European Agency for Safety and Health at Work

Safer and healthier work at any age

Country Inventory:

Belgium

European Agency for Safety and Health at Work

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Abbreviations

CCT 104:	Collective labour agreement 104 on the implementation of an Action Plan for the Employment of older workers in the company
ENWHP:	European Network for Workplace Health Promotion
EU:	European Union
Eurofound:	European Foundation for the Improvement of Living and Working Conditions
EU-OSHA:	European Agency for Health and Safety at Work
FAO/FAT:	Fund for Accidents at Work
FEB/VBO:	Federation of Belgian Enterprises
FPS ELS:	Federal Public Service Employment, Labour and Social Dialogue
GP:	General Practitioner
HR:	Human resources
ILO:	International Labour Organization
MSD	Musculoskeletal disorder
NGO:	Non-governmental organisation
OECD:	Organisation of Economic Cooperation and Development
OSH:	Occupational Safety and Health
P.p.:	Percentage point
RIZIV/INAMI:	National institute for sickness and invalidity insurance
RTW:	Return to work
RVA/ONEM:	National Employment Office
RSZ/ONSS:	National Office for Social Security
WHO:	World Health Organisation

Introduction

This report is part of the project 'Safer and healthier work at any age', initiated and financed by the European Parliament[1][2]. The objective of the European Parliament was to further investigate possible ways of improving the health and safety of older people at work.

The project, which started in 2013,

- reviewed state of the art knowledge on ageing and work;
- investigated EU and Member States policies, strategies, and programmes addressing the challenges of an ageing workforce in the field of occupational safety and health (OSH) and policy areas that affect OSH, such as employment and social affairs, public health, and education;
- investigated EU and Member States policies, strategies, and programmes in relation to rehabilitation/return-to-work;
- and collected information on related workplace-level practices.

To review policy developments and initiatives taken in Europe to tackle the demographic change, country reports were prepared, with a specific focus on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting rehabilitation/return to work.

Methodology

The country reports were prepared in each of the 28 European Member States and EFTA countries (Iceland, Switzerland, Lichtenstein and Norway). In eight countries (Austria, Belgium, Denmark, Finland, France, Germany, the Netherlands and the United Kingdom), the research was carried out at a more in-depth level including additional resources and the consultation of relevant stakeholders via the organisation of expert workshops.

The **information** used to prepare the reports was collected between September 2013 and June 2014 and comes from international, European and national sources, referenced in the report's bibliography.

The **indicators** presented in the first section of the reports have been selected taking into account:

- *Relevance to the topic:* In addition to data on working conditions and health, indicators related to general contextual factors such as the demographic development, labour market and employment have also been included.
- *Availability of data by age groups:* As the focus of this work is to investigate activities in the context of an ageing workforce, it is central to the project to collect data by age groups.
- *Geographical coverage:* In order to be able to compare results across the Member States, it is important to use the same indicators in all country reports. For this reason, European and international sources were favoured.

National expert workshops took place in the eight countries subject to in-depth review as well as in two additional countries, Poland and Greece between March and June 2014.

The objectives of the workshops were to:

- Confirm the findings and interpret the results of the desk research;
- Stimulate discussions between intermediaries and experts in the field of occupational health and safety and rehabilitation/return-to-work, in order to collect additional information and examples of good practices;
- Exchange views and ideas on what works well, what could be improved, and what are the drivers, needs and obstacles to address the challenges of an ageing workforce.

[1] Official Journal of the European Union, '04 04 16 – Pilot project - Health and safety at work of older workers', Chapter 0404— Employment, Social Solidarity and Gender Equality, 29.02.2012, pp. II/230 - II/231. Available at: http://bookshop.europa.eu/en/officialjournal-of-the-european-union-l-56-29.02.2012-pbFXAL12056/ (Accessed December 2014

[2] The activities carried out for the European Parliament's pilot project are coordinated by the European Agency for Safety and Health at Work (EU-OSHA) and implemented by a consortium led by Milieu Ltd (other consortium partners include: COWI, IOM, IDEWE, FORBA, GfK, NIOM).

In Belgium, the national expert workshop “Safer and Healthier Work at Any Age” (Un travail plus sain et plus sûr à tous âges) took place on 13-14 March 2014 at the premises of the Belgian Federal Public Service Employment, Labour and Social Dialogue (FPS ELS), with over 35 participants the first day and just under 30 participants on the second day. The FPS ELS, EU-OSHA’s focal point, provided extensive support for the organisation and execution of the workshop. On 13 March, a full day workshop took place on the topic of OSH and older workers, during which experts and policy makers came together to discuss the implementation and effectiveness of policies and strategies (at national level and within companies) that play a role on safer work at any age. A half a day workshop was organised on Friday 14 March, which specifically focused on rehabilitation and return-to-work.

Representatives from the European Agency for Safety and Health at Work (EU-OSHA), the Belgian Federal Public Service Employment, Labour and Social Dialogue (FPS ELS) and the National Institute for Health and Disability Insurance, as well as academics and representatives from Belgian businesses gave presentations to introduce the topics for discussion. Participation in Belgium was quite diverse and represented well the different groups, with the exceptions of the employers’ group, which was under represented. A summary of the stakeholders’ views is provided in the conclusions of this report.

The present report describes policies and strategies in Belgium, addressing the ageing of workforce. Specifically, it focuses on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting the rehabilitation/return to work of workers following a health problem.

Structure of the report

The first section of the report provides background information on demographic developments, the labour market, working conditions and the health status of the older working population. The institutional and legal framework for occupational health and safety in Belgium, as of June 2014, is also described.

The second section of the report describes strategies, policies, programmes and activities initiated by the government or government-affiliated organisations, social partners and non-governmental organisations to tackle the challenges related to demographic change, and more specifically to the ageing of the workforce. These initiatives were identified primarily in the area of occupational health and safety but also in the areas of employment and public health and any other relevant policy areas.

The third section of the report focuses on the issue of the rehabilitation and return to work of workers following a health problem (accident or disease). The section starts by introducing the national system for the rehabilitation of workers following a long-term sick leave or work incapacity and considers the legal and policy framework, the actors involved and the main steps of the rehabilitation process. The second part of the section describes specific activities, programmes or strategies implemented by the government or government-affiliated organisations, social partners and non-governmental organisations for the rehabilitation of workers.

1 General context

Section I of this report starts with an overview of the most relevant facts and figures on the current situation in Belgium with regard to demographics, the labour market, working conditions and the health status of the older working population. It then provides background information on the institutional and legal frameworks in Belgium that pertain to safe and healthy work in the context of an ageing workforce. Finally, it provides a brief overview of the pension system, looking specifically at legal and actual retirement ages, early retirement opportunities and ongoing or upcoming reforms that would affect older workers.

1.1 Facts and figures

In this sub-section on facts and figures, a number of indicators introduce the current situation in Belgium with regard to demographic factors, the labour market, working conditions and health status of the older working population.

The following definitions aim to provide clarity on a number of terms used frequently in this section:[3]

- "Median age" is the age that divides a population into two groups that are numerically equivalent.
- The "old age dependency ratio" is the ratio of the number of elderly people at an age when they are generally economically inactive (i.e. aged 65 and over), compared to the number of people of working age (i.e. 15-64 years old)
- "Old age pension" is payment to maintain the income of a person after retirement from employment at the standard age or payment made to support the income of elderly persons.[4]
- "Anticipated old age pensions" are periodic payments intended to maintain the income of beneficiaries who retire before the legal/standard age as established in the relevant scheme.[5]
- "Survivors' pension" is payment to a person whose entitlement derives from their relationship with a deceased person protected by the scheme (widows, widowers, orphans and similar).[6]
- "Healthy life years", also called disability-free life expectancy (DFLE), is defined as the number of years that a person is expected to continue to live in a healthy condition.[7]
- The "demand-control-model"[8] is used to measure certain dimensions of occupational stress; it shows that the combination of a large number of demands made to a worker and the low level of control that the worker has on his/her own tasks has a negative effect on his/her health.
- The model of "effort-reward-imbalance" (ERI)[9] is also used to measure certain dimensions of occupational stress; it shows that the lack of rewards received by a worker in return for his/her efforts spent at work (including money, esteem and career opportunities) causes job strain. The ERI model therefore measures the proportion of 'rewards' for the level of effort provided.

Table 1 provides a quick snapshot of selected indicators, some of which are further described in the rest of the section.

[3] Definitions extracted from the Eurostat glossary (unless stated otherwise): http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Thematic_glossaries (Accessed December 2014)

[4] Eurostat, Methodologies and Working Papers, *The European System of integrated Social PROtection Statistics (ESSPROS), ESSPROS Manual and user guidelines*, 2012, p. 58. Available at: http://ec.europa.eu/eurostat/documents/3859598/5922833/KS-RA-12-014-EN.PDF/6da3b2bf-85ba-4665-b318-a41d6a2df37f?version=1.0 (Accessed December 2014)

[5] Definition according to Eurostat Methodology Paper on ESSPROS, p. 51

[6] Ibid, p62.

[7] This indicator is compiled separately for men and women, both at birth and at age 65. It is based on age-specific prevalence (proportions) of the population in healthy and unhealthy condition and age-specific mortality information. A healthy condition is defined as one without limitation in functioning and without disability.

[8] This model was created by Karasek (1979) Job Demands, Job Decision Latitude, and Mental Strain - Implications for Job Redesign. Administration Science Quarterly 24: 285-307.

[9] This model was created by Siegrist (1996) 'Adverse Health Effects of High-Effort/Low-Reward Conditions', Journal of Occupational Health Psychology 1: 24-41.

