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Participation in the Health and Safety Excellence Small Business Program: Understanding small business motivations and needs

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Participation in the Health and Safety Excellence Small Business Program: Understanding small business motivations and needs

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The Institute operates on the traditional land of the Huron-Wendat, the Seneca and the Mississaugas of the Credit River.

Table of contents

EXECUTIVE SUMMARY	1
BACKGROUND	3
THE RESEARCH STUDY.....	4
Recruitment and interview methods	5
Data analysis	6
FINDINGS.....	6
Small business characteristics.....	6
Program participation and progress	7
Experiences with program implementation and making OHS improvements	10
Factors impacting program implementation and OHS improvements	14
KEY CONSIDERATIONS	20
STRENGTHS AND LIMITATIONS	23
CONCLUSION.....	23
REFERENCES	25

EXECUTIVE SUMMARY

The Workplace Safety & Insurance Board (WSIB) of Ontario launched the Health and Safety Excellence Program (HSEp) in late 2019 with the objective of helping Ontario employers improve their management of workplace health and safety. In the initial period of the HSEp, the participation rate among smaller firms registered with WSIB was substantially lower than the participation rate among larger ones. In July 2021, to increase the participation of small businesses, the WSIB and the MLITSD adjusted several HSEp features, including the elimination of participation fees, simplification of program implementation elements, and launched the “HSEp Small Business Program.”

This report summarizes the results from a study involving qualitative interviews with representatives of small businesses in the HSEp Small Business Program, and with service providers from four health and safety associations, who provide direct consulting support to the small businesses in the program.

The objectives of this qualitative study were to: i) understand the needs, motivations, and experiences of the selected cohort of small businesses in the Small Business Program, ii) identify effective approaches to improve the delivery of occupational health and safety (OHS) services to small businesses and iii) suggest strategies to support small businesses in improving their health and safety programs and building strong health and safety cultures.

We adopted an exploratory approach and used interviewing as our method of data collection. Our overall study design included interviews with the small business representatives within the initial stages (0-4 months) of their program enrolment (Phase 1 interviews) and again at 12-18 months following enrolment (Phase 2 interviews). We also interviewed with service providers (OHS consultants and program administrators and managers) from four health and safety associations (HSAs) who provided individualized help and services to the participating small businesses.

Interviews took place from April 2022 to October 2023. Information collected from the interviews were analyzed using thematic analysis.

While there were differences among the businesses regarding their progress in the program, the following common themes emerged from the interviews related to small business experiences with the program implementation.

- Almost all small business representatives found the program content to be helpful.
- Participating in the program enabled the small businesses to make positive changes, such as implementing new OHS policies and practices, formalizing OHS processes, and taking steps towards a better OHS culture. Some small business representatives reported there was increased OHS awareness among employees and more employee engagement in OHS.

- There were challenges when participating in the program, such as limited OHS knowledge and experience, limited time and human resources, and competing business priorities, that impacted the capacity of small businesses to make OHS improvements and continue in the program.
- The support of the OHS consultants, buy-in from small business owners and visible leadership, as well as the support of designated OHS personnel within the workplace (e.g., the Joint Health and Safety committee (JHSC)) were key facilitators of progress in the program.

The insights gained from the interviews provide a better understanding of the extent of support and resources necessary to help small businesses move forward in completing the program elements and initiating change. Providing instrumental and motivational supports to increase OHS capacity is essential to help small businesses to feel more resourced and prepared to make OHS improvements. The supports can include:

- Providing small businesses with an introduction to OHS to help them engage with and gain early momentum in the program.
- Providing one-on-one support and early engagement, to support ongoing progress.
- Prioritizing the training and involvement of JHSC or health and safety (H&S) representatives to increase OHS capacity and make OHS changes more sustainable.
- Emphasizing early on the role of senior leadership and safety culture in facilitating program engagement and OHS improvements.
- Helping small businesses plan for resource limitations and business workflow to facilitate program implementation.

BACKGROUND

The Workplace Safety & Insurance Board (WSIB) of Ontario launched the Health and Safety Excellence Program (HSEp) in late 2019 with the objective of helping Ontario employers improve their management of workplace health and safety. The program has the objective of enrolling a minimum of 4,000 Ontario employers to develop and adopt the health and safety best practice elements that align with the International Organization for Standardization's ISO45001 OHS Management Systems standard. Participating employers are supported by a network of qualified service delivery partners, and employers' implementation of program elements are validated by the WSIB HSEp. Financial incentives for participating employers in the HSEp are approximately \$120M over three years, with maximum insurance premium rebates for an individual employer being 7%.

