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MEMORANDUM TO THE COMMISSION
TOWARDS A STRATEGY FOR
WELL-BEING AT WORK
IN THE EUROPEAN COMMISSION:
MULTI-ANNUAL ACTION PLAN 2006-2009
DRAFT

1. THE COMMISSION AS A WORKPLACE

The recent reform of the Staff Regulations has entailed profound modifications in the working conditions of European civil servants. The Commission is in the process of modernising its human resources policy in order to attract and keep the best workforce, as well as to maintain the motivation of its staff.

At present, about 25 000 active members of staff work for the Commission in various locations, most of them in Brussels. Like many other international organisations largely employing expatriate staff¹, the Commission in the framework of its social policy provides for a number of measures of a social nature, such as childcare facilities², financial aid for disabled persons and advice services (psychological, legal, and financial advice)³.

For many decades, the Commission has striven to improve the employment standards at European Union level by Community legislation⁴. Evidently, as a modern employer, the Commission also makes every effort to apply such standards internally. At the workplace, staff is affected by a multitude of different psychological factors. The Court of Auditors recently stressed that there is evidence that frustration in the working environment affects some staff of the EU Institutions, who eventually retire on grounds of ill-health⁵. The court recommended the adoption of adequate administrative measures for prevention and early treatment.

In order to take account of these factors in a more comprehensive and coordinated way, a policy to improve staff's well-being at work is to be put in place. The ultimate goal is to improve the working environment and to make it easier for Commission staff members to achieve a good balance between private and work life, based on the needs of the services they work for and on individual needs.

In this sense, a policy on "well-being at work" is an important pillar of the Commission's social policy..

¹ About 63% of Commission staff is entitled to the expatriation allowance of 16% and is therefore considered expatriate.

² The discussion on European Schools (ES) has been recently intensified. ES are a precondition for the integration process of expatriated staff. However, so far the ES are submitted to a particular legal and administrative status and the Commission has only a limited influence in decision-making. Therefore, ES fall outside the scope of this document but a consultation on options for a further development of ES is in progress.

³ Complementing the services of a social nature, the Commission mediation service, in its role as a positive intermediary between management and staff, is a valuable partner in dealing with situations of conflict within the administration.

⁴ E.g. 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, OJ L 183, 29.6.1989; Adapting to change in work and society: a new Community strategy on health and safety at work 2002-2006, COM(2002) 118 final.

⁵ Psychological disorders account for approximately half the medical causes of invalidity, a percentage comparable to national administrations and other international organisations. The other main causes for invalidity are osteo-muscular (approximately 20%) and cardio-vascular (approximately 15%) ailments. Special report No 3/2003 on the invalidity pensions scheme of the European Institutions, OJ C 109, 7.5.2003.

10 <http://www.ilo.org/public/english/protection/safework/whpwb/intro.htm>

2. THE WELL-BEING CONCEPT

The concept of workplace well-being, meaning the promotion of a healthy workforce in a healthy workplace, was first introduced a few years ago by the International Labour Organisation (ILO)¹⁰. This concept stresses in particular the importance of the psychosocial working environment, which encompasses a number of factors related to work organisation and interpersonal relations at the workplace. Recent changes in the world of work (new organisational risks), and the emergence of new psychosocial risks are the result of a changing society. This is particularly reflected in changing attitudes to work and the way of working, in changes in the respective roles of men and women and in the increasing need to reconcile private and professional life.

In the light of such developments, the well-being concept puts particular emphasis on prevention. It mainly aims to tackle social, medical and psychological problems in a proactive manner via a multidisciplinary approach¹¹. This concept will be applied in all sites of the Commission, delegations and representations included and the Commission will strive at putting into place the appropriate measures. However, the specificities of each site (e.g. number of officials, country, and existing infrastructure) need to be taken into account for the definition and implementation of the concrete measures.

This paper is an orientation document identifying a series of measures which represent this new approach¹². The outlined actions will be, as much as possible, put in place in parallel to allow synergies.

3. EXISTING MEASURES

The new Staff Regulations¹³ provide the framework for the implementation of this innovative approach. Having entered into force from May 2004, they reflect a modern employer's approach of offering staff good working conditions. For the first time, both the Staff Regulations of officials of the European Communities (SR - Article 1e) and the Conditions of Employment of other servants of the European Communities (CEOS - Articles 10 and 80) contain an explicit reference to the staff's right to access to measures of a social nature and to "working conditions complying with appropriate health and safety standards".

