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Promoting Healthy Work for Employees with Chronic Illness – Public Health and Work (PH Work)

Report on national RTW policies

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1 Summary

1.1 Background

This document reports on the survey of national correspondents carried out in 2011 on the issue of national policies for job retention and Return to Work (RTW) for workers with chronic illnesses. This work is part of the European Network for Workplace Health Promotion's initiative on *Sustainable employability of workers with chronic illnesses: Analysing and enhancing good practice in Europe.*

Models of good practice in the participating countries are described in a separate document. Below we will analyse the national policy context of these good practices to identify major constraints and opportunities for these models of good practice.

The issue of chronic illness is moving up the agenda on Public Health circles. As the population ages, as lifestyle related diseases take hold and as medical treatments improve, more people are developing chronic disease and are able to function in meaningful ways with these diseases. This process carries implications for the workplace, where there is a growing need to accommodate people with chronic diseases in the workplace, either through job retention or RTW.

People with chronic diseases overlap with, but are not necessarily the same group as people with disabilities. Whereas people with disabilities often have a chronic illness, condition or injury, not all people with chronic illnesses can be classified as being disabled. This difference arises in part because of differences in the level of impairment due to the illness, but also because of the many potential purposes of defining someone as being disabled. Broadly, these can relate to defining levels of impairment, defining access to benefits and services, defining who is covered by anti-discrimination measures or defining capacity to work.

There are a number of key concepts and approaches that are used in relation to job retention and RTW. Firstly, there is the concept of return to work – this refers to the processes whereby an employee goes back to work after illness or injury. This may involve returning to the same job, in which case it is Job retention, or it may be that they are redeployed to another job either with the same employer or a new one. The key here is that the individual has some work experience. This differs from the situation for many disabled people who have never worked and who face the challenge of gaining employment for the first time.

There are a number of general approaches to the challenges posed by job retention and RTW. These generally occur at three levels – at the level of policy, national systems, i.e. the institutions, the level of organisations involved in service provision and at the level of the individual employer and employee. Starting from the bottom up, employers must deal with absence and return to work at a practical level. For them, considerations of how employable the worker might be, the costs of retaining or replacing the worker, internal company policy and a range of company related factors are important in determining their approach. The

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employee with a chronic illness at the other hand needs to find a new balance between work, family and the restraints of his/her condition. In addition, they may be influenced by legal provisions and external services, though their awareness of these agencies and issues may be limited.

National systems reflect a range of factors including the provisions of policy and legislation. However, they also reflect historical or legacy issues, where institutions have built up over time in response to such issues as service needs and available funding as well as historical policy. In addition, service providers are often influenced by best practice which may come from within or beyond national boundaries.

National policy and legislation on job retention and RTW (to the extent that it exists) has arisen for many reasons, not all of the concerned with RTW. Issues such as legacy issues, the structure of social security systems, and the resources available for service and benefit provision and the state of practice in within a country all influence legislation. In addition, transnational policy may influence the national level. EU Directives and conventions from the ILO or WHO can be important here.

Within this complex system, public health plays also a major role. Though often associated with treatment oriented services, public health may also be concerned with RTW, even if only in a passive way. General Practitioners are usually the first point of contact for the absent worker and their actions can significantly affect the schedule of RTW or whether the worker returns to work at all. Moreover, where illness is chronic and/or serious, rehabilitation agencies play an important role. However, it is also generally true that public health often does not see itself as having a role in relation to the workplace. Treatment services are patient focused, while public health measures deal with the population at large. Occupational health services, which may or may not be defined as being part of public health do play a more direct workplace oriented role, but often this is confined to protecting the employer rather than ensuring return to work (in some countries such as the Netherlands, OSH services do have an explicit role with regard to RTW).

1.2 Conclusions

There are a number of relatively firm conclusions that can be drawn from this qualitative survey of job retention and RTW initiatives in the ten participating countries. These are:

The importance of RTW on the policy agenda
There are clear differences in emphasis on this issue between the countries. In the Netherlands and Denmark, the issue has a high priority and new initiatives are occurring continually. In addition, the UK, Norway and Ireland have seen the issue move up the policy agenda in recent times. Other countries are less active at policy level.

Public Health and job retention and RTW
The role of public health services and approaches are of relatively low importance when compared to the role of employment and labour market approaches to the issue.

