Chapter 14
Policy Approaches to Occupational and Organizational Health

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Abstract This chapter analyzes the policy context and clarifies the policy process of relevance to occupational, organizational, and public health. It discusses different levels of policy-level interventions and the role of stakeholders, presenting examples and differentiating between hard and soft regulation. Policy underpins occupational health and organizational practice in a complex way and through different avenues. For occupational and organizational health research to achieve its desirable outcomes, it is important that researchers are aware of the policy process, the stakeholders involved, and implementation issues. Research involving stakeholders in its process will have greater potential to achieve impact both in policy and practice. This kind of research is unfortunately limited and particularly when it comes to the evaluation of policy-level interventions. It is important that this gap is addressed in the future to achieve effective translation of research into policy and practice.

Keywords Policy • Interventions • Macro approaches • Hard and soft regulation • Stakeholders • Social dialogue • Corporate social responsibility • Occupational and organizational health

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14.1   Introduction: Policy and Policy Research

The policy context and policy-level interventions have been largely ignored in the occupational, organizational, and public health literature. However, one can never fully understand why an intervention at company level works or does not work unless the policy context is taken into consideration. For it is the process of policy development and stakeholder engagement at international, regional, national, and sectoral level that determines whether awareness is raised, common understanding emerges, norms develop, decisions are made, actions are promoted, and sustainability is ensured. This chapter clarifies the policy process of relevance to occupational, organization, and public health, discusses its implementation at different levels and the key stakeholders involved, highlights examples of different types of policy instruments, and discusses future directions as concerns policy-level interventions in research and practice.

However, it is essential to first clarify some key concepts, starting with what is meant by policy:

> Various labels are applied to decisions and actions we take, depending in general on the breadth of their implications. If they are trivial and repetitive and demand little cogitation, they may be called routine actions. If they are more complex, have wider ramifications, and demand more thought, we may refer to them as tactical decisions. For those which have the widest ramifications and the longest time perspective, and which generally require the most information and contemplation, we tend to reserve the word 'policy.' (Bauer, 1968, pp. 1–2)

However, what has the widest ramifications and what requires the longest time perspective varies on the opinions of individuals, governments, and societies alike, and changes with time. As such, the meaning of policy has not been fixed and is not constant. The notion of policy itself has been constituted and reconstituted over time (Jenkins, 2007).

Policy generally refers to a course or principle of action adopted or proposed by an organization or individual. As such, policies can take a number of courses, be based on various principles, and be proposed by several organizations or even individuals. Policies can therefore be proposed or adopted at the macro level, meso level, or the micro level.[1] Moreover, policies are said to be revealed through texts, practices, symbols, discourses, that define and deliver values including goods and services as well as regulations, income, status, and other positively or negatively valued attributes (Birkland, 2005). Through this conception of policy, it is clear that policies are not just contained in laws and regulations; even once a law is passed, policies continue to be made as the people who implement policy make decisions about who will benefit from the policies and who will shoulder the burdens as a result (Birkland, 2005). Therefore, it is hardly surprising that there is little in the way of a consistent conceptualization of the term policy itself (Jenkins, 1978).

Today the word policy is easily recognized and understood; however 'what is meant by policy' and 'what policy is meant for,' is understood, conceived, studied, and analyzed in many different ways (Weimer & Vining, 1992). In addition, there is

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[1] Macro level refers to the international, regional (such as for example European), or national level; meso level refers to the provincial or sectoral level; micro level refers to the organizational level.

only a fine line that separates policy research and policy analysis, which is characterized by the strength of the client orientation. Low client orientation allows the policy researcher to focus on formal methodology, while policy analysts are restricted by high client orientation and also need to consider practical constraints that are of little academic interest (Weimer & Vining, 1992). According to Laswell (1970), policy research also includes the study of the policy process.

14.2   Process, Levels, and Key Stakeholders in Policy Making

The policy process is an elaborate and complex process; it involves a large number of choices made by a possibly large number of individuals and organizations (Hill, 1997). It may also involve complex interactions between state and non-state actors. For example, Birkland (2005) reviewed a number of definitions of public policy and concluded that whereas finding consensus on a precise definition was impossible, all variants suggest that public policy affects a greater variety of people and interests than do private decisions, and government or other policy actors are at the center of efforts to make and implement public policy.

To date, various models and approaches in studying the policy process have been proposed. For example, Dye (2010) proposed six main steps in the policy process, which along with the typical activities and stakeholders in each step and how they relate to the systems model are presented in Table 14.1.

