



House of Commons  
Work and Pensions Committee

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**The Health and Safety  
Executive's approach to  
asbestos management:  
Government Response  
to the Committee's  
Sixth Report of Session  
2021–22**

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**Second Special Report of  
Session 2022–23**

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## Work and Pensions Committee

The Work and Pensions Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Department for Work and Pensions and its associated public bodies.

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### Powers

The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No 152. These are available on the internet via [www.parliament.uk](http://www.parliament.uk).

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Committee reports are published on the [publications page](#) of the Committee's website and in print by Order of the House.

### Committee staff

The current staff of the Committee are Henry Ayi-Hyde (Committee Operations Officer), Oliver Florence (Senior Media and Communications Officer), Chloe Freeman (Second Clerk), Ed Hamill (Committee Operations Manager), Dr Libby McEnhill (Senior Committee Specialist), Jessica Mulley (Clerk), Billy Roberts (Media and Communications Officer), Djuna Thurley (Senior Committee Specialist).

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## Second Special Report

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The Work and Pensions Committee published its Sixth Report of Session 2021–22, [The Health and Safety Executive's approach to asbestos management](#) (HC 560) on 21 April 2022. The Government's Response was received on 18 July 2022 and is appended below.

## Appendix: Government Response

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The Government thanks the Work and Pensions Select Committee for its report on the Health & Safety Executive's approach to asbestos management and presents the recommendations below.

As a general principle, recognising the serious nature of the risk to death from asbestos, we have to carefully consider the evidence before taking any actions forward. We want to continue to reduce deaths from asbestos-related diseases and that is why ensuring the effective regulation of legacy asbestos remains a key priority for HSE.

We will now turn to each of the recommendations.

***HSE's Control of Asbestos Regulations 2012 (CAR) Post Implementation Review (PIR) will be published later this year. HSE has considered whether any of the inquiry findings are relevant to the scope and evidence which was gathered as part of the PIR.***

The rules governing how PIRs are completed are set out in the Treasury's Magenta Book supplementary guidance for conducting regulatory PIRs. The guidance states that the PIR:

*'...seeks to establish whether, and to what extent, the measure:*

- has achieved its original objectives as set out in the original Regulatory Impact Assessment (RIA),*
- has resulted in any unintended effects,*
- has objectives which are still valid,*
- is still required and remains the best option for achieving those objectives; and*
- can be improved to reduce the burden on business and its overall costs.'*

Given the scope of the PIR, and the areas considered during the research phase in 2021, only some of the inquiry findings will be linked to this work. However, HSE is developing its plan of work to take forward areas from the PIR and will consider using recommendations from the inquiry to inform this work.

## HSE's asbestos related research

- *HSE develops and implements a robust research framework for the systematic measurement of current asbestos exposures in non-domestic buildings, using a range of measurement and sampling techniques and informed by international experiences and approaches. It should ensure that adequate consideration is given to exposure measurement in schools and other public buildings. We recommend that HSE publishes its framework by October 2022 and produces findings at frequent intervals thereafter.*
- *HSE conducts research which complements its inspection programme to identify the extent to which dutyholders are, in fact, complying with their obligations under the asbestos regulations.*
- *HSE work with others in the UK and devolved governments to continue to review and share the evidence relating to routine, environmental, air monitoring of asbestos fibres. We ask that HSE writes to us in 12 months' time with an update on Government's latest assessment of these developments.*

HSE has a comprehensive published [Science and Evidence Strategy](#) and an associated [Science and Evidence Delivery Plan](#) which set out HSE's planned science and research activity to underpin its regulatory activity. This includes commitments during 2020–2023 relating to ergonomics and asbestos removal and asbestos levels in GB workplaces. HSE will continue to publish the findings in scientific journal papers and the HSE Research Reports series when new findings are available.

The duty to manage the exposure risk from asbestos rests with those in charge of non-domestic buildings or, in terms of actively working with asbestos, those in charge of managing this work. As set out in HSE's evidence to the inquiry, asbestos fibres are measured routinely as part of any active licensed work with asbestos to ensure that the work area is clear for re-use and also to monitor the exposure of the asbestos workforce. However, it is crucial that HSE continues to retain its robust understanding of exposure risks and any emerging evidence in this area, considering international developments and working with other government departments such as the Department for the Environment, Food & Rural Affairs who lead on air quality.

