

FRANCE'S G2P: A DIGITAL RISK ASSESSMENT TOOL FOR THE SOCIAL CARE SECTOR

Introduction

In France, under French labour code (2021-1018) employers have a legal and regulatory obligation to assess workplace risks to health and safety.¹ This legal requirement can be challenging for organisations with fewer resources allocated to occupational safety and health (OSH) and often requires the support of experts to accurately assess risks (FORTE, 2023, p. 4). In addition, French employers are legally required to set up an occupational health service within their organisation, known as a 'médecine du travail' (Molina, 2024). To assist with this requirement, the social partners for the social care sector worked with the private consulting company Didacthem to create a tailored digital tool to help social care organisations to better assess OSH risks. The result of this joint effort, is **the G2P tool**, which is further explored in this case study.

The G2P tool has been available for use by social care organisations since 2022 and uses its algorithmic technology combined with inputs from social care organisations to accurately rank risks and produce action plans to address them. The overall aim of the tool is to prevent the risk of work-related accidents and sick leave in the sector, the prevalence of which is very high in this sector in France (Interview data). This intervention is thus in line with the work of the social partners related to the CCN 66 (*convention nationale 66*), covering employees of social care services, and the G2P tool has been adapted to the needs of the employers represented by the social partners under CCN 66 (Didacthem, n.d.). All occupational risks in social care sector workplaces are assessed via the tool, including psychosocial risks (PSRs).

Further, this tool represents considerable commitment from the social partners to better manage OSH in the sector. While the results of the tool are difficult to measure (Interview data), there is overall increasing uptake of the tool, aided by a continuous feedback cycle leading to improvements and adaptations. This risk assessment tool has been used in other sectors in France before being adapted to the needs of the social care sector, which shows the high level of its transferability. This case study also demonstrates the potential that digital technologies offer in terms of helping and guiding organisations in determining risks and providing preventive measures based on data provided by employers, which in itself is innovative.

This case study is part of a research project² carried out to provide an overview of research on work-related PSRs and mental health-related outcomes in the health and social care sector.

Methodology

The findings presented in this case study are based on a review of documents and websites presenting the G2P tool. The documents reviewed include information about the development and implementation phases of the digital risk assessment tool. Research that covers the OSH risk assessment needs of the social care sector in France was also considered when preparing the case study.

In addition to the document review, an interview was conducted with NEXEM (one of the French social care social partners), which was involved in the development and implementation of the G2P tool. The interviewee provided information about the successes and challenges of the tool and what is being done at present to update and improve the tool.

¹ The French labour code (2021-1018) transposed into French legislation the EU Council Directive 89/391/EEC. For more details about risk assessment requirements in the EU, please see: <https://oira.osha.europa.eu/en/what-is-risk-assessment>

² The full report is available at: <https://osha.europa.eu/en/publications/overview-work-related-psychosocial-risks-and-mental-health-outcomes-eu-health-and-social-care-sector>

Description of the intervention

Trigger for the intervention

The principal trigger for this intervention was that the social care sector in France is faced with high levels of sick leave and workplace-related disabilities (Interview data), otherwise termed as a high level of workplace *pénibilité* (difficulty/hardship). To address this situation, the social partners decided to create a tool (the G2P tool) that would enable social care organisations to work on a risk prevention action plan, with the aim of reducing occupational risks in the sector. The G2P tool facilitates this by allowing organisations to manage OSH risks within their organisation by automatically creating a tailored risk prevention plan based on the risk areas inputted into the tool via specific questionnaires (Interview data).

Organisations in the social care sector are often ill equipped internally to assess, identify, evaluate and subsequently prevent OSH risks to which workers are exposed. These include physical risks such as falls and physical manoeuvres, but also PSRs such as emotional demands placed upon workers. The G2P tool enables organisations to implement a tailored risk prevention plan based on the information that organisations input into the tool. This element is crucial, according to the interviewee consulted for this case study, as it helps to address the real needs of the social care organisations.

How the tool works

The G2P tool collects data from organisations about the risks faced by their employees in the workplace (the tool does not collect the personal data of individual employees in this exercise) to create an automated risk prevention plan. This enables organisations to fulfil their legal obligation to assess occupational risks in the workplace.

Organisations can access the G2P tool via a web page,³ with the requirement to subscribe in order to use it. This €60, subscription fee is currently covered by the sectorial social partners through their solidarity funds, which are aimed at OSH risk prevention in the social care sector more generally (Interview data).

When social care organisations access the G2P tool, they will be able to receive four key integrated services:

1. a tailored risk assessment for the organisation via questionnaires tailored to the specific activities/tasks carried out in the organisation;
2. a ranking of the identified risks faced by the organisation based on the *pénibilité référentiel* (difficulty of work benchmark);
3. the creation of a Risk Prevention Action Plan for the organisation with tailored suggestions (preventive measures) on how to eliminate or reduce the identified risks that can be updated and managed directly from the tool itself; and
4. a statistical monitoring of how the implementation of the risk prevention measures are progressing.

³ See: <https://g2p-prevention.didacthem.com/plateforme/>

Figure 1: G2P tool ranking risks in an organisation



Source: Didacthem (n.d., p. 7).