As can be seen in Table 14.1, a number of stakeholders are relevant in the policy process. In addition to state actors, non-state actors play an important role in influencing policy development through organized groups or pressure groups which have the freedom to organize, and lobby government (Harrop, 1992). Non-governmental pressure groups can include business associations, employer associations, trade unions, mass media, expert/professional associations/societies, etc. Through the involvement of all these different stakeholders different types of policy-level interventions can take place and at different levels. On the basis of existing literature, policy-level interventions can be broadly classified as (Leka, Jain, Iavicoli, Vartia, & Ertel, 2011):

   i. Legislation/policy development
  ii. Standards at national/stakeholder levels
 iii. Stakeholder/collective agreements
  iv. Declaration signing
   v. International organization action
  vi. Social dialogue initiatives
 vii. National strategy development
viii. Development of guidelines
  ix. Economic incentives/programs
   x. Establishing networks/partnerships.

As is evident from this list, policy making can take place at different levels, including the international, national, regional, inter-organizational and organizational.

Table 14.1 Steps in the policy process

Stage	Step	Activity	Stakeholders
Inputs - Policy demands	Problem Identification	Publicizing societal problems Expressing demands for government action	Mass media, interest groups, citizen initiatives, public opinion
	Agenda Setting	Deciding what issues will be discussed, what problems will be addressed by government	Social partners, civil society, political and societal elites
The political system – Policy decisions	Policy Formulation	Developing policy proposals to resolve issues and ameliorate problems	Experts and think tanks Government agencies interest groups
Policy outputs	Policy Legitimation	Selecting a proposal – regulation impact assessment Developing political support Enacting it into law	Government agencies, courts, interest groups
Policy outcomes	Policy Implementation	Organizing departments and agencies Providing payments or services Levying taxes	Government agencies and departments, social partners
	Policy Evaluation	Reporting outputs of government programs Evaluating impact of policies on target and non target groups Proposing changes and 'reforms'	Executive department and agencies, mass media, experts and think tanks, social partners

Source: Adapted from Dye (2010)

Accordingly, different stakeholders will participate in the process at each level, and, as a result, different policy instruments will be produced.

Policy instruments have typically been differentiated as 'hard law/regulation' or 'soft law/regulation,' and each term can be seen as an inclusive, expansive, and flexible category. Moreover, both terms are used with a great variety of meanings in the existing literature (Kirton & Trebilcock, 2004). Hard law is defined as a policy relying primarily on the authority and power of the state – ultimately its legitimate monopoly on the means of coercion – in the construction, operation, and implementation, including enforcement, of arrangements at international, national, or subnational level (Kirton & Trebilcock). Hard law, based on the concept of 'legalization,' is also used to refer to legally binding obligations that are precise (or can be made precise through adjudication or the issuance of detailed regulations) and that delegate authority for interpreting and implementing the law (Abbott & Snidal, 2000). Statutes or regulations in highly developed national legal systems are generally taken as prototypical of hard legalization (Abbott, Keohane, Moravcsik, Slaughter, & Snidal, 2000). At the inter-governmental level they can take the form of legally binding treaties, conventions, and directives.

Soft law, in contrast, refers to policies that rely primarily on the participation and resources of non-governmental actors in the construction, operation, and implementation of a governance arrangement (Abbott & Snidal, 2000). According to Ikenberry (2001), in a soft law regime, the formal legal, regulatory authority of governments is not relied upon and may not be even contained in the institutional design and operation. Furthermore, there is voluntary participation in the construction, operation, and continuation and a strong reliance on consensus-based decision making for action and, more broadly, as a source of institutional binding and legitimacy. In such a regime, any participant is free to leave at any time and to adhere to the regime or not, without invoking the sanctioning power of state authority (Ikenberry, 2001).

State and non-state actors can achieve many of their goals through soft legalization that is more easily attained or sometimes preferable. Soft law is valuable on its own, not just as a steppingstone to hard law; it provides a basis for efficient international 'contracts' and it helps create normative 'covenants' and discourses that can reshape international politics (Abbott & Snidal, 2000). Soft law instruments range from treaties, which include only soft obligations (legal soft law), to non-binding or voluntary resolutions, and codes of conduct formulated and accepted by international, regional, and inter-organizational bodies (non-legal soft law), to statements prepared by individuals in a non-governmental capacity, but which purport to lay down international principles. They also include voluntary standards designed and adopted by businesses and civil society to guide their shared understanding (Chinkin, 1989; Kirton & Trebilcock, 2004).