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Nevertheless, some countries provide examples of such initiatives, for example in relation to changing the role of primary health care systems in relation to RTW or the activities of patient's organisations.

Chronic illness and disability
Few countries (only two could be identified) have a legal definition of chronic illness. Mostly disability is legally defined. Amongst other consequences, this means that it has a low profile in relation to the workplace, job retention and RTW. Still it is difficult to separate the issues of chronic illness and disability in policy and system terms. This leads to incoherence of approach to the issue.

Company level interest in job retention and RTW
This was generally low, with the exception of countries such as the Netherlands where the costs of absence are high for the employer.

Stakeholder involvement in job retention and RTW
In most countries there was a wide range of stakeholder involvement, including the involvement of patients' organisations. However, it was also clear that the public health sector is not heavily involved in most countries.

The overall weight of the findings from the survey shows that job retention and RTW is becoming a more important issue in many countries. It would also appear that the range of measures being implemented was wide, at least when considering the 10 participating countries as a whole. However, it was also clear that most countries focused on a limited range of measures to address the RTW issue in relation to workers with a chronic condition. Only in Denmark and the Netherlands could a more comprehensive approach to the problem be detected.

The information available from the survey leaves a strong impression that Public Health stakeholders face a challenge to strengthen their role in relation to RTW. In particular, there is a need to deal with the issue of chronic illness and employment – at present the links seem tenuous in the thinking of many Public Health systems. A re-orientation of Public Health services towards the maintenance of employment of patients seems necessary in many if not all countries.

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2 The survey questionnaire and sample

The survey instrument was developed over a number of drafts by the core project team of WRC, TNO, and ANACT, with the comments of national correspondents also being incorporated into the final version. The complete questionnaire is contained in Annex 1 to this report, but the main areas that were investigated were:

- 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

In addition to an examination of these relatively general questions, a number of more specific questions were asked with regard to policy measures that might be taken to address the issue of workers with chronic illnesses.

The following countries took part in the survey:

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

3 Analysis

The data collected in the survey were largely qualitative in nature. It consists of textual answers to relatively broad questions and the answers are largely descriptive in nature. Accordingly, the analysis performed is largely descriptive and has the aim of identifying key trends and specific examples of the role of public health in relation to return to work policies and practices.

There is also some quantitative data collected in which respondents were asked to rate the importance of a range of RTW related issues. However, as there are only 12 countries taking part in the survey, quantitative analysis of this data is difficult. In this case only descriptive statistics are used.

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4 Results from the survey

4.1 Addressing the target group

Table 1 below summarises the responses to the first question to be asked:

Has the issue of the employment of workers with a chronic illness/disability been addressed in your country in recent years?[1]

Table 1: The importance of employing people with a chronic illness or disability

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, Norway
Increasing employers responsibilities	Netherlands, Scotland, Germany, Ireland, Norway
Patient organisation initiatives	France, Ireland, Belgium
Quota for disabled persons	Austria, France, Slovenia, Ireland[2]

All of the countries surveyed had placed some importance on the issue in recent years, though the form of this concern differed and in some cases stretches back for quite a few years. For example, only 3 countries operate employment quota systems for disabled people, but these have a relatively long history.

Seven countries reported that anti-discrimination was in place that proscribed discrimination in employment on health grounds, though it is likely that all 12 countries had such legislation in place as a result of the Equality Directive and the Anti-Discrimination Directive.

Other prominent initiatives included initiatives targeted at disabled people (5 countries) which consist mainly of labour market initiatives for this group. However, only 2 countries focused specifically on people with chronic disease as a target group for RTW at Institutional level. (In some other countries, NGOs do focus on this group).

[1] Responses not be limited to general measures in labour market policies, disability or sickness benefits schemes - also refer to any specific measures for people with chronic conditions.
[2] This is a partial quota of 3% for public sector bodies

Social partner involvement was relatively rare. However, many countries have either increased employers responsibilities for RTW (e.g. Scotland and the UK, the Netherlands) or are about to do so (Ireland).

It is clear from this that there is quite a lot of attention being paid to improving RTW rates in the participating countries at present.