In practical terms, the tool asks its users to describe the working environment at their organisation. It then uses the information provided to list the risks faced by workers in order of likelihood and proposes appropriate measures to address them.

The organisations are asked to fill in a general or activity-specific questionnaire (for example, nursing) and the tool will then use the answers to define the risk rating. For example, the general questionnaires include questions about issues such as fire hazards or driving accidents, but also PSRs, such as time pressure and increased workload due to understaffing, as the social partners view these issues as widespread within the sector and want to adopt a cross-disciplinary approach to PSRs as far as possible. At the same time, they are conscious of the fact that different types of activities, such as catering or care activities, for example, also differ in relation to PSRs, which is why it is also relevant to include the more tailored questionnaires by activity (Interview data).

After the risk identification and risk evaluation, there is a phase in which the organisation will be asked what measures it will put in place to deal with the risks (Interview data). The algorithm of the tool allows it to rank risks and propose prevention measures once it has collected data taken from the workplace (i.e. through the questionnaires).

This process allows the tool to automatically create a Single Risk Assessment Document (DUER) that summarises the OSH risk assessment of the organisation and can be updated as needed depending on how they progress with their Risk Prevention Action Plan. This document complies with the needs of the French legislation regarding the legal requirement for organisations to assess risks to health and safety in the workplace with a standard format and enhanced traceability thanks to the possibility of archiving and updating the document (Didacthem, n.d., p. 4).

What was done and how

In 2019, the social partners in France's social care sector (CCN 66), working together in a Joint Committee, decided to contract an external consultant to develop a sector-specific digital risk assessment tool. They appointed Didacthem to adapt a tool previously used in other sectors to help social care employers accurately assess sector-specific OSH risks.

This intervention falls under the scope of the social partners' supplementary social protection activities to support workers in the social care sector. To fund the intervention, 'solidarity funds' (*fonds solidaires*), set up by the social partners to be used to finance the prevention of occupational risks as well as social actions for workers (Afondolidaires, n.d.), were used. These funds are managed by the Joint Committee

of social partners and financed the development, implementation and adaptation of the G2P tool for the social care sector in France (based on a similar tool previously used in other sectors) to cover all the occupational risks to which workers in social care are exposed, from musculoskeletal to PSRs (Interview data).

The development and implementation process was carried out in three phases. The first phase involved a field survey conducted by Didacthem, which visited 30 organisations and services to identify and take stock of the occupational risks present in the sector and how they were managed.⁴ This took around a year. It then came back to the social partners with a series of questionnaires that organisations using the tool should fill out to create their risk assessment. The social partners then revised these questionnaires based on their experience of the needs of the social care sector.

During the second phase, each questionnaire (one for each activity, see Table 1) was reworked to ensure consistency in terms of language and vocabulary. This required a significant level of resources from the social partners given the number of questionnaires (around 30-40), each with up to 80 questions (Interview data). This required another two years (until 2022) before the first version of the tool was ready to be published.

Table 1: Questionnaires by activity in alphabetical order

Activities/tasks covered by the G2P tool	
Administration	Hygiene and grooming
Building maintenance	Nights
Cleaning of the premises	Nursing
Community management	Organisational management
Cooking and hospitality services	Psychological support
Domestic assistance	Reception/welcoming duties
Driving	Social support
Entertainment/events	Special education
General education	Support for host families
Handicraft workshop	Washing

Source: Authors' elaboration on Didacthem (n.d.)

Once online and ready for use, the intervention entered into a third phase, relating to testing. This included a statistical analysis from the early results of organisations completing the questionnaires to fine-tune the tool and to identify and correctly rank these risks (Didacthem, n.d.). The Joint Committee also received direct feedback from organisations highlighting areas that still needed additional work or development, for example, where additional social care activities needed to be included. This led to the creation of new questionnaires, although with the caveat that not all changes requested by organisations can be implemented due to the high IT development costs.

Throughout the development and implementation process there has been continued communication and cooperation between the Joint Committee and Didacthem, utilising the sector-specific knowledge

⁴ The full methodology of Didacthem is explained here: <https://www.didacthem.com/notre-methodologie/>

of the social partners and the technical expertise of the contractor to create a meaningful and useful web-based tool that fits the needs of the largest number of organisations possible (Interview data). Over time, Didacthem has completely familiarised itself with the needs of the social care sector and the questionnaires are now much better tailored to the sector compared to the early phases of the tool's development (Interview data).

What was achieved?

The key achievement of this intervention is an easy-to-use OSH digital risk assessment tool made available for the whole social care sector in France. This has, in turn, made risk assessments easier for social care organisations, in line with their legal obligations.

The G2P tool enables organisations to (FORTE, 2023):

- receive an automated assessment and ranking of risks for all the work activities in an organisation;
- create an annual action plan for the prevention of occupational risks based on proposals generated by the tool or those already implemented;
- transfer the information immediately to health services within the workplace; and
- archive the various updates of the occupational risk assessment according to the implementation of the action plan.

