



Peer Review on “Legislation and practical management of psychosocial risks at work”

Peer Country Comments Paper - Belgium

Tackling psychosocial risks in a complex political structure

Stockholm (Sweden), 3-4 October 2019

DG Employment, Social Affairs and Inclusion

Written by prof. dr. Elke van Hoof (Vrije Universiteit Brussel), in collaboration with ICF

September, 2019



EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion

Directorate B, Unit B3

Contact: Charlotte Grevfors-Ernoult

E-mail: empl-b3-unit@ec.europa.eu

Web site: <https://ec.europa.eu/social/main.jsp?catId=148>

European Commission

L-2721 Luxembourg

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Manuscript completed in September 2019

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Luxembourg: Publications Office of the European Union, 2020

PDF ISBN 978-92-76-22139-5

doi:10.2767/137818

KE-04-20-508-EN-N

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1 Introduction

This paper has been prepared for the Peer Review on "Legislation and practical management of psychosocial risks at work"¹. It provides a comparative assessment of the policy example of the Host Country (Sweden) and the situation in Belgium². For information on the host country policy example, please refer to the Host Country Discussion Paper³.

2 Scale and nature of psychosocial risks at work

The 2017 Commission Communication recognised that psychosocial risks and work-related stress are among the most challenging – and growing – occupational safety and health concerns, and that they can have a serious impact on workers' productivity.

The Belgian national survey, in partnership with the European Foundation for the Improvement of Living and Working Conditions (Eurofound), charts the quality of work and employment in Belgium as well as the evolution of that quality.

The first survey was conducted in 1991 and since then there has been a periodic, usually five-yearly, measurement of working conditions. In 2010⁴, the sample for Belgium was expanded to 4 000 respondents, compared to around 1 000 in other Member States. In 2015⁵, a large sample of 2 500 respondents was surveyed for Belgium. Results of the survey show that:

- There is no significant increase in workload between 2010 and 2015. For most groups of workers, there is only a limited increase or decrease in work pressure. But it is evident that men experience a higher workload than women.
- Between 2010 and 2015, there was a limited but significant decrease in the emotional burden. On average, women score higher on emotional stress than men.

¹ This paper was coordinated by prof.dr. Elke Van Hoof and co-written by Evy Hilderson (FOD werk), Lieve Ponnett (FOD werk), Alain Piette (FOD Werk), Véronique Crutzen (FOD Werk), Ruben Degraeve (Minister of Health), Aurélie Mollers (Minister of Health), Veerle Soyez (Vlaams Instituut voor Gezond Leven).

² Belgium is a federal state with a parliamentary democracy. There are three levels of government – the federal government, the federated entities (three regions and three communities) and the local governments (provinces and municipalities). Work-related and health policy is the responsibility of the federal authorities, as well as the federated entities (regions and communities). However, it is important to stress the fact that the regulations about well-being at work are completely the responsibility of the federal level.

³ Nilsson, B. (2019) How new legislation can change the approach to psychosocial risks at work, Host Country Discussion Paper – Sweden. Peer Review on 'Legislation and practical management of psychosocial risks at work'. Stockholm, Sweden, 3-4 October 2019. European Commission, DG Employment, Social Affairs and Inclusion.

⁴ Belgian Federal Public Service Employment, Labour and Social Dialogue, Belgian national survey: Quality of work and employment in Belgium, European Working Conditions Survey (2010-2012), available at:
<http://www.werk.belgie.be/moduleDefault.aspx?id=36688> (NL),
<http://www.emploi.belgique.be/moduleDefault.aspx?id=36688> (FR).

⁵ Belgian Federal Public Service Employment, Labour and Social Dialogue, Belgian national survey: Analysis of the Belgian data on the working conditions (2015-2016), available at: <http://www.werk.belgie.be/moduleDefault.aspx?id=44596> (NL),
<http://www.emploi.belgique.be/moduleDefault.aspx?id=44596> (FR).

- Women are more often confronted with anti-social behaviour (such as verbal abuse, violence, sexual harassment, intimidation, harassment) than men: 24% of women say they have been the victim of anti-social behaviour, while this was the case for 17 % of men. Between 2010 and 2015, there was a decrease in anti-social behaviour for men, while there was an increase for women.
- Mental health and sleep quality have decreased significantly and drastically in 2015 compared to 2010. Men experience better mental health and sleep quality than women.
- Work has a much more negative impact on the health of workers in 2015 than in 2010.

Studies such as Belstress⁶ widely confirm the relationship between stress at work and absenteeism. Stress is thought to be the cause of 50 to 60 % of absenteeism. This entails huge costs, in terms of human suffering as well as a decline in economic performance.

According to the Belgian National Institute for Health and Disability Insurance (NIDHI), 34 % of people were in receipt of invalidity benefits due to mental health problems in 2010. In the course of five years, the amounts paid out in disability insurance have risen by 5 %, which equates to 1 billion euro.

As in many other European countries, most of the companies in Belgium are small or microenterprises. Small and microenterprises do not have the same resources to commit to the management of psychosocial risks. This results in a big difference when it comes to knowledge and expertise about the well-being of workers in large enterprises and small (and micro) enterprises.

A study was recently conducted about the well-being of the managers of very small enterprises and the impact on their employees⁷. The study shows that being a business manager is still mainly a male affair (73.2 %). Women are underrepresented in all sectors, except in the "non-profit services" sector (a sector with a smaller share of family businesses). Women are particularly underrepresented in construction, horticulture and industry. More than two in three (68.7 %) managers state that psychosocial risks hardly ever occur in the organisation. 10.2 % state that psychosocial risks are present but that they are working on it, and 11.7 % state that psychosocial risks are present and that a policy on this is yet to be implemented. Finally, 9.2 % state that the situation is well under control. However, there are indications that managers (61 %) experience significantly more stress compared to self-employed without staff (36 %) or employees (33 %).