Furthermore, several provisions of the Staff Regulations address staff **health**. Staff members are obliged to undergo annual medical check-ups which are reimbursed at 100%. Beyond the scope of the Staff Regulations, in Brussels psychologists¹⁴ are available free of charge to every staff member, to give advice on personal or work-

11 See also SOLVE, ILO's preventive approach which addresses psychosocial problems at work <http://www.ilo.org/public/english/protection/safework/whpwb/solve/index.htm>

12 A more concrete description of these measures is given in the respective communications with which congruence is assured.

13 <http://www.cc.cec/statut/anglais/tocen001.htm>.

14 http://www.cc.cec/pers_admin/social_bxl/social/index_en.html;
http://www.cc.cec/pers_admin/medical/service/psycho_fr.html.

related problems. Moreover, a complete smoking ban in all Commission premises was implemented in May 2004¹⁵.

With regard to the **family**, in the main sites of the Commission nurseries, European schools and after-school facilities are available. The new Staff Regulations considerably prolong maternity and paternity leave (SR – Article 58, CEOS – Articles 16 and 59). For parents of children up to the age of 12 the right to parental leave has been implemented with a particular flexibility to take this leave according to one's necessities (SR – Article 42a, CEOS – Article 16). Further special leave possibilities take into account the fact that staff are to a large extent expatriate (e.g. family leave in the case of a seriously ill relative with continued social security cover and allowances for the staff member concerned (SR - Article 42b, CEOS – Article 16)).

New part-time working and job sharing schemes contribute to a considerable improvement in the staff's **balance between professional and private life**¹⁶ (SR – Articles 55a and 55b, CEOS – Articles 16 and 57). For parents with young children, part-time working has become a statutory right (SR – Article 55a, CEOS – Articles 16 and 57); staff aged 55 or older have the possibility of working part-time in order to prepare for retirement. Flexitime is applied in many Commission departments; pilot studies on teleworking have taken place¹⁷.

Last but not least, the new Staff Regulations put particular emphasis on the **work environment**, with e.g. the implementation of a new policy against psychological and sexual harassment (SR - Article 12a, CEOS – articles 11 and 54). Article 1d of the SR (and Articles 10, 53 and 82 of the CEOS) prohibit discrimination on any grounds; in cases of presumed discrimination the burden of proof has been reversed, with the responsibility now on the administration.

The existing measures under the Staff Regulations are outlined in Annex 1¹⁸.

4. GAP ANALYSIS

In order to identify possible shortcomings in the implementation of the existing provisions, a thorough gap analysis was carried out.

This was the purpose of different surveys conducted recently (staff opinion survey 2004, workplace evaluation survey 2004 and well-being evaluation 2005).¹⁹

According to the staff opinion survey of 2004²⁰, 67% of the respondents were satisfied or very satisfied with the Commission as a workplace. With regard to social

15 http://www.cc.cec/home/stop_smoking/index_en.html.

16 Often referred to by specialists as 'work-life balance'.

17 E.g. in the Directorate-General for Translation.

18 While, of course, the Staff Regulations as such are applied in all sites of the Commission, the point of departure for the implementation of concrete measures of the well-being policy varies considerably from site to site.

19 For further information about the survey results and other activities of the Evaluation Function of ADMIN D.2: http://www.cc.cec/dgintranet/admin/policy/planning/evaluation_en.html.

20 In total, 4 230 staff members in Brussels and Luxembourg completed the survey, which roughly corresponds to a response rate of 23% of the total Commission staff in these locations.

policy management, however, staff request more assistance in personal matters and increased support for family issues. According to staff, more emphasis should be put on health and safety issues.

The survey conducted in 2005 in the framework of the ex-ante evaluation of a future well-being policy concentrated on issues such as ‘work-life balance’, ‘factors with a bearing on a healthy workplace’ and ‘expatriation and multiculturalism’. With 10 450 staff members answering the survey, representing more than 40% of the overall Commission staff, the response rate was unprecedentedly high; the survey sample is representative for Commission staff in terms of age, grade and gender.

