

The view from the workplace: Safety and Health in Micro and Small Enterprises in the EU

European Risk Observatory

National Report: Belgium

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1 Description of the national context

This section presents features of the Belgian national context which are relevant for the understanding of the present report.

1.1 National OSH infrastructure and regulatory context

1.1.1 Main actors and institutions

▪ Federal Public Service Employment, Labour and Social Dialogue

The Belgian Federal Public Service (FPS) Employment, Labour and Social Dialogue offers a number of services such as providing information and documentation as well as OSH training and project subsidies. The FPS Employment has developed several tools for micro- and small enterprises (MSEs), such as the SOBANE-Déparis tool (screening, observation, analysis and expertise, and 'Dépistage participatif des risques', that is participative risk screening) for participative risk screening, the Online Interactive Risk Assessment Tool (OiRA) and the alert indicators for psychosocial risks at work, which are further described in this report.

▪ Labour inspection

Supervision of Well-Being at Work (labour inspectorate) checks occupational safety, health and wellbeing standards. The inspectorate verifies whether or not employers take proper measures to control risks for their workers. It also encourages employees and their representatives to take part in creating safe and healthy workplaces. The regulations regarding wellbeing at work serve as a basis for this. Furthermore, a task of the labour inspectorate is the improvement of the regulations.

However, the labour inspectorate seems to suffer severe staff shortages. This in turn leads inspectors to intervene only following an occupational accident or at the request of employers and workers or their representatives, with fewer surprise visits to companies as a consequence. Moreover, the labour inspectorate admits to focusing on companies with more than 10 employees. Smaller companies, which represent about 80 % of the country's enterprises, are visited only on request or in the event of an occupational accident. Hence, it cannot be concluded that MSEs have systematic visits from labour inspectors. The inspectorate's short-staffing also seems to affect the content of checks, which focus on 'traditional' risks rather than psychosocial risks (PSR), musculoskeletal disorders (MSDs) and prevention. This tendency tends to decrease with the 'new generation' of inspectors, who are more aware of these risks. A last limitation faced by the labour inspectorate is the lack of time and means to take the necessary action required to follow up sanctions. (EU-OSHA, 2017; EU-OSHA, 2018).

▪ Internal prevention services

The Act of 4 August 1996 on the wellbeing of workers in the performance of their work places the primary responsibility for working conditions on the employer. In companies with 20 employees or more, the employer is assisted by an internal service for prevention and protection at work (in small companies, mainly a single internal prevention advisor) that supports him or her and the employees in carrying out a company-level policy on wellbeing at work. In companies with fewer than 20 employees, the employer may assume this position and is not obliged to undergo training for this purpose.

The basic tasks carried out by the internal service and the training required for the prevention advisor depend on the enterprise group the employer belongs to (based on the nature of the risk and the total number of employees):

- groups A and B include the large to very large companies and/or businesses with a high to very high risk;
- group C includes employers with fewer than 200 employees that are not included in group A or B;

- group D includes employers with fewer than 20 employees in which the employers themselves assume the position of prevention advisor.

Most MSEs are in groups C and D. No OSH training is required for the employers and prevention advisors in these groups; a basic knowledge of risk management and prevention techniques is simply expected.

The principal tasks of the internal service for prevention and protection at work consist of advice regarding the following matters:

- helping to identify hazards and giving advice on risk assessment;
- preparing the global prevention plan and the annual action plan;
- taking part in research into the causes of industrial accidents;
- giving advice on various subjects regarding the code of conduct on wellbeing at work including working with subcontractors;
- giving advice on drawing up instructions, and on informing, welcoming and training employees;
- being available for the staff of the company and dealing with all questions on how to apply legislation;
- helping to apply measures that are to be taken in case of serious and imminent danger, establishing internal emergency procedures and organising first aid.

Furthermore, the prevention advisor's task is to study the interaction between workers and their work environment, to ensure health monitoring and to supervise the organisation of first aid and emergency help. These tasks can be carried out by either the internal advisor or an external service, depending on the group the company belongs to. In MSEs, these tasks are mostly outsourced.

▪ External prevention services

The same law that applies to internal prevention services also requires the setting up of external services for prevention and protection at work. All companies, whatever their size, have to subscribe to such external services, which provide complementary skills to the internal prevention service. External services consist of two departments: a department responsible for multidisciplinary risk management and a department responsible for medical supervision. Employers are free to choose their external service, and each external service sets its own fees for the tasks that it carries out. This leads to a certain degree of competition between the different external services.

A reform of external services took place in 2015-2016. This new legislation defines (minimum) fees depending on the number of employees (more or fewer than five employees) and on the main activity (following the Statistical Classification of Economic Activities in the European Community, NACE) of the company.

The new package of services for small and low-risk companies includes — among others — a risk assessment and the proposition of prevention measures based on these assessments, health check-ups (focusing on workers with health problems and their reintegration into the company and on helping older people to continue working), following up informal individual or formal collective demands regarding psychosocial risks and giving advice regarding prevention management.

For larger and high-risk companies, a system of prevention units is set up. These prevention units have to be used first and foremost for medical check-ups and psychosocial risks.

1.1.2 Regulatory context — OSH specific

The Well-Being at Work Code is made up of various means of enforcement that were issued from 1996 on. At the beginning of 2015, the code numbered more than 40 decrees with respect to wellbeing at work.

The code contains three fundamental principles which distinguish Belgium from other EU Member States:

1. the seven domains of wellbeing (occupational safety, protection of workers' health at work, psychosocial risks, ergonomics, occupational hygiene, improvement of the workplace and internal environment related to the previous domains);
2. the general obligation to carry out risk assessments across these seven domains;
3. the obligation to set up a global prevention plan and an annual action plan.

Within the framework of a dynamic risk management strategy regarding wellbeing of workers at the workplace, each employer has to have a risk assessment for every activity and workstation of the company. This risk assessment must cover all seven domains of wellbeing cited above. It is composed of (1) the identification of hazards to the wellbeing of workers; (2) the definition and determination of risks to the wellbeing of workers; and (3) the evaluation of risks to the wellbeing of the workers. These form the basis for taking prevention measures to (in the following order) avoid risks, avoid harm or limit harm.

The risk management strategy of a company must be expressed in a global prevention plan which is set up by the employer, in coordination with the management and the services for prevention and protection at the workplace. The prevention plan describes the results of the risk assessment, the priority goals and the activities which must take place in order to reach these goals. This includes the description of the means which will be used for this purpose, as well as the tasks and obligations of every person concerned. This dynamic risk management strategy must be evaluated regularly, which leads to a new global prevention plan at least once every 5 years.

The prevention of psychosocial risks is strengthened in the new regulation dating from 2014. Risk prevention at a collective level, including a psychosocial risk analysis and the set-up of prevention measures, is mandatory in every company. This new regulation also reinforces the role of the 'trustworthy person'. Employers must appoint a trustworthy person who supports the internal prevention advisor in fighting against violence, bullying and sexual harassment at work. If the employer assigns an external prevention advisor and the company employs more than 20 employees, the trustworthy person must be an employee of the company. The 2014 regulation requires that this person receive, for example, 5 days' training and an annual assessment.

The present legislation sets not only obligations for means, but also obligations for goals and results regarding prevention. A question which remains, faced with these numerous pieces of legislation, and especially for MSEs, is where and how to start the implementation. The implementation of such a risk management strategy is difficult because of the diversity of matters it has to cover: safety, physical risks, chemical risks, musculoskeletal disorders, psychosocial risks, and so on. MSEs do not have the internal knowledge to tackle all these issues. They receive the support of an external prevention advisor, but this can be a major cost for them. Indeed, extra fees are charged as soon as the company's questions go beyond the minimum tasks as described in the compulsory 'package'. In practice, as explained further in this report, it is obvious that very few MSEs succeed in implementing the obligations imposed in the legislation.

1.1.3 National OSH programmes targeting MSEs

MSEs have received particular attention in the National Strategy for Well-Being at Work 2008-2012, on the initiative of the Belgian Deputy Prime Minister and Minister for Employment Ms Joëlle Milquet in 2008, and in the evaluation report of this strategy (Wlodarski, 2013). The strategy is divided into five programmes:

1. strengthening the prevention of occupational illnesses and accidents at work;
2. improving the treatment of occupational illnesses and the reintegration of workers;
3. strengthening the monitoring and effectiveness of the application of legislation and regulations, in particular in the high-risk sectors;
4. modernising and simplifying legislation and regulation;
5. constant and continuous assessment.

The results of the evaluation of these programmes, especially of the first one, are not surprising: external prevention services do not visit as many MSEs as they should, MSE employers do not have the time to take a prevention course, and so on.

Still, many tools exist to support employers in their risk prevention management. External prevention services all have their own tools, but the FPS Employment has also developed several tools aimed at supporting employers in their OSH management.

Belgium actively participates, for example, in the development of OiRA tools, which are used as best practice in other European countries.

At the national level, the SOBANE strategy has been developed for dynamic and effective management of workplace risks. As part of this strategy, the Déparis guide has been developed for completing the first step (screening).

Besides these general risk assessments tools and specifically regarding undesirable behaviour at work, a version of the tool for dealing with undesirable behaviour at work has been developed by KU Leuven (together with the Federal Public Service Employment, Labour and Social Dialogue and the European Social Fund) for small companies employing fewer than 100 workers.

Despite these different tools, which have been developed together with the social partners and stakeholders from the sectors in order to adjust them to the needs of the companies, the Federal Public Service Employment observes that these tools are still barely used. Employers lack the time and knowledge to comply with these obligations. Therefore, it is argued that raising the awareness of this target group should occur much earlier, for instance by integrating health and safety into the education and training of future managers.

A programme to mention in this respect is Safety, health and environment Checklist Contractors certification (*Veiligheid, Gezondheid en Milieu Checklist Aannemers, VCA*), which is required for subcontracting companies that carry out work on the premises of other companies in a high-risk environment. To obtain and maintain this certification, workers and managers have to undergo training and fulfil safety criteria such as holding safety meetings. Regular audits are conducted to check the company's compliance.

1.1.4 Industrial relations and worker representation

The Act of 4 August 1996 on the wellbeing of workers during their work compels employers — from the private as well as the public sector — to set up a committee for prevention and protection at the workplace in all companies that usually employ at least 50 employees, with the exception of mines, quarries and underground quarries, which must establish such a committee as soon as they usually employ an average of 20 employees. The committee must comprise as many employees' representatives as employer's representatives. The prevention advisor and the industrial medical officer are ex officio members of the committee but do not belong to either of the two parties. In the absence of a committee, its tasks and responsibilities are taken over by the union representatives. In the absence of union representatives, the law does not provide a replacement consultation structure. However, the employer's obligation to inform employees remains. Hence, except when staff exceed 50 employees (at the time of the social elections), or when a committee is voluntarily set up, few MSEs have a committee for prevention and protection at the workplace.

Although trade unions are rarely present in MSEs, collective agreements are concluded between employers' and workers' representatives at Joint Committee (sector) level. These collective agreements concern matters such as working time, flexibility or personal protective equipment (PPE) and are binding on all companies, including MSEs. Moreover, trade unions have departments specialising in MSEs, from which workers can find out information about wages and working conditions.