One process through which both hard and soft law has been produced at European level, for example, is European social dialogue. Dialogue between the European social partners (trades unions and employer associations) takes place at both cross-sectoral and sectoral level. Participants in cross-sectoral dialogue – ETUC (trade unions), BUSINESSEUROPE (private sector employers), UEAPME (small businesses), and CEEP (public employers) –have concluded a number of agreements that have been ratified by the Council of Ministers and are now part of European

legislation, such as the agreements on parental leave (1996), part-time work (1997), and fixed-term contracts (1999). In the context of the European employment strategy (a part of the Lisbon Agenda: cf. Council of the European Union, 2000), the European Council also invited the social partners to negotiate 'voluntary' agreements to modernize the organization of work, including flexible working arrangements, with the aim of making undertakings productive and competitive and achieving the necessary balance between flexibility and security. The social partners have since concluded framework agreements on telework (European Social Partners, 2002), work-related stress (European Social Partners, 2004), and harassment and violence at work (European Social Partners, 2007). These agreements create a contractual obligation for the parties to implement the agreement at each appropriate level of the national system of industrial relations instead of being incorporated into a Directive (Eurofound, 2011a). It is against this background that national governments in Europe develop policy-level interventions.

As policies are made and implemented in multi-actor contexts, the various stakeholders frequently view problems and solutions differently, and some will try to influence the aim and direction of a policy all the way through the policy process. Such situations call for more attention to be paid to different rationalities and lines of argument (Hanberger, 2001). Stufflebeam (1999) further warns that evaluators may encounter considerable difficulties if their perceptions of the study being undertaken differ from those of their clients and audiences. Often, clients want a politically advantageous study performed, whereas the evaluators want to conduct questions/methods-oriented studies that allow them to exploit the methodologies in which they were trained. Moreover, audiences usually want values-oriented studies that will help them determine the relative merits and worth of competing programs, or advocacy evaluations that will give them voice in the issues that affect them. If evaluators are ignorant of the likely conflicts in purposes, the evaluation is probably doomed to failure from the start. Therefore, it is important to remember that no one type of approach consistently is the best in evaluating policy interventions.

The evaluation model presented in Fig. 14.1 is based on an analytical framework of industrial relations proposed by Weiler (2004). According to this, any evaluation of policies relating to workers' health and safety must begin with an exploration of the context within which these policies are developed and implemented; these relate to the environment that influences the policy process including social, economic, and political influences on inputs, systems variables, policy outputs, and policy outcomes.

The economic climate includes, for example, availability and provision of resources, unemployment rates, labor productivity, as well as social factors such as freedom of association and union participation in public policy. The political climate relates to the system of governance (federal, central, unitary, intergovernmental), political stability, etc. The context has a direct impact on the regulatory framework for occupational health and safety, the actors who are included or excluded from the development of policies for health and safety and their perception of health and safety risks, the process of negotiation, development and implementation of these policies, and policy outcomes. These have an impact on the actions taken by governments, regions, and companies to manage occupational health and safety risks in
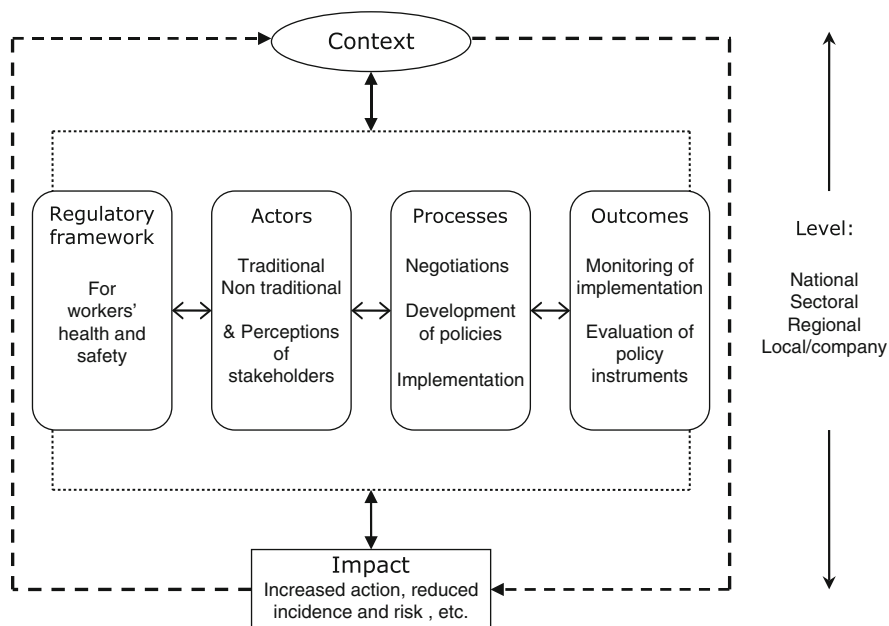
Fig. 14.1 Model for the evaluation of workers' health and safety policies (Source: Adapted from Weiler (2004))