The Challenge: In the initial period of the HSEp, the participation rate among small firms (less than 50 FTEs) was substantially lower than the participation rate among the larger ones. As a result, as of January 2021, approximately 30% of employers enrolled in the HSEp were small firms, whereas among Schedule 1 employers registered with WSIB, more than 80% were small firms. Smaller firms are important from an OHS risk perspective. Although their employees represent 26% of the WSIB's covered workforce, they experience half of all traumatic fatalities, and 31% of lost-time injury claims (Government of Ontario, 2018). Hence, they bear a disproportionate share of serious work-related injuries and fatalities. In the Ministry of Labour, Immigration, Training and Skills Development's (MLITSD) five-year (2020-25) Prevention Works plan, improving OHS in small businesses was identified as a priority.

The Program: In July 2021, to increase the participation of small businesses, the WSIB and the MLITSD adjusted several HSEp features, including the elimination of participation fees and a simplification of the program implementation elements. At the same time, it launched the "HSEp Small Business Program" (referred as "the program" in this report), in which service providers from four health and safety associations (HSAs) provided no-cost direct support to the small businesses in HSEp, including resources to assist with topic selection and implementation, building topic evidence, and reviewing evidence stories for submission to the WSIB for validation. The four HSAs are Infrastructure Health & Safety Association, Public Services Health & Safety Association, Workplace Safety & Prevention Services, Workplace Safety North. HSA program staff selected a cohort of small business with higher-than-average lost-time injuries and claims costs to be recruited to the WSIB Health and Safety Excellence Program by WSIB and then supported by the HSAs.

Upon invitation from the WSIB to join the HSEp Small Business Program, businesses that decide to participate are asked to register with their respective HSA service provider via the program's digital portal. With the assistance of their service provider, small businesses can identify gaps in their present OHS program by doing an initial health and safety assessment and choose the OHS

topics to incorporate in their workplace. In the first year of the program, small businesses can choose one to five topics to adopt in their workplace. These include three foundational topics that were introduced as part of the HSEp Small Business Program (leadership and commitment, health and safety responsibilities, health and safety communication) and other topics such as injury, illness and incident reporting, incident investigation and analysis, recognition of hazards, risk assessment, and control of hazards.

Following the selection of their topics, small businesses develop their action plans to implement OHS initiatives in their workplaces within a 12-month period. HSAs provide the small businesses with templates and information on how to implement their OHS topics and engage all relevant workplace parties in the implementation. If a small business is unable to complete a topic within the 12-month action plan cycle, they may 'defer' it, with the option to revisit the topic on a subsequent action plan.

Once a small business has implemented an OHS topic from their action plan, they are required to submit an evidence story to the WSIB digital portal for each item completed. The aim of this evidence story is to indicate that the topic is “living and breathing” in the workplace. The review of the evidence stories provides an opportunity to obtain feedback and, if needed, recommendations for making improvements. At the successful completion of all topics, the small business receives a rebate on its WSIB premiums, as well as non-monetary recognition for the investments in OHS. Successful small businesses can move on to Year 2 of the HSEp by selecting new topics based on their needs and interests.

THE RESEARCH STUDY

The objectives of this exploratory qualitative study were to: i) understand the needs, motivations, and experiences of the selected cohort of small businesses in the Small Business Program, ii) identify effective approaches to improve the delivery of OHS services to small businesses and iii) suggest strategies to support small businesses in improving their health and safety programs and building strong health and safety cultures.

Our overall study design included:

- interviews with the small business representatives within the initial stages (0-4 months) of their program enrolment (Phase 1 interviews) and again at 12-18 months following enrolment (Phase 2 interviews)
- interviews with service providers (OHS consultants and program administrators and managers) from four HSAs who provided individualized help and services to the participating small businesses.

Interviews followed a semi-structured format and included a series of open-ended questions. Research ethics approval for this project was provided by the University of Toronto Research Ethics Board (protocol number: 00042361).

Recruitment and interview methods

Phase 1 study recruitment and interviews

Phase 1 recruitment and interviews were conducted April 2022 – October 2022. The target study population included small businesses enrolled in the program. Key informants were the small business owners, managers and administrative employees who were designated to implement the program.

HSAs assisted the IWH team in recruiting small businesses by sharing the study information with the businesses they provided services to within the program. The IWH study lead then reached out to the primary contact at each small business, emailing them a detailed study information letter, providing them with the opportunity to ask any questions about the study, and inviting them to participate in a one-on-one interview. Interviews lasted approximately 60 minutes in length; they were all audio recorded and transcribed. All but one interview was conducted on the video-conferencing Zoom™ platform. One was conducted over the phone.

Thirty-four representatives from 32 small businesses were interviewed. In two cases, two representatives from the same business participated in a single interview. Small business interviews explored the perceptions of the small business representatives on their business' motivations to participate in the program, their perceptions of the needs of their business to strengthen OHS, their knowledge and perception of the elements of the program and the OHS consultant's role and involvement in the program.

We also interviewed 12 representatives from four HSAs (OHS consultants, program administrators) to understand their experiences with service delivery and the program elements.