Employers' organisations pay much attention to MSEs, as most of their members are small or micro-companies.

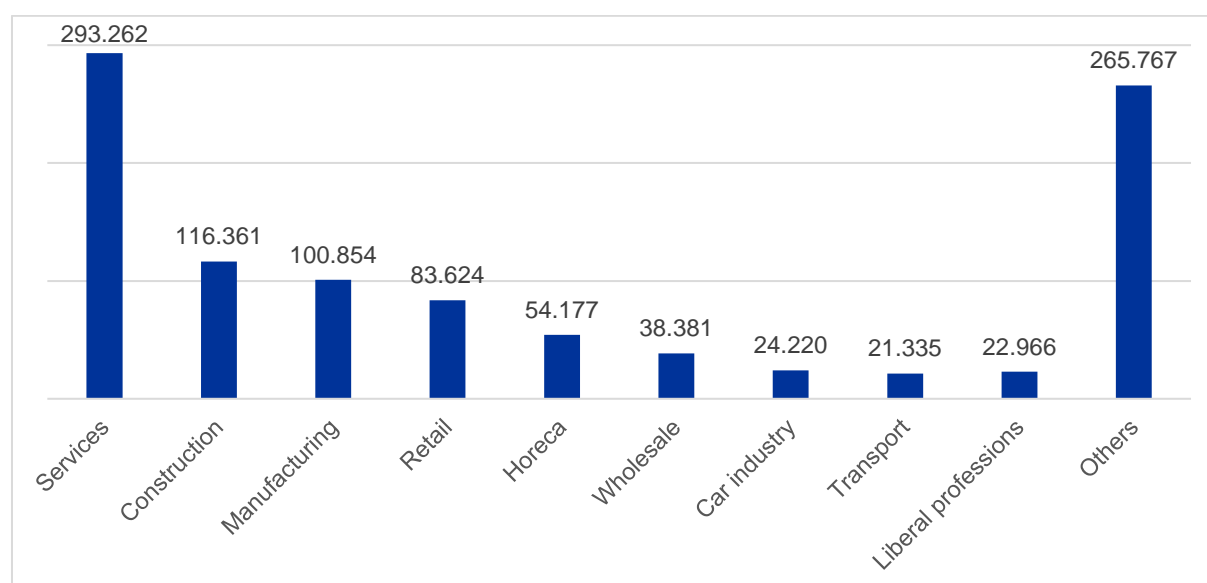
1.2 Characterisation of the MSEs in Belgium

1.2.1 Economic profile of MSEs

As in other EU Member States, MSEs dominate the Belgian business economy, accounting for about 96.7 % of all private enterprises in 2014. We see slightly varying percentages according to the region. In Wallonia, 97.40 % of the companies are MSEs, 96.52 % in Flanders and 96.26 % in Brussels (National Social Security Office, 2014).

Figure 1 shows the number of small enterprises by sector for the whole of Belgium. The services sector¹ accounts for nearly 30 % of the MSEs in Belgium, followed by construction and manufacturing, which account for respectively 11 % and 10 %. Retail comes in fourth place with 8 %. Other sectors account for 5 % (the food service industry — hotels, restaurants and catering, Horeca) of the total number of MSEs in Belgium, or fewer.

Figure 1: Number of MSEs by sector, Belgium, 2014

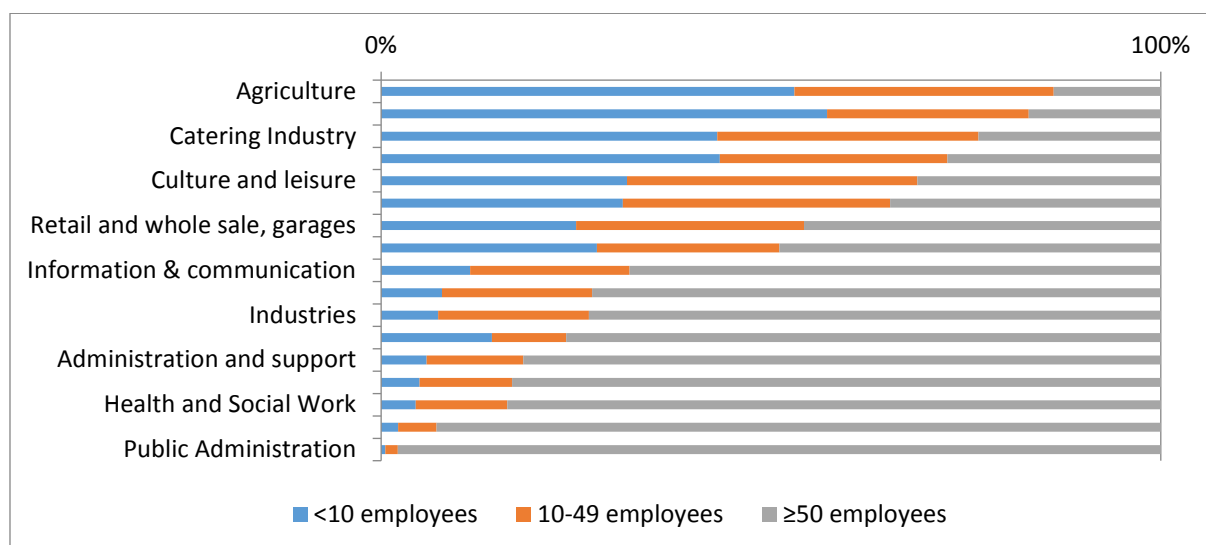


Source: Unizo et al., 2016.

In Belgium, (private and public) enterprises with fewer than 50 employees represent around a third (32 %) of the total number of employees; 14 % of all employees work in micro-enterprises (with fewer than 10 employees) and 18 % work in small enterprises (with 10-49 employees) (Valenduc, 2014). However, this proportion varies from sector to sector, as shown in Figure 2.

¹ Services include information and communication, financial and insurance activities, real estate activities, professional, scientific and technical activities, administrative support service activities, human health and social work activities, arts, entertainment and recreation, and other services (membership organisations, repair of computer and personal household equipment, and so on). Liberal professions include legal and accounting activities, veterinary activities, some human health activities and dispensing chemists in specialised stores.

Figure 2: Percentage of employment per establishment size, by activity sector, Belgium, 2013



Source: NSSO, database valPOSTES (Valenduc, 2014).

In 8 of the 17 sectors, more than half of the employees work in MSEs. In the agriculture, real estate and catering industries, the proportion of employment in MSEs exceeds two-thirds.

1.2.2 OSH profile of MSEs (compared with larger enterprises) — deviations from findings of literature review

Table 1 shows the distribution of occupational accidents and their consequences according to company size.

Table 1 Distribution of occupational accidents according to the size of the company and the consequences of the accident, Belgium, 2013

Company size	No consequences, number (%)	Temporary incapacity, number (%)	Expected permanent incapacity, number (%)	Fatal, number (%)
1-9	5,322 (9.6)	7,517 (12.6)	1,942 (16.9)	15 (21)
10-49	9,991 (18.0)	14,146 (23.8)	3,029 (26.4)	21 (29)
≥ 50	39,149 (70.4)	37,194 (62.5)	6,371 (55.5)	35 (49)
Unknown	1,184 (2.1)	663 (1.1)	146 (1.3)	1 (1)
TOTAL	55,646 (100)	59,520 (100)	11,488 (100)	72 (100)

Note: private sector; excluding public enterprises, public administration and education.

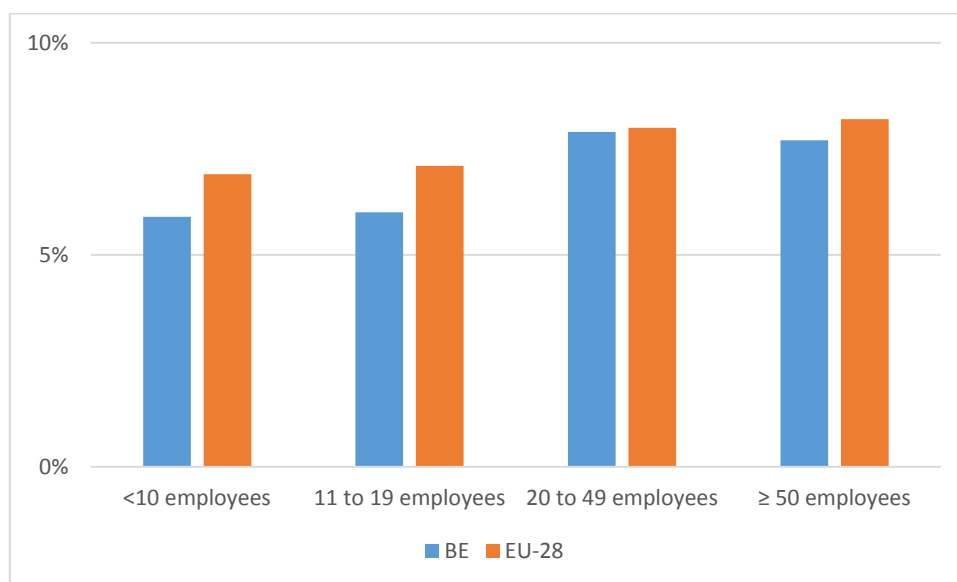
Source: FEDRIS, 2014a.

In 2013, half of the fatal accidents took place in small or micro-enterprises. The proportion of accidents with an expected permanent incapacity in those enterprises is also quite large: 43.3 % of those accidents happened in MSEs. Taking into account the fact that MSEs account for 39 % of employment in the private sector, these statistics indicate a higher rate of serious accidents in MSEs than in larger enterprises. Less serious accidents, however, seem less frequent in small and micro-enterprises (Valenduc, 2014).

Regarding occupational illnesses, the Federal agency for occupational risks (FEDRIS) does not have statistics that distinguish between company sizes. However, based on the sectorial distribution of MSEs shown in Figure 2, we can take a closer look at the statistics for the sectors that are mainly made up of MSEs. Of the 2,978 declarations received by FEDRIS in 2013, 198 were from construction (6.6 %) and 139 from retail, wholesale and garages (4.7 %). The agriculture industry also accounts for 1.4 % of the reported occupational illnesses (FEDRIS, 2014). Sectors represented by a large number of MSEs thus do not seem spared.

The data from the EU Labour Force Survey ad hoc module ‘Accidents at work and other work related health problems’ allow a comparison between size classes regarding work-related health problems. Figure 3, shows the number of respondents reporting a work-related health problem, by size class. There is a 2 percentage point difference in people reporting a work-related health problem between those working in companies employing fewer than 20 employees and those working in larger companies. However, conclusions are difficult to draw in this respect, as one must take into consideration other factors — such as underreporting and the non-recognition of psychosocial risks as occupational hazards — which cannot be quantified here.

Figure 3: Workers reporting a work-related health problem by company size (%)



Source: EUROSTAT, 2013.