Evidently, the issues mentioned above are not the only factors that contribute to a feeling of well-being at work. In order to obtain an indication of the relative importance of a wider range of factors, the initial question of the survey asked respondents to prioritise a number of pre-determined factors. The results show that the main topics for well-being at work for Commission staff are ‘reconciliation of professional and private life’ and ‘job content’. However, satisfactory job content is a necessary but not sufficient condition for well-being. Ensuring that staff are satisfied with their job is – as with salary, individual entitlements and career development – essentially a management issue falling outside the scope of a well-being policy as such.

In general, **health** is a major concern of Commission staff. More than 14% of survey respondents complained of chronic fatigue; almost 12% said they suffered very often from sleeping disorders. The proportion of staff affected by these conditions is significantly higher amongst females than amongst males. The survey also highlights a number of priorities of a preventive nature, in particular the organisation of sport breaks and back-pain classes. Encouraging physical fitness amongst Commission staff is generally seen as a priority by many people.

With regard to expatriation issues, staff are not entirely satisfied with existing integration efforts, in particular at DG level. Moreover, there is a widespread view that more should be done to help **families** in their integration efforts and to prepare spouses to enter the labour market in their host country. A certain shortage in crèche places and after-school facilities was also highlighted.

In general, more than 36% of survey respondents answered that they have not achieved an appropriate **balance between their professional and private life**.²¹ The reasons seem to be a culture of long and late working hours and unsatisfactory access to flexible working hours. Survey results suggest that, where flexitime has been introduced, staff more easily combine work and personal commitments. Although the Staff Regulations provide a wide range of possibilities to work part-time, more than half of respondents do not consider those as sufficiently accessible.

From the survey results, the **work environment** in the Commission appears to be quite stressful²² 48.2% of survey respondents declared that they suffer from either

21 This seems to be a particular problem for A grades; 79.5% of survey respondents do not seem to achieve a satisfactory balance between professional and private life.

22 In its abovementioned report, the Court of Auditors revealed that psychological disorders account for approximately half the medical causes of invalidity in the Commission (without specifying whether these psychological disorders are work-related or not).

high or very high levels of stress. The demands of the job, lack of control over work activities and lack of resources for the successful accomplishment of tasks are the primary reasons given for work-related stress. Furthermore, a considerable proportion of survey respondents (18.2%) declared that they have at some time suffered from psychological harassment at the workplace; harassment victims tend to be especially prone to medical disorders.

It can therefore be concluded from the abovementioned surveys that, although staff in general are rather satisfied with their job, there is room for improvement in certain areas of traditional social policy²³.

To sum up, it appears that the main shortcomings are as follows:

- Health is of particular importance to staff; the Commission's existing health care system responds well to staff needs, but more health prevention initiatives appear necessary.
- The integration of families is considered to be a precondition of successful staff integration; a more proactive approach seems necessary.
- Staff acknowledge the new possibilities to adapt their working patterns according to their necessities but part-time work is, for different reasons, not a solution for everybody; there is an urgent need for more flexibility with regard to working hours and the organisation of work.
- The work environment is considered to be highly stressful; particularly in difficult situations staff want more personalised support.

The well-being policy outlined in this paper focuses on these gaps and aims to contribute to improving the quality of life for Commission staff.

This policy represents a new long-term strategy which needs to be implemented in a step by step approach. If necessary, the policy has to be adapted to emerging needs, which implicates a regular assessment. It should translate into a medium- to long-term decline of the sickness rate and therefore to fewer lost working days. Moreover, increased staff motivation and an improved working atmosphere leading to more flexibility and better communication can be expected, which should lead to a generally improved quality of the final outputs. It should also enhance the Commission's overall ability to attract well-qualified professionals. A medium- to long-term positive effect on expenditure for statutory social security systems (health, pension and accident insurance funds) may also be expected.²⁴

23 As mentioned above, the well-being survey was part of a wider "Ex-ante evaluation of a future well-being policy of the European Commission". In the framework of this evaluation, a benchmarking exercise against other national and international organisations was undertaken. Overall, the Commission compares quite well with other organisations with regard to policies having a bearing on staff well-being.

