

charting back pain

An Usdaw Survey of Women's Experience



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Introduction

At the Usdaw Annual Delegate Meeting in 2000 a proposition was passed urging the union to carry out research on the problems of back pain at work, particularly as it concerns women workers, and to produce guidance for negotiators on ways of dealing with the issue. At the same time Usdaw was beginning to develop the use of a powerful tool called 'body mapping' which can be used to develop members' awareness of the health and safety concerns in their work situation and to identify practical solutions to any problems they face. A decision was taken to use body mapping techniques as a way of meeting the terms of the proposition rather than relying on yet another questionnaire based survey.

Previous experience in Usdaw and in other trade unions has been that attempts at running large scale surveys can suffer from a low response rate, unless massive resources are committed to collecting the data. The role of the membership is often a rather passive one limited to responding to questions set by someone else, rather than engaging in a genuine dialogue about their experience. While a well-run survey may produce some useful evidence about the scale of the problem, it rarely leads to a better understanding of what needs to be done.

There is already enough evidence around, from surveys organised by professional statistical experts, to show that back pain is a major problem for women in the industrial sectors where Usdaw organises.

For example, figures from the Health and Safety Executive Self-reported Work-related Illness survey¹ show that over 100,000 women a year suffer back pain because of their work and that more than a quarter of women have to regularly lift and handle heavy weights.

The gender agenda

There were also other factors that made the survey important. Since 1997 the TUC has been campaigning over the gaps in knowledge about the health and safety concerns of women workers and the failure of employers, policy makers and legislators to deal with them. Historically research and regulation have been focussed on heavy industry work where jobs are typically done by men. It has often been assumed that

women do 'light' work that is low-risk, especially because they work mainly in service sector jobs such as retail and healthcare. As Karen Messing, one researcher who is trying to redress the balance, pointed out at an international conference organised by the TUC², there is a vicious circle in operation. Because 'women's work' is considered low-risk it does not attract the attention of researchers. Because there is no research being done, no evidence of the real extent of harm is available. So people continue to assume it is low risk and it continues to be ignored by the researchers. The work that has been done by Karen Messing and a few others shows that women's work can be dirty, dangerous and heavy. Women are exposed to a double burden as they still carry the brunt of domestic and caring chores. Also there are lots of misconceptions and mistaken attitudes about the nature of 'women's work' that mean that serious health and safety risks are not receiving the attention they deserve.

In recent years, the Health and Safety Executive would argue that it adopts a 'gender neutral' approach. Laws like the Display Screen Equipment Regulations and campaigns on slips and trips or on musculoskeletal disorders are intended to protect all workers. But according to the TUC this is not enough. Work is divided along gender lines. There has been too little attention paid to the risks in work that is traditionally done by women. The only way to ensure effective health and safety policies for everyone is to use a 'gender sensitive' approach that takes account of the differing experiences of men and women.

Back pain

Back pain is a difficult subject to tackle because there are so many factors involved. In the workplace, risk factors in the physical environment like cold temperatures and draughts; problems with equipment design and job design; stretching and bending; lifting heavy weights and rapid repetitive work have all been identified as important. Recent research studies have highlighted so-called 'psychosocial' factors as well. One study commissioned by the HSE on VDU operators³ found that symptoms were highest in workplaces where workers felt that their legitimate complaints about sub-standard work equipment or working conditions were ignored and were dissatisfied with their work or with management attitudes. A similar

¹TUC, 'Putting Back Strain on the Map' 1999

²TUC, 'Gender Sensitive Health and Safety' 1999

effect was observed in the HSE's massive research project on musculoskeletal disorders in checkout operators in the early 1990s⁴. In addition, non-work factors like the burden of domestic work and hormonal changes during pregnancy and at the menopause can increase risks for women workers.

Why body mapping?

Body mapping was deliberately chosen as a technique to explore all these issues for a number of reasons:

- It has been proven to be a technique that draws on the direct experience of the workers themselves.
- It helps workers to develop an understanding of the shared risk-factors in the work they do.
- It gives workers a voice to identify shared experience and to begin to develop practical solutions that can be applied in the workplace.
- Because it reflects workers experience it deals with the many factors that contribute to health and safety problems they face, whether they be physical or environmental factors in the work they do or organisational and attitude problems.

It was hoped that using a body mapping approach would mean that women members who took part would be more usefully engaged rather than being passive statistics in a report. As a result we might gain more insight into why it is that so many women in so-called 'light' work do suffer from back pain and other musculoskeletal injuries, despite the best intentions of their employers. We might also help the women involved to begin to make a positive approach toward changing things for the better.

Body mapping as a technique works best where groups of workers from similar occupations can be brought together to discuss their experience. The assistance of the union's Divisional Women's Committees was sought to set up and run discussion groups. These are lay member committees with a remit to reach out and involve women in Usdaw. The Committees have experience in bringing together groups of women workers for events such as women's health evenings and workplace visits. Their support and help was crucial to the success of the exercise because it led to the involvement of a sufficiently large number of women from a wide variety of workplaces across the country.

This report presents the results of the application of the body mapping technique with various groups of women members within Usdaw. It demonstrates the power of the technique in identifying the many factors that contribute to health and safety concerns for women workers in their work activity. **More importantly, it shows there is a way of giving a voice to women workers about their concerns over work-related back pain that can help to develop practical solutions to the problems they face whatever the cause. It is that voice of the women in Usdaw that forms the basis of this report.**

³Systems Concepts, 'DSE Health Problems', HSE CRR 198/1998

⁴HSE, 'Musculoskeletal Disorders in Supermarket Cashiers' 1998

How to Body Map

Body mapping was first developed over 30 years ago in Italy and spread from there to Spain, Mexico and the US. It was originally developed as a technique for workers where there were language or literacy differences because it has such strong visual content. Following more widespread use in the US and Canada, unions in the UK began to realise its advantages.

Usdaw first developed its guidance to health and safety reps on body mapping as a general technique early in 2000 (Appendix 3). Since then there have been several favourable comments from reps about the positive benefits of using body mapping with groups of members and it has proved to be a very popular exercise at events like weekend schools on health and safety.

The basic idea behind body mapping is quite simple. The body map is a chart with large outline drawings of both front and back views of a body. The chart is hung on the wall or on flip-chart stand. A set of coloured marker pens or coloured stickers is provided. Members of the group are encouraged to take it in turns to use the pens or stickers to mark on the chart which bits of their body hurt when they are working. Different coloured markers can be used for different problems. When they make a mark on the chart, the member explains to the rest of the group the pain that they feel and what they think the cause is. As the discussion develops patterns of similar pain, caused or made worse by comparable work activities, will become apparent. Once everyone has had a go and the pattern of common problems is apparent, the group can discuss what solutions they would like to see.



Body Mapping and Back Pain

For the purposes of the Usdaw survey the body mapping technique needed to be adapted to make sure that the focus of discussion was on back pain rather than on general health effects at work.

To that end a discussion leaders pack was developed that could be used by the members of the union's Women's Committees to set up and run body mapping sessions (Appendix 1). The pack contained a simple explanation of body mapping and practical advice on the resources needed to run a session, the time it was likely to take, etc. Body mapping charts and coloured stickers were also provided. The discussion leaders pack was designed to focus the discussion on back pain. It was explained that the main interest was in:

- Pain in the back, neck and shoulders that members think is caused by their work.
- Pain that results from factors outside of work but that is made worse at work or makes it difficult to do the job.
- One-off injuries to the back, neck or shoulders such as bruises, strains or cuts.
- Any other health problems that members believe are linked to their back pain (headaches, pain in the legs, sleeplessness, irritability, etc).
- Any other comments that members have about the effects of back pain on their lives.

The following colour coding was suggested for members of the group to use:

Red Pain that develops over time in the back, neck or shoulders (because of posture, repetition, etc).