2 Description of fieldwork and the sample

2.1 General remarks on the fieldwork and the methods

This report presents the findings of the case studies conducted in 20 Belgian companies. These companies have been selected from a sample delivered by TNS Infratest, with respondents to the Second European Survey of Enterprises on New and Emerging Risks (ESENER-2) agreeing to be contacted again for a follow-up study. The sample contained information about the sector and the company size. The research team also integrated a geographical criterion to select cases, in order to reflect as much as possible the regional/linguistic variety characterising Belgium. This database supplied a selection of companies supposed to provide sufficient diversity for both sectors and regions.

A first contact was made by email with the contact person mentioned in the TNS database (usually the internal prevention advisor or the owner-manager in small companies). In this email, the aim of the study and the methodology were explained and the company representatives were asked if they were willing to participate. Some companies answered promptly, and a concrete appointment was made by phone. For companies which did not answer spontaneously, a reminder was sent 1-2 week(s) later. If they did not answer this reminder, a phone contact was made about 1 month after the first email, referring to the

emails sent. Some respondents had seen the email but had not taken the time to answer it, others had not opened it yet. Most of them asked for some delay to confer with the management and/or the members of the safety committee in order to see if such a case study was feasible. If they did not give feedback spontaneously, a new phone call was made about 2 weeks later to check if they had had the time to discuss this with the people concerned. If so, an appointment was made. If they had not had the time to discuss this yet, a new phone appointment was made to receive the final decision.

When a company refused to participate, another company was selected. About 2 months before the end of the case study research phase, the research team used additional sources such as sectoral training centres, employers' federations and the TrendsTop database, which gathers information about Belgian companies, derived from their annual accounts. In this phase, researchers especially focused on the categories (sector/size) where they lacked the most case studies.

The process of approaching and recruiting organisations was time-consuming and drawn out. The positive responses from companies were the highest in human health and social work, followed by manufacturing. The research team especially had difficulty finding cases in the accommodation and food services, wholesale and retail, and construction sectors. Excuses of companies for not participating in the study were mainly lack of time, too much work in the spring period, summer holidays, reorganisation, not seeing the benefit of their company's participation and not being able to spare staff from their posts for the interviews.

Furthermore, as decided by the research consortium and EU-OSHA, the research team first focused on the TNS data to find case companies but quickly ran out of new contacts, given the large number of refusals and non-responses. After the use of additional sources was agreed, the timing was very tight to finish the sample. This led to a small adaptation of the sample, as discussed in section 2.2.

With regard to the selection of interviewees, the person responsible for OSH in the company, that is the internal prevention advisor, or the owner-manager taking this role in companies with fewer than 20 workers, was interviewed first. On the workers' side, an interview was conducted with one or a group of workers, often selected on site by the researcher together with the internal prevention advisor or owner-manager, mainly depending on who was present at the workplace and could make time for an interview at that moment.

Interviews were conducted from January 2016 until July 2016 by Laurianne Terlinden and Monique Ramioul, HIVA-KU Leuven, who are also the authors of the case study reports. Before the case study, the company was first researched on the internet to look for information regarding the activities of the company and the number of employees. The principal sources of information in this regard were the companies' annual accounts, which can be reviewed on the website of the National Bank of Belgium. All interviews were conducted in the mother tongue of the interviewees (French or Dutch).

At the beginning of each interview, respondents were asked if the interview could be recorded, and assured of the confidentiality of the material that would be provided. The person who answered the ESENER-2 questionnaire was also asked to sign a consent form giving approval for the research team to receive the ESENER-2 data regarding the company. Case studies were written by the research team within the first few days following the interviews.

A general observation from the research team after the case studies is that the sample is probably biased. Indeed, the cases mainly came from a list of respondents who agreed to be re-contacted to participate in a follow-up study on OSH. Based on the interviews in the case companies, it is likely that these are mainly 'high road' companies, while there is evidence that a substantial proportion of work in MSEs takes place in companies pursuing a 'low road' survival strategy². As explained in the literature review (EU-OSHA, 2016), these low road companies are typically characterised by a weak economic position; low levels of investment in OSH; limited knowledge, awareness and competence of owner-managers; limited capacity to manage systematically; attitudes and priorities; and concerns for economic survival. However, this is not the case of the majority of the visited companies. These extreme cases can still teach us something, for instance that, if an OSH issue arises in one of these best-practice

² High road implies the opposite of low road and refers to MSEs that enjoy a high growth success, such as the so-called gazelle companies, but also, more generally, small businesses that are able to invest in skills and innovation in ways that act to support their growth and business success.

companies, then ‘it [is] likely that the same problem would exist at other enterprises that [are] less careful with safety regulations’ (Flyvbjerg, 2006: 230).

2.2 Description of the sample

Table 2 depicts the sample distribution by sector and company size. A number was assigned to each case, starting with the country code BE for Belgium, followed by a number from 1 to 20.

Table 2: Overview of the sample

Case number	Company size	Type of enterprise	Main business functions
Manufacturing			
BE1	Micro (5-9)	Independent (B2B)	Machines builder
BE2	Small (10-19)	Subsidiary (B2B)	Machines builder
BE3	Small (20-49)	Independent (B2B)	Coil packaging
BE4	Small (20-49)	Independent (B2B)	Spare parts supplier and installer for conveyors
Construction			
BE5	Small (10-19)	Independent (B2C)	Internal demolition work, excavation, earthwork and renovation
BE6	Small (10-19)	Independent (B2C)	Window installations, sale of end products
BE7*	Small (10-19)	Independent (B2C)	Renovation and new builds
BE8*	Small (20-49)	Independent (B2B & B2C)	Carpentry
Wholesale and Retail			
BE9	Micro (5-9)	Subsidiary (B2B)	Packaging machines wholesale
BE10*	Small (20-49)	Independent (B2B & B2C)	DIY shop
BE11	Small (20-49)	Subsidiary (B2B & B2C)	Gas wholesale
Accommodation and Food Services			
BE12	Micro (5-9)	Independent (B2C)	Catering/restaurant
BE13	Small (10-19)	Independent (B2C)	Restaurant
BE14*	Small (20-49)	Independent (B2C)	Restaurant
BE15*	Small (20-49)	Independent (B2C)	Hotel
Human Health and Social Work			
BE16	Micro (5-9)	Independent (B2C)	Spare time activities
BE17	Small (10-19)	Independent (B2C)	Sectoral training fund
BE18	Small (10-19)	Independent (B2C)	Spare time activities
BE19	Small (10-19)	Independent (B2C)	Residential care for children
BE20	Small (20-49)	Independent (B2C)	Residential care for children

* Case establishments not recruited via ESENER-2.

B2B, business to business; B2C, business to consumer.

Given the difficulty of finding case studies in the retail sector, the research team replaced a case in the retail sector with a case in social work. Apart from that, the sector distribution was respected. Figure 4 shows the regional distribution of the case studies (black dots) in Belgium: 7 cases took place in French-speaking companies and 13 cases in Dutch-speaking companies.

Figure 4: Geographical distribution of the sample



Note: the green region represents Flanders (Dutch-speaking), the blue region Wallonia (French-speaking) and the orange region Brussels (bilingual)

Comparing the sample with the MSEs population in Belgium, we see a clear underrepresentation of very small companies, with one to nine employees. Indeed, they represent only about a third of the sample, while they account for some 83 % of the Belgian MSEs (Unizo et al., 2016). Regarding the age of the companies, we observe a lack of newly established companies (Table 3).

Table 3: MSEs by age (%)

	0-4 years	5-9 years	10-19 years	20-29 years	30-39 years	40-49 years	+50 years
Sample	0	0	30	15	15	10	30
Belgium (2014)	26	20	25	18	6	2	3

Source: sample data and Unizo et al., 2016.

While nearly half (46 %) of Belgian MSEs are less than 10 years old (Unizo et al., 2016), the youngest company in the sample has existed for 11 years. The average age of the sampled establishments is 37.5 years. There is a large overrepresentation of companies established for more than 30 years, which may be regarded as an indicator of viability and resilience. This may be another indicator of a biased sample towards well-established, and therefore more successful and secure, companies. The managers interviewed all have a high level of seniority in the companies, even if not always in their current position (this especially concerns prevention advisors in companies with more than 20 employees). In one company from the wholesale sector, the internal prevention advisor started this position only a few months before the interview. The former prevention advisor joined us for the interview, and it was clear that he still strongly supports the present advisor, transferring his knowledge on OSH management in the company.

Regarding ownership, as agreed at the beginning of the fieldwork, the research team focused on independent MSEs, rather than subsidiaries of large companies. It appeared that two companies from the TNS sample (one in manufacturing, the other one in wholesale) were subsidiaries of large multinational companies. However, OSH was managed autonomously by the Belgian subsidiaries, with limited guidelines and support from the mother companies. This is the reason why these two companies were included in the sample.

With regard to interviewees, at least two interviews took place in each case company: one with the owner-manager or prevention advisor — sometimes together with the human resources manager to talk about psychosocial risks — and one with a worker or a group of workers, depending on the case and on the availability of workers. On the management side, in half of the companies, the interview took place with the owner-manager, while in the other half (companies with more than 20 workers or high risks, such as in the construction sector), the internal prevention advisor was interviewed. The interviewed managers were for the most part older than 40 years, except in three case companies. Nearly half of them (8 of 20) were women. All of them were Belgian nationals.

Although the research team asked in advance to interview a worker, in all case companies the interviewed workers were selected on the spot by the manager, based on the researchers' criteria (having experience in the company and being familiar with its OSH arrangements) and depending on who was available at the time of the interview. In five of the case companies, several workers were interviewed in order to get more information when the research team felt some information was missing.

Most interviewed managers are graduates from tertiary education, except for three managers in the manufacturing and construction sectors, who have a vocational education and took management courses afterwards. Owner-managers' OSH education in general is rather limited, or non-existent. This is sometimes tackled in management training, but very briefly and rarely. In companies where an internal prevention advisor is designated — that is in companies with more than 20 employees, or where the working environment requires internal expertise — this person has taken a basic (6-day) OSH course. However, in companies from group C (20 to 200 employees, low risks), this training is not compulsory. The law only requires internal prevention advisors to have the necessary knowledge to be able to perform this function. Finally, in the six case companies from the manufacturing and construction sectors which hold VCA certificates, both the management and workers must take a specific OSH course as part of the certification.

The level of *employee vulnerability* generally seems lower than the national average. Indeed, most employees in the case companies have a permanent contract, and average or good working conditions. However, insecurity can also be found at this higher end. This is the case, for example, for a manufacturing company (BE3) with a high personnel turnover due to non-stop shift work and lower wages than in other companies of the region for unskilled work. Moreover, temporary economic unemployment for blue-collar workers is also common in that company. In the Horeca sector, a case company saw its activity rate declining because of building renovation and limited budgets of clients following the economic crisis. As a consequence, permanent workers were fired, and the company now mainly works with temporary workers and freelancers (waiters, cooks, chefs, maîtres d'hôtel, and so on) as needed. Finally, in social work organisations, two case companies show quite a high level of employee vulnerability, being dependent on public subsidies. If the subsidies decline, these organisations can rapidly get into financial difficulties.

