

OCCUPATIONAL SAFETY AND HEALTH PREVENTIVE SERVICES: THE PROFESSIONALS' PERSPECTIVE

Introduction

This discussion paper presents the perspective of EU health and safety professionals in the current debate on the role of prevention services (internal and external) in supporting compliance with health and safety regulations.

As defined by Walters et al. (2022), 'in Europe, the term "prevention or preventive services" is normally used to describe the qualified professional support, either internal or external to the establishment, provided to employers to enable them to address their OSH statutory duties'.

This discussion paper is part of 'Supporting Compliance', the European Agency for Safety and Health at Work (EU-OSHA) activity initiated in 2020. The main objective is to provide high-quality data to researchers and policymakers to better understand how to support occupational safety and health (OSH) compliance and to better inform policies. Health and safety professionals, as internal or external prevention services, work to promote OSH and compliance with legislation in different types of organisations, regardless of size and sector (Sánchez-Herrera and Donate, 2019).

OSH professionals have an overview of the health and safety situation of organisations: they intervene and provide support, service and help where their expertise is required, and report the areas needing specialist intervention. These professionals are also key in raising awareness of the benefits of and promoting compliance with a corporate preventive culture – this is the basis for organisations achieving safer and healthier working environments.

Legal compliance is not just the application of basic OSH standards in the workplace; it is applicable to places and their components as well as to people. Achieving such adherence calls for an in-depth and detailed analysis of the characteristics of the work environments and people in them, while this analysis is needed to be able to match regulatory compliance with the reality of the work environments.

The work of safety and health professionals requires broad and in-depth technical knowledge, but also the ability to create links and networks with other policies, systems, environments and/or actors that can influence working environments; the understanding of complementary legislation; and many other possible competences such as communication, leadership, and training skills.

This discussion paper took into consideration the regulations in different countries, derived from the transposition of European Framework Directive 89/391/EEC on OSH, and specifically Article 7. In this sense, it aimed to provide the perspective of OSH professionals supporting the conclusions of the European Agency for Safety and Health at Work (EU-OSHA) study 'Improving Compliance with Occupational Safety and Health Regulations: An Overarching Review' (2021a) as indicated in the conclusions of its Chapter 6 on prevention services.

This paper references the published documents 'Improving Compliance with Occupational Safety and Health Regulations: An Overarching Review' (EU-OSHA, 2021a, 2021b, 2021c), with findings from a secondary analysis of data on the use of prevention services gathered by the Third European Survey of Enterprises on New and Emerging Risks (ESENER 2019) (Walters and Wadsworth, 2022). In addition, this paper provides a brief review of the published literature on compliance support and how it compares across countries.

The objectives for this paper were:

- to obtain the country-specific opinions of OSH practitioners, giving their perception of how prevention services operate, including the model used, that is, internal and external services;
- to assess the effectiveness of the work of professionals supporting compliance; and
- to continue the research carried out under the EU-OSHA project 'Supporting Compliance', from the perspective of OSH professionals.

This discussion paper draws from the data and information obtained and scrutinised. In the conclusions section, it details the current panorama of prevention services, and proposes possible improvements and/or updates for discussion. These conclusions, all from the perspective of health and safety professionals, aim to signpost what models of prevention service provides most effective support for compliance, and where this can result in a comprehensive improvement in health and safety management.

Data collection

Data used for this document were collected from health and safety professionals who are members of the European Network of Safety and Health Professional Associations (ENSHPO¹) and are currently active and working in health and safety, in external or internal preventive services.

The information was collected in 2 ways:

1. through questionnaires sent to a sample of occupational safety and health (OSH) professionals in 10 European locations, represented by ENSHPO organisations, with responses received from workers in both internal and external prevention services; and
2. through interviews with the main representatives of 11 ENSHPO organisations.

To test the effectiveness of the above methods, a pilot group of five countries (Italy, Poland, Romania, Slovenia, and Spain) was set up.