Phase 2 study recruitment and interviews

Phase 2 recruitment and interviews were conducted April 2023 – October 2023. While all Phase 1 small business representatives agreed to be contacted for a follow-up interview, only about half (15 out of 32) participated in the follow-up interviews. Some Phase 1 small business representatives declined the interview due to being short-staffed or too busy. In some additional cases, due to staffing changes, the initial contact had left the small business and no one else was available to participate in the interview.

Interviews lasted 40-60 minutes in length; they were all audio recorded and transcribed verbatim. All interviews were conducted on the video-conferencing Zoom™ platform. During the

interviews, small business representatives were asked about the status of OHS within their firm, their perceptions of the support provided by their OHS consultants, as well as their experiences participating in the program, including barriers, challenges and facilitators to progressing in the program.

We also conducted follow-up interviews with ten HSA representatives.

Data analysis

Information collected from the interviews was analyzed to summarize characteristics of the small businesses. The main analysis used thematic analysis (Braun & Clarke, 2006), which involves systematically identifying and assigning codes to segments of text in the interview transcripts and establishing themes and patterns in the data. Analysis and interpretation examined shared and divergent perspectives on the core experiences of small business representatives.

FINDINGS

The first section of the findings provides a description of the small businesses in the study. The remaining sections summarize the results of the thematic analysis.

Small business characteristics

Characteristics of participants at Phase 1 interview

Small businesses belonged to diverse sectors such as construction, manufacturing, warehouse/distribution, utilities, transportation, health care and social assistance, education, retail trade, and other service sectors. The businesses ranged in size: three were micro businesses (fewer than five FTE), 15 businesses employed six to 19 FTEs, and 14 businesses employed 20-50 FTEs. Approximately one-third of the businesses identified as a family business.

While 20 out of 32 (63%) businesses selected the three foundational topics (health and safety responsibilities, health and safety communication, leadership and commitment), nine selected a mix of foundational and additional topics. Three small businesses could not remember the exact topics they selected. Just under half (n=14, 44 per cent) were either in the very early stages of their topic implementation or had not started the topics at the time of the interviews. The other 18 small businesses shared that they had started the topic implementation and made some progress. These small business representatives were able to share more about the program content, and their perceptions of the program content and whether it was meeting their expectations, and their experiences with their OHS consultant.

Out of 34 small business representatives interviewed, just under half had administrative and operational responsibilities (n=16, 47 per cent), eight were senior leader/owners, two representatives had a formal OHS role in their workplaces, and eight defined their role as having both administrative and OHS responsibilities. All small business representatives interviewed were responsible for the implementation of the program within their businesses.

At the end of the interview, small business representatives were asked to rate their business' level of commitment to continuing the program as one of the following: a little bit committed, somewhat committed, committed so far, fully committed to see this through, or extremely committed ready to do all that is involved. The majority of the businesses (n=24, 75 per cent) said they were either fully or extremely committed to see the program through. Eight (25 per cent) businesses said they were somewhat committed/committed so far. One small business representative's answer is missing.

Characteristics of participants at Phase 2 interview

Out of the 15 businesses that participated in Phase 2 follow-up interviews (47 per cent of the initial sample), 12 had completed one or more topics, and three had dropped out of the program without completing any of the topics. Out of the 12 businesses, five moved into Year 2 of the program and selected new topics; three businesses completed one or more of their Year 1 topics but decided not to move into Year 2. Four businesses deferred or restarted their timelines and were still working on Year 1 topics. Among the 12 businesses that continued the program, eight businesses submitted evidence stories for one or more topics.

Of the 15 small business representatives who participated in the follow-up interviews, seven were senior leadership/owner, seven were administrative/OHS and one had a formal OHS in their business. At Phase 2, one small business was a micro business (<5 FTEs), eight businesses employed fewer than 20 FTEs and six employed between 20 and 50 FTEs.

Program participation and progress

The interviews explored the motivations of small businesses for participating and continuing the program.

Motivations to participate in the program (Phase 1 interviews)

During Phase 1 interviews, when asked about their motivations for joining the program, most small business representatives shared that they saw the program as an opportunity to improve health and safety within their businesses, by developing and improving OHS policies and procedures, and ultimately make their business a better and safer place for the workers. Receiving financial incentives (reduced WSIB premiums) was also a motivation, one that often went hand in hand with other perceived benefits of the program. Other reasons to participate in the program included:

- improving OHS policy and practices
- accessing resources about OHS
- increasing compliance
- decreasing claims and their cost
- improving business reputation and competitiveness

Example quotes

“Without the rebate I think the company probably would still be sitting waiting for this to happen and hope no one gets hurt. That's why the program is valuable for small businesses and even our size...” (SB¹26, Phase 1)

“...It's bettering the organization, the people and the people that visit here and the people that work here. I think that's really why I did it.” (SB23, Phase 1)

“I thought, ‘This sounds like something that typically a company might pay for. This sounds like partially a consulting service.’ That's a great opportunity for us to learn right there and for myself personally to learn, and to again, have things in place just to be ready because when RFPs happen, and we pursue them, we have to be ready to act. If there's health and safety pieces to speak to, I think that really strengthens our case.” (SB17, Phase 1)