Table 1, Overview table of main indicators

	Belgium	EU-28
Median age 2013 (2060)	41 (42.6)	41.9 (46.3)
Share of population aged 55 to 64 years (2013)	12%	13%
Share of population aged 65+ (2013)	18%	18%
Old age dependency ratio 2013 (2060)	27% (40%)	27.5% (50.2%)
Employment rate of 55 to 64-year-olds (2013) (Δ since 2003)	41.7% (+13.6 p.p.)	50.2% (+10.3 p.p.)
Official Retirement age (2012) [10]	65	
Effective retirement age (2012) [11]	58.7(f)/59.6(m)	60.9(f)/ 62.3 (m)*
Share of pensioners (50-69) who quit working for health or disability reason (2012)	17%	20.9%
Pension expenditures (% of GDP) (2011*)		
All pensions	12.4%	13.0%
Old-age pensions	8.3%	9.5%
Disability	1.6%	0.9%
Life expectancy at 65 years, in years (2011)	19.9	19.7
Women	21.6	21.3
men	18	17.8
Healthy life years at the age of 65 (and 50) (2011)		
Women	10.3 (19.8)	8.6 (17.9)
Men	9.8 (19.2)	8.6 (17.5)
Employed persons aged 55 to 64 years reporting one or more work-related health problems in the past 12 months in 2007 (% from all employed aged 55 to 64 years)	14%	11.4 %[12]
Share of employed people aged 55-64 yrs who perceive their health as in being in a bad or very bad status (and 45-54 yrs), 2012	4% (3%)	5.7% (3.8%)
Share of employed people aged 55-64 yrs who have a long-standing illness or health problem (and 45-54 yrs), 2012	23% (15.7%)	33.3%** (24.2%**)
Share of people aged 55-64 yrs who report MSDs as their most serious work-related health problem during the past 12 months (2007)	57%	59.9%[13]
Women	60%	64.4%
Men	55%	56%
Share of workers above the age of 50 who think they could do their current job at the age of 60 (2010) [14]	67%	71.4%[15]
Share of employed people with working experience who report that measures to adapt the workplace for older people have been put in place at their workplace (2013) [16]	26%	31%

Sources: All figures are as published by Eurostat, unless mentioned otherwise. Sources used by Eurostat include: Eurostat population statistics, Eurostat population projections, the European Labour Force Survey (EU-LFS), the European Survey on Income and Living Conditions (EU-SILC), the European System of Integration Social Protection Statistics (ESSPROS),
*figure refers to 2011; ** estimated figures only (by Eurostat)

[10] See 1.4 Pension system
[11] OECD estimates on the "average effective age of retirement versus the official age, 2007-2012". Available at: http://www.oecd.org/els/emp/ageingandemploymentpolicies-statisticsonaverageeffectiveageofretirement.htm (Accessed December 2014)
[12] This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends using the aggregate figures without France.
[13] This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends to use the aggregate figures without France.
[14] European Working Conditions Survey 2010
[15] This Figure refers to the EU-27
[16] European Commission, Flash Eurobarometer on Working Conditions, fact sheet for Belgium

1.1.1 Demographic development

Belgian's population has been ageing since 1980. While in 1980 the **median age** of the Belgian population was 34 years, in 2013 it was 41 years (table 2). This was almost the same as the median age of the total EU-28 population, which was around 42 years in 2013.

Table 2, Median age (actual and projections) of population in Belgium and for EU, 1960-2060 (in years)

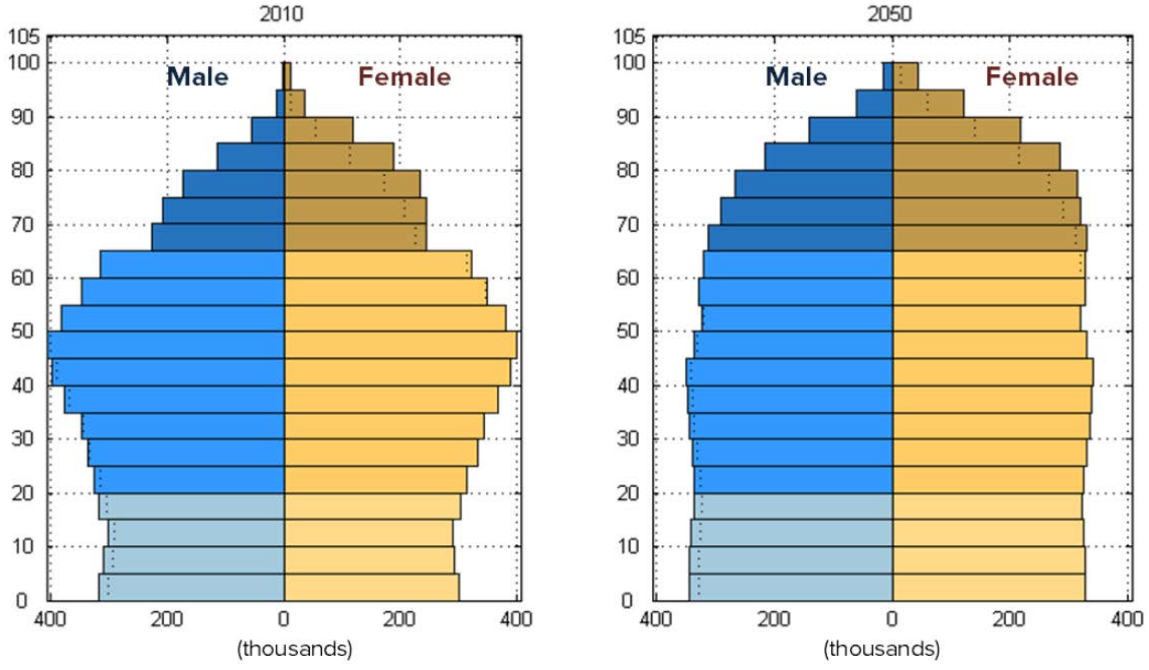
	1960	1980	1990	2000	2012	2013	2020	2040	2060
Belgium	35	34	36	39	41	41	41	42	43
EU-27	:	:	35	38	42*	42**	44**	46**	46**

Source: Eurostat population statistics: Population on 1 January: Structure indicators [demo_pjanind];
*figure for EU-27 for this year is flagged "estimated"
** figures from 2013 onwards are for the EU-28 aggregate

The ageing of the population is also reflected in the **distribution of the population across the different age groups** and their development between 1990 and 2013. The share of the oldest age group (65 years and above) increased from 15% to 18%, while the share of the age group of 55 to 64-year-olds decreased between 1990 and 2000, but then increased to 12% in 2013 again. The distribution of the population across the four age groups is very similar to the distribution of the total EU-28 population across the same age groups in 2013.

The ageing of the population is predicted to continue. The age group of persons aged above 65 is predicted to increase up to 25% until 2060. The population ageing is also shown in the age pyramids below (figure 1), which show that the size of the age group from around 20 to 60-year-olds will decrease, while the age group of those aged 65 and above will increase strongly.

Figure 1, Total population by age group and gender, 2010 and projection for 2050



Source: International Conference on Population and Development Beyond 2014, Belgium Country Implementation Profile[17]

[17] International Conference on Population and Development Beyond 2014, Belgium Country Implementation Profile. Available at: http://icpdbeyond2014.org/about/view/19-country-implementation-profiles (Accessed December 2014)

The **old age dependency ratio** (ratio of 'dependants' – aged 65 and above – and working-age population) is also predicted to increase until 2060 (table 3). The increase will be strongest between now and 2040 and then slow down. This means that, while in 2013 there were 3.4 people of working-age per old person (65 years and above), in 2040 there will be 2.4 and in 2060 2.3 people of working-age per old person[18].

Table 3, Old-age dependency ratio (65+ year olds/15-64 year olds) (actual and projections), 1990-2060

	1990	2000	2010	2015	2020	2040	2060
OADR	22%	25.5%	26%	28%	30%	37%	40%

Source: Eurostat, Old dependency ratio 1st variant (population 65 and over to population 15 to 64 years), population on 1 January: Structure indicators [demo_pjanind], 1990-2010; the same ratio was calculated for 2015-2060 with figures from Eurostat population projections, [proj_10c2150p]

The population ageing in Belgium is also reflected in the increase of the total numbers of pension beneficiaries (table 4). Between 2006 and 2011, the number of beneficiaries of all **old age pensions** increased by around 250,000[19].

Table 4, Number of beneficiaries of old-age pensions in Belgium 2006-2011, in thousands

	2006	2007	2008	2009	2010	2011
Old age pension beneficiaries	1,471	1,505	1,782	1,812	1,715	1,722
As % of total population	14%	14%	16%	17%	16%	16%

Source: Eurostat ESSPROS Pensions beneficiaries at 31st December [spr_pns_ben], figures include beneficiaries of means-tested and non-means-tested pensions.

Not only the number of pension beneficiaries but also the **pension expenditures** have increased over the past decade. Between 2000 and 2011, the expenditure on all pensions increased from around EUR 28 billion (11% of GDP) to around EUR 46 billion (12.4% of GDP) (table 5). The expenditure on old age pensions increased from around EUR 18 billion (7.1% of GDP) to around EUR 31 billion (8.3% of GDP)[20]. Compared to the EU average pension expenditures (in % of GDP), the Belgian expenditures were slightly lower (all pensions and old-age pensions).

Table 5, Expenditures on all pensions, Belgium and EU, as % of GDP, 1990, 1995, 2000, 2005 and 2011*

Type of expenditure		1990	1995	2000	2005	2011*
Total	**BE**	11.9	11.8	11.0	11.2	12.4
	EU-27**				12.1	13.0*
Old age pension	**BE**	7.0	7.3	7.1	7.3	8.3
	EU-27**				8.5	9.5*
Anticipated old age pension***	**BE**	0.0	0.0	0.0	0.0	0.0
	EU-27**				0.7	0.7*
Disability pension	**BE**	1.4	1.3	1.2	1.4	1.6
	EU-27**				0.9	0.9*
Survivors pension	**BE**	2.7	2.5	2.2	2.1	2.0
	EU-27**				1.7	1.6*

Source: Eurostat ESSPROS Expenditures on pensions [spr_exp_pens], 1990-2011. * figures for 2011 are provisional
** figures for 2011 are for EU-28

[18] Federal Planning Office, Federal Public Service for Economy – DG Statistics and economic information (Bureau fédéral du Plan; Direction générale Statistique et Information économique), Belgium, 'personnes d'âge actif par âgé'.
[19] Eurostat ESSPROS Pensions beneficiaries at 31st December [spr_pns_ben], figures include beneficiaries of means-tested and non-means-tested pensions.
[20] Eurostat ESSPROS Expenditures on pensions [spr_exp_pens], 2000-2011.

*** 'anticipated old age pension' are periodic payments intended to maintain the income of beneficiaries who retire before the legal/standard age as established in the relevant scheme, according to Eurostat Methodology Paper on ESSPROS, p. 51.

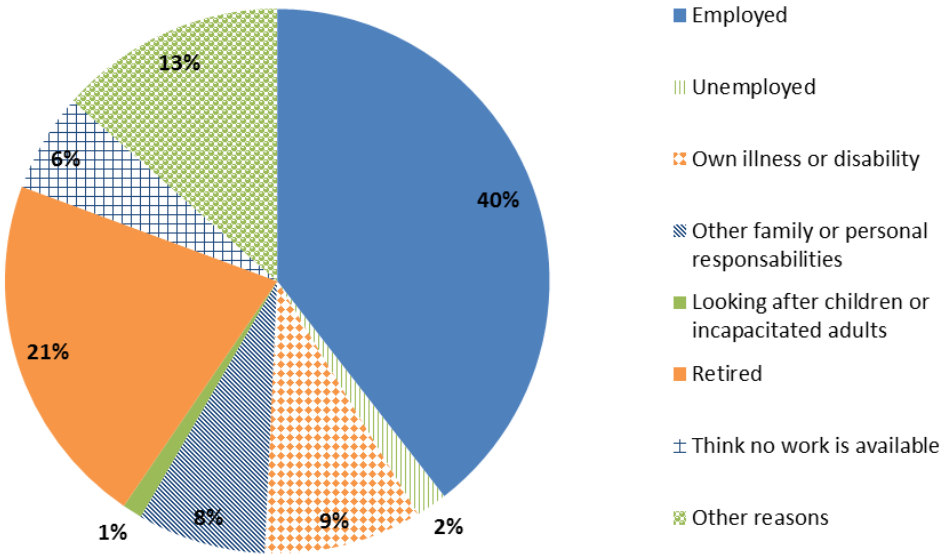
While public pension expenditures are likely to continue rising, occupational and private pensions will play an increasing role in the future. In 2011, over 95% of pensioners in Belgium were covered by the public pension system[21]. On the contrary, less than 10% were covered by an occupational pension – this share is said to increase to around 30% for future pensioners (thus, today's population of working age). Private pension coverage will increase even more: while around 15% of today's pensioners are covered by private pensions today, this share will increase to 60% for the future pensioners[22]. This means, on the one hand, that businesses are already increasingly required to provide for their employees' pensions and are likely to invest even more in the future; on the other hand, people will rely more and more on their own pension investment.