Surprisingly, none of the case companies from the construction sector employs foreign workers. This is not representative of the reality of the sector, where social dumping is claimed to be responsible for the loss of 17,000 workplaces in this sector in Belgium over the past 3 years (Confederatie Bouw, n.d.).

Regarding work environments, as already mentioned, the case companies are considered to display good practice with regard to OSH. This mostly implies a reasonable working environment too.

Besides the permanent staff, about one fourth of the case companies (mainly in the construction and Horeca sectors) work with subcontractors to perform tasks which do not belong to their core business or internal competences, or to deal with fluctuations in workload. They often build long-standing relationships, using as much as possible the same subcontracting organisations and workers who know the company and its way of working. In one case company from the Horeca sector, the preparation of meals was subcontracted to a catering company. The same workers always work in this case company, and are, according to both the management and the staff, perfectly integrated with the permanent team. However, the subcontractor remains responsible for the OSH management of these workers, even if the internal prevention advisor of the case company will not hesitate to make a comment if he notices any hazardous situation.

None of the case companies have formal *worker representation* regarding OSH. This can easily be explained by the Belgian regulation, which imposes a committee for prevention and protection at the workplace only in companies employing 50 employees or more (see section 1.1). Only in three companies — all from the manufacturing sector — are regular staff meetings with OSH on the agenda organised. Again, this is part of the VCA certification, which suggests short (15-minute) toolbox meetings to be held regularly, focusing on safety topics related to the specific job. In other sectors, OSH issues are rarely the topic of staff meetings, apart from some figures presented during the annual staff meeting, along with economic and employee data about the company. Finally, informal communication, characteristic of MSEs, is the only kind of worker involvement in OSH management we observed.

With the companies showing neither a high level of *overall business vulnerability* nor a high level of employee vulnerability, this can hardly be considered representative of Belgian MSEs in general. As already mentioned, all the case companies have existed for more than 10 years, and, despite some of them facing difficulties during the economic crisis, they have all successfully come through it, sometimes after a reorganisation. Comparable with employees' vulnerability, it is in the human health and social work sector that the research team observed the highest business vulnerability, with all five cases having an estimated medium level of vulnerability. This reflects their heavy dependence on public subsidies and on decisions taken by the management boards, which are not involved in the companies' operational activities. In the other sectors, companies were quite evenly distributed between medium and low business vulnerability.

The effect of the *value chain* on companies' OSH management varies strongly depending on the company. In some, clients' requirements have a positive impact; this is the case for companies of the manufacturing and construction sectors, where a VCA certificate is required. As already mentioned, this certificate implies safety training for both managers and workers, toolbox meetings (short safety meetings with workers), and so on. However, in the construction sector as well as in Horeca, the value chain to which the company belongs negatively influences the risk control, as workers work at clients' premises, which are not always adapted to the kind of work that needs to be done (confined spaces, uneven ground level, and so on). Furthermore, even if the effect of this is often underestimated by interviewees, working with clients, especially in the Horeca and human health and social work sectors, also influences the level of risks and risk control. The impact of suppliers on OSH management appeared to be rather positive. Indeed, especially in the wholesale sector, suppliers (in two of the cases, the mother company producing the products which are sold, installed and maintained by the case company) have already set up safety measures regarding the products. Technicians carry out safety training for the products, which they have to explain to clients. Even if these safety measures and courses are often very product-oriented, this leads to a certain awareness raising among employees.

Finally, while the literature review preceding this view of the workplace (EU-OSHA, 2016) highlighted the prevalence of *low road strategies* for economic and business survival as being generally

characteristic of MSEs, none of the case companies follows a clear low road strategy³. Examples of less clear or middle road strategies were found in the sector of human health and social work (three out of five). These companies being dependent on public subsidies and on the management board, which makes all decisions regarding the use of these subsidies, no clear strategy for OSH is observed there. As a result, the interviewed managers seem to manage (quite well) the company's daily management with the (financial and human) means they have, without having a clear strategic view. The rest of the case companies were characterised by middle or high road strategies.

In conclusion, given this description of the sample and as already acknowledged in section 2.1, there seems to be a clear bias among case companies towards good examples of well-established, high road companies.

3 Analysis: data from the establishment reports (case studies)

3.1 Risk awareness

As mentioned in section 1.1, Belgium introduced new legislation regarding psychosocial risks in 2014 and organised an important awareness-raising campaign on this occasion. Psychosocial risks are thus well considered in Belgian companies. However, we see a huge gap between sectors. First of all, manufacturing and construction are typically sectors where the management focuses on physical risks, tending to do only the minimum required or even totally ignore psychosocial risks. Indeed, if there is some awareness of psychosocial risks, the management's discourse is often the same, claiming that, given the consequences (physical) accidents can have, they prefer to invest everything in preventing these, rather than spending resources on risks which they consider secondary. Furthermore, even if an OSH policy is developed to prevent physical risks, the research team observed in some companies that the prevention measures were not applied in the workplace, where people walked around without wearing their personal protective equipment, for instance. Managers typically state that, while they can constantly raise awareness in workers, this may not always prevent workers from doing things their way. Some managers impose sanctions if OSH rules are not respected, but this is not a general practice. In these sectors, as well as wholesale and Horeca, clients may raise awareness on risks which are specific to their premises where the work takes place.

Secondly, in companies with low levels of physical risks (in some organisations from the social work sector, for example), two patterns appear. Firstly, where there is no culture of risk prevention, there is not much attention to psychosocial risks either; only the minimum requirements are fulfilled. Secondly, some case companies that experience psychosocial risks — due to the contact with clients or to internal conflicts or tensions — show great awareness in this regard. It can be observed that risk awareness mainly occurs once the company faces a problem.

Regarding ergonomic risks, the interviewees' awareness of these risks is often difficult to estimate. Indeed, despite admitting during the interviews that risks such as bending and twisting, carrying loads and so on are part of the job, none of the interviewed workers had received ergonomic training. However, from talking and visiting workplaces, it appears that workers actually have equipment to relieve them (forklift trucks, elevators, for example) and do apply basic ergonomic instructions on how to bend, carry loads, and so on. Office workers often mention the visit of an ergonomist to give tips to improve the workstation and work posture. Besides this, not much is done on ergonomic matters.

³ Low road MSEs are those MSEs that adopt well-recognised bundles of organisational and business strategies that increase pressure on wages, working conditions and so on in the fight for the survival of their business.

3.2 Company OSH organisation and risk management practice

This section aims to describe companies' practices in OSH management such as acquiring OSH knowledge, assessing risks, communicating risks and involving employees in the OSH management. The role of external OSH expertise is also discussed. Finally, an evaluation of companies' OSH strategies is conducted.

3.2.1 Practices of acquiring OSH knowledge

As discussed further in section 3.2.5., external prevention services — private services which each company has to contract — play an important role in informing managers about OSH. This happens during the (often annual) visit to the workplace, via newsletters or through regular contact with the external prevention advisor if the manager has any questions.

In companies with more than 20 employees or with high risks, as this is the case in 10 of the case companies, an *internal prevention advisor* has been appointed to support the employer in OSH management. This person has to have the necessary OSH knowledge to do this task. In two of the case companies, engineers who were supposed to have this knowledge were chosen. In other companies, the internal prevention advisor was sent to a (mostly 6-day) training course where topics such as OSH regulation, risks, risk assessment techniques and risk prevention measures were tackled.

Furthermore, in the framework of *VCA certification*, which six of the case companies (in the manufacturing and construction sectors, as well as one in the wholesale sector) hold, training is organised for both operational managers and workers. Workers' training includes OSH regulation, (biological, chemical, ergonomic and physical) risks and accidents, PPE and signs. Operational managers' training includes OSH regulation, risk assessment, practical safety management in companies, and managing tools and machines. Every operational worker must have received this training. Besides this, workers working at clients' premises, especially in the manufacturing sector, often have to take a short course at the client company and pass an exam about internal rules to be allowed to start working there. According to interviewed workers, these exams can be useful to revise rules. Three of the six VCA-certified companies also hold an ISO 9001 certificate, which also positively affects their OSH management, requiring more formal and systematic risk management. In these three cases, the certification was imposed by the mother company or the (sole) client company in the case of the wholesaler.

In the Horeca sector, the *employers' federation* is an important source of information on OSH, keeping managers updated about new legislations and programmes such as training opportunities. The employers' federation, together with the Flemish government, created the so-called 'Horeca Academy', which offers free training to managers and workers. Parts of these courses concern safety (ergonomic and psychosocial risks) and hygiene.

Other sources of information mentioned by interviewed managers are the *social secretaries*. These private bodies are recognised by the FPS Social Security and advise managers on the social management of their business, helping them in matters such as payroll and staff management: payroll calculations and notifications, temporary declarations, personnel files, and so on. It also offers the service of socio-legal advisors, who can be consulted on questions regarding, for example, OSH legislation. This service has, however, never been used regarding OSH in the case companies.

Quite surprisingly, internet and search engines are rarely mentioned by interviewees, who prefer to target information sources which are specialised in OSH and/or in small and micro-enterprises.

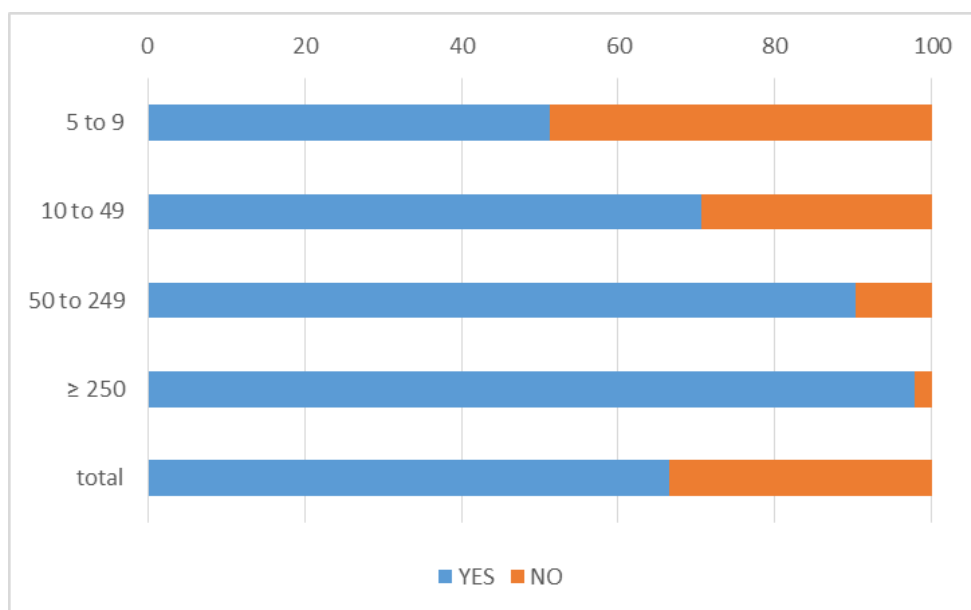
3.2.2 Risk analysis practice

One of the three fundamental principles of the Belgian wellbeing legislation which distinguish Belgium from other EU Member States is the explicit obligation to hold a risk assessment across five domains of wellbeing (occupational safety, protection of workers' health, psychosocial risks, ergonomics and occupational hygiene). This risk assessment is conducted by the manager and/or internal prevention advisor, together with the external prevention advisor, who visits the workplace and detects risks,

evaluating the risk level for each of these. This results in a written document. The assessment must be updated every time working conditions are modified.

