

## **Occupational Health and Wellbeing Charter**

### **1. Introduction**

“Occupational health considers the effect that work may have on health and the effect that health can have on work.” *Occupational health standards in the construction industry, Health and Safety Executive, 2007*<sup>1</sup>. The Federation of Piling Specialists (FPS), is an industry trade association, it is incumbent upon it to address this issue and should seek to:

- Eliminate occupational factors and conditions hazardous to health and safety at work
- Develop and promote healthy and safe work, work environments and organisations
- Enable workers to conduct socially and economically productive lives

At present it is clear that not enough is being done to address these issues. A 2017 report by Public Health England<sup>2</sup> found that suicide was the leading cause of death for men under 50 and it was low skilled construction workers who had the greatest risk at 3.7 times the national average according to the Office of National Statistics (ONS). It follows that industry associated lifestyle factors contributed to this.

It is also known that there is a link between drugs misuse and mental health, so, it is worrying that a recent survey of people working in the construction industry by the Considerate Constructors Scheme showed that 59% had concerns over the effects of drugs and alcohol in construction. However, at 65%, the majority had never been tested for drugs and alcohol. A 2017 NHS Digital report<sup>3</sup> on drugs misuse identified that 1 in 12 adults had admitted to taking drugs in the last year; given that the percentage of people admitted to hospital for drugs-related issues was 75% male and that 99% of construction site workers are men, it follows that closer to 1 in 8 of construction workers will have taken drugs in the last twelve months.

Mental health issues were, according to 2016 research conducted on the construction industry by the ECIS Insurance Service, the third most common cause of absenteeism and presumably presenteeism (turning up for work unwell). However, it was felt that there was a reluctance amongst workers to seek help for stress, anxiety and depression.

Professor Dame Carol Black, an advisor on health and work for NHS England<sup>4</sup>, defines wellbeing as “a sense of contentment of physical health, mental health and a feeling that where you are is a good place to be.” The FPS will strive to make this situation a reality for more industry workers in the future.

### **2. The Principles**

FPS members accept that that change is required to address these issues and members are committed to implementing the principles in this charter.

This charter will aim to do the following:

- Show leadership commitment to its people and stakeholders
- Build a culture of health and wellbeing
- Set minimum standards for health surveillance to be audited against

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- Initiate a working group to discuss working and driving times and also identifying areas for flexible work
- Address problems pertinent to non-salaried workers
- Engage workers to ensure ownership and continuous improvement

### **3. Leadership Commitment and Culture**

The FPS will commit to ringfencing 5% of FPS funds (£7316 based on 2019 budget figures) for training Members on subjects such as; mental health, stress management, drugs and alcohol awareness, and dietary issues. This allocation may also be used to pay for focused FPS social events provided that they fit with the objectives of this Charter.

Traditionally FPS social gatherings, such as the Summer Ball, Annual Dinner and to a lesser extent the Golf Day have reflected those of the wider industry in that alcohol is consumed in varying degrees by most of those present. The FPS no longer believes that it is appropriate for all of its social functions to have this emphasis. By introducing alternative events where the benefits of a healthy lifestyle are celebrated it is hoped that this will in turn help change the perception and the culture of the ground engineering industry. These events may include events such as a 5-a-side Football Tournament, a Charity Walk etc.

The FPS already asks its Members to align themselves with charities and they are audited against this. However, as an organisation it will now commit to strategically supporting construction-based charities namely the Lighthouse Club, Mates in Mind and the ICE Benevolent Fund that can support industry workers that have health problems and require financial support. A further 5% of FPS funds will be allocated for this purpose and additional fundraising will be carried out at the Summer Ball, Annual Dinner and Charity Walk. Representatives of these charities will be asked to attend FPS events to help promote their services to our Members.