In 2018, a study was conducted on the impact of new work forms on the well-being of workers⁸. The objective of this study was to analyse the impact of new forms of

⁶ Belgian Federal Public Service Employment, Labour and Social Dialogue, Belstress III (2004-2006), available at: <https://www.beswic.be/nl/onderzoeken/de-studie-belstress-iii-fod-werkgelegenheid-belgie-2006> (NL), <https://www.beswic.be/fr/recherches/letude-belstress-iii-spf-emploi-belgique-2006> (FR).

⁷ Belgian Federal Public Service Employment, Labour and Social Dialogue, Study on the well-being of the managers of very small enterprises and the impact on their employees (2015-2018), available at: <http://www.werk.belgie.be/moduleDefault.aspx?id=48040> (NL), <http://www.emploi.belgique.be/moduleDefault.aspx?id=48040> (FR).

⁸ Belgian Federal Public Service Employment, Labour and Social Dialogue, Study of the impact of new forms of work on the well-being of workers (2018-2019), available at: <http://www.werk.belgie.be/moduleDefault.aspx?id=47282> (NL), <http://www.emploi.belgique.be/moduleDefault.aspx?id=47282> (FR).

employment and work on the well-being of workers and in particular on the appearance of musculoskeletal disorders and psychosocial risks. It was also the intention to provide useful information to make the business world aware of this problem. This study showed that various new forms of work organisation are related to greater satisfaction with working conditions, but also appear to be associated with high stress levels and a greater chance of work-home interference. No positive effects on well-being at work could be found from flex-work (home-based work or other forms of flexibility measures). Moreover, the relationship between flex-work (flexible working hours) and well-being at work often appear contradictory.

In general, it is difficult to represent the total spectrum of work-related ill-health and occupational diseases in a reliable way in Belgium. This is due to the lack of official figures on any kind of short-term sickness absences, as people are not obliged to provide a reason for being absent.

2.1 Working conditions⁹

Psychosocial risks are directly related to the working conditions. Whilst the working conditions in Belgium are generally good, there are signs that the working conditions are starting to have a significant impact on the experienced well-being at work. For example, 1 in 3 males and females have the feeling that their tasks and duties have significantly increased during the last 12 months. Probably to compensate for this workload, it is reported that 50 % of men and women work in their spare time. Furthermore, when looking at the total working hours, Belgians work more than 10 hours a day on 7.4 days/month on average. In other words, Belgians work above the limit of 8 hours/day on one third of their working days/month. When looking at gender differences here, we notice that men work more than 10 hours a day on 8.3 days/month on average, while women do this on 5.8 days/month on average. This latter fact is without doubt due to the fact that 79 % of women also have to spend time on their household each day, compared to 33 % of men.

Besides the fact that men can invest more hours in their work than women, it can be concluded that men also work significantly more during the night (i.e. between 10pm and 5am): men work on average 7.6 times/month during the night, while women do this on average 5.4 times/month. With regard to working during the weekend, there are no significant differences between men and women, both work about 2.6 times/month on a Saturday and 2.2 times/month on a Sunday.

When looking at working schedules, it is clear that there are more irregularities for men:

- 71 % of women have the same number of working hours during the week, compared with 62 % of men;
- 62 % of women start and stop working on the same hours each day, compared with 53 % of men;
- 40 % of women are dealing with rotating working shifts, compared with 49 % of men.

Although the working schedule is more varying for men than women, there are other factors influencing the controllability of work for women:

- 66 % of women claim that their working pace is dependent on someone else but themselves, e.g. customers, pupils, patients, compared with 57 % of men;

⁹ Belgian Federal Public Service Employment, Labour and Social Dialogue, Belgian national survey: Analysis of the Belgian data on the working conditions (2015-2016), available at: <http://www.werk.belgie.be/moduleDefault.aspx?id=44596> (NL), <http://www.emploi.belgique.be/moduleDefault.aspx?id=44596> (FR).

- 21 % of women are constantly interrupted by unexpected tasks, compared with 12 % of men
- 35 % of women find it difficult to take time off work to arrange something for the family, compared with 26 % of men.

Despite all these irregularities, 83 % of men and 86 % of women consider their working hours as fitting well with their family-life.

2.2 Work and health⁸

In Belgium, 50 % of the jobs imply sitting more than half of the working hours. Although there are no significant gender differences here, women suffer significantly more from muscle and joint disorders than men:

- 46 % of women complain of backache compared with 43 % of men;
- 49 % of women complain of muscular pains in neck, shoulders and upper limbs, compared with 39 % of men;
- 39 % of women complain of headaches and eyestrain, compared with 28 % of men.

When looking at psychological problems, 1 in 3 men and women experience stress from their job; 1 in 5 men and women also keep worrying about work when they are not working. The same amount of men and women also feel too tired after work to do some of the household chores which need to be done. On the other hand, 64 % of men and 59 % of women indicate that their family responsibilities never prevent them from doing their job. In other words, Belgians experience that their work life has more negative impact on their family life than vice versa. Furthermore, although both men and women experience the same amount of worrying about their work, women suffer significantly more from other psychological problems than men:

- 41 % of women complain of overall fatigue, compared with 34 % of men;
- 23 % of women have difficulties falling asleep, compared to 16 % of men;
- 33 % of women wake up repeatedly during their sleep, compared with 21 % of men;
- 24 % of women wake up with a feeling of exhaustion and fatigue, compared with 15 % of men;
- 49 % of women feel fresh and rested when they wake up, compared with 58 % of men;
- 54 % of women feel in general calm and relaxed, compared with 63 % of men;
- 64 % of women feel in general active and vigorous, compared with 70 % of men.

The fact that women experience more muscle and joint disorders, as well as psychological problems when compared to men, is consequently reflected in the number of sick days:

- 62 % of women were on sick leave at least 1 day in the last year, compared with 53 % of men (or 38 % of women were never sick during the last year, compared with 47 % of men);
- Women are on sick leave on average 10.8 days/year, compared with 6.2 days/year among men;
- 52 % of women work while being sick, compared with 45 % of men;
- Women work on average 12 days/year while being sick, compared with 9.4 days/year among men.