Figure 5 is based on the data from ESENER-2, conducted by EU-OSHA in 2014. It shows that the share of companies which mention regularly carrying out a workplace risk assessment increases as the company size increases: from only half of companies with fewer than 10 employees to some 98 % of large enterprises.

Figure 5: Percentage of Belgian companies which regularly carry out workplace risk assessments, by company size



Source: ESENER-2 data (EU-OSHA, 2015)

We observe in the sample that the integration of this risk assessment into the OSH management practices is very sector specific. Indeed, the sampled companies from the manufacturing and construction sectors show a systematic use of risk assessments, which are made for every new project, including tasks to be conducted, risks and control measures (including PPE). This is often required by clients and has been integrated into the OSH management by six of the case companies from these sectors.

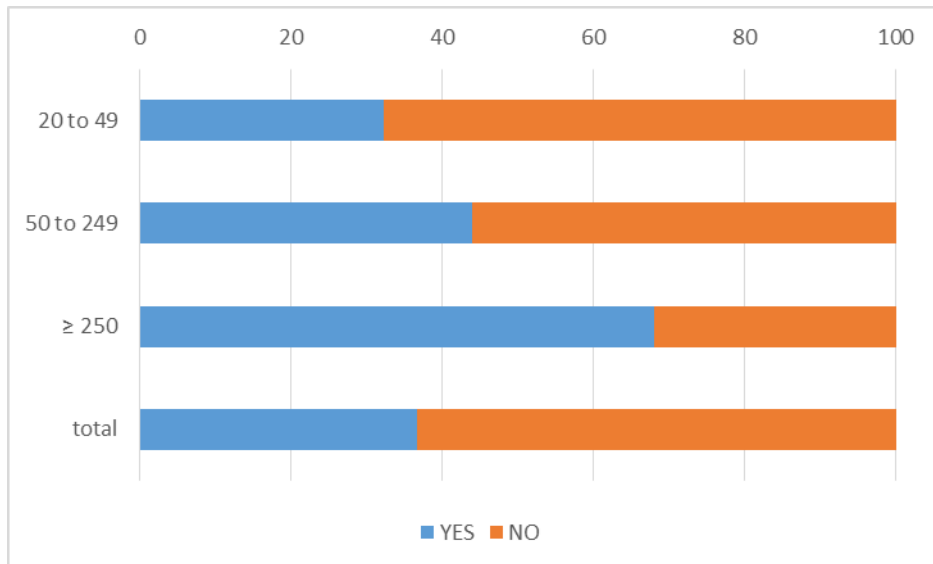
In other sampled companies, risk assessment often seems to be considered a formality. The way this formality is fulfilled seems to strongly depend on the external help the manager receives. In two of the cases in the Horeca sector, for example, the external prevention advisor visits the workplace two to four times a year to update the risk assessment, together with the internal prevention advisor, who in both companies seemed very involved and satisfied about this. In the two other companies from the sector, interviewed managers were not aware of a risk assessment taking place, except a free risk assessment by the insurance company carried out a few years earlier in one of the two companies. The same companies mentioned not having much contact with their external prevention service.

In companies where no formal risk assessment occurs — a minority of the sample — managers mention an informal way of assessing risks, encouraging workers to report risks they observe or encounter. However, based on their responses when asked for concrete examples, this does not seem to happen often.

Regarding psychosocial risks, the obligation to hold a risk assessment is not respected by many companies. Only three companies (from the manufacturing, Horeca and social work sectors) report having conducted a formal psychosocial risks analysis. However, this has not yet led to a concrete action plan to prevent these risks. As already observed in other national studies (Hansez, 2014; Lamberts and

Terlinden, 2016), as well as in the ESENER-2 data below, there is still a long way to go before these new requirements regarding psychosocial risks are actually included in companies' prevention strategies.

Figure 6: Percentage of Belgian companies which have an action plan to prevent work-related stress, by company size



Source: ESENER-2 data, EU-OSHA, 2015. Question not asked to establishments with fewer than 20 employees.

The pattern which appears in Figure 6 is quite similar to that of the companies which carry out a general risk assessment: the larger the company, the higher the likeliness of it having an action plan to prevent work-related stress. However, we see that, even in large companies (with more than 250 employees) only two-thirds of the companies report having such a plan.

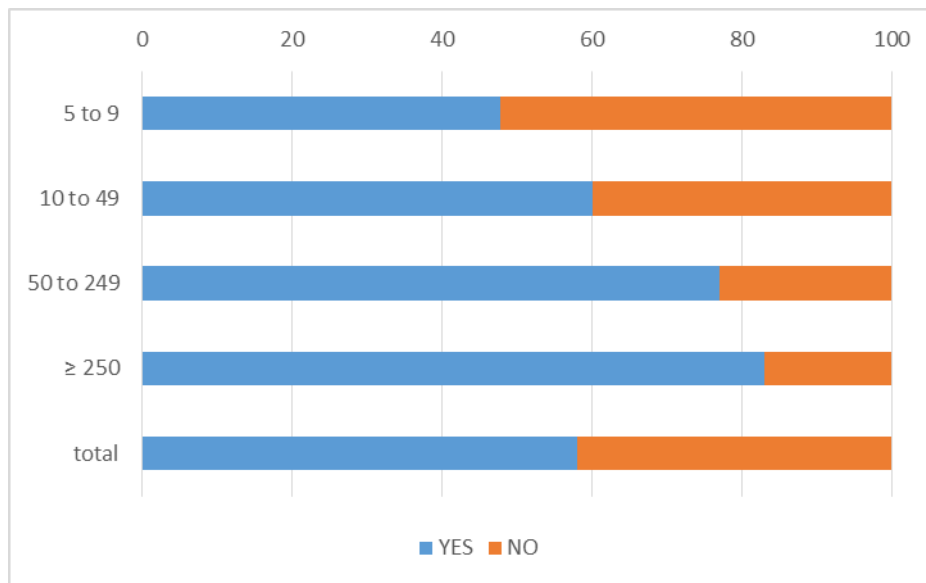
3.2.3 Risk communication practice

Risk communication is typically informal and not systematic in the case companies. Both managers and workers claim there is open communication in the companies, and workers would not hesitate to talk to the manager if they observe or encounter any OSH hazard. It appears from the case studies that neither regular meetings with OSH on the agenda nor OSH committees take place in these small companies, other than toolbox meetings (short safety meetings with workers) in the framework of the VCA certification. Four of the six VCA-certified case companies regularly organise these toolbox meetings, some every morning on site, others weekly or monthly. One company from the manufacturing sector acknowledges not organising these meetings, as it would be difficult to gather the three workers together at the same time, and would take too much preparation time for the prevention advisor.

Other types of team meetings can still offer opportunities to tackle OSH, even if not always directly. This is, for example, the case in two case companies from the social profit sector, which offer residential care to children (BE19 and BE20). Team meetings are regularly organised to talk about the children. If a child has had a violent crisis, sharing the experience with colleagues helps to guide them on how to prevent similar situations or protect themselves if this should occur again. These team meetings also enable them to talk about stress or other psychosocial hazards caused by clients and to look for prevention measures.

Figure 7 shows the proportion of companies from the ESENER-2 survey which report that OSH issues are regularly discussed in staff or team meetings. In MSEs, this is still limited to about half of the companies, while OSH issues are regularly discussed in more than three-quarters of larger companies.

Figure 7: Percentage of Belgian companies which report that health and safety issues are regularly discussed in staff or team meetings, by company size



Source: ESENER-2 data, EU-OSHA

With regard to other forms of risk communication, one company from the manufacturing sector (BE4), which employs nearly 50 workers and has had several serious accidents in the past, created a small illustrated book with general instructions regarding OSH, contact persons, and so on. New workers have to sign it to indicate agreement. The book contains information about the different kinds of risks, PPEs, what to do in case of an incident or accident, and so on. Such a booklet does not exist in other companies, but such rules are included in the companies' internal 'labour standards'. These labour standards are compulsory in every company and set up working conditions. They also give information about the company such as working times, length of annual holidays, employees' rights and duties and the sanctions if these are not respected, and OSH information such as the contact details of the external prevention advisor, the person in the company who can provide first aid and the procedure to follow in case of an occupational accident. In other companies, risk communication also happens through signs posted on the board of the workshop or stuck on the equipment, reminding workers of the risks and prevention measures to take.

Most interviewees report not needing more formalised risk communication, as the size and typical culture of these MSEs, characterised by short power distance and open communication, allows direct communication and makes it more efficient than a written document no one would read.

3.2.4 Routines ensuring safe and healthy work

Direct control by management seems to be the most efficient way to ensure safe and healthy work, rather than written or routine procedures that workers do not think about. The manager of a manufacturing case mentions: 'Control is important here on the shop floor, so you say 'man, what are you doing?' (manager, BE1). According to him, safety is a day-to-day issue, of which the workers need to be constantly reminded. He also takes responsibility by, for example, staying behind every day when the workers are gone, to check if the shop floor is in order and all the machines are switched off and well stored. Direct communication is important not only to control workers, but also to detect possible OSH problems they could encounter. According to the manager of a wholesale company (BE10), employees do not always have the necessary distance from and experience of their jobs to be aware of risks. He therefore feels it is his responsibility to talk about it to the worker concerned in order to find a solution together. Being accessible for workers to talk spontaneously about their problems is also mentioned by many managers as being important for ensuring safe and healthy work.

When working at clients' premises, such as in the manufacturing, construction and Horeca sectors, an important prevention routine is to visit the work site before starting the project, in order to check the place and available equipment, plan extra (safety) equipment if necessary and brief workers on it. Planning is also mentioned by several managers as very important in these cases. Some of them will typically include more time than necessary to face unexpected situations and avoid workers to have to do the work under pressure. This is the case in a manufacturing company, for example, where the manager says he can allow himself to include a longer time margin in his offers, because his clients are dependent on his work — they cannot produce their goods without the machine — and are willing to wait the necessary time. He also mentions that 'It is part of the quality of the service. Clients also understand that it is to their advantage to take the necessary time to make sure everything is in order. If this takes more time, they have to live with it' (manager, BE2). Another company, from the construction sector, systematically includes three extra blue-collar workers in the planning, who are not dedicated to one specific project, but can help when and where this is necessary. The manager explains: 'This can be the case for instance when there is a day when the team knows that there will be a lot of heavy loads to lift, an extra worker in the planning is a big help. This is especially the case to avoid older workers who already suffer from back ache having to carry these loads' (manager, BE8).