Given the nature and limitations of this small research project, researchers decided that a sufficient sample for a Europe-wide perspective would be a minimum of one questionnaire for each internal and external worker from each country, alongside the more detailed responses to the interview. Some associations provided a lengthier response than expected; all responses received were included in the analysis presented below.

Questionnaire

Ten European countries were sampled for the questionnaire (Denmark, Hungary, Ireland, Italy, Latvia, Malta, Poland, Romania, Slovenia, and Spain).

The questionnaire focused on the following areas:

- which legislation, at national level, is used to transpose of the European Framework Directive 89/391/EEC on OSH on prevention services, both internal and external;
- whether there is open or easily accessible country-specific data on issues such as:
 - i) the number of services;
 - ii) the human resources allocated to them;
 - iii) the number of employees;
- under which forms of employment OSH professionals can carry out their functions;
- what enterprises use internal or external prevention services;
- the organisation of internal or external prevention services, in terms of the specialisation of OSH professionals;
- the links between OSH professionals or prevention services and the different administrations and/or institutions (for example, labour inspectorates, public authorities, trade unions or employers);
- the marketisation² of prevention services in the given country; and
- whether the current model of prevention services is effective in terms of supporting compliance and managing the OSH system for small and medium enterprises (SMEs), and whether the cost of these services is a barrier or obstacle for them (to contract and manage the OSH management system).

¹ More information about ENSHPO available at: <https://www.enshpo.eu/>

² The term marketisation is used to indicate that a type of culture once produced and distributed in nonmarket settings has moved into market (or market-approximating) ones. Definition from the International Encyclopedia of the Social & Behavioral Sciences (Second Edition), 2015.

The questionnaire included a section intended to obtain more specific information on the day-to-day work of all OSH professionals from individual countries who are involved in prevention services. This focused on:

- the level of qualification of the OSH professional, and whether national certification or registration is mandatory;
- the existence of OSH generalists and OSH professionals with specific competence, and the relationship and cooperation between the two;
- the perception of OSH professionals and OSH by companies or organisations, and the factors that would improve their impact within the organisation;
- the impact of COVID-19 on the work of the OSH professionals; and
- any improvements recommended to improve the effectiveness of prevention services.

Interview

OSH professionals from eleven European countries were interviewed online (Denmark, Germany, Hungary, Ireland, Italy, Latvia, Malta, Poland, Romania, Slovenia, and Spain).

The virtual interviews aimed to provide a comprehensive picture of the current prevention services scenario and perceived future trends. Through a set of structured interview questions, interviewees were asked open-ended questions which allowed comparison and contrast. The organisational representatives, in all cases presidents or national association representatives, answered on behalf of OSH professional associations corresponding to European Member States, offering a tremendous diversity: country sizes, cultural background and traditions, safety maturity, prevention services structure, legislation in place, and governance. Geographically, they spanned the very north of Latvia and Poland to Malta and Italy in the southern area, and from Hungary to Spain across the east-west dimension.

The interview questions focused on:

- ascertaining the level of satisfaction in the effectiveness of the current prevention services model, and any possible improvements to consider;
- any recommended adaptations to the national model to improve efficiency;
- any current or recent debates on the role and expertise of OSH professionals within the process of developing new OSH policies;
- the level of cooperation, integration, or synergy with other OSH stakeholders (i.e. labour inspectorates, public authorities, trade unions or employers); and
- the future of OSH prevention services.

Main findings: response to the questionnaires

Responses highlighted **differences per country in the legislation that regulates both internal and external prevention services**. The often diverse results, while highlighting important differences between countries, could make research and comparison challenging. The terminology used according to the specificities of each country made it difficult to collect comparative data at EU level and carry out meaningful analysis.