4.2 Defining disability and chronic illness

It is of interest to know if the concepts of disability and chronic illness have formal legal definitions in relation to RTW policies. From the disability literature it is well known that definitions of disability can differ. Definitions may be used for purposes of gaining access to services (e.g. health, rehabilitation) or for access to benefits (e.g. short or long term social welfare benefits) or in relation to anti-discrimination legislation. However, Much less is known about what definitions, if any, are used in relation to chronic illness. From the point of view of the social security systems, it might be suspected that chronic illness is not of primary interest, since it is not, of itself, grounds for receiving benefits. Instead, most systems define access in relation to some methods of calculating loss of function, especially in relation to the ability to work.

The findings from the survey were in line with these expectations:

- Multiple definitions for disability are used in 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[3] and France[4] is it formally defined.
  - In Denmark it is informally defined
  - In some countries, e.g. Belgium, Ireland, Scotland, it is part of the disability definition

[3] In Germany, various paragraphs in the legislation use slightly different definitions for chronically ill people and disabled people.
[4] In France it is defined as a long term condition, progressive, often associated with disability and the threat of serious complications

4.3 Most important policy measures for RTW

The issue of RTW may be addressed by multiple policy measures. In most countries, policy in this area has built up over many years and successive administrations. Moreover, relatively few countries have set out to design RTW policy systems and so there are usually multiple, sometimes contradictory systems which may also have significant gaps in coverage. Systems may for example, treat public and private sector employees differently, access to employment services may vary according to whether you are unemployed or disabled and some potentially policy areas may not refer to RTW at all (this is often the case with public health policy).

Of course, as RTW and the need to reduce the number of disability claimants has taken a more central role in the policy discourse in recent years in some countries, there have been attempts to redesign systems in countries such as the Netherlands, Norway, Germany and the UK, while others such as Denmark are undertaking major reviews of policy and practice.

Respondents were asked to nominate the 2 or three most important policies in relation to RTW in their country. The results are shown below:

- 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
- Most systems are not specifically concerned with chronic illness
- There is 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

These findings point to a gap between disability and employment systems, which work more or less well together; and public health systems, which do not typically relate systematically to RTW or employment systems.

4.4 New developments in RTW systems

The next question concerned new developments in each participating country that might promote the labour force participation of people with chronic illness or disability. This question covered a wide area and was intended to identify any new initiatives, practices, policies or practice that addressed the central target group of the project. The results from this question are to be found below.

- Some countries are making no changes e.g. Germany, Slovakia
- 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
- 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

Most countries reported some level of new initiatives talking place, although in Germany and Slovakia, no new initiatives were identified. In others, there was a consistent theme whereby legislation was being updated and amended. This is occurring in Romania, Slovenia and Slovakia. Others, such as Austria, Belgium, Netherlands, and Norway are updating the efficiency of national systems, while there was also evidence of project based initiatives in many countries. For example, in Ireland there is an Active Inclusion pilot which seeks to activate people with disabilities while there has also been an initiative focusing on people suffering from back pain.

It was also pointed out that the economic crisis is having an effect with reductions in funding causing services be curtailed or postponed in countries such as Ireland and Romania.

4.5 Company level interest in people with chronic illness

Respondents were also asked to identify where possible evidence of company level interest in job retention and RTW of people with chronic illness. This proved more difficult to answer than for some other questions. No such interest could be identified in 6 of the participating countries – Austria, Belgium, Denmark, Romania, Slovenia and Slovakia. Only in France and Norway, was a strong interest reported, while in Germany, Ireland, the Netherlands and Scotland some level of interest was evident.

Amongst the initiatives reported were joint or separate initiatives by the social partners to employ people with disabilities (e.g. UK and Ireland) and initiatives supported by all three social partners such as occurs in the ANACT network in France. These initiatives though focus mainly on people with longstanding or acquired disabilities rather than people with chronic illness per se.

In addition, where quota systems operate, companies tend to have a stronger interest, at least in the issue of employing people with disabilities.

4.6 Stakeholders in RTW

Table 2 below gives an overview of the responses to a question asking correspondents to identify the main stakeholders (not all) in RTW in their country.

It is clear that the most common stakeholders were Employer Organisations, Social Security (and private insurance, depending on the system); Labour Unions, Central Government and rehabilitation organisations were centrally involved. Interestingly, relatively few countries cited individual employers as being involved, even though they are perhaps the main focus of RTW policies. Other agencies that were rarely cited included health care and the public health sector. However, it was cited that Patients Organisations were major stakeholders in many countries.