order to reduce their impact in terms of incidence of accidents, diseases, health conditions, and related business outcomes (e.g., absenteeism, presenteeism, and human error). This process is applicable at the national, sectoral, regional, and company level.

The next sections of this chapter present different examples of policy-level interventions at the European, national, sectoral, and inter-organizational levels, which are discussed on the basis of the available literature and the above model.

14.3 Policy-Level Interventions at European Level

The Community Strategy on Safety and Health at Work sets out the political framework for European safety and health policy. The starting point for legislative initiatives at European level is a legislative proposal drafted by the European Commission. It is the Council and the European Parliament under the 'ordinary legislative procedure' that adopt European directives (European Agency for Safety and Health at Work, 2012). A European directive is a legislative act of the European Union (EU). It is binding in its entirety and obliges Member States to transpose it into national law within the set deadline. EU directives on safety and health at work have their legal foundation in Article 153 of the Treaty on the Functioning of the European

Union (formerly Article 137 TEC), which gives the EU the authority to adopt directives in this field (European Agency for Safety and Health at Work).

The Framework Directive 89/391/EEC on Safety and Health of Workers at Work lays down employers' general obligations to ensure workers' health and safety in every aspect related to work, 'addressing all types of risk.' A series of individual directives focusing on specific aspects of safety and health at work were adopted on the basis of the Framework Directive. Nevertheless, the Framework Directive continues to apply to all areas covered by the individual directives. Where individual directives contain more stringent and specific provisions, these special provisions prevail. Individual directives tailor the principles of the Framework Directive to specific tasks, specific hazards at work, specific workplaces and sectors, specific groups of workers, and certain work-related aspects. The individual directives define how to assess these risks and, in some instances, set limit values for certain substances or agents. Over sixty individual EU directives setting out minimum health and safety requirements for the protection of workers have been adopted and implemented in the EU.

The standards set in these individual directives are minimum standards for the protection of workers, and Member States are allowed to maintain or establish higher levels of protection. In addition, a series of technical directives under the 'New Approach' were adopted, whereby the European standardization organizations – European Committee for Standardization (CEN), European Committee for Electrotechnical Standardization (CENELEC), and European Telecommunications Standards Institute (ETSI) – set and update European standards on a regular basis (European Agency for Safety and Health at Work, 2012). These standardization organizations are also responsible for the development and implementation of non-binding standards.

Non-binding policy interventions also include official guidelines that aim to facilitate the implementation of European directives. Guidelines can be issued in various forms, including practical guidelines from the European Commission setting out best practice for the prevention of risks, Council Recommendations, European Commission Communications, etc. (European Agency for Safety and Health at Work, 2012). The European social partners play a vital role in the European decision-making process in the field of safety and health at work, as they have to be consulted at various stages. The European Treaty also foresees the possibility of concluding autonomous agreements, as highlighted above.

14.3.1   Case Study Example: The Framework Directive 89/391/ EEC on Safety and Health of Workers at Work

The Framework Directive 89/391/EEC on Safety and Health of Workers at Work lays down employers' general obligations to ensure workers' health and safety. The Framework Directive with its general principles continues to apply in full to all areas covered by individual directives, but where individual directives contain more stringent and/or specific provisions, these special provisions of individual directives

prevail (European Commission, 2004). Membership in the EU has led to the Europeanization of national policies of member states, where domestic policy areas become increasingly subject to European policy (Börzel, 1999), as is the case of policies related to occupational health and safety following the implementation of the Framework Directive.