It is difficult to collect national-level information and basic data about preventive services such as the number and nature of existing preventive services (internal and external) and the staff allocated to them (in relation to the number of employees). **It was apparent that in some countries, this information was simply not available or accessible, while others offered a limited or partial picture.** The lack of information across different national prevention services has been noted in previous studies. Alongside the challenge in putting together the information, this could limit the potential of a comprehensive overview at national or EU level.

The majority of responses showed OSH professionals operating as both employed workers and/or self-employed professionals, with the exception of Spain, where self-employed OSH professionals are prohibited (Sánchez-Herrera and Donate, 2019).

OSH professionals working on a self-employed basis and consulting with companies as an external function tended to engage with micro and small enterprises (MSEs) rather than larger enterprises (where internal services are more prevalent). An interesting point raised was that in many cases, **external**

services are more specialised, bringing in expertise and competences that OSH generalists may lack, meaning **company-employed internal services are often supported by additional external prevention services** giving focus and expertise where needed.

A number of different OSH roles were highlighted, pointing to a variety of differing expectations and requirements of OSH professionals. Alongside OSH generalists, OSH focus was placed on occupational medicine, occupational nursing, ergonomics, hygiene, safety and psycho-sociology. Internal OSH professionals tended to be OSH generalists, often supported by a safety and hygiene specialist in the first instance, or less often by other OSH experts specialising as occupational physicians, occupational nurses, ergonomists, hygienists, safety experts, psychologists, etc. It should be underlined that **the competences of OSH generalists and other OSH experts varied greatly from one country to another, with differences in training and professional practice**. For example, in Denmark there are no requirements for the training of OSH professionals. Safety representatives and other members of the internal OSH committee in the company must have a 3-day general training, and OSH-coordinators in the construction sector must have a 4-day training. There is no OSH education at bachelor level, but OSH is one topic of the 'working life' education at master level. There is also a new OSH master's education as further training for OSH professionals with more than 2 years of OSH professional practice. In Spain, in order to be able to work as an OSH professional at the highest level, it is necessary to have a master's degree that allows you to specialise in safety, industrial hygiene, applied ergonomics and psycho-sociology.

External prevention services also seem to rely heavily on 'OSH generalists', even if the range of OSH experts with specific expertise is broader. The information gathered appears to be consistent with the findings of the "Analysis of findings from ESENER 2019 on cover and contribution of prevention services to supporting OSH in establishments in Europe" (Walters and Wadsworth, 2022).

Overall, a lack of communication channels between OSH professionals and regulators was highlighted, especially with national authorities in general, and quite specifically with labour inspectorates, and there was an **evident need for better synergies and mechanisms for communication**.

An increase in marketisation of and demand for service provision has resulted in an increase in external preventive services in many countries and **although the marketisation of preventive services is common in the EU**, its effects are not always identical (mainly explained by differences in national histories and contemporary contexts): in some countries this **marketisation is often associated with an improvement in the OSH management of companies**, while in some others this perception does not exist. A research project carried out in Spain (Sánchez-Herrera and Donate, 2019) had already identified this marketisation trend. There is no common picture or perception of this marketisation trend among the countries surveyed.

Although the OSH management system and the functioning of internal and external preventive services differed by country, it is worth noting that almost the majority of respondents, regardless of the country in which they work, indicated that **the cost of contracting OSH prevention services (internal or external) and implementing a good OSH management system can be prohibitive, especially for SMEs and MSEs**.

As regards the level of education required to work as an OSH professional, there is huge diversity across EU countries, and **it is not possible to establish a common ground in terms of the minimum studies required to work as an OSH professional**. The training required to work as an OSH professional and the number of hours needed differed throughout. Similarly, it was not consistently noted that OSH professionals are expected to keep their knowledge, understanding and experience up to date through continued professional development (CPD). One aspect worth noting is the diversity of names and typologies referring to the training undertaken by OSH professionals, which makes it very difficult to find a common framework or to provide an overview or offer comparison. This can be confirmed by the findings in the "Analysis of findings from ESENER 2019 on cover and contribution of prevention services to supporting OSH in establishments in Europe" (Walters and Wadsworth, 2022).

