New forms of service delivery for municipalities, the contribution of social dialogue and good practice for well-being at work
CEMR/EPSU

Contribution of social dialogue to support well-being and health and safety at work in local public services

by

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The Public Services International Research Unit (PSIRU) investigates the impact of privatisation and liberalisation on public services, with a specific focus on water, energy, waste management, health and social care sectors. Other research topics include the function and structure of public services, the strategies of multinational companies and influence of international finance institutions on public services. PSIRU is based in the Business Faculty, University of Greenwich, London, UK. Researchers: Prof. Steve Thomas, Dr. Jane Lethbridge (Director), Dr. Emanuele Lobina, Prof. David Hall, Dr. Jeff Powell, Sandra Van Niekerk, Dr. Yuliya Yurchenko

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Executive Summary

This paper was commissioned to inform discussions at a seminar on 'Promoting well-being and health and safety at work and role of social partners in local and regional government'. It aims to answer six research questions.
1. What are current EU policies and strategies for well-being at work and is the role of local and regional government (LRG) recognised?
2. How have austerity policies affected the role of social partners in local and regional government (LRG) in promoting well-being at work?
3. How does organisational restructuring of LRG affect well-being at work?
4. What measures have LRG used to promote well-being at work?
5. Do groups in the LRG workforce have different well-being at work needs?
6. How can social partners work together to promote well-being at work?

An understanding of two models of health in the workplace (occupational/ labour approach and public health approach) will help to appreciate the scope of local and regional government in promoting occupational safety and health and well-being in public services.

Women form the majority of workers in local and regional government (LRG) in Europe. There is evidence to show that women are exposed to different occupational health risks and problems, for example, women are strongly affected by third party workplace violence because they form the majority of the workforce in public services where they have to interact with clients and service users. [1]

The EU was given authority for occupational health and safety (OSH) at work in Article 153 of the Treaty on the Functioning of the European Union. Directive 89/391 - OSH "Framework Directive" of 12 June 1989 introduced measures to encourage improvements in OSH. The 2014-2020 'Strategic Framework on Health and Safety at Work' informs EU level coordination of OSH. Member States can also pass OSH legislation which is stricter then the EU Directives and this results in varied requirements for OSH across Europe and for the LRG role in occupational safety and health.

Austerity policies in local and regional government have affected the workforce in several ways. Budget reductions have led to cuts in the number of jobs as well as increased workloads when there is a failure to replace workers. Some local authorities have outsourced public services so that workers are moved to a private sector employer. This has implications for the economic security of the workers as well as increased work pressures and new forms of work organisation. All these changes are recognised as affecting the health of individual workers.

Organisational restructuring has several impacts on LRG. There is growing evidence that the impact of organisational restructuring on the health of workers is long-lasting. The HIRES project found that during restructuring both employers and employees concentrated on the employment aspects, e.g. loss of jobs, redundancies, work allocation and relocation, but did not consider the "social relationships of every individual". Social relationships are now recognised as having an impact on health and the breakdown of social relationships can have a damaging effect on an individual.

LRG have responsibility/ statutory requirement to provide a wide range of services:
- Administration;
- Environmental services;
- Waste management;
- Education;
- Planning;
- Social Services.

Some of these services are delivered in different settings which have increased OSH risks attached to them, e.g. waste management where workers lift heavy loads and deal with hazardous substances. Many of the services have a large administrative function which involves desk-based work with computer screens, which is recognised to increase the risk of muscular-skeletal disorders.

LRG have been actively engaged in the promotion of OSH in their own workplaces as well as workplaces within the locality/ neighbourhood/ region. There are several topics which have been addressed by LRG:
1. Decent work and well-being – inspecting and providing advice;
2. Third party violence at work;
3. Mental health promotion;
4. Supporting older workers;
5. Healthy schools.