24 See European Network for Workplace Health Promotion, <http://www.enwhp.org/whp/business-case.php>.

5. ACTION PLAN

Having regard to the risk areas identified above, it is proposed to structure the well-being at work approach to meet the following objectives:

- The staff member and his/her **health** → An improvement of health and safety at work in all Commission premises
 - 5.1.1. Improvement of the physical work environment
 - 5.1.2. Reinforcement of health and safety at the workplace
 - 5.1.3. Reinforcement of preventive medicine
 - 5.1.4. Development of appropriate sport and leisure facilities
- The staff member and his/her **family** → Improved support for spouses and families
 - 5.2.1. Support actions for spouses/partners (e.g. job hunting seminars, language courses for spouses)
 - 5.2.2. Development of new childcare facilities (e.g. additional crèches and after-school facilities, activities during school holidays)
 - 5.2.3. A new policy for dependants (e.g. measures for families with disabled family members)
- The staff member and his/her **balance between professional and private life** → Better reconciliation of professional and private life
 - 5.3.1. Commission-wide implementation of flexitime
 - 5.3.2. Commission-wide implementation of teleworking
- The staff member and his/her **work environment** → A human resources policy geared to individualised assistance to the staff member and an improvement of his/her work environment
 - 5.4.1. Implementation of a coherent policy on absence for medical reasons and invalidity (COMPASS)
 - 5.4.2. Prevention of psychological and sexual harassment

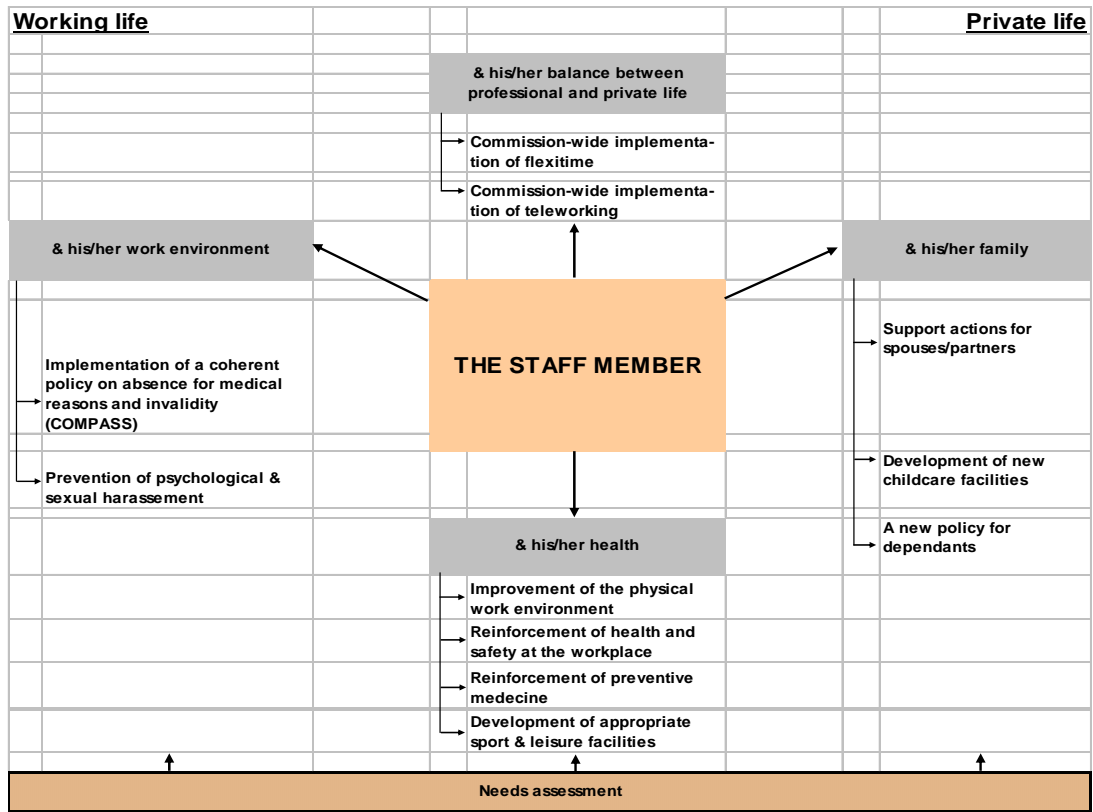


Diagram 1: Concrete actions to improve the areas that affect the staff member's well-being

5.1. An improvement of Health and Safety at work in all Commission premises

A number of factors determine the health and well-being of the individual employee. Certainly the workplace, where individuals mix with a large number of other people, is crucial among those factors. Therefore the promotion of a healthy and safe work environment is a key pillar of the well-being policy and will be achieved by a reinforced coordination between services. It is essential that the qualitative level of the infrastructure contributes to a healthy workplace.