The first report from the European Commission on the practical implementation of the provisions of the Health and Safety at Work Directives (European Commission, 2004) indicates that the EU legislation has had a positive influence on the national standards for occupational health and safety. In Greece, Ireland, Portugal, Spain, Italy, and Luxembourg, the Framework Directive had considerable legal consequences due to the fact that these countries had antiquated or inadequate legislation on the subject when the Directive was adopted. In Austria, France, Germany, the United Kingdom, the Netherlands, and Belgium, the Directive served to complete or refine existing national legislation, and, finally, in the case of Denmark, Finland, and Sweden, transposition did not require major adjustments, since these countries already had rules in place that were in line with the directives concerned (European Commission, 2004). Table 14.2 summarizes the European Commission's evaluation of the implementation of the Framework Directive in the EU15 (European Commission, 2004).

Since 2004, 12 new countries have joined the European Union. In these cases the Framework Directive was part of the negotiation for joining the EU and acquis communautaire (EU acquis), which meant the approximation of national laws to EU law before membership (Hämäläinen, 2006). The 2004 report from the Commission did not examine the implementation of the Directive in the new member states, and even though the new member states would have adapted or modified their national legislations prior to accession, there were disparities between older EU member states and new member states in health, social, and industrial relations issues (Hämäläinen, 2008). It is therefore important to take into consideration different national situations, ascribable to the time available to acknowledge and implement European Directives (in the case of new member states) and related policies to political and administrative capacities of each member country that can have a direct impact on implementation of good practice and preventive measures at the workplace level.

14.4   Policy-Level Interventions at National Level

All countries across the world have some form of national health and safety legislation that sets national minimum standards for health and safety. National laws may conform to criteria established in international (e.g., if the country has ratified an ILO convention) and regional policies (e.g., EU directives); however, there are large variations in the scope and coverage of national health and safety laws (International Labour Office, 2004). In Europe, Member States are free to adopt stricter rules for the protection of workers when transposing EU directives into national law, and so

Table 14.2 Evaluation of the impact of Framework Directive 89/391 in 15 EU Member States (Pre-2004)

Area of impact	Effect of implementation
Legal impact in member states	In Greece, Ireland, Portugal, Spain, Italy, and Luxembourg, the Framework Directive had considerable legal consequences, since these countries had antiquated or inadequate national legislation on health and safety when the Directive was adopted
	In Austria, France, Germany, United Kingdom, the Netherlands, and Belgium, the Directive served to complete or refine existing national legislation
	In Denmark, Finland, and Sweden, transposition of the Directive did not require major adjustments, since they already had national legislation in place that was in line with the Directive
Positive effects of implementation	Decrease in the number of accidents at work
	Increase in employers' awareness of health and safety concerns
	Emphasis on a prevention philosophy
	Broadness of scope, characterized by the shift from a technology-driven approach towards a policy of occupational safety and health that focused on the individuals' behavior and organizational structures
	Obligation for the employer to perform risk assessments and provide documentation
	Obligation for the employer to inform and train workers
	Increased emphasis on rights and obligations of workers
	Consolidation and simplification of exiting national regulations
Main difficulties of implementation	Increased administrative obligations and formalities, financial burden, and the time needed to prepare appropriate measures
	Lack of participation by workers in operational processes
	Absence of evaluation criteria for national labor inspectorates
	Lack of harmonized European statistical information system on occupational accidents and diseases; although this has been addressed to an extent
	Problems in implementing certain provisions in SMEs
Specific issues	Most existing risk assessment practices characterized as superficial, schematic procedures where the focus is put on obvious risks. Long-term effects (e.g., mental factors) as well as risks that are not easily observed were reported to be neglected
	Concerning the practical implementation of the provisions related to risk assessment, there is hardly any consideration of psychosocial risk factors and work organizational factors
	Significant deficits in ensuring a broad coverage of preventive services relating to psychological aspects were identified

Source: Adapted from Leka, Jain, Zwetsloot, and Cox (2010)

legislative requirements in the field of safety and health at work can vary across EU Member States (European Agency for Safety and Health at Work, 2012).

To implement national legislation, most countries have designated occupational health and safety authorities and inspection systems to ensure compliance. In several countries, particularly developed countries, there are mechanisms for national

surveillance (collection and analysis of data) on health and safety, tripartite (employers, trade unions, and government) consultation mechanisms or bodies, access to occupational health and safety services, occupational health and safety research institutions, and links with worker injury insurance schemes and institutions.

In addition to legislation, many countries also provide policy recommendations, codes of practice and guidance for public authorities, employers, workers, enterprises, and specialized occupational safety and health protection bodies. These are not legally binding instruments and are not intended to replace the provisions of national laws or regulations, or accepted standards but rather complement them. Such policy instruments provide guidance on safety and health at work on protecting workers against certain hazards and on certain safety and health measures. The Management Standards for work-related stress in the UK is one such example.