Blue Pain that results from factors outside of work but is made worse at work or makes it difficult to do the job.

Green One-off injuries to the back, neck or shoulders such as bruises, strains or cuts.

Yellow Any other health problems that members believe are linked to their back pain (headaches, pain in the legs, sleeplessness, irritability, etc).

Discussion leaders were asked to keep a detailed note of each session and to report back on four broad themes:

- Work-related causes of back pain.
- Pain from other causes made worse by work.
- Back injuries caused by accidents at work.
- Other health problems that members linked to their back pain.

They were also encouraged to report any other comments that the women wished to add about the effects of back pain.

To provide some continuity to the various sessions, one of a small group of Usdaw Training Officers with experience of running group discussions facilitated each session.

As an introductory exercise the lay-member chairs of the Women's Committees and the Training Officers involved took part in their own body mapping session to familiarise themselves with the process.

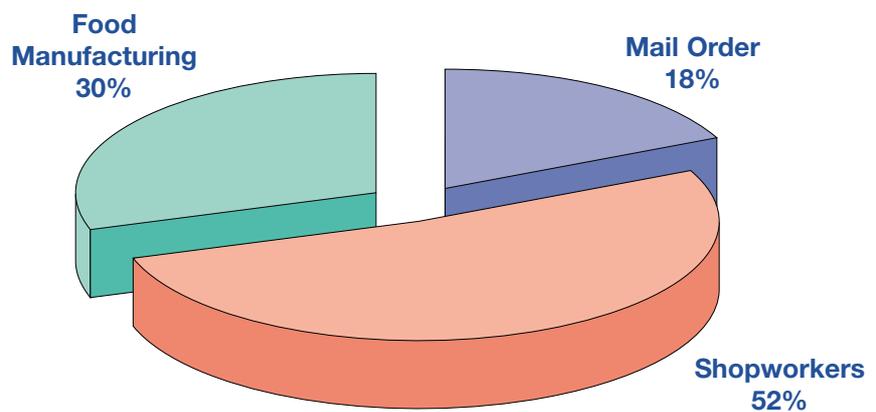
Following this, the divisional Women's Committees set up and ran a number of body mapping workshops in the first six months of 2001. More details about the women who took part in the discussion groups are given in the next section of the report.

The Usdaw Women Involved

In total 184 women were involved in 12 separate discussion groups across the country. The groups were drawn from women members of the union working in food manufacturing, shops (mainly large supermarkets) and mail order establishments.

Sectors the women participants are employed in

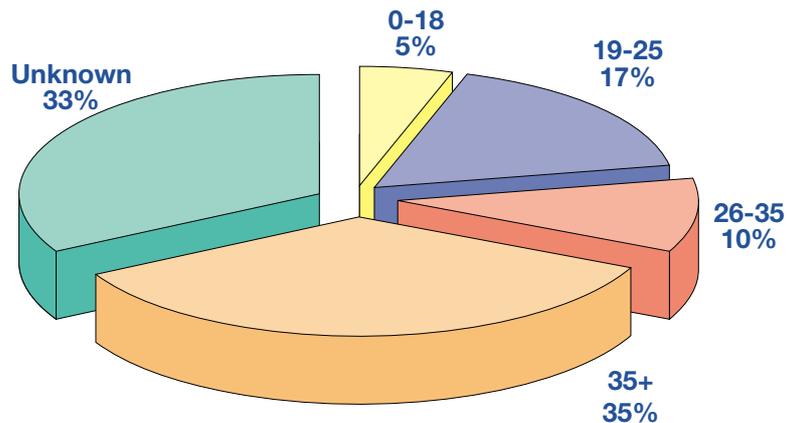
- Shopworkers
- Food Manufacturing
- Mail Order



A simple questionnaire was issued to participants to collect some basic statistical information following the body mapping sessions. This gave the following picture of the women involved.

Hours worked by body mapping participants

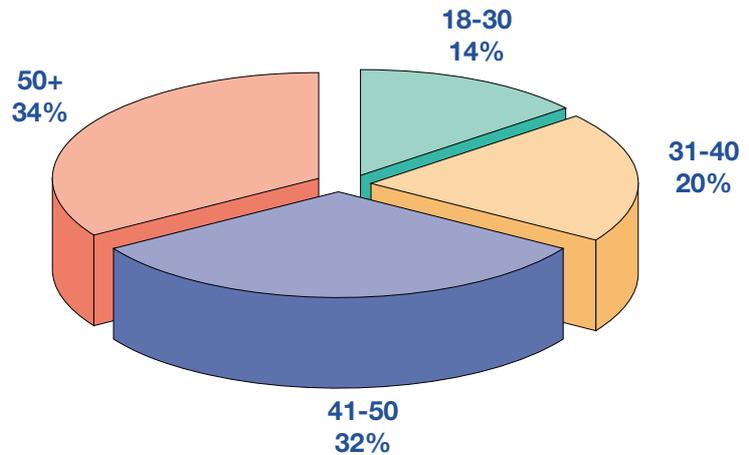
- Unknown
- 0-18
- 19-25
- 26-35
- 35+



The high numbers of women reporting back pain is not surprising. Other statistical surveys have consistently shown that back pain is a common problem and that the majority of people will suffer episodes of back pain over their working life.

Age groups of women participants

- 50+
- 18-30
- 31-40
- 41-50

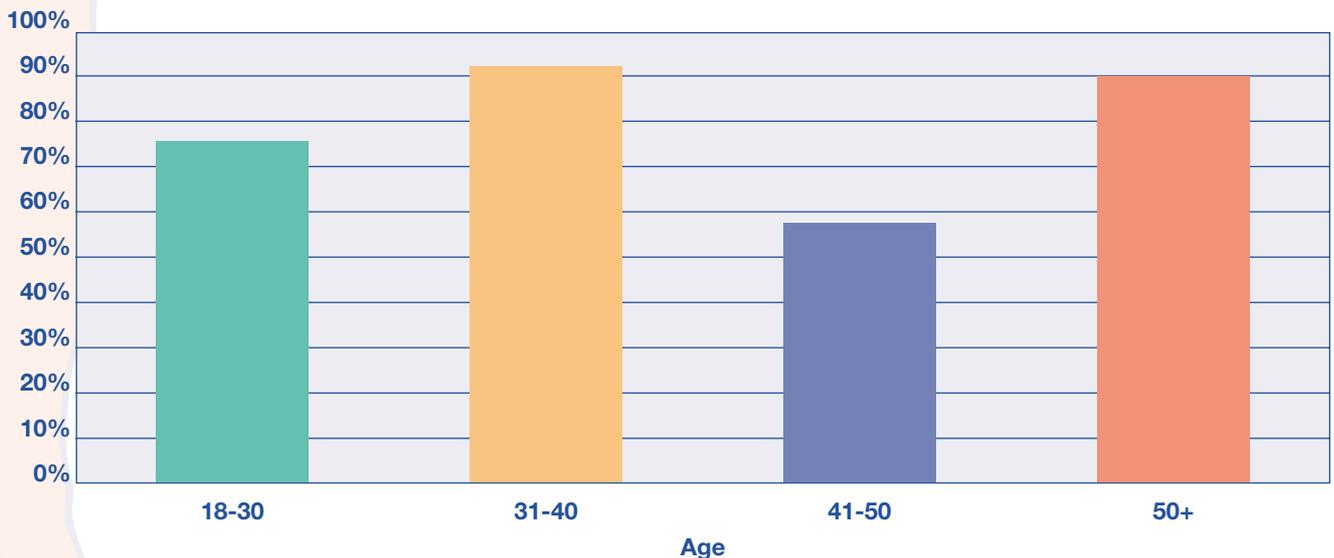


Overall the statistics suggest that the group of women who took part in the Usdaw survey were a fairly typical cross-section of the female workforce.

There are two striking features that stand out from this analysis.