1.1.2 Labour market participation

Retirement age

The **official retirement age** in Belgium is in general 65 years for both gender groups[23]. However, the average **effective retirement age** between 2007 and 2012 was around 60 years for men and around 59 years for women (OECD estimates)[24].This is also reflected in the employment rates of 55 to 64-year-olds: in 2012, only 39% of 55 to 64-year-olds were still employed, but 59% claimed to be inactive (fig.4). When asked why they do not seek employment, the largest share of these inactive claimed to have retired (36%), while 23% state "other" as a reason, 16% state "own illness or disability", 13% claim family responsibilities and 10% think no work is available. This means that, of the total Belgian population aged between 55 and 64 years, approximately 20% have retired.

Figure 2, Population of 55 to 64-year-olds in Belgium, by labour status (employed, unemployed or inactive) and reason for inactivity (not seeking employment), 2012 (in %)



Source: EU-LFS, Eurostat "Population by sex, age, nationality and labour status (1 000) [lfsa_pganws]" and "Inactive population - Main reason for not seeking employment - Distributions by sex and age (%) [lfsa_igar]"; all green shades show the share of the inactive population.

[21] Figures based on SHARE Survey on Health, Age and Retirement in Europe.
[22] Schuth, M., Haupt, M. 'Pension coverage today and in future', chapter 11 in: 'Börsch-Supan, A. et al. (2013) 'Active ageing and solidarity between generations in Europe. First results from SHARE after the economic crisis', de Gruyter.
[23] See Belgian information website on social security (Accessed December 2014)
[24] OECD estimates on the "average effective age of retirement versus the official age, 2007-2012", as above.

However, there are considerable gender differences concerning the reasons for inactive persons aged between 55 and 64 years for not seeking work: while women state “other family or personal responsibility” to a far larger extent than men (22% and 3%, respectively) and are also more likely to think that no work is available (13% and 6%, respectively), they are less likely to state retirement as a reason than men (33% and 41%, respectively). Both gender groups state “own illness or disability” to approximately the same extent.

The majority of 50 to 69-year-olds who receive a pension state that they stopped working because they had reached eligibility for a pension. Furthermore, the share of pensioners who say they left the labour market due to favourable financial agreements is above EU average (12% and 7%, respectively). Other job-related reasons, which are closely linked to working conditions, also seem to play are comparatively larger role (9% in Belgium and 4% on EU average).

Table 6, Main reason for economically inactive people who receive a pension to quit working, as shares from all persons receiving a pension aged 50 to 69 (%), 2012

Main reason	Belgium (%)	EU-28 (%)
Favourable financial arrangements to leave	11.9	7.2
Lost job and/or could not find a job	7.5	7.5
Had reached the maximum retirement age	8.1	9.8
Had reached eligibility for a pension	22.3	37.0
Other job-related reasons[25]	9.0	4.0
Own health or disability	16.8	20.9
Family or care-related reasons	4.0	3.9
Other reasons	1.8	5.3
No answer	18.6	4.3

Source: Main reason for economically inactive persons who receive a pension to quit working (%) [lfso_12reasnot], 2012

The most important reasons for older persons who receive a pension to continue working are non-financial (48%), contrary to the EU-average (29%). All across the EU, the largest share of pensioners stay at work to provide sufficient income, while in Belgium this is only the second most important reason. Among the Belgians, it is also quite important to establish or increase future pension entitlements (12%) by continuing to work.

Table 7, Main reason for persons who receive a pension (50-69 years) to continue working (%), 2012

Main reason	Belgium (%)	EU-28 (%)
To establish or increase future retirement pension entitlements	12.0*	6.8
To provide sufficient personal/household income	27.8	37.3
To establish/increase future retirement pension entitlements and to provide sufficient personal/household income	10.8*	14.5
Non-financial reasons** e.g. work satisfaction	48.1	29.1
No answer	:	12.3

Source: Main reason for persons who receive a pension to continue working (%) [lfso_12staywork], 2012
* low reliability ** e.g. work satisfaction, flexible working arrangements, good opportunities to update (labour) skills, healthy and safe workplace, appreciation at work, social contacts; see Eurostat Explanatory Notes on ad-hoc module 2012

[25] Other job-related reasons not included above like inconvenient working hours, tasks, health and safety at the job place, job stress, job too demanding, and skills not adequate or not valued, employer’s attitude.

Early retirement

According to the national survey CAPA from 2006/2007, 92% of workers between 20 and 65 years planned to retire before the official retirement age of 65 years[26][27]. Looking at factors that had a significant influence on the wish to retire early, the following conclusions can be made:

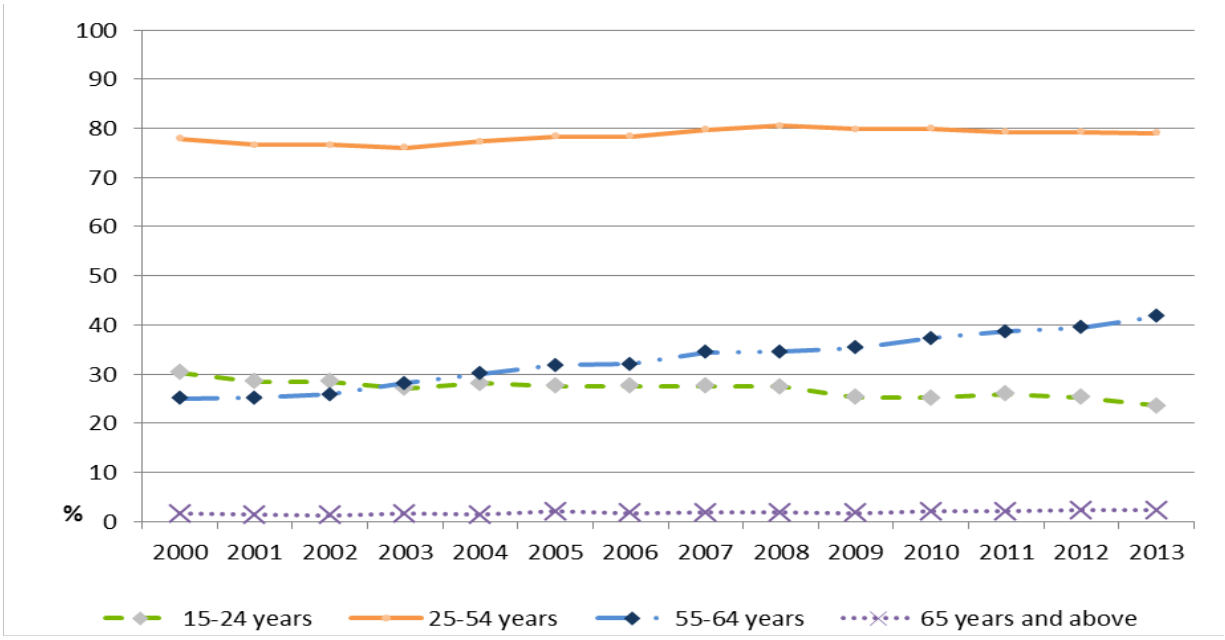
- Women want to retire early more often than men
- People with children are more likely to have that wish than people without
- Workers in higher positions are less likely to have that wish than workers in lower positions
- Workers who are professionally satisfied are less likely to have this wish than those who are not
- Workers who are more stressed are more likely to want to retire early than less stressed workers
- Workers who are members of social or cultural associations are more likely to want to retire early than those who are not.

According to the same study, around 24% of workers who wish to retire early say the main reason would be work-related (within these, 14% mentioned psychosocial demands), while 40% would retire early mainly due to private reasons and 37% due to health-related reasons[28].

Employment rate

Although around one fifth of 55 to 64-year-olds in Belgium seem to effectively retire early (2013), the **employment rate** of this age group has strongly increased since 2002 (fig.3).

Figure 3, Employment rates per broad age groups, trend 2000-2013, residents in Belgium (in %)



Source: Eurostat 2013, EU-LFS, annual detailed survey results, Employment rates by sex, age and nationality (%) [lfsa_ergan]

[26] The survey was carried out under the project CAPA "Evolution des capacities physiques et physiologiques en fonction de l'âge dans la population au travail" (Evolution of physical and physiological capacities in relation to age in the working population), directed by the Belgian Federal Public Service for Employment, Work, and Social Dialogue and with support from the European Social Fund; the sample consisted of around 1,000 workers in 12 different types of companies, aged between 20 and 65 years; more information on the methodology can be found in the report 'Réponses aux stereotypes concernant le travailleur plus âgé', p. 19 ff. Available at: http://www.emploi.belgique.be/publicationDefault.aspx?id=6138 (Accessed December 2014).

[27] 'Outils pour comprendre le vieillissement au travail' (2009), Belgian Federal Public Service for Employment, Work and Social Dialogue (Service public fédéral Emploi, Travail et Concertation Sociale), p. 85.

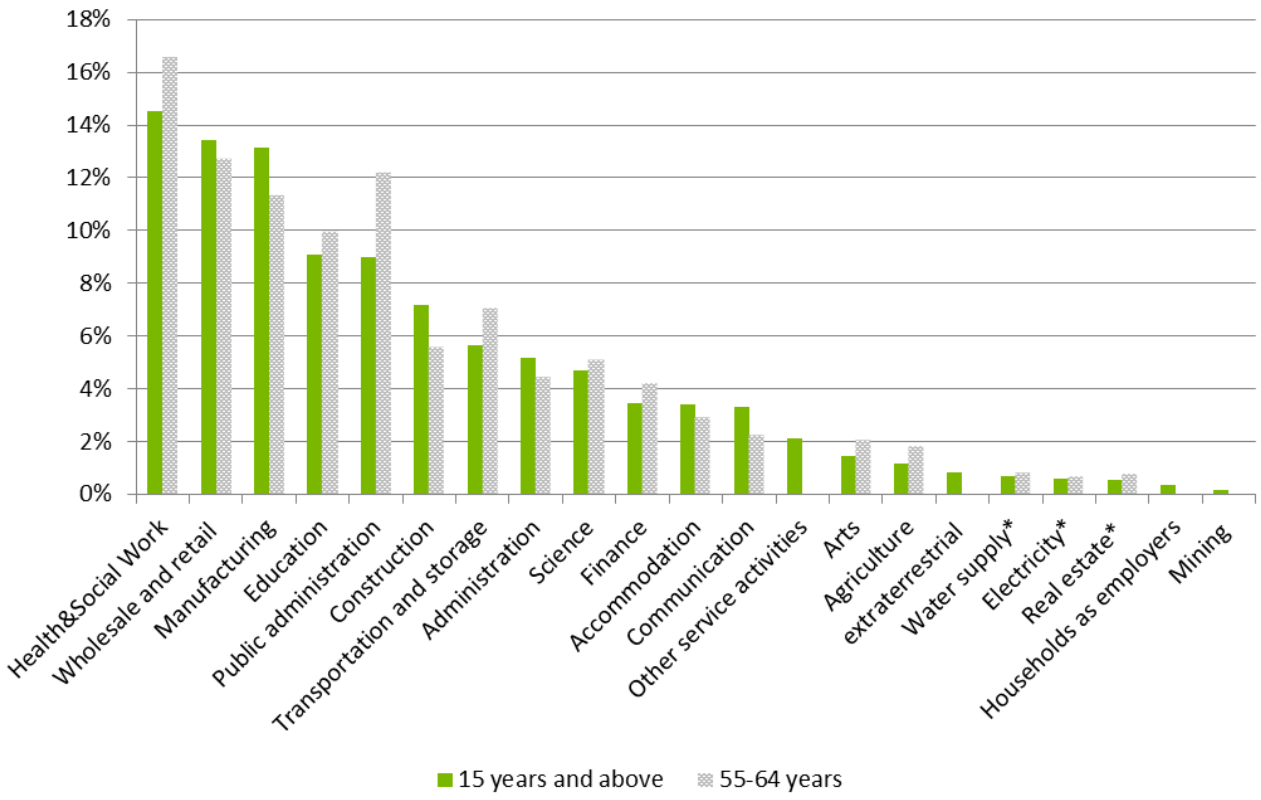
[28] Ibid., p. 90.

