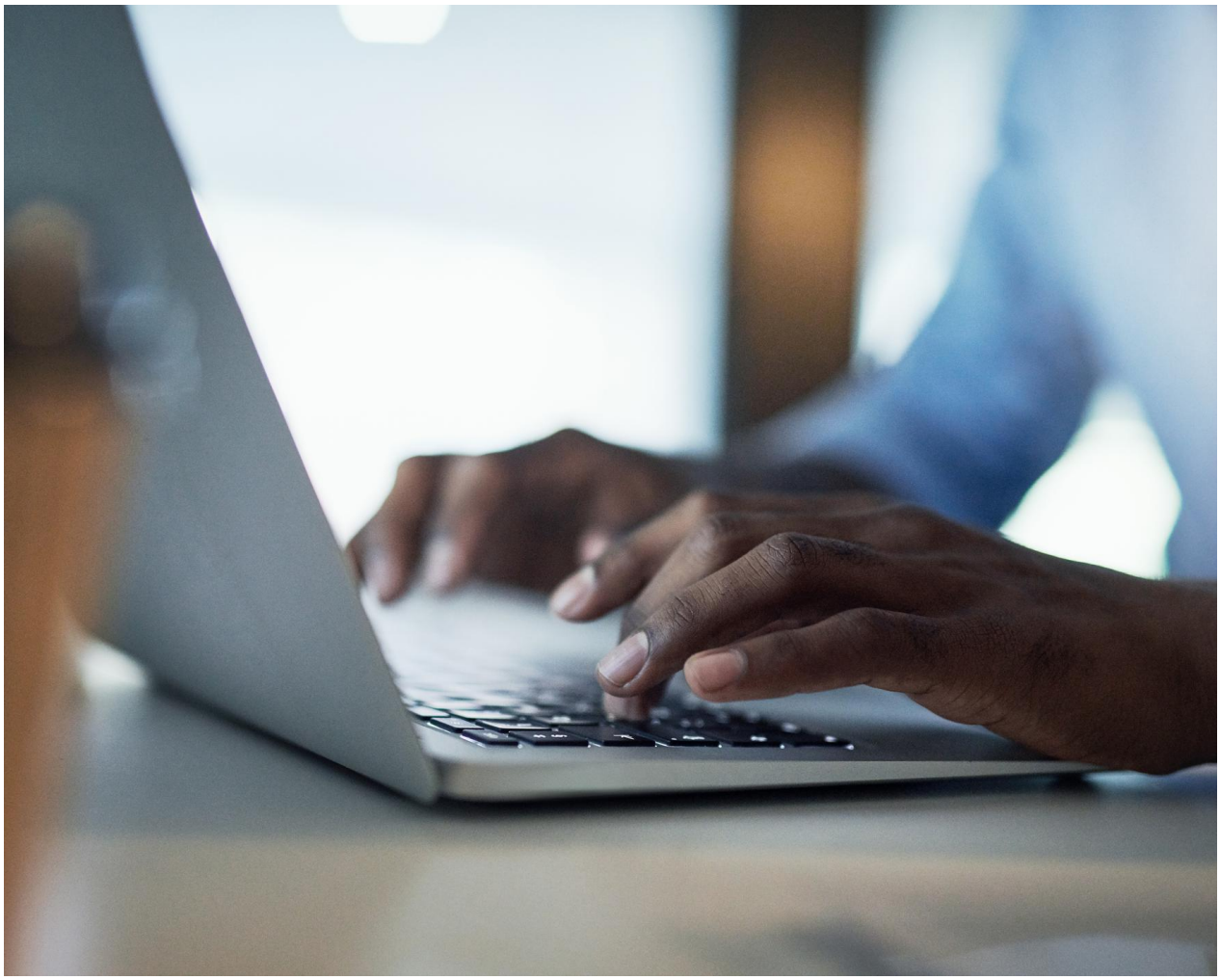
HSE response to consultation on legislative and guidance proposals for the Control of Asbestos Regulations 2012

November 2026



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Introduction

1. The Health and Safety Executive (HSE), as the workplace regulator for Great Britain (GB), is actively tackling the asbestos legacy in workplaces using a variety of interventions including operating an asbestos licence permissioning regime, inspection and enforcement of dutyholders arrangements for the management of asbestos, stakeholder engagement, communication campaigns and research activities. HSE designed these interventions to support dutyholders and stakeholders to safely manage asbestos. They reduce the risk of exposure and support progress towards an asbestos-free built environment, and build on the stringent controls for working with asbestos introduced several decades ago.

2. The Control of Asbestos Regulations 2012 (CAR 2012) provide the legal framework for managing asbestos risks in GB. Their primary purpose is to prevent exposure to asbestos fibres and ensure that where exposure cannot be avoided, it is reduced to the lowest reasonably practicable level. The regulations apply to all forms of asbestos work and set out clear duties for employers, dutyholders, contractors, and those who control premises.

3. The regulatory framework governs the management, control and safe removal of asbestos across workplaces and public environments. It covers the identification of asbestos-containing materials (ACMs), the prevention of exposure, the licensing of high-risk work, and the protection of people who may come into contact with asbestos fibres.

4. HSE undertakes regulatory functions fundamental to enabling safe and healthy workplaces across GB. Asbestos, banned in GB in 1999, remains present in many buildings. Disturbance of ACMs can release fibres that cause serious diseases including mesothelioma, asbestosis and asbestos-related lung cancer. Protecting people and places: HSE strategy 2022 to 2032 commits HSE to enabling industry to reduce workplace ill health. As part of HSE's strategic role, they are also responsible for ensuring that CAR 2012 remains fit for purpose and where there is evidence that exposure controls can be improved through regulatory change, this is done.

Legislative background

5. CAR 2012 forms the primary legal framework governing the management and control of asbestos to protect workers and others from exposure. The regulations consolidate previous asbestos legislation introduced when existing legislation was amended in 2002 after the use of asbestos was banned in 1999. The framework has been subject to several iterations in response to changes in European Union (EU) law (most recently 2012).

6. HSE, Local Authorities, the Office of Rail and Road (ORR) and the Office for Nuclear Regulation (ONR) enforce CAR 2012 depending on the workplace. CAR 2012 applies in GB (Northern Ireland and Gibraltar have separate equivalent legislation in place).

7. Key requirements include:

- Regulation 4 – duty to manage: requires those responsible for non-domestic premises (dutyholders) to identify and manage asbestos-containing materials (ACMs) to prevent exposure
- Licensing of asbestos work: certain high-risk work with asbestos must be carried out by a licensed contractor
- Notification and medical surveillance: licensable and notifiable non-licensable work (referred to as NNLW) with asbestos must be notified to the enforcing authority, and employees engaged in such work must undergo regular medical examinations
- Training: employers must ensure that anyone liable to be exposed to asbestos receives suitable information, instruction, and training
- Site clearance process for licensable work: employers and analytical organisations must conduct a four-stage clearance process to verify that areas are safe for reoccupation after asbestos removal.

8. CAR 2012 has supporting guidance which includes the Approved Code of Practice (ACoP): Managing and working with asbestos (L143).

9. HSE ACoP's give practical advice on how to comply with the law. Dutyholders can use alternative methods to those set out in the ACoP in order to comply with the law. However, ACoPs have a special legal status. If a dutyholder is prosecuted for a breach of health and safety law, and it is proved that they did not follow the relevant provisions of the ACoP, they will need to show that they have complied with the law in some other way or a court will find them at fault.

10. HSE also provides a range of asbestos guidance on its website to support dutyholder compliance including Asbestos: The survey guide; and Asbestos: The Analysts' Guide.

Purpose of consultation on regulatory and guidance proposals for CAR 2012

Background

11. In April 2022, the Work and Pensions Committee (WPC) reviewed how HSE manages asbestos and made 16 recommendations aimed at improving health outcomes and industry standards. The then Government responded in July 2022, agreeing to progress 13 of these recommendations. HSE has since implemented 10 of them through regulatory interventions, communication campaigns and asbestos-related research.

12. The three outstanding WPC recommendations, linked to specific requirements in CAR 2012 are for HSE to:

- 'assess 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'
- 'make it mandatory for all people conducting asbestos surveys to be accredited by a recognised accreditation body'
- 'consider how it could consolidate, tighten, and simplify the current categorisation of asbestos works as part of its 2022 statutory review of the CAR 2012. Its review should carefully assess the net behavioural impacts and costs of any changes'.