First, a higher proportion of women in the younger age groups report problems with their backs. This might appear to be surprising as common sense would suggest that older women, who have been subject to more 'wear and tear', would be more likely to report such problems. There is other evidence to suggest that younger workers may be more at risk. The TUC, for example, has published research that shows that a greater concentration of younger workers are exposed to the key risk factors in the workplace that are linked to back pain and musculoskeletal disorders⁵. The picture is complicated by a number of other factors. The so-called 'healthy worker' effect means that the older women who suffer the worst injury will have been forced out of work already. Every year in this country, 25,000 workers drop out of work altogether because of work-related injuries. Government figures show that the longer a person spends off work the more difficult it is to return. Back pain is a significant cause of much of that absence and one that often results in longer periods of absence. There is also some evidence, from the comments in this report and from research commissioned by the TUC on health and safety for older women workers⁶, to suggest that older women tend to adjust to the pain and put up with it.

Symptoms reported by age



⁵TUC, 'When Work is a Pain', Hazards 73, Jan/Mar 2001

⁶Lesley Doyal, 'The Health and Work of Older Women', Pennell Initiative for Women's Health, 2002

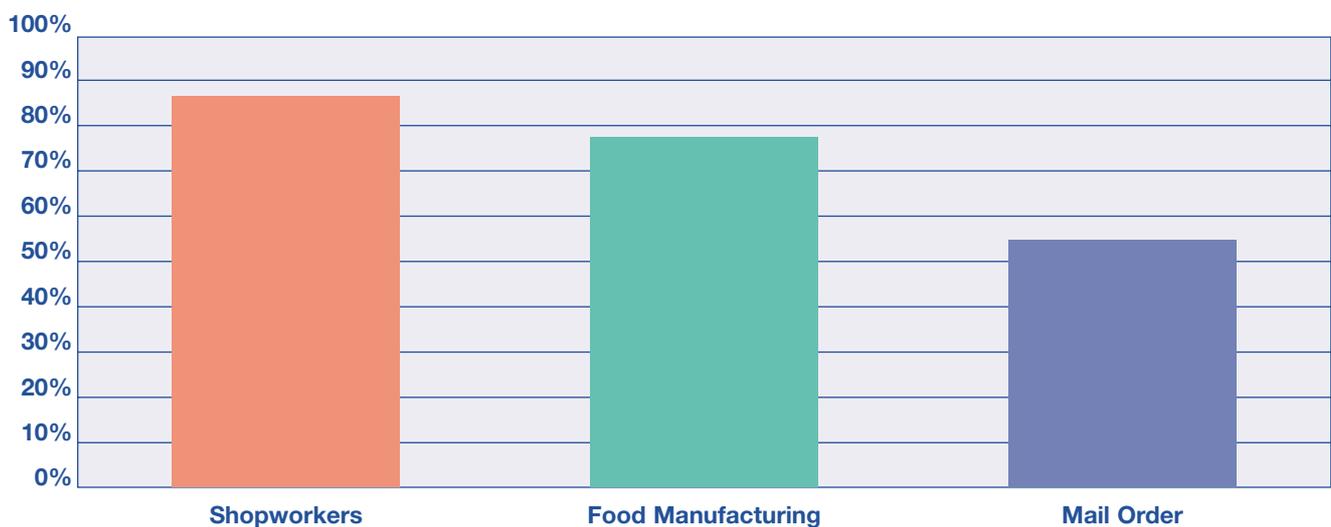
The second factor is the relatively higher number of part-time workers who report problems. There may be several reasons for this. Although the hours worked maybe lower, the nature of the work done by part-time workers is often more repetitive or intense. There is less variety in the work that they do and less rotation between tasks. Part-time workers may receive less training in safe working methods. Many women hold down more than one part-time job in order to earn a living. It is also likely that some women do not work part-time hours through choice. They may be forced to take part-time work because of the domestic burdens of looking after children or caring for elderly or infirm relatives – all of which also impose physical strains that can give rise to back problems. It is even possible that some women are forced into part-time work because they already have chronic back injuries that make the prospect of working full-time impractical.

Pain suffered by hours worked

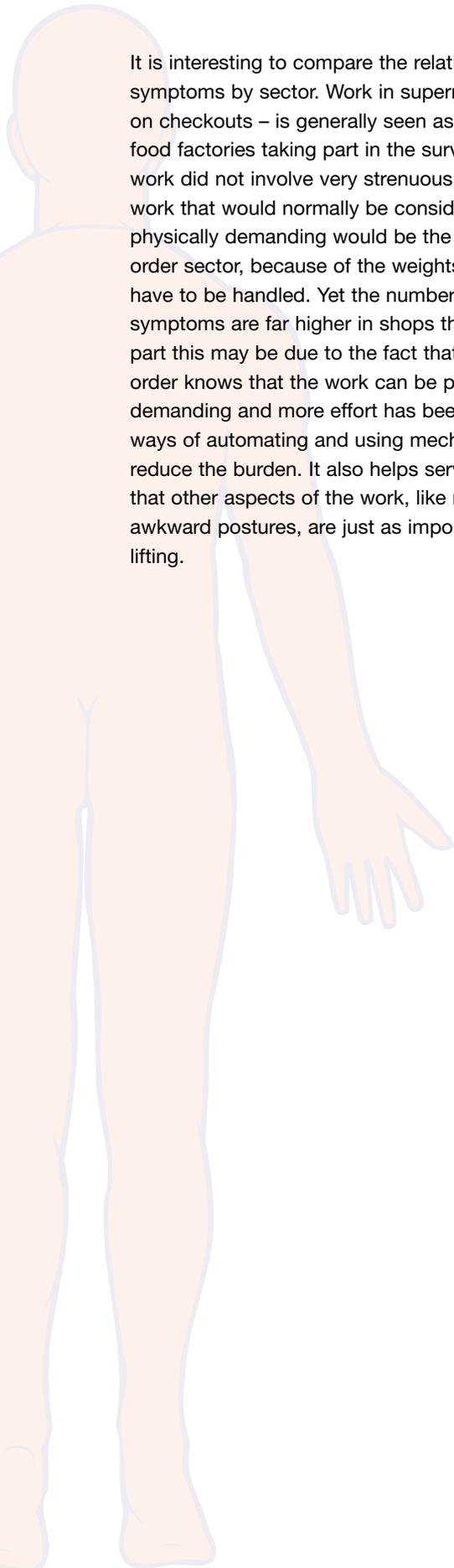


Whatever the reasons, this finding is one of the most important from the survey. The number of part-time workers is continuing to grow and a much higher proportion of women workers work part-time. If there are specific risks attached to the way part-time work is organised which increase the chances of developing back pain, it is essential that they are investigated if the incidence of back pain among women workers is to be reduced.

Symptoms reported by sector



It is interesting to compare the relative incidence of symptoms by sector. Work in supermarkets – especially on checkouts – is generally seen as light work. In the food factories taking part in the survey most of the work did not involve very strenuous physical effort. The work that would normally be considered as most physically demanding would be the work in the mail order sector, because of the weights of goods that have to be handled. Yet the numbers reporting symptoms are far higher in shops than in mail order. In part this may be due to the fact that everyone in mail order knows that the work can be physically demanding and more effort has been given to finding ways of automating and using mechanical aids to reduce the burden. It also helps serve as a reminder that other aspects of the work, like rapid repetition and awkward postures, are just as important as heavy lifting.



Outcome of the Survey

The overriding conclusion from the survey was that it confirmed the value of body mapping as a technique for drawing out members' experience.

Identifying work-related causes of back pain

In each of the sessions the women were able to identify shared experience of back pain and back injuries caused by their work. As each group consisted of women doing similar jobs, it was also possible to tie these problems very specifically to risk factors connected with the work they did and the environment in which they worked.