Comfortable timetables for workers are also used in three case companies from the Horeca sector to ensure a better work-life balance and less stress. The manager of a restaurant (BE13) decided to change the split shift system for a system whereby employees with children only work from 9.00 to 17.00 and others always make the afternoon shift, as well as one split shift a week. Moreover, the manager decided to close the restaurant on Sunday and Monday for the benefit of workers' social life at the weekend. In another restaurant from the sample (BE14), the place is rented out to an external catering company during weekends, so that employees work only during the week. Finally, the manager of a hotel (BE15) offers workers fixed working hours (same timetable every week), which gives workers more regularity to organise their private life. Improving working conditions through better timetables also happens in other sectors. This is the case in a company from the manufacturing sector, for example, where the manager took the initiative to look for another way of organising the non-stop shift work. He set up a system of five teams, which allows a better social life and more rest for employees.

In general, offering flexibility to workers, for example to finish earlier if they have a sick child, seems to be common in all case companies. Several interviewees (both managers and workers) mention that flexibility is reciprocal in these kinds of small companies: in peak period, employees are also willing to work a bit longer to get the work done. A worker from a manufacturing company (BE2) remarks: 'It is giving and receiving: the manager is flexible in the planning to respect our needs, and we make the necessary overtime to finish the work when needed [...] this is never really in balance, but if you like your work, this will be in balance' (worker, BE2).

3.2.5 Use of external OSH expertise

The most common external OSH expertise is from external prevention services, contracted by all case companies as it is obligatory. These services are especially useful for the information they send to companies about regulations and tips regarding OSH. Moreover, the external prevention advisor can be a valuable partner in OSH management. However, even though every company should regularly be visited by the external prevention advisor, this is not always the case in practice. Some companies have a good relationship with their external prevention advisor and closely work together on the company OSH strategy. Other companies do not hear much from their external prevention advisor, or have to insist to receive a response. This is the case of a company from the wholesale sector, for example, where the internal prevention advisor had set up a risk analysis himself and was waiting for the external advisor to have a look at it, but had not been able to make an appointment by the time of the interview. The manager of a social work company says of external prevention services: 'The services proposed are mostly aimed at large industrial companies and are not adapted to our kind of structure at all' (manager, BE16).

ESENER-2 data regarding the use of OSH services reveal that Belgian MSEs call especially on occupational health doctors (82 %), followed by OSH generalists and experts in accident prevention (62 % for both). Fewer MSEs mention using the service of an expert dealing with ergonomic design

(46 %) or a psychologist (30 %). In general, MSEs use these OSH services significantly less than larger enterprises.

Other sources of OSH expertise are *sector organisations (Joint Committees)*, as mentioned by companies in the construction and Horeca sectors. These organisations offer sector-related information and training, with OSH receiving much attention. This is appreciated by employers, who find them easily accessible, and directed at their sector-related needs. The manager of a manufacturing company (BE1) is also a member of the Flemish employer’s organisation (VOKA, *Vlaams network van ondernemingen*), where he regularly takes management courses. OSH is not an important topic of these courses, but he still values the contact with peers to informally exchange experiences on how to deal with some issues, including OSH.

Finally, when the company belongs to a larger *group* of companies, sharing experience with the (safety) managers of the other subsidiaries, who often work with similar products and in similar conditions, can also be a useful source of expertise to help with a specific issue.

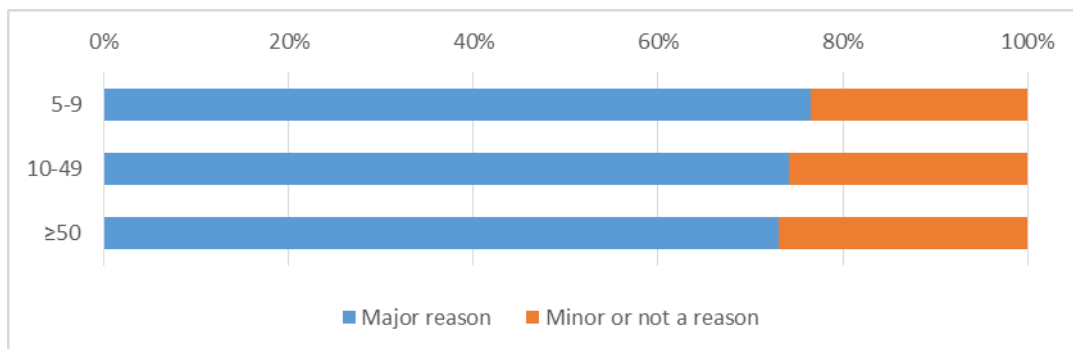
3.2.6 Motivation of company OSH practice

The main motivation of case companies to set up an OSH management strategy often stems from the manager’s *values and will to protect his or her workers*. However, when this question is explored in more depth with the interviewed managers, it appears that there is a large gap between being willing to conduct such OSH management and actually starting it. Besides managers’ intrinsic motivation, other underlying factors such as the company’s reputation or the fear of inspection also play a role.

In the manufacturing and construction sectors, for example, where companies are quite dependent on customers, fulfilling *clients’ requirements* and keeping a good company reputation is an important motivation for employers. For business-to-business (B2B) companies, this often translates into the acquisition of the VCA certificates, which is a major motivation for managers to set up systematic OSH management. Indeed, audits regularly take place to check if the certification requirements are fulfilled.

The importance of the company’s reputation as a motive for MSEs to manage OSH is confirmed in ESENER-2. Indeed, 75 % of the Belgian MSEs mention their reputation as being a major reason for addressing OSH, which is more than the larger companies.

Figure 8: Percentage of Belgian MSEs which report company's reputation as a reason for addressing OSH, by company size



Source: ESENER-2 data, EU-OSHA

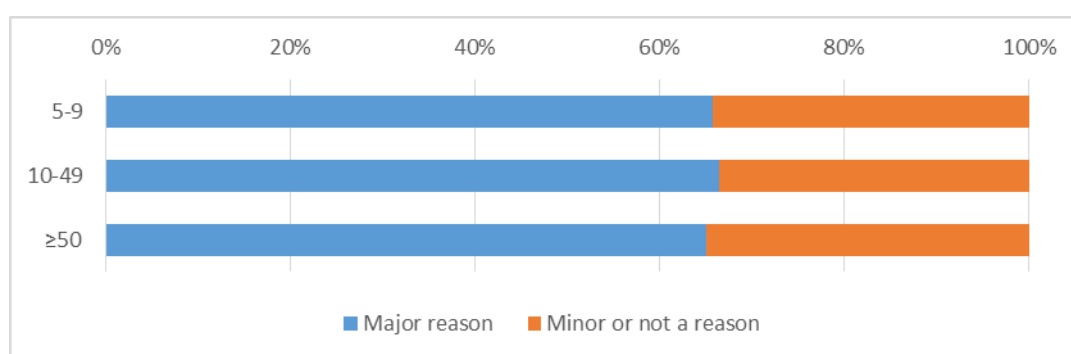
One case company from the manufacturing sector (BE4), which is an exception in this sample, as it has had several *serious accidents* in the past years, clearly states that the relative high number of accidents and employees’ turnover certainly played a role in the motivation to start more systematic OSH management. Other companies, where no serious accidents have happened, still mention the economic costs of having an employee absent because of occupational health or safety problems as a motivation. The manager of a construction company (BE5) says ‘Better invest time and money in a good prevention

than missing a worker for one day', mentioning the risk of not being able to fulfil the contract with a client in such a case and causing delay.

Finally, while some managers want to fulfil legal obligations, none of them really fear inspection. Indeed, all companies that were in fact visited by the inspectorate mention a very superficial check. A manager from the construction sector (BE6) explains: 'Every year, someone from the safety and hygiene [department] comes. He looks at the toilets, asks where people eat, says that we should actually have a separate room to eat, I answer that we have no room for it and he leaves. He has never had a look at a work site or even a delivery van' (manager, BE6).

This absence of fear of inspection is only partly confirmed by ESENER-2 data. Indeed, two-thirds of the Belgian MSEs report it as playing a major role. However, this remains a relatively low proportion, especially in comparison with the EU average, where 80 % of the MSEs report it as a major reason to address OSH.

Figure 9: Percentage of Belgian MSEs which report avoiding fines from the labour inspectorate as a reason for addressing OSH, by company size



Source: ESENER-2 data, EU-OSHA

When it comes to workers' motivation for OSH, there does not seem to be much awareness and interest in OSH in the case companies. Most workers consider their company as a low-risk company and would say that, even if there are some risks, using one's common sense is enough to prevent accidents. If they wear their PPE, for example, this is only because the employer constantly reminds them to do so, or threatens them with sanctions if they do not. When asked for examples of proposals they have made to the management to improve OSH in the companies, small ad hoc technical improvements are often mentioned, but no structural or systematic changes in the OSH management.

3.2.7 Worker participation

In all case companies, social relations are described as very good, being characterised by open, direct and informal communication between workers and management. This is obvious during the case visits, when they call each other by their first names and use 'tu' in French (informal way of saying 'you'). Workers in these small companies are often given much autonomy and responsibility, including to resolve OSH issues they might encounter. The manager of a manufacturing company acknowledges: 'Most of the OSH issues encountered by workers are solved on the spot by workers, who know their work better than anyone' (manager, BE2). This is especially the case in companies where workers are distributed over different work sites and do not have much contact with each other or with the management. In this case, the middle managers (the so-called 'project leaders'), if the company has any, play a very important role. Indeed, they are the link between the workers and the management and must make sure information circulates between the different levels.

In the absence of a formal safety committee in MSEs, staff meetings and especially safety meetings (toolbox meetings in the framework of VCA certification, for example) play an important role to provide a forum for workers to talk about possible OSH issues they encounter and would not mention

spontaneously outside these meetings. However, as discussed in section 3.2.3, such meetings are not very common in MSEs, apart from the ones organised by VCA-certified companies, and in social work companies, where these meetings focus on clients.

With regard to the responsibility for safe and healthy working conditions, 14 out of 20 employers and 14 out of 20 workers in the sample consider it to be both employers' and workers' responsibility. A general argument is that managers have to give workers the necessary information, instructions and equipment to work safely, and workers have to apply these and use their common sense not to end up in hazardous situations. However, some managers would put the responsibility a bit more on the workers' side, arguing for example that 'We say it, but we say it once and not more [...] if something happens, I am certain that they were informed and warned' (manager, BE6), transferring responsibility to workers. Another manager from the construction sector also underlines the role of workers when talking about musculoskeletal disorders, saying 'Pain in the arms, the shoulders, and so on: one complains, the other carries on' (manager, BE7). In contrast, other managers place the responsibility for OSH mainly on themselves and other managers. The manager from a wholesale company (BE9), for example, underlines the management's responsibility to listen to workers and help them act to prevent risks. The same arguments are used on the workers' side. According to a worker from the social work sector, for example, the responsibility lies mainly with the management, who must 'Understand what employees undergo every day and do what is necessary to avoid what is predictable, together with workers' (worker, BE20). Other workers acknowledge that managers are not in the field and cannot know everything that happens on site.

3.2.8 Good OSH practice examples

Good OSH practices were found at different levels and within different domains in the case companies. Task-related good practices examples concern, for example, raising the level of a worktable to make it more ergonomic or allowing workers working on a remote site to stay at a hotel to avoid too much travelling. Another kind of good practice regards working time and planning, making arrangements which allow a better work-life balance and lower the work pressure for workers. This type of arrangements is described in section 3.2.4. Regarding systematic OSH management, good practices are especially found in VCA-certified companies, driven by the certification's requirements such as OSH training for all operational workers and managers, safety meetings and risk assessments for each project. In a company from the manufacturing sector, this is complemented with a shared database, listing machine- and client-related risks, which can be consulted and updated by all workers in real time.

