map

1. What you’ll need
   - a simple plan/map of the workplace on a large piece of paper. You can draw this up on the course to take back to work. You can then check with your members to see if anything needs to be added. If your members move around in their jobs, your plan should try to illustrate this
   - “post-its”, so that members can mark hazards on to the map

2. Organising the session
   - Members from a particular work area gather together and are given an explanation of what you are proposing to do
   - Members are now asked to pinpoint hazards (using “post-its”) on the map/plan with an explanation of why they should be included
   - The plan should also include identification of where workers are situated
   - The safety rep should keep notes of what members say around the hazard map
   - The findings are then discussed with members. Common patterns can be identified. A lot of “post-its” will show that there is likely to be a problem that needs to be tackled
   - Links can be made to the symptoms of ill health from the results of body mapping
   - Members are given a chance to think about and influence priorities

3. Examples of hazards
   - Physical hazards - noise, radiation, vibration, temperature etc.
   - Chemical hazards- cleaning agents, solvents, diesel exhaust fumes etc.
   - Biological hazards- infectious diseases, bacteria, needlesticks, body fluids
   - Work design hazards - ergonomic hazards, working alone, no procedures for dealing with potential violence etc.
   - Stress hazards - workload, harassment, discrimination, shiftwork, long working hours etc.
PCS has produced a very useful table for safety reps to analyse symptoms and causes. The table is reproduced on the next page and can also be accessed at [www.pcs.org.uk/Templates/Internal.asp?NodeID=884235](http://www.pcs.org.uk/Templates/Internal.asp?NodeID=884235) The table only provides a selection of possible symptoms and causes - you and your members are likely to identify many more.

<table>
<thead>
<tr>
<th>Body Area</th>
<th>Symptoms</th>
<th>Possible Work Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td>anxiety, depression, sleeplessness, irritability</td>
<td>stress, some solvents</td>
</tr>
<tr>
<td>Eyes</td>
<td>redness, irritation, dryness, watering</td>
<td>dust, air quality/humidity, VDUs (lack of eye tests or breaks)</td>
</tr>
<tr>
<td>Ears</td>
<td>hearing loss</td>
<td>noise - especially through headsets</td>
</tr>
<tr>
<td>Nose and Throat</td>
<td>sneezing, coughing, dryness, soreness, hoarseness</td>
<td>air quality/humidity, dust, voice loss (overuse in e.g. call centres)</td>
</tr>
<tr>
<td>Neck and Back</td>
<td>soreness, pain, stiffness</td>
<td>strain injury, stress, poor posture, poor furniture or job design, inadequate breaks from VDU work.</td>
</tr>
<tr>
<td>Chest and Lungs</td>
<td>wheezing, shortness of breath</td>
<td>asthma, through dusty environment or other allergies</td>
</tr>
<tr>
<td>Arms, Wrists and Hands</td>
<td>pains, stiffness, soreness, pins &amp; needles, loss of sensation in fingertips</td>
<td>strain injury, poor ergonomics, poor work routine and breaks vibration white finger, strain injuries</td>
</tr>
<tr>
<td>Blood/Heart</td>
<td>palpitations, poor circulation, high blood pressure</td>
<td>stress, strain injuries, solvents, shift working</td>
</tr>
<tr>
<td>Legs and Knees</td>
<td>stiffness, aches and pains</td>
<td>walking/standing for long periods. See also back problems, for referred pains.</td>
</tr>
<tr>
<td>Feet and Ankles</td>
<td>pins and needles, numbness, pain</td>
<td>rapid, repetitive foot movements, vibration</td>
</tr>
</tbody>
</table>

4. Planning the next steps
Once the safety rep and members have identified the priorities, the causes, effects and action can be discussed.
Activity  Priority hazards and standards

Aims  To help us to:
  • analyse priority hazards
  • evaluate laws, policies and standards that are relevant

Task  In your pair, investigate the priority hazard chosen for each of your workplaces in the last activity. Use the worksheet below, Fact Sheet 6 and the resources in your Trade Union Studies Centre to prepare a brief report to analyse the laws, policies and standards and steps that should be taken in relation to each priority hazard.