Table 2: Stakeholders ion RTW

Stakeholder	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 representatives	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					

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4.7 Key success factors in RTW

Respondents were asked about what are the key factors in successful RTW policy and practice at company level. There was a good deal of consensus between the countries on this and the main factors identified were:

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

These factors point to the importance of string policy, a good methodology (the Disability Management approach) and experienced and trained staff. In broad terms, they point to good practice in policy implementation for any policy i.e. that is well organised, supported and monitored.

4.8 The role of public health in RTW

A key question in the research relates to the role of Public Health in RTW policy and practice. Table 3 below summarises the main responses to this question. Respondents found it difficult to identify comprehensive roles for Public health in this regard, but they do point to some issues that are common across the countries.

Table 3: the role of Public Health in RTW

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, time or skills. Rehab agencies are involved

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Norway	PH can assess working conditions
Romania	Sole focus is on health
Scotland	Lobbying role, Rehab, focus on abilities
Slovenia	Medical and certification
Slovakia	Awareness raising

There are definitional issues surrounding the concept of public health and the ways in which it might be involved in RTW policy and practice. Public health policy may have as one of its goals to support the return to work of people of employment age. It may structure services so that they have an employment and work related orientation. It may also have formal relationships with occupational health services and policy. At a practical level, the role of general practitioners is central to the employment relationship, as is the role of rehabilitation services should they be needed.

It was clear from the responses that no country reported a major role for public health in relation to RTW. In two countries, Germany and Romania, the role was thought to be non-existent – public health policy and practice confined itself to illness issues and not to employment.

In others however, there is a relatively clear role for public health – in Scotland, for example, there has been changes in how sickness absence certificates are awarded, with the emphasis now being on ability ('fitness for work' certification) rather than disability. In addition, Scotland has seen the creation one-stop-shops for workplace health, which actively liaise with public health services when a worker goes absent.

Similar changes to the sickness certification system have been undertaken in Denmark and are being discussed in Ireland. It should be noted however, that in all countries, the medical services are involved in certification of illness – what is at issue is the extent to which they are also involved in return to work as active players.

4.9 Changes in Return to Work Policy

Three sets of questions were asked in relation to recent or imminent changes in RTW policy in the participating countries. The results from these questions are described in Tables 4-6 below.

Changing employers and employees responsibilities and supports

Seven separate elements of policy change in relation to the responsibilities of employers and employees were investigated (see Table 4 below). These were rated on a scale ranging from 0 (no role to 3, important role).

Table 4: 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	Ireland	France	Germany	Netherlands	Norway	Romania	Scotland	Slovakia	Slovenia
Anti-discrimination legislation to enforce equal opportunities in employing people with chronic illness	3	2-3	3	3	1	3	0	2	0-2	3	3	2
Modification of employment quotas	3	2-3	0	0-1	2	2	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	0	3	1	3	2	0	0	0-1	2
Earlier vocational rehabilitation	3	1	1	1	2	1	3	2	0	1	0-1	2
Individual placement and support, vocational rehabilitation	2	2-3	3	1	2	2	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	1	2	0	3	3	0	1	0	2

Note: Higher numbers mean that an issue was more important

It is clear from Table 4 that Anti-Discrimination legislation is one of the more important tools in relation to return to work. It is of importance in all countries with exceptions of the Netherlands and France. Employment quotas were of relatively little importance (not all countries use this tool), but strengthening employer incentives and improving wage subsidies were important in many countries, thereby showing the potential importance of financial measures directed at employers. Measures dealing with the vocational rehabilitation system of the sheltered employment systems were of relatively little importance.

Improving institutional setup

Five questions were asked in relation to improving the setup of institutional responses to the issue of RTW. There were relatively few activities of this type, even though some of them may be seen as being in the vanguard of innovative responses to the issue. For example, making funding for services dependent on the outcomes these services achieve is thought to be an effective way of making services more client sensitive. However, this is on the agenda

only in 3 of the countries surveyed. On the other hand, improving the knowledge and skills of medical professionals was a relatively common and important approach to improving institutional capacioty.

Table 5: Improving institutional setup: Change in structure of systems and service provision

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

Tightening compensation policy

Initiatives to make changes in benefit systems to make it more difficult to obtain a long-term disability benefit are often thought to be on the agenda of Governments as they struggle to deal with problematic public finances. However, it is clear from the survey that these measures were used only sporadically. The most common elements were having more objective medical criteria for entering into benefits systems and having more stringent vocational criteria and better assessment of work capacity (this latter initiative includes moves towards assessment of abilities rather than disabilities). Providing stronger work incentives was the least important of this set of measures, despite it being a central feature of Active Inclusion policy at EU level.