Participants suggested several factors to improve the impact of OSH professionals within organisations. The most frequently mentioned factors were:

- a more detailed technical knowledge base;
- an increase in soft skills (such as listening and communication skills); and
- experience in change management.

Factors mentioned less often included:

- awareness of due diligence beyond mere OSH-based risk (for example, to also incorporate legal, financial, and commercial due diligence into their practice); and
- an organisation's responsibility and adherence to environmental, social and governance (ESG) criteria (for example, how an organisation measures its impact against these measures and how transparent and accountable it is).

Regarding the current system, regardless of whether the effectiveness of the system was considered positive or negative, a large majority of respondents agreed that **the quantity, capacity, and capability of OSH professionals were the main weaknesses of the existing system**. The most common recommendation to mitigate this was for **countries to increase focus on legislation and training** of current OSH professionals or those with OSH as part of their role.

During the COVID-19 pandemic, prevention services were consulted by national authorities in charge of the pandemic response in only a few of the countries surveyed; although they were not part of the consultation, in all countries they were responsible for implementing the agreed measures. COVID-19 caused working practices to change, increasing teleworking and remote workplaces, but also changing the importance and expectation of OSH professionals. It is expected that OSH professionals should now be adept at managing not only differing working conditions, workplaces and ways of working, but also the wellbeing and mental health of workers and the correct implementation of the risk assessment.

National associations representative interview

There is great variety in the provision of prevention services in the EU, as emerges from interviews with the key representatives of OSH professional associations.

From an OSH-specific national legislative context to OSH provisions within workplaces, all countries reported a keen focus on OSH throughout society. Progress in integrating important OSH concerns and principles into national legislation, but also in defining the different actors and OSH-specific organisational structure, can most often be charted back to 1989 and the adoption of the European Framework Directive 89/391/EEC on OSH. It was recognised throughout that this was a substantial milestone in improving safety and health at work: it guaranteed minimum safety and health requirements throughout Europe while Member States were able to maintain or establish more stringent measures.

Overall, resulting from its adoption, the dissemination of **the concept of OSH, the supporting expectations and regulations have been wide-reaching, and safety consciousness has improved a great deal, both in the business world and in wider society**. This is apparent in a recognised move by organisations and workers from an instinctive reaction to unsafe acts to a more structured management of the situation. It was, however, acknowledged that there is still room for significant improvement in all countries.

Reviews of OSH prevention services and the services they offered varied across Europe. Specifically, as regards the adequacy of the prevention services, the varied picture of the OSH scenario in Europe was **dissatisfactory in effectiveness, quality of resources and of services provided**. Interviewees reported that **prevention services cannot meet local needs in terms of competency, volume, and capacity, and often lack the specialism to respond to a multitude of sectors and circumstances**.

Despite the significant efforts carried out, responses indicated that prevention in general is still **perceived more as a superficial attitude** rather than a mindset fully embedded in the culture and strategy of organisations (both to employers and employees), with few or no metrics collected or demanded to measure impact.

Comparison of the situations is complicated by the different profiles of prevention services organisations in the various Member States, as well as the differences in the structure of the professional market (in-house versus external resources). Nevertheless, interviewees reported several weaknesses common to most countries:

- The first is the **uncertainty of the level of qualification of OSH professionals**, or rather, the fact that there is no clear and recognised grading to indicate (or even certify) the competence of the engaged professionals.
- External OSH professionals who are part of a large organisation bring in a higher level of reliability and competence. However, **in most cases the external providers are small**

companies (4 to 5 people) or even just self-employed professionals, leading to a varied level of results and assurance.