Recommendations

1. Gather data regularly on the occupational health of employees and identify key problems;
2. Involve trade unions and managers in identify problems, designing solutions and evaluating initiatives;
3. Recognise that there are gender differences in occupational safety and health problems and develop strategies that recognise these differences;
4. Provide training for managers to manage workers in different ways;
5. Inform new initiatives with effective communication for all stakeholders involved;

This paper was commissioned to inform a seminar, to be held on 9 June 2016 in Zagreb, Croatia, on 'Promoting well-being and health and safety at work and the role of social partners in local and regional government', which is the fourth seminar in the 'New forms of service delivery for municipalities, the contribution of social dialogue and good practice for well-being at work' project. It aims to answer six research questions.

Research questions
1. What are current EU policies and strategies for well-being at work and is the role of local and regional government (LRG) recognised?
2. How have austerity policies affected the role of social partners in local and regional government (LRG) in promoting well-being at work?
3. How does organisational restructuring of LRG affect well-being at work?
4. What measures have LRG used to promote well-being at work?
5. Do groups in the LRG workforce have different well-being at work needs?
6. How can social partners work together to promote well-being at work?

Terminology

Occupational health and safety (OSH) – safety, health and welfare of people at work

Workplace health promotion (WHP) – the combined efforts of employers, workers and society to improve the health and well-being at work. This can be achieved by: improving work organisation and work environment; promoting active participation of all stakeholders in the process; and encouraging personal development. [2]

This report has drawn from several sources. The European Occupational Safety and Health Agency (EU-OSHA) provides extensive information about national and local occupational safety and health (OSH) arrangements. These draw from legislation, research and case studies. The EU has commissioned several research projects which explore different aspects of occupational safety and health (OSH) in a period of organisational change and restructuring.

When analysing the OSH and well-being measures that local and regional government are responsible for promoting, it is useful to consider two basic models of workers' health:
- The labour approach to health in the workplace;
- The public health approach to health in the workplace and local communities.
An understanding of these two models will help to appreciate the scope of local and regional government in promoting occupational safety and health and well-being in public services.

Table 1: Labour and public health models of workers' health

Labour approach	Public health approach
Occupational health	All workers
Labour contract	Beyond the workplace
Employer responsibility in the workplace	Responsibility of everyone
Negotiation of work-related issues between employers and trade unions	All health determinants
	Other stakeholders
	Health protection not subject to collective negotiations

Source: HIRES project report 2010 [3]

These two models of workers' health show that the traditional labour approach is focused on the workplace and trade union/ employer negotiations. The public health approach takes a more holistic view of health which is not just limited to the workplace. It involves a wider range of stakeholders and health protection is not subject to collective negotiations. The importance of considering these two models lies in the increasing insecurity of work and the role of local and regional governments in influencing some of the determinants of health.   These approaches should not be considered mutually exclusive but can provide LRG with insights into how to approach the promotion of OSH and well-being in local public services.

Women form the majority of workers in local and regional government (LRG) in Europe. There is evidence to show that women are exposed to different occupational health risks and problems. For example, women workers in education and health care are "exposed to organisational risks such as monotony, high demands and limited authority (which have been linked to fatigue, depression and unhealthy behaviour)". [4] Women are also strongly affected by third party workplace violence because they form the majority of the workforce in public services where they have to interact with clients and service users. [5]

There is a growing understanding of how occupational health and safety measures have to incorporate gender sensitivity to be effective. A gender sensitive approach looks at the different working situations of women and men as well as gender relations in organisations, including differences between groups of female and male workers. [6] Gender mainstreaming aims to integrate the needs of women as well as men into OSH policies. Gender mainstreaming "should cover design, implementation, monitoring and evaluation."

