

Sweden: throwing the baby out with the bath water?

Sweden's multidisciplinary preventive services were for years viewed as a model for other countries. With substantial public funding and set up under a national collective agreement between trade unions and employers' organizations, they had developed exceptional expertise and operational capabilities. State funding also meant that their operations could be more easily integrated into national prevention policy which involved compliance with publicly-set criteria framed after tripartite consultations.

In the 80s, however, doubts began to set in. Swedish research had revealed that the development of preventive services could have a backlash. Employers talked down their own central responsibility, arguing that it was the preventive services' job to act on and solve problems. Over time, prevention came to have what the Swedes called a "side-car effect" instead of being integrated early on as a pre-requisite of all choices affecting work organization. Also, the status accorded to experts was apt to oust workers and trade unions and downgrade their experience and policy priorities. All these issues took place against the broader backdrop of changes in work and the emergence of types of risk that the experts were less on top of than the traditional risks related to work equipment or chemicals.

In the late 80s, a policy shift occurred¹. In a bid to put the focus on the employer's responsibilities, the public authorities stipulated that management systems be put in place to better address workplace health problems. But the change came about in a political and social climate which was adverse to workers, so the clock was put forwards and back at the same time: the employers seized the opportunity to reclaim the initiative and tried to roll back real labour gains under the cloak of adding more efficiency to the prevention system. In 1992, the Swedish employers' confederation ripped up the agreements with the trade unions, including the compulsory membership of preventive services by firms in many sectors. On 1 January 1993, the state withdrew funding for preventive services. Within a matter of years, they found themselves on the horns of a dilemma. They had to continue operating without a specific regulatory framework, and they were completely dependent on the market - i.e., employer demand - for their funding. And employers were free to change preventive services or even do without one.

Within a matter of years, the preventive services had suffered heavy staffing cuts, down from about 10 000 to 7 000 personnel². Coverage has also decreased. But it is mainly the essential purpose of preventive service activity that has been comprehensively thrown open to question. Profitability now dominates the preventive services' agenda. Many have changed the way

they charge for their services. Instead of a flat-rate charge per worker, they now offer a "basic package" of services with bolt-on options. That is a response to employer preferences for short-term contract services and a reluctance to enter into long-term relations with a preventive service. In the words of B. Remaeus and P. Westerholm, "occupational health services then became free agents in an unregulated health market".

At the same time, the prevention system's other underpinnings have been weakened³. Between 1989 and 1999, the occupational health authority (which includes the labour inspectorate) suffered a 20% loss of staff. The number of workplace inspections was down by 30%. This latter figure, however, has to be seen in the context of a change in how inspections are done. There is now a big focus on systemic inspections of how firms manage workplace health issues, and these inspections rose from 1 000 in 1993 to 6 000 in 2000. The changes in employee representation are less well publicised - the number of registered safety reps fell from 100 000 in 1997 to 80 000 in 1999.

Concerned at rising absence rates⁴, the Swedish government is considering a new impetus for preventive services. The question is whether they will be revitalized more with a view to promoting collective prevention or individual action to keep workers at work at any price in order to balance the social security books. The starting point of government proposals to improve health in working life, presented to Parliament on 20 September 2001, is a bid to cut the costs of sickness absence⁵. An eleven-point programme was proposed which puts "the focus on individuals". The government statement contains a series of measures targeted on different aspects. The role of the preventive services is addressed very conservatively, the aim being to develop new methods for the preventive services. But the focus seems to be more on research than the failings of the regulatory framework.

The main thrust of the government measures eventually passed in January 2003 seems to be to get to grips with the effects of poor working conditions. New rules and regulations on sickness absence to be put in place will make "part-time sickness absence" the norm (i.e., sick employees will continue working to the extent permitted by their impaired capacities). Both positive and negative financial incentives will be developed to put most of the cost burden of absenteeism on employers. The question is, however, "what will happen to slightly sick or disabled workers looking for jobs? With greater pressure on employers in the form of greater responsibility for the sick pay, is there a risk that such workers will not be recruited?"⁶. ■

¹ A general review will be found in: K. Frick, Sweden: Occupational Health and Safety Management Strategies from 1970-2001 in: D. Walters (ed.), *Regulating Health and Safety Management in European Union. A Study of the Dynamics of Change*, Brussels, P.I.E.-Peter Lang, 2002, pp. 211-234.

² Figures taken from B. Remaeus, P. Westerholm, Official Supervision and the Occupational Health Service in: S. Marklund (ed.), *Worklife and Health in Sweden 2000*, Stockholm, 2001, pp. 51-70.

³ See K. Frick, *op. cit.*

⁴ The number of people off work on health grounds was estimated at 14% of the working population in 2001.

⁵ Regeringskansliet, *Budget Bill 2002*, Fact sheet on the Swedish Government's Budget Bill for 2002, presented to the Parliament on 20 September, 2001.

⁶ A. Berg, Government proposes sick pay reform, *EIRO on line*, January 2003.