Motivations to continue in the program (Phase 2 interviews)

Phase 2 follow-up interviews showed that the motivations to continue the program were similar to the reasons mentioned by small business representatives for initially participating in the program. While reduced WSIB premiums were still a motivator for half of the small businesses that continued the program, the tangible benefits of the program provided positive reinforcement. These were:

- anticipated long-term business benefits, such as employee retention
- improved OHS knowledge
- opportunity to evaluate, receive feedback and improve OHS
- clearer understanding of the program as small businesses began implementing OHS changes

¹ Small Business

Example quotes

"It just doesn't resonate maybe as top of the list, but definitely in most of our conversations when we're reviewing the standards or new policies... it always comes back to the workers being like family and wanting to take care of them, wanting to engage with them, get them involved. Again, that whole family unit, the way that they feel connected with each other, I think is a real driver as well. Yes, absolutely, [small businesses] are proud of wanting to be an employer of choice if you will, a safe employer." (SP²9, Phase 2)

"Having gone through that process the first time, it was a lot more work on my plate, to be honest...So, I basically led it, ran it, trained everybody and did all that, which was a great learning experience for one...it kind of gave that confidence...it just kind of opened up to everybody else that health and safety is important, right? [...] I'm in year 2 now. I'd like to keep going, as long as it's going on. Like I said, it's been a tremendous help." (SB23, Phase 2)

Reasons for discontinuing the program (Phase 2 interviews)

Despite the motivations to participate expressed in the initial interviews, not all small businesses continued in the program. Challenges discussed in Phase 2 interviews included:

- resource challenges such as lack of time, human resources, changes in staffing
- multiple high priorities
- perception that the program did not add much to their business, as OHS expertise was already available in-house

Despite the various reasons, many of representatives who discontinued the program said although cut short, their involvement had already brought them benefits.

Example quotes

"It's not the program's fault...It's when the time permits, you jump into it, and then when another priority comes, it's very easy, too easy to put it off, and then it's hard to get back to where you were." (SB8, Phase 2)

² Service Provider

“So, I found that we benefited from the program and [OHS consultant] was awesome to work with...[but] I honestly didn’t have time to build an evidence story for each topic....” (SB21, Phase 2)

“Where I can see [the] program being very beneficial to somebody that really doesn't have the same background as me that walks them through the whole process [...] I found it for my case to be just a little bit too much for what I needed to accomplish because of my background already...It's nice to go through all the steps and get monitored feedback from [the program] on it.” (SB1, Phase 2)

“[We are] content with dropping out of the program. It's made a huge difference here. We've implemented a lot”. (SB20, Phase 2)

Experiences with program implementation and making OHS improvements

Early experiences of the small businesses: Starting topic implementation and making OHS improvements

Phase 1 interviews captured the experiences of the small businesses in the early stages of program implementation. In general, small business representatives and service providers shared that the program topics helped participating small businesses identify the gaps in their OHS and improve their OHS knowledge and OHS practices. Some small business representatives shared that being a part of the program gave them an opportunity to engage more with OHS and communicate with the workers.

Developing foundational OHS knowledge

Learning about foundational health and safety concepts helped businesses recognize the gaps within their OHS policies and practices, especially within businesses where limited safety knowledge was described as a challenge. For example, one small business representative from a family-run business mentioned that a key challenge of navigating OHS is becoming familiar with the provincial legislation and regulations, which were new to them. The introductory topics helped them to understand the OHS responsibilities of workplace stakeholders and created a good foundation for policy and procedure development.

Example quote

“We had nothing. We had no policies; we had no standards. We had nothing in place except for verbal word-of-mouth training, and then the WSIB form... We started looking into what we needed, and I was like, there's so much I don't know what to do. Then [we] found this program. That's where we started...” (SB3, Phase 1)

Formalizing OHS policies and practices

Several small business representatives reported that the program helped them formalize OHS policies and practices at their small business, citing examples such as:

- creating formal policies and procedures (e.g., identify hazards and report injuries)
- creating more comprehensive policies compared to what was in place before joining the program (e.g., keeping training documentation and records)
- revisiting policies and procedures, identifying gaps and updating policies to comply with changes in legislation.
- updating the language in policies to be more inclusive
- enforcing mandatory formal safety training for employees

Example quote

“We've put into place some hazard signs and markings... Now we have a formal report for reporting hazards and we're actually using them” (SB20, Phase 1)

Moving forward in the program: Topic completion and making OHS improvements

In Phase 2 follow-up interviews, small business representatives and service providers reported a number of positive changes within the businesses as a result of continuing the implementation of program topics

Increased program knowledge and confidence

Some small business representatives shared that, after going through the first year, they felt more confident in relation to OHS knowledge and had a clearer understanding of the program. The representatives shared that:

- teaching sessions and resources provided during the program helped to provide clarity in implementing OHS changes

- being responsible for program implementation helped improve personal knowledge of OHS
- they improved their OHS leadership abilities