14.4.1 Case Study Example: The Management Standards for Work-Related Stress in the UK

In the UK, the Health & Safety Executive (HSE) has developed a process based around a set of Management Standards to help employers, employees, and their representatives to manage and reduce the levels of work-related stress (Mackay, Cousins, Kelly, Lee, & McCaig, 2004). The approach covers six key areas of work design that, if not properly managed, are associated with poor health and well-being, lower productivity, and increased sickness absence (Health and Safety Executive, 2007). Theoretical underpinnings justifying the focus on these particular Management Standards and work-related stress in the UK as well as practical developments of the Management Standards have been fully reported in studies by Mackay et al. (2004) and Cousins et al. (2004).

The Management Standards approach reflects the UK national legislative framework, which consists of the Health and Safety at Work Act 1974, requiring UK employers to secure the health (including mental health), safety and welfare of employees while at work. In addition, under the Management of Health and Safety at Work Regulations 1999, employers are required to carry out a suitable and sufficient assessment of significant health and safety risks, including the risk of stress-related ill health arising from work activities, and take measures to control that risk. The Management Standards are not legally enforceable and have therefore been implemented as a guidance-based approach to work-related stress (Mackay et al., 2004).

Since its development, the Management Standards as well the indicator tool have been evaluated through several studies funded by the HSE (e.g., Bond, Flaxman & Loivette, 2006; Broughton, Tyers, Denvir, Wilson, & O'Regan, 2009; Cousins et al., 2004; Cox, Karanika-Murray, Griffiths, Wong, & Hardy, 2009; Mellor et al., 2011; Tyers, Broughton, Denvir, Wilson, & O'Regan, 2009; Yarker, Donaldson-Feilder, Lewis, & Flaxman, 2007; Yarker, Lewis, & Donaldson-Feilder, 2008). Findings suggest that the approach is seen to be useful not just in terms of stress management and ensuring that systems are in place but also for integrating stress management

into management and leadership development processes and other areas such as appraisal, coaching, induction and support of managers. The business case was also found to be supported. Additional guidance was also found to be desirable by organizations. However, critics have argues that the predicted improvements in working conditions as a result of HSE's roll-out of the Management Standards for work-related stress do not appear to have materialized fully as yet. The lack of clear impact to date could reflect the long latency between organizations first implementing the process and benefits being realized. Equally, with so many other economic and social factors affecting worker perceptions of their working conditions, any effect may be masked. Only in combination with other evidence can the effects of the Management Standards be better understood.

14.5 Policy-Level Interventions at Sectoral Level

Sectoral policies are comprehensive, integrated, and coordinated initiatives targeted to address a sector's specific objectives. As in the case of macro level policies, the development of 'meso' sectoral policies usually involves consultations with several stakeholders (both public and private) and user groups at the national and supranational (e.g., European) levels, however only sector specific stakeholders are involved. At the European level, sectoral policies are largely the outcome of sectoral social dialogue (European Commission, 2010) that began in the early decades of European integration, when six joint committees, composed of an equal number of employee and employer representatives, were established in sectors directly affected by the first pan-European regulations (Perin & Léonard, 2011). To date, 40 European social dialogue committees, which now cover 145 million workers in Europe in sectors of crucial importance, are formally involved in sectoral social dialogue.

European sectoral social dialogue is an instrument of EU social policy and industrial relations at sectoral level (Eurofound, 2011b). "European sectoral social dialogue committees are fora for consultations on European policies. They allow European social partners to develop joint texts for action and conduct negotiations on issues of common interest in their sector, thereby contributing directly to shaping EU labour legislation and policies" (European Commission, 2010, p. 4). Joint texts issued by the sectoral social partners include agreements that can be transformed into directives or implemented in accordance with the procedures and practices specific to management and labor and the Member States; process-oriented texts (frameworks of action, guidelines, codes of conduct, policy orientations), whereby the social partners undertake to abide by principles and to verify that they are properly implemented; joint opinions and tools (such as studies, handbooks, instructions for use, etc.) through which the social partners forward their view on a European matter to the European institutions and attempt to influence policy-making (Degryse & Pochet, 2011).