Current EU policies and strategies for well-being at work and recognition of the role of local and regional government (LRG)

The EU was given authority for occupational health and safety (OSH) at work in Article 153 of the Treaty on the Functioning of the European Union. Directive 89/391 - OSH "Framework Directive" of 12 June 1989 introduced measures to encourage improvements in OSH, known as the "Framework Directive". It was informed by the International Labour Organization (ILO) Convention No. 155 on the working environment which combines technical safety as well as general prevention of ill-health in the workplace. The Directive requires employers to take preventive measures to make work safe and healthy.   It introduced the principle of risk assessment, which included hazard identification, worker participation, measures to eliminating risk at source, documentation and periodical re-assessment of workplace hazards. [7]

In 2004 the European Commission published a Communication (COM [2004] 62) on the implementation of a series of directives:
89/391 EEC (framework directive);
89/654 EEC (workplaces);
89/655 EEC (work equipment);
89/656 EEC (personal protective equipment);
90/269 EEC (manual handling of loads) and;
90/270 EEC (display screen equipment). [8]

A series of Directives which cover different aspects of OSH have been agreed which cover Member States. The EU Directives have to be considered as minimum standards. Member States can also pass OSH legislation which is stricter then EU Directives which results in varied requirements for OSH across Europe.

The 2014-2020 'Strategic Framework on Health and Safety at Work' informs EU level coordination of OSH. In the consultation process which informed the Strategic Framework, there were two different views about whether Small and Medium sized enterprises (SMEs) should have to adhere to OSH because of the administrative and compliance costs. Other respondents considered that all enterprises should comply with OSH principles, whatever the size. [9] The Strategic Framework argues that although OSH has improved there are still 4,000 deaths at work each year and over 3 million workers have serious accidents resulting from absence from work of more than three days.   In addition, "*24.2 % of workers consider that their health and safety is at risk because of their work, and 25 % declared that work had a mainly negative effect on their health*". [10] The costs of work-related sick leave are considered too high and result in a loss of productivity.

The 2014-2020 Strategic Framework identifies a series of challenges, which are relevant to local/ regional governments:
1. To improve the implementation record of Member States, especially increasing the micro and small enterprises to put effective and efficient risk prevention measures in place.
2. To improve the prevention of work-related diseases by tackling existing, new and emerging risks and to assess the changes in work technologies and impact on organisation of work
3. To tackle demographic change and making workplaces accessible for older people
The Strategic Framework recognises the important role that social partners play in implementing OSH strategies. The need for improved inter-sectoral working is highlighted which should cover education, public health, environment, industrial policy and equal opportunities policies. [11]

The implementation of the EU 2014-2020 strategy has to be seen in the context of the Europe 2020 strategy which aims to deliver growth which is smart, sustainable and inclusive. The 2020 strategy is focused on five goals in the areas of employment, innovation, education, poverty reduction and climate/energy. The emphasis on employment and innovation has particular implications for OSH and well-being at work.

The problems of effective implementation of the EU Directives has still not been fully addressed by all Member States. In addition, LRGs are not always given specific implementation responsibilities in national OSH legislation. LRGs have responsibility for OSH in their own workforces and often for the local workforces in small and medium sized enterprises (SMEs). *T*hey are also responsible for policy areas linked to the Europe 2020 strategy such as education and training, entrepreneurship, labour market, infrastructure and energy efficiency, which have OSH implications.