Example quotes

“I think it [the program] made me more of a leader in a way too. People could look at me and say, ‘I have a health and safety question.’ They’re coming to me now. I’m becoming more of a resource to people, I guess, is a better way to put it, which is nice too. And it has made me more aware too of what aspects of health and safety are.” (SB23, Phase 2)

“Several of [small businesses] have expressed that they now understand the concept, the overall breakdown, if you will, of how to implement a health and safety topic or a program in their workplace. They feel definitely more confident to the degree that a couple of them have actually expressed that they’re seriously considering additional health and safety training and looking at different training programs and courses in their communities at the post-secondary level.” (SP9, Phase 2)

Implementation of OHS policies and practices

Small business representatives reported that they continued to implement formal OHS policies and practices, including more hazard controls, as they moved through the program topics.

Examples included:

- establishing formal hazard and incident reporting processes
- introducing formal OHS training for management and employees
- providing accessible safety resources for employees such as reference sheets in toolboxes
- implementing visible safety warnings
- instituting a health and safety representative

Example quote

“One of the big things we implemented on-site was having a health and safety box that has a binder. All [documents] stays in that box on site... [Now], the [workers] feel safe around site... [...] it’s helpful for everyone to feel as a business, we are working towards a safer workplace. [...] I feel just change the morale a little bit.” (SB3, Phase 2)

OHS communication, worker awareness and engagement

Several small business representatives reported improvements in OHS communication, and increased awareness and engagement in OHS among the employees, as OHS had become more top of mind within their businesses. Small business representatives gave examples of:

- employees communicating more frequently about OHS topics and potential hazards or risks
- a new system for hazard reporting helping to communicate safety issues more regularly
- more buy-in from employees across the business, with opportunities for employees to give feedback about the OHS culture

Example quote

“I have seen an improvement with the communication...so there's stuff that [workers] will call and say, ‘okay just letting you know this happened or nothing major or serious’, but just keeping me up-to-date as it's happening rather than later... I'm also much more upfront about asking them to trigger their memory like, ‘Is there anything you need to tell us? How's it going? How's the job? How's everybody around you?’” (SB6, Phase 2)

Increased awareness of gaps in OHS policies and practices through validation process

Nine businesses reported submitting evidence stories for one or more program topics to be reviewed and approved by a WSIB validator, qualifying them for the WSIB rebates. While a few small business representatives expressed challenges related to having limited time to work on the evidence stories and at times finding the process confusing, others felt that the validation process was straightforward and beneficial. Engaging in the evidence-gathering process and documenting the OHS improvements helped representatives:

- focus on and identify gaps in their OHS policies and practices
- receive feedback from the OHS consultants on how to strengthen OHS in their workplaces

Example quote

“...just going through the exercise of, if I may call, self-evaluation, it just made us actually go through every single topic step by step. If you don't identify, then you can't actually analyze it. You actually look at everything” (SB27, Phase 2)

Besides the improvements made as part of the program, three small business representatives reported that their businesses also implemented other OHS improvements not required by the program. These changes were often introduced by a manager with a background in OHS, who began facilitating positive changes to the firm's OHS policies and practices.

Factors impacting program implementation and OHS improvements

Small businesses experienced a variety of challenges related to limited time and resources, competing business priorities and limited OHS and HR capacity. Other factors that were instrumental in small businesses' implementation of the program included the degree of OHS background knowledge of the small business representatives, support from OHS consultants, and buy-in from leadership. Below we summarize the factors discussed by small business representatives and service providers that played a role in program implementation and OHS Improvements

OHS knowledge and experience in the small businesses

In Phase 1 interviews, almost half of the small business representatives shared that they entered the program with limited or no knowledge of OHS. These representatives tended to be those in administrative positions where OHS was not a part of their role prior to joining the program. They described enrolment in the program as their introduction to OHS, and participation in the program as a steep learning curve. One small business representative reported: *"...everything was way over my head because I knew nothing"* (SB25, Phase 1). This representative shared that as they worked through the information, topic by topic, at first, they felt even more overwhelmed realizing the gaps in their business: *"...there's just so much that we're not doing here"*.

Knowledge gaps highlighted by the participants in the interviews included the owners' lack of knowledge regarding safety regulations, the small business' lack of experience in writing OHS policies and developing written communications, as well as the lack of understanding about how to comply with the regulations.

Example quotes

"...The fact is you are the boss, but the reality is if you don't tell us, there's a good chance we don't know many of the regulations. It's not that we don't want to comply, it's that we don't know." (SB27, Phase 1)

“...I think that it would be beneficial to have a template, because not everyone can write to that degree [...] Those are skills that are really important in how a lot of different small businesses or larger businesses operate, but they might not have that skill set that is required... I don’t know if all small businesses could meet that standard of practice.” (SB28, Phase 2)

Small business representatives with OHS backgrounds and experience, on the other hand, found program content easier to implement, despite challenges such as limited time and resources. Having prior OHS knowledge and experience was a facilitator in program implementation.

