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

Peer Country Comments Paper - Denmark

Progress and obstacles – a comparative view on the Swedish approach from Denmark.

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DG Employment, Social Affairs and Inclusion

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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". It provides a comparative assessment of the policy example of the Host Country (Sweden) and the situation in Denmark. The situation in Sweden is described in the host country discussion paper[1]. This paper refers to conclusions and statements of the Swedish paper.

2   Scale and nature of psychosocial risks at work

The Danish labour market is dominated by relatively few large companies, a large number of small and middle-sized companies (approximately 90%) and a fairly large public sector. Almost two million people are employed in the private sector, of which approximately half are employed in SMEs. Approximately 800 000 workers are employed in the public sector[2]. Problems related to psychosocial risks at work are a general source of concern and are given great emphasis in the public debate. However, the understanding of them and priority they are given differs between sectors. In industry and construction 'well-being surveys' are included as a part of the mandatory risk assessment (workplace-assessment) but rarely leads to major intervention or changes. Developments from the social partners often focuses on bullying and harassment. In the service sector the focus is on high workloads, deadlines and uneven working hours and in the public sector priority is given to emotional burnout, harassment from clients and the imbalance between workload and resources.

2.1   Challenges in mental health

The National Research Centre for the Working Environment[3] conducts a survey on the working environment and health of employees [4](A&H-Survey) every two years, with the aim of continuously monitoring the development of employees' own perception of their work environment and health. In terms of psychosocial risks at work, the proportion of employees reporting a high degree of depressive symptoms[5] have increased from 8.5 % in 2012 to 10.9 % in 2016[6], women and young workers report the highest Major Depression Inventory (MDI) score. In 2012, 12.5 % of employees reported 3–4 symptoms of anxiety, but in 2016 the share was 14.4 % in the A&H Survey. The highest score is seen among young women - with 15.6 % of young women in 2016 reporting that they experience stress often or all the time which was the same level as in 2012. Young people of all genders have the highest reported stress level. Difficulty sleeping were reported by 28.9 % of all respondents in 2016 which is a major increase compared to 2012 (16.9 %). This is a general trend in the whole working population and a source of concern. The reported symptoms are not necessarily merely a consequence of the working environment but will also relate to the working conditions and personal or social challenges. The social partners may disagree about the most important causes but from a workplace point of view the problem is an employee on sick leave. The OSH regulation

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[1] 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.
[2] https://www.dst.dk/da/Statistik/nyt/NytHtml?cid=24822
[3] http://nfa.dk/da/UK
[4] Work Environment and Health in Denmark [Arbejde og helbred i Danmark], available at: http://nfa.dk/da/Vaerktoejer/Sporgeskemaer/Arbejdsmiljo-og-Helbred-i-Danmark-AH
[5] As measured by the Major Depression Inventory (MDI).
[6] Work Environment and Health in Denmark [Arbejde og helbred i Danmark], available at: http://nfa.dk/da/Vaerktoejer/Sporgeskemaer/Arbejdsmiljo-og-Helbred-i-Danmark-AH

has also since 2003 had as a political aim to reduce sick leave and improve the possibilities of returning to work by emphasising the costs related to sick leave and to support workplaces in reducing sick leave through prevention strategies.

2.2 The psychosocial working environment

The survey also includes questions on employees' perceptions about the working environment. Some of the notable results that gives a picture of the Danish labour market are:

- Two out of three employees report that it is necessary to keep a high work speed;

- One out of three employees report high emotional demands from work;

- One out of three employees report frequent work beyond normal workhours;

- One out of three employees experienced low level of the quality of management in general; and

- One out of five employees report that they rarely or never have influence in decisions of relevance to their job role.

This picture has remained relatively unchanged in the past decade.

High emotional demands, physical violence and threats are reported more frequently by women, whilst excessive work hours are reported more frequently by men. Similarly, employees in the public sector (which is dominated by female employees) more frequently report high emotional demands, physical violence and threats, whilst employees in the private sector more often report excessive working hours.