From 28% in 2003, it increased to around 42% in 2013. This increase is stronger than for the employment rates of the other age groups, among which employment has either stagnated since 2008 (25 to 54-year-olds and 65 years and above) or even decreased since 2008 (15 to 24 years). **Compared to the EU-27 average, employment among 55 to 64-year-olds has been lower in Belgium since 2002**: In 2002, the Belgian rate was around 12 p.p. lower than the EU average, and in 2013 it was still around 9 p.p. lower (42% in Belgium compared to 50% on EU average). The employment rate of the oldest age group in Belgium was also constantly below the EU average. In 2013, among the group of 65 years and above, around 2% were employed in Belgium, while the EU average was at around 5%.

As can be seen in the graph below (fig.4), around 40% of workers in Belgium aged 15 years and above work in three sectors: health and social work, wholesale and retail and manufacturing (more than 10% of workers work in each of those). Between 5% and 9% of workers are employed in education, public administration, construction, transportation and storage, administration and science.

This ranking of sectors by percentage of workers is about the same for older workers (55 to 64 year-olds). However, a larger share of older workers can be found in public administration, making it the second most popular sector in which older people work. In return, slightly lower shares of older workers work in manufacturing and construction.

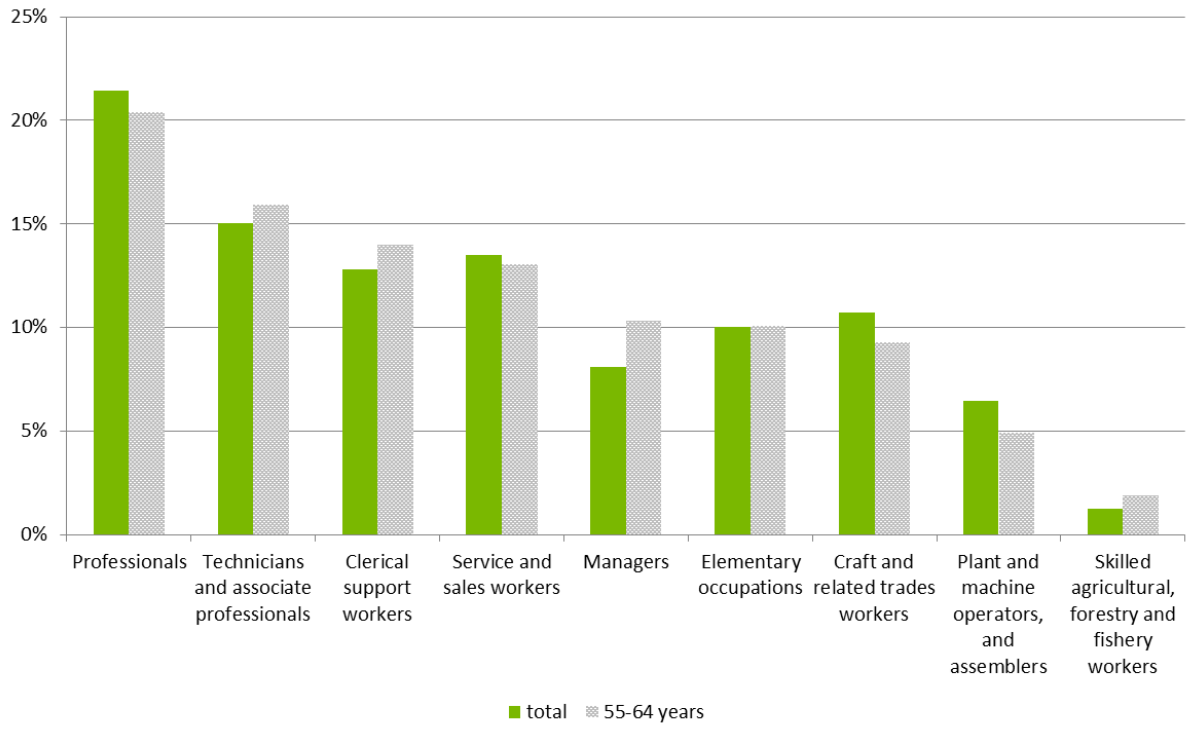
Figure 4, Shares of workers employed in different sectors, by age groups 15 and above and 55 to 64 years, 2012 (in %)



Source: EU-LFS, Employment by sex, age and economic activity (from 2008 onwards, NACE Rev. 2) - [lfsa_egan2]; shares refer to total number of workers in above-mentioned sectors;
* figures for the age group 55 to 64 years are unreliable; sector labels were abbreviated for presentation purposes.

As shown in fig.5, the distribution among different types of occupations is also very similar between the different age groups. However, older workers are overrepresented among managers, as would be expected. On the contrary, they are slightly underrepresented among professionals, craft and related trades workers and plant and machine operators, which may be explained by the physical component of the last two types of occupations.

Figure 5, Distribution of workforce across different occupations, by age group; shares from total workforce per age group, 2012 (in %)



Source: Eurostat, EU-LFS, Employment by sex, age, professional status and occupation (1 000) [lfsa_egais]

Gender gap

Women are less likely to be employed than men in Belgium. This **gender gap** in the employment rate can be seen in all age groups and for the whole past decade. However, the gender gap is largest among the age groups 25 to 54-year-olds and among the age group 55 to 64-year-olds (in 2012, the rate was 33% for women and 46% for men). However, it should be noted noticed that the gender gap in both age groups has constantly become smaller throughout the past decade (decrease from 21p.p. to 13 p.p. difference between 2003 and 2012).[29].

1.1.3 Working conditions

Based on the Fifth European Working Conditions Survey (5th EWCS), carried out by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) in 2010,[30] the following conclusions can be drawn with regard to the working conditions of older workers[31] in Belgium:

- In Belgium, the exposure to carrying heavy loads at work decreases with age (38% of young workers and 27% of older workers; EU average among older workers: 32%).
- The share of workers indicating that their job involves tiring and painful positions (almost) all of the time is almost the same for all the age groups (14%-15%); the share of older workers in Belgium reporting the same thing is very similar to the EU average (around 15%).

[29] Eurostat 2013, EU-LFS, annual detailed survey results, Employment rates by sex, age and nationality (%) [lfsa_ergan]
[30] Unless otherwise mentioned, all of the following figures come from the European Working Conditions Survey, 2010, http://eurofound.europa.eu/surveys/ewcs (Accessed December 2014).
[31] The term "older workers" in this section refers to workers aged 50 years and above, the term "young workers" refers to workers below 30 years.

- The exposure to night work decreases with age: while 24% of young workers reported having to *work at night* at least once a month, this share is only 16% among older workers (EU-27: 16%).
- A lower share of older workers is exposed to *shift work* than across the EU-27 (10% compared to 14% on EU average).
- Satisfaction with *work-life-balance* among older workers decreased between 2000 and 2010. While in 2000 92% of older workers thought that their working hours fitted their private life well or very well, in 2005 this share was only 86% and in 2010 had decreased to 84% (EU-27: 85%).
- As in most other EU Member States, the number of people reporting three or more external *constraints on their work pace* (such as demands from people or production/performance targets) decreases with age: 40% of young workers, 33% of workers aged 30 to 49 and 29% of older workers experienced a higher determination of their work pace (27% in EU-27) [32].
- A higher share of older workers receives *on-the-job training* (31%) than on EU average (26%). However, the share of workers receiving on-the-job training in Belgium decreases with age (40% of young workers and 37% of workers aged 30 to 49 years receive this sort of training).
- Around 22% of older workers in Belgium think that their *work negatively affects their health*. The figure is similar for the other age groups in Belgium, but lower than the EU-27 average of 27%.
- A higher share of older workers is *satisfied or very satisfied with their working conditions* (90%) than on EU average (84%).
- There is a slight difference between the shares of older workers who think they will still be *able to do their current job at the age of 60* between Belgium (67%) and the EU average (71%).
- In Belgium, 26% of employed people and people with working experience indicated that *measures to adapt the workplace for older people* had been put in place at their workplace (compared to 31% at EU-28 average). Of the respondents, 72% responded that such measures had not been put in place (compared to 62% EU-28 average). 2% of those that responded did not know whether their workplace had been adapted to older workers[33].

Further information on working conditions can be retrieved from an analysis of data from the Survey on Health, Ageing and Retirement in Europe (SHARE). SHARE is a large, cross-national survey that was conducted in 20 European countries (plus Israel). Its first wave of data was collected in 2004 and it is the first study to examine the different ways in which people aged 50 and older live.[34]

Several studies include an analysis of SHARE data that measures certain aspects of occupational stress (low control at work/high effort-reward imbalance[35]). One study[36], for example, shows that compared to the other 10 countries in the sample[37], Belgium is in the middle field concerning control at work; its average score is slightly higher than the average score across all countries. Concerning ERI, it is also in the middle, with its average index indicating slightly higher imbalance than the average across all countries. The thesis also shows that Belgium has a particularly high share of both under-qualified (17.3%) and over-qualified (20.6%) older workers.

[32] The index measures if any of the following factors determine the worker's pace of work: work done by colleagues, demands from people, production or performance targets, speed of a machine, direct control of a boss; shares refer to workers reporting that their work is determined by three or more of these factors.
[33] European Commission, Flash Eurobarometer on Working Conditions, fact sheet for Belgium, as above.
[34] For further information, see: http://www.share-project.org/home0/overview.html
[35] These measures refer to two models of occupational stress, namely the 'demand-control-model' and the model of 'adverse health effects of high-effort/low-reward conditions'; for a definition, see glossary; for details on measurement, see the related studies.
[36] Straka, Heidemarie (2010), 'Determinants of labour market participation of Europeans above 50 – an analysis with data from SHARE' ('Determinanten der Arbeitsmarktbeteiligung von EuropäerInnen über 50 – Eine Analyse mittels SHARE-Daten'), Master Thesis, University of Vienna.
[37] AT, DE, SE, NE, ES, IT, FR, DK, GR, CH.

