



PHWork

State of the art: national return-to-work policies

**Interactive workshop on job retention and return-to-work of
employees with chronic illness**

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Structure of the presentation

- › Background of the study
- › Addressing the target group
- › Defining disability and chronic illness
- › Stakeholders
- › Key Successfactors
- › Role of Public Health
- › Changes in RTW policies
- › Conclusions



Background of the study

› Topics

- The importance of the target group of workers with chronic illness
- Legal approaches to the issue
- Institutional stakeholders and the nature of their involvement
- Policy developments in the area
- The orientation of employers towards the issue
- The role of the Public health care system

› 12 Participating countries

- Austria • Belgium • Denmark • France
- Germany • Ireland • Netherlands • Norway
- Romania • Scotland • Slovenia • Slovakia



Addressing the target group

Type of initiative	Examples
Legislation for all (all workers); anti-discrimination and anti-exclusion	Austria, Netherlands, Norway, Scotland, Denmark, Germany, Ireland
Specified target group (disabled persons)	Slovenia, Slovakia, Romania, France, Ireland
Chronic disease, e.g. heart disease, arthritis, mental illness.	France, Germany
Integrated legislation (focus on RTW for all)	Netherlands, Norway, Belgium, Scotland, Austria, Denmark
Social partners (policies, pilots, national involvement)	Ireland, France, (Netherlands), Norway
Increasing employers responsibilities	Netherlands, Scotland, Germany, Ireland, Norway
Patient organisation initiatives	France, Ireland, Belgium
Quota for disabled persons	Austria, France, Slovenia, Ireland (Netherlands)



Definitions of disability and chronic illness

- › Multiple definitions for disability – all countries
 - › These include access to benefits, access to services and access to employment
 - › Only some definitions are based on the ICF classification, e.g. Slovenia, Germany, Ireland, Norway
- › Chronic illness is rarely defined separately
 - › Only in Germany and France chronic illness is formally defined.
 - › In Denmark informally defined
 - › In some countries, e.g. Belgium, Ireland, Scotland, it is part of the disability definition



Most important policy for employment of workers with chronic illness

- › Most current legislation and related systems are concerned either with employing people with disabilities or with managing absence and preventing it from becoming long term
- › Not specifically concerned with chronic illness
- › Varying emphasis on absence management in practice
- › Most countries have a strong emphasis on integration of people with disabilities
- › Public health is concerned with illness and not with employment
- › Most public health systems are focused on treatment, not on (disability) prevention



New developments in policy and practice

- › Some countries are currently updating legislation and systems, e.g. Romania, Slovenia, Slovakia
- › Many countries are focused on updating efficiency of systems, e.g. Austria, Belgium, Netherlands, Norway
- › Some countries are making no changes e.g. Germany, Slovakia
- › Many projects based changes, e.g. Belgium, France, Ireland, Romania, Scotland
- › The financial economic crisis has a negative influence on the employment (projects) of disabled persons, e.g. Romania, Ireland



Has the issue of employment of people with chronic illness and disability had much attention within companies?

Country	Yes/no
Austria	No
Belgium	No
Denmark	No
France	Yes
Germany	Some
Ireland	Some
Netherlands	Some
Norway	Yes
Romania	No
Scotland	Some
Slovenia	No
Slovakia	No



Most important stakeholders in each country

Policy measure	Austria	Belgium	Denmark	France	Germany	Ireland	Netherlands	Norway	Romania	Scotland	Slovakia	Slovenia
Employer organisations		X	X	X		X	X	X		X	X	
Individual employers		X	X		X	X	X			X	X	x
Labour unions or employee reps.	X		X	X		X		X		X		
Patient/consumer organisations				X		X			X	X	X	
Social security agencies	X	x			X	X	X			X		
Insurance companies						X				X	X	
Health care			X							X		
Public health sector	X		X							X		
OSH-professionals				X	X			X		X		
Professional organisations			X							X		
Vocational rehabilitation			X	X	X	X	X			X		
Social services			X				X			X		
Municipalities/local government	X		X				X			X		
Central government			X	X		X		X		X	x	
Social assistance			X	X								
Other				X			X					



Key factors for success for good practice within companies

Consensus between countries:

Strong integrated policy and strategy	Disability management approach
Flexible implementation	Management commitment
Social responsibility	Information systems, monitoring and evaluation
Trained staff	An RTW 'mentality'
Early intervention (RTW)	Good assessment methods
Case management (integrated care)	Incentives