More than 500 joint texts have been adopted by the sectoral committees, including six agreements on working conditions and occupational health and safety, five of

which have been implemented by European directives (European Commission, 2010). Most joint texts, however, consist of process-oriented texts and joint opinions which are not binding, and their implementation relies on processes largely dependent on the goodwill and capabilities of national affiliates of the European counterparts. With European federations having little or no power to enforce compliance among their affiliates, the implementation of any text is largely dependent on the internal dynamics of each national context (Perin & Léonard, 2011). Therefore, outcomes of European sectoral social dialogue are modest if compared to national systems of collective bargaining and sectoral social dialogue (Eurofound, 2011b). The Work and Health Covenants in the Netherlands are examples of sectoral policy interventions at the national level.

14.5.1 Case Study Example: The Work and Health Covenants in the Netherlands

From 1998 until 2007, the Dutch Ministry of Social Affairs and Employment actively encouraged and subsidized a sectoral approach to risk management. The overall aim was to achieve a reduction of about 10 % in exposure to sector-specific occupational health and safety risks over a period of approximately 3 years. These sectoral risk management projects were called Work and Health Covenants. A covenant can be described as an agreement between employer and employee representatives of a sector, who – in the presence and with the advice of the Ministry – agree on the risks to tackle, the approach or measures to take, and the specific goals to be formulated at sectoral level. Sectors did not start with the covenants at the same time. The covenants that were agreed in later years more often included goals related to absence reduction. About 50 high-risk sectors (i.e., sectors in which either 40 % of workers or at least 50,000 workers were exposed to primary work risks, including high job demands, high physical demands, and working with health damaging chemicals, participated in the initiative (Taris, van der Wal, & Kompier, 2010).

At the end of the 'Work and Health Covenant period' two large evaluations took place, initiated by the Ministry of Social Affairs and Employment. One was mainly directed at absence (and cost) reduction, whereas the other was more directed at risk reduction at the national level, comparing risk change in sectors that did and did not participate in the covenants. The evaluation that considered absence (and cost) reduction resulted in a quite positive message: Absence and related costs were reduced (Veerman et al., 2007). However, the study considering risk exposure was not so positive, as no differences were found (Blatter, de Vroome, van Hooff, & Smulders, 2007). These latter findings may have been an underestimation of the effects on exposure, since even in sectors where covenants had been agreed upon, not all organizations implemented interventions and not all employees participated. Another explanation may be that only a post-covenant comparison of sectors with and without such a covenant was possible. No national measurements were carried out, so no comparison could be performed on risk exposure before the covenants

were agreed upon. The fact that only a comparison on risk exposure could take place after the covenants were implemented and the fact that high-risk sectors were selected and approached to enter into these covenants may have biased the comparison on exposure (Blatter et al., 2007).

14.6   Policy-Level Interventions at Inter-Organizational Level

The complexity of legislation has brought about a high degree of specialization and differentiation, evident in the plethora of working groups at the macro policy level (Andersen, Eliassen, & Sitter, 2001). This in turn has prompted focus on the importance of policy networks ranging from close and stable 'policy communities' to looser 'policy networks' (Richardson, 1996), indicating the importance ascribed to informal relationships, shared views and the role of the civil society in general. Civil society has always played a central role in the development of European nation-states. It comprises a broad array of social organizations, trade unions, non-governmental organizations, local associations, expert/professional associations/societies and others (Geyer, 2003).

Since the early 1990s, the EU has increasingly recognized the importance of civil society in the policy-making/influencing arena as a means of combating poverty, social exclusion, and unemployment through social dialogue, promotion of a wide variety of social and civil organizations, and the integration of civil society issues into the strategies of 'open method of co-ordination' (Geyer, 2003) and more recently through key initiatives aimed at promoting Corporate Social Responsibility (CSR) (for example, European Commission, 2001, 2002). The role of civil society in social dialogue is relatively well established and institutionalized with clearly defined stakeholders, procedures, and actions that therefore represent 'policy communities.' Policy initiatives arising out of social dialogue can take place at the macro level (European and national) as well at the sectoral level, as discussed above.

However, policy-level interventions can also be developed and implemented at the inter-organizational level, where civil actors with or without the involvement of governmental actors organize to promote specific areas of interest. This involves the development of 'policy networks' of organizations, government bodies, businesses, or experts to share examples of good practice, recommendations, guidance, and tools. Some examples of such inter-organizational networks in the area of occupational health and safety include the ILO International Occupational Safety and Health Information Centre (CIS) Network, WHO Global Network of Collaborating Centres in Occupational Health, European Network for Workplace Health Promotion (ENWHP), Partnership for European Research in Occupational Safety and Health (PEROSH), Northern Dimension Partnership in Public Health and Social Well-being (NDPHS), CSR Europe, and the Enterprise for Health (EfH) network.

