

Written evidence from Yorkshire and Humberside Asbestos Victims' Support Group (SARAG) (ASB0010)

I write on behalf of Yorkshire and Humberside Asbestos Victims' Support Group, in response to a call for evidence by the DWP Work and Pensions Committee regarding the current risks posed by asbestos in the workplace, the actions taken by HSE to mitigate them and how its approach compares to those taken in other countries.

Yorkshire and Humberside Asbestos Victims' Support Group (formerly South Yorkshire Asbestos Victims' Support Group/Sheffield and Rotherham Asbestos Group) has been supporting people who have been diagnosed with an asbestos related disease since the 1990s. Despite the UK wide ban on asbestos in 1999, we continue to see the devastation to individuals, and their families, caused by exposure to asbestos. Our response to questions posed is below.

What are the current risks posed by asbestos in the workplace? Which groups of workers are most at risk?

According to current HSE figures, Asbestos is the biggest cause of work-related deaths with approximately 5000 deaths per year. In fact this figure may be much higher, as it is my understanding that the HSE only record deaths from Asbestos related disease up to the age of 75. From 1st September 2020 to 31st August 2021 our service dealt with 377 cases, 129 of these were above the age of 75.

Asbestos is still present in buildings constructed before the year 2000, so approximately 500,000 workplaces are likely to contain asbestos related materials, this includes Schools, hospitals, Universities, Office buildings, shops, and warehouses, amongst others. Given that the condition of asbestos will deteriorate over time, and may be subject to accidental damage/disturbance, it seems that anyone who works within a building where asbestos is present is at risk of exposure.

How effective is the current legislative and regulatory framework for the management of asbestos?

The current framework for the management of asbestos assumes that asbestos is safe if it is undisturbed and in good condition. As mentioned above, asbestos in situ may be accidentally damaged and/or deteriorate over time. We know that there is no 'safe' level of exposure to asbestos fibres, inhalation of even very small quantities can lead to the development of asbestos related disease. Under the current regulations it is the employers duty to manage asbestos, however as there is no national register documenting the location of asbestos there seems to be no way to monitor or enforce breaches of the current regulations.

How does HSE's approach to managing asbestos compare to the approach taken in other countries? Are there lessons that the UK could learn from best practice elsewhere?

Whilst there has been no attempt to implement a strategy to remove asbestos in the UK, a number of other countries have national campaigns in place for the removal of asbestos. The Australian Government have an Asbestos Safety and Eradication Agency, which includes a National register of exposure. The National Strategic Plan aims to eradicate Asbestos related disease in Australia and recognises that this requires effective work with a number of agencies, e.g

advocacy/support groups, unions and priority is placed on the safe removal, and disposal, of material from public buildings. Germany, France, Poland and the Netherlands have similar government back campaigns for the removal of asbestos.

Does HSE keep adequate records of asbestos in public buildings?

There is no national register of asbestos in public buildings. If such a register existed it would assist with the effective implementation and enforcement of the regulations. The HSE could carry out random inspections and ensure the regulations are enforced, this would require a commitment to provide the HSE with additional resources to have capacity to perform this duty.

Does the HSE commit adequate resource to asbestos management in line with the level of risk?

Given that Asbestos related disease is the biggest cause of death from the workplace, the level of resource provided to manage the risk posed seems wholly inadequate. As mentioned above the current legislation relies on the honesty and conscientiousness of those who are managing the material. Without a national register, random inspections, and strict enforcement of the regulations the level of risk cannot be reduced.

How robust is the available data about the risk and impact of asbestos in the workplace? What gaps in evidence need to be filled?

Despite the presence of asbestos in public buildings, there is no requirement for mandatory training on asbestos for people employed in these settings. They are not advised of its presence, educated how to monitor it, or avoid exposure. There is no data available that demonstrates how the current model of 'leave in situ' prevents the development of Asbestos related diseases. Our charity supports people who have worked in environments that have not been considered to be a high risk workplace for exposure to asbestos. We have supported Shopworkers, publicans, office workers, teachers, lecturers, Police officers, and medical staff, amongst others. As already mentioned there is no safe level of exposure to asbestos.

September 2021