Table 2: National OSH legislation & LRG

	National legislation	Recognition of local/regional government
Austria [12]	Health and Safety at Work Act 1995 with amendments – incorporating EU Framework Directive	Unit responsible for regional OSH regional civil servants. Separate units responsible for OSH municipal workers
Germany [13]	e Occupational Safety and Health Act (Arbeitsschutzgesetz, ArbSchG the State, the 16 Federal States and the statutory accident insurances established the Joint German OSH Strategy. This requires close cooperation and coordination of the stakeholders.	Joint German Occupational Safety and Health Strategy (Gemeinsame Deutsche Arbeitsschutzstrategie, GDA) was established in November 2008 by changes to the Occupational Safety Act and the Book VII of the German Social Code. The GDA is jointly supported by the German government (Federal Ministry of Labour and Social Affairs, BMAS), the 16 Länder (Federal States) and the accident insurance institutions.
Netherlands [14]	1994 the Working Conditions Act was changed in order to comply with European legislation. Most recent changes in the Working Conditions Act date from 2007.	The legal basis for the social dialogue is found in the Working Conditions Act [18], which states that a safe and healthy workplace is the combined responsibility of employers and employees.
France [15]	Framework Directive was transposed by Law No. 91-1414 of 31 December 1991 amending the Labour Code and the Public Health Code in order to promote the prevention of occupational risks. This law also transposes the EEC directives No. 89/392 of 14 June1989, No 89/686 of 21 December 1989, No 89/655 and 656 of 30 November 1989, No. 88/379 of 7 June 1988 and No. 89/654 of 30 November 1989 into French legislation.	New committees
UK [16]	UK's regulatory framework for health and safety is contained in the Health and Safety at Work Act 1974 (with further significant modifications in 2008) and the Management of Health and Safety at Work Regulations. The EU Framework Directive – transposed into Management of Health and Safety at Work Regulations 1999 which established broad obligations for employers to evaluate, avoid and reduce workplace risks. The Management of Health and Safety at Work Regulations make more explicit what employers are required to do to manage health and safety, including the requirement to carry out a risk assessment in their workplaces.	Local authorities enforce health and safety law mainly in the distribution, retail, office, leisure and catering sectors. The Health and Safety Executive (HSE) liaises closely with local authorities on enforcement matters through the HSE/Local Authorities Enforcement Liaison Committee (HELA). Partnership teams (comprising HSE and local authority staff) and an enforcement liaison officer network in HSE regional offices across Britain also provide advice and support. Local Authority Forum - reviews the effectiveness and performance of the partnership between the two enforcing authorities
Italy [17]	The Legislative Decree no. 626 of September 19th 1994 and the current Legislative Decree no. 81 of April 9th 2008, updated with the provisions	The Committees are chaired by the President of the regional council or a regional councillor. The members are

	introduced by Legislative Decree no. 106 of August 3rd 2009; which coordinates and restructures in a single regulation text all relevant legal provisions. Regional Committees, according to Art. 7 of Legislative Decree 81/08 Legislative decree no. 81, April 9th 2008, Implementation of the Article 1 of the Act no. 123, August 3rd, 2007, concerning the protection of health and safety at workplaces, have the functions of planning and providing guidelines for prevention and surveillance activities on the territory in compliance with national regulations and in agreement with the Steering and Evaluation Committee (Art. 5 of legislative Decree 81/08 Legislative decree no. 81, April 9th 2008, Implementation of the Article 1 of the Act no. 123, August 3rd, 2007, concerning the protection of health and safety at workplaces.	representatives of various organisms and bodies involved in the implementation of policies concerning health and safety at work, such as: ASL (Local Health Units), ARPA (Regional Agency for Environment protection), Fire brigade Inspectorate, Regional agencies like INAIL, ANCI (National Association of Italian Municipalities), UPI (Union of Italian Provinces), Maritime health Authority, Port authorities. Four representatives from employers' organizations and four representatives from trade union organizations are included.
Croatia [18]	The 1996 Act on safety and health protection at the workplace is the "umbrella law" for OSH (Zakon o zaštiti na radu, published in the Official Journal Narodne Novine, number: 59/96, referred to as OSH Act) and subsequent revisions (94/96, 114/03, 86/08, 75/09, and 143/12). It implements the European OSH framework directive EEC 89/391 and also adheres to the ILO Convention concerning Occupational Safety and Health Convention and the Working Environment (ILO No. 155), the Occupational Health Services Convention (No. 161)	No mention of municipalities.
Czech Republic [19]	The Charter of Fundamental Rights and Basic Freedoms – Article 28 of No. 2/1993 Collection of laws (Coll.), states that employees have the right to satisfactory work conditions. Every economically active person is covered by national legal regulations that require safe work and protection of health. This means that not only employees, but also members of the armed services, special activities and self-employed persons are covered by OSH legislation. The European Framework Directive was transposed into the Labour Code (Act No. 262/2006 Coll.), Part Five dealing with occupational health and safety. There are significant OSH-related provisions also in other parts of the Law. Act No. 309/2006 Coll. on further requirements on occupational health and safety completes the Labour Code and specifies several details which also ensure harmonisation to several European directives. The OSH legislation emphasizes the responsibility of the employer to ensure a safe and healthy working environment,	In 2012, regional committees for occupational safety and health set up - they facilitate consultation between regional labour inspectorates, trade unions, and employers, local and regional self-administration. They implement national OSH Policy and all stakeholders contribute to planning, formulation and implementation and evaluation. Labour Code and the Act on Collective Bargaining