In its evidence to the Committee, HSE provided details of a number of strands of research activity, including research it has undertaken on exposures to workers, population trends in asbestos lung burdens, and levels of duty holder compliance. It will assess priorities for further research as part of its forward programme. This research will need to be prioritised against HSE's wider research plan on work related health and safety areas. As part of this work, we will continue to engage with duty holders for public buildings, and importantly, those in charge of estates strategies to ensure that asbestos exposure risks are managed and understood.

HSE are also developing and utilising new methods for capturing information about duty holder compliance with health and safety regulations. Specifically, using codified recording of compliance indicators will help HSE to analyse the steps being taken by duty holders to manage risks of exposure to asbestos. This approach will be trialled as part of our planned asbestos 'duty to manage' inspections in schools during 2022/23 and will support understanding of how duty holders do and don't comply with the law, which will inform future activities.

## Central register of asbestos

*- HSE works with others in government (GDS) to develop a central digital register of asbestos in non-domestic buildings, describing its location and type. In the first instance, the concept of a central register could be tested using asbestos data from public buildings such as schools and hospitals.*

HSE provided evidence to the committee that the existing legal requirement set out in the Control of Asbestos Regulations 2012 (CAR 12) requires duty holders to identify and locate asbestos within their premises and share this information with everyone who may possibly, in the course of their work activity, be at risk of exposure to asbestos. HSE's evidence suggested that a new central register - which would require significant resource from dutyholders and government - would duplicate this existing information with no clear indicator that asbestos exposure risks would be improved. Some of the other regulators who provided evidence to the inquiry reflected these as important considerations as part of any development of a register. It could also undermine the active requirement on dutyholders to manage asbestos in non- domestic premises on an ongoing basis.

While HSE agrees we should continue to look for opportunities to reduce the risks associated with asbestos, there needs to be confidence the changes to the regulatory burden for duty holders and cost to government, are proportionate to the health benefits that would arise. [The Regulators Code](#) also requires that HSE avoids imposing unnecessary burdens on duty holders and bases its regulatory activities on risk.

HSE has used the principle of national registers before – for example the Notification of Conventional Tower Crane Regulations 2010. HSE found that during the time the Regulations were in force, the public register was only consulted on four occasions. A subsequent consultation concluded that the register had not benefitted risk management regarding tower cranes. The Regulations were revoked in 2012 as the burden of maintaining the database was disproportionate to the health and safety benefit.

HSE fully recognises that asbestos is a different hazard to tower cranes and the public may respond differently to a new national asbestos database. However, HSE's experience to date is that the assumption underpinning this recommendation – increasing the availability of information to the public leads to improved health and safety performance – may not be the case.

Fundamental to ensuring awareness of the asbestos exposure risk, is that duty holders understand and actively comply with the law. The duty to manage asbestos and share information on its location with those most at risk is a key part of this. HSE will develop targeted communications activity to increase awareness and understanding of how to manage the risks and the importance of sharing information. This will form part of its planned activity to support the UK's net zero agenda; where those most at risk of asbestos exposure are likely to be involved in retrofitting and refurbishment work. HSE will also use information gathered from its planned inspections in 2022/23 to inform activities aimed at influencing improved duty holder compliance in this area.

## New exposure levels

***- HSE ensures its current review of the Control of Asbestos Regulations includes a thorough written assessment of moves towards more stringent asbestos occupational exposure limits (OELs) in Europe. It should carefully consider their application to the GB context, taking full account of costs and benefits. It should ensure that the extent of the asbestos legacy in Great Britain is not seen as reason to tolerate poorer health standards.***

HSE recognise the need to ensure that exposure limits are based on the best available science and should be linked to strong evidence of the realisation of tangible health benefits. HSE will review any robust, peer reviewed evidence on exposure levels that show tangible health benefits for GB workers. Where there is evidence of a new workplace exposure limit being required, there will be a full consultation and cost benefit analysis conducted as part of introducing any change.

HSE's Control of Asbestos Regulations 2012 (CAR) Post Implementation Review (PIR) will be published later this year. As committed to at the inquiry, HSE has considered whether any of the inquiry findings are relevant to the scope and evidence which was gathered as part of the PIR.