- For organisations seeking to invest in OSH training, the quality of the **training undertaken by candidates is often hard to assess**, and equally **tricky to demonstrate in terms of cost/benefit and impact**. **Mandatory training is often considered a commodity**: the fact that the main indicator commonly used is simply the 'number of training hours provided' compared for consistency to a quantity mandated by law demonstrates the weakness of the assessment process.

Respondents' perceptions repeatedly showed that the **role of OSH professionals corresponded to a more traditional technical profile**. There was also limited evidence of an ongoing debate over the role of OSH professionals.

SMEs, and MSEs in particular, often represent most of the market for prevention services, who due to cost or available resources, often struggle to make progress in line with national levels, in terms of implementation and incorporation of OSH within their working practices, and coverage and quality of services provided.

The focus on covering SMEs with effective prevention services, alongside national incentives to develop management systems and reach a good level of OSH maturity, was a shared suggestion for prevention improvement among SMEs. Should SMEs lack proper OSH prevention support because of the marketisation of OSH providers, according to respondents' perceptions, they might increasingly follow a cost-saving approach rather than focus on best practices and factual safety at the workplace – this could be very detrimental for the deployment of a true safety culture in the EU.

Respondents mentioned the following major factors (managed at national level) that could improve prevention services:

- OSH professionals, both internal and external, should be subject to a structured and managed system of continuing professional development to ensure competency and relevancy.
- National insurance premiums could and should be linked to safety performance, to raise adherence to OSH measures and awareness of implications of ill health and injury due to work.
- A system of certified OSH qualifications should be considered, with awareness and adherence across EU Member States, to ensure an assured level of OSH competence.
- Collation of a set of reliable data by country could include number of service providers; division by economic sectors and types of service; number of employees they support; statistics of accidents, fatalities or incidents occurring in relation to the services; number and type of actions carried out by the labour inspectorate; and a register of health and safety professionals.
- Establish and promote a cooperative relationship between labour inspectors and OSH professionals.
- Improve the quality of training to raise ethical and professional quality, choosing proper indicators of competence (not just measures of attendance), as well as providing basic OSH training online (for example, risk assessment).
- Free the market constraints (for example, in Spain, where self-employed OSH professionals are prohibited), so that OSH professionals have more freedom in providing their services to their clients and can advance an OSH culture more broadly and effectively.
- Develop OSH-oriented training for employers as well as workers, highlighting the cultural and strategic benefits of OSH.
- Offer structured incentives to promote adoption of a safety management system by SMEs (especially MSEs).
- The number of labour inspectors should be increased, to reach most or all SMEs (especially MSEs), at least over a period of years.

Throughout the EU, the picture seems to be changing, with OSH prevention services and OSH professionals at the centre. Increasingly, **larger organisations are incorporating OSH into managerial roles and through the top leadership of the locations and/or of the companies**. This is particularly promising: organisations focus on ESG and environment, health, and safety (EHS) professionals, and EHS considerations become incorporated in the strategic vision of organisations.

Alongside this, OSH professionals are more frequently involved in dialogue with their local governments or other stakeholders (for example, unions, employers, associations, and regulators), with professional OSH associations among the key promoters. Cooperation (in the real sense) with labour inspectorates is still rare, however, due to their limited numbers, the perception of rigid control, and their frequent involvement in the most severe cases of workplace harm, which unfortunately renders contact between them and OSH professionals more defensive or confrontational than cooperative. This is an area that could be supported better at national level, on account of their joint focus on the common objective of improving workplace safety.

Finally, respondents noted that the impact of increasing marketisation of prevention services could be seen as a positive advancement of the safety concept and allow wider exposure to OSH recommendations and good practice. However, the higher impact will most likely be felt by SMEs, unfortunately increasing the risk of the wrong approach of 'cost saving and poor quality of services', rather than promoting the value of having 'best practices, wellbeing and competitive advantage' through proper safety deployment.