	the general principle of risk prevention and ongoing risk assessment.	
Sweden [20]	The Work Environment Act (1978, Arbetsmiljölagen) is a framework law which provides direction in general terms and sets the goals for achieving a good work environment. The Work Environment Act applies to all areas of occupational life, including students, self-employed persons, military conscripts and inmates in institutions. A central provision of the Act is that the work situation and the working environment must be adapted to human needs. This law lays down the responsibility for the working environment primarily on the employer.	Swedish Work Environment Authority, SWEA has had an established consultation procedure and Swedish Association of Local Authorities and Regions (Sveriges Kommuner och Landsting, SALAR) which represents the governmental, professional and employer-related interests of municipalities and county councils is a social partner

Source: EU-OSHA

Table 2 shows that in some countries, LRG has a very specific role in the inspection and regulation of OSH but in other countries it has a less well defined but supportive role. All Member States had to align their OSH legislation with the 1989 European Framework Directive. Most countries have added or revised legislation since then because awareness of OSH risks has increased in the last two decades as well as the recognition of new OSH risks. The role that LRG has in the implementation of OSH legislation has an influence the way in which OSH is addressed.

The recognition of the value of workplace health promotion has generated reviews of the evidence of what works from both an employee/worker and an employer perspective. Although a recent literature review looked at evidence from a wide range of workplaces, not only LRG, some of the findings are still relevant. Active involvement of workers in the planning, implementation and evaluation of OSH programmes is likely to lead to greater participation. Employers and senior managers need to show commitment. A holistic approach which combines both organisational and individual measures helps workers to recognise the value of individual action. [21]

From an employer perspective, successful workplace health promotion can contribute to improved productivity rates and decreased levels of absenteeism and sickness disability costs. Workplace health promotion and resulting improvements in health can lead to a reduction in staff turnover and improvements in recruitment of new workers. There are links between worker health and increased risks of workplace accidents and injuries. [22] These findings about the motivation of both workers and employers are relevant in considering how austerity policies and organisational restructuring are affecting the promotion of OSH and well-being.

Austerity policies, organisational restructuring and role of social partners in local and regional government (LRG) in promoting well-being at work

Austerity policies in local and regional government have affected the workforce in several ways. Budget reductions have led to cuts in the number of jobs as well as increased workloads when there is a failure to replace workers.   Some local authorities have outsourced public services so that workers are moved to a private sector employer. This has implications for the economic

security of the workers as well as increased work pressures and new forms of work organisation. All these changes are recognised as affecting the health of individual workers.

As part of austerity policies but also as part of the 'modernisation' of public services, LRGs have introduced digital systems which change the way in which information is stored and the way in which services are delivered. Research which examined the impact of digitalisation on the labour process has found that it can result in a worker having less control over their work process. This can affect their level of stress, the level of job satisfaction and sense of being valued. Nygren (2012) explored the impact of a new digital system for dealing with municipal business and documents in a Swedish municipality by looking at both workers' and managers' perception of the process. [23] The study looked at the introduction of a new ICT system in the HR department. The increased use of computer work made the workers feel undervalued and unable to use their professional skills. There is a greater volume of work which is more monotonous caused by the ICT. Workers perceive themselves as active agents before the introduction of digitalisation but as victims after its introduction. Gender, skills and IT become bound together. The implementation of digitalisation needs to consider how to introduce digitalisation "*without making the employees feel powerless, insignificant or socially isolated in order to get employees on board. As part of this it is crucial not to make these feelings feminised*". [24] There is a lack of research into the OSH implications of digitalisation of jobs.