Regarding initiatives from outside the company, OSH courses offered by the sector federations in the construction and Horeca sectors are much appreciated by both workers and managers. Indeed, they are offered at a low price or for free (in the Horeca sector), and are adapted to the sector, which is typically not the case in general OSH-training programmes.

The origins of these good practices are very diverse. For individual, task-related good practice examples, these often start with the initiative of the worker him- or herself who reports a problem situation, or the manager who observes it (mostly from his or her own experience). The situation is discussed between the worker and the management in order to find the most appropriate solution. Other good practices exceeding one work station can come from the manager. This is the case in, for example, a restaurant (BE13) that offers 9.00 to 17.00 shifts to workers with children, as the owner-manager himself had a child and realised how important it is to be present at home. This can also arise from an interaction with a peer or in another subsidiary, when sharing experiences. Finally, external sources of information on OSH, as mentioned in sections 3.2.1 and 3.2.4, can also be a source of inspiration. Some employers receive advice from the external prevention advisor or inspectorate after a visit to the workplace. Newsletters and other information can also be a source of inspiration for good practices.

3.2.9 Effectiveness of OSH management practice

The level of risk control in 6 of the 20 case companies has been assessed as high, in 13 of them as medium and in 1 as low. High risk control implies a systematic, formalised approach of OSH. Checking and communication by the management are also important criteria. Even if the risk control is perceived

as high, all interviewed managers have the feeling it could always be better and more efficient. However, they acknowledge that they lack the necessary time and resources to invest in OSH management in order to improve it still further. In contrast, managers from companies with a low to medium level of risk control are more inclined to be satisfied with their current OSH management, often underestimating the risks in their companies.

Furthermore, risk control can be limited to certain risks, ignoring other ones. This is the case in, for example, a wholesale company (BE9) which has a high level of risk control for all the risks related to the machines it sells but has a very low level of risk control on psychosocial risks. The manager is aware of the fact that a problem exists, without taking any organisational measure to control it.

There may also be a discrepancy between managers' opinions of risk control and the actual risk control experienced by workers and observed by the researchers during the company tours carried out for the case study. While the manager talks about a large prevention strategy for the company, workers are not always aware of it, or it seems from the company tour that this is not respected. In a manufacturing company (BE1), for example, where the manager said that it had bought extra safety equipment for workers, delimited hazardous zones, and so on, the workers did not appear to be using the equipment or respecting the delimitations when the research team visited the workshop. Hence, the risk control measures seemed not to have been integrated.

Other than by the observations of the research team and of the interviewees, an evaluation of the effectiveness of OSH management practices is very difficult to perform. Indeed, small companies rarely evaluate the practices they implement in the company. The evaluation is often made on one criterion: the absence of occupational accidents. However, it is hard to define whether this is due to the OSH management or to luck.

3.2.10 Classification of company OSH strategy

Six companies in the sample (spread over all sectors) are evaluated as having a proactive strategy for OSH. This can be by applying OSH measures learned during OSH trainings or purchasing ergonomic equipment without waiting for an incident to happen. However, the classification of a company OSH strategy will depend on the OSH domain. A company can have a very proactive strategy regarding physical risks, but a very critical strategy regarding psychosocial risks, for example; this is the case in most companies, especially when the level of physical risks is high. This is the reason why half of the case companies are classified as proactive and reactive at the same time.

A minimalist approach is also observed in some companies, especially in the human health and social work sector, when the financial and human resources for doing more than merely applying advice from the external prevention advisor are lacking, as this does not cost too much money.

In general, there are elements of a communicative and participatory approach in the case companies. The company size plays an important role here. Workers are often autonomous in their work, which implies that they are expected to take part in OSH management too, by finding solutions to OSH problems they encounter.

3.3 Mechanisms

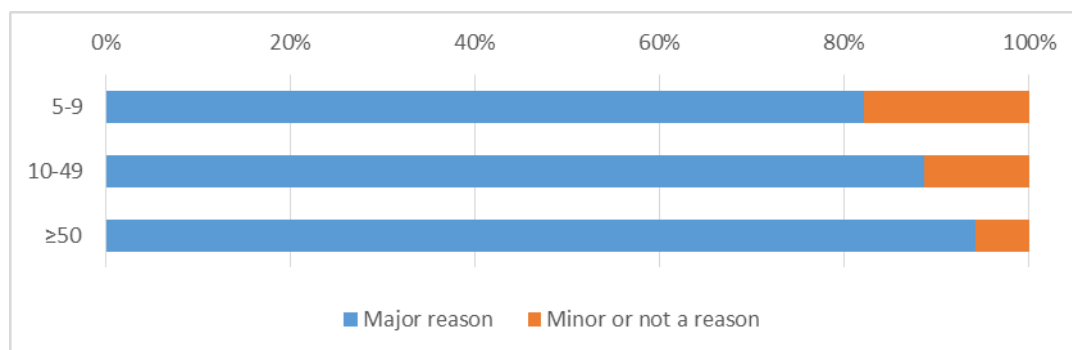
Determining factors

- **The role of legislation and sector-level regulation**

Most managers are aware of OSH legislation via their external prevention service, social secretariat, sector federation or other sources of information as mentioned in section 3.2.1. The majority follow a 'standards must be met' approach. However, it takes a long time before standards are integrated and adhered to. This is well illustrated by the small number of companies in the sample (only 3 out of 20) which have already set up a prevention strategy regarding psychosocial risks at work, as imposed by the legislation since 2014.

If the legal obligations are not always integrated into systematic OSH management, the data from the ESENER-2 survey still show that fulfilling their legal obligations is one of the major reasons for addressing OSH in the majority of the MSEs, nearly as much as in larger companies.

Figure 10: Percentage of Belgian MSEs which report fulfilling a legal obligation as a reason for addressing OSH, by company size



Source: ESENER-2 data, EU-OSHA

In one case company (BE6), belonging to the construction sector, legislation is used by the manager to protect herself from fines, rather than to protect the workers. Indeed, the manager says during the interview '[PPE is] in each delivery van, so in principle I am in order' (manager, BE6), even though she knows workers do not wear them and does not make any comment on it. Later in the interview, talking about the safety and hygiene inspection, she adds 'You know, the legislation this is all very good, but I already said it several times, the legislation proposes lots of things, and that's fantastic, but they do not realise how much this costs the companies to meet the standard [...] this must be feasible and we must get a return on investment' (manager, BE6). This opinion is shared by other managers from the sector. One of them mentions regulation as 'being a stress source while being aimed at reducing stress' (manager, BE7). A third one sees safety regulation as involving too much paperwork: 'You cannot expect a small company like us to follow such a level of bureaucracy' (manager, BE8). Indeed, time spent filling in paperwork is seen by the management as time you cannot be present on construction sites.

In VCA- and ISO-certified companies, legislation is considered far less burdensome, as most requirements are already covered by the certifications and by clients' requirements, which often are more comprehensive than the legislation. This is also the case in a restaurant that has received several quality certifications, which require complying with regulation (especially regarding hygiene). Specific rules at sector level, such as concerning hygiene in Horeca, seem to be well known.

The manager of a wholesale company (BE10) remarks that the role of legislation should be first to raise awareness about OSH issues, before prevention. This idea is shared by several managers of the case companies.

▪ The role of support from authorities and from external service providers

Twelve case companies have been visited by the labour inspectorate at least once in the past 5 years, following an occupational accident or unannounced. However, none of the companies seems to fear these visits, as inspectors always focus on formalities, without having a real look at the workplace to see what is actually put into practice. Only one company from the manufacturing sector (BE4) reports having once received constructive and justified remarks from an inspector who visited the company after an occupational accident. According to the manager, the support from the labour inspectorate strongly depends on the person who visits the company.

The external prevention service, however, plays a more important role. Medical check-ups, which principally take place when a worker starts working in the company, and are repeated every year for jobs defined as being 'at risk' for physical or psychosocial health, are mentioned by most interviewed

workers and managers as the most visible part of OSH management. However, this does not seem to bring many improvements to OSH management. Besides these medical check-ups, external prevention advisors can play an important support role for small companies, advising them on OSH management. However, as mentioned in section 3.2.5, the quality of these services strongly varies depending on the service provider. One can conclude from the cases that these external services rarely work proactively in small companies, but rather do the bare minimum. Many managers report that the contact with their external prevention service is limited to receiving the weekly or monthly newsletter, some of them not even receiving a visit from the external prevention advisor once a year. The manager of a manufacturing company (BE4) observes that 'If we do not ask anything, we do not get anything [from them]' (manager, BE4). This is not sufficient to support MSEs that need more personal and business-specific support, as illustrated by the manager of a construction company (BE6): 'Could be [that the external prevention service sends information] but these newsletters, I call them publicity, go straight into the bin before I open them' (manager, BE6). Owner-managers rarely take the time to check if every kind of support mentioned in the contract with the external prevention service has been fulfilled.

▪ Value chain effects on company OSH management

In the manufacturing and construction sectors, B2B clients have an effect on the company's OSH management, as they often impose their own safety rules. Workers regularly have to take an internal course and pass exams to be allowed to work in the client's company (often large companies with well-developed OSH management). According to interviewed workers from these sectors, clients all have the same safety rules, which are the basis for performing the work safely. These exams are therefore not difficult, but are still an opportunity to refresh the clients' knowledge and raise their awareness again. Some clients send their own prevention advisor to check if rules are followed. Furthermore, some clients require a VCA certificate, which forces the company to fulfil the requirements necessary to get the certification.

Clients can also affect OSH negatively, for example when imposing changes in the planning, which creates work pressure, especially for the management, which must negotiate a deal to avoid workers having to work under pressure with unrealistic deadlines. This is also the case in other sectors, such as wholesale and Horeca, where customers must be served as fast as possible, which constitutes a risk of time pressure or conflicts. In the social work sector, clients constitute one of the most important risks for workers. The OSH management hence mainly focuses on preventing harm from clients.

Suppliers play a role in only the wholesale sector. They give written instructions for the safe use of the products/machines they sell. In some cases, workers take courses organised by suppliers, where the product is presented, including safety matters. Workers are the intermediary between the supplier and the customer, and are responsible for transferring these safety instructions to clients. By ensuring a good information flow, they also ensure their own safety, being aware of the risks they encounter when working with the product.

▪ The role of management style and social relations

All visited companies seem to have very good social relations. This is probably a result of selection bias, as the sample includes self-selected cases drawn from among those participants who already felt they were doing something positive about OSH. Hence, this may not be representative of the reality in all small and micro-companies. Having said this, the good social relations in the case companies are characterised by a direct, fairly informal and open management style. This is mentioned by both workers and managers and confirmed by observations of the research team. Workers report being able to talk to managers, who would also listen to them about anything. Most managers encourage this. As someone says: 'Better call too many times than too few' (manager, BE5). This relationship is reinforced when managers have experience in the field, as workers feel closer to them. Moreover, this gives managers a good understanding of the employees' work situation and what could improve their wellbeing. An employee of a restaurant (BE13) makes the following observation about her manager: 'He is open towards employees, but he is also open to learn something new himself' (worker, BE13).