The CAR 2012 PIR has been structured around the PIR objectives, outlined earlier, using the evidence that was collected in mid-2021. In effect, the PIR did not specifically consider changes to asbestos occupational exposure limits as this was outside the remit of this review. However, the current OEL is set out in those regulations and the PIR did not find any evidence that duty holders were concerned about the current exposure limits at that time.

The committee suggested HSE should move to a lower OEL on the basis that currently HSE's policy prioritises immediate practical risks over longer-term benefits. HSE's evidence to the committee was that the underlying science being used to justify a new limit is not certain at this stage. However, HSE is continuing to monitor international developments in this area. Recognising that, in February 2021, the European Chemical Hazards Agency (ECHA) launched a stakeholder consultation on a scientific report for OELs on asbestos. This supported their Committee for Risk Assessment in adopting an opinion. The proposals included a lowering of the OEL from 0.1 to 0.01 f/ml (8-hour time weighted average).

The justification was based on the application of the French National Institute of Health and Medical Research model. The same model was used by Germany, The Netherlands and Switzerland. This model was based on a risk assessment of whole life fibre exposure i.e. the risk to health if an individual was exposed to the lower limit for the entirety of their working life. HSE's evidence was that the assumptions built into this model are not representative of real life, with exposure being more unevenly distributed.

The Committee noted in their inquiry report that HSE's concerns about the ECHA report, used for the basis of lowering the exposure levels, were shared by the Faculty of Asbestos Assessment and Management part of the British Occupational Health Society (FAAM/BOHS)<sup>1</sup> which concludes:

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1 [FAAM-BOHS-ECHA-Asbestos-OEL-response.pdf](#)

*‘...while the [ECHA] report was well-presented, there are appreciable defects in the scientific method through the exclusion of relevant considerations, the omission of evidence, defects in the transparency of the evidence base, missing elements in the scientific evidence base and a failure to appreciate the relationship between practice considerations and the realisation of the objective of limit values in the context of the Directive and European Law’*

In GB, the approach for exposure control to asbestos is that OELs and the clearance indicator act as ‘triggers’ for action rather than levels that workers could be expected to be exposed to over a working lifetime. The limits are part of a framework in which carcinogenic exposures are required to be reduced as low as reasonably practicable (both within the Control of Substances Hazardous to Health [COSHH] and the Control of Asbestos Regulations 2012). Many other countries do not have such a framework in place.

HSE will continue to monitor international developments in this area and the evidence base to consider the range of interventions that might be suitable, including any change to the exposure limit in GB.

### **Information sharing**

***- HSE strengthens its work with, and guidance to, dutyholders to make clear their obligations to communicate asbestos information and risks to building contractors and users.***

Ensuring that duty holders are aware of the asbestos legacy in their buildings and actively complying with the law is key to managing the exposure risk to workers. HSE recognises the importance of duty holders actively managing this information and ensuring it is regularly communicated to those who need it most.

During 2022/23, HSE will carry out targeted inspection activity across GB workplaces to check compliance with these important legal duties, to ensure that those most at risk of exposure, such as trades people, are being informed of the location of asbestos before work commences. We will also look to develop our communications activity in this area to support this wider inspection work.

In parallel, HSE will continue its work with duty holders and those in charge of estates strategies for non-domestic buildings, to raise awareness of the legal requirements. HSE will also progress its shared aims with UKAS, surveyor groups, IOSH, trade associations and training bodies to ensure activity remains focused on ensuring standards and competence are maintained. Notably, HSE also works closely with the British Occupational Hygiene Society’s (BOHS) Faculty of Asbestos Assessment and Management (FAAM); the professional group for all practitioners who manage and assess asbestos.

***- HSE works with others in Government to sponsor improvements in how information on asbestos in buildings is communicated and used, drawing on lessons from the use of digital technologies in building management and in the health response to the pandemic.***

HSE is continuing its work with other government departments in this area. The Committee heard evidence referencing the ‘Building Information Management (BIM)’ approach and HSE supported the update to [ISO 19650 Guidance Part D: Developing](#)

[information requirements](#), produced by the [UK BIM Framework](#), by contributing examples of information requirements for four different health and safety scenarios. The first focused on addressing asbestos in buildings owned by an organisation. HSE supports the widespread use of BIM as it can improve the collation, management and communication of important building information in a digital form – such as the nature and location of asbestos containing materials (ACMs).