For example, for retail workers risk factors associated with checkout work included:

- Handling heavy items.
- Faulty or missing checkout chairs.
- Excessive stretching and poor posture dictated by the layout of the checkout.

Other retail workers doing tasks like shelf filling identified problems with:

- Excessive stretching, twisting and bending.
- Badly loaded roll cages.
- Faulty wheels on roll cages.
- Lack of suitable personal protective equipment.
- Staff shortages.

In mail order problems include:

- Handling of heavy and awkward loads like flat-pack furniture, garden equipment, etc.
- Stretching and twisting.
- Repetitive work.
- Speed of work dictated by performance targets.
- Prolonged standing.

In one meat product factory, problems were associated with:

- Feeding certain ingredients into hoppers.
- Handling of heavy pallets and racks.
- Faulty wheels on racks.
- The height of some packing lines.

By contrast, in another factory producing snack products, individual weights that had to be handled were generally lighter and women working on the production line were multi-skilled and did a variety of tasks such as machine cleaning, product changeover, and different packing operations. However the problem they identified was that the work was very fast and repetitive – controlled either by the pace of the line or time pressures during cleaning and changeover. Although the tasks changed they all involved the same repetitive reaching and stretching movements and were linked to shoulder and back problems. In the stacking/distribution area of the factory, women identified particular problems with changing reels of shrink wrap on the pallet wrapping machine and with pallets getting jammed on a 'rolling road' that was intended to make it easier to move them.

Sharing experience of the effects of back pain

One remarkable feature of all the body mapping sessions was the way in which the discussion opened up as women began to realise that they shared common problems and concerns. Once they realised that they were in a group where they were likely to be listened to, many of the women felt able to speak out about the wider effects of their back pain on their social and domestic life. Common experiences reported by the women in the different groups included:

- Difficulty in sleeping and fatigue.
- Problems with lifting in the home – for example, picking up children or grandchildren.
- Travelling problems because of discomfort on long car journeys or difficulties in using public transport.
- Inability to take part in leisure pursuits like gardening, ten pin bowling and walking.

It is important to emphasise that this wider discussion was one of the more positive aspects of the exercise according to the women who took part. Far from being a 'moaning session' it helped them to realise that they were not alone in suffering these problems. Talking about them with people who understood and sharing the ways in which they dealt with them was a useful experience, as was the growing realisation that there were work-related causes for these problems that could and should be put right.

Identifying reasons why many women suffer in silence

The other area of discussion that developed in the groups was around the reasons why women who were suffering back pain were often reluctant to raise the matter or report the problems they were having.

Many of the comments revolved around fears over job security. Many women were worried that it might be assumed that they were not able to cope if they admitted to having back pain, or complained about heavy lifting or other aspects of the job. These fears were compounded by the fact that, in many of the groups, there were women who had raised complaints only to find themselves moved to other work rather than having the cause of the problem addressed.

Fear about jobs

Several women reported threats from managers:

"If you can't cope with the work, you know what you can do."

Other comments included:

"I need the money. If you complain you lose out on overtime."

"You risk losing your job and your health record affects your chances of getting another one."

"They remove the woman not the problem."

Another common theme was that women felt isolated in their experience of back pain. Because they were all reluctant to speak to colleagues and especially to management, they were unaware of the fact that others were having the same problem. They were unsure about whether there was a 'real' problem or whether they were just unfit or getting older, etc. In addition, they were often suspicious about the sympathy with

which management would listen to them and would do anything to try to improve the problem. In such circumstances there was a tendency to 'soldier on' and make the most of a bad job.

Isolation

"This is the first time anyone's listened to me about this."

"You're seen as weak if you ask for help."

"When you first start you think it's the new job – using muscles you don't usually use. You just accept it with the job."

"Wear and tear is just part of going to work."

The factor that strengthened this problem of isolated individuals suffering alongside each other was a concern about the attitude of colleagues and especially managers. There were several accounts of male colleagues making remarks about women being treated as equals or dismissing attempts to raise the matter as 'women's problems' such as PMT. In the climate this created it was easier to keep your head down and say nothing.

Attitudes

There were lots of comments about negative attitudes.

From male workers:

"We're all getting the same pay for the same job."

"You wanted equal opportunities."

"Moaning women and PMT."

From managers:

"Just back off holiday and moaning already."

"You must have lifted it wrong."

One woman who had a hysterectomy was told by her manager:

"It must be your time of the month."

Problems with attitudes extended outside the workplace as well. Several women reported visiting their GP only to have their concerns about work-related issues dismissed. Many felt that their doctors had no real understanding of the occupational health risks of the work they do and were too quick to ascribe their symptoms to domestic or biological factors.

Doctors

A majority of women over 40 said they would not bother to visit the GP for an episode of back pain:

"It's not very helpful to be told its just your age."

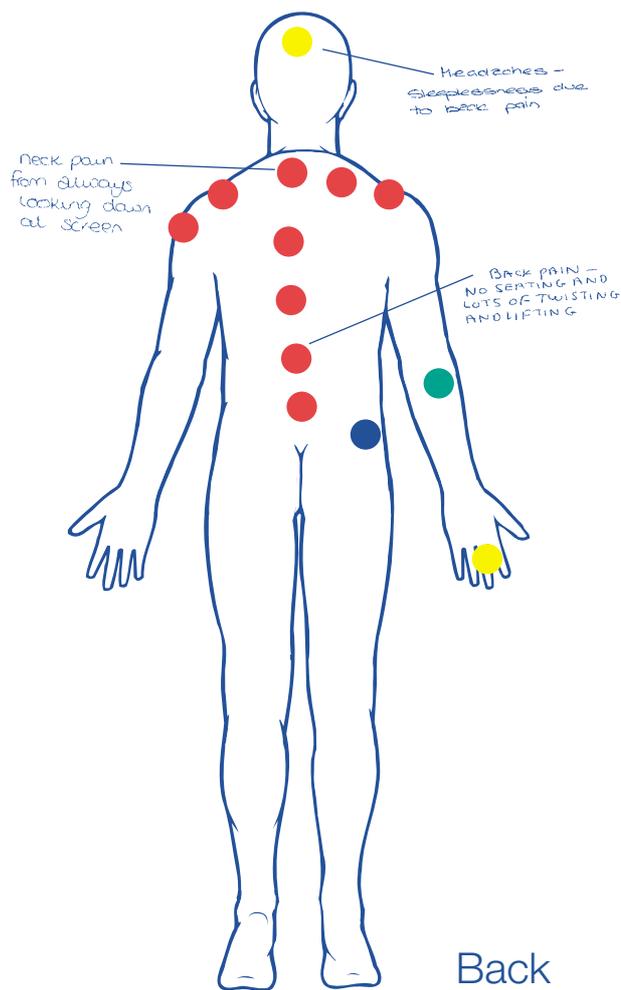
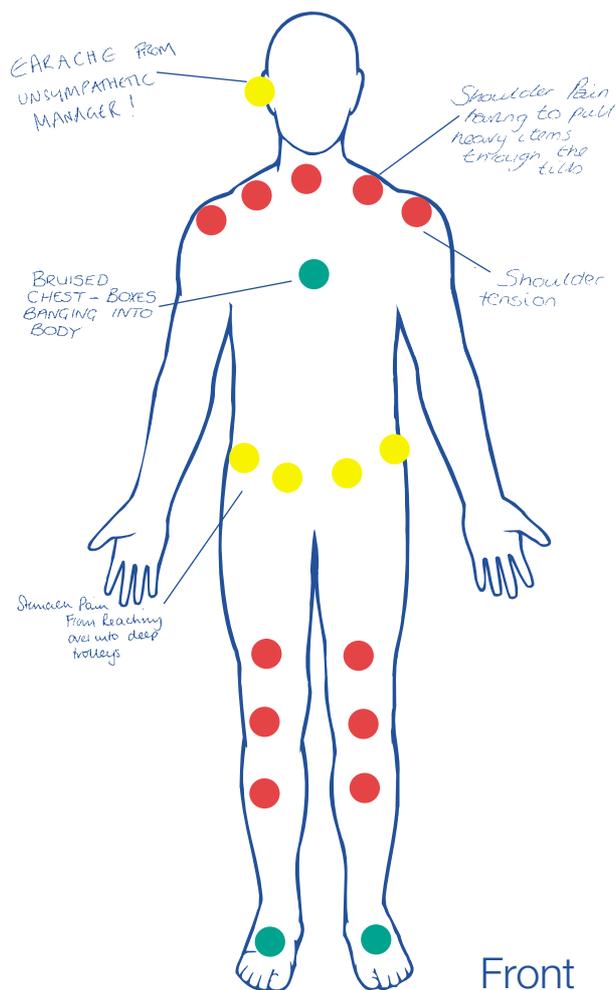
"I went to see my doctor after doing my back in on one particular job, but he insisted it was because of my children."