The role of Public Health

Country	Nature
Austria	Know how, process consulting and evaluation
Belgium	Some initiatives, but uncoordinated
Denmark	Changes to sick note system
France	General social and health services and 'Local Houses'
Germany	None
Ireland	Some patient organisations are active, poor links with GPs
Netherlands	No focus on work, nor time nor skills. Rehab agencies are involved
Norway	PH can assess working conditions
Romania	Soled focus is on health
Scotland	Lobbying role, Rehab, focus on abilities
Slovenia	Medical and certification
Slovakia	Awareness raising



Role of public health

- › No country reported a major role for public health in relation to RTW
- › In Germany and Romania public health policy and practise confines itself to illness issues and not to employment
- › In Scotland one-stop-shops have been created for workplace health, with actively liase with public health services when a worker goes absent
- › In all countries medical services are involved in certification of illness



Expanding integration policy: More responsibilities or obligations for companies, more support or obligations for workers in return-to-work programmes

Policy measure	Austria	Belgium	Denmark	France	Germany	Ireland	Netherlands	Norway	Romania	Scotland	Slovakia	Slovenia
Anti-discrimination legislation to enforce equal opportunities in employing people with chronic illness	3	2-3	3	1	3	3	0	2	0-2	3	3	2
Modification of employment quotas	3	2-3	0	2	2	0-1	0	0	0	0	?	3
Stronger employer incentives: it is in the employer's financial interest to retain workers with a chronic condition	2	2	2	3	1	0	3	2	0	0	0-1	2
Earlier vocational rehabilitation	3	1	1	2	1	1	3	2	0	1	0-1	2
Individual placement and support, vocational rehabilitation	2	2-3	3	2	2	1	2	2	0-2	2	0-1	2
Improving sheltered or special employment schemes	3	2-3	3	1	1	1	3	2	0	1	1	1
Improving wage subsidies in the case of permanent disability	1	2-3	3	2	0	1	3	3	0	1	0	2



Policy integration summary

- › Netherlands, Austria, Denmark and Belgium have highest levels of relevant policy
- › Most common policies are :
 - › Anti discrimination legislation
 - › Strengthening employer incentives
 - › Improving wage subsidies
- › Employment quotas relatively little important



Improving institutional setup: change in structure of systems and service provision

Policy measure	Austria	Belgium	Denmark	France	Germany	Ireland	Netherlands	Norway	Romania	Scotland	Slovakia	Slovenia
More efficient and integrated service provision, public and private	2	1-2	2	2	1	1	1-2	3	0-2	2	?	1
Incentives for public agencies/ authorities	2	0	2	?	0	0	3	3	0	1	1	1
Outcome-based funding of services	2	0	0	1	0	0	0	2	0	2	?	0
More options for clients to choose from	3	0	0	0	0	0	3	2	2	1	1	1
Improving skills and awareness of medical professionals about rehabilitation and return to work	3	1	2	2	1	0	2-3	3	1	3	2	2



Improving institutional setup summary

- › Few activities
 - › Austria, the Netherlands and Norway have highest levels of institutional setup changes
 - › Most common is improving skills and awareness of medical professionals about rehabilitation and return to work
 - › Some incentives for public agencies/authorities and more options for clients to choose from
 - › Least common is outcome based funding of services



Tightening compensation policy Changes in benefit systems to make it more difficult to obtain a long-term disability benefit

Policy measure	Austria	Belgium	Denmark	France	Germany	Ireland	Netherlands	Norway	Romania	Scotland	Slovakia	Slovenia
More objective medical criteria	3	0	2	1	0	0	3	1	2	2	0	2
More stringent vocational criteria, better assessment of work capacity	2	1	3	2	2	0	3	2	2	2	2	1
Changes in benefit payments	1	1	2	2	0	1	3	2	1	2	?	2
Stronger work incentives	2	2-3	1	1	1	1	3	1	0	2	0-1	2
Stricter sickness absence monitoring	1	2	2	?	2	2	0	2	0	2	3	0



Tightening compensation policy - summary

- › The Netherlands has tightened the compensation policies most consistently
- › Most common element is:
 - › More stringent vocational criteria
- › Most discussed, but least implemented element is:
 - › Stronger work incentives
- › Most controversial element is:
 - › More objective medical criteria



Conclusions

- › Clear differences in emphasis on the importance of RTW on the policy agenda between countries
- › The role of public health services and approaches on job retention and RTW are of low importance
- › Few countries have a legal definition on chronic illness. Most disability is legally defined.
- › Company level interest in job retention and RTW is generally low
- › In most countries a wide range of stakeholders are involved in job retention and RTW, including patient organisations
- › Job retention and RTW are becoming more important in many countries



Thank you for your attention

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