Organisational restructuring has several impacts on LRG. There is growing evidence that the impact of organisational restructuring on the health of workers is long-lasting. The HIRES project examined the experiences of organisational restructuring a both private and public organisations and companies. It found that during restructuring both employers and employees concentrated on the employment aspects, e.g. loss of jobs, redundancies, work allocation and relocation, but did not consider the "social relationships of every individual". Social relationships are now recognised as having an impact on health and the breakdown of social relationships can have a damaging effect on an individual. The result of the loss of social relationships during restructuring can often be felt within the community.   New forms of work organisation can depend on good inter-personal relations but there is little training to prepare workers for these changes. There is rarely a health impact assessment of organisational restructuring.

A ten year study of organisational downsizing and employees' health in ten local authorities in Finland found that downsizing did have an impact on both mental and physical health. [25] There was a strong association between downsizing and reduced self-rated health. The rate of decline of self-rated health was faster in employees who had experienced downsizing.   Employees remaining in employment experienced increases in musculoskeletal symptoms. These were more severe immediately after staff reductions. There was also an increase in absences due to musculoskeletal symptoms for two years after the downsizing. The study found that workers in downsized organisations were more likely to suffer from increased mental and physical health problems. There were three mechanisms that help to explain this increase in ill health. Downsizing resulted in:
"(i) alteration in characteristics of work, e.g. job insecurity, job demands, job control;
(ii) adverse effects on social relationships e.g. social support and :
(iii) behaviour prejudicial to health, e.g. smoking, excessive alcohol." [26]
It is the impact of the changes in the characteristics of work that are similar to the introduction of digitalisation. This case study was part of the HIRES project (Health in restructuring) (2010) and illustrates the need to assess the health impact of organisational restructuring.

Do groups in the LRG workforce have different well-being at work needs?

Local / regional government as employers
LRG have responsibility/ statutory requirement to provide a wide range of services:
- Administration;
- Environmental services;
- Waste management;
- Education;
- Planning;
- Social Services.

Some of these services are delivered in different settings which have increased OSH risks attached to them, e.g. waste management where workers lift heavy loads and deal with hazardous substances. Many of the services have a large administrative function which involves desk-based work with computer screens, which is recognised to increase the risk of muscular-skeletal disorders.

Public management reforms have been the focus of change in LRG and have been recognised as a source of stress at work. LRG workforces are predominantly female and aged 40+ and have an increased incidence of long term chronic conditions and disabilities, which will all impact on OSH and well-being. The outsourcing of local government services makes the oversight of OSH more complex for local government employers. As LRG workforces are outsourced to different private companies, the responsibility for OSH is less clear.

In some countries, LRG is responsible for OSH inspections for local small and medium sized enterprises, which will also entail an advisory and educational role. This can be seen as part of the LRG role for assessing the OSH and well-being of local populations at work.

LRG have been actively engaged in the promotion of OSH in their own workplaces as well as workplaces within the locality/ neighbourhood/ region. There are several topics which have been addressed by LRG:
- Decent work and well-being – inspecting and providing advice;
- Third party violence at work;
- Mental health promotion;
- Supporting older workers;
- Healthy schools.

What measures have LRG used to promote well-being at work?

This section outlines a range of examples to show how LRG can promote OSH and well-being at work. Local authorities can play different roles. In some cases, LRG may be the initiator of the project but in many cases, it is one of several agencies which works to support social dialogue and the promotion of OSH and well-being. This is partly determined by the recognition that LRG has in the implementation of OSH legislation.

Decent work and well being

> *"Decent work is about equal access to employment without discrimination, receiving a living wage, security in the workplace, social protection, when, for example, ill or pregnant, and the freedom to assemble and organize. Decent work is achieved through the implementation of four strategic objectives: Creating jobs, guaranteeing rights at work, extending social protection, and, promoting social dialogue with gender equality as crosscutting objective."* [27]

Scotland - Healthy Working Lives Scheme
The Scottish Centre for Healthy Working Lives aims to "work with employers to enable them to understand, protect and improve the health of their employees. This also means they will be better placed to support those with health problems who have re-entered work, to remain in work". There are four medium term outcomes which cover: a healthier workforce; decreased sickness absence and presenteeism in workplaces; safer and healthier workplaces and; improved productivity of individuals. [28] The Scottish Convention of Scottish Local Authorities is a partner and the Centre works very closely with local authorities. [29] This is an example of a project which has national aims but its implementation is dependent on close working with local authorities.