The sector-wide approach to the development of the tool has also allowed a wide range of social care organisations to use the tool and identify the risks in their specific workplace thanks to the tailored questionnaires provided for their sector. In addition, the dedicated activity-specific questionnaires cover risks only relevant to certain work tasks within the social care sector, for example, cooking. With this dual approach to personalising the G2P tool to each organisation, the risks and questions asked respond to the needs of each organisation as much as possible. Indeed, this is a broad sector with around 20,000 organisations in the French social care sector, employing around 350,000 workers (Interview data).

Social care organisations can also maintain autonomy regarding the extent to which they implement the risk prevention action plans, which can be helpful from a resource allocation perspective, for example, if they only have the capacity to solve two out of three proposals in one year. The organisations can also share the preventive measures that they already have in place, which can then be used by the tool to develop action plans for other organisations (Interview data). This is valuable as it enables mutual learning.

The social partners are seeing an increase in organisations using the tool and an increase in organisations creating a DUER. The social partners can also monitor through the tool which risks are most prevalent each year, as well as which preventive measures are being put into place by organisations. Receiving data on how social care organisations are dealing with OSH risks in the workplace is very helpful and can help the social partners further tailor and develop the tool, as well as understand trends in risk management more generally and which areas may require more attention. These data are collected at the organisational level rather than at the individual level, meaning that the personal data of employees are protected.

Success factors

The success of the intervention lies in its iterative approach, as it contains the possibility for continuous feedback and updates, as far as possible, to ensure its relevance to its users. This has enabled the tool to meet three key needs of user organisations (FORTE, 2023):

- preparation of the risk assessment for organisations and management of their prevention plan;
- development of a focus on risk prevention in the sector, enabling organisations to invest in initiatives to create risk prevention structures for the business and their workforce; and
- improvement of OSH by developing and promoting a culture of health and safety at work.

The fact that the intervention has been managed by the social partners has allowed dedicated funding (solidarity funds) to be made available to develop and implement the tool. This has enabled cooperation with a private contractor with the technical know-how to create the tailored G2P tool for social care services. The solidarity funds are used on a continuous basis to enable as many organisations as possible to subscribe to the tool (it costs €60 to gain access), which means that there is no cost for participating organisations at present (Interview data).

Finally, social dialogue has enabled a common vision to be developed, alongside objectives for working conditions, involving all relevant stakeholders — trade unions, human resources departments, management and staff representatives — which creates a more 'enlightened' vision to improve risk assessment and prevention in this sector (Interview data). While in some instances it has been challenging to agree on the best way to proceed with the tool, overall this exchange and dialogue has been positive (Interview data).

Challenges

The iterative approach to the intervention — while at the root of the success in developing a relevant tool — also represents a high administrative burden for the social partners. A great deal of time was needed to develop and implement the tool (around 15 people, working for three to four years), especially at the beginning. This was necessary because the social partners had the sector-specific knowledge needed to tailor the draft questionnaires. Now that Didacthem is more familiar with the sector, this is much less of an issue (Interview data).

Another challenge is the user-friendliness of the tool. While accessing the tool itself is simple, answering the different questionnaires in a meaningful way can be challenging for users. The Joint Committee has had to invest time in training organisations on how to use the tool through webinars and user manuals. However, it quickly realised that this was not enough. Therefore, since 2024, it has been running workshops of up to 10 people to help users to understand how to use the tool. The results of the workshops in terms of increased uptake of the tool have yet to be seen, but the social partners are hoping to see a positive change. They believe this face-to-face contact where users are shown step by step how to answer the questionnaires and use the tool will help to increase user-friendliness.

The social partners are also seeking to simplify the tool itself by reducing the length of the DUER produced, as these can be up to 200 pages long, which requires additional resources from the organisation to understand and take action on the points highlighted in the plan. This is especially challenging where organisations are not well equipped regarding knowledge and skills around the assessment of OSH in the first place (Interview data).

Key takeaways

The key takeaway of this intervention is that using a digital risk assessment tool to deal with occupational risk management in the workplace can be very effective. Not only does the G2P tool rank the risks faced by workers in specific organisations, it can also provide suggestions on how to prevent them, while giving the organisation a large degree of autonomy. Further, the involvement of social partners in this intervention helped to ensure the relevance of the tool to the sector and highlights the importance of acting at the national level to reduce OSH risks in the social care sector. This also has the effect of increasing awareness of OSH risks in the sector and the preventive measures that can be put in place to more broadly promote a healthy workplace.

As shown in this case study, social care organisations in France do not always have the know-how or resources to dedicate to OSH risk prevention, which has led to high levels of sick leave in the sector. The uptake of this tool indicates that it is meeting a need in terms of occupational risk assessment for employers. At the same time, the true results of implementing this intervention are still not clear as the process of developing and updating the tool is constant. However, preliminary data show that use has increased over the years since the tool has been made available.

The transferability of this intervention is also clear, given that the G2P tool itself was adapted from other sectors to the social care sector in France. The key step to ensure transferability is a diagnostic phase to assess the needs of a specific sector and tailor the questionnaires accordingly. However, it should be noted that this phase requires significant time and resource investment, which is why the use of the solidarity funds in France has been particularly significant in the success of the intervention.

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