Post Implementation Review

13. The most recent Post Implementation Review (PIR) of CAR 2012, published in 2022 took into consideration the recommendations of the WPC review and found overall consensus amongst dutyholders that the regulations remain necessary and are effective in keeping people safe. Evidence gathered for the PIR supported the WPC finding that there is some confusion amongst stakeholders, specifically in relation to the category of work with asbestos known as notifiable non-licensed work (NNLW).

14. HSE ran a consultation on legislative and guidance proposals for CAR 2012 for nine weeks from 10 November 2025 to 9 January 2026.

15. The consultation aimed to seek stakeholders' views on regulatory and non-regulatory proposals to deliver the outstanding WPC recommendations for HSE:

Regulatory

- To amend CAR 2012 and associated guidance to ensure the independence and impartiality of roles in the four-stage clearance process to minimise the risk of exposure from asbestos to workers and building users after the removal of asbestos.

Non-regulatory

- To drive up the standard of asbestos surveys by improving guidance and using other interventions to ensure dutyholders understand the critical role of an asbestos survey in managing asbestos risk; and are equipped to commission a quality survey from a competent asbestos surveyor or organisation.
- To improve guidance and use other interventions to clarify the type of work that constitutes work with asbestos known as NNLW.

16. The full consultative document can be accessed online, alongside this consultation response - Legislative and guidance proposals for the Control of Asbestos Regulations 2012 - Health and Safety Executive - Citizen Space.

Consultation methodology

17. People who visited the consultation document were encouraged to respond to the online consultation to aid response analysis. HSE made a Microsoft Word document version of the consultation available for those who preferred to respond to a shared inbox or by post.

18. HSE publicised the consultation via HSE e-bulletins aimed at over 300,000 subscribers in relevant industries. It was also sent directly to interested industry and government stakeholders. The e-bulletin was opened over 280,000 times and the consultation questionnaire over 1,650 times.

19. HSE's social researchers applied methods set out in central government guidance on evaluation, such as the HM Treasury Magenta Book, Green Book and Social Research Association Ethics Guidelines.

Informal stakeholder engagement

20. HSE had some evidence of the confusion around the categories of work with asbestos from the 2017 and 2022 PIRs as well as the WPC review, but very little evidence about the quality of asbestos surveys or problems encountered with independence in the four-stage clearance process. HSE therefore carried out extensive stakeholder engagement and analysis to help inform policy options prior to the public consultation.

21. The first part involved two strands of research looking at attitudes across industry towards asbestos surveying and the roles within the four-stage clearance process; and a small study of asbestos survey reports comparing those by accredited and non-accredited surveying organisations. This generated useful insights to further develop proposals one and two.

22. The second part was informal engagement with stakeholders on a range of policy options for all three proposals. Stakeholders included a sample of dutyholders, health and safety consultants, asbestos training organisations, asbestos removal contractors, surveyors and analysts, professional bodies, trade associations, trade unions, other government bodies and devolved governments. This engagement also looked in more depth at potential costs and benefits.

Public consultation responses and respondent demographics

23. There were 358 responses to the public consultation in total: 280 responses via the online consultation form and 78 responses received as Microsoft Word versions by email. The same organisation submitted four separate Microsoft Word responses about the discrete proposals.

24. The online questionnaire consisted of 36 questions. Social researchers and economists worked collaboratively with policy teams and subject matter experts in HSE to systematically analyse the data and to consider the consultation responses.

25. Not all respondents answered all of the questions, which accounts for differences in total response numbers. Some respondents also chose the answer category 'Don't know' for questions viewed as outside of their area of expertise.

Key themes

26. Overall, the consultation responses provide a strong and diverse qualitative evidence base, capturing a wide range of perspectives across business types and sizes. They offer insight into the nature, reasoning and variation of stakeholder views, including how perceived impacts and implementation challenges differ between smaller and larger businesses.

27. Both quantitative and qualitative analyses of the responses to the consultation showed broad support for the preferred options outlined in the consultative document, which aim to strengthen aspects of CAR 2012 and associated guidance to minimise the risk of exposure to asbestos.

28. While the three proposals relate to discrete parts of the regulatory framework, overall, respondents supported clearer explanation of rules for the management of asbestos and undertaking of work with asbestos, improved dutyholder competence, and simplified HSE guidance.

29. The responses also highlighted implementation challenges across the proposals, particularly around dutyholder competence, proportionality of proposed changes and their impacts for small to medium enterprises (SMEs), and the clarity and usability of existing guidance.

Demographics

30. The two below tables show responses came from a broad range of stakeholders and business sizes. The business demographic of respondents reflected the expected audience.

Role of respondent	Percentages of responses
Consultants	20% (68)
Health and safety professionals	16% (56)
Dutyholders	14% (50)
Asbestos surveyors	12% (43)
Other	7% (26)
Licensed Asbestos Removal Contractor	7% (24)
Employer	5% (20)
Government Department	3% (13)
Employee	3% (9)
Contractor	2% (6)
Asbestos analyst	1% (5)
Self-employed	1% (5)
Member of the public	1% (4)
Non-governmental organisation	1% (4)
Trade union representative	1% (4)
Training provider	1% (4)
Professional body	1% (3)
Safety representative	1% (2)
Total	100% (346)

Business size	Percentages of responses
Micro-businesses (0-9 employees)	28% (60)
Small businesses (10-49 employees)	19% (40)
Medium businesses (50-249 employees)	19% (40)
Large businesses (250+ employees)	34% (72)
Total	100% (212)

31. While the mix of stakeholders yielded a broad range of views, the distribution of respondents by business size is not representative of the overall market, where micro-businesses account for the majority of businesses. Consequently, HSE adjusted estimated costs and cost savings to represent the average prices in the construction sector, instead of averages in the context of public consultation data.

32. The findings should therefore be interpreted as indicative of the views expressed by respondents, rather than statistically representative of the sector.

33. Analysis across consultation responses shows differences in perspectives between smaller and larger businesses:

- Smaller and micro-businesses consistently emphasised implementation challenges, including, practicality, proportionality, and cost implications of proposals, highlighting a strong need for simple, accessible tools and clearer guidance;
- Medium sized businesses raised practical implementation concerns and the need for stronger enforcement, digital systems and simple guidance to achieve consistent standards and set clear expectations;
- Large and very large businesses predominantly focused on regulatory governance, clarity and system consistency, drawing on more established asbestos management systems.

34. Overall, responses indicate how business size strongly shapes confidence and capacity to implement change, which underlines the importance of tailored guidance and support, particularly for SMEs.

35. The consultation also included a question to understand the location of respondents and the below table indicates there is good representation from across GB.

Region	**Percentages of responses**
East Midlands	9% (18)
East of England	7% (15)
Greater London	7% (15)
North East	5% (10)
North West	14% (29)
Northern Ireland	1% (2)
Scotland	7% (15)
South East	12% (26)
South West	8% (16)
Wales	10% (21)
West Midlands	7% (14)
Yorkshire and the Humber	4% (9)
I am not based in a specific location	9% (19)
Total	**100% (210)**

*There was one respondent from Merseyside but this was less than 1% so not included in the table

Proposal to amend CAR 2012 and guidance to ensure the independence and impartiality of roles in the four-stage clearance process

36. For detailed background on this proposal and the consultation questions please see pages 17-26 of the consultation document.

Summary of the proposal

This proposal aims to ensure the independence and impartiality of roles in the four-stage clearance (4SC) process, to reduce the likelihood of conflicts of interest and to minimise the risk of exposure from asbestos to workers and building occupants after the removal of asbestos in a premises. This recommendation has been stated in the Approved Code of Practice (ACoP) supporting CAR 2012 for nearly 20 years (first edition in 2006 and second edition 2012).

Since June 2024, HSE has collected information from notifications for work with asbestos (via the ASB5 form) about who appoints the analyst. In 53% of cases the licensed asbestos removal contractor (LARC) appoints the analyst, and in 46% of situations the client appoints the analyst. 0.5% fall under other category (totals do not add up to 100% due to rounding).