As the businesses moved through the program topics during their first year and second year, some service providers talked about how these representatives had grown in their confidence, their mastery in implementing topics, and their leadership capacity.

Resources provided by HSAs and OHS consultant support

Resources and templates provided by the HSAs

Most small business representatives reported that the resources provided by the HSAs were beneficial. These resources were:

- program-mandated open houses
- recorded webinars
- group meetings where small businesses learned from each other, discussed topics such as policy development and collaboratively worked through examples
- policy templates
- accessible instructional videos and quick tip guides
- other training materials relevant to their industry

Example quotes

*“The webinars were good, and they were very detailed. They had lots of resources to go along with it so [it’s] easy to look back on things and usually the webinars were saved. You could go back and look at them if you wanted to.”
(SB21, Phase 1)*

“The guideline, the book, the guide [that] was provided was very helpful. Having samples provided for you kind of helps, right, because you kind of know where your train of thought should be and you’re not trying to recreate something. Well, here’s a policy template but make it your own. I would say that was the biggest advantage...” (SB23, Phase 2)

Only a few representatives shared that they felt overwhelmed with too many resources being shared. These individuals suggested streamlining and summarizing the program content more for the businesses in the program.

OHS consultant support

The interviews highlighted the key role played by OHS consultants in providing instrumental and motivational support to the businesses in program implementation. The support from OHS field consultants was reported to be a key facilitator for the majority of the small business representatives, particularly those who wore many hats and did not have time to dedicate solely to the program. Most small business representatives said the OHS consultants helped them with:

- receiving individualized advice on topic selection
- having a quick, direct line of communication, especially when they had questions while working on program elements
- receiving feedback on topic implementation, on where their business was in terms of OHS and how they could improve
- planning their topic implementation according to their business timelines and capacity
- connecting with other industry experts through introductions made by the OHS consultant
- being more engaged in the program

Example quotes

“I really valued the insight of the [OHS consultant] because that’s their expertise. I’m someone that in [my role] in a supervisory position, I don’t have all the answers. I’m still learning too. I haven’t learned them yet. It’s a work in progress.”
(SB28, Phase 2)

“If I didn't have a person like [OHS consultant], I would not get through the program and I would not have finished the policies. I can guarantee you that...Too much of life and too much work gets in the way... I don't know how many times [OHS consultant] was like, ‘Okay, this is what we're working on. Let's bring it back to that. We can work on that when we add it next year. It's not something of this year.’ (SB10, Phase 2)

Limited time and human resources

Having limited time to dedicate to the program content was a challenge described by the majority of the small business representatives. This was especially true for small business

representatives who had to wear different hats at their business; balancing the program with their daily responsibilities was challenging. Some small business representatives shared that they had to put in time outside of their work hours to make progress with the topics. Some said they had to leave the program aside for a while because of other priorities until they had more time to devote to the program.

In addition to lack of time, some small business representatives shared examples of lack of qualified staff and high employee turnover in their workplaces. For example, one small business representative said that they did not have enough staff to delegate some of their workload to so they could focus on the program. In a few instances, small business representatives said employee turnover meant that they kept having to train new JHSC members. A lack of time and shortage of staff also made it challenging for small business representatives to create new programming and organize training or staff meetings as part of program implementation.

Despite these challenges, small business representatives were determined to participate in and implement the program. The self-paced nature of the program and the ability to access recorded information sessions was cited as helpful by several small business representatives, who appreciated being able to work on the program topics on their own time.

Example quotes

“It sounds like the most obvious thing in the world, but the biggest challenge is time. Right now, another big challenge is staff [...] if there was training that was required...in the past, I may have delegated that... Right now, there's just not enough staff, even to do the standard daily task required.” (SB16, Phase 1)

“The main reason I took on [implementing the program] as myself doing it is that I know I will be here. If another staff member is doing it, they may not be here in four months, and they would have to start all over again whereas I know I'm going to be around... When you only have 12 to 14 employees, one gone, that makes a major change. 10% of the workforce is gone basically.” (SB5, Phase 2)

Leadership support and visibility

While most of the small business representatives shared that their senior management was supportive of program participation, the extent of support received for making OHS improvements varied. Leadership support, such as providing the representatives with the resources, time, and the authority to make changes, was described as a facilitator. Small business representatives found it helpful when leadership:

- provided the small business representatives with the resources, time, and the authority to make changes

- acted as “enforcers” who communicated the importance of safety
- set an example and modelled safety by being on onsite and visible to employees
- communicated regularly about OHS with employees
- actively engaged in the program steps, reviewed newly implemented OHS policies and provided feedback

A demonstrated commitment to making OHS improvements from managers/supervisors was also helpful for program participation. Having a designated OHS person who was visible throughout the organization, even if the business owner is not, was helpful in demonstrating that OHS was a priority to the employees.