Report Back  You will be asked to report back to a role play safety committee meeting

Resources
  • Worksheet below
  • Fact Sheet 6 below
  • Resources in your Trade Union Studies Centre

Assessment criteria – Identifying and Preventing Ill Health at Work
Level 2: 2.1 & 2.2
Level 3: 2.1 & 2.2
**Worksheet**  Legal and other standards

<table>
<thead>
<tr>
<th>Name</th>
<th>Union and workplace</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority hazard: brief description</td>
<td>Which parts of the Law, Policies and other standards/information can help?</td>
</tr>
<tr>
<td>What do the Law, Policies and other standards/information say?</td>
<td>Who is responsible?</td>
</tr>
<tr>
<td>How can you use the Law, Policies and other standards/information to get things done?</td>
<td>What do you plan to do next?</td>
</tr>
</tbody>
</table>
Fact Sheet 6
Further information on laws and standards

Equal Opportunities Commission
News and resources
www.eoc.org.uk

European Agency for Safety and Health at Work
Excellent resources on the Agency’s women and health at work web resource pages
http://europe.osha.eu.int/good_practice/person/gender/

European Trade Union Institute for Research, Education and Health and Safety
Publications on women’s health
http://tutb.etuc.org/uk/publications/publications.asp

Hazards magazine website
Excellent news and resources on the women and work hazards web resource page at www.hazards.org/women/

HSE priced and free publications
• HSE: Health and Safety for new and expectant mothers
  www.hse.gov.uk/mothers/index.htm
• For all the latest documents containing general standards and guidance, go to the HSE web page: www.hse.gov.uk
• Alternatively, obtain a free copy of the latest HSE Books catalogue, CAT 34, by telephoning 01787 881165

International Confederation of Free Trade Unions
Resources: Health and safety – women pay dearly
www.icftu.org/displaydocument.asp?Index=990916851&Language=EN

International Labour Organisation (see Section 6 below for contact details)
News and resources on gender issues

Labour Research Department
• Women’s health and safety – an LRD guide. £4.75

TUC
• The TUC women’s health and safety web page
  www.tuc.org.uk/h_and_s/index.cfm?mins=32
• The TUC Gender and Occupational Safety and Health discussion board
  www.tuc.org.uk/forums/showSubjects.cfm?ForumID=2061
• Restoring the balance: Women’s health and safety at work
• Essential information for safety representatives. Keep up to date on health and safety by reading Risks, the TUC's weekly e-bulletin for safety representatives at www.tuc.org.uk/h_and_s/index.cfm
Trade union information

- Many unions provide guidance for and about women workers. The website addresses of all trade unions are on the TUC website at www.tuc.org.uk/tuc/unions_main.cfm. Hazards magazine has listed the health and safety pages of most trade unions at www.hazards.org/links/ukunionlinks.htm
- Contact your union or visit your union’s website to find out if they produce any guidance on or for women workers. For example, a CSP report on thousands of women battling to cope with greater working hours on top of a hectic home life who could be risking poor physical and mental health, at www.csp.org.uk. The GMB has provided briefing notes ‘Don’t let employers be gender blind’, at www.gmb.org.uk/. Amicus (Unifi) has produced a Negotiator’s Guide concerning the menopause at www.amicustheunion.org/. The T&G and UNISON have both produced Guides to women’s health and safety

Women’s Environmental Network
Information, resources and networking on health and the environment
www.wen.org.uk/

World Health Organisation
Gender, equality, work and health
www.who.int/gender/documents/Genderworkhealth.pdf
Workplace Activity: Policies and risk assessments

Aims
To help us to:
- report back to members
- find information for the next session of the course

Task

1 Members
Report back to your members and other safety reps about the work that you have done on a priority hazard facing women in your workplace. Get their ideas on the next steps that should be taken.