1.1.4 Health

The general **life expectancy** in Belgium at the age of 65 was around 20 years in 2011 (21.6 years for women and 18 years for men). This was very similar to the EU-28 average[38]. The number of **healthy life years** women and men can expect at the age of 65 is slightly higher in Belgium (around 10 for both men and women) than on EU average (around 8.6 years).

Past trends (2005-2011) indicate that life expectancy increases at a slightly faster rate than the healthy life years at the age of 65 which in return indicates that old people will pass more and more time with moderate or severe health problems[39].

General health status

Regarding the **general health status,** the following can be noticed (table 8): among employed people between 15 and 65 years, health status deteriorates slightly with age; the health status of the unemployed is generally worse, but does not deteriorate after the age of 54 (on the contrary, it improves again).

Table 8, Self-reported health among employed in different age groups, 2012; shares of age group reporting "very bad" or "bad" health status (in %)

	15-44 years	45-54 years	55-64 years	65 years and above
Employed	1.6%	2.9%	3.9%	2.4%*

Source: EU-SILC Self-perceived health by sex, age and labour status (%) [hlth_silc_01], for some age groups, data is missing due to unreliability
*figure of low reliability; figure for 'very bad' status for this age group not available

While only a small part of the Belgian active population considers their health to be in a very bad or bad status, a higher share reports **long-standing illnesses or health problems** (table 9). Again, this type of illness is more distributed among the unemployed and retired, however, after the age of 45, the shares in the respective age groups are quite similar. For the employed, the risk of suffering from a long-standing illness becomes slightly higher after the age of 55.

Table 9, Long-standing illness among employed people, by age group, 2012 (in %)

	16-44 years	45-54 years	55-64 years	65 years and above
Employed	13%	16%	23%	23%*

Source: EU-SILC People having a long-standing illness or health problem, by sex, age and labour status (%) [hlth_silc_04], 2012.
*figures are of low reliability; **figures are estimated

Figures on psychological distress from the European Health Interview Survey (figures published by Eurostat) are not available for Belgium. Figures are available for the energy and vitality index[40], which measures **mental health** too. According to these figures, the index increases after the age of 54, especially for women (table 10). No EU-average is available, but comparison with a few other countries shows that for 55 to 64-year-olds , the mental health index was about the same in Belgium as in Spain and Austria (each at around 65-66), and higher than in Poland (60). Furthermore, throughout all age groups, men seem to be of better mental health than women (table 10).

[38] Eurostat 2013'Life expectancy by age and sex' [demo_mlexpec].
[39] Comparability to figures before 2011 may be limited, as 2011 figures are flagged 'break in time series'; however, Eurostat figures for both years (age 65) correspond to figures from OECD, which ensures a certain reliability.
[40] **Psychological well-being (energy and vitality index):** based on the Energy and Vitality Index (EVI) instrument which consists of two vitality-related items and two energy-related items. It has a score of 0 to 100, where a score of 100 represents optimal mental health. The indicator is presented in the form of average score.

Table 10, Psychological well-being, per age group and gender, score out of 100 (= optimal mental health), 2008

Age group	Men	Women
25-34 years	65*	59
35-44 years	65*	59
45-54 years	64*	59
55-64 years	67*	64
65 years and above	68*	62*

Source: Eurostat, European Health Interview Survey, Psychological well-being (energy and vitality index) by sex, age and educational attainment level (average score) [hlth_ehis_st8][41] * figures are flagged with low reliability.

Work-related health

The share among Belgian workers between 55 and 64 years who reported that they suffered from **work-related health problems** was lower than the EU average in 2007 (LFS ad-hoc module) (table 11). However, this difference was mainly due to women who reported fewer health problems than EU average, while among men the share in Belgium and the EU average was similar[42].

Furthermore, work-related health problems among workers in Belgium increase across the age groups up to the 45 to 54-year-olds. However, they do not increase further in the age group 55 to 64 years (table 11).

Table 11, Self-reported work-related health problems by workers in Belgium and EU, by age group and gender, 2007 (in %)

Age group	Share
BE 25-34 yrs	8%
BE 35-44 yrs	12%
BE 45-54 yrs	**14%**
BE 55-64 yrs	**14%**
BE 55-64 yrs women	***11%***
BE 55-64 yrs men	***16%***
EU-27* 55-64 yrs	**11%**

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting one or more work-related health problems in the past 12 months, by sex, age and education - % [hsw_pb1]; according to Eurostat, 'minor wording, conceptual, or cultural differences were identified' for data from this country; therefore, comparability with other countries has to be interpreted with caution[43]. * the EU-27 average is calculated without France, as, due to different question wording, their results are not comparable to other countries

In 2007, the majority of 55 to 64-year-old workers reported that their **most serious work-related health problems** were musculoskeletal disorders, followed by stress, depression and anxiety (table 12)[44]. Cardiovascular disorders were also a frequent serious health problem in this age group, but mostly for men. The remaining types of health problems (hearing disorders, pulmonary disorders, infectious diseases, skin problems and headache and eyestrain) were much less prevalent among the

[41] Based on the Energy and Vitality Index (EVI) instrument which consists of two vitality-related items and two energy-related items. It has a score of 0 to 100, where a score of 100 represents optimal mental health. The indicator is presented in the form of average score. For instance in Austria population aged 15-24 has the average score of psychological well-being equal to 72 whereas population aged 75-84 in Austria has this average score 53.3.

[42] EU LFS ad-hoc module 2007 on accidents at work and work-related health problems "Persons reporting one or more work-related health problems in the past 12 months, by sex, age and education - % [hsw_pb1]"; shares from all employed in the respective age group; a work-related health problem is defined as covering all diseases, disabilities and other physical or mental health problems, apart from accidental injuries, suffered by the person during the last 12 months, and caused or made worse by the work. This is a broad concept that covers much more than the recognised occupational diseases.

[43] See Eurostat Evaluation Report AHM 2007, p. 26, available at: http://ec.europa.eu/eurostat/documents/1978984/6037334/Evaluation-Report-AHM-2007.pdf

[44] EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem work in the past 12 months, by type of problem - % [hsw_pb5]; the module distinguishes 8 different problems in total.

respondents (men and women). The frequency of these problems did not increase with age. The shares in Belgium were very similar to the EU-average across the different health problems and age groups.

While younger respondents reported stress, depression and anxiety more frequently than older respondents as a serious health problem, older respondents reported cardiovascular disorders more often. The share of **musculoskeletal disorders** as the most serious work-related health problem remained similarly high across the age groups (35-64 years).

Table 12, most serious work-related health problem during the past 12 months, % of all employees who reported a work-related health problem; by gender and by most prevalent types of diseases, 2007

		Cardiovascular disorders	Musculoskeletal disorders	Stress, depression, anxiety	Pulmonary disorders
35-44 yrs.	**Total (EU-27*)**	3% (3%)	58% (61%)	22% (16%)	5% (5%)
	Women	*3%*	*55%*	*25%*	*6%*
	Men	*3%*	*60%*	*19%*	*5%*
45-54 yrs.	**Total (EU-27*)**	4% (6%)	60% (61%)	19% (14%)	4% (5%)
	Women	*2%*	*61%*	*22%*	*1%*
	Men	*5%*	*59%*	*16%*	*5%*
55-64 yrs.	**Total (EU-27*)**	9% (11%)	57% (60%)	12% (9%)	5% (6%)
	Women	*3%*	*60%*	*12%*	*4%*
	Men	*12%*	*55%*	*12%*	*6%*

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem work in the past 12 months, by type of problem - % [hsw_pb5]; according to Eurostat, 'minor wording, conceptual, or cultural differences were identified' for data from this country; therefore, comparability with other countries has to be interpreted with caution[45].
* the EU-27 average is calculated without France, as, due to different question wording, their results are not comparable to other countries

Mental health

The indication of the abovementioned figures that **work-related stress** decreases in its severity with age is supported by figures from a national survey[46]. According to these, the share of workers who felt 'somewhat or very stressed' decreased after the age of 55 (from around 71% to 55%), while the share of workers who 'never or rarely felt stressed' increased considerably after the age of 55 (below 30% of the age groups under 54 years and 45% for workers aged 55 an above)[47]. This could of course be related to selection – those older workers who felt very stressed may have left employment and are therefore not in the sample (see reasons for wanting to retire early in 1.1.2). Another explanation could be that older workers can cope better with challenges due to their experience.

Although figures indicate that work-related stress, depression and anxiety seem to be a more serious problem for younger workers in Belgium, older workers still show a high prevalence of symptoms of depression compared to many other European countries: in 2011, around 22% of employees over 50 years reported four or more symptoms of depression[48][49]. In a sample of 16 European countries, this prevalence rate is around the fifth-highest. Furthermore, while in other countries (such as Austria, Spain, Poland, Czech Republic), unemployed people have a significantly higher risk of suffering from

[45] See Eurostat Evaluation Report AHM 2007, p. 26, available at: http://ec.europa.eu/eurostat/documents/1978984/6037334/Evaluation-Report-AHM-2007.pdf
[46] 'Outils pour comprendre le vieillissement au travail' (2009), Belgian Federal Public Service for Employment, Work and Social Dialogue (Service public fédéral Emploi, Travail et Concertation Sociale) ; figures based on a national survey within the project CAPA, carried out in 2006.
[47] Ibid. p. 13.
[48] Borges Neves, R. et al. 'Unemployed 50+: exploring risk factors for depression in Europe', chapter 8 in: Börsch-Supan, A. et al. (2013) 'Active ageing and solidarity between generations in Europe. First results from SHARE after the economic crisis', de Gruyter. Available at: http://www.degruyter.com/viewbooktoc/product/185064 (Accessed December 2014)
[49] Figures are based on SHARE Survey of Health, Ageing and Retirement in Europe wave 4/2011; the sample was restricted to respondents aged 50 and above, in the labour force (employed or unemployed).

depression, a significant influence of unemployment on depression could not be found in Belgium (this could be due to small sample sizes, but also to the relatively high prevalence of depression among the employed compared to the unemployed)[50]. The higher share of the unemployed suffering from depression (around 38%) is likely to be influenced by other factors (such as gender, age, financial distress, education, etc.)

Occupational accidents

Concerning **accidents at work**, in 2011 there was a difference between fatal and non-fatal accidents which follows the known trend[51]: the occurrence of non-fatal accidents seems to decrease with age, while the occurrence of fatal accidents is about the same before and after the age of 55[52]. Between 2008 and 2011, the total number of non-fatal accidents at work increased among the 55 to 64-year-olds by 4% but decreased for the overall workforce by 15%. The number of fatal accidents decreased between 2008 and 2011 among the 55 to 64-year-olds by 22% and among the overall workforce by 27%.