Table 6: Tightening compensation policy

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

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Annex 1: The survey questionnaire

1	Country and country representative	Name, etc.
2	Has the issue of the employment of workers with a chronic illness/disability been addressed in your country in recent years?[5]	Yes/no If yes, to which initiative was it linked? If no, could you give a short explanation of why not? If it was predominantly regional, please pick one region. A model for the context of policy measures is presented in Part 2 of this orientation survey
3	Does your country apply any formal or legal definition(s) of people with chronic illness/disabilities?	If yes, please give an English translation (100-200 words)
4	In your opinion, which are the 2 or 3 most important policy, institutional or legislative measures in the last few years which actually promoted the participation of workers with chronic illness/disabilities in the work force?	(100-200 words)
5	Are there new developments (now or in the near future) or opportunities which could promote further participation?	For example, internet, social media, consumer organisations, innovation in the workplace, new legislation, covenants, etc.

[5] Please do not limit your response to general measures in labour market policies, disability or sickness benefits schemes, but also refer to any specific measures for people with chronic conditions. For a definition of chronic disease please see our separate memo.

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<table>
<tr><td>6</td><td>Who are the main stakeholders and their organisations in your country? Please fill in the table
* Employers organisations
* Individual employers
* Labour unions or employee representatives
* Patient/consumer organisations
* Social security agencies
* Insurance companies
* Health care
* Public health sector
* OSH professionals
* Professional organisations
* Vocational rehabilitation
* Social services
* Municipalities/local government
* Central government
* Social assistance
* Other</td><td>In your opinion do they play a role in the employability of workers with a chronic condition?
0 = no role; 1 = play a role; 2 = play an important role; ? = don’t know
<table>
<tr><th></th><th>0 = no role</th><th>1 = play a role</th><th>2 = play an important role;</th><th>? = don’t know</th></tr>
<tr><td>Employers organisations</td><td></td><td></td><td></td><td></td></tr>
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<tr><td>Social assistance</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Other</td><td></td><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>7</td><td>Is this an issue that receives much attention within companies?</td><td>In case of yes AND no: For which reason(s) do you think this is?
(100 words)</td></tr>
<tr><td>8</td><td>What are in your opinion the main key factors for success in company good practice in the employment of workers with disabilities/chronic illness?</td><td>(100 words)</td></tr>
</table>

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9	Do you know of companies/employers who may be looked upon as implementing good practice? *	If yes, give a brief description
10	Do you know of service providers in health care, vocational rehabilitation, etc. which may be looked upon as using good practice? *	If yes, give a brief description
11	What is the role of the public health care system in relation to this issue?	Please give your general opinion

* Please keep in mind the criteria for good practices mentioned in paragraph 3.2:
≠ *Is a specific company approach and strategy prominent enough?*
≠ *Is coordination with various stakeholders assured?*
≠ *Is there any focus on chronic illness?*
≠ *Is early intervention and case management in place?*
≠ *Is self-management/self-determination an issue?*
≠ *Are innovative aspects sufficiently highlighted?*
≠ *Are there any process and outcome data available?*

Orientation Survey Part 2: Institutional background

The search for good practice will take place in 13 countries. It is generally acknowledged that system characteristics in the domains of social security, both public and private health care and OSH stipulate the way these good practices operate. Within the scope of this project a detailed system description by each NCO is too complex and time consuming which is even more the case for the analysis by the project team. Nevertheless the good practice descriptions should be linked one way or the other to the system context in each country. In this dilemma we found the solution by using the findings of a recent OECD study. This study concluded that many system reforms had been undertaken in the participating countries aimed at improving employment opportunities for people with disabilities (OECD 2010). Despite many differences there appears to be a convergence in policy: from mainly compensation-oriented policy towards integration policy. The OECD has categorised these policy measures in terms of three main trends (which are then further detailed). In our orientation survey we will make use of this categorisation of policies to describe globally the context for the good practices. OECD has made elaborate descriptions and analysis of the reform trends in the various countries from 2003 to 2010 and is the best transnational source on this matter[6].

[6] You may find relevant information in OECD (2010) Sickness, Disability and Work. Breaking the Barriers, <http://www.oecd-ilibrary.org/social-issues-migration-health/sickness-disability-and-work-breaking-the-barriers_9789264088856-en>.