Client/dutyholders have had time to understand and comply with this recommendation through a non-regulatory approach and yet HSE data shows there continues to be a lack of independence and impartially when appointing the analyst in just over half of licensable removal works. Due to the impact of exposure to asbestos when the 4SC process isn't completed as required, HSE concludes that a regulatory approach is proportionate. The notification data gives a high level of confidence that compliance with this requirement is achievable.

Purpose of the proposal questions

37. Through consultation HSE sought stakeholders' views on the impact of this proposal on organisations and workers involved in the 4SC process; and the potential for unintended consequences should this proposal be implemented.

Policy questions response analysis

Question 5 asked to what extent respondents agreed or disagreed that amending CAR 2012 would ensure independence and impartiality of the four-stage clearance process. Respondents were also asked to provide a reason for their response.

38. 92% (329) of respondents answered this question. 71% (234) either agreed or strongly agreed with a proposed legislative change,12% (39) disagreed or strongly disagreed and 17% (56) neither agreed or disagreed. 80% (262) of those who responded provided reasons for their response.

39. The main themes that emerged from the 71% of responses who agreed or strongly agreed with this proposal are described below:

- Widespread recognition of conflicts of interest and concern that commercial pressure influences clearance decisions, whether explicitly or indirectly;
- Asbestos analysts face time and cost pressures to provide rapid 4SC, intimidation, and bullying with views suggesting this pressure is linked directly to the fact that the analyst's employer is commercially dependent on the LARC. Independent appointment is seen as essential to protect analysts' professional judgement, safety, and wellbeing;
- Frustration that independence has been 'recommended' in guidance for nearly 20 years, yet non-compliance remains widespread and views suggest this proposal will remove ambiguity, drive consistent compliance and make enforcement possible;
- The 4SC process is a critical safety checkpoint and a key defence against residual asbestos exposure. Independent clearance is viewed as vital to protect workers, occupants, and the public, and to prevent premises or areas where asbestos has been removed being signed off prematurely and restore trust in Certificates of Reoccupation (issued by analysts when they have completed the 4SC process and confirmed that the area has been thoroughly cleaned).

40. Responses suggest independent appointment benefits analysts, clients, and the industry overall as it is seen as strengthening analyst confidence on site, improving client understanding and engagement and raising overall industry standards and reputation.

41. The 12% of respondents who disagreed or strongly disagreed with the proposal, suggested the United Kingdom Accreditation Service (UKAS) (the accreditation body for analyst organisations carrying out the 4SC process), CAR 2012 and the ACoP already require independence and client capability and understanding is a weakness and therefore a threat to the success of this proposal. Domestic homeowners and small businesses were highlighted as those who do not understand the 4SC process, the role of the analyst and the need for independence and impartiality (this was also a theme for those who agreed with the proposal). They also raised concerns about the costs caused by delays, analyst availability and communication problems when the analyst is independently appointed (which are discussed in paragraphs 58-65).

42. Across all types of response, there was concern whether legislative change alone would resolve the underlying issues. Respondents suggested that existing UKAS requirements already provide safeguards or that longstanding commercial relationships may continue to compromise independence even under revised regulations. Responses suggested clearer guidance and transparent enforcement would need to be addressed to ensure any legislative change works in practice.

Question 6 asked what transitional timeframe would be required to enable those with a duty to appoint an analyst, who do not currently do this, to implement the change into their asbestos management system. Respondents were also asked to provide a reason for their response.

43. 91% (326) of respondents answered this question and 77% (251) of those provided a reason for their response.

44. The table below shows nearly a third of respondents (32%) favour a one-year transitional period, with 23% favouring 6 months and 18% favouring 18 months.

Transitional implementation timeframe required	Percentage of responses
18 months	18% (63)
1 year	32% (113)
9 months	8% (29)
6 months	23% (83)
3 months	11% (38)

45. A number of common themes emerged across the different transitional periods:

- Having sufficient time to implement the necessary changes into current systems to meet this requirement - larger and more complex organisations suggested an 18-month timeframe is required due to longer lead in periods for projects and existing contracts; smaller organisations are more content with 6 months;
- Many dutyholders lack understanding of their responsibilities and the rationale for appointing analysts and as such, education, communication, and guidance are viewed as critical prerequisites; and
- Organisations need time for procurement, contracts, and administrative complexity.

46. Respondents also raised concerns about the costs of compliance related to the above themes, and these costs are discussed in more detail in paragraphs 58-65. These points underpin preferences for 6–12 months, with 18 months viewed by some as necessary where procurement is lengthy or frameworks are locked in.

Question 7 asked if CAR 2012 was amended to ensure independence and impartiality in the 4SC process, what, if any impact there would be on LARCs. Respondents were also asked to provide a reason for their response.

47. 90% (323) of respondents answered this question with 33% (107) foreseeing a low impact, 31% (99) a medium impact and 19% a high impact. 10% (33) suggested no impact and 7% (22) were unsure. 83% (267) of those who responded provided a reason for their response.

48. Those respondents who suggested a low to medium impact (64%) suggested there could be early-stage impacts due to issues with scheduling, analyst availability, and communications (especially where clients lack competence or where reactive or emergency works are common). Over time, respondents expect these to settle with better planning and clearer guidance. However, some respondents also suggested hidden commercial ties and relational recommendations could still undermine independence without additional governance measures, such as enforcement.

49. Larger organisations and seasoned dutyholders who already appoint independently report low or no impact with a legislative change, and suggest this is already seen as good practice; smaller organisations and domestic clients are more concerned about how to appoint, when, and whom, and may need education and templates. Respondents see the greatest disruption falling on contractors who currently rely on influence or close analyst relationships.

50. Views are split on costs with respondents either foreseeing higher costs from downtime (lost mark ups, delays if analysts are late or unavailable, and increased removal rework); or suggesting that technical standards don't change, so impacts are mainly administrative and transitional, with possible reductions in disputes and reputational gains (such as higher standards in the clearance process) offsetting costs.

Question 8 asked if CAR 2012 was amended to ensure independence and impartiality in the 4SC process, what, if any impact there would be on analytical organisations. Respondents were also asked to provide a reason for their response.

51. 90% (323) of respondents answered this question with 34% (111) foreseeing a low impact, 28% (90) a medium impact, and 18% (59) a high impact. 10% (31) suggested no impact and 31% (35) were unsure. 78% (251) of respondents provided reasons for their response.

52. Respondents consistently recognise that analysts remain essential to asbestos removal projects, regardless of who appoints them.

53. In terms of the impact, responses highlight initial commercial and operational disruption (e.g. changes to procurement routes, loss of established LARC relationships, onboarding new clients). However, there is strong agreement that long term benefits outweigh this, including greater independence and impartiality, improved industry standards and credibility and reduced conflicts of interest in the 4SC process.

54. Business size analysis indicates larger organisations emphasised the importance of independence, governance and standards in asbestos management. However, small to medium size enterprises (SMEs) disproportionately highlighted the risks of administrative burden, reduced visibility without LARC referrals and cash flow risk if they had to adapt their services.

Question 9 listed potential barriers to client/dutyholder competence in appointing an analyst and HSE asked respondents to what extent they agreed or disagreed with each barrier. Respondents were also asked to provide a reason for their response.

Potential barriers to client/duty holder competence in appointing an analyst							
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Did not answer	Totals

Client/dutyholder training in their responsibilities when managing asbestos	43% (156)	33% (119)	7% (26)	4% (16)	1% (5)	10% (36)	358
Client/dutyholder awareness of the importance of the analyst's role in an asbestos removal project	44% (153)	33% (117)	6% (22)	7% (24)	2% (6)	10% (36)	358
Time pressures	38% (135)	29% (105)	15% (55)	5% (18)	2% (8)	10% (37)	358
Limited client availability to attend site and gain practical insight into licensable removal activities	32% (115)	32% (115)	13% (46)	10% (35)	3% (9)	11% (38)	358
Financial pressures	32% (114)	26% (93)	19% (67)	8% (30)	4% (15)	11% (39)	358
Lack of client focused channels for engagement with UKAS	29% (104)	30% (106)	22% (18)	6% (22)	2% (8)	11% (40)	358
Client/dutyholder facilitation of the LARC and analyst relationship	29% (103)	38% (137)	17% (62)	4% (13)	1% (5)	11% (38)	358
Suitability of guidance on effective plans of work / allowing sufficient time for analytical activities	28% (101)	35% (124)	16% (58)	9% (32)	1% (5)	11% (38)	358
Suitability of guidance on client/dutyholder duties	28% (99)	35% (121)	16% (59)	9% (33)	2% (8)	11% (38)	358
Suitable list of four-stage clearance analysts	25% (88)	27% (96)	22% (79)	11% (41)	4% (14)	11% (40)	358

55. The table above shows the majority of respondents (82%) agreed or strongly agreed that there are multiple barriers to client/dutyholder competence in appointing an analyst.