Data from national sources enables a long-term comparison (however, not by age group):

- Overall, the number of work accidents in Belgium (with more than a one day absence from work), dropped by almost 50% between 1985 and 2012, while the number of commuting accidents remained more or less the same[53].
- The number of fatal accidents – either while commuting or at the workplace –decreased by around 2/3 during that time span.
- The number of work accidents leading to temporary incapacity decreased by around 56%. However, the total number of accidents leading to permanent work incapacity increased by around 14%[54][55].
- In 2012, seven sectors accounted for around 45 % of all accidents at work. The highest numbers of accidents could be found in: activities of employment/recruitment agencies[56] (8.8%), human health activities (8.3%), specialised construction work (7.9%), retail sale, except automobiles and motorcycles (7.3%), social work without accommodation (4.6%), wholesale excluding automobiles and motorcycles (4.2%) and land transport and transport via pipelines (4%)[57].

Health problems and working conditions

The figures on work-related health problems from Eurostat (see Table 11**Error! Reference source not found.**) are based on subjective estimates of the respondents on whether their health problem is work-

[50] In Austria, for example, the sample size was proportionally similar to the Belgian one, but the odds ratio of unemployed/employed suffering from depression was a lot higher (2.2) than in Belgium (1.1) and statistically significant.
[51] Source: Eurostat, Health and Safety at Work Statistics, Accidents at work by sex and age (NACE Rev. 2, A, C-N) (hsw_mi01).
[52] While the age group of 55 to 64-year-olds makes up around 12% of the employed workforce, they only account for 6% of non-fatal accidents, but for 11% of fatal accidents. The group of workers aged 65 years and above makes up around 1% of the employed workforce, and accounted for 0.2% of non-fatal accidents and for 3% of fatal accidents at work.
[53] Fonds des accidents du travail, FAT (Accidents at Work Fund), 'Accidents sur le lieu du travail et le chemin du travail du secteur privé'. Available at: http://fat.fgov.be/site_fr/stats_etudes/tableaux_stats/tableaux-2012/documents/1.3.1.-2012-FR.pdf (Accessed December 2014)
[54] Fonds des accidents du travail, FAT (Accidents at Work Fund), 'Accidents du travail – nombre selon la conséquence'. Available at: http://fat.fgov.be/site_fr/stats_etudes/tableaux_stats/tableaux-2012/documents/1.2.1.-2012-FR.pdf (Accessed December 2014)
[55] Statistical Review of Occupational Injuries, Belgium 2008, Eurogip Thematic Note (2010), data originates from Fonds des accidents du travail, FAT (Accidents at Work Fund).
Available at: http://www.eurogip.fr/images/publications/Eurogip_Point_stat_Bel08_56EN.pdf (Accessed December 2014)
[56] This includes temporary employment agencies, where the worker is employed, but not necessarily managed by the agency, as well as employment placement agencies; see NACE classification here:
http://ec.europa.eu/competition/mergers/cases/index/nace_all.html (Accessed December 2014)
[57] Fonds des accidents du travail, FAT (Accidents at Work Fund), 'Distribution des accidents du travail selon le secteur d'activité économique – 2008 à 2012'. Available at: http://fat.fgov.be/site_fr/stats_etudes/tableaux_stats/tableaux-2012/accidents-lieux-2012/documents/12.1.-2012-FR.pdf (Accessed December 2014)

related or not. Therefore, they can only indicate that working conditions are the reason for (or promote) certain health problems.

Further evidence on the effect of working conditions on health is given, for example, in a study based on data from SHARE (Survey on Health, Ageing and Retirement in Europe)[58]. According to this study of employees aged 50 to 64 years, income and stressful work[59] have a statistically significant effect on disability two years later. These effects were tested on a cross-national level with data from 11 countries and controlled for confounding factors such as sex and education. Disability was tested through one index on 'bodily impairment[60]' and one index on 'restriction in activity and participation (A&P)'. Country-level results for Belgium show 'restriction in A&P' increases with increasing 'Effort-Reward-Imbalance' and with decreasing income level; the average score on 'impairment' increases with increasing 'Effort-Reward-Imbalance'.

1.1.5 Definition of older workers

There is no legal definition of an older worker in Belgium. The age to be eligible for measures for older workers differs according to the type of measure. Some measures apply to + 45 (generally related to career development), most measures apply to the category +50/+55 (generally related to working conditions) or +60/+65 (generally related to pensions or employment beyond the legal pension age).

1.2 Institutional structure for health and safety at work

The following section presents the overall institutional structure related to occupational health and safety in Belgium.

Overall structure

At federal level, OSH in Belgium is organised around two main actors:

- The **Federal Public Service Employment, Labour and Social Dialogue (FPS ELS)**, which covers Employment and Labour conditions in general, as well as occupational health and safety (OSH) (covered by separate general directions, dealing with the general policy and surveillance (inspections)).
- The **Federal Public Service Social Security[61]**: the Belgium social security system covers seven branches, of which three aim specifically at OSH and two others include OSH measures (not the primary focus)[62].

1. OSH branches of the Belgian social security system:

- **Medical care and sickness benefits** for all workers, including older workers, which is dealt with by the **National institute for sickness and invalidity insurance (RIZIV – INAMI).** The institute organises, manages and controls mandatory sickness insurance in Belgium. It determines the conditions for receiving compensation and the amount of compensation. It liaises with all actors involved in this process, including private sickness insurance companies.
- **Insurance for work accidents**, dealt with by **private insurance companies**: Every employer is obliged to have insurance against accidents at work with a competent insurance company. **Assuralia** is the professional association of insurance companies. The public

[58] Reinhardt, J.D, Wahrendorf, M., Siegrist, J. (2013) 'Socioeconomic position, psychosocial work environment and disability in an ageing workforce: a longitudinal analysis of SHARE data from 11 European countries' in: Occupational and Environmental Medicine, 2013, 70: 156-163; data analysed was from the first two waves of SHARE (2004-2005 and 2007-2008).

[59] 'Quality of work' was measured through the demand-control model and the ERI (Effort-Reward-Imbalance) model (see explanations above; further explanations on these models are given in the article itself.

[60] Both indices are based on the International Classification of Functioning, Disability and Health of the WHO; the distinction between 'bodily impairment' and 'restrictions in A&P' takes into account that people with the same impairment can participate very differently in social life, depending on the context; for variables included in the indices, see Article, p. 158.

[61] FPS Social Security, *Social Security, Everything you have always wanted to know*, Brussels, February 2012, 86 p., web publication at: http://www.socialsecurity.fgov.be/docs/en/alwa2012_en.pdf. (Accessed December 2014)

[62] The other branches are: family benefits and annual vacation.

Fund for Accidents at Work (FAO – FAT) supervises these companies technically as well as medically. For some categories of workers (ship-owners, seamen, employees for whom no work accident insurance has been contracted), the FAO – FAT itself acts as an insurance company; the Fund also pays the supplementary allowances. At work and commuting accidents are under the responsibility of the FAO – FAT.

- **Insurance for occupational diseases**, dealt with by the public **Fund for compensation of occupational diseases** (to the benefit mainly of older workers, the period of exposure being one of the eligibility criteria). In 2007, a specific **Asbestos Funds** was created with the same purpose. Both Funds are public institutions, specifically responsible for insuring occupational diseases and taking care of the compensation of victims. There are no private insurers as for accidents at work.

2. ***Social Security branches, dealing with OSH (but not as the primary focus):***

   - **Unemployment**, which also covers support for partial or total interruption of work (such as time credit), resumption of work, and activation of employment benefits (such as reduced social contributions for the employer for employing older workers (Activa plan for + 45; measures for + 54), a resumption supplement (supplementing the salary) for older workers (+ 55), senior vacation (+50), a combination of unemployment allowance and company bonus for victims of work accidents or asbestos (+ 58)
   - **Old age and survivor's pensions**: (see below)

3. Other relevant policy measures can be found in the so-called ***'Social Assistance' system,*** which completes the social security system, such as the recognition as a disabled person, which offers a series of fiscal exemptions and social benefits.

Other **institutional OSH stakeholders** in Belgium, dealing with OSH as a part of their general competencies, include:

- the Federal Public Service Health,
- the Federal Public Planning Service Social Integration;
- the National Employment Office (RVA – ONEM);
- the National Office for Social Security (RSZ – ONSS);
- the National Pension Office (RVP – ONP);
- the Observatory Health & Well-being Brussels Capital

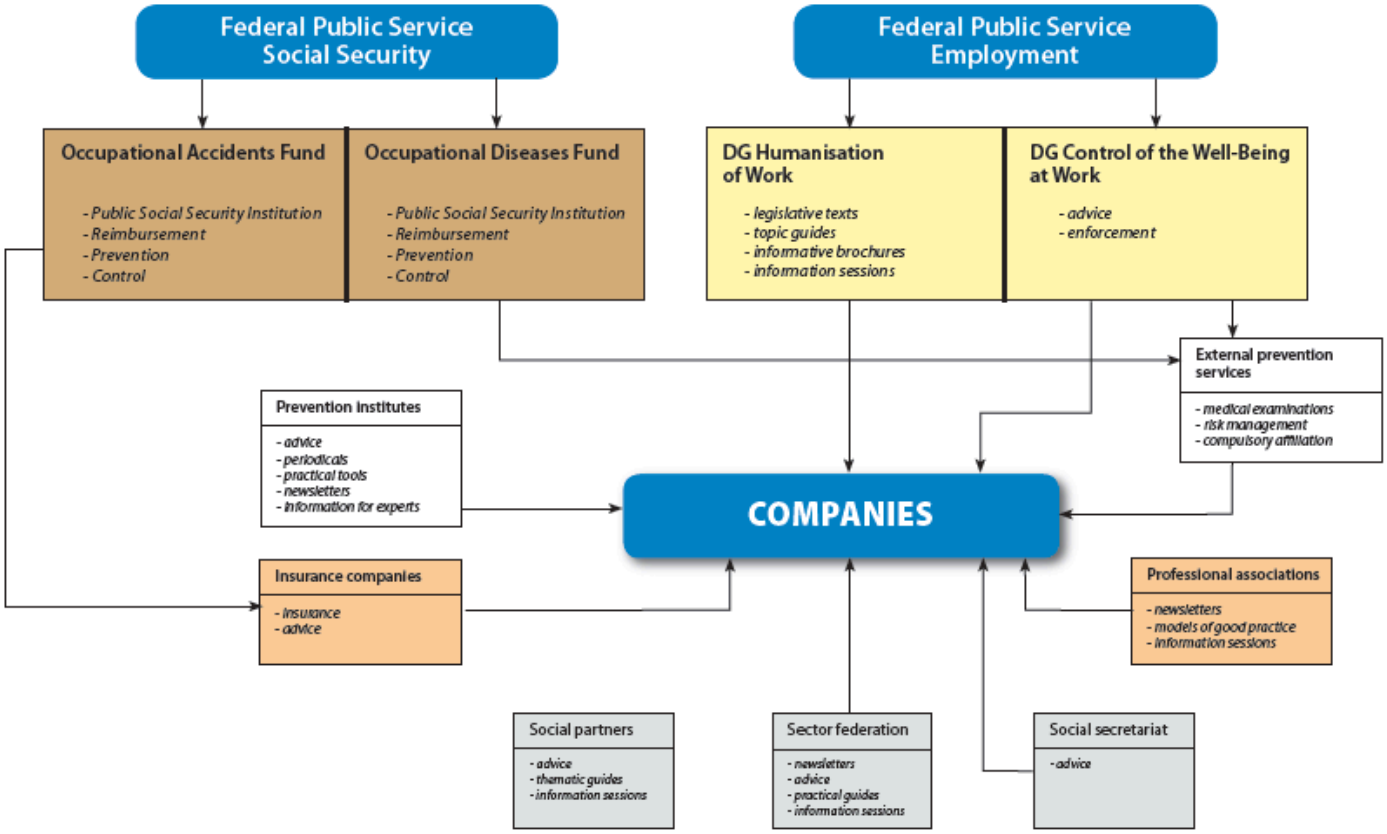
External Services for Occupational Safety and Health are private institutions, recognised by the federal authority competent for OSH and the regional authority competent for healthcare. Since 1996 these external OSH services deal with all aspects of both occupational health and occupational safety. An affiliation to these services is mandatory for most employers; their work is considered to be an extension of the internal OSH policy of the affiliated company. An identification document and the obligation for the prevention officer to ensure the coordination of the internal and external OSH services safeguard a complementary, integrated approach. An important aspect of these external services for prevention and protection is their multidisciplinary 'prevention' approach.