Not every country may recognize itself in detail in this global description. And certainly not all measures are applicable to every country. It should be used as a common denominator for the participating countries in analyzing the good practices in their institutional context. This systematic overview will give the project the necessary background information without elaborate and time-consuming detailed system descriptions of each country.

Below we ask you whether these policy measures apply in your country. *For every policy measure please indicate whether it is:*

not the case (= 0); in discussion, but not in place (= 1); implemented (= 2); implemented AND proved very important for workers with chronic disease (= 3).
In the last column please add any comments, references or illustrations.

Institutional or system policy measures to enhance the participation of people with chronic conditions in the regular labour market

Policy measure	Illustration	Importance 0-3	Remarks
Expanding integration policy: More responsibilities or obligations for companies, more support or obligations for workers in return-to-work programmes			
Anti-discrimination legislation to enforce equal opportunities in employing people with chronic illness	Legislation extended to a larger number of companies (for example small and medium-sized companies)		
Modification of employment quotas	Quotas for hiring or retaining workers with chronic conditions or subcontracting companies with significant numbers of workers with disabilities. Use of or increase in levies when not fulfilling the quotas, more categories of organisations covered by the regulations, broadening definition of workers with chronic illness and disabilities		
Stronger employer incentives: it is in the employer's financial interest to retain workers with a chronic condition	Extending OSH obligations from prevention to early vocational rehabilitation, stronger obligations in workplace accommodation, responsibility for sickness benefit payments of variable length, insurance systems with premiums related to actual disability beneficiary rate of the company. Include negative incentives		

	also, e.g. fines		
Earlier vocational rehabilitation	Increasing rehabilitation/retraining options and obligations in an earlier stage of sickness absence and making this independent of benefit entitlement		
Individual placement and support, vocational rehabilitation	Intensive individual on-the-job training and support programmes to promote reintegration into regular employment		
Improving sheltered or special employment schemes	Better assessment, more links with the regular labour market		
Improving wage subsidies in the case of permanent disability	Subsidy to the employer, sometimes to employee when productivity is below a certain minimum, definition of target group is better targeted to workers with disabilities		
Improving institutional setup Change in structure of systems and service provision			
More efficient and integrated service provision, public and private	Benefit (income – public, private) and service provision (employment support – public, private) integrated into one agency or process, more customer-orientated basis, better cross-agency coordination, integration of benefits vis-à-vis reintegration and health care		
Incentives for public agencies/authorities	Incentives for public institutions granting benefits or assisting reintegration aimed at improving employment of workers with chronic conditions, e.g., reimbursement rates to municipalities dependent on reintegration outcomes, etc.		
Outcome-based funding of services	Reimburse service providers for actual employment outcomes, privatisation/contracting out of service provision		

More options for clients to choose from	Introducing systems (e.g., vouchers) which allow clients in need of services to choose the service provider they like (within certain limits), promoting self-management		
Improving skills and awareness of medical professionals about rehabilitation and return to work	Improving sickness certification practices, providing guidelines and clear procedures for general practitioners and medical specialists, fitness for work certification, systematic controls of sickness certificates, financial and other incentives for doctors, improved health care system (both public and private) coordination with vocational rehabilitation, occupational health care		
Tightening compensation policy Changes in benefit systems to make it more difficult to obtain a long-term disability benefit			
More objective medical criteria	Assessment by general practitioners replaced by trained assessors, introducing uniform evaluation systems		
More stringent vocational criteria, better assessment of work capacity	The aim is not only to return to the former job but to find any suitable job, obligations are politically difficult to implement		
Changes in benefit payments	From permanent benefit entitlements to temporary entitlements, raising minimum levels of disability for benefit entitlement, reduction in level of payments		
Stronger work incentives	Tax credits for reintegrated workers, combining disability benefit with earnings from work, possibility to return to the benefit without reassessment when taking up a new job, special or higher rehabilitation benefits, etc.		
Stricter sickness absence monitoring	Long-term sickness absence strictly monitored by companies or authorities (e.g., municipalities), early intervention with more work-relevant focus		

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Others Please add policies which do not fit into the categories above			

Please feel free to add any remarks or comments on the general political economical context or otherwise in your country at this moment which is important in your opinion for the employability of people with chronic conditions (economic crisis, breakthrough in medical treatment etc. etc.)

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