2.3 Work in general⁸

In general, about 90 % of Belgians are satisfied with the working conditions in their main paid job. Still, only 32 % of women have the feeling that their job offers good prospects for career advancement, compared with 41 % of men. Furthermore, only 26 % of self-employed women feel themselves financially secure in the case of illness for a long period of time, compared with 37 % of self-employed men.

When asked until what age they want to work, both Belgian men and women reply they wish to stop working at the age of 60. 60 % of Belgian men and women also consider themselves able to work until the age of 60: on average, women think they can work until the age of 63, while men think they can work until the age of 64.

There are significantly more employees (9 %) than self-employed (3 %) in short term sickness leave¹⁰¹¹. With regard to gender, there are no differences among employees and self-employed in terms of short-term sickness leave. However, there are significant differences when looking at age groups: among employees, most short-term sickness is situated in the age group of 35-49 (39 %). Among self-employed, the highest short-term sickness is situated in the age group of 50-64 (46 %). Also, among employees, there are significantly more young people (29 % of 20-34 years) in short-term sickness compared to self-employed young people (17 % of 20-34 years).

When looking at long term sickness leave, there are no exclusive figures on work-related ill-health and occupational diseases. However, in 2018, psychological problems were the main reason for long term sickness leave among employees (36 %). Especially women (38 %) and middle-aged (35-49 years) as well as older (50-65 years) employees are more at risk here.

Among self-employed, psychological problems are the second highest reason for long term sickness leave (23 %) after muscle and joint disorders (30 %). Moreover, self-employed women (28 %) are more vulnerable to long term sickness leave due to psychological problems. Young people (20-34 years: 4 %) as well as middle-aged self-employed (35-49 years: 27 %) are significantly less in long-term absence leave due to psychological problems than older self-employed (35-49 years: 68 %).

It is evident that psychosocial risks have a great impact on individuals in Belgium. The effects manifest themselves as sickness absence, early retirement, harassment and sometimes a reduced life quality for the individual worker. The employer is also affected by psychosocial risks, including through absenteeism, presenteeism and high turnover of staff, which in turn results in high costs for hiring and training new staff and/or temporarily replace absent staff. Certain sectors experience increasing difficulties recruiting, for example the health and social care sectors. Productivity will suffer in the long run on many different levels. For the society as a whole, there are increasing costs for health care, sickness compensation and reduced tax revenues.

3 Legislation and practical management of psychosocial risks at work

In Belgium, the Federal Public Service Employment, Labour and Social Dialogue is responsible for improving the quality of work by developing the required legal framework, reconciling the interests of employees and employers and preventing collective conflicts, promoting the creation and retention of work and guaranteeing the

¹⁰ Statbel, 2018. <https://statbel.fgov.be/nl/nieuws/kerncijfers-2018>

¹¹ NIHDI, 2018. Annual Reports, available at:
<https://www.inami.fgov.be/nl/publicaties/Paginas/jaarverslag.aspx#.XYMd3ZMzbyU>

application of the legislation through promotion, prevention, monitoring and sanction. This is achieved through an extensive process involving the relevant social partners.

There are two main departments within the Federal Public Service Employment, Labour and Social Dialogue that are involved in this area:

- The Directorate General for Humanisation of Work has the general task of preparing, promoting and implementing legislation on well-being at work and of raising awareness among social and economic stakeholders regarding the humanisation of work.
- The Directorate General for the Control of Well-being at Work has an advisory, preventive and repressive role in terms of continuously improving the well-being of workers at work and ensuring that the implementation of the policy is respected.

Both departments are dependent on the Belgian government and use regulations, information and supervision in collaboration with social partners and other stakeholders to improve the current context.

The Act of August 4th 1996 on the well-being of workers in the performance of their work¹² is the main legal framework in Belgium on occupational safety and health (OSH). The focus of this Act, however, is not only OSH but also the broader concept of well-being of workers, which holds seven domains: work safety, the protection of the worker's health, the psychosocial aspects at work, work hygiene, ergonomics, the embellishing of the workplace and environmental aspects.

Based on the Act of August 4th 1996 multiple royal decrees have been issued on topics such as health surveillance, chemical agents and pregnant workers. These royal decrees have recently been assembled in the Code on the well-being of workers¹³.

By law, every Belgian employer must have an internal service for risk prevention and protection at work. This service consists of at least one prevention advisor (OSH specialist). In companies with less than 20 employees, the employer himself can take on the role of prevention advisor. If the internal service is not able to execute all the legal tasks with regard to the well-being of workers, the employer must appeal to an external service for risk prevention and protection at work. These external services have prevention advisors specialised in occupational safety, occupational medicine, psychosocial aspects of work, etc.

Social dialogue about the wellbeing of workers in companies with more than 50 employees is conducted in the Committee for prevention and protection at work. This Committee consists of the employer and its representatives, workers' representatives and prevention professionals. In companies with less than 50 employees, social dialogue is a task of the trade union representatives or, in the absence of trade union representatives, the workers themselves.

Belgium has a national strategy for welfare at work 2016-2020, which is similar to the EU Strategic Framework on Health and Safety at Work 2014-2020 but tailored to the Belgian context as well as translated further into the regions. It states that "...psychosocial risks and musculoskeletal diseases deserve permanent attention, by

¹² Act of 4 August 1996 on the well-being of workers in the performance of their work (Belgian Official Gazette 18 September 1996), available at: <http://www.employment.belgium.be/defaultTab.aspx?id=556> (EN), <http://www.werk.belgie.be/defaultTab.aspx?id=1954> (NL), <http://www.emploi.belgique.be/defaultTab.aspx?id=1954> (FR).

¹³ Code on the well-being of workers (Belgian Official Gazette 2 June 2017), available at: <http://www.werk.belgie.be/moduleDefault.aspx?id=1958> (NL), <http://www.emploi.belgique.be/moduleDefault.aspx?id=1958> (FR).

providing tools and good practices and by teaching awareness among all involved parties"¹⁴.