14.6.1   Case Study Example: European Network for Workplace Health Promotion (ENWHP)

Established in 1996, the European Network for Workplace Health Promotion (ENWHP) is a platform for all stakeholders interested in the improvement of workplace health and is committed to working towards the vision and mission 'healthy employees in healthy organizations.' The Network was founded when the European Union adopted the Programme of Action on 'Health Promotion, Education, Information and Training' to improve public health standards in Europe in which workplaces were accorded a special role.

Since it was established, ENWHP has grown steadily, with a current membership of 31 national safety and health and public health organizations in the EU Member States, Switzerland, and countries of the European Economic Area. Over these years the network has successfully formulated a general definition for workplace health promotion (WHP) in Europe, developed standardized criteria for good quality workplace health, and published reports with models of good practice from a wide range of industrial sectors. ENWHP has also developed a European toolbox of successful practices and identified strategies to help keep workers longer in employment. In addition, national networks were established by ENWHP in recent years to disseminate information on WHP to a wider audience, including interest groups and decision-makers from politics, industry, and society. Through the combined efforts of its members, partners, employers, employees, and society, the network seeks to improve the health and well-being of people at work (European Network for Workplace Health Promotion (ENWHP) [ENWHP], 2007).

14.6.2   Case Study Example: CSR Europe

CSR (Corporate Social Responsibility) Europe is the leading European business network for corporate social responsibility with around 75 multinational corporations and 25 national partner organizations as members. Its mission is to support member companies in integrating CSR into the way they do business on a daily basis. CSR Europe sees the issue of health and well-being in the workplace as core to CSR objectives. It feels that the business case is soundly made, at moral, financial, and other levels, but that this still needs to be communicated more efficiently in the language of business. One activity is the CSR Laboratory on Well-being in the Workplace. It aims to identify the key areas related to well-being issues in the workplace as well as mainstreaming and coordinating policy initiatives through discussions of best practices and development of associated tools. The Laboratory brought companies together, in 2007 and 2008, to understand, share, and identify best practices, to facilitate an understanding of managerial performance, as well as highlight supporting tools and techniques. They developed a guide to capture the necessity of

well-being strategies in the workplace, showcase best practices from participating companies, discuss reintegration theories and initiatives, and provide a comprehensive list of resources on various aspects of well-being theory, implementation, and EU or national policies.

14.7   Conclusions

This chapter has analyzed the policy context to occupational and organizational health distinguishing the different levels of policy-level interventions and the role of stakeholders in the policy process. It also presented examples of policy-level interventions at each of these levels, differentiating between hard and soft regulation. A model for the evaluation of policy-level interventions has been offered as a guide for studies in this area. However, it must be highlighted that there is no one-size-fits-all evaluation approach in policy research, particularly given the complexity of the policy process itself and its context specificity.

Indeed, complexity of regulation, even if one considers hard law alone and the volume of legally binding health and safety regulations, has given rise to a number of 'better regulation' initiatives both at European and national (e.g., UK, the Netherlands) levels. The current trend for 'better regulation' is viewed by many as a trend towards 'deregulation,' or at least towards a less stringent and more goal-setting approach to policy making in health and safety (Department for Business Enterprise and Regulatory Reform, 2008; Lofstedt, 2007). Regulatory impact assessment is now a more widely used tool, and it aims at assessing the possible costs (financial, administrative, social) of introducing different types of policies before a decision is made for the best option to be adopted (Torriti, 2007). It is hoped that the more effective use of regulatory impact assessment will reduce the burden of increased legislation to the state and to businesses (and especially small and medium-sized enterprises). In this new landscape of health and safety policy making, softer forms of regulation now become more important and relevant than ever – as does research examining the development, implementation, and evaluation of policy-level interventions.

As shown in this chapter, policy underpins occupational health and organizational practice in a complex way and through different avenues. For occupational and organizational health research to achieve its desirable outcomes, it is important that researchers are aware of the policy process, the stakeholders involved, and implementation issues. Research involving stakeholders in its process will have greater potential to achieve impact both in policy and practice. Such research is unfortunately limited and more so as concerns the evaluation of policy-level interventions (Leka et al., 2010). It is important that this gap is addressed in the future for effective translation of research into policy and practice to be achieved.

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