2 Employer
In case you did not have an opportunity to do the Pre-Course Activity, speak to an appropriate manager. Ask for management health and safety policies, plans, risk assessment procedures and risk assessments as they affect the health and safety of women workers.

Assessment criteria – Identifying and Preventing Ill Health at Work
Level 2: 3.1
Level 3: 3.1
**Activity**  Evaluating policies from a gender perspective

**Aims**
To help us to:
- evaluate your employer’s safety policies
- identify improvements that are needed

**Task**
In pairs:
1. Use the following questions from the TUC ‘gender agenda’ to evaluate the safety policy of your employer. Does the policy:
   - include a general statement of intent to treat men and women equally well in relation to health and safety?
   - include a commitment to gender mainstreaming?
   - link OHS into workplace equality actions?
   - detail what the employer will do to listen to women’s concerns?
   - identify any hazards to which women and men are exposed separately?
   - indicate what will be done about risks which are specific to women?
   - commit the employer to ensuring that occupational health services and competent people will take a gender-sensitive approach?
   - commit the employer to provide relevant training and information on gender issues regarding health and safety risks to risk assessors, managers and supervisors, safety committees?
   - ensure that women are actively involved in health and safety strategies and action?
   - deciding whether a special action plan is needed for women’s health and safety?

2. Identify the strengths and weaknesses of your employer’s policy and improvements needed

**Report back**  Elect a spokesperson to report back

**Resources**
- Your workplace activity
- Your employer’s safety policy

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*Assessment criteria – Identifying and Preventing Ill Health at Work*
*Level 2: 3.1 & 3.2*
*Level 3: 3.1 & 3.2*
Activity Evaluating gender-sensitivity of risk assessments

Aims
To help us to:
- evaluate whether risk assessments in your workplace are conducted using a gender-sensitive approach
- propose improvements

Task
In pairs:
1. Evaluate the risk assessment procedures of your employer from a gender-sensitive perspective using the European Agency for Safety and Health resources in Fact Sheet 7 on the following pages
2. Use the worksheet on the next page to explain the current situation; identify strengths and weaknesses; propose improvements

Report back Pass on your worksheet to another pair who will read it through and make comments. At the same time, you should comment on their worksheet.
Make any amendments that are necessary and finalise your report

Resources
- Your workplace activity
- European Agency gender-sensitivity resources from Fact Sheet 7 below
- Chapter 42 of TUC Hazards at Work – organising for safe and healthy workplaces

Assessment criteria – Identifying and Preventing Ill Health at Work
Level 2: 3.1 & 3.2
Level 3: 3.1 & 3.2
### Worksheet

**Improving risk assessments from a gender-sensitive perspective**

<table>
<thead>
<tr>
<th>Current situation</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Strengths and weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposals to improve the situation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Fact Sheet 7
Gender-sensitive risk assessments

European Agency for Safety & Health at Work model
The TUC considers that risk assessment should take account of gender issues, differences and inequalities. Work, its organisation and the equipment used should be designed to match people, not the other way round. This principle is enshrined in EU legislation and enacted in Regulations in the UK. The legislation requires employers to carry out risk management based on risk assessment, and this can be divided into five stages:

- Hazard identification
- Risk assessment
- Implementation of solutions
- Monitoring
- Review

The European Agency for Safety and Health at Work has developed suggestions for making this process more gender-sensitive which are reproduced below. The TUC agrees with this approach.

Useful web pages
The full guide to making risk assessments more gender sensitive and other excellent resources can be found on the European Agency's women and health at work web resource pages at:
http://europe.osha.eu.int/good_practice/person/gender/)

As there are gender differences in a variety of broader issues relating to work circumstances, such as sexual harassment, discrimination, involvement in decision-making in the workplace, and conflicts between work and home life, a holistic approach to risk prevention is needed. Another aim is to identify less obvious hazards and health problems that are more common for female workers.