5.1.1. Improvement of the physical work environment

The qualitative level of the infrastructure, like, inter alia, the ergonomics of the furniture, the aesthetics, cleanliness and design of the office environment contribute to the well-being of staff. Beyond the strict application of the legislation in force, the Commission continues its efforts to improve the work environment of its staff by:

- Introducing quality management in the cleaning and maintenance of the office buildings;
- Reducing the time of the life-cycle of the office furniture²⁵ while fully applying the norms of work ergonomics to the procurement procedure;

²⁵

Based on the action plan to be approved for the implementation of standards determined by the manuel of « Bon état de bâtiment » – in the forthcoming annex 2 of the “Manuel des norms applicables à l’immeuble type”

- Reducing the time between refurbishments of the offices²⁶

5.1.2. *Reinforcement of health and safety at the workplace*

A prerequisite of policy development is the **adoption and implementation of a harmonised health and safety policy for all EC sites**. A proposal for a Commission decision on this issue is presented to the Commission jointly with this communication.

For the first time, this decision will allow a clear definition of the lines of responsibility in health and safety issues. Within two years, harmonised health and safety rules will be drafted to enable the practical implementation of health and safety measures in all Commission workplaces including delegations and representations, while taking into account possible health and safety requirements of the host country.

5.1.3. *Reinforcement of preventive medicine*

In the purely medical domain, prevention has a long tradition in the Commission. The staff regulations provide for staff members to undergo an annual medical check-up either by the institution's medical officer or by a medical practitioner. Moreover, PMO.3 runs a sophisticated programme of preventive check-ups²⁷ which are available on request and reimbursed at a rate of 100%. However, unfortunately, only a minority of Commission staff fulfil their statutory obligation.

Nevertheless, actions of a preventive nature with regard to health care seem to have a high priority for staff and they want the Commission to take a more active role.²⁸ We will therefore explore how far activities of primary or secondary rehabilitation can be proactively supported by the Medical or Social Service, e.g. in the field of nutrition or information campaigns on different health-related subjects. First results in line with this approach (e.g. administrative support for self-help groups) are promising.²⁹ Furthermore, the mid- to long-term perspective is to increase significantly the number of officials who undergo regular preventive check-ups.

Consequently, in order to face these new challenges, the Medical Service will have to undergo a qualitative and quantitative change of its tasks. In particular, it appears that there is a need to completely separate the control tasks from the preventive tasks. An evaluation exercise is presently ongoing; results will be available in spring 2006.

5.1.4. *Development of appropriate sport and leisure facilities*

The benefits of physical exercise in general and at work are widely acknowledged. According to the survey results, also among Commission staff members sporting

²⁶ see previous footnote

²⁷ Joint Sick Insurance Scheme screening programmes (see http://www.cc.cec/pers_admin/sick_insur/prevention/index_en.html).

²⁸ Results of the well-being survey: more than 1/3 of staff consider the organisation of sport breaks/classes and back-pain classes as 'very important'; about 1/4 are very much in favour of vaccination campaigns offered by the Medical Service.

²⁹ E.g. Stop smoking group (http://www.cc.cec/home/stop_smoking/quit_en.html), Cancer Support Group (http://www.cc.cec/home/dgserv/sg/cancer_support_group/index_en.htm).

activities rank very highly. Many sport activities in Brussels and Luxembourg³⁰ are organised by staff themselves and financially supported by the Commission (sport and leisure clubs).³¹

As far as Brussels is concerned, the creation of sports facilities managed by the Commission and within a short distance from the workplace could be envisaged if adequate resources become available. In the meantime, the administration has negotiated reductions for Commission staff members with several sports clubs, many of them in the European Quarter.³² An appropriate infrastructure for socialising is already provided for (the new “Rotonde” in VM-2).³³

In Luxembourg, OIL will continue its proactive inter-institutional approach to improving the existing sport facilities (e.g. renewal of equipment and enlargement of the Health Centre) and possibly develop further projects, also with regard to leisure facilities.³⁴