3.1 A short history of the Belgian legislation on psychosocial risks at work

In Belgium, the first legal action to protect workers against sexual harassment at work was taken in 1992 by royal decree. Shortly thereafter, the Act of August 4th 1996, on the well-being of workers in the performance of their work was issued. This Act transposes into Belgian law the EU Framework Directive 89/391/EEC of June 12th 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work¹⁵. The Act of August 4th 1996 is the legal framework for the well-being of workers in Belgium. In this act, the protection against stress at work was mentioned for the first time.

In 1999, the collective labour agreement (CLA) number 72¹⁶ was issued. According to this CLA, every company must have an anti-stress policy. It states that "[i]n application of the Act on well-being and its implementing decrees, the employer is obliged to pursue a policy designed to collectively prevent and/or ease stress caused by work". The CLA mainly focusses on the collective approach to prevent stress at work, while the Act of 1996 also focusses on the individual aspect. The CLA number 72 applies only to the private sector. It was made compulsory for this sector by a royal decree of June 21st 1999.

In 2002, an Act and a royal decree were issued to protect workers against inappropriate behaviour, harassment, sexual harassment and violence at work. This legislation was evaluated¹⁷ in 2004. The evaluation showed that psychosocial load and inappropriate behaviour cannot be separated. This led to a modification¹⁸ of the Act of August 4th 1996, and a new royal decree¹⁹ about the larger problem of psychosocial load, but still with a strong focus on inappropriate behaviour.

¹⁴ For further information please see
http://www.werk.belgie.be/welzijn_op_het_werk.aspx#strategie

¹⁵ Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work, available at:
<https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:31989L0391&from=EN>

¹⁶ Collective labour agreement number 72 of 30 March 1999 on the prevention of stress caused by work, available at: <http://www.cnt-nar.be/CAO-COORD/cao-072.pdf> (NL), <http://www.cnt-nar.be/CCT-COORD/cct-072.pdf> (FR), and the accompanying guideline, available at: <http://www.cnt-nar.be/PUBLICATIES/Stress-2004-NL.pdf> (NL), <http://www.cnt-nar.be/PUBLICATIES/Stress-2004-FR.PDF> (FR).

¹⁷ Belgian Federal Public Service Employment, Labour and Social Dialogue, Evaluation report on the Act of June 11th, 2002 on the protection against violence, harassment and sexual harassment at work (2004), available at:
<http://www.werk.belgie.be/publicationDefault.aspx?id=4310> (NL),
<http://www.emploi.belgique.be/publicationDefault.aspx?id=4310> (FR).

¹⁸ Act of 10 January 2007 amending various provisions concerning the well-being of workers in the performance of their work, including the protection against violence, harassment and sexual harassment at work (Belgian Official Gazette 6 June 2007).

¹⁹ Royal Decree of 17 May 2007 on the prevention of psychosocial load in the workplace, including violence, harassment and sexual harassment at work (Belgian Official Gazette 6 June 2007).

A second evaluation²⁰ took place in 2011. This evaluation resulted in a profound modification²¹ of the Act of August 4th 1996 and the new royal decree of April 10th, 2014, on the prevention of psychosocial risks at work²². The existing harassment procedure was often used by workers to denounce other problems, such as stress, conflicts and even organisational problems, due to the lack of appropriate procedures for these problems. Since the royal decree of 2014, workers can now use procedures for all psychosocial risks at work (including violence and (sexual) harassment). This royal decree also introduced a definition of psychosocial risks at work. Psychosocial risks at work are described as the probability that one or several worker(s) can suffer psychological damage (this can also be physical damage) as a result of exposure to the elements of the work organisation, the work content, the working conditions, the conditions of employment and the interpersonal relationships at work, on which the employer has an impact, and which objectively pose a threat.

The stipulations of the royal decree of April 10th 2014 have been taken up in the Code on the well-being of workers (Book I, Title 3).

In summary, several legislative actions regarding psychosocial risks at work have been taken in the past years.

3.2 The prevention of psychosocial risks at work in Belgium: risk assessment and internal procedures

The employer is responsible for the well-being of its workers and hence for the prevention of psychosocial risks at work.

Further to the definition of psychosocial risks at work presented above, work organisation is understood as the structure of the organisation, the way tasks are distributed among workers, the type of management, etc. Work content comprises, for example, the complexity of the task and variation in the tasks. It is also about the emotional, psychological and physical load of the task. Working conditions relate to the type of employment contract or work schedule. It is also about the possibilities to receive training and the application of evaluation procedures in the company. The conditions of employment are the environment in which the work is executed: for example, the protection against noise and the use of adequate lighting, the protection against harmful substances, etc. The interpersonal relationships at work are the internal relations (with colleagues, with the manager) and the external relations (with third parties). It is also about the communication and the cooperation within the company.

The employer is required to create a policy to prevent psychosocial risks at work, which means that he/she has to analyse these risks and take the necessary measures to protect its workers.

The risk assessment has to be executed on a general level for the entire organisation or when a hazard is identified in a specific situation. The general assessment takes place on the level of the whole organisation, on the level of the divisions and on the individual level. The goal is to take preventive measures to mitigate risks, prevent harm and limit damage for all workers. When a hazard is identified in a specific work situation, a risk

²⁰ Belgian Federal Public Service Employment, Labour and Social Dialogue, Evaluation of the legislation on the prevention of psychosocial load at work (2011), available at: <http://www.werk.belgie.be/publicationDefault.aspx?id=34448> (NL), <http://www.emploi.belgique.be/publicationDefault.aspx?id=34448> (FR).

²¹ Act of 28 February 2014 supplementing the Act of 4 August 1996 concerning the prevention of psychosocial risks at work, including violence, harassment and sexual harassment at work (Belgian Official Gazette 28 April 2014).

²² Royal Decree of 10 April 2014 on the prevention of psychosocial risks at work (Belgian Official Gazette 28 April 2014).

assessment can be executed on the level of this specific situation to prevent damage for the workers concerned in this situation.

When there is a risk of violence caused by third persons, the employer must have a registration system. The acts of violence are registered so the employer can take protective measures.

Every year the preventive measures based on the general risk assessment must be evaluated by the employer and, if necessary, adapted.