The importance of workers and their wellbeing for the manager also plays a role in some case companies, especially the ones run by the founder of the company, with workers who started the

business with him or her. As the manager of a manufacturing company mentions, 'You do not want anything to happen to your worker!' (manager, BE3). Workers in small enterprises also care for each other, not hesitating to make a remark to a colleague if they observe that he or she is in a hazardous situation.

Workers also expect professionalism from their manager. The employee of a hotel (BE15) observes: 'The relation with the management is open, you can speak about everything. If there is a problem, you can always go to someone' (employee, BE15). Comparing the manager with her former employer, the employee adds 'She [the former employer] just wanted to be friends with us. Here this is different, the boss does not especially try to be our friend but she acts with much understanding, and stimulates us' (employee, BE15). Another illustration of this reversed situation between workers and their manager can also be found in a construction company (BE6), where the manager observes that some employees, who already worked there when her father and grandfather ran the company, took over the company. They allow themselves much freedom, and the management has no authority over them anymore. A concrete example in OSH is that they will not wear their PPE, even if the owner-manager asks them. The manager seems to maintain this relationship, not imposing any sanctions for this.

Finally, good social relations are especially important in the human health and social work sector, where risks are mainly psychosocial, and thus invisible. Managers must create and maintain an atmosphere which encourages workers to talk about possible psychosocial risks they encounter.

▪ Other factors

The company size has an impact on OSH management, not only through the social relations which characterise MSEs, but also through the multitasking that workers are asked to do. The manager of a manufacturing company (BE1) observes that, while workers can currently be employed on various work sites and have much diversity in their work, this would disappear in a larger organisation, where tasks would be more clearly divided. The same observation is made in a case company from the Horeca sector (BE12), where a chef himself transports and installs the equipment and material, before starting his work as chef. This adds physical risks (carrying heavy loads) and can also imply extra stress (beginning working in the kitchen while already being tired from the installation). A larger catering company would have assigned someone else for the transport and installation.

Furthermore, the region in which the company is active can also play a role. The manager of a wholesale company (BE10) observes that '[The city] is indeed renowned for its conviviality, which facilitates the relations with clients, who mostly are very friendly and respectful towards employees' (manager, BE10). Another company is located at the border with the Netherlands and does a large proportion of its work there. The interviewed worker of the company remarks that this has an impact, as OSH management seems to be more advanced in Dutch than Belgian companies.

In the two subsidiaries of the sample, the role of the mother company is not to be underestimated. Indeed, even though the Belgian subsidiaries work on an autonomous basis, the influence of the mother companies, which impose general guidelines regarding OSH, is remarkable. Moreover, in one of the cases, the mother company provides training to employees from all around the world, including safety courses which are especially aimed at enabling workers to transfer these safety guidelines to clients.

In the human health and social work sector, the management structure and the dependency of case companies on subsidies from the government negatively affect OSH management. Indeed, the strategic management is decided by the management board, which decides the allocation of financial and human resources but has a limited idea of what the work implies. In none of the case companies does the management board make OSH a priority. Hence, there is no budget provided to take OSH measures beyond minimum standards which must be met. Moreover, in all these companies, there is an imbalance reported by workers and managers between the work to be done and the number of workers to do it. This can create hazardous situations, due to work pressure or clients who feel they do not receive the attention they need.

3.4 Summary and key findings

The impact of size class on OSH management is rooted in Belgian legislation. The legislation imposes a committee for prevention and protection at work in companies employing more than 50 workers, which excludes MSEs. In addition, in companies with 20 employees or more and in high-risk companies (such as in the construction and manufacturing sectors), the employer has to be assisted by an internal prevention advisor who supports him or her and the employees in implementing a company level policy on wellbeing at work. In companies with fewer than 20 employees, the employer assumes this position him- or herself. Even though the interviewed internal prevention advisors report receiving very little time to do their tasks as prevention advisors, the training they receive to take the role at least increases the company's knowledge and awareness of OSH.

Next to the company size, the first determinant for setting up an OSH management strategy in the case companies seems to be the manager's own values and experience. The sample especially gathers companies with good social relations, and managers who are close to their employees. We argue in this report that this is not likely to be representative of OSH in MSEs in general. Still, even if these values and experiences create a wish to offer employees a good working environment, this is not sufficient to put this wish into practice, given the limited time and resources that managers of MSEs often have. If there is risk awareness in the visited companies, systematic risk management is often lacking.

Companies from the manufacturing and construction sectors tend to have more systematic risk management thanks to the VCA-certification which is often imposed by B2B clients with a high-risk environment to subcontracting companies carrying out work on their premises. In order to get and maintain this certification, both operational workers and managers have to receive specific safety training. Besides this training, the company has to fulfil some criteria such as holding toolbox meetings (short safety meetings with workers) and conducting task-related as well as last-minute risk analyses. Audits are organised to check the company's compliance with these safety criteria. This also results in better compliance with the law in the certified companies, as VCA criteria include OSH measures imposed by the law. Moreover, both workers and managers from VCA-compliant companies seem to have entered into a certain OSH dynamic, where risk prevention becomes a natural habit. A limitation of this certification system is the absence of criteria regarding psychosocial risk prevention, often neglected in these sectors.

A general observation is that MSEs need personal, business and sector-related support. External prevention services can play a key role here, if they take the necessary time to visit the company and discuss OSH with the manager. This is the case in some companies, where a member of the external prevention service regularly visits the company and gives advice to the manager or the prevention advisor on ways to improve OSH management. In other cases, external prevention services only do the bare minimum (medical check-ups, basic risk analysis and sending newsletters), without really accompanying and motivating the manager in OSH management. Several managers report having the impression that MSEs are not a priority for external prevention services, which rather focus on larger companies. Another external source of support can be sector federations, especially in the Horeca and construction sectors. These provide their members with sector-related information, including on OSH. Moreover, in these two sectors, federations offer OSH training to their members. In the construction sector, a financial compensation is provided for the lost working hours. In the Horeca sector, these courses are totally free of charge. This OSH training is much appreciated by both workers and managers, not only for being free, but also for being adapted to the sector, taking into account the daily reality of these companies and the risks they are confronted with. Respondents who have taken these courses report they actually apply what they learned in practice.

An illustration of the difficulty of reaching MSEs with broad campaigns, which are not targeted at their specific needs, is the lack of prevention strategies regarding psychosocial risks in the case companies. Although the Belgian government conducted a large campaign to raise companies' awareness of the need for a prevention strategy regarding psychosocial risks, following the new legislation in 2014 only three of the case companies actually started assessing these risks. It seems from the interviews that this is mainly because owner-managers do not know what psychosocial risks actually exist in their company, and how they should set up a prevention strategy. Managers often have the impression that their company does not fit in with what is proposed for psychosocial risk management.

To conclude, an overall observation is that most OSH management practices arise when a problem occurs. In companies which have not experienced any serious accidents, small incidents are mostly dealt with by the workers themselves, who find an ad hoc solution for the problem. The same applies to the discussion of OSH during team meetings which do not primarily have OSH on the agenda: OSH will be an issue when there is a concrete reason to discuss it. In the social profit sector, for example, psychosocial risks will be tackled during these meetings only if an employee has been a victim of verbal abuse from clients. Hence, it is only when a company experiences one or more serious occupational accidents that more systematic OSH management is set up.

Hence, while there are numerous sources of information and support to help MSEs manage OSH in Belgium, the challenge is especially to gain companies' interest by offering them business-related and efficient solutions (given their limited financial, time and human resources), and by continuously following them up to create dynamic and systematic OSH management.

4 References

- Confederatie Bouw (n.d.). *Samen tegen sociale dumping*. Available at: <http://www.confederatiebouw.be/nl-be/actua/dumpingsocial.aspx>
- EUROSTAT (2013). Labour Force Survey ad-hoc module: accidents at work and other work-related health problems. Available at: <https://ec.europa.eu/eurostat/web/lfs/data/database>
- EU-OSHA (2015). European Survey of Enterprises on New and Emerging Risks (ESENER) data. Available at: <https://osha.europa.eu/en/surveys-and-statistics-osh/esener/2014>
- EU-OSHA (2016). *Contexts and arrangements for occupational safety and health in micro and small enterprises in the EU — SESAME project*. Luxembourg: Publications Office of the European Union. Available at: <https://osha.europa.eu/en/tools-and-publications/publications/contexts-and-arrangements-occupational-safety-and-health-micro/view>
- EU-OSHA (2017). *Worker participation in the management of occupational safety and health — qualitative evidence from ESENER-2. Country report – BELGIUM*. Luxembourg: Publications Office of the European Union. Available at: <https://osha.europa.eu/en/tools-and-publications/publications/country-report-belgium-worker-participation-management/view>
- EU-OSHA (2018). *From policy to practice: Safety and Health in Micro and Small Enterprises in the EU. National report: Belgium*. Luxembourg: Publications Office of the European Union. Available at: <https://osha.europa.eu/en/tools-and-publications/publications/policy-practice-policies-strategies-programmes-and-actions/view>
- Flyvbjerg B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry*, 12(2):219-245.
- Hansez I. (2014). Du diagnostic à l'intervention en entreprise: quelle réalité, quelles limites? Presented at the Démarche de prévention des RPS: freins et leviers à une prévention durable des RPS, Regards Croisés France-Belgique, Brussels, December.
- Lamberts, M. and Terlinden, L. (2016). *Actie-onderzoek: Implementatie van een duurzame preventiestrategie voor psychosociale risico's in ondernemingen*. KU Leuven, Leuven.
- National Social Security Office (2014). Online statistics: small and medium-sized enterprises. Available at: <http://www.rsz.fgov.be/en/statistics/online-statistics/small-and-medium-enterprises>
- FEDRIS (2014a). Statistisch verslag van de arbeidsongevallen — privésector. Available at: <https://www.fedris.be/nl/professional/privesector/statistieken/statistisch-jaarverslag-2013>
- FEDRIS (2014b). Statistisch verslag 2013. Fonds voor de beroepsziekten, Brussels. Available at: <https://www.fedris.be/nl/professional/beroepsziekten-privesector/statistische-jaarverslagen>
- Unizo, Graydon Belgium and UCM (2016). *Het KMO-Rapport: De financieel-economische gezondheid van de Vlaamse, Brusselse en Waalse KMO in beeld*. Brussels.
- Valenduc G. (2014). *Mieux connaître les emplois dans les petites entreprises — Un état des lieux au niveau national et dans les Régions*. Available at: http://www.ftu-namur.org/csc/tendances_perspectives.html
- Wlodarski O. (2013). *Stratégie nationale en matière de Bien-être au Travail 2008-2012 — Evaluation*. Prevent, Leuven. Available at: <http://www.emploi.belgique.be/moduleDefault.aspx?id=39435>

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