At the JRC sites, the various cultural, leisure and sporting activities, supported by COPAS, play an important role for the integration of staff into and the acceptance of the research sites by the local communities.³⁵

5.2. IMPROVED SUPPORT FOR SPOUSES AND FAMILIES

5.2.1. *Support actions for spouses/partners*

It has been clearly proven that successful assimilation of expatriated staff depends to a large extent on the integration of their families, as a stable family situation reduces vulnerability to factors linked to a multicultural and multilingual work environment. So far, support for the integration of the families is not satisfactory: only 11% of the survey respondents are satisfied with the present arrangements regarding family integration. In small sites families probably face different challenges in their integration in the host country than in Brussels or Luxembourg. However, the need to work in a multicultural environment itself does not seem to be a major problem for most Commission staff.

In line with the survey results,³⁶ actions already put in place to improve the integration of families (e.g. family clubs, guided Brussels tours, language courses and job-hunting seminars for spouses/partners) will be evaluated and, if proven successful, enlarged and complemented by further actions.

Apart from that, efforts to facilitate the integration of staff themselves will be continued. Mentoring programmes are in place in a large number of DGs. Following

30 Due to multiple reasons, access to sport and leisure facilities for staff outside the main sites of the Commission is at present often limited.

31 http://www.cc.cec/pers_admin/social_bxl/leisure/index_en.html.

32 See http://www.cc.cec/pers_admin/leisure_bxl/clubs_fr.html.

33 For further details of social infrastructure projects in Brussels, see Annex 2.

34 For further details of social infrastructure projects in Luxembourg, see Annex 3.

35 The social infrastructure projects at JRC sites will be developed by the competent services after the adoption of the 7th Framework Program.

36 2004 Staff Opinion Survey: respondents asked in particular for more assistance with housing and moving issues for new recruits or staff moving to another Commission location and for more help for spouses; 2005 Well-being Survey: respondents asked in particular for language courses and job opportunities for spouses.

a recent restructuring of the procedures in the PMO, new staff are paid their first salary already about two weeks after entry into service, which is of particular importance for expatriate staff.

5.2.2. *Development of new childcare facilities*

The need for adequate childcare facilities was clearly stressed by many respondents to the well-being survey. In Brussels there is currently a significant waiting list, particularly for crèche facilities. To respond to this demand, the OIB is currently preparing temporary and long-term solutions. With regard to after-school care, the existing facilities have been complemented with a provisional solution for the short term, whereas a central after-school facility and/or further facilities in the future fourth European School are envisaged for the long term.³⁷

Similarly, in Luxembourg, OIL is working on the enlargement of the capacity of its after-school care facilities until 2009.³⁸

JRC faces similar problems and is working on a solution on all sites.³⁹

Concerning the specific problem linked to the care of sick children, the new Staff Regulations have widened the scope to take special leave in this case (see in particular Article 57 SR and Article 6 of Annex V to the SR, which is largely applied by analogy also by the CEOS). However, and subject to budgetary constraints, DG ADMIN is willing to envisage further actions in this field, which would also allow better reconciliation of professional and private life.

5.2.3. *A new policy for dependants*

Due to an ageing society and a fundamental change in the overall societal framework (which is of particular importance for Commission staff due to their expatriation), assistance to dependent and/or no longer independent people in carrying out their day-to-day activities tends to be taken over by paid professional carers rather than informal unpaid carers.

The Commission is currently carrying out an in-depth analysis of this issue, in order to better assess its staff's **long-term care** needs.

A group which might particularly benefit from actions in the framework of long-term-care are **families with disabled family members** who definitely face a particular challenge. The administration recently entered into an extensive dialogue with the persons concerned in order to identify their specific needs. Apart from a simplification of administrative procedures (already ongoing), a variety of supportive actions needs to be planned. This proactive approach, to be based on coordinated efforts, notably of DG ADMIN and the PMO, will strive to ensure lifelong assistance for the dependent person (in particular after the death of the parents). Taking into account the importance of the subject, a specific communication presenting a new policy on this issue is in preparation.

37 For further details of social infrastructure projects in Brussels, see Annex 2.

38 For further details of social infrastructure projects in Luxembourg, see Annex 3.

39 The social infrastructure projects at JRC sites will be developed by the competent services after the adoption of the 7th Framework program.