Conclusions

Based on the data and information obtained through questionnaires and interviews with key representatives of national professional associations, this discussion paper provides the perspective of health and safety professionals on the issue of supporting compliance of prevention services, as a practical and active role of health and safety actors. While academic research is essential for the approach to knowledge of any subject, it is equally necessary to have the perspective of the professionals responsible for promoting a prevention culture and developing and putting into practice the elements that legislators and regulators establish.

Several conclusions can be drawn from the responses.

Education and training of OSH professionals could be harmonised

As is evident from the various responses on education and training of OSH professionals and from ENSHPO's own understanding through its members, the various professional associations, a wide and diverse range of types of education and training enables OSH professionals to work in their respective countries.

The requirements for becoming an OSH professional differ starkly across countries: the requirements set by each country in terms of years of professional experience, hours of continuous professional development and criteria for practising the profession. This lack of harmonisation at EU level means establishing a level of competency and expected level of proficiency of OSH professionals is impossible. Malta and Slovenia have a governmental register of OSH professionals, whereas Spain, Denmark, Ireland, Poland, and Latvia do not. If this were common practice, it could, according to ENSHPO, serve as a basis for the elimination of malpractice within the profession and would provide a better quality of service and transferrable level of assurance between markets. Currently, movement of OSH professionals between countries is difficult or impossible, and organisations seeking to move their operations within the EU face barriers in terms of OSH.

Even though the European Framework Directive 89/391/EEC has a specific focus on prevention services, within Article 7, there is still a difference evident between countries. As mentioned before, differences such as the minimum requirement or expectation of individuals practicing OSH and the basic requirements of an OSH professional to work in any country.

Currently, OSH professionals have a generalist profile, but their role is essential within prevention services, whether internal or external. Thanks to their knowledge and experience, they are readily able to identify the situations and/or environments in which the presence of a specialist is required, and it is clear that in many cases they are relied on to carry out the tasks.

The evidence points to a need for academic research in collaboration with health and safety professionals at EU Member State level, to discuss the future of the OSH profession, focusing on two key aspects: minimum qualification or training requirements, and minimum requirements to practise the profession. This research would provide the basis for guidance on how to implement models at European level that are more in line with new working environments, where mobility, organisational flexibility and new emerging risks require a global vision and common principles.

Furthermore, it should not be forgotten that harmonisation of OSH professionals at European level could allow better health and safety management for companies operating simultaneously in different

European countries, an improvement in the working environments for workers, and the free movement of OSH professionals at European level.

Better communication channels are needed

The world of work in general, and more specifically the health and safety field is a multi-stakeholder sphere with all parties playing a valuable role. OSH professionals, labour inspectorates, worker unions, employers and regulators need to work together and share a common language as to what good OSH looks like and how this should be implemented. This conversation is absent or at best incipient in a number of EU countries: the resulting lack of coordination and collaboration makes it difficult to promote constructive dialogue on improving the working environment and effective compliance with legislation.

Faced with this fact, a proposal is to establish new channels of communication and cooperation that are much more effective and participative among all suggested stakeholders, whether through joint campaigns, participation in decision-making on health and safety issues, or the exchange of knowledge and practices in the application of compliance and beyond. This should be done with the essential objective of improving the working environment and promoting and integrating health and safety as a determining value in the sustainability of companies.

Campaigns promoted not only by the relevant health and safety organisations, but also by the economic and educational spheres themselves, would improve the value of this safety culture, leading to a greater awareness of the value contributed by health and safety.

The view of OSH professionals within organisations varies

In many situations, even in SMEs, the role of OSH professionals is technical, and they are a source of consultation and advice, but they do not participate in decision-making. Those who form part of, or provide services to large companies have a more important and managerial role within the organisation.

This situation, common in almost all countries, is determined chiefly by the low or lack of recognition of the value of health and safety as an important driver of growth for the organisations. Implementation of a safety management system and employment of OSH professionals is often inaccurately perceived as an expense rather than a profitable investment. Interviewees highlighted that there could be improvement, at national level, in promoting to organisations the impact of investing in OSH.