56. 53% (191) of respondents provided reasons for their response with the most frequent themes being:

- Competence of client/dutyholder – many clients don't fully understand their legal responsibilities (CAR 2012) and have a limited awareness of the analyst's critical safety role;
- Reliance on LARCs ("one-stop shop" approach) – they prefer LARCs to manage the entire process and delegate analyst appointment for convenience, simplicity, and time-saving;
- Need for better training, guidance, and support – there is consensus that existing guidance is too technical and not user-friendly;
- Structural barriers: time, cost, and practical constraints - clients face pressures including time constraints (tight programmes, late planning); financial pressures (cost sensitivity, procurement complexity) and limited availability to engage or attend site;
- Difficulty accessing and selecting competent analysts - current systems (e.g. UKAS) are seen as hard to navigate and not client-friendly.

57. Respondents noted that improving dutyholder/client awareness and training, client facing guidance, and practical "how to appoint" tools (e.g. an analyst directory) will do most to reduce competence gaps and make any future independence requirement workable across organisation sizes.

Cost estimate questions response analysis

Question 10 provided a HSE estimate of the time it takes a client/dutyholder to appoint a 4SC analyst and asked respondents if this was accurate.

58. 88% (314) of respondents answered this question, with 13% (42) of those answering 'don't know'. As the question required respondents to make a speculative judgement on the accuracy of the estimate, these responses have been excluded from further analysis.

59. Among those expressing a view, 62% (171) believe the estimate of between 0.5 and 3 hours to be about right, with 15% (43) saying it was much too high or too high, and 23% (64) saying it was much too low or too low.

60. The responses to question 10 confirm HSE's initial estimate is acceptable.

Question 11 provided a HSE estimate of the time it takes the client/dutyholder to communicate with the 4SC analyst after appointment and asked respondents if this was accurate.

61. 89% (319) of respondents answered this question, with 15% (47) of those answering 'don't know'. As the question required respondents to make a speculative judgement on the accuracy of the estimate, these responses have been excluded from further analysis.

62. Among those expressing a view, 68% (184) believe the estimate of between 0.5 and 1 hours to be about right, with 7% (19) saying it was much too high or too high, and 25% (69) saying it was much too low or too low.

63. The responses to question 11 confirm HSE's initial estimate is acceptable.

Question 12 asked if respondents were aware of any further costs of appointing a four-stage clearance analyst that have not previously been mentioned.

64. 85% (304) of respondents answered this question with 69% (209) suggesting there would be no additional costs, and 31% (95) suggesting there would be additional costs.

65. Of the 31% (95) respondents who suggested there would be additional costs, 82% (78) provided further information about those costs. Overall, views are mixed, but most responses highlight that cost impacts are variable, often indirect, and influenced by project complexity and client capability. The costs can be grouped into two categories:

- Increased administrative and procurement costs - additional time and effort required for supplier onboarding, approvals, and tendering, due diligence, audits, and compliance checks;
- Delays, rework, and programme disruption costs - poor coordination or booking errors may lead to aborted visits, rebooking fees, and idle contractor time, failed clearances requiring repeat work, delays can create significant knock-on costs.

HSE response

66. In summary, HSE considers there is strong support from stakeholders for the proposal to amend CAR 2012 to ensure independence and impartiality in the 4SC process. Responses indicated that amending CAR 2012 is necessary, overdue, and proportionate, and it will improve the impartiality of roles, credibility of the 4SC process and safety of workers and building occupiers. It will also safeguard analysts from potential bullying and harassment to assess an area as clear from asbestos to allow progression of work.

67. While HSE did not specifically ask in the consultation why LARCs continue to appoint the analyst, HSE has learnt from responses to other questions about the impact on LARCs or analysts, that this happens for a number of reasons - sometimes due to the client not having the competence to appoint a third party service provider and oversee the work, but also because it helps a LARC maintain control of projects.

68. Views suggest that amending CAR 2012 will improve independence significantly, but it cannot be guaranteed in every case. Respondents acknowledge that LARCs may still

recommend preferred analysts, and dutyholders may still rely on advice. Despite this, the proposal is widely seen as worthwhile and a proportionate improvement.

69. HSE appreciates there are situations where health and safety is not impacted due to the professionalism of both LARCs and analysts but views the lack of independence and impartiality in the 4SC process as a potential risk of exposure to asbestos and as such, wants to see independence applied more consistently across the industry. This proposal will ensure enforcement can be taken where there is non-compliance. Amending CAR 2012 will also enable UKAS to take stronger action on accredited organisations who are not appointed independently of the LARC.

70. HSE will use the consultation findings to develop a Statutory Instrument to amend regulation 20 (standards for air testing and site clearance certification) of CAR 2012 (subject to parliamentary procedures and timescales) to ensure independence and impartiality in the 4SC process, and to remove the potential conflicts of interest that may arise when the LARC appoints the asbestos analyst.

71. The majority of responses suggest a transitional period of 12 months would be sufficient time for the implementation and compliance of the proposed amendment to CAR 2012. HSE considers this timeframe will provide client/dutyholders with time to understand what this change means for them, when an analyst is required for asbestos removal work, and to embed this into their management systems.

72. LARC responses to the consultation suggested there would be additional costs to introduce this legal requirement. HSE held a meeting with stakeholders to understand the additional costs suggested in responses. The consensus was that the majority of the costs are either existing or may be exacerbated in the short-term, but the long-term benefits of this proposal outweigh those costs overall, particularly when coupled with guidance and interventions to support client/dutyholders.

73. Respondents suggested that legislative change is insufficient without clearer guidance, enforcement visibility, and tools to help dutyholders appoint analysts competently. Therefore, HSE will, in addition to amending regulation 20 (standards for air testing and site clearance certification) of CAR 2012:

- Update the Approved Code of Practice: Managing and working with asbestos - HSE and Asbestos: The Analysts' Guide - HSE to reflect the legislative change, essentially that the requirement for the analyst to be independent of the removal contractor has changed from a ‘should’ to a ‘must’;
- HSE will use information collected through the ASB5 form (which asks who has appointed the analyst) to ensure standards are met;
- Consider what other interventions can be used to support businesses in understanding this requirement, and to improve competence in appointing third party service providers for asbestos removal work, particularly for smaller businesses.

74. HSE will update stakeholders on the progress of this work in due course.

75. HSE will evaluate the impact of these interventions to measure improvements and success which will inform future decision-making about HSE’s approach to managing asbestos in GB.

Proposal to drive up the standard of asbestos surveys by improving guidance and using other interventions to ensure dutyholders understand the critical role of an asbestos survey in managing asbestos risks; and are equipped to commission a quality survey from a competent asbestos surveyor or organisation

76. For detailed background on this proposal and the consultation questions please see pages 27-38 of the consultation document.

Summary of the proposal

This proposal is to continue to strongly recommend that accredited surveying organisations are used; and to drive up the standard of asbestos surveys by improving guidance and using other interventions to ensure dutyholders understand the critical role of an asbestos survey in managing asbestos risks; and are equipped to commission a quality survey from a competent asbestos surveyor or organisation.

While accreditation brings many benefits, HSE does not have sufficient evidence that accreditation of all surveying organisations will resolve the issue on the quality of surveys. HSE's assessment of the quality of accredited and non-accredited asbestos survey reports, while limited to a relatively small number of reports, found evidence that accreditation had a positive effect on survey quality but was not a guarantee of survey quality. Views from stakeholders during informal stakeholder engagement also expressed poor quality of both accredited and non-accredited asbestos survey reports.

The evidence HSE collected suggests the best use of surveys occurs when a client/dutyholder is an 'informed customer' – this means understanding their role in the management of asbestos.