A finding of great concern to the union was that in many cases the women were also ignorant about who their union health and safety rep was or how to contact them. Given the barriers to communication identified in the previous paragraphs, having access to a sympathetic union rep for advice is obviously an important matter. Not surprisingly the problem of contact with a health and safety rep was greater in the larger workplaces such as supermarkets with large numbers of part-time workers, but there was also one of the factory groups where the women felt that the health and safety reps had too low a profile and several of the women did not know who their health and safety rep was. The women felt that there was a need for more health and safety reps (especially in large

supermarkets where contact between staff on different part-time shifts is difficult) and also a need for the union to make sure that health and safety reps used all the communication channels available in the workplace to make themselves known to members.

Feedback from women taking part

Overall, the outcome of each session was seen as positive by the women who took part. The fact that they had been able to identify common problems and specific causes was an important lesson. The discussion around the communication problems increased their resolve to take action to raise the issues when they got back to the workplace. Following the sessions there were reports of some improvements, such as the replacement of faulty or missing checkout chairs and attempts to improve the maintenance system for trolleys, cages and racks. In at least one case, the discussion at the workshop was a major factor in persuading a member to volunteer to become a health and safety rep.



Conclusions

It has not been possible to produce a simple 'one-size-fits-all' set of negotiators guidelines as a result of the survey. This is only to be expected given the complex nature of the issues it addressed. If it was possible to solve the problems of back pain simply by, for example, setting a standard that no woman should lift a weight greater than 20 kilogrammes, the union would have been campaigning for such a standard to be introduced into the law for some time.

However, there are some very important conclusions to draw from the analysis of the experience of the women who took part in the survey, and these do lead to some useful lessons that the union can learn and some practical advice for officials and activists.

Lessons for employers

Employers need to pay more attention to the health hazards for women workers and avoid mistaken assumptions and attitudes about 'women's work'. The survey confirms the now substantial body of research that shows that back pain is a common condition for workers. It is important to stress that the women who took part in the sessions were not pre-selected because they were known to have problems with back pain. The fact that the incidence of back pain was high in the group is a reflection of the fact that it is a very common condition. The majority of the women did not label themselves as ill or disabled because of their experience of back pain, unless it had been very severe. Most of the women who reported back pain in the survey will be able to carry on working productively for as long as they want to, despite their back pain but just think how much more productive they could be in their work and how improved their overall quality of life could be, if the risk factors in the workplace that cause back pain or make it worse were removed or controlled. Controlling workplace risks will also help to reduce the chances that some of the women do develop more serious chronic pain that could force them into a severely limited lifestyle, living on long-term welfare benefits.

Many of the specific problems that were identified in particular workplaces could be solved by improved maintenance of equipment or slight modifications to

the way the work is organised. They could all be helped if the employer made the effort to listen to the views and experience of the workers.

The survey also shows that employers cannot assume that silence and the lack of complaints from staff means that they have the problems under control. Back pain is an example of a health problem that can stay hidden under the surface in many workplaces, however good and genuine the employer's intentions are. Barriers to proper communication include workers' fear about their future employment, cynicism and apathy from workers and their managers and ignorance about the connection of the pain with work. In the case of women workers, the survey shows that these barriers are strengthened by long-standing social attitudes and stereotypes that extend well beyond the workplace.

The success of the sessions in the survey demonstrates that body mapping is a technique that union reps can use in their workplace to break through the communication barriers that exist. Employers who really want to know how well they are performing on managing occupational health and genuinely want to prevent or reduce health risks should regard body mapping by health and safety reps as a valuable part of the health and safety management process.

The survey also shows that employers must pay more attention to the risks for women workers in the risk assessments they carry out as part of their legal duties under Management of Health and Safety at Work Regulations and the Manual Handling Operations Regulations. It is not sufficient to assume that a less thorough assessment is needed for handling on a checkout compared to, for example, unloading heavy cages from a lorry because the former is lighter work.

In fact the use of health and safety to justify gender segregation of jobs has always been an unreliable excuse. It is true that women are, on average, smaller and less strong than men, but work that is too heavy for most women will be equally dangerous for a significant proportion of men. For all the main occupational health problems there are risk factors in both work that is predominantly done by women and in men's work. The factors may be different for different jobs but they still need to be addressed.

Employers can begin to address these issues by involving workers and their health and safety reps in consultation on risk assessments. It also will help if

workers and reps are involved in the planning and design stage for changes to their workstations and in decisions about the purchase of new equipment that they will be expected to work with.

Lessons for health professionals

The fact that several women were dissatisfied with their experience when they visited their GP shows that doctors also need to be aware of the dangers of stereotyping. It reinforces the need for GPs to be more aware of occupational health issues.

This has already been identified as a major target by the Health and Safety Commission for its occupational health strategy. Investigation by the HSC Occupational Health Advisory Committee has shown that the vast majority of GPs get little or no training in occupational health⁷. It also found that it was unrealistic to expect GPs, who are already overworked and short staffed, to become occupational health experts. Instead the HSC suggests that doctors should be conscious of the need to be aware of occupational health issues and that arrangements should be made for doctors and their patients to have access to occupational health support and advice. In some areas of the country, Occupational Health Projects (OHPs) have been established, which send advice workers into doctor's surgeries to speak to patients and to advise them about the action they should take if there is an occupational health problem. Regrettably, these OHPs have always suffered from funding problems and some have been forced to close down because there is no identified funding stream within the health service or elsewhere to support them.

To make matters worse, research commissioned by the HSC has shown that access to occupational health services through the workplace has declined over the last ten years⁸. This makes it even more likely that their family doctor will be the first port of call for workers with occupational back pain. The Government has launched a new scheme called NHSPlus to encourage local health trusts to market their in-house occupational health services to employers in their area. However, no extra resources have been provided and health trusts are expected to charge for the service they provide.

Policy making in occupational health in recent years has been driven by the need for decisions to be 'evidence based'. This means there must be some solid proof that can be used as the basis for the decision. A recent evidence based approach to the treatment of back pain led to guidance for GPs and a booklet with advice for patients⁹. The definition of what was considered acceptable evidence was a very strict scientific one. It did lead to some practical advice – for example, for most episodes of acute back pain it is best to keep active and to get back to normal activity as soon as possible. However, it excludes popular treatments like physiotherapy because there was no proof of its effectiveness under the very strict definition of 'evidence'. Trade unions have also expressed concern that it does not deal very well with occupational causes of back pain. Sending someone back to do the same work that caused their pain in the first place is only likely to trigger another episode. If the root problem is not tackled then the long term outcome could be serious chronic pain.