Key issues for gender-sensitive risk assessment
- Having a positive commitment and taking gender issues seriously
- Looking at the real working situation
- Involving all workers, women and men, at all stages
- Avoiding making prior assumptions about what the hazards are and who is at risk

Step 1: Hazard identification
For example, include gender by:
- considering hazards prevalent in both male- and female-dominated jobs
- looking for health hazards as well as safety hazards
- asking both female and male workers what problems they have in their work, in a structured way
- avoiding making initial assumptions about what may be trivial
- considering the entire workforce, e.g. cleaners, receptionists
• not forgetting part-time, temporary or agency workers and those on sick leave at the time of the assessment
• encouraging women to report issues that they think may affect their safety and health at work, as well as health problems that may be related to work
• looking at and asking about wider work and health issues

**Step 2: Risk assessment**
For example, include gender by:
• looking at the real jobs being done and the real work context
• not making assumptions about exposure based purely on job description or title
• being careful about gender bias in prioritising risks according to high, medium and low
• involving female workers in risk assessment. Consider using health circles and risk mapping methods. Participative ergonomics and stress interventions can offer some methods
• making sure those doing the assessments have sufficient information and training about gender issues in occupational safety and health (OSH)
• making sure instruments and tools used for assessment include issues relevant to both male and female workers. If they do not, adapt them
• informing any external assessors that they should take a gender-sensitive approach, and checking that they are able to do this
• paying attention to gender issues when the OSH implications of any changes planned in the workplace are looked at

For example, for stress include:
• Home–work interface, and both men’s and women’s work schedules
• Career development
• Harassment
• Emotional ‘stressors’
• Unplanned interruptions and doing several tasks at once

For example, for reproductive health:
• include both male and female reproductive risks
• look at all areas of reproductive health, not just pregnancy

For example, for musculoskeletal disorders:
• look critically at ‘light work’. How much static muscle effort is involved? Does the job involve significant standing? What loads are really handled in practice and how often?

**Step 3: Implementation of solutions**
For example, include gender by:
• aiming to eliminate risks at source, to provide a safe and healthy workplace for all workers. This includes risks to reproductive health
• paying attention to diverse populations and adapting work and preventive measures to workers. For example, selection of protective equipment according to individual needs, suitable for women and ‘non-average’ men
• involving female workers in the decision-making and implementation of solutions
• making sure female workers as well as men are provided with OSH information and training relevant to the jobs they do and their working conditions and health effects. Ensure part-time, temporary and agency workers are included

**Steps 4 and 5: Monitoring and review**

For example, include gender by:

• making sure female workers participate in monitoring and review processes

• being aware of new information about gender-related occupational health issues

Health surveillance can be part of both risk assessment and monitoring:

• include surveillance relevant to jobs of both male and female workers

• take care about making assumptions, for example, based on job title, about whom to include in monitoring activities

Accident records are an important part of both risk assessment and monitoring:

• Encourage the recording of occupational health issues as well as accidents.
Activity
Negotiating gender sensitive policy & risk assessments

Aims
To help us to:
- negotiate policies that are gender sensitive
- practise presentation and negotiation skills

Task
The course will be divided into a number of management and union sides. Each negotiating team should appoint an observer to report back on the outcome of the negotiations.

The trade union side has requested a meeting to discuss the development of a gender sensitive health and safety policy and gender sensitive risk assessments.

1. Each side should prepare a negotiating plan
2. Conduct a role play safety committee meeting to try and reach an agreement
3. The observer will report back summarising the outcome of the meeting and the arguments and techniques used.

Resources
- Negotiating plan below
- Policy checklist developed in the previous activity
- Fact Sheets 7 and Fact Sheet 8

Report back
Observers from each small group will report back with the main points from the negotiation that they watched.