77. Through consultation HSE sought to understand how engagement and communication could be improved between a dutyholder and asbestos surveyor, to drive up the quality of surveys.

Policy questions on the proposal to improve the quality of asbestos surveys

Question 13 asked how much of an impact, if at all, would the listed factors relating to the client/dutyholder role have on the quality of an asbestos survey. Respondents were also asked to provide a reason for their response.

78. 96% (344) of respondents selected an impact for each of the factors with the majority (72-82%) of respondents suggesting a high or very high impact for each of the three listed factors.

	Very high	High	Medium	Low	Very low	None	Total
Dutyholder understanding of the role an asbestos survey plays in the management of asbestos risks in a building	51% (182)	25% (89)	12% (42)	4% (15)	2% (8)	2% (8)	100% (344)
Communication and sharing of information between a client/dutyholder and asbestos surveyor/surveying organisation before commissioning a survey	57% (203)	25% (89)	9% (33)	2% (8)	1% (5)	2% (6)	100% (344)
Communication and sharing of information between a dutyholder and asbestos surveyor/surveying organisation after the client/dutyholder has received the survey	49% (174)	25% (88)	15% (55)	3% (11)	2% (8)	2% (7)	100% (343)

79. 63% (225) of respondents provided reasons for their responses with two dominant themes emerging:

- Widespread lack of understanding of asbestos responsibilities, survey types, and legal duties, with many clients treating surveys as a 'tick-box exercise' rather than part of ongoing risk management. This leads to wrong survey types being commissioned, poor scoping and failure to act on findings afterwards; and
- Poor communication throughout the process which leads to incomplete or inaccurate surveys, missing asbestos containing materials and misinterpretation of findings.

80. Respondents acknowledged that poor communication exists at all stages of the process:

- Pre-survey with limited or inaccurate information provided such as no plans, building history, or previous surveys;
- During survey with lack of clarity on scope, access and constraints;
- Post-survey where reports are not discussed, misunderstood and not integrated into asbestos registers or management plans with ongoing risks left unmanaged.

Question 14 asked how much of an impact, if at all, do you think the listed factors, relating to the surveyor role have on the quality of an asbestos survey. Respondents were also asked to provide a reason for their response.

81. 96% (324-342) of respondents selected an impact for each of the factors.

	Very high	High	Medium	Low	Very low	None	Totals
Surveyor competence (as defined in CAR 2012, Regulation 2)	71% (255)	15% (53)	7% (25)	2% (6)	0	1% (5)	100% 344
Quality assurance processes in the surveying organisation	52% (185)	24% (87)	13% (45)	4% (16)	2% (6)	1% (5)	100% 344
UKAS accreditation of surveying organisation	27% (98)	20% (71)	20% (73)	9% (34)	8% (28)	11% (40)	100% 344
Industry based competency scheme for individual surveyors	34% (123)	26% (93)	19% (69)	6% (22)	3% (11)	7% (24)	100% 342

82. The reasons for responses from 71% (253) of respondents aligned with the factors in the above table:

- Overwhelming consensus that the individual surveyor's skills, experience and judgement are the single most important factor, but poor surveys are seen as mainly due to inexperienced or under-trained surveyors and a basic qualification (e.g. P402) alone is not sufficient to ensure competence;
- Strong quality assurance systems within organisations are seen as essential to ensure consistency across surveyors, identify and correct errors in survey reports and drive continuous improvement, but it is also recognised that it can be poorly implemented and is most effective when paired with competent surveyors.

83. The responses on UKAS accreditation show it is widely seen as providing baseline standards, systems and external oversight, it also offers accountability and consistency at an organisational level. However, many respondents also stressed it does not guarantee competent surveyors or good quality surveys as it assesses processes and paperwork rather than actual survey quality. Concerns raised include snapshot audits and selective assessment of surveyors and administrative focus over real-world competence. Overall responses view UKAS accreditation as useful but limited, acknowledging it isn't necessarily sufficient on its own.

84. Many respondents support introducing formal competency schemes for individual surveyors, continuous professional development (CPD) and reassessment with the rationale being current systems focus on organisations, not individuals and individual accountability is seen as missing from the industry.

85. Respondent's views are that survey quality is determined primarily by individual competence, supported by quality assurance systems - while accreditation provides assurance of the surveying organisation, it does not guarantee good outcomes. Good quality surveys are related to the quality of an individual surveyor - an experienced and competent surveyor will "usually" deliver the same standard of survey regardless of accreditation status of the organisation they belong to. However, there is a massive

gap in where and how that surveyor reaches that standard. Competency and experience generally comes from training, audits and feedback, with views expressing that this only really comes from within UKAS organisations.

Question 15 asked what interventions should look like to improve the quality of asbestos surveys and HSE asked respondents to provide a reason for their response.

86. The chart below shows the number of respondents who selected the different types of interventions to be used to improve the quality of asbestos surveys.



87. The reasons for responses provided by those who selected 'Other' aligned with the reasons for responses provided in general and were broadly supportive of the proposed interventions.

88. The general view is that no single intervention will be sufficient - a coordinated, multi-layered approach is required to address systemic issues across the industry. Therefore, stakeholders strongly advocate for a holistic approach to improving asbestos survey quality, suggesting the most effective strategy would combine:

- Better-informed dutyholders
- Stronger individual competency frameworks
- Clearer and updated guidance
- Stronger enforcement
- Standardised processes and outputs

89. Communication and awareness campaigns are seen as important, but respondent's views suggested they must be targeted (e.g. sectors, dutyholders, contractors), clear and accessible for all audiences.

Question 16 asked to what extent do respondents agree or disagree that mandatory accreditation of surveying organisations could improve the quality of asbestos surveys. HSE asked respondents to provide a reason for their response.

90. 96% (343) of respondents answered this question with 53% (182) agreeing or strongly agreeing that mandatory accreditation for surveying organisations could improve the quality of asbestos surveys, 29% (102) disagreeing or strongly disagreeing and 17% (59) neither agreeing nor disagreeing. 71.5% (256) provided a reason for their response.

91. Those who agree or strongly agree with mandatory accreditation see it as a mechanism to improve survey quality and consistency, strengthen asbestos risk management, increase confidence for dutyholders and clients. However, most respondents emphasise that accreditation alone is not a complete solution.

92. Those who disagree or strongly disagree suggest accreditation focuses on systems and paperwork, while real survey quality depends on individual competence, experience, and working conditions. They view mandatory accreditation as costly and consider it does not deal with the root causes of poor quality and could potentially be harmful to the structure and capacity of the industry.

93. Both groups agree:

- survey quality is inconsistent;
- individual competence needs improvement with calls for better training, ongoing continued professional development and more robust competency frameworks;
- accreditation alone is not sufficient.

Cost estimate questions on the proposal to improve the quality of asbestos surveys

Question 17 asked for respondents' views on the HSE estimate for the number of non-accredited asbestos surveyors operating in GB to be around 3,600. This was with the intention of better understanding the cost impact of any requirement for mandatory accreditation being introduced.

94. As anticipated, the answers to this question came with a high degree of uncertainty. 91% (326) of respondents answered this question, with 48% (157) of those answering 'don't know'. As the question required respondents to make a speculative judgement on the accuracy of the estimate, these responses have been excluded from further analysis.

95. Among those expressing a view, 59% (100) believe 3600 to be about right with 22% (37) saying it was much too high or too high, and 19% (32) saying it was much too low or too low.

Question 18 asked if respondents agreed or disagreed with the HSE estimate that around 50% of non-accredited surveyors would choose to pursue accreditation if it became a mandatory requirement as opposed to leaving the industry.

96. 89% (319) of respondents answered this question, with 8% (26) answering ‘don’t know’. As the question required a speculative judgement about a hypothetical scenario, these responses have been excluded from further analysis. For responses completed through the HSE Consultation Hub (Citizen Space), the question did not include a ‘don’t know’ option. As a result, economists compiled responses where respondents’ comments suggested that they were unable to assess the estimate.

97. Among those expressing a view, 39% (113) believed the estimate of around 50% of non-accredited surveyors who would choose to pursue accreditation if it became a mandatory requirement to be about right. 48% (141) believe the estimate to be too high or much too high and 13% (39) suggested it is too low or much too low.