5.3. BETTER RECONCILIATION OF PROFESSIONAL AND PRIVATE LIFE

Achieving an appropriate balance between professional and private life is widely perceived by staff as being one of the most important well-being objectives and is a crucial issue of modern people management. According to the 2005 well-being survey results, more than one third of staff do not seem to have achieved an appropriate work-life balance. It appears that the length, flexibility and predictability of working hours are aspects which are to be taken into particular consideration in any attempt to improve the overall work-life balance for staff.

The Fourth Action Programme for Equal Opportunities for Women and Men (2004–2008)⁴⁰, which was adopted by the Commission in April 2004, also has as a specific objective the promotion of flexible working arrangements to make it easier to reconcile professional and private life.

5.3.1. *Commission-wide implementation of flexitime*

International studies provide data that flexible working arrangements enable an employer to retain skilled staff, to raise staff morale and to decrease absenteeism; they also have a positive impact on management and employee relations⁴¹.

The composition of Commission staff obviously mirrors today's society: there is an increasing number of working women with young children and an elderly population with additional caring responsibilities. According to the staff regulations, an official shall reside either in the place where he is employed or at no greater distance therefrom as is compatible with the proper performance of his duties. Nevertheless, in modern society an increasing number of people choose to live outside the city and therefore face several hours of commuting per day. All the groups described above would particularly benefit from Commission-wide implementation of flexitime.

At present, about 46% of survey respondents benefit from flexitime in their service.⁴² On the basis of the survey results it appears that officials working in units where flexitime has been adopted suffer from somewhat reduced levels of stress than those working in units where flexitime is not implemented. An overwhelming majority (78%) of respondents working in units where flexitime does not operate support its introduction. However, there are a number of shortcomings in the way in which the flexitime system is being currently applied.

A specific document on flexitime allowing staff more flexibility in their working arrangements is currently in preparation which should lead to a “modernisation” of the current flexitime rules, which date back to 1991.

5.3.2. *Commission-wide implementation of teleworking*

Telework is seen as one of the solutions available to the Commission to adopt modern work practices that both improve the efficiency of the administration and enhance staff well-being. Telework is therefore a clear priority and proposals are

40 SEC(2004)447/5.

41 E.g. <http://www.familyfriendly.ie/CaseStudies/LearningfromWorkplaceProjects/positiveeffects/>;
<http://www.businesslink.gov.uk/bdotg/action/detail?r.l3=1073931239&r.l2=1073858926&r.l1=1073858787&r.s=sc&type=RESOURCES&itemId=1073791179>.

42 On the basis of the “Guide to flexitime”, I.A. No 672 of 25/4/1991.

currently being developed that will allow the availability of telework to be extended beyond its existing limited level.

The telework arrangement under consideration is one of alternation by officials between their home and office to an agreed teleworking schedule. The guidelines being developed aim to help officials to better reconcile their professional and private lives while, at the same time, ensuring that they are not isolated from the office environment.

As a matter of principle, the option of teleworking should be open to all DGs. However, the nature of tasks to be carried out in certain DGs may be more likely to be compatible with teleworking than others. A specific document on telework and its budgetary implications is in preparation.

5.4. A human resources policy geared to individualised assistance to the staff member and an improvement in his/her work environment

The staff opinion survey of 2004 showed that staff want the administration to be more attentive to their personal situation. Training administrative staff dealing with personal issues to have more empathy and understanding when dealing with colleagues in need for assistance should be a first step in this direction. In addition, the focus of the Commission's Strategic Training Framework 2006 towards a more holistic approach to people and organisational developments includes a number of supporting actions to support the development of a healthy and effective workplace.⁴³ Also, more career guidance would enable staff to find a suitable post in the Institution more easily. The following measures are in particular targeted to improve assistance to staff facing difficult situations at the workplace.

5.4.1. *Implementation of a coherent policy on absence for medical reasons and invalidity (COMPASS)*

Although in its 2003 report the Court of Auditors did not find any irregularities with regard to the level of absences in the Commission, it suggested that the development of a preventive approach should have a key role in reducing absenteeism and invalidity.⁴⁴ A prerequisite of policy development is a **Communication on a management policy on absence for medical reasons and invalidity** which is presented jointly to the Commission.