Obviously it is important that high quality scientific research is done on occupational health. Trade unions in this country have complained for years that there is too little research. However, in their drive for 'evidence based' decisions Government policy makers need to be careful of the definition they use. Body mapping would not be considered very 'scientific' by many academic researchers because it relies on the subjective experience of workers. If a health and safety rep does a body mapping exercise in their workplace and gets improvement, such as replacement checkout chairs or improvements to the design of the production, this is unlikely to be written up as a scientific paper in a peer reviewed academic journal and therefore would never count as 'evidence' under the strict scientific definition. However, it is still extremely worthwhile research that needs to be supported by the Government policy makers and occupational health experts.

⁷HSC Occupational Health Advisory Committee, 'Report and recommendations on improving access to occupational health support', March 1999

⁸Institute of Occupational Medicine, 'Survey of use of occupational health support', HSE CRR 445/2002

⁹Royal College of General Practitioners, 'Clinical Guidelines for the Management of Acute Low Back Pain' 1997

Advice for Negotiators and Activists

Body mapping is one of a growing range of tools that trade unions are developing to enable health and safety reps to identify work-related health and safety issues and take action on them. Other techniques include simple questionnaires for member surveys, 'hazard mapping' (which involves marking hazards identified from members, accident reports, etc. on a sketch map of the workplace) and guidance on topic based inspections¹⁰. The factors they all have in common are that:

- They are designed to encourage active participation by members.
- They draw on the members' experience of what is really going on in the workplace.
- They lead to the identification of hazards and risks in a way that can lead to consultation with the employer on practical and effective solutions.
- They are simple and easy to use.
- They are inclusive to everyone.

The union needs to continue to develop the range of tools that are available for health and safety reps to use and to encourage reps to use them.

One feature of many of these techniques – particularly the mapping tools – is that they work best when there is sufficient time for a group of members to get together and work through the exercise. During the survey several members commented that there would be problems in using the technique in their workplace, because the employer would be unlikely to give staff the time they need. It is extremely unfortunate that some employers fail to understand that there are benefits to them, as well as to members, from the information that body mapping provides.

Negotiating for body mapping

Negotiating officials can refer employers to the results of this survey and to the results of similar research by the TUC¹¹ to prove that there are benefits for the organisation. Body mapping identifies hidden hazards that may have been around for a long time but are not spotted through existing health and safety management structures. It also draws on the workers experience to come up with practical solutions. This will benefit the employer through improved productivity and performance, reduced absence and staff turnover and the ability to show compliance with health and safety laws. Where possible, ways of building body mapping into health and safety management structures should be agreed with the employer. This would involve giving the health and safety rep the time and opportunity to carry out a body mapping session with a small group of workers in a suitably private location like a training room.

Where employers are not co-operative, it is important that the officials and activists in the union realise that there are many other occasions organised by the union that bring groups of members together, for example – weekend schools, union training courses, divisional and other conferences, branch meetings and informal social events. These can be used to run body mapping events.

Organising health and safety reps

In the end, these union tools and negotiated rights will only be effective if there are active health and safety reps in the workplace who are ready and able to use them. The union is strongly committed to building its activists' network. Encouraging members to come forward as health and safety reps is a vital part of the process. The experience of the women in the survey suggests that it is particularly important to encourage women members to volunteer.

The union has produced materials to help officials and branch activists to encourage other members to become health and safety reps. A leaflet explaining why reps are important and what the job involves is available. Some negotiating officials have found it helps to get a clear written commitment of support for trade union health and safety reps from the employer.

¹⁰Margaret Keith, 'Barefoot Research', ILO, 2002. See also www.hazards.org/diyresearch/index.htm

¹¹Peter Kirby, 'Final report of HSC training initiative Project 2000.2001', TUC, 2001

Where the union does have health and safety reps they need to be aware of the tools that are available to them and to use them, to make sure that members know who they are and that they do talk to members about their concerns. The union produces a Safety Rep Resource Pack that includes essential information and advice for new health and safety reps, as well as a poster that can be used to let members know who their health and safety rep is.

Posters on union notice-boards and features in branch or company newsletters can all help to inform members about their health and safety reps. By law, employers are obliged to display a poster with basic health and safety information. A space is available on this standard poster for the names and contact details of health and safety reps.

However, there can be no substitute for direct contact with the members themselves. One way that health and safety reps can do this is by carrying out their own research in their own workplace.

If health and safety reps believe there is a particular issue with back pain among the workers they represent, they can use the discussion leader notes in Appendix 1 to this report to run their own body mapping session.

If it is difficult to get groups of members together to do this, another option is to use a confidential questionnaire based on the one in Appendix 2.

If they are more interested in the wider range of other occupational health problems that might exist, they can use the general body mapping approach described in Appendix 3.

Whenever they carry out any research of this type it is important to make sure that:

- The process is inclusive – i.e. it involves as many of the members as possible.
- It is interactive – i.e. there is as much dialogue as possible with members either in groups or through one-to-one contact.
- The results of the survey are reported to the members involved.
- Any problems or risks identified by the survey are raised with management through the appropriate mechanism, for example – health and safety committee, grievance procedure.

- The results of the consultation with management are reported to the members, especially where it has been possible to win some improvement.

If the survey reveals a significant problem, or one which is likely to affect other members in other workplaces, then the health and safety rep should make a point of contacting their Area Organiser or the Health and Safety Section in the Legal department at Central Office.

By running investigations of this type, health and safety reps can make direct contact with the members they represent. This will make it easier for a member to approach the rep in the future. It also demonstrates to members and to potential members that the union is working on their behalf.

It is only by having safety reps working with the members they represent that we can ensure that we achieve the best health and safety conditions for every employer, for all groups of membership and for all workplaces.

Having run body mapping sessions with women workers, the union's Women's Committees are now developing their own programme of work around women and back pain and the wider issues of women's health and safety at work. It is apparent from this report that back pain is a real issue for women in Usdaw. Their work will focus on raising awareness amongst women workers of their health and safety rights, encouraging more women to become health and safety reps and continuing to give a voice to women at work.

Appendices

Appendix 1

Discussion Leader Notes for Body Mapping Sessions in Survey

Introduction

Following a proposition at last year's Annual Delegate Meeting, the union has been charged with conducting a survey of members about back problems. Previous experience in other unions has shown that simply circulating a questionnaire to members delivers very low returns and does not give particularly meaningful results. The body mapping project has been devised as a way of producing more useful information, using the union's structure more effectively and engaging members more directly in the surveying process. The union has decided to target this approach on women members through the divisional Women's Committees. This enables us to use existing structures of the union and ties in with the terms of the proposition. It is also likely to result in a report that will be of wider public interest because of increasing concern with women's occupational health issues.

The key point about body mapping is that it involves getting a group of members together to talk about health and safety issues in a structured way. Sharing experiences and discussing the issue as a group gives more insight into the issue than a questionnaire based approach.

What is body mapping?

The basic idea behind it is very simple.

The body map is a chart with large outline drawings of the back and front views of a body. Using coloured pens or stickers, members of the group take it in turns to mark on the chart which bits of their body hurt when they are working. Different coloured markers can be used for different problems. When they make a mark on the chart, the member explains to the rest of the group the pain that they feel and what they think the

cause is. As the discussion develops, patterns of similar pain caused or made worse by similar work activities will become apparent. Once everyone has had a go and the pattern of common problems is apparent, the group can discuss what solutions they would like to see.

Body mapping for the Usdaw back pain survey

For this particular exercise we need to make sure that the discussion focuses on back pain and associated problems. We also need some background information about the women in the discussion groups for the final report.

A standard form is provided for reporting on the composition of the group and on the results of the discussion. Using this will make it easier to pull together the results for the production of the national report.

We are interested in:

- Pain in the back, neck and shoulders that members think is caused by their work.
- Pain that results from factors outside of work but that is made worse at work or makes it difficult to do the job.
- One-off injuries to the back, neck or shoulders such as bruises, strains or cuts.
- Any other health problems that members believe are linked to their back pain (headaches, pain in the legs, sleeplessness, irritability, etc).
- Any other comments that members have about the effects of back pain on their lives.