HSE meets regularly the Department of Education (DfE), the Scottish and Welsh Governments about health and safety of schools, including the management of asbestos in the school's estate, to ensure that we maintain a joined-up approach to the regulation of asbestos and associated sector communications. DfE are currently running a data collection programme which has a specific assurance section covering asbestos duty to manage and HSE continues to engage with them on this important work.

HSE also regularly engages in the healthcare sector through attending the NHS Estates Healthcare Forum. This body meets twice per year and is attended by a representative cross section of personnel in estates management roles from the NHS and community health partnerships in England and the devolved nations. We also engage with NHS employers and recognised trade unions through our attendance at the NHS Staff Council – Health, Safety and Wellbeing partnership group. Collectively this ensures that we can promote the importance of managing information about asbestos in buildings and awareness of the legal duties.

### Regulatory activity

***- HSE commits to a sustained increase in inspection and enforcement activity targeting compliance with the Control of Asbestos Regulations. Repeating our recommendation from June 2020, the Government and DWP should ensure that it provides adequate funding to HSE to support this increased programme of work over the medium term***

DWP approves HSE's business plan which includes details of how HSE's activities are funded. The plan sets out how HSE will deliver a range of different regulatory interventions and activities based on intelligence, targeting the most serious risks. This includes industries with greatest hazards and sectors with the worst risk management record. HSE budgets are not specifically allocated to individual risks such as asbestos exposure, because inspections and investigations focus on multiple potential risks. However, HSE's commitment to focus on the risks related to managing asbestos exposure is a long-standing feature of its Business Plan. For example, in 2021/2022 HSE has published its commitment to undertake a programme of inspections of individual licensed contractors to ensure compliance with Control of Asbestos Regulations by individual licensees

***- HSE should also identify wider lessons from its planned inspection programme for dutyholders in 2022/23, considering whether it needs to specify minimum knowledge, training or other requirements for people performing this critical role.***

HSE agrees that the competence of dutyholders plays an important role in ensuring that the legal framework is effective in safely managing asbestos. Anyone liable to disturb asbestos during their work must have received the correct level of information, instruction and training to enable them to carry out their work safely and competently and without risk to themselves or others. We recommend asbestos awareness training for anyone whose



work may foreseeably disturb asbestos such as plasterers, plumbers and shop fitters. HSE provides full details on how to do this on its website: [Asbestos information, instruction and training \(hse.gov.uk\)](https://www.hse.gov.uk/asbestos/information/instruction-and-training/)

HSE engages regularly with local authorities, UKAS, surveyor groups, IOSH, trade associations, BOHS and training bodies to ensure activity remains focused on ensuring standards and competence are maintained.

We will also use the outcomes from our planned asbestos 'duty to manage' inspections in schools during 2022/23 to support our understanding of how duty holders do and don't comply with the law, which will inform future activities in this area.

### Communications

***- HSE should commit to investing more in sustained campaigning work across a range of media, using multiple interventions and synchronising with the development of its wider strategy for asbestos management. It should employ robust evaluation methods to test what messages and which methods achieve the greatest impact on the behaviours of dutyholders and tradespeople.***

HSE strives to ensure that legal compliance and safety is enabled through the provision of clear and accessible guidance. As part of this, HSE will always look to improve how they engage and welcomes any ideas on how they can improve their reach – particularly among duty holders who may have a low awareness of the risks associated with asbestos.

The HSE website contains a comprehensive offer of guidance on asbestos including free advice for analysts, businesses, asbestos surveyors, tradespeople, contractors, non-domestic building owners and operators, employees and members of the public. The key piece of guidance underpinning the regulations is the Approved Code of Practice (ACOP) L143 'Managing and working with Asbestos'.

HSE's media team also amplify every prosecution related to asbestos via multiple channels to act as a deterrent to non-compliant business with the aim of educating dutyholders on the consequences of poor risk management.

HSE has completed a number of campaigns targeting the risk from work with asbestos over the years, including 'Hidden Killer' and 'Don't take a chance', and continues to raise awareness of respiratory risks including asbestos at work on social media throughout the year. All campaigns are measured for impact on reported behaviour change so that messages can be adapted and tailored to maximise effect.