For these reasons, it is perceived that there is still much room for improvement in prevention culture, not only within organisations but also in society itself. The inclusion of safety culture as one of the values to be considered at societal level, beyond solely in the world of work at European level, similar to the way equality and diversity were incorporated, would provide a starting point for the improvement of safety and health management in its entire broad spectrum, beyond solely organisations. This would undoubtedly impact the European gross domestic product (GDP), since currently the cost of occupational accidents and diseases amounts to 3.3 % of the GDP reported, as indicated in the European Commission's Strategic Framework on Health and Safety at Work 2021-2027.

Internal prevention services could include generalist management and specialist involvement

The responses received indicate that most OSH professionals involved in internal prevention services are OSH generalists with some degree of specialism, who have the flexibility to deploy specialists to fulfil a requirement for a more detailed knowledge on a matter, which is a common and frequent occurrence.

OSH generalists play an important role in prevention culture: they have good basic education and training and are the driving force of health and safety, with a holistic view of organisational OSH requirements.

There is a difference in what is offered by internal and external prevention services, and generalist and specialist OSH professionals – and there is value in each contribution. This points to a model of allowing and promoting both that could and should be deployed across EU countries, to offer all organisations a model of OSH management that fits their sector, size and budget.

SMEs are ubiquitous in the world of work – and are growing

In a European market where SMEs account for more than 90 % of our business fabric, health and safety management and compliance support are far from being an effective reality.

In many cases, SMEs have difficulty accessing a good prevention service, mainly due to economic resources and differing working practices. From the perspective of the different formulas existing in each European country, it is necessary to point out that, despite having a common European Framework Directive 89/391/EEC on OSH, there are currently 27 different models of transposition of this Directive, with recognition that none of them has the perfect formula for this type of organisation.

For these smaller businesses, an option is to deploy an existing employee, or potentially even the owners themselves for internal health and safety, raising awareness and being responsible for managing the safety of workers and working practices. This requires comprehensive and effective internal communication, promoting solutions for the different situations that arise, but would empower individuals to be aware of their own actions and safety. Although this arrangement is established in some countries, it is not always effective, given that the allocation of resources is sometimes very low and OSH responsibilities are often added to an individual's core responsibilities.

There is a relatively large body of academic literature on how to incorporate real and effective safety and health management in SMEs and thus support compliance, including the greater investment in the value of safety culture mentioned above. Despite this, there is a perceived lack of practical knowledge of what obstacles SMEs face regarding safety and health and what solutions they think would be the most effective according to their size, productive sector and labour market reality.

There is according to the respondents a need to invest in more research accompanied by field studies to understand the reality of SMEs and to give them a voice on health and safety issues.

Likewise, in an increasingly digitalised market, and with the incorporation into the labour market of new generations with a higher technological profile, it is necessary to promote the digital and interactive tools that different Member States have developed (BeSMART³ in Ireland, or PREVEN10.es⁴ in Spain), as well as OIRA⁵ at European level, through EU-OSHA.

Data on prevention services must be accessible

Perspectives varied greatly across countries on the difficulty of accessing data related to the status, detail and impact of OSH prevention services, with the number of services, the allocation of human resources to each service or the number of employees serviced, being the most keenly sought. This is not to say that such information does not exist – there are some national registers containing this information – but it is not open to consultation and therefore not accessible.

Knowledge of country-specific OSH systems, and access to the type of data mentioned above, would facilitate academic research on key aspects such as:

- effectiveness of services;
- types of service in relation to workplace accident and occupational disease statistics;
- strengths and weaknesses of the different OSH operating market models; and
- the number and profile of active OSH professionals by country (this could be facilitated by a national register).

This could lead to identification of and recommendations for improvements in both OSH management systems and legislation. In short, transparency of data around OSH prevention – its shape, scope and effectiveness – is essential for understanding the state of prevention services and how to improve the role they play in supporting compliance among EU enterprises and organisations.