The Danish regulation is generally based upon an understanding of psychosocial risks originating from the research performed by The National Research Center[7], including two major national surveys: 'Work and Health' (as mentioned above) and 'OSH effort on company level'[8]. The dominant understanding of psychosocial risks includes - besides the health outcomes described above - selected work-related risk factors known as the 'six golden nuggets'[9] supplemented by factors related to the concept of social capital[10] (trust, justice and level of cooperation). Due to the fact that the social partners play an important role in defining the national approach to psychosocial risks, rather than the health professionals, the understanding of the relationship between risk factors and mental health outcomes is related to sectors or types of jobs. The focus on gender differences therefore plays less of a role than the types of jobs. Moreover, there is a

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[7] National Research Center for the Working Environment (NFA), http://nfa.dk/da/UK

[8] National Research Center for the Work Environment. Employers' Work Environment Efforts [Virksomhedernes Arbejdsmiljøindsats, VAI], available at: http://nfa.dk/da/Arbejdsmiljoedata/Arbejdsmiljo-i-Danmark/Virksomhedernes-Arbejdsmiljoindsats; National Research Center for the Work Environment (2018). Facts about Employers' Work Environment Efforts 2017 (VAI2017): A questionnaire survey of workplaces in Denmark [Fakta om virksomhedernes arbejdsmiljøindsats 2017 (VAI2017). En spørgeskemaundersøgelse på arbejdspladser i Danmark], available at: http://nfa.dk/da/Forskning/Udgivelse?journalId=7618605a-187c-4111-9293-d4d992e15229

[9] The six golden nuggets: 'influence', 'meaning of work', 'predictability', 'social support', 'demands from work (quantitative and emotional)' and 'rewards and recognition' relates to the development of the Copenhagen Psychosocial Questionnaire (COPSOQ).

[10] Hasle, P., Søndergaard Kristensen, T., Møller, N. and Gylling, K., (2007). Organisational social capital and the relations with quality of work and health – a new issue for research, ISOCA 2007. International Congress on Social Capital and Networks of Trust on 18–20 October 2007, Jyväskylä, Finland.

very limited focus upon work that does not take place in traditional workplaces such as self-employed because this part of the labour market is not regulated by the social partners.

3 Legislation and practical management of psychosocial risks at work

Psychosocial risks have been an important issue on the agenda of authorities, social partners, occupational safety and health (OSH) experts and researchers since the mid-1990s. Most recently the Government launched a broad political agreement to put forward a new order specifically on psychosocial risks as an amendment to the Working Environment Act[11].

3.1 Regulation and inspection of psychosocial risks

The Danish Working Environment Act from 1975 is a framework act and in its general objective to *"secure that work is planned, organised and performed in such a way that safety and health are ensured"*[12]. This includes psychosocial risks factors. However, the process of transforming the regulation into inspection practices, dissemination of knowledge and support to workplace implementation has been a long and troublesome process.

Danish OSH regulation is developed in a tripartite partnership between authorities and the social partners. A tripartite body – the Working Environment Council is consulting the Ministry of Employment and the Danish Working Environment Authority (DWEA). Regulation and inspection practices are always developed through negotiations between the DWEA and the social partners. More generally, the division of work is that DWEA takes care of inspection and enforcement, whilst the social partners take care of dissemination of knowledge, tools and good practices (through five Sectoral Working Environment Councils).

Inspection and enforcement of psychosocial risk has been a battlefield since the DWEA commenced issuing orders on workload, work organisation and harassment. In 1994 the Government organised a tripartite committee – called the Methods Committee – to clarify the roles and focus of the different actors. The Committee issued a report that has influenced regulation ever since. The report segregated risk factors in two groups:

- The first group comprises factors linked to the working situation of the employees, caused by the working process, products or work methods (e.g. work-related violence, emotional demands, heavy workload, working alone and shift work).

- The second group covers the psychological problems which are a direct result of managerial decisions or the relationship between either management and employees or between members of staff. This group also includes wages, promotion, influence on managerial decisions and uncertainty.

The DWEA has since then been restricted to investigate and put forward orders to solve problems that belong to the first group only, including bullying and sexual harassment irrespective of the cause. The second group is the responsibility of the workplace, but the social partners also have an important role in terms of ensuring that those issues are addressed. This challenge has been met very differently by sectors. Some sectors have made agreements which include support and knowledge dissemination (e.g.