The following notes give some practical advice on how to run the body mapping session.

Running a body mapping session

The group

The key to body mapping is the sharing of experience. It is only through group discussion that common problems and solutions can be identified. It is important that the group is given enough time for discussion to develop. It is likely that the session will take about 1½ to 2 hours.

To make sure that everyone gets a chance to participate, a group of around 20 members would be ideal. If you can get a larger number together they could be split into smaller groups.

It is also important that people in the group do similar types of work. If you are running a session where you have larger numbers, this might influence how you split them into smaller groups.

The venue

It obviously depends on when and where you can get members together. But it is important that the room allows for free movement of people so that members can come forward to put their markers on the chart – don't sit people in rows. It is also important that they can have uninterrupted discussion without too much background noise. You will need a wall or space for a flip-chart to stick up the body maps where everyone can see them.

Resources

Copies of the body mapping charts, the coloured pens or stickers, the discussion leaders notes and the form for reporting back on the discussion are available from the Health and Safety Officer at Central Office.

You will need someone to lead the discussion and someone else to keep notes. If you are splitting into smaller groups, make sure you have enough charts and stickers and that there is someone to chair and take notes in each group.

The format

Introduce the session by explaining that it is part of a national survey by Usdaw on members' experience of back pain. Explain briefly how body mapping works. Suggest the following colour coding for members to use:

Red Pain that develops over time in the back, neck or shoulders (because of posture, repetition, etc).

Blue Pain that results from factors outside of work but that is made worse at work or makes it difficult to do the job.

Green One-off injuries to the back, neck or shoulders such as bruises, strains or cuts.

Yellow Any other health problems that members believe are linked to their back pain (headaches, pain in the legs, sleeplessness, irritability, etc).

Encourage members to come forward to mark the chart and explain why they are doing so. Experience shows this may be slow to start, try to make sure as many members as possible participate. There will, of course, be some members who do not suffer back pain problems. Their contribution to the discussion is just as valid.

Once a number of members have started to put stickers on the chart look for any patterns, common causes or common experiences. These don't have to be limited to back pain that is caused directly by work. It may be, for example, that women find certain aspects of their job more difficult because of back pain they experience when they are pregnant.

Report Form for Divisional Body Mapping Discussion



Date of meeting _____

Divisional contact _____

Number participating

Profile of members participating:

Age (Please show the numbers in the following age ranges)

16-24

25-34

35-44

44+

Employer (Please show employers and numbers below)

| Employer | No. in group |
|----------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| Employer | No. in group |
|----------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Results of the discussion

a) Members with pain caused by work

No. of members affected in group

Please give details of location of pain and causes (i.e. what is it about their work that causes the pain?).

b) Members with pain from other causes made worse by work

No. of members affected

Please give details of causes of pain.

c) Members with work-related injuries arising from accidents at work

No. of members affected

Please give details of type of injury and cause

d) Members with other health problems caused by back pain

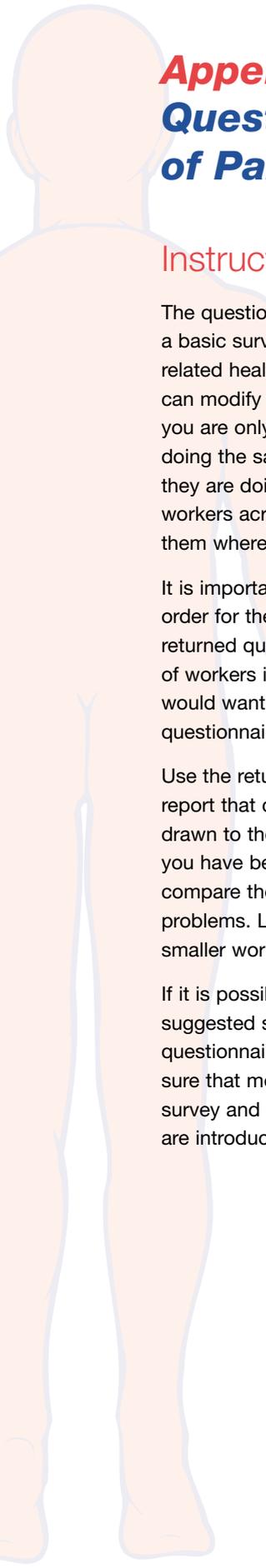
No. of members affected

Please give details of health problems involved

Other comments

Please give details of any other comments that members of the group wish to add about the effects of back pain on their lives.

Please give details of any comments from members of the group about the solutions they want to see to the problems of back pain in the workplace.



Appendix 2

Questionnaire for Profile of Participants

Instructions for use

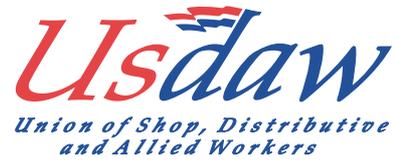
The questionnaire is an example that can be used to do a basic survey of the membership to identify any work-related health risks of musculoskeletal problems. You can modify it according to your needs. For example, if you are only interested in surveying people who are all doing the same job, you don't need to ask what job they are doing. On the other hand, if you are surveying workers across a whole factory, you may want to ask them where they work as well as what job they do.

It is important to get a high return from the survey in order for the result to count. Count the number of returned questionnaires and compare it to the number of workers in the group being surveyed. Ideally you would want more than 50% of them to have returned a questionnaire.

Use the returned questionnaires as the basis for a report that can be presented to the safety committee or drawn to the attention of management. For example, if you have been surveying people who do different jobs, compare the percentage in each job complaining of problems. Look for any other patterns. For example are smaller workers more at risk? Is age a factor?

If it is possible to identify causes of problems or suggested solutions from members comments in the questionnaires, include details of this as well. Make sure that members are informed of the result of the survey and about any changes or improvements that are introduced as a result of the survey.

Questionnaire



This questionnaire is part of a survey by the union to investigate health problems in the workplace. The questionnaire is confidential. It is important that there is a good rate of return for the survey. So please take the time to complete the questionnaire and return it to your Usdaw health and safety rep.

Please tell us what job you do

Please indicate your answer by circling the following:

1. Your gender: Male Female
2. Age group: 16 – 20 21 – 30 31 – 40 41 – 50 51 – 65
3. Hours worked: 0 – 8 9 – 16 17 – 24 25 – 35 36+

4. Please state your height

5. Do you experience any discomfort whilst working? Yes No
6. Do you experience any pain whilst working? Yes No

7. Please indicate where you experience the pain:

Back Neck Shoulders Arms Wrists Other

8. Have you consulted your GP about the pain? Yes No
9. Have you had to take time-off from work as a result of discomfort, pain or injury suffered at work? Yes No

10. Please write any additional comments below.

Appendix 3 Usdaw Body Mapping Leaflet

One of the key functions of union safety reps elected under the Safety Representative and Safety Committee Regulations is to investigate potential hazards. They are also entitled to talk with the members they represent in order to identify any concerns they may have.

But sometimes it can be difficult to establish the link between the work members do and their health.

- People may not report certain symptoms to management because they fear for their job.
- Individuals may blame their symptoms on getting older or being unfit, without realising that others are being affected as well.
- People may just accept symptoms as 'part of the job' without realising that they could develop safer ways of working if they put their heads together and think about it.
- The commonest work-related health problems – musculoskeletal disorders, stress – can have non-work causes too. Separating effects that are work-related from general wear and tear can be difficult.