Assessment criteria – Identifying and Preventing Ill Health at Work
Level 2: 3.1 & 3.2
Level 3: 3.1 & 3.2
## Worksheet: outline negotiating plan

<table>
<thead>
<tr>
<th>Main Facts</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Your Aims</th>
<th>Fallback</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Main Arguments</th>
<th>Management/Opposing Arguments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Your Response</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opening Position</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other Factors</th>
</tr>
</thead>
</table>
Activity  Trade union strategy

Aims
To help us to:
- decide what to do next
- implement plans for improvement

Task
In your small group:
1. Decide upon your action plan in relation to women and health and safety in your workplace based upon what we have done on this short course
2. Use the Worksheet below to:
   - Identify what needs to be done
   - Devise a trade union action plan to make sure that the changes are made

Report back
Elect a spokesperson to report back to the rest of the course

Resources
- Previous activities
- Fact Sheet 8

Assessment criteria – Identifying and Preventing Ill Health at Work
Level 2: 3.1 & 3.2
Level 3: 3.1 & 3.2
Worksheet: Action planning on women and health and safety

<table>
<thead>
<tr>
<th>Action you need to take in relation to:</th>
<th>Aims</th>
<th>What needs to be done?</th>
<th>When?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other union representatives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Fact Sheet 8
Action planning for women and health and safety

Now that you have established what should be happening in relation to women and health and safety, you must work out what you want to achieve. This will depend on:
- the problem
- what you have found out
- short and long term aims
- members’ support and union negotiating strength
- management’s attitude

So, you need to think in advance about what the minimum is that you will accept.

Involving your members
Use posters and leaflets to bring up the issue of women and health and safety with members, and take the opportunity of discussing it with them to see if they think that there are any problems. It is important to involve trade union members, get them to discuss problems with each other, and to make them aware that with their support, the trade union can improve women’s health and safety at work. If members feel strongly, and are prepared to support you, this will be your main source of strength. So:
- keep them informed about what you are doing
- involve them in identifying hazards, planning an approach and deciding what to accept
- discuss whether management plans and procedures are adequate
- provide an opportunity for workers to express/register their concerns – by holding meetings, conducting surveys and using body mapping and hazard mapping techniques
- inspect the workplace regularly
- encourage workers to report problems to management and safety representatives
- win their support

Pro-active safety reps
Safety representatives could conduct a survey to find out what health and safety problems members have. It is important that all members are consulted, including part-time workers, temporary workers and so on. There should not be assumptions about what hazards are deemed to be ‘trivial’ or ‘important’. Surveys, body mapping, risk mapping and so on can be done on a confidential basis as some members may be reluctant to contribute otherwise.

Safety representatives can use their routine inspections or undertake special inspections to speak to women and men about health and safety problems that they face at work.
Recruiting more women safety reps
In some workplaces there is an imbalance between the proportion of women members and the proportion of women safety reps. It is important that members can relate to their safety reps and are confident that the safety reps understand their health and safety concerns.

TUC Women’s health and safety working group
The TUC recently reconvened its Women’s health and safety working group. The group is focusing on a gender-sensitive approach to occupational health and safety and ensuring equal rights to protection for all workers.

It is currently taking the following 2 steps
1. It wants to find out what is happening in your workplace and would like to hear from trade union safety representatives about your experiences, good practice and successes in relation to women’s health and safety/gender/equality issues. It would like to hear particularly from women safety representatives – but from men as well.
Let it know
• Why you became a safety representative
• What you like about being a safety representative
• What you find works well when recruiting women safety representatives
• Any examples of good health and safety practice and/or policies on gender and health and safety in your workplace that you can share
• Your real life experiences of being a safety representative – including any unusual situations or successes
• The number of women union safety representatives in your workplace
• Your view on the barriers to women becoming safety representatives
• Ways to encourage more women to take up this role
• Things that prevent women from raising health and safety concerns