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[11] Ministry of Employment. Agreement on a new and improved work environment effort and orderly conditions in the labour market [Aftale om en ny og forbedret arbejdsmiljøindsats og ordnede forhold på arbejdsmarkedet]
[12] Working Environment Act (2010), available at:
https://amid.dk/en/regulations/working-environment-act/

industry and municipalities) while others are generally neglecting the issue. Industry, municipalities and construction have made agreements that include establishing consultancies that are able to support workplaces. These initiatives are important as Danish workplaces including SMEs and the self-employed have had no access to a formalised occupational health service or professional support, since the Government abandoned the occupational health service in 2003. Private sector provision of occupational health services and professional support has grown since then, but there is no overall quality assessment, knowledge sharing or formalised demands for education or competences among such providers.

Despite the fact that the Methods Committee restricted the domain of the DWEA, the DWEA has since the late 1990s struggled to develop inspections methods applicable to the problems related to psychosocial risks. One of the results was the development of 24 separate 'guidance tools' covering different jobs or sectors e.g. industry, health and social care and office work. The guidance tools[13] provides an inspector with research-based knowledge of the prevalent risks and prevention strategies that are tailored to the specific job or sector. The risk factors included in the guidance tools relate to the first group of factors identified by the Methods Committee and comprises:

- quantitative demands;
- emotional demands;
- work-related violence;
- traumatic experiences;
- night and shift work; and
- bullying and sexual harassment.

The idea behind the tools is that the prevalence of risk factors influences the necessity for prevention, and the level of prevention has implications for the organisation of work which in turn influences how risks factors develop. Higher risk requires more prevention, while alternatively more demanding work can be accepted with a higher level of prevention in terms of control, training and coping strategies. Thus, psychosocial risks are perceived as a problem of reaching an acceptable balance rather than a simple dose–response relationship between an exposure and a health outcome the guidance tools are important for the way DWEA has developed their inspection methodology. Currently it includes training of all inspectors in psychosocial risks, continuous development of guidelines and inspection templates for writing improvement notices and a collection of best practice examples. The inspectors have the right to interview employees and managers and to scrutinise procedures, surveys and communication and are supported by a group of experienced psychosocial experts that constitutes a DWEA task force. A recent evaluation of the inspection procedures emphasises that improvement notices and support to workplaces have been improved by the fact that the guidance tools are factor specific, whereas a more holistic approach to psychosocial risks leaves the workplaces with little idea of how they can solve problems or prevent harmful work situations.[14]

In 2012 the Ministry of Employment developed an overall OSH policy entitled 'Strategy for the improvement of the working environment up to 2020'[15]. It focuses on three

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[13] The guidance tools are available at http://synkron.at.dk/sw74437.asp

[14] Rasmussen M.B., Hansen. T., Nielsen, K.T., (2010). New tools and strategies for the inspection of the psychosocial working environment: The experience of the Danish Working Environment Authority. Safety Science 2010

[15] Strategy for the work environment efforts until 2020 [Strategi for arbejdsmiljøindsatsen frem til 2020], available at: https://amid.dk/om-os/om-strategi-for-arbejdsmiljoeindsatsen-frem-til-2020/

priority areas: serious accidents, musculoskeletal disorders and psychological health and safety. Thus, psychosocial risks are given a high priority. The strategy included a target of a 20% reduction in the number of employees that are faced with psychological overload. The means to reach this target were risk-based inspection, more dialogue between DWEA and companies, better coordination between authorities and social partners, more focus on psychosocial working environment, intensive information campaigns and more support to SMEs. The main achievement to date has been the provision of better information on psychosocial risks. A mid-term evaluation presented in 2017[16] showed that the target of a 20% reduction was not met and unlikely to be achieved in 2020 In fact, it was reported that psychological overload increased from 14.5 % to 16.8 %.[17]

3.2   Management of psychosocial risks

The understanding and management of psychosocial risks has been introduced very differently in different sectors. Health care, education, eldercare and other jobs with direct customer contact were the first to give priority to the problems, due to a research-based insight of the psychosocial risks related to work dominated by relations to other human beings. The tripartite bodies (i.e. the Sectoral Working Environment Council) covering the public sector have been frontrunners in the development of tools, instructions, healthy workplaces campaigns, and training programmes. The service sector has followed the trend, but industry, construction and agriculture are lagging behind in this area. Recently an agreement was made between the Sector Councils and the DWEA that the DWEA will promote guidelines and tools when visiting companies.