### **4. Health Surveillance**

As a part of this charter FPS Members' employees can expect to receive a health assessment at a frequency of at least once every three years. Performance against this criterion will form part of the next round of FPS audits. The content of this will be, as a minimum, in-line with Network Rail requirements and address any job specific needs. Compliance with a drugs and alcohol testing frequency of, on commencement then every three years, will also be evaluated.

To provide an industry wide benchmark for alcohol limits across the UK and Northern Ireland the following will be applied:

- Non-safety critical workers alcohol limit to be the National drink-drive limit
- For workers in an operational environment such as construction sites, workshops and factories the alcohol limit is to be the Network Rail limit

In addition, the FPS acknowledges that anecdotal evidence suggests that drugs and alcohol misuse is particularly prevalent with labour-only sub-contractors. Labour agencies used by members should ensure similar levels of compliance testing to that described above.

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### **5. Working and Driving Hours**

The working time directive allows 48 hours work in a week; however, most employees opt out of this. Members who indicate policy tend to defer to Network Rail limits<sup>5</sup> that allow 72 hours work a week, 12 hours a day and 13 shifts in 14 days.

Then FPS recognises that these employment practices could be more progressive and sustainable. However, it also acknowledges that they are necessitated by the needs and desire of Clients, Members and some workers. The FPS will commit to consulting with Members, their employees, prospective employees and union representatives about how the industry may migrate to collective working time agreements that ensure an improved work-life balance for current workers and are more enticing for prospective workers.

In addition to the obvious benefits to health and wellbeing, action in this area will enable greater gender, cultural and age diversity thus helping to address a skills shortage now and in the future<sup>6</sup>.

### **6. Non-Salaried Workers**

Many similar issues exist for employed weekly paid workers and agency workers. The FPS commits to working on the following:

#### **6.1 Resisting Zero-Hour Style Contracts**

These are often unfair on employees leading to insecurity and exploitation, particularly where they are not able to take on other work, as they are obliged to make themselves available for work at the request of the employer. Unscrupulous employers are using these types of contracts to avoid equal treatment rights. Swedish Derogation-style contracts are also used to facilitate this. Here a small number of guaranteed minimum hours of pay between assignments enable the agency to be exempt from equal pay requirements.

Members will also be encouraged to engage with labour agencies to ensure longer notice periods for temporary staff and actively seek to use those who employ staff on a retainer basis.

#### **6.2 Health Surveillance by Labour Agencies**

Where workers are employed on a temporary basis there can be a reluctance to spend money on health surveillance. However, these are some of the most vulnerable workers in the industry. Build UK is working with B&CE on a revised health scheme which provides workers with a digital portable record of the health surveillance history. This is to be applauded and Members should look to take staff from agencies that provide this service.

#### **6.3 Health Insurance Cover**

At present workers that find themselves sick or injured may be left without a means of income. The FPS will seek to raise awareness regarding the use of permanent health insurance (PHI) or accident, sickness and unemployment cover (ASU).

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PHI can provide cover until retirement age may start when employee sick pay stops, however, it only covers in the event of accident or illness. ASU may also provide cover in the event of redundancy, but cover would be limited to 1-2 years.

### **7. Conclusion**

The FPS believes that the implementation of the proposals described above will greatly progress the standard of health and wellbeing in the piling industry. However, it is hoped that the benefits will be seen in the wider construction community and the FPS, through its members, would encourage other trade bodies to instigate similar policies.

The items described above will form part of a development action plan. This will be reviewed regularly by the FPS executive team.

### **8. References**

1. Occupational health standards in the construction industry, RR584, Health and Safety Executive, 2007.
2. Preventing suicide in England: Third progress report on the cross-government outcomes strategy to save lives, HM Government, 2017.
3. Statistics on drugs misuse, NHS Digital, 2017.
4. Safety Management, British Safety Council, 2019.
5. Managing Rail Staff Fatigue, Office of Rail Regulation, 2012.
6. Equality and diversity: good practice for the construction sector, Equality and Human Rights, 2011.