In every organisation an internal procedure is required so that workers suffering from psychosocial risks at work can address their problems. There are two procedures: an informal psychosocial intervention and a formal psychosocial intervention.

The informal psychosocial intervention is carried out by a confidential counsellor or a prevention advisor²³ specialised in the psychosocial aspects of work. The goal of the procedure is to find a solution by means of discussions, reconciliation or advice. 80 % of cases are solved by an informal intervention.

The formal psychosocial intervention is carried out by a prevention advisor specialised in the psychosocial aspects of work. It consists of a risk assessment and a proposal of measures.

There are two types of formal psychosocial intervention, depending on the nature of the cause of the problem. When the cause is rather of a collective (organisational) nature, the procedure is carried out by the employer and the committee for prevention and protection at work²⁴. They will analyse the situation on a collective level and take measures to address the problem. When the cause is rather of an individual nature, the investigation is carried out by a prevention advisor, who will analyse the individual situation of the worker and propose measures to the employer.

When worker uses the formal procedure to denounce violence or (sexual) harassment, he/she has the advantage of an additional protection. The prevention advisor can propose measures to protect the worker immediately, when he/she determines a serious danger for the worker. In case of a formal intervention, the worker is also protected against retaliation, which means he/she cannot be dismissed, nor can his/her working conditions be changed, except for reasons that are unrelated to the intervention.

Apart from the internal procedure, there are also external procedures. These procedures are the filing of a complaint with the inspection and the institution of (civil or criminal) legal proceedings against someone.

When a complaint is filed with the Inspection for the Control of Well-being at Work, they will check whether the legislation is respected by the employer. If the legislation is not respected, the inspection can impose measures, such as the assignment of a prevention advisor specialised in psychosocial aspects of work. When a formal intervention has been carried out and the psychosocial problem is not addressed by this intervention (for example because the employer does not want to apply the measures proposed by the prevention advisor), the inspection can also impose measures. They can impose the measures recommended by the prevention advisor or other measures.

²³ This counsellor could be an internal person or external to the organisation. Most organisations rely on external services to provide this kind of expertise.

²⁴ A committee for prevention and protection at work needs to be implemented in every organisation with more than 50 employees. This committee including representatives for the employer and employees has a role to play in the wellbeing policy of an organization. The specifics are mentioned in the Code on wellbeing for workers.

3.3 Return-to-work

In Belgium several initiatives have been taken to stimulate return-to-work for people on work incapacity. In particular, there have been two important legislative measures in place with the aim to facilitate reintegration, namely the system of progressive reintegration and professional re-education²⁵.

3.4 Treatment of gender aspects and the self-employed

According to the Act of May 10th 2007 against certain forms of discrimination²⁶, and the Act of May 10th 2007, against discrimination between women and men²⁷, discrimination based on gender-related grounds is prohibited.

The following gender-related grounds are also mentioned in the legislation on the prevention of psychosocial risks at work: gender, sexual orientation, gender identity and gender expression. Violence or (sexual) harassment can be based on these grounds, in which case the workers can use the internal procedure to denounce their problems.

The Belgian legislation on the prevention of psychosocial risks at work does not however contain specific measures to protect the self-employed. This is because the self-employed in general does not fall under the scope of the Act of August 4th 1996 on the well-being of workers in the performance of their work, as this regulation is intended for the relationship between employers and their employees.

3.5 Support measures and awareness raising campaigns

Every employer must have a prevention advisor specialised in the psychosocial aspects of work. This prevention advisor can be part of the internal service for prevention and protection at work, or, when the internal service is not able to execute all the legal tasks, be part of an external service for prevention and protection at work.

The prevention advisor specialised in the psychosocial aspects of work plays an important role in the policy to prevent psychosocial problems in the organisation. He/she supports the employer in carrying out the risk assessment and gives advice on preventative measures.

The employer can also choose to assign a confidential counsellor. In general, the confidential counsellor is an employee of the organisation, but in companies with less than 20 employees, this can be an external person. The most important role of the counsellor is to informally help workers who are suffering from psychosocial risks.

The National Labour Council published a guideline about CLA number 72, which provides practical information about the application of the CLA. This highlights the fact that social

²⁵ For further information please see Annex 2.

²⁶ Act of 10 May 2007 against certain forms of discrimination (Belgian Official Gazette 30 May 2007), available at: <https://www.unia.be/nl/wetgeving-aanbevelingen/wetgeving/wet-van-10-mei-2007-ter-bestrijding-van-bepaalde-vormen-van-discriminatie> (NL), <https://www.unia.be/fr/legislation-et-recommandations/legislation/loi-du-10-mai-2007-tendant-a-lutter-contre-certaines-formes-de-discrimination> (FR).

²⁷ Act of 10 May 2007 against discrimination between women and men (Belgian Official Gazette 30 May 2007), available at: https://igvm-iefh.belgium.be/sites/default/files/downloads/file_nl_84_-_wet_10_mei_2007_discriminatie_vrouwen_en_mannen.pdf (NL), https://igvm-iefh.belgium.be/sites/default/files/downloads/file_fr_84_-_loi_de_10_mai_2007_tendant_a_lutter_contre_la_discrimination_entre_les_femmes_et_les_hommes.pdf (FR).

partners play an active role in improving psychosocial risks at work by informing, facilitating and subsidising organisations^{28,29}.

Scientific research has been conducted by the Belgian Federal Public Service Employment, Labour and Social Dialogue, including on burnout³⁰, the relationship between psychosocial risks at work and (serious) accidents at work³¹ and, more recently, the realisation of a collection of good practices in organisations to prevent psychosocial risks at work³².

These studies often lead to the creation of tools to support the actors in the field, for example a pre-diagnosis tool to help the employer check if psychosocial risks are present in the organisation³³; a tool for the early detection of burnout³⁴ that can be used by doctors and psychologists; and a checklist³⁵ to determine if psychosocial risks have been the cause of an accident at work.

Multiple publications have been created about the prevention of psychosocial risks at work, particularly for micro, small and medium-sized enterprises. For example, a brochure³⁶ was created to help micro, small and medium-sized enterprises tackle psychosocial problems in their organisation.