A paradigmatic shift in OSH policies occurred in 2003, when OSH policies shifted from being aimed at preventing ill health to prevent and reduce sick leave absence. The second most important reason causing absence in all sectors is mental illnesses. The most important is musculoskeletal disorders. However, as research rarely can identify a direct causal link from working condition to sick leave absence, it has been difficult to develop concrete prevention strategies at the sector level as well as the workplace level. The social partners seem to be deadlocked in a discussion regarding the most appropriate approaches. Trade unions are generally in favour of more inspection and more focus on the risk factors, whereas employers' organisations are focusing on the question of what causes the problems highlighting the individual causes and thus favouring individual coping strategies and psychological support to employees on sick leave.

One of the problems with the Danish OSH system, since the abolishment of the occupational health service, is that there is no formalised link between the health sector that treats employees with depression or other symptoms of poor mental health and the workplaces or professional OSH advisors. This situation does not enhance an improved understanding of the complex relations between work and mental health, but rather maintains the deadlock position.

A more recent element in Danish regulation is to acknowledge an OHSAS 18001 certificate as a quality mark that reduces inspections from DWEA. A certificate should include that handling psychosocial risks is integrated in the management system. However, research shows, that this is not the case and that auditors from certification bodies have little knowledge of psychosocial risks. [18]

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[16] Mid-term evaluation of the strategy for the work environment efforts until 2020, available at: https://www.ft.dk/samling/20161/almdel/beu/bilag/207/1750494.pdf

[17] http://nfa.dk/da/Arbejdsmiljoedata/Arbejdsmiljo-i-Danmark/Virksomhedernes-Arbejdsmiljoindsats

[18] Helbo Jespersen, A., Hasle, P., Nielsen, K. T., (2016). The wicked character of the psychological work environment - implications for regulation. Nordic Journal of Working Life Studies (2016) 6 (3).

An amendment to the Working Environment Act states that if sector agreements include goals, demands and support for the prevention of psychosocial risks, this will lead to a reduction in visits from DWEA. However, only a few of such agreements have been concluded to date. However, two of these are important. Firstly, in the industrial sector a cooperation agreement includes the formation of a group of cooperation consultants who provide support to the Works Councils on prevention and handling of psychosocial risks[19]. Similarly, the municipalities have formed a consultancy aimed at improving cooperation at the workplace level in public schools, eldercare and child care, etc.[20] Though both of them are limited in terms of resources, they are indicative of a trend of improving the role of the social partners in consulting and forming preventive services.

3.3   Sweden and Denmark – comparative reflections

The term that is used in Denmark - 'psychological work environment' - has remained since these problems were first discussed in the 1980s. Even though many commentators have argued that it is basically nonsense and that it gives too much focus to an individualistic approach, it has not been possible to change it. It is included in the legislation, agreements, instructions, guidelines, leaflets and books. Nevertheless, the brave Swedish transformation to 'organisational' and 'social work environment' has gained interest in Denmark. Several stakeholders have been inspired to put forward a proposal that matches the Swedish example. However, it has not yet resulted in concrete proposals from the authorities and the more dominant social partners. In this regard, it will be very important to follow the developments in Sweden, particularly if it shows that a change in vocabulary can actually lead to a change in perception and understanding of the problems.

In the host country discussion paper, the new regulation is described in relation to three highlighted aspects: workload, working hours and victimisation. In relation to the Danish context this seems to be a reduction of the problem, especially regarding the social work environment. Several intervention studies in Denmark have emphasised emotional demands as one of the major problems in health care, education and similar jobs where social contact is part of the core tasks. These jobs can potentially create a stressful social imbalance if the workers are not trained to face difficult situations, to deescalate potential conflicts and are given the opportunity to receive supervision and social support. Therefore, it seems strange that this issue is not included in the highlighted aspects.