³ More information available at: <https://besmart.ie/>; <https://oshwiki.osha.europa.eu/en/themes/besmartie-business-electronic-safety-management-and-risk-assessment-tool>

⁴ More information available at: <https://www.prevenccion10.es/>; <https://oshwiki.osha.europa.eu/en/themes/prevenccion10es>

⁵ More information available at: <https://oiraproject.eu/en/>; <https://oshwiki.osha.europa.eu/en/themes/online-interactive-risk-assessment-oir>

COVID-19 has changed the role of safety and health professionals

Although consultation on the management of national pandemic responses was not evident throughout the EU Member States, OSH professionals were integral to the implementation of OSH measures; their knowledge and expertise was called upon and was a necessity for organisations.

The lessons learned from the COVID-19 pandemic leave the respondents with the following reflections:

- The impact of pandemics, and indeed public health issues in general, profoundly affects workplaces, so there is a need to involve health and safety professionals in the management from the outset as decision-makers in the management of the working environment and the care of workers.
- COVID-19 highlighted new risks that now need to be considered.
- The pandemic response has shown how the management of psychosocial risks and the incorporation of new ways of working (teleworking, digital platforms and so on) require a reassessment of risks within organisations, and new forms of OSH management.
- Organisations need to be more flexible and resilient, leading to more agile and open management systems.
- Communication between prevention services and public health services should be prioritised, with a focus on measures, procedures and so on.

In conclusion, notwithstanding the evident endorsement of adherence by prevention services, there is much potential for improvement, whether in their internal governance, their function within the employment market, the conduits of communication with other stakeholders or MSEs, or the need for standardised minimal criteria for health and safety professionals.

There is an ongoing rise in prevention services marketisation

In general, there has been an increase in the marketing of prevention services, especially when it comes to external prevention services.

Although this increase may be due to the market itself, it needs to be properly monitored and controlled because there is a high risk that health and safety will lose its intrinsic value of protection and safety and instead become a commodity for sale. This would mean that it is difficult to assess its value – which is linked to many factors including the quality, effectiveness, and efficiency of the service – as opposed to its economic value.

It should be noted that this marketisation is more pronounced in some countries than in others, and that the enterprises most affected tend to be SMEs, and particularly MSEs.

The effectiveness of prevention services must be improved

Whether the current provision of OSH prevention services is viewed positively or negatively, two weaknesses of the model need to be addressed:

1. The qualifications of the people who make it up, that is, the disparate education and training of OSH professionals, whether in terms of content, number of hours of training or years of experience.
2. The lack of available resources (professionals or funds) can lead to corners being cut in an organisation's OSH response or an overload of work for existing OSH professionals in the provision of their services. Such a lack of resources can then lead to higher demand for external OSH professionals who support businesses that cannot employ an internal professional, and allows for ad hoc or part-time services, which would see demand and prices increase.

Most responses regarding improvement of the current model of prevention services focused on legislation. This is because either it is too opaque and difficult to apply, or because it has not been developed to cover all that needs to be covered, or again because bureaucracy takes precedence over more practical and effective management, among other possible reasons.

Overall, respondents showed clear support for compliance by prevention services within organisations; however, it was acknowledged that the system could benefit from improvements. For example, organisations should improve their investment, both human and financial, for OSH, and understand the business benefits of investing in OSH. Likewise, prevention services should promote their role in the

labour market, open communication channels with other actors (for example, labour inspectors, unions, national authorities), and harmonise a minimum requirement of qualification and experience for health and safety professionals.

There is a need to invest more in research, including extensive fieldwork to understand the existing realities, as well as in campaigns to promote OSH prevention and disseminate information. There is also a need to launch a debate at European level on what improvements are needed to harmonise the OSH profession, and the work of prevention services, to achieve a better understanding of the OSH market, and to achieve a safer and healthier working environment for all.

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