The Directorate General for Humanisation of Work also organises professional networks for the prevention advisors specialised in the psychosocial aspects of work and the

²⁸ For further information please see Annex 2.

²⁹ National Labour Council, Projects on the primary prevention of burnout at work (2018), available at: <http://www.cnt-nar.be/Dossier-NL-burnout.htm> (NL), <http://www.cnt-nar.be/Dossier-FR-burnout.htm> (FR).

²⁹ Belgian Federal Public Service Employment, Labour and Social Dialogue, Research on burnout in the Belgian population (2017-2019), available at: <http://www.werk.belgie.be/moduleDefault.aspx?id=45872> (NL), <http://www.emploi.belgique.be/moduleDefault.aspx?id=45872> (FR).

³⁰ Belgian Federal Public Service Employment, Labour and Social Dialogue, Research on the relationship between psychosocial risks at work and (serious) accidents at work (2009-2010), available at: <http://www.werk.belgie.be/moduleDefault.aspx?id=33642> (NL), <http://www.emploi.belgique.be/moduleDefault.aspx?id=33642> (FR).

³¹ Belgian Federal Public Service Employment, Labour and Social Dialogue, The realisation of a collection of good practices in organisations to prevent psychosocial risks at work (2017-2019), available at: <http://www.werk.belgie.be/moduleDefault.aspx?id=45860> (NL), <http://www.emploi.belgique.be/moduleDefault.aspx?id=45860> (FR).

³³ Belgian Federal Public Service Employment, Labour and Social Dialogue, Pre-diagnosis tool to check if psychosocial risks are present in the organisation (2015), available at: <http://www.werk.belgie.be/publicationDefault.aspx?id=44167> (NL), <http://www.emploi.belgique.be/publicationDefault.aspx?id=44167> (FR).

³⁴ Belgian Federal Public Service Employment, Labour and Social Dialogue, Tool for the early detection of burnout (2015), available at: <http://www.werk.belgie.be/publicationDefault.aspx?id=44193> (NL), <http://www.emploi.belgique.be/publicationDefault.aspx?id=44193> (FR).

³⁵ Belgian Federal Public Service Employment, Labour and Social Dialogue, Checklist: psychosocial risks as a cause of accidents at work (2018), available at: <http://www.werk.belgie.be/publicationDefault.aspx?id=47371> (NL), <http://www.emploi.belgique.be/publicationDefault.aspx?id=47371> (FR).

³⁶ Belgian Federal Public Service Employment, Labour and Social Dialogue, Publication about the psychosocial well-being in micro, small and medium-sized enterprises (2015), available at: <http://www.werk.belgie.be/publicationDefault.aspx?id=44023> (NL), <http://www.emploi.belgique.be/publicationDefault.aspx?id=44023> (FR).

confidential counsellors. Through these networks, we get feedback about the application of legislation in the work field.

These actions result in a continuous evaluation of the legislation.

To raise awareness among the public, a Federal Truck-campaign³⁷ was conducted in 2017 about the prevention of psychosocial risks at work: the federal truck visited multiple companies and informative sessions were organised about the role of the actors, their responsibilities and possible solutions for psychosocial risks at work.

There is also a film³⁸ about psychosocial risks at work, in which basic information is given about the legislation, the role of the employer and other actors and the realisation of a prevention policy, as well as two TV adverts³⁹ and a radio advert⁴⁰.

3.6 Other initiatives

The Minister of Social Services and Public Health launched three initiatives on secondary prevention of burnout at work in 2018. These projects fit perfectly into the exiting vision of an integrated solution to burnout and other work-related psychological illnesses, where employers, individuals, caretakers, and the government all work together to prevent burnout⁴¹.

Workable work has also been on the agenda. Different measures in the bill "Werkbaar Wendbaar Werk⁴² – workable and viable work" provide an answer to the current question regarding the way in which the economy can be made more competitive, while keeping the jobs workable and the labour market viable.

The regions also initiated several activities to ensure and/or improve well-being at work and reduce psychosocial risks⁴³. These vary across the regions⁴⁴.

3.7 Comparison with the host country policy

Based on the host country discussion and the description and analysis of the Belgian situation presented above, it is clear that several differences exist between Belgium and Sweden in relation to the legislation and practical management of psychosocial risks at work:

- Sweden hosts a network of occupational health service providers and centres. These are comparable to the Belgian external services for prevention and protection on the work floor. While Sweden states that 'large companies and

³⁷ Belgian Federal Public Service Employment, Labour and Social Dialogue, Federal Truck-campaign about the prevention of psychosocial risks at work (2017), available at: <https://www.beswic.be/nl/campagnes/campagne-welzijn-op-het-werk-de-federal-truck-2015-2016-2017-2018> (NL), <https://www.beswic.be/fr/campagnes/campagne-bien-etre-au-travail-dans-le-camion-federal-2015-2016-2017-2018> (FR).

³⁸ Belgian Federal Public Service Employment, Labour and Social Dialogue, Movie about psychosocial risks at work (2018), available at: <https://www.youtube.com/watch?v=wBC7yAuHTiA&feature=youtu.be>

³⁹ Belgian Federal Public Service Employment, Labour and Social Dialogue, TV adverts on psychosocial risks at work (2012), available at: <https://www.youtube.com/watch?v=09gtYsaCbhw> and <https://www.youtube.com/watch?v=QU2QhwVdj0E>

⁴⁰ Belgian Federal Public Service Employment, Labour and Social Dialogue, radio advert on psychosocial risks at work (2013), available at: <https://www.youtube.com/watch?v=y3PPxvBNrhE&feature=youtu.be>

⁴¹ For further information please see Annex 2.

⁴² www.werkbaarwerk.be

⁴³ <http://www.cnt-nar.be/Home-NL.htm>

⁴⁴ For further information please see Annex 2.

organisations sometimes have their own in-house FHV', Belgium also houses internal services. The difference, however, resides in the fact that in Sweden, it is 'not mandatory for employers to offer occupational health services to employees. In Belgium, this compulsory aspect does exist: each employer must have an internal service and is also obliged to call on additional external services when the internal service cannot comply with all tasks regarding welfare.