The information campaign promoting the new law is impressive, and the number of people and workplaces, that has shown interest in the new framework, shows that the message is widespread. In Denmark information campaigns, web access to knowledge, tools and best practice is also predominant in the approach to improving well-being and reducing psychosocial risks. Current research[21] point to the fact that information materials can hardly be better in terms of content and quality, but the problem is to inspire workplaces – employers and employees - to turn them into practise and change conditions for the better. It is recommended that greater focus is placed on providing more training for managers, developing support from professionals and creating incentives that will motivate employers to give priority to psychosocial risk prevention.

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[19] Limborg, H. J., Gensby, U. and Viemose, S., (2019). Third-party interventions in collective conflict mediation: A Danish approach to preventive facilitation in organizations. In M. Euwema et al. (eds.), 2019: Mediation in Collective Labor Conflicts, Industrial Relations & Conflict Management, https://doi.org/10.1007/978-3-319-92531-8_4

[20] Pedersen, F., Uglebjerg A., and Guldager, L., (2017). Evaluering af SPARK Samarbejde om Psykisk Arbejdsmiljø i Kommunerne. Teamarbejdsliv

[21] Hasle, P., Limborg, H. J., Grøn, S., and Refslund, B., (2017). Orchestration in occupational health and safety policy programmes. Nordic Journal of Working Life Studies, Volume 7, No. 3.

It is often argued that healthy and happier employees are more productive, however it does not seem to be an argument that motivates employers to give high priority to health and safety. Rather they will take incentives from market conditions and strategies chosen by competitors. This calls for research that is able to uncover the 'mechanisms' that will incentivise employers to change conditions for the better. Which could lead to more efficient mixed policy strategies.

A common approach in the Danish context is 'the importance of enhancing the ability of the workplaces to manage their working environment'. As in Sweden, two important elements to achieve this are clear regulation and enforcement, as well as dissemination of knowledge, tools and good practice. A third element, which seems more difficult to achieve is to create the motivation and will among employers, as well as employees, to actually change conditions and behaviours that causes mental strain. This is a challenge that remains in both countries.

Authorities, social partners and researchers in both countries are on an important quest to identify the most effective approaches to improve the ability of workplaces to improve conditions. The problems related to psychosocial risks seems in general to be recognised by stakeholders, not least as a result of the significant information efforts. However, both Sweden and Denmark lack the knowledge to determine the most effective policy instruments. Risk assessment tools (the Systematic Work Environment Management in Sweden and the Work Place Assessment in Denmark) are important tools, but still lack the ability to properly include psychosocial risks and to lead to effective prevention strategies on primary, secondary and tertiary levels. Certifications schemes such as OHSAS 18001 (and the forthcoming ISO 45003) have been highlighted, however, in Denmark it has proven rather difficult to include psychosocial risks in the management systems and in the audits.[22] In Denmark the social partners have been given the opportunity to form agreements on well-being and psychosocial risk and thus 'take over' the task of the DWEA in terms of inspection. This opportunity has only been used in very few cases.

The social partners play a major role in both Denmark and Sweden and in both countries, they seem to be stuck in deadlock discussion regarding whether mental health problems relate to the workplace or to the individual. Research and experience[23] tell us this opposition is wrong. In any case of mental ill health, it will always be a combination of work-related, personal and social conditions that lead to mental diseases and sick leave. The Swedish challenge of redefining the terminology might prove to be a way to unlock the discussion.

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

The Swedish transition presents a very important inspiration to further policy development in Denmark and it has already attracted much attention. But even though the labour market in Sweden and Denmark both relates to the Scandinavian model of tripartite influence it is not directly transferable. Looking at some of the success factors identified in the host country discussion paper can bring us closer to understand why.

4.1 Success factors

- *Demystify the area.*

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[22] A strengthened work environment certification [Aftale om en styrket arbejdsmiljøcertificering] (2016)

[23] Limborg, H. J., (2003). Risk and prevention in 'the new working life' seen from a work environment perspective [Risiko og forebyggelse i 'det nye arbejdsliv' set i et arbejdsmiljøperspektiv]. Tidsskrift for Arbejdsliv, Nr. 3 2003, Copenhagen

This is extremely relevant in Denmark. There is a tendency to describe psychosocial risks as extremely complex. To simplify the issue it should be broken down to organisational (workload, working hours, etc) and social exposures (bullying, harassment and high emotional demands), then prevention strategies in relation to primary prevention (promotion of mental health), secondary prevention (reduce or change inexpedient working conditions) and tertiary prevention (support to employees risking sick leave and return-to-work programmes) can be developed.