Lithuania - Municipal specialist for OSH
In 1993, the Government of the Republic of Lithuania issued a Decree 'Regarding the Immediate Measures for Improvement of Safety at Work'. It recommended the establishment of a specialist for safety at work called 'inspector consultant for safety at work' from 1994. These posts would have knowledge of both OSH requirements and local communities which would help to reduce safety management and risk assessment practices. [30] Regional authorities were given responsibilities to manage occupational health and safety at local level.

Third party violence in the workplace

The Norwegian Association of Local and Regional Authorities (KS) and the Norwegian Union of Municipal and General Employees (NUMGE) developed a joint European project to explore tri-partite dialogue between government, employers and trade unions in individual countries. Three projects looked at third party violence in the workplace in Czech Republic, Estonia and Hungary.

Czech Republic - Prevention of third party violence in Prague
One project aimed to raise awareness and capacity building on challenges regarding social dialogue, decent work and threats and violence. The social partners were the Union of Employers' Associations, the Centre of Development Activities Trade Union of Health Services and Social Care of the Czech Republic and the Norwegian Association of Local and Regional Authorities.

The threats and incidence of third party violence in the health services in the Czech Republic is continuing to grow. Health care workers feel under pressure from clients, patients and employers. They fear for their jobs. Employers feel under pressure because of a lack of funding. Any attempts to resolve 3rd party violence have to be underpinned by social dialogue between employees and employers. The main intervention was teaching health workers not to

respond to aggression with their own aggression and being supported in developing strategies to prevent violence from patients, clients and family members.

Estonia - Social dialogue to prevent third party violence
A second project developed a series of pilot projects which explored ways of preventing threats and violence in the workplace. The social partners involved were the Trade Union of the State and Self-governed Institutions Workers, Association of Estonian Cities, Association of Estonian Municipalities and the Norwegian Union of Municipal and General Employees.

This project worked with three municipalities/institutions to develop pilot projects to prevent, detect and deal with threats and violence in the workplace. Seminars helped to share learning between employees, administrative leaders and local politicians on how to protect and improve working conditions in the workplace. The trade union and employers signed a Memorandum of Understanding to work together to prevent and reduce threats and violence in the workplace.

Hungary - Prevention of third party violence at local level
A third project aimed to develop tripartite dialogue and decent working conditions in municipalities. Social partners were the Hungarian Association for Municipal and Regions, the Trade Union of Public Servants and Municipal Employees and the Norwegian Association of Local and Regional Authorities.

Six local authorities took part in the project which consisted of a three-day pilot training and a professional workshop. They then took specific measures to prevent and protect workers against third-party violence. Local authorities started to change local regulations through the cooperation that had developed between employees and employers. Although they remain committed to a ''client oriented, citizen-friendly administrative culture with focus on the client'' there is a greater recognition that the administration also deserves respect and protection.

Mental health promotion

The Hedensted municipality of 45,000 citizens is located in Jutland, Denmark. It has about 3,500 employees who work in a several sectors including older care, education and childcare which have many different workplaces. The Hedensted municipality set up a project to promote mental health in the workplaces because good mental health is seen as the "key to deliver high quality services to the citizens". The aim of the project was to develop an employee policy which ensured that all employees, at whatever age, were treated fairly and "by providing managers with the freedom to take decisions that fit the individual needs of each employee". [31]

A Life Stage Policy was developed which helped workers and managers to operate flexibly so that the needs of the workers were addressed alongside the needs of the organisation. This depended on a sense of flexibility, confidence and trust between workers and between workers and managers. A Health and Working Environment Policy was drawn up which identified five elements which are essential for promoting mental health in the workplace:
Good relations;
A healthy workplace;
A safe workplace;
A stimulating workplace;
Human resource management.