Co-Prev is the professional association of the External Prevention Services. **Prevent**, through its Prevent-Factory branch, is an important OSH service provider in Belgium. They also include a training centre (Prevent-Academy) and a research and knowledge centre (Prevent-Foundation). Prevent also hosts the secretariat of the European Network for Workplace Health Promotion (ENWHP)[63], an informal network of national occupational health and safety institutes, public health, health promotion and statutory social insurance institutions, which aims to improve workplace health and well-being and to reduce the impact of work related ill health on the European workforce.

[63] ENWHP website: http://www.enwhp.org/ (Accessed December 2014)

As mentioned above, **work accident insurance** is a part of the Belgian social security system but entirely outsourced to **private insurance companies**. The definition of work accident, the conditions and the terms of compensation are fixed by legislation.

Figure 6, Main stakeholders for OSH in Belgium



Source: Prevent, .EU-OSHA, OSHWIKI, "OSH system at national level – Belgium"[64]

Social dialogue

The main Belgian trade unions – the ACV-CSC (Christian), the ABVV-FGTB (Socialist) and the ACLVB-CGSLB (Liberal) – and the main Belgian employers' groups – the VBO/FEB (Federation of Belgian Employers), the CNBPME/UNIZO (National Committee of Small and Medium Entreprises) and the UCM (Union of Middle Class – for independent workers and SMEs) – play an important role in the preparation and implementation of the European anti-discrimination and OSH legislation in Belgium through social dialogue.

At national level, the **social partners** are institutionally represented in equally-composed bodies:

- the **National Labour Council** is a national, inter-professional, advisory body on working conditions and other social matters;
- the **High Council on Prevention and Protection at Work** is a national, inter-professional, advisory body, specifically on OSH.

According to Eurofound, national and sectoral social dialogue has made important contributions in Belgium to the improvement of working conditions[65]. Bi-partite negotiated agreements exist on a range

[64] EU-OSHA – European Agency for Safety and Health at Work, OSHWIKI, "OSH system at national level – Czech Republic". Available at: http://oshwiki.eu/wiki/OSH_system_at_national_level_-_Belgium (Accessed December 2014)
[65] Eurofound, Working Conditions and Social Dialogue in Belgium, 2008. Available at: http://www.eurofound.europa.eu/comparative/tn0710019s/be0710019q.htm (Accessed December 2014).

of OSH matters. Interestingly, Belgium is one of the only OECD country in which trade union density[66] has increased over the past 20 years. It went from 52.1% in 1993 to 55% in 2012, while it decreased for almost all other OECD countries (in some cases quite dramatically). It remains well above OECD average (17.1% in 2012).[67]

1.3 Labour, OSH and antidiscrimination legislation

The following section provides a brief overview of the main pieces of legislation in the fields of occupational health and safety, labour and employment and anti-discrimination and whether they contain any provisions in relation to older workers.

Occupational health and safety legislation

The **Act of 4 August 1996 on the well-being of workers at work** and its implementing decisions (Codex) apply to every employer who employs workers in Belgium. The Act and Codex transpose EU OSH regulations into Belgian law. They replace the previous Regulation for Labour protection (Règlement général pour la protection du travail – RGPT), which had been in force since 1947.

Since 1996, a new legislative approach has been adopted, called goal-oriented legislation. While the RGPT legislation presented detailed and prescriptive articles, the Code on Well-being is based on the object-oriented new style of the framework directive. The legislation is much less detailed than before and emphasises the general overall obligation for employers to promote the *well-being* of their workers (complemented by a series of other general obligations, such as the obligation to have a five year and annual policy, to assign competent personnel to deal with OSH, to have a structured approach towards OSH based on a dynamic risk management system, etc.).

The legislation does not include specific requirements for older workers, this is covered by the general obligation to determine an OSH policy based on the results of a risk analysis, taken into account all of the relevant and specific aspects of the company's activities, including different categories of workers.

Labour and employment legislation

Additional legal measures aim specifically at the (general and OSH) conditions of older workers and are related to:

- Employment support
- Adaptation of working conditions and working time
- Measures related to unemployment
- Measures related to pension and the combination of unemployment allowance and employers' contribution
- Outplacement
- Employment programmes for older workers

Several of these initiatives are described in more details in Section 2 of this report. In addition, the law on the generation solidarity pact (2005) arises out of a social partner pact (see below and section 2).

Antidiscrimination legislation

In Belgium, Directive 2000/78/EU is transposed into the national legislation with the **Law of 10 May 2007 against certain types of discrimination**. The Law of 10 May 2007 bans discrimination based on the following protected criteria: age, sexual orientation, disability, faith or personal belief, union belief, civil status, birth, wealth, political belief, language, current or future health condition, a physical or genetic characteristic and social origin. The Anti-Discrimination Law of 10 May 2007 therefore replaces the former Anti-Discrimination Law of 25 February 2003 effective as of 9 June 2007. The

[66] Trade union density corresponds to the ratio of wage and salary earners that are trade union members, divided by the total number of wage and salary earners (OECD *Labour Force Statistics).* Density is calculated using survey data, wherever possible, and administrative data adjusted for non-active and self-employed members otherwise (OECD).

[67] OECD (Online OECD Employment database: http://www.oecd.org/els/emp/onlineoecdemploymentdatabase.htm#union (Accessed December 2014)

implementation of the European anti-discrimination law includes the concept of 'reasonable adaptations' to facilitate the employment and job retention of people with disabilities

Collective bargaining or labour agreements

Additional measures aiming specifically at the (general and OSH) conditions of older workers can be found in **collective bargaining or labour agreements** (*convention collective de travail* – CCT), such as:

- CCT 91 (20.12.2007) on the additional compensation in case of dismissal of older, less able workers with serious physical problems
- CCT 77bis (19.12.2001, last modified 2.06.2010) on time credit and career break
- CCT 104 (27.06.2012) on the implementation of an Action Plan for the Employment of older workers in the company (see below)
- CCT 105 on the conditions for an additional compensation in case of unemployment with company bonus for some older disabled workers and workers with serious physical problems.

One major convention adopted in relation to older workers is CCT 104. On 27 June 2012, the social partners in the National Labour Council concluded the **collective labour agreement 104 on the implementation of an Action Plan for the Employment of older workers in the company**. By Royal Decree of 28 October 2012, it was declared generally binding. This measure is part of the objective of Belgium in implementing the Europe 2020 strategy to achieve an employment rate of 50% for older workers aged 55 to 65 years by 2020. Any company with more than 20 employees must provide an employment plan to maintain or increase the number of workers aged 45 and older. This employment plan should be developed each year, or a plan with long-term measures should be foreseen. The employer therefore also has the opportunity to provide measures that run over several years. Measures already implemented in the enterprise may also be included in the employment plan. The employer may choose from a (non-exhaustive) list of areas for action, included in the collective labour agreement:

1. selection and recruitment of new employees;
2. development of competencies and skills of the workforce, including access to training;
3. career development and career management within the company;
4. opportunities to acquire adapted work according to the evolution of the capabilities and competencies of workers via internal function mutation;
5. adjustment of work duration and working conditions;
6. the worker's health, prevention and elimination of physical and psychosocial barriers to remain at work;
7. systems of recognition of acquired competencies.

The employer may then choose a single field of action, combining action areas or opt for a non-listed area of action. The sectors have the opportunity to add actions. The FPS ELS provides a model of an employment plan to companies. A Royal Decree of 28 October 2012 made the CCT mandatory and the obligations apply from 1 January 2013.

On 10 October 2005, the **Law on the Generation Solidarity Pact** (*loi relative au pacte de solidarité entre les générations*) was adopted. The Generation Pact, concluded by social partners, and subsequently adopted as a law, includes 66 employment measures to favour youth employment and maintain older workers longer at work. Seventeen of the measures apply specifically to older workers (40+). Several of these initiatives, which have an OSH focus, are described in Section 2.

1.4 Pension system

Retirement age (legal and effective)

The official retirement age in Belgium is 65 years for both gender groups[68]. Specific measures apply to certain categories of workers, such as aviation and navigation. The average effective retirement age

[68] See Belgian information website on social security. (Accessed December 2014)

between 2007 and 2012 was around 60 years for men and around 59 years for women (OECD estimates)[69].

The Belgian pension system is composed of a combination of:

- A guaranteed State pension (legal minimum)
- Optionally completed by: a supplementary occupational pension (such as a Pension Fund or a group insurance, paid by the employer); and/or personal pension savings with a tax break; and/or personal pension savings without tax break

Specific measures target older workers, such as the pension bonus, which is a supplement for + 62 workers who choose to continue to work.

Early retirement

Early retirement is possible from 60 years (2013), but will be increased by 6 months annually until 2016, in order to reach 62 years. There is also a career-length requirement (of 38 years as from 2013, which will also increase the following years).

Ongoing debates[70]

The pension age and additional (mandatory or optional) pensions are ongoing subjects of debate which started in the 2000s. The Minister responsible for pensions established in 2012 a National Pensions' Conference, 'the Pension Reform Commission 2020-2040', composed of 12 experts. A scientific report with recommendations is published in 2014.[71][72] The report of the commission contains the foundations for a thorough reform of the Belgian pension system.

Recommendations given by this commission of experts were partially taken into account by the new coalition agreement of 9 October 2014. [73] This agreement states that there will be an increase in the retirement age to 67 by 2030. The statutory retirement age remains 65 years till 2024, raises to 66 in 2025 and will be 67 years in 2030. There will be transitional measures for those who want to retire early. People who are now 56 years of age, will have to work two years longer than envisaged in the current system (at the maximum). For example, a 56-year-old who previously could retire at the age of 60 should now continue to work till the age of 62. A 57-year old (or older),, will never have to work more than one year extra than is provided in his/her current retirement scheme. Early retirement in 2016 will only be possible from 63 years.