Example quotes

“Everybody has got the good safety culture already... it's been very positive doing all of this. The owners push the safety, they're very strong, very, very dedicated to making sure that all of our employees are good and safe, and all of our employees understand that and welcome new training, welcome the new policies. It's been very well-received.” (SB1, Phase 1)

“We have managers and supervisors, but [the owner] the head honcho...He participated in all the interviews. I had him review the procedures to make sure they were up to snuff and he read through them and would give me notes if need be. Because he's also on the Joint Health and Safety Committee, I would go over the progress every time we had a meeting. He was hearing about the progress and doing the interviews. He was fairly involved, I would say.” (SB18, Phase 2)

On the other hand, some small business representatives shared that the owners/senior leadership in their business did not provide active support and were not engaged in safety. They found it challenging to implement changes due to a production-focused workplace culture where priority was given to completing work rather than implementing the OHS improvements. There were references to the “old school culture” of the businesses when leadership was used to doing things a certain way and were resistant to change.

Example quotes

“Putting the health and safety committee together has been a bit of a struggle because you're supposed to have a management person in there. I guess it's a family business here... They don't want anyone to get hurt, but they don't want to do the work to put the system in place”. (SB25, Phase 1)

“If you get some people that that's their mind frame, it's hard to change. ‘We've done it this way. We've always done it this way.’ Especially for the established businesses that have been around or maybe families passed it down and that's the way it's always been done.... because now you have someone in saying, ‘Okay, we've got health and safety and we're going to do this and we're going to do that,’ and they're like, ‘Well, we never had to do that before.’” (SP3, Phase 1)

JHSC/Health and safety representative engagement

In Phase 1 interviews, some representatives reported that when they entered the program, they did not have a designated H&S representative or a functioning JHSC. Some representatives shared that, the program helped the business establish a JHSC, create a health and safety representative role or offer formal OHS training for their OHS representatives for the first time. There were examples of greater engagement in health and safety activities among the JHSC members. Service providers also highlighted that the active participation of the JHSC was a key facilitator for program implementation and making OHS improvements.

Example quote

“The one organization that I was mentioning... I think they've used their Joint Health and Safety Committee. I think that's helpful as well. Bringing in the Joint Health and Safety Committee, getting recommendations on the topics that they'd like to see selected in the year two of the program.... I think that's important”.
(SP12, Phase 2)

Business structure and contractual relationships

Some representatives and service providers described challenges to program implementation due to the geographical location of worksites. In small businesses where workers were dispersed in remote locations, in-person communication was infrequent and communication via email as an alternative was sometimes challenging due to poor internet service. These difficulties challenged:

- the scheduling of OHS meetings
- facilitation of in-person training for workers
- worker engagement with the program due to being in remote sites
- evaluation of the implementation of program topics

Example quote

“We have shared [the newly created policies], so for the first time we brought the [employees] all together... It's not an easy thing to do because they are in [different locations], and you can't pull all the [employees] off [work]. You can't stop the business because you want to do a training class... Those things are interesting and challenging because it's not like, ‘Oh, today everybody meets on Zoom because we're just going to have a meeting.’” (SB10, Phase 2)

A related issue was business structure, especially in instances where businesses had employees working out of various client sites. The challenge for these businesses was how much authority the businesses had in overseeing the health and safety of their workers who worked at different customer sites, with varying hazard exposures and safety rules. Varying contractual relationships (e.g., being a contractor to other companies):

- limited their authority over the safety of their employees at other sites
- lessened control over OHS practices, especially in the face of the perceived pressure to keep clients happy

Example quote

“...health and safety-wise, I have very little control because they're going into the customer's area. The customer, they have the say of the working conditions, how they're set up... Because we are for-hire people, it sounds to me like our guys always wind up, if there's a really icky job, our guys do it...” (SB6, Phase 1)

A number of small business representatives shared that having formal reporting mechanisms and a functioning JHSC helped with information sharing between sites in their business. Also, for small businesses that were working with larger organizations as a subcontractor or were a subsidiary of a larger organization with strong OHS policies and practices, that arrangement had a positive impact on their OHS, as they were able to adopt their policies and practices.

KEY CONSIDERATIONS

Although participating in the program helped the small businesses to establish the foundational elements of their OHS program and improve OHS policies and practices, interviews revealed that a number of factors impacted their progress. These included limited OHS and human resources capacity, lack of time, competing business priorities, as well as lack of leadership buy-in. In light of these findings, we offer a number of considerations for supporting small

businesses in improving their health and safety programs and building strong health and safety culture.

Providing businesses with an introduction to OHS can help small businesses engage early with the program

Some small businesses started the program with minimal knowledge of OHS and the legal health and safety requirements. While the program offered foundational OHS topics, many businesses needed an even more basic introduction about the provincial OHS legislation and the “key players” in the OHS prevention system, such as what HSAs were and how they were different from the WSIB. Providing small businesses with an introduction, a basic “health and safety 101,” could help to mitigate some challenges faced by small business representatives entering the program with little to no background knowledge of OHS. It may also help them avoid feeling overwhelmed by the amount of new content that needed to be learned while implementing the program. Getting these foundational elements in place before the small businesses start the program may help small businesses engage with and gain momentum early in the program.