- Swedish law states, just like Belgian law, that the ultimate responsibility lies with the employer: 'The employer has the overall responsibility for the work environment at the workplace.' An 'active cooperation between employer and employee' must exist. In Belgium, the employer must actively contribute to the existing welfare policy. In the same way that a 'committee for prevention and protection at work' exists, Sweden hosts a 'joint safety committee' in enterprises with over 50 employees. The difference can be found in the Belgian cascade system: when no committee exists in the enterprise, the union has authorisation. When there is no union in place, employees are responsible themselves. In Sweden, there is the possibility of a 'safety representative in workplaces with over five employees.
- Belgium uses a concept called 'psychosocial risks', which is defined in general law. Sweden has since left this kind of approach, because they find it to be too focused on the individual. They have started using concepts such as 'organisational work environment' and 'social work environment'. Belgium assesses the psychosocial risks starting from five pillars: (a) work organisation, (b) work content, (c) work conditions, (d) work environment, and (e) interpersonal relationships. Sweden also pays attention to these concepts, but shifts the attention to 'workload', 'working hours', and 'victimisation'.
- Belgium has different political levels with their own political agenda and hence initiatives. Information exchange and collaboration can still be improved specifically when shared decision-making is necessary to reach strategic goals. From an organisational perspective it is unclear who implements what, why and for what purpose. This confusion sometimes hinders the uptake of a well-being policy on psychosocial risks.

Similarities between Sweden and Belgium can be found in the following domains:

- Swedish law is, like Belgian law, not applicable to self-employed.
- Just like Sweden, Belgium consists mainly of SMEs and microenterprises. This leads to the fact that legislation is not always easily implemented in practice. Mostly large enterprises have sufficient resources and structures in place to address psychosocial risks internally. Small and microenterprises have greater difficulties in this area.

The Swedes look at 'occupational health and safety' in a much broader way than just the classic examples of risks. Belgium also has this broader look: welfare is a much larger concept than simply including safety and health.

4 Assessment of success factors and transferability of the host country example

The success factors enumerated in the host country discussion paper are also applicable to the Belgian case. For instance, one reason for success in Sweden is the support they receive for their inspection services whose members get specific training and by installing a comprehensive network between regions. In Belgium the inspection does not have the necessary resources to contribute in an active way to the implementation of the regulation and therefore keeps a low profile. This seems like a shortcoming in current Belgian structures. Similar to Sweden, Belgium has executed a lot of information campaigns, issued several tools and provided support to smaller enterprises. However, there is still a lot to be done in the future.

5 Questions

- How can monitoring processes be implemented and how can success factors be reported?
- What are the best practices in terms of dealing with microenterprises and SMEs?
- What is the difference between countries with an independent coordinating body and those who are dependent upon political preferences?

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Annex 1 Summary table

The main points covered by the paper are summarised below.

Scale and nature of psychosocial risks at work

- Work has a much more negative impact on the health of workers in 2015 than in 2010.
- Stress is thought to be the cause of 50 to 60 % of absenteeism.
- 34 % of people received invalidity benefits due to mental health problems.
- In general, it is difficult to represent the total spectrum of work-related ill-health and occupational diseases in Belgium in a reliable way.
- Among self-employed, psychological problems are the second highest reason for long term sickness leave.

Legislation and practical management of psychosocial risks at work

- Work-related and health policy is the responsibility of the federal authorities, as well as the federated entities (regions and communities).
- It is important to stress the fact that the regulations about well-being at work are completely the responsibility of the federal level.
- Belgium has a national strategy for welfare at work 2016-2020, which is similar to the EU Strategic Framework on Health and Safety at Work 2014-2020.
- The Act of August 4th 1996 on the well-being of workers in the performance of their work is the main legal framework in Belgium on occupational safety and health (OSH).
- By law, every Belgian employer must have an internal service for prevention and protection at work. This service consists of at least one prevention advisor (OSH specialist). Social dialogue about the well-being of workers in companies with more than 50 employees is conducted in the Committee for prevention and protection at work.
- Numerous supportive measures with emphasis on connecting research, good practice and policy are in place. These studies often lead to the creation of tools to support the actors in the field, for example a pre-diagnosis tool to help the employer check if psychosocial risks are present in the organisation; a tool for the early detection of burnout that can be used by doctors and psychologists; a checklist to determine if psychosocial risks have been the cause of an accident at work.

Assessment of success factors and transferability of the host country example

- The success factors enumerated in the host country discussion paper are also applicable to the Belgian case.
- For instance, one reason for success in Sweden is the support they receive for their inspection services whose members get specific training and by installing a comprehensive network between regions. In Belgium the inspection does not have the necessary resources to contribute in an active way to the implementation of the regulation and therefore keeps a low profile. This seems like a shortcoming in current Belgian structures.

- Belgium has executed a lot of information campaigns, issued many tools and provided support to smaller enterprises. However, there is still a lot to be done in the future.

Questions

- How can monitoring processes be implemented and how can success factors be reported?
- What are the best practices in terms of dealing with microenterprises and SMEs?
- What is the difference between countries with an independent coordinating body and those who are dependent upon political preferences?

Annex 2 Examples of relevant practices

Name of the practice:	FEDRIS pilot project on the secondary prevention of burnout
Year of implementation:	2019
Coordinating authority:	Federal Agency for Occupational Risks (FEDRIS)
Objectives:	To reduce long-term absence due to stress-related disorders by trying to keep employees at work or help them to return to work as soon as possible.
Main activities:	<p>Starting January 2019, Fedris has launched a pilot project which forms a supportive trajectory for employees who have been at risk or are battling an early stage of burnout (stage one or two), following an occupational psychosocial risk. This pilot includes between 300 and 1 000 people. The target population is made up from people working in financial services, with the exception of insurance and retirement funds, and the hospital services or medicinal housing falling under a private status or PPO.</p> <p>The pilot revolves around people experiencing difficulties while at work, who have been absent on numerous occasions in a short period of time or who have taken a leave of absence since less than two months.</p> <p>Fedris suggests an approach that encompasses a set of measures which are aimed at both the person and the work environment. This pathway should take up nine months at the longest. Because it is tailored to each individual's personal needs, the trajectory requires a certain amount of flexibility, depending on what the person has been through and what stage of burnout he/she is currently at. Fedris takes up any financial burden these sessions incur, together with the meetings and meeting reports which are described in the pathway, and any travel costs the employee might make.</p>
Results so far:	Results are expected in January 2021.