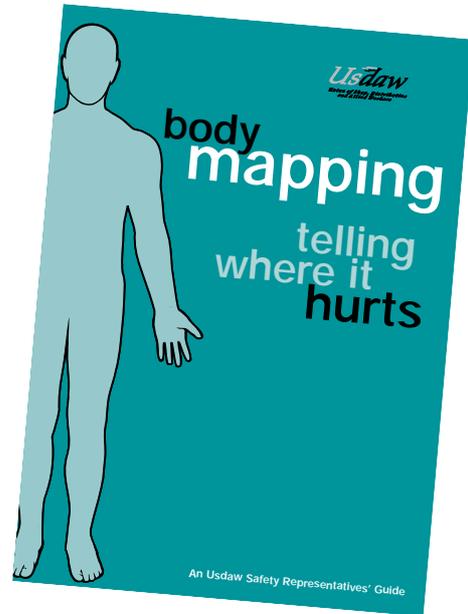
The technique of body mapping is one that has been developed by union colleagues in North and South America. It helps to get people talking about the effects of work on their health. It enables safety reps to identify clusters of common problems and their causes. It gets workers thinking about possible solutions to problems.

The principle behind it is very simple.

The body map is a chart showing the front and back view of a body. Using coloured pens or stickers, workers doing a particular type of job are encouraged to mark on the chart where they suffer pain or injury while they are working.

Different coloured pens or stickers can be used to identify different problems, for example:

- Red for aches and pains.
- Blue for cuts and bruises.
- Green for illnesses (stomach upset, dermatitis, etc).
- Black for any other problems.



You could use it by giving every member their own chart to fill in and return.

But it is better if you can enlarge the chart and get a group of workers to fill it in together. Once they start talking to each other, workers are quick to spot common problems and often can come up with practical solutions as well.

If any Usdaw reps have any difficulties photocopying or enlarging the attached 'body map' on page 24 for use in their own workplace, the Health and Safety Officer at Central Office can provide copies.

Whichever way you do it remember:

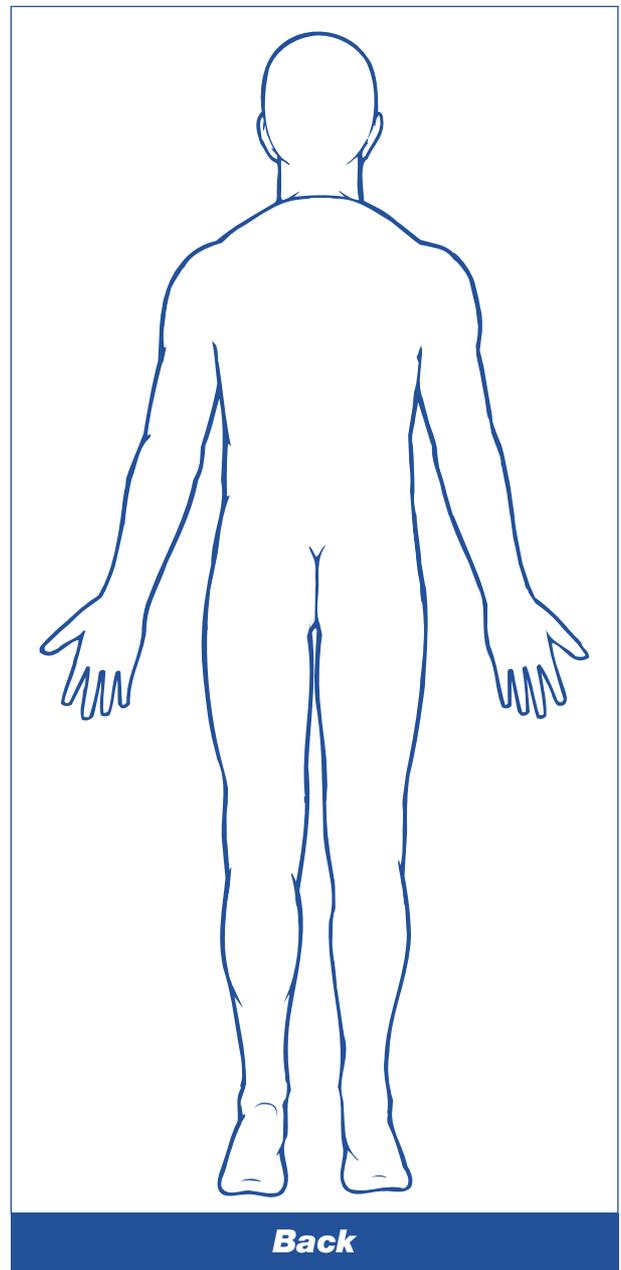
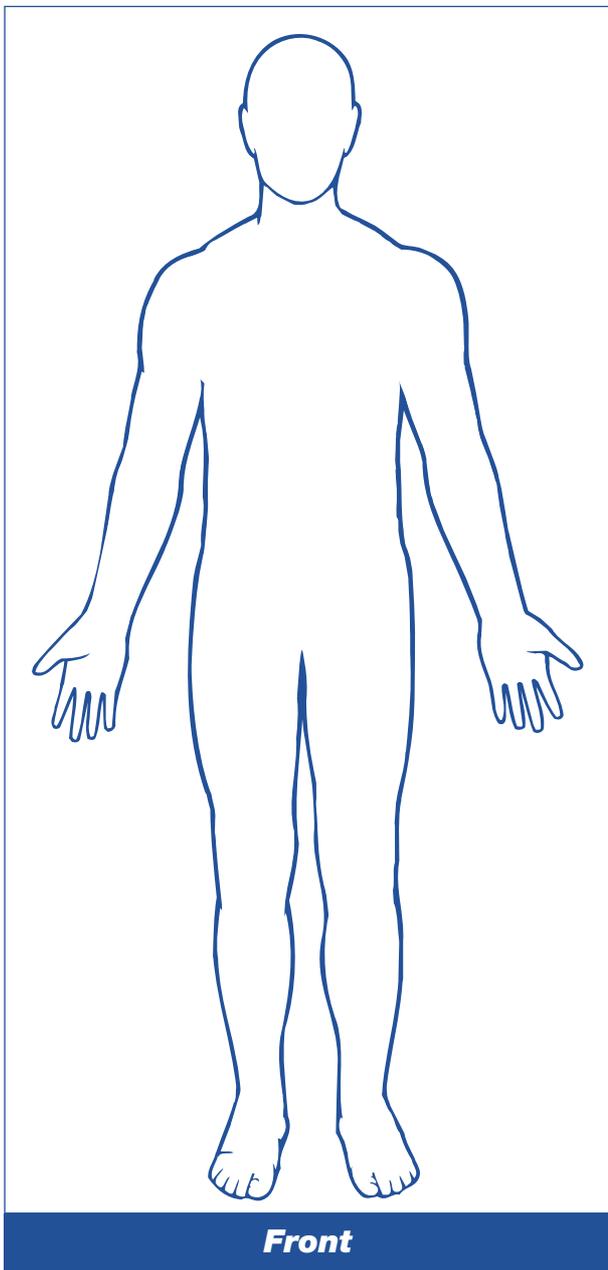
- Get members talking to each other about their own experiences.
- Make sure that as many people as possible take part.
- Make sure that all the workers taking part do a similar job, for example – all the checkout operators or all the night shift shelf fillers in a store, or all the drivers in a warehouse.
- Ask members to write down the causes of the pain or injury beside the mark.
- Encourage them to think about ways in which the injuries could be prevented.

At the end of the exercise it should be possible to identify any significant problems. By putting all the comments and marks onto one chart, clear clusters may emerge showing that many people doing the same job are suffering similar symptoms. This evidence, along with suggested causes and solutions from the members, can be taken to the employer, for example – at a safety committee meeting.

If there is a serious health and safety problem in the workplace, it is in management's interest to know about it. Apart from any legal duties they may have, it is

likely to be costing them money. Workers whose health is being damaged by their work will have more time-off sick and will be less productive when they are in work.

It is also important to let members who take part see the results of the exercise. If there are any improvements introduced following discussion with the employer, make sure members are informed about them and continue to monitor the situation with the members to make sure that they really do work.





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