- *Public opinion and awareness of the problems is an essential factor in finding effective solutions.*

The public debate in Denmark is highly focussed upon problems and negative outcomes of mental ill health. More emphasis on successful prevention strategies could prove successful.

- *A broad and comprehensive information initiative is necessary. Tools and other support should be readily available to those employers who work specifically with organisational and social work environment risks.*

A great number of tools and guidelines are available to the companies. The problem is to motivate workplaces to find and use them when relevant. In Denmark this problem relates to the circumstance that no formal professional support is available to small and medium sized enterprises.

- *The social partners can do much to support and disseminate information to workplaces and develop tools for the concrete work.*

Social partners are essential, however because of a deadlock in the understanding of the problem, they tend to become reactionary and obstructing progress. They need to develop a common understanding of the problem.

- *Support for individual workplaces may be needed for the concrete improvement work (e.g. through the occupational health service). Micro and small enterprises are particularly in need of support.*

Extremely relevant in Denmark as there is no occupational health service. No support to SMEs and no interest in support to self-employed.

- *Be clear about what the authority will not demand (i.e. what the scope of the legislation and regulations are).*

Employers often ask for more precise definitions of what is acceptable and what to do if these demands cannot be met.

- *Connect the regulation to current research.*

Some research communities in Denmark struggle to connect the research to the current challenges in the different sectors. Nevertheless, they are inspired by knowledge transfer exchanges and triple helix cooperation approaches to encourage research to develop practical prevention strategies in cooperation with companies.

5   Questions

- In the host country paper SWEA is mentioned to have three means - regulations, information and supervision. How does SWEA handle the double role of inspection and supervision at the same workplace?

- Social work environment seems to be reduced to a question of victimisation, is this correct, and what role does emotional demands take in the regulation and information strategies?

- Considering the role of the social partners, are there positive Swedish experiences of goal-oriented cooperation in relation to prevention of mental ill health?

- Implementation and compliance of the new regulation is dependent on qualified external preventive services, how will Sweden ensure that the necessary competences and qualification are accessible?

- Is Sweden going to introduce new economic incentive schemes to support implementation and compliance?

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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

- Psychosocial risks are broadly acknowledged as an important issue, that calls for workplace related prevention.

- Denmark has continued to use the term psychological work environment. This may be an obstacle to develop a broader and more mutual understanding of the problem and of relevant prevention strategies.

- Psychosocial risks are according to statistics a growing problem, not at least among young people and among women.

Legislation and practical management of psychosocial risks at work

- Through a tripartite agreement the Danish Working Environment Authority has been restricted to control problems that relates to factors linked to the working situation.

- Problems related to managerial decisions should be controlled by the companies and the social partners, this is however not always happening.…

- The social partners play an important role in dissemination of knowledge and guidelines but are also in risk of obstructing new ways of understanding and preventing psychosocial risks.

- A promising development is a better understanding of the possible integration of primary prevention into management tasks and competences and a clearer relationship between the health sector and the professional support to workplaces.

Assessment of success factors and transferability of the host country example

- Demystification and decomplication is essential to develop a better connection between research-based knowledge, prevention strategies and good workplace practise.

- The social partners play a dominant and essential role; it is important that they leave "old school" positions and enter a mutual development and understanding of what causes psychosocial risks and how they are best prevented.

- Support to individual workplaces, not least SMEs is essential for these to be able to prevent and handle psychosocial risks.

- Regulation and enforcement should be better aligned with the level of understanding and ability to handle and prevent psychosocial risks at the workplace level.

Questions

- In the host country paper SWEA is mentioned to have three means - regulations, information and supervision. How does SWEA handle the double role of inspection and supervision at the same workplace?

- Social work environment seems to be reduced to a question of victimisation, is this correct, and what role does emotional demands take in the regulation and information strategies?

- Considering the role of the social partners, are there positive Swedish experiences of goal-oriented cooperation in relation to prevention of mental ill health?

- implementation and compliance of the new regulation is dependent on qualified external preventive services, how will Sweden ensure that the necessary competences and qualification are accessible?

- Is Sweden going to introduce new economic incentive schemes to support implementation and compliance?

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