Absences usually have multifaceted underlying causes, thus a multidisciplinary approach is necessary. Amongst other measures, it is therefore envisaged to create COMPASS,⁴⁵ an ad hoc coordination structure, involving all competent services in the social, psychological and medical fields and working in close collaboration with the official in difficulties and his/her work environment.

43 http://www.cc.cec/pers_admin/training_bxl/training_mgmt/index_fr.html#csf

44 In particular, the Court suggested adequate administrative measures for prevention and early treatment in cases where the grounds for invalidity are psychological. Such measures should include the development of an overall policy on absences due to illness. Special report No 3/2003 on the invalidity pensions scheme of the European Institutions, OJ C 109, 7.5.2003.

45 COMPASS: Coordination of medical, psychological, administrative and social support; further details in Communication on a management policy on absence for medical reasons and invalidity.

5.4.2. *Prevention of psychological and sexual harassment*

Both employer and employees have an interest in the prevention of psychological and sexual harassment, thus reducing violence at work. For employers, harassment can lead to poor morale, a poor image for the organisation and extra cost (absenteeism and/or higher insurance costs). For employees, harassment can cause pain, distress and even disability.⁴⁶ It is in this context that Article 12a of the Staff Regulations, which is largely applied by analogy also by the CEOS, provides that staff shall refrain from any form of psychological or sexual harassment.

The application of a global policy against psychological harassment in the Commission started in 2003.⁴⁷ A network of confidential counsellors to receive presumed victims has been established and reinforced and undergoes further training. As a separation of the policies on sexual and psychological harassment seems artificial, a decision on the harmonisation of the two policies is jointly presented to the Commission (**Policy on protecting the dignity of the person and preventing psychological harassment and sexual harassment**). The overall aim of these policies is to protect staff against any form of harassment at the workplace and, if possible, to resolve conflicts by using an informal procedure adapted to the Commission's working environment.

6. EVALUATION

The well-being approach will develop into an integral part of the Commission's organisational culture once its effectiveness and efficiency are ensured. For this purpose, continuous monitoring and evaluation are to be put into place. In particular, the following aspects should be taken into consideration:⁴⁸

- The extent to which the well-being policy is integrated into existing management systems, taking into account the specific needs of different sites of the Commission
- The extent to which all staff members and their representatives are consulted as much as possible and the results are integrated in evaluation, planning and decision making
- The extent to which the concept is clear, continuously reviewed, improved and communicated to all staff
- The extent to which health-promoting job design and support for healthy behaviour are permanently interlinked and systematically implemented

⁴⁶ Results of well-being survey: 18.2% of the survey respondents mentioned that they had suffered at some time from psychological/moral harassment; 2.7% consider they had been subject to sexual harassment; moreover, victims are more likely to suffer from a number of medical disorders than non-victims (in particular headaches, depression, difficulties with sleeping, chronic fatigue).

⁴⁷ Psychological harassment policy at the European Commission, C (2003) 3644.

⁴⁸ See also <http://www.enwhp.org/whp/whp-methods-tools-quality-criteria.php>.

- The extent to which short-, medium- and long-term indicators are achieved⁴⁹ (examples for possible performance indicators: percentage of staff with high or very high work-related stress, percentage of staff achieving satisfactory work-life balance, proportion of staff using flexitime, sickness/absence rates)

A first evaluation report will be established at mid-term of the current Commission (2007/2008); the final report is due for 2010.

7. CONCLUSIONS

The well-being approach, which constitutes a further development of the existing social policy, puts the staff member in the centre of the efforts of the Commission as an employer. It is ambitious and has to be seen in a realistic time perspective. The strategy to reach this goal must be considered as a process, which also allows certain re-adaptations, if necessary. In the long run, workplace health promotion in this wide sense can make a major contribution to an improvement of productivity and efficiency and will also maintain the attractiveness of the Commission as a workplace.

The Commission is invited to endorse this approach and to allocate the required human and financial resources with a view to implement a comprehensive policy on well-being at work in the European Commission.

⁴⁹ Measuring the extent of staff well-being is not straightforward – although various ‘soft’ indicators can be used based on survey work, there are few ‘hard’ indicators of a quantifiable nature and they are essentially measures of negativity.