Question 19 asked respondents to provide estimates of how many days and/or proportions of full-time equivalent posts businesses spend each year on specific activities related to UKAS accreditation.

98. The intention of this question was to describe the individual activities that drive the costs related to UKAS accreditation reported in question 20, but the question was framed to ask about the business’s activities in general. As such responses were inconsistent, with some answering as the question was intended, and others about the business’s activities in general.

99. Without this information, we cannot identify which activities drive costs in question 20. However, the responses to question 20 provide enough evidence to proceed with cost estimates. Consequently, it has not been possible to use the outputs from this question in this part of the economic analysis.

Question 20 asked respondents to comment on the HSE estimate that suggests, on average, the additional time needed for staff to complete the tasks associated with maintaining UKAS accreditation is about 70% of an employee’s time - which could also be the sum total of time spent by more than one employee e.g. 0.7 Full-Time Equivalent (FTE), per year, per business.

100. 81% (291) of respondents answered this question, with 112 (38%) of those answering ‘don’t know’.

101. Among those expressing a view, 53% (95) believe the FTE estimate is about right, 13% (23) believe it is too high and 34% (61) believe the FTE is too low. This information suggests an average figure of 0.88 FTE across respondents for each accredited surveying organisation to maintain their UKAS accreditation. After adjusting for business size (as described in paragraph 31), the estimate is 0.86 FTE.

HSE response

102. HSE strongly recommends using an accredited organisation for an asbestos survey in the Approved Code of Practice supporting CAR 2012 and HSE guidance because we recognise the significance of a quality assurance system within organisations to deliver quality products, such as an asbestos survey. However, non-accredited

organisations are equally able to implement suitable and sufficient quality assurance systems.

103. Although views differ on the value and feasibility of UKAS accreditation, most respondents agreed that technical judgement, experience, and robust quality assurance are the most important determinants of survey quality.

104. A proportion of respondents are concerned about the cost of UKAS accreditation and how this is unlikely to drive an improvement in the quality of asbestos surveys, primarily due to the individual competence of surveyors.

105. The responses suggest that improving client understanding and communication practices would yield the single largest uplift in survey quality. This aligns with HSE's proposal to drive up the standard of asbestos surveys by improving existing guidance and using other interventions to ensure dutyholders understand the critical role of an asbestos survey in managing asbestos risks. Respondents also suggested that interventions were needed to drive up communication between the dutyholder and surveyors.

106. HSE will explore intervention and guidance approaches to deliver this proposal and use the evidence from consultation responses to support businesses, with suggestions including:

- Updates to Health and Safety Guidance (HSG) documents such as Asbestos: The survey guide and A comprehensive guide to managing asbestos in premises;
- A specific webpage dedicated to support businesses, particularly smaller ones, in appointing a third-party service provider, such as an asbestos surveyor; and
- Communications on the importance of a quality asbestos survey and how to commission and appoint third party service party providers.

107. HSE will update stakeholders on the progress of this work in due course.

108. HSE will evaluate the impact of these interventions to measure improvements and success which will inform future decision-making about HSE's approach to managing asbestos in GB.

Proposal to improve guidance and use other interventions to clarify the type of work that constitutes work with asbestos known as Notifiable Non-Licensed Work (NNLW)

110. For detailed background on this proposal and the consultation questions please see pages 39-50 of the consultation document.

Summary of the proposal

This proposal is to improve guidance and use other interventions to clarify the type of work that constitutes work with asbestos known as NNLW

NNLW notifications provide important data about a proportion of the industry working with asbestos and potential exposures. HSE uses this data as part of its licence assessment process. As HSE tries to establish a better understanding about the presence of asbestos in workplaces in GB, the intelligence from this data can contribute to knowledge of the asbestos system and active management of the legacy of asbestos. HSE sees a loss of this category of work with asbestos (and the subsequent notification data) as a step in the wrong direction to reduce ill health from exposure to asbestos. Equally, if this category of work was removed and CAR 2012 returned to having two categories of work with asbestos, many activities that are currently categorised as NNLW could fall into licensable work, which would significantly increase costs for businesses and those requiring their services.

HSE proposes to work with stakeholders to identify ways to improve understanding and develop guidance through collaborative approaches. This in turn would have the benefit of increasing the profile of this category of work with asbestos and the important role it plays in managing the risk of exposure to asbestos.

111. Through the consultation HSE sought stakeholders' views on their perspective of the NNLW category of work, its usefulness in risk management of asbestos, whether it should be retained and the impact on safety standards if it were to be removed.

Policy questions on the proposal to clarify the type of work that constitutes work with asbestos known as NNLW

Question 21 asked to what extent respondents agree or disagree that HSE should retain the category of work with asbestos known as notifiable non-licensed work (NNLW). Respondents were also asked to provide a reason for their response.

112. 87% (311) of respondents answered this question and the table below shows 61% (190) agreed or strongly agreed that HSE should retain the NNLW category of work with asbestos, 26% (82) disagreed or strongly disagreed, and 13% (39) neither agreed or disagreed.

To what extent do you agree or disagree	No. of responses
Strongly agree	24% (81)
Agree	32% (109)
Neither agree nor disagree	12% (39)
Disagree	15% (50)
Strongly disagree	10% (32)
Not answered	7% (25)
Total	**336**

113. 60% (188) of respondents provided reasons for their responses revealing a highly divided but nuanced position.

114. Some respondents perceived NNLW as a proportionate, risk-based regulatory tool that provides an intermediate level of control for asbestos work that does not warrant full licensing. Conversely, others raised concerns that the category introduces ambiguity, is interpreted inconsistently, and may enable the misclassification of higher-risk activities as lower-risk work.

115. Analysis by business size indicates that larger organisations recognise benefits such as governance, regulatory clarity, and data value, whereas smaller businesses highlight practical burdens and complexity.

116. Despite these differences, respondents consistently emphasised the importance of clearer, more consistent guidance to support correct classification and application, irrespective of the future status of the NNLW category.

Question 22 asked to what extent do respondents agree or disagree that removing the NNLW category would reduce health and safety standards. Respondents were also asked to provide a reason for their response.

117. 87% (310) of respondents answered this question. 47% (146) agreed or strongly agreed that removing NNLW would reduce health and safety standards, while 32% (100) disagreed or strongly disagreed. 21% (65) neither agreed or disagreed.

118. 44% (135) respondents provided reasons for their responses illustrating a wide variation in views, reflecting the complex role NNLW currently plays in asbestos regulation.

119. There is strong consensus that the current system is not functioning optimally, whether respondents believe NNLW should be retained or not. They describe the category as poorly understood, inconsistently applied, and open to misuse, either accidentally or deliberately.

120. Respondents who strongly agree or agree with retaining NNLW highlight its value as a mechanism for creating regulatory visibility over medium risk work; ensuring

minimum levels of oversight, training, and medical surveillance; preventing unscrupulous operators from avoiding scrutiny; and providing a structured framework beneath the licensed regime.

121. Respondents who advocate for removal of the NNLW category see it as a source of confusion between non-licensed and licensed work; a potential loophole that allows higher risk work to be conducted without appropriate controls; a category that is too complex for dutyholders to apply consistently; and a diversion of focus from competence and risk based decision making.

122. The consensus underlying both positions is the need for greater clarity about boundaries and simpler decision making tools to ensure consistency.

Question 23 asked to what extent do respondents agree or disagree with HSE's proposal to make improvements to guidance and use other interventions to clarify the type of work with asbestos that constitutes NNLW. Respondents were also asked to provide a reason for their response.

123. 87% (311) of respondents answered this question with 77% agreeing or strongly agreeing with HSE's proposal to improve guidance and deploy additional interventions to clarify what constitutes NNLW. 11% (37) disagreed or strongly disagreed with this proposal. 11% (34) neither agreed or disagreed.

124. The dominant theme in responses is that confusion about NNLW is widespread, and clearer guidance is urgently needed. Respondents emphasise ongoing misclassification of work, inconsistent interpretation, and insufficient practical examples of what constitutes NNLW, all of which contribute to compliance challenges and risk management failures.