Providing one-on-one support and early engagement from service providers is key in small business progress

For most small businesses, the support they received from the OHS consultants from their respective HSAs has been key in implementing the topic requirements and continuing through the validation process. The OHS consultants played a key role in providing instrumental (e.g., customizable templates, instructional videos and quick tip guides) and motivational support (one-on-one support and regular check-ins) which helped the small business’ address concerns and manage their tasks. The comfort of knowing there was someone who they could access directly and who could answer their questions was a key aspect of the program for small business representatives.

A small number of small businesses that weren’t able to connect with their consultants early on in the program felt that may have impacted their understanding and progress in the program. Early contact with OHS consultants can help with program engagement and setting clear goals and expectations.

Early focus on senior leadership and safety culture can facilitate more program engagement

In small businesses that had buy-in from owners/leaders and where owners/leaders set a positive example, representatives found it easier to facilitate program-related changes and make OHS improvements. When the leadership didn’t see the need to change and do things in a

different way, it was hard to implement changes. While the foundational topics provide the learning opportunities and the groundwork for developing formal policies and procedures, if the business is not also developing safety leadership and a better safety culture, then implementing changes can be more difficult. It would be helpful to provide business owners and leaders with an introductory module on safety leadership and safety culture as part of the program orientation.

Prioritizing the training and involvement of JHSC or HS representative can increase OHS capacity and make OHS changes more sustainable

The interviews revealed that some small businesses started the program without a designated H&S representative or a functioning JHSC. During follow-up interviews, several small business representatives talked about having established a JHSC or a designated H&S representative as part of the program and receiving formal OHS training for their health and safety representatives or JHSC members. This facilitated small business representatives' progress in the program, since they were then able to involve JHSC and health and safety representative in the implementation activities. Assigning a support person, preferably HS representative or members of JHSC, to help the small business representatives implement the program, and prioritizing their involvement in the program can increase OHS capacity for making improvements.

Helping small businesses plan for resource limitations and business workflow can facilitate program implementation

Many small businesses made OHS improvements in the context of limited resources, and a complex and dynamic environment. The representatives shared that their small businesses were facing staff shortages, employee turnover, and other general business challenges such as administrative changes and busy seasons that required most of their time and effort. This meant limited time and engagement from some small business representatives. Reflecting on their journey through the program, several representatives talked about the importance of understanding the expectations and time commitment required to succeed in the program. Helping businesses organize their topic implementation and milestones according to their capacity and business workflow was a helpful strategy utilized by the OHS consultants. Providing small businesses with a program implementation “tip sheet” early on in the program—for example, one that highlights time and resource requirements, or successful approaches used by other small businesses in the program— can help program participants assess their own capacity and plan their implementation and milestones accordingly.

STRENGTHS AND LIMITATIONS

Our study has both strengths and limitations that should be considered in interpreting our findings. One limitation was that Phase 2 interviews were conducted with only half of the businesses that participated in Phase 1. However, our Phase 2 sample included the full range of experiences and progress in the program, including those of small businesses that discontinued the program. Secondly, at the time of the follow-up interviews, only a small number of businesses had submitted their evidence stories and received their validation results; this limited our understanding of the validation process.

The strengths, however, include the amount of detail about the similarities and differences in the experiences of small businesses, 12-18 months after joining the program. The breadth and depth of detail about their experiences were a result of the qualitative methods used, which allowed business representatives to share their stories and have these stories thematically arranged.

CONCLUSION

In closing, this report describes the experiences, perceptions and needs of small business representatives throughout Year 1 and Year 2 of the Small Business Program. In Phase 1, many businesses were in their early stages of the program and had just commenced their topic implementation. Small businesses experienced varied challenges related to limited time and resources. Factors that were instrumental in small business' implementation of the program included the degree of health and safety background knowledge of the small business representative, support from OHS consultants, and buy-in from leadership. Overall, small business representatives found the program to be beneficial, and most of them were committed to continuing their participation in the program.

Phase 2 interviews provided insights into the small businesses' longer-term experiences with program participation, and how the status of health and safety at their small businesses had evolved since enrolling in the program. In general, regardless of whether small businesses had continued in the program or received rebates, there was positive feedback about the program content in terms of its relevance and usefulness. Both small business representatives and service providers reported a number of positive changes that were implemented within the businesses, which they attributed directly to program participation. However, small businesses reported ongoing challenges, such as lack of time, competing business priorities, and limited OHS and HR capacity. Amidst these challenges, participation in the program enabled the small businesses to establish the foundational elements of their OHS program, improve OHS policies and practices, and take steps towards better OHS culture. Providing instrumental and

motivational supports to increase OHS capacity are essential in helping small businesses to feel more resourced and prepared to progress in the program.

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