Name of the practice:	Pilot projects on innovative approaches to burnout
Year of implementation:	2018
Coordinating authority:	Ministry of Social Security and Public Health
Objectives:	To examine and encourage innovative approaches to tackle stress-related disorders at work.
Main activities:	In 2018, the Minister of Social Security and Public Health launched 12 pilot projects from different sectors, all of which will test out an innovative approach to burnout. The goal here is to develop practice-based tools which employers, governments, caretakers and individuals can use to prevent burnout. These projects can range

	from treatment protocols to diagnostic testing, or a system to recognize early warning signs at work. A key aspect exists in the fact that burnout is not looked at unilaterally, but that each project brings together different actors as to build up a broader vision: such as caregivers, administrative staff, academics, self-employed and creative organisations.
Results so far:	12 projects were selected out of 77 submissions. They will run for one year and are funded via a grant of between 10 000 and 300 000 euros. Minister De Block has freed up 1.52 million euros for the 12 projects together. Results are expected in January 2020.

Name of the practice:	NAR project on burnout
Year of implementation:	2018
Coordinating authority:	The National Labour Council
Objectives:	Encouraging activities within organisations concerning the primary prevention of burnout at work.
Main activities:	The National Labour Council published a guideline about the collective labour agreement number 72, which provides practical information about the application of the collective labour agreement. Indeed, social partners play an active role in improving psychosocial risks at work by informing, facilitating and subsidising organisations. This Council also created a system of subsidies for projects dedicated to the primary prevention of burnout at work (26). Subsidies can be granted to companies or sectors that create projects to tackle psychosocial risks at work with burnout in particular. These projects are, for example, the development of tools, information and awareness raising campaigns, a research project or guidance for the implementation of measures.
Results so far:	Not applicable

Name of the practice:	Return-to-work
Year of implementation:	2018
Coordinating authority:	National Institute of Health and Disability Insurance (NIHDI)
Objectives:	To reduce long-term absence from work
Main activities:	Individuals with 50 % work incapacity from a medical point of view but apt to go back to work for a certain number of hours a week can, if an agreement is reached with an employer, go back to work and combine a certain salary with a certain benefit (some conditions apply). This gives people the opportunity to gradually (progressively) return to work. Furthermore, the benefit system was reformed in 2017 for people who work during the period of incapacity. The salary which is required during a period of

	<p>incapacity can be combined with the benefit. Another measure is the possibility to follow a training during the period of work incapacity to update existing competences or to acquire new ones. All with the aim to be able to perform a job in line with the individual level of functioning. For the latter, NIHDI has set up a formal collaboration with the regional employment services and the sickness funds. There is no cost for the individual: participants get funding for all the education costs; in many cases they receive a bonus for finishing up a degree while in work incapacity. The goals are the development of new skills which the government wished to encourage to optimize the chances for the employees with health issues.</p> <p>In the course of the last years, several new legislative actions were taken. Among others, there is legislation applicable to unemployed/employees to improve the structure of the reintegration process. Depending on whether or not an employment contract is in place and their functional condition, patients are advised to follow a certain trajectory. The aim of the new legislative framework is to stimulate communication between physicians (medical advisors of the insurance companies, occupational physicians, GPs/specialists) and to focus on what patients can do rather than what they cannot do. Emphasis is put on early screening and therefore a questionnaire was developed and validated.</p>
Results so far:	<p>Since 2017 the calculation method was simplified leading to a growth of nearly 20% participation in this system.</p> <p>First analyses on the impact of these measures are currently running but to date no figures are available for psychological disorders separately.</p>

Name of the practice:	Knowledge centre for work incapacity ⁴⁵
Year of implementation:	2013
Coordinating authority:	National Institute of Health and Disability Insurance (NIHDI)
Objectives:	To facilitate more research driven interventions and connecting current legislation to research and good practices
Main activities:	The Department of Benefit has launched a knowledge centre for work incapacity. The centre finances and supports studies on the broad topic of return-to-work. More specifically on psychological disorders, there are two large pilot studies currently running. One is the Individual Placement and Support (IPS) model. The other is on the development of a return-to-work care pathway for people suffering from burnout. The latter study focusses on the collaboration between the GP, the psychologist, the medical

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<https://www.riziv.fgov.be/nl/themas/arbeidsongeschied/Paginas/Kenniscentrum.aspx#.XX3325MzZBw>

	advisor, the occupational physician and the employer (if applicable). In close collaboration with the Federal Ministry of Social Affairs and Public Health and other partner institutions, a website has been created providing guidance for people returning to work after a burnout.
Results so far:	Projects are ongoing

Name of the practice:	Campaign on early warning signs of burnout
Year of implementation:	2019
Coordinating authority:	National Institute of Health and Disability Insurance (NIHDI)
Objectives:	To increase awareness and facilitate early detection of stress-related disorders
Main activities:	The Minister of Health has announced a campaign which should help people in recognising the early warning signs of burnout. While launching the campaign, a website was published which summarises useful information regarding burnout. It can be consulted by all citizens, whether they are caregivers, family members of a burnout victim, employers or individuals.
Results so far:	Ongoing

Name of the practice:	Campaign on awareness about re-employment during or after medical treatment
Year of implementation:	2019
Coordinating authority:	National Institute of Health and Disability Insurance (NIHDI)
Objectives:	To increase awareness about re-employment during or after medical treatment
Main activities:	The Minister of Health has launched an awareness campaign about re-employment during and after medical treatment through a website: www.weeraandeslag.be or www.jeveuxreprendre.be .
Results so far:	Ongoing

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