Question 24 explained that HSE data from analysis of NNLW notifications suggests that a significant number of notifications for work with asbestos insulation (AI) and asbestos insulating board (AIB) exceed the short duration time frame, which is required for work to be classified as NNLW. The definition of short duration work was provided and HSE asked respondents how confident they are in understanding short duration work with AI and AIB. Respondents were also asked to provide a reason for their response.

125. 86% (307) of respondents answered this question with 70% (214) selecting that they feel confident or very confident in their own understanding of short duration work with AI and AIB. 15% (45) selected not confident or strongly not confident and 16% (48) selecting somewhat confident.

126. 54% (165) provided reasons for their responses revealing a striking contrast: while individuals feel personally confident, they overwhelmingly express concerns that others in the industry - particularly non-licensed contractors, dutyholders, and general trades - do not understand or properly apply the definition.

Question 25 asked to what extent do respondents agree or disagree that the interpretation of NNLW would be easier to understand if all work with asbestos insulation and asbestos insulating board was licensable work. Respondents were also asked to provide a reason for their response.

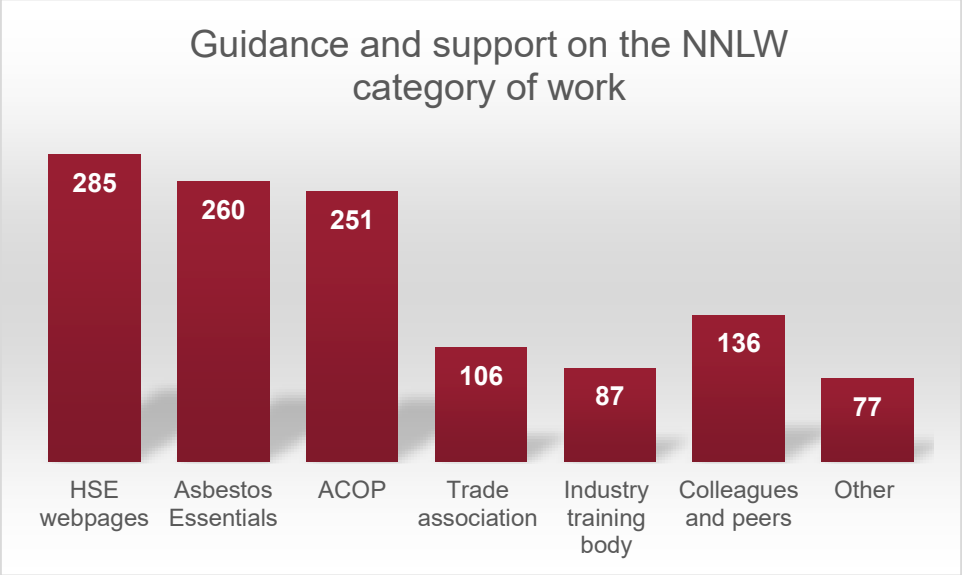
127. 87% (310) of respondents answered this question. 83% (258) agreed or strongly agreed that the interpretation of NNLW would be easier to understand if all work with AI and AIB was licensable. 10% (31) disagreed or strongly disagreed and 7% (21) neither agreed or disagreed.

128. Across the responses, there is strong qualitative support for the idea that NNLW interpretations would be easier if all AI/AIB work were licensable. More than 76% support the proposal, and this is reflected clearly in the reasons respondents provided for their responses, where the dominant theme is that a universal licensable classification would remove ambiguity, prevent misinterpretation, and reduce misuse of short duration rules.

129. However, alongside this, there are notable concerns about costs, proportionality, and unintended consequences, especially for low-risk minor works.

Question 26 asked where respondents find guidance and support on the NNLW category of work with asbestos.

130. The below chart shows the number of respondents who selected the different guidance and support options for NNLW listed in the question, with the majority selecting the HSE webpages and guidance documents, and the ACoP.



131. This tells us that respondents draw on a wide range of sources for guidance on NNLW, with HSE guidance being the most trusted sources. However, many respondents supplement HSE guidance with information from trade associations, training bodies, and peer networks. Responses suggested that no single source is sufficient - information is fragmented, inconsistent, or difficult to interpret, particularly for borderline tasks.

Question 27 asked how useful is the information in the HSE guidance. Respondents were also asked to provide a reason for their response.

132. 86-87% (309-311) of respondents provided an answer about how useful the information on NNLW was in three different HSE guidance sources, with the majority suggesting it was useful or very useful.

	Very useful	Useful	Somewhat useful	Not useful	Total
HSE webpages Notifiable Non-Licensed Work (NNLW) - HSE	36% (112)	36% (113)	26% (82)	1% (4)	100% (311)
HSE guidance documents Asbestos essentials - HSE	40% (124)	37% (113)	20% (63)	3% (9)	100% (309)
HSE Approved Code of Practice Managing and working with asbestos	44% (136)	38% (117)	18% (55)	1% (3)	100% (311)

133. 42% (131) provided a reason about the usefulness of HSE asbestos guidance. Responses show that the guidance is generally viewed as helpful, trusted and widely used across industry. However, many respondents, particularly dutyholders, smaller contractors, and those who work infrequently with asbestos, reported that the guidance can be difficult to interpret, overly technical, or insufficiently clear on key areas such as NNLW, short duration rules, and borderline scenarios.

134. There is a strong consensus that improvements to HSE guidance would increase consistency of classification and reduce misinterpretation. For example, HSE could provide more practical examples, clearer flowcharts, and update Asbestos Essentials.

Question 28 shared a link to HSE task sheets for non-licensable work in Asbestos Essentials and asked to what extent do respondents agree or disagree that equivalent task sheets for NNLW would be useful. Respondents were also asked to provide a reason for their response.

135. 311 (87%) of respondents provided an answer about how useful task sheets, equivalent to those for non-licensable work, would be for NNLW, with the majority (76%) suggesting they would be useful or very useful.

Very useful	Useful	Somewhat useful	Not useful	Total
52% (161)	24% (74)	16% (51)	8% (25)	100% (311)

136. There is strong support for the development of dedicated task sheets for NNLW. Most felt these would significantly improve clarity, consistency, and practical understanding, mirroring the success of Asbestos Essentials for non-licensed work. However, a minority expressed concerns that task sheets might either oversimplify complex activities thereby encouraging inexperienced workers to undertake higher risk tasks.

Cost estimate questions on the proposal to clarify the type of work that constitutes work with asbestos known as NNLW

Question 29 provided an HSE estimate of the average cost saving per job from NNLW becoming (non-notifiable) non-licensable work as between £23 to £57, with a best estimate of about £40. The saving comes from the requirement to notify the work, to carry out medical surveillance and to keep health records.

137. The purpose of this question was to estimate the potential savings if the NNLW category of work was removed from CAR 2012 and there was no longer a requirement to notify the work, to carry out medical surveillance and to keep health records.

138. 78% (281) respondents answered this question with 46% (128) answering 'don't know'. As the question required respondents to make a speculative judgement on the accuracy of the estimate, the 'don't know' responses have been excluded from further analysis.

139. Among those expressing a view 67% (102) considered the given range to be about right, 7% (10) considered it was too high or much too high, and 27% (41) said it was too low or much too low. This response indicates that HSE estimates are acceptable.

Question 30 provided an estimate of the average additional cost of NNLW becoming licensable work as being between £496 to £691, with a best of about £599. This assumes that the business doing the work is already licensed so does not incur the cost of obtaining a licence from HSE.

140. The purpose of this question was to estimate the potential cost of NNLW becoming licensable work. The additional costs come from requirements to provide enclosures, air monitoring and certification of reoccupation.

141. 79% (284) respondents answered this question with 38% (108) answering 'don't know'. As the question required respondents to make a speculative judgement on the accuracy of the estimate, the 'don't know' responses have been excluded from further analysis.

142. Among those expressing a view 56% (99) considered the given range to be about right, 6% (11) considered it was too high or much too high, and 38% (66) said it was to too low or much too low.

143. 19% (33) provided alternative values and reported highly different values, possibly showing a high level of inconsistency in costs. As the majority of respondents consider the costs to be either correctly appraised or overstated, the original pre-consultation range has continued to be used for modelling purposes in the consultation response.

HSE response

144. In summary, HSE considers there is strong support from stakeholders to retain the NNLW category of work with asbestos and the proposal to improve guidance and use other interventions to clarify the type of work that constitutes NNLW work.