[69] OECD estimates on the "average effective age of retirement versus the official age, 2007-2012".
[70] FPS Social Security, *Strategische sociale rapportering 2013, België*, 30 april 2013, 50 p.
[71] More information about the Commission on pensions: http://pensioen2040.belgie.be/nl/ (Accessed December 2014)
[72] Commission Pension, Een sterk en betrouwbaar sociaal contract. Available at: http://www.socialsecurity.fgov.be/projects/pension2040/docs/rapport-nl.pdf (Accessed December 2014)
[73] Regeerakkoord, 9 October 2014. Available at: http://www.premier.be/sites/default/files/articles/Accord_de_Gouvernement_-_Regeerakkoord.pdf (Accessed December 2014)

2 Overview of policies, strategies and programmes in relation to the occupational health and safety of older workers

As life expectancy rises, it is important to create working conditions that enable healthy and active ageing and ensure that workers reach pension age in good health. The following chapter provides an overview of the various policies, programmes and initiatives put in place by governmental and non-governmental organisations in Belgium to address the issue of work sustainability and healthier working lives.

2.1 Initiatives from government/ government-affiliated organisations

2.1.1 National level

Occupational health and safety

National strategies

The latest **National Strategy for Well-being at Work** dates from 2008-2012[74] and a new strategy is currently being prepared by the National Labour Council. The 2008-2012 strategy included 5 "Programmes", along with thematic projects. For each project, objectives and actions were defined. In the preamble of the strategy, older workers, workers with reduced working capacity and workers with disabilities are all mentioned as in need of particular attention. The following programmes are relevant in the context of an ageing workforce:

- Programme I: Strengthening the prevention of occupational illnesses and accidents at work
    - Project 3: Strengthening the prevention of occupational illnesses in particular concerning **musculoskeletal disorders** and stress at work
    - Project 5: Dealing with **new risks** (older workers are considered a new risk group in the preamble of the strategy)
    - Project 7: Strengthening **well-being at work** and organising continuous assessment (workplace health promotion)
- Programme II: Improving the treatment of occupational illnesses and the **reintegration of workers**
    - Project 8: Facilitating the **professional reintegration** of workers in a state of incapacity for work

The Federal Public Service Employment, Labour, and Social Dialogue evaluated the general objectives of this national strategy in the period 2012-2013 [75] Based on this evaluation, a number of recommendations and avenues were put forward for the development of a new strategy.

The **labour inspectorate** does not have a multiannual strategy. The inspectorate works with annual programmes. These programmes are more operational and focus on high-risk sectors (construction etc.). Currently, there is no consideration for ageing workers or return-to-work in these programmes.

Professional Experience Fund

In 2001, the **Professional Experience Fund**[76] (Fonds de l'expérience professionnelle) was created by law as a reaction to the Lisbon Strategy (2000), aiming at increasing the employment of workers aged 55+ and the length of careers and raising retirement age. A first Royal Decree in 2003 determined the

[74] Strategy available (also in English) on the website of the Belgian Safe Work Information Centre (BeSWIC): http://www.beswic.be/nl/systems (Accessed December 2014)
[75] Evaluation of the national strategy available on the FPS ELS website: http://www.werk.belgie.be/moduleDefault.aspx?id=39435 (Accessed December 2014)
[76] Information on the website of the FPS ELS: http://www.ervaringsfonds.be or http://www.fondsdelexperienceprofessionnelle.be (Accessed December 2014).

criteria, conditions and modalities of operation of the Fund, which became operational in 2005. The Royal Decree of 2006 made amendments to the original one. The Fund financially supports companies for projects, intending to improve the quality of labour of their older workers (45+), to keep them at work longer. The projects need to lead to or introduce concrete adaptations of the working conditions or organisation for those aged 45+. Additional criteria for funding are:

- Need to go beyond actual legal regulations.
- Need to involve concerned workers in the conception of the project.
- Need to receive positive advice of the committee and service for prevention andprotection at work

The studies or adaptations proposed by companies need to improve well-being at work, with priorities for: occupational safety, health, ergonomics and psychosocial charge.

Employers can receive financing for different types of projects:

- Grant type 1: measuring the *work ability of older workers* (study);
- Grant type 2: analysis of the working environment: making a diagnosis of the points to improve in the working environment (applied study);
- Grant type 3: improving projects (adaptations) for working conditions.

For all these type of grants, certain maxima exist in co-financing.

During the first years of the Fund, focus was on creating and maintaining networks, developing partnerships and creating brochures to promote the application for grants. Specific emphasis was on communication to *change negative views of older workers*, i.e. 'older workers are too expensive' versus 'the employment of older workers should increase'. Nowadays, emphasis lies largely on the promotion of applying for grants in companies and on analysing the dossiers.

The project has been running since 2005. In 2011, 292 applications were granted, 20 were refused. On average, each application covers 26 older workers. Although the Fund prefers companies to first, measure the work ability of workers, then make a diagnosis and finally develop an adaptation project based on the diagnosis, in practice most applications concern adaptation projects. The 2011 Annual Report[77] revealed that 285 applications concerned adaptation projects, 68 applications were related to a diagnostic method and 54 to the use of a measurement instrument (e.g. questionnaires to measure the work ability of older workers such as the *Work Ability Index (WAI)*). Annually, the number of applications exceeds the Fund's budget (see Annual Report 2011).

Since the Royal Decree of 2006, sectorial instances can receive financial support to develop information campaigns targeted towards their member employers. The table below shows for each of the sectors, their partnerships.

Sector partnership	From	Until
25 Domestic and elderly Care – Flanders – PC 318.02	2008	2009
Wood PC 126	2008	2010
4 Textile -white- PC 214	2008	2010
Textile -blue PC120	2008	2010
Construction PC 124	2009	2011
Eweta PC 327.0	2009	2011

Employment Plan for Older Workers

In order to support companies with the implementation of their Employment Plan for Older Workers (as per Convention 104 – see Section 1.3), the **Federal Public Service Employment, Labour and Social Dialogue (FPS ELS)**, in collaboration with the **Universities of Liege, Namur and Ghent**, produced in November 2012 a "**Guide on Age Management in Companies"** (*guide sur la gestion des âges en entreprise*) targeting among others HR managers, prevention councillors and members of the occupational prevention and protection committees. The guide intends to raise awareness of Belgian

[77] Hermans V., Motmans R., Himpens A., 'The Professional Experience Fund - A Belgian example for support of the quality of work for elderly workers', 4 p., web publication at: http://www.beswic.be/nl/news_board/Paperfees.pdf (Accessed December 2014).

companies to the issue of age management and present possible measures and common barriers for the implementation of age management barriers through the experience of 45 Belgian companies of different sizes and sectors.

Generation Pact

As part of the **Generation Pact**, agreed by the social partners (see section 1.3), a number of measures have been proposed to companies to maintain older workers at work. Some of these measures have a focus on OSH or working conditions:

- A collective agreement concluded in 1990 by the social partners, as part of the Generation Pact, provides for a transfer to a less stressful work system for older workers who practice **night work** for an extended period of time:[78]
    - workers 50 years and older with (at least) 20 years of professional activity in night work and with serious health problems can switch to day work;
    - workers older than 55 years with 20 years of professional activity in night work can switch to day work at their own request.

  The aim of the agreement is to allow older workers to stay on the labour market longer and hence raise the employment rate among older workers.

- In 2001, the social partners created the **'time credit'** (*crédit-temps*) for workers over 55.[79] The system became a regulatory requirement and entered into force in 2002. It was reformed in 2007 and 2011. The latest reform in 2011, enforced in 2012, introduces stricter provisions for receiving the allowance (age and experience conditions). It is implemented by the ONEM (National Agency for Employment) which deals with unemployment insurance. According to the latest reform, the 'crédit-temps' provides workers over 55, with at least a 25-year career and having worked for their current employer for at least the last two years, with the possibility to *work half-time or reduce their working hours by 1/5* until retirement, benefitting partly from their normal wage, partly from a pension. A specific provision allows workers who had a painful or heavy job for at least five years, workers with a 28-year career, and workers of companies in difficulty or undergoing restructuration, to obtain the allowance at the age of 50. Older workers have a right to benefit from this system, once the conditions are fulfilled, they do not have to justify their application. This system replaces the former career break system, which had been adopted in 1985 to reduce mass unemployment. The 'crédit-temps' introduces a new perspective, aimed at maintaining older workers longer in the active population. This measure has become increasingly popular among older workers: the number of workers over 50 represented almost 60% of users in 2007 (compared to 40% in 2003) according to the statistics of the National Employment Office (ONEM).

- As of 1 May 2010, an allowance by the ONEM became available to employees aged 50+ who, at their own request and with a loss of monthly gross income of at least EUR 265.30, can **transfer from arduous work** (that they have been carrying out for at least five years) **to lighter duties** with the same employer[80]. This allowance amounts to EUR 80 per month for 12 months for workers aged under 55, EUR 106 per month for 24 months for workers aged 55 to 58, and EUR 133 per month for 36 months for workers aged over 58. The aim is to encourage workers to remain in the labour market for longer and hence to raise the employment rate among older workers.

[78] Website of the Federal Public Service Employment, Labour and Social Dialogue: http://www.werk.belgie.be/ (Accessed December 2014).

[79] More information on the 'crédit-temps' on the websites of the ONEM (National Employment Office – in French): http://www.rva.be/frames/frameset.aspx?Language=FR&Path=D_opdracht_LBO/&Items=6 (Accessed December 2014); and the Fédération Générale du Travail de Belgique: http://www.fgtb.be/web/guest/files-fr/-/file/558819/ (Accessed December 2014)

[80] More information on this measure on the website of Prevent (in French): http://www.prevent.be/fr/banque_de_connaissance/prime-pour-les-travailleurs-de-plus-de-50-ans-passant-d%E2%80%99un-travail-lourd-%C3%A0-un (Accessed December 2014)

Antidiscrimination

On 24 September 2012, the **Federal Public Service Employment, Labour and Social Dialogue (FPS ELS)** launched an awareness-raising campaign called **'Still young, already old at work'**[81]. The campaign aims for a change in mentality towards employment of older workers (50+). Because the labour market is considered unfavourable for older workers, due to prejudices of workers, employers and public opinion, the campaign wishes to counter those prejudices by giving arguments to invest in older workers, and tips for both workers and employers to keep older workers at work, emphasising the benefits of employment of workers aged 50+. The campaign includes TV spots, advertisements in newspapers and a website with information.

The CAPA project '**Evolution of the physical and physiological capacities related to age – An answer to stereotypes concerning older workers**'[82], started in 2004 by the FPS ELS, in collaboration with the universities of Louvain, Ghent, Namur and the External Services for Prevention and Protection at Work, has a double goal: gaining insight into stereotypes about workers (through interviews) and providing answers to deal with them (based on literature and research). CAPA aims at gathering and the dissemination of information on risk factors, prevention and intervention. The organisation of information and sensitisation campaigns is one the tasks of the FPS ELS. The project resulted in two publications, one on stereotypes, the second on tools to get more insight into the work of older workers; an inventory of (general) questionnaires on psychosocial aspects and musculoskeletal disorders and a bibliographic database on literature related to ageing at work.

The Law of 10 May 2007 against certain types of discrimination (see section 1.3) has expanded the competences of the **Centre for Equal Opportunities and Opposition to Racism[83],** which