Please send information to: Hope Daley, National Health and Safety Officer, UNISON, 1 Mabledon Place, London WC1H 9AJ
e-mail h.daley@unison.co.uk

2. Join our electronic Network
www.tuc.org.uk/forums/showSubjects.cfm?ForumID=2061
The TUC has set up this Network to raise awareness on gender and health and safety, share information and keep each other informed. The Network will include:
• details of recent research on gender and occupational health and safety
• information about what is happening in the UK, Europe and other countries
• requests for information on particular topics
• experience of dealing with gender and health and safety issues
• debate about the best way to develop a gender sensitive approach

Gender sensitive risk management
Employers should consult and work with trade union safety representatives to:
• identify hazards; assess the risks; implement solutions; review and monitor.
Using the European Agency for Safety and Health at Work guidelines above, it is important that safety representatives ensure that the employer carries out
the risk assessment process in a gender-sensitive way.

**Health and safety policy and risk assessments**
Safety representatives can put pressure on the employer so that gender sensitivity is promoted in all aspects of occupational health and safety management. For example:
- reviewing safety policies, specifically including a commitment to gender mainstreaming
- ensuring that occupational health services and competent people will take a gender-sensitive approach
- providing relevant training and information on gender issues regarding health and safety risks to risk assessors, managers and supervisors, safety committees, etc.
- linking OHS into workplace equality actions
- ensuring that women are actively involved in health and safety strategies and action
- deciding whether a special action plan is needed for women’s health and safety

**Taking up health & safety issues for women with management**
Sometimes, minor issues can be sorted out informally by direct contact with relevant managers. But if the health and safety of women workers is not being tackled effectively, it is likely that you will need to raise the matter formally. Obviously you know the best way of getting things done in your workplace, but you may need to consider such things as:
- raising the matter in writing
- encouraging other safety representatives to support you and back you up
- using special safety procedures or an agreed procedure for resolving problems, in which case you should always involve other relevant union representatives
- raising the problem directly with senior management if it is urgent
- using safety committees which can sometimes help to make plans for implementation

**Union pressure and arguments**
You will need a well-argued case and you should refer to your research on women and health and safety. But the main source of negotiating strength is a well organised union with the support of your own members, and their determination to secure improvements.

**Evaluating the outcomes**
When you have carried out the appropriate action in the workplace, you should evaluate the outcomes. This is important because it allows you to reflect upon what has happened and determine what, if anything needs to be done next.
**Activity**  Learning opportunities

**Aims**  To help us to:
- identify future learning needs
- consider ways you will meet those learning needs

**Task**
In your pair:
1. Identify your other learning needs for health and safety
2. What learning opportunities are provided by the TUC or your union to meet your learning needs?
3. Identify the steps that you need to take to make use of the learning opportunities

**Resources**
- Details of TUC core and short courses from your tutor
- Details of your union courses from your union website

**Report back**
Prepare a short report for the rest of the group
Course review and evaluation
We hope that you have enjoyed the course. To help us make future courses more effective we would like your feedback. Please:

- contribute to a collective feedback session that your tutor will organise
- fill in the evaluation form on the next two pages and return it to her/him
End of Course Evaluation
Please take time to complete the following. Considered and constructive feedback will help us to ensure that the course is relevant to your needs as union representatives.

1. What were your aims/expectations for the course?

_____________________________________________________
_____________________________________________________

2. To what extent have these been met?

_____________________________________________________
_____________________________________________________

3. What, if anything, do you feel you have gained/achieved that you did not expect at the outset?

_____________________________________

4. How would you rate the support you have had?

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Comment
_________________________________________________________________
_________________________________________________________________
5. How did you find the teaching and learning methods used on the course?

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Comment

_______________________________________________________

6. How do you think what you have got out of this course will help you in your work/union?

_______________________________________________________

7. Having successfully completed your course, what are your learning priorities now?

_______________________________________________________

8. Any other comments?

_______________________________________________________

_______________________________________________________