145. HSE also wishes to retain the NNLW category due to its value for regulatory insight and licence assessment. Stakeholders suggest the NNLW category of work with asbestos provides a balanced and proportionate approach for controlling lower-risk asbestos activities, while maintaining oversight and traceability through notification and record-keeping.

146. However, responses expressed a need for greater clarity around boundaries between different types of work with asbestos and simplified decision-making tools for NNLW, particularly for asbestos insulation and asbestos insulation board.

147. HSE will explore intervention and guidance approaches to achieve this proposal outcome. Consultation respondents suggested that updates to existing guidance and working with stakeholders to identify collaborative approaches could improve understanding of short duration work and when work with asbestos insulation board and asbestos insulation is NNLW or licensable.

148. HSE will update stakeholders on the progress of this work in due course.

149. HSE will evaluate the impact of these interventions to measure improvements in understanding of this category of work with asbestos. This will also inform future decision-making about HSE's approach to managing asbestos in GB.

Concluding questions

150. The consultation included six concluding questions.

Question 31 asked if respondents had any further comments to make about the proposals outlined in the consultative document.

151. 44% (157) of respondents provided further comments, the vast majority of which reflected the views already expressed in each of the proposals outlined in this document.

152. Respondents broadly agree that improvement is needed across the asbestos regulatory system and current arrangements are inconsistent and often ineffective. However, there is significant disagreement on how to achieve improvement, especially regarding mandatory UKAS accreditation.

153. The most dominant issue raised was poor quality asbestos surveys and views suggested this is the biggest risk in the system - the management of asbestos depends on the accuracy of surveys, and poor surveys lead directly to uncontrolled exposure to asbestos.

Question 32 asked if respondents could foresee any unintended consequences as a result of the proposals outlined in the consultative document. Respondents were also asked to provide a reason for their response.

154. 69% (247) of respondents answered this question, with 61% (150) saying they could not foresee any unintended consequences and 39% (97) suggesting they could foresee unintended consequences.

155. 37% (133) of respondents provided reasons for their responses with the key theme raised by this group considered to be the costs and resource implications of the proposals.

156. Across the responses, there are very strong, consistent concerns about the impact of mandatory UKAS accreditation, changes to NNLW, and increased regulatory burden. Overall, the responses indicate that the proposals could risk driving up costs, reducing capacity, weakening competition, and unintentionally encouraging non-compliant or unsafe behaviours.

Question 33 asked respondents if they were aware of any impact on protected characteristics (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation) the proposals may have.

157. 71% (254) of respondents answered this question, with 5% (12) saying there would be an impact on protected characteristics and 95% (242) saying there would not be an impact.

158. 25% (64) of respondents also provided comments with the majority further iterating that protected characteristics would not be impacted by the technical proposals outlined in the consultation document.

159. A small number of respondents queried the relevance of this question. HSE has a legal obligation to actively consider equality in their day-to-day work, including policy-making, service delivery, and employment. This is known as the Public Sector Equality Duty (PSED) under Section 149 of the Equality Act 2010. The duty requires public bodies to have 'due regard' to the elimination of unlawful discrimination when developing health and safety policy. This means considering the potential impact of our decisions on people with different protected characteristics and to identify potential mitigating steps to reduce or remove adverse impacts.

160. As the practices outlined each of the proposals are already established within industry, we do not expect to have any significant PSED implications, either positive or negative, as a result of any of the proposed changes.

Question 34 asked if respondents were aware of any impact on the environment the proposals may have.

161. 69% (248) of respondents answered this question, with 21% (51) saying there would be an impact on the environment and 79% (197) saying there would not be an impact.

162. 40% (99) of respondents provided a reason for their response. The most common potential negative impacts to the environment included:

- Increased fly-tipping and illegal removal/disposal
- More plastic and enclosure waste
- Increased travel/emissions due to accreditation or licensable-work requirements.

163. The most common potential benefits to the environment included:

- Reduced asbestos fibre release
- Better compliance
- Improved surveys and data leading to less accidental disturbance.

164. Most respondents believe the proposals could improve environmental protection if implemented carefully but warn that: cost increases; over-centralisation; and reduced availability of qualified providers could unintentionally increase environmental harm through illegal, poor quality, or do-it-yourself (DIY) asbestos work.

Questions 35 and 36 were the final questions and asked if the respondent would be happy to be contacted by HSE for any potential follow up on answers provided and to be involved in a working group to develop guidance.

165. HSE is grateful for the level of interest from stakeholders to be involved with further development of these proposals.

Conclusion

166. HSE would like to express thanks to all the stakeholders who shared and promoted this consultation, and to those who took the time to respond.

167. Overall, the public consultation responses increased the depth of HSE's understanding following informal engagement to help make effective decisions to implement each of the proposals.

168. Responses to the consultation expressed the need for HSE decision-making for regulations and interventions to prevent exposure to asbestos in Great Britain to continue to be informed by relevant information and grounded in scientific evidence.

169. The responses will help shape the future of HSE's asbestos regime for GB with the aim of achieving the overall strategic policy objectives, which are to:

- Reduce ill health caused by exposure to asbestos by creating a pathway to safely remove asbestos from workplaces in GB
- Ensure the regulatory regime for managing the risk from exposure to asbestos is proportionate to the hazards generated
- Ensure the regulatory regime for managing the risk from exposure to asbestos is clear for dutyholders and other stakeholders.

170. As an independent regulator, HSE recognises the importance of sound, evidence-based decision-making and remains committed to maintaining high standards of protection for workers.

Summary of proposals and HSE response

171. The three proposals relate to discrete parts of the regulatory framework where further action is needed to increase effective implementation to reduce exposure from asbestos, the key aim of the regulatory framework. However, a consistent theme across proposals related to behaviours and competence, particularly in relation to dutyholders' understanding, commissioning practices, and the practical application of regulatory requirements. HSE is undertaking work to understand this through the post-consultation design of interventions.

172. The responses indicate that HSE continues to be a trusted source of information even if guidance may need improving and simplifying in relation to these proposals.

Proposal to amend CAR 2012 and guidance to ensure the independence and impartiality of roles in the four-stage clearance process

173. The consultation findings will feed directly into the development of a Statutory Instrument to amend regulation 20 (standards for air testing and site clearance certification) of CAR 2012 (subject to parliamentary procedures and timescales) to ensure independence and impartiality in the 4SC process, and to remove the potential conflicts of interest that may arise when the LARC appoints the asbestos analyst.

174. HSE will update the ACoP and associated guidance to reflect regulatory amendments, with the aim of introducing simpler guidance to support client/dutyholders in appointing third party service providers. HSE will keep stakeholders informed of progress with this work.

Proposal to drive up the standard of asbestos surveys by improving guidance and using other interventions to ensure dutyholders understand the critical role of an asbestos survey in managing asbestos risks; and are equipped to commission a quality survey from a competent asbestos surveyor or organisation

175. HSE will maintain its position to strongly recommend the use of accredited organisations for asbestos surveys.

176. HSE is currently considering the most appropriate interventions and guidance approaches to use to drive up the standard of asbestos surveys. HSE will keep stakeholders informed of progress with this work.

Proposal to improve guidance and use other interventions to clarifying the type of work that constitutes work with asbestos known as Notifiable Non-Licensed Work (NNLW)

177. HSE will retain the category of work with asbestos known as NNLW and work collaboratively with stakeholders to develop improved guidance. This will help to support those in the asbestos removal industry to understand the purpose of this

category and to use it consistently and appropriately. HSE will keep stakeholders informed of progress with this work.

178. HSE will monitor the effectiveness of any new guidance with the aim of ensuring it is easier to understand, and to further consider if work with asbestos insulation and asbestos insulation board remains in the NNLW category of work.

WPC recommendations

179. HSE considers the outcomes of this consultation as delivery of the three outstanding recommendations made by the Work and Pensions Committee. Through extensive engagement, HSE has developed a greater understanding of the issues that underlined each of the proposals and developed a body of evidence to help support policy development and decision-making.

180. HSE will continue to monitor and evaluate any proposals outlined in this consultation once further developed and implemented, considering the emergence of any new evidence and in line with our statutory duty to review regulations through the post-implementation review clause in CAR 2012.

Further information

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