As a result of the project worker turnover and absence was reduced. Some of the success was due to a strong use of values, rather than rules, in the municipality as a basis for making decisions. Managers had to be trained to operate in a new way. Workers were integrated into the policy process and all received the same information. [32]

Older people at work

The Municipality of Aabenraa worked with a local kindergarten, Vuggestuen Kernehuset and the Trade Union of Educators (BUPL) to set up a project which would reduce the incidence of muscular-skeletal disorders and retain older workers. Child care involves frequent lifting and repetitive movement which puts physical strain on workers, often resulting in workers leaving the workforce.

The project started by commissioning a work ability analysis. An occupational therapist observed each worker for several hours and then recommended what was needed to improve the way in which they worked. This included changing the height of tables and chairs, allowing workers to have more time off and achieve a better work-life balance and introducing a better workload allocation system to reduce the number of repetitive tasks. As a result, workers continued to work for longer, overall health improved and the incidence of muscular-skeletal disorders has dropped. The success of the project depended on trade union and management commitment, the use of an external expert, individualised work analysis and using a variety of measures. [33]

Whole school approach

The concept of the whole school approach to OSH deals with the promotion of health in schools not just through education about health but also by addressing OSH within the school buildings and other services. It brings together risk education and the management of OSH for students and staff. This requires students and teachers to be involved in raising awareness and in managing school safety. Teachers need to be trained in OSH management. Successful implementation of a whole school approach depends on involvement of staff and trade unions and the involvement of students in identification of hazards and proposing solutions. External support from stakeholders such as local government is also important. [34]

In Lithuania, a secondary school in Vilnius (Vilnius Pilaites Secondary School) has worked with nine stakeholders (Ministry of Education and Science, Vilnius Municipality, Centre of Social Assistance, Vilnius Pedagogic University, Lithuanian Children's Line, SEB Bank, Lawin Chambers, Company Cilija and other local authorities and police to develop a project which aimed to manage the social factors that influenced the behaviour of students at school, for example bullying, drug and alcohol abuse. Solutions were developed by teachers, parents and pupils working together. The project developed a School Bullying Reduction Strategy, set up a School Team for Preventive Work, extensively revised Rules of Pupils' Behaviour of the Vilnius Pilaites Secondary School and trained school staff to implement the Olweus Bullying Prevention Programme. The appointment of class teachers recognised the role that they play in school OSH. [35]

How can social partners work together to promote well-being at work?

The case studies outlined in the previous section show that there are many ways in which social partners can work together to promote OSH and wellbeing at work. There are several stages in the development of OSH and well-being projects which cover:
1. Achieving a shared understanding of the problem;
2. Working together and involving workers and managers in creating solutions;
3. Identifying other key stakeholders;
4. Sharing information and research;
5. Training managers;
6. Evaluation.

Conclusion

LRGs have a crucial role to play in OSH promotion and well-being through their responsibility for public sector workers delivering public services in many different workplaces. As the majority of LRG workers are women, their needs must be recognised in OSH strategies. Although the 2014-2020 Strategic Framework on Health and Safety at Work informs EU level OSH, each Member State has its own OSH legislation. LRGs are given different roles within these national policies which range from inspection to advice to working in partnership with stakeholders. There is an increasing focus on mental health within the workplace as well as a growing awareness of the impact of organisational restructuring on the stress and anxiety of workers. Both the occupational health approach and the public health approach are useful to identify opportunities for promoting OSH and well-being in public services.

Recommendations

1. Gather data regularly on the occupational health of employees and identify key problems;
2. Involve trade unions and managers in identify problems, designing solutions and evaluating initiatives;
3. Recognise that there are gender differences in occupational safety and health problems and develop strategies that recognise these differences;
4. Provide training for managers to manage workers in different ways;
5. Inform new initiatives with effective communication with all stakeholders involved;

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