As part of HSE's planned work to support the UK's net zero agenda, they will look at communications activity around asbestos to ensure that opportunities to raise awareness with trades people most at risk of exposure, are maximised, prior to beginning any refurbishment or retrofitting work. HSE will also continue to look to partners, such as the Asbestos Network, the Construction Industry Advisory Committee (CONIAC) and those in charge of public buildings, to help amplify their reach and impact.

## Notifiable and Non-notifiable work

***- HSE considers how it could consolidate, tighten, and simplify the current categorisation of asbestos works as part of its 2022 statutory review of the Control of Asbestos Regulations. Its review should carefully assess the net behavioural impacts and costs of any changes.***

As set out, HSE has considered whether any of the inquiry findings are relevant to the scope and evidence which was gathered as part of the PIR. In this instance, evidence was provided as part of the PIR research that simplification of categories set out within the regulations should be explored further.

Licensing is an exacting approach including checks by HSE inspectors of license applications and the actual performance of licensed contractors. CAR was remade in 2012 when the EU extended the need for notification of work and medicals and 'Notifiable Non-Licensed Work' was introduced as a term. Both the PIR and inquiry evidence suggest that the requirements would benefit from more clarity in this area and HSE will now consider how this could be developed further with stakeholders. Any change to the regulations would be subject to a full impact assessment and consultation.

## Use of Asbestos surveyors

***- HSE makes it mandatory for all people conducting asbestos surveys to be accredited by a recognised accreditation body.***

In GB an asbestos survey (which includes taking material samples) must be undertaken by a person competent to do so as set out in [HSG264 Asbestos: The Survey Guide](#). Whilst the survey guide is goal setting in nature HSE strongly recommend the use of surveying organisations which are UKAS accredited ([RG8 Accreditation of Bodies Surveying for Asbestos](#)).

HSE engages regularly with the British Occupational Hygiene Society's (BOHS) Faculty of Asbestos Assessment and Management (FAAM); the professional group for all practitioners who manage and assess asbestos, local authorities, UKAS, surveyor groups, IOSH, trade associations and training bodies to ensure activity remains focused on ensuring standards and competence are maintained. Recognising the evidence presented at the inquiry in this area, HSE will now engage with stakeholders to consider this further and how we can collectively ensure that competence is enabled throughout the system.

***- HSE assesses the impact of making it a legal requirement for building owners or occupiers to commission accredited asbestos analysts to check asbestos work done on their premises and, by extension, making it illegal for asbestos removal contractors to do so***

In Great Britain it is a legal requirement for every analyst undertaking the certification process, following asbestos removal, to be UKAS accredited, regardless of who they are appointed by. As part of this accreditation the analyst is required to show impartiality and independence. HSE has recently strengthened and expanded its guidance on professional standards in the revised publication [HSG248 Asbestos: The Analysts' Guide](#) published in 2021. This strongly recommends that the analyst is independently sourced and employed by the building owner or occupier in control of the premises.

HSE engages regularly with UKAS to ensure the maintenance of professional standards and with analyst trade bodies, through the Asbestos Network, and at HSE site inspections to support the standards of impartiality expected. However, HSE recognises the evidence presented to the inquiry and we will engage with stakeholders to consider how that guidance can be reinforced further.

### Asbestos strategy

***- Set a deadline for the removal of asbestos from non-domestic buildings within 40 years. The Government and HSE should develop and publish a strategic plan to achieve this, focusing on removing the highest risk asbestos first, and the early removal from the highest risk settings including schools. This plan should, in the first instance, commit to improving urgently the evidence base for safe asbestos removal and disposal, considering relative costs and benefits. It should integrate with— and take full account of—proposals for the upgrading of the built environment linked to net zero targets and wider waste management strategies.***

The Government agrees that addressing Great Britain's (GB) asbestos legacy – particularly in public buildings – remains a key issue, and that continuing to improve and build on the evidence base around safe management and disposal of asbestos is fundamental.

The Government believes that GB currently has a mature and comprehensive plan to managing legacy asbestos risks that aligns with the best evidence currently available. This plan is reflected throughout the approaches outlined in the Control of Asbestos Regulations 2012 (CAR) and the 'duty to manage' ('the duty') found in Regulation 4 of CAR.

All those in control of non- domestic premises or those who have a contractual obligation (known throughout the legislation as 'dutyholders') have to put in place a nine-point system for the management of asbestos. The key steps include:

- A written plan must be created and maintained which sets out the management arrangements for safe removal where necessary or protecting and then frequently rechecking conditions
- Information on the location of asbestos containing materials (ACM) must be proactively passed by the dutyholder to any person liable to disturb it.
- Regulation 7 (3) of CAR requires asbestos to be removed before refurbishment work and before demolition. If it's in poor condition or in a vulnerable position it should be removed. There is an expectation of gradual removal. If refurbishment occurs without removal that is non-compliance.
- The Approved Code of Practice on the regulations (L143) must also be complied with or other equally effective measures must be taken; CAR and the ACOP are a joint package giving detailed guidance and direction. They include air testing for employee's exposure and reoccupation of cleaned spaces and other requirements on competence, health surveillance, records, work notification and plans of work.

The Health and Safety Executive (HSE) provided evidence to the committee that the correct implementation of CAR not only ensures management of risks of exposure but will eventually lead to the elimination of asbestos from the built environment without the need for a target deadline.

The UK was the first country in Europe to create an explicit duty to manage asbestos in all non-domestic premises which came into effect in 2004 (Control of Asbestos at Work Regulations 2002 [CAR], Northern Ireland has equivalent provisions). This was driven by the need to reduce the risk to those most at risk of exposure - maintenance workers. There were several public consultations and the focus of the requirement was on protecting visiting or resident building maintenance workers and preventing them from accidentally disturbing asbestos without the correct precautions.

The Government could only advocate a proactive course of action in this area if there is compelling evidence that the, undoubtedly, increase in exposure to asbestos workers that will result from active removal, possibly prematurely, is justified in terms of reducing risk of exposure to building users. At present this evidence is not there.

Equally, many government departments in charge of public estates are already prioritising the removal of asbestos from their estates, where necessary, and HSE supports discussions on this important work. Notably, the Department for Education's investment in school buildings (£1.8 billion for 2022–23) is partly prioritised on tackling schools where asbestos management is difficult, as is the Welsh Government's Sustainable Communities for Learning Programme. The Department for Health and Social Care also sets out clear expectations across NHS trusts on how asbestos should be managed and removal planned. Importantly, departments collectively understand the need to ensure that where asbestos cannot be managed safely in situ, where it is in poor condition, that it must be removed. They use the framework within CAR to support their approach to tackling their asbestos legacy and managing the risk.

The Government remains concerned that moving to a fixed deadline for removal would increase the opportunity for exposure which remains difficult to support if the current risk of exposure is very low where asbestos can be managed safely in situ until planned refurbishment works. The use of many public estates would also be significantly disrupted by a removal deadline if this were introduced outside existing estates strategies. There also remains a concern that introducing a deadline would stimulate poor removal and disposal practices with a further risk of increase in asbestos exposures.

The Government agrees we need to understand more about the likely rate of elimination due to current levels of asbestos removal though planned refurbishment and demolition. National modelling carried out by the HSE as part of the forthcoming Post Implementation Review of CAR, whilst based on estimates, indicates that there will be a substantial reduction in the numbers of buildings containing asbestos over the next few decades. HSE is also planning research to utilise digital information to more accurately define the scale and location of buildings likely to contain asbestos and this evidence can be used to inform future work and priorities.

## Occupation recorded on death certificates

*Government investigates opportunities to improve the occupational information recorded on death certificates.*

Death certificates only record the last occupation of the deceased, which places limitations on producing mortality statistics on conditions with long latency periods such as mesothelioma. To obtain a fuller or even complete occupational history for the deceased would require that:

- Additional occupation information be collected by the death registration and coronial systems, or
- The Office for National Statistics (ONS) link the death registration data it holds to other sources to try and obtain this information

The collection of additional occupational information through the death registration and/or coronial process would be challenging, could introduce bias, and is beyond ONS's control; it would require collaboration with the Department for Health and Social Care, the General Register Office and Ministry of Justice, and require their buy in to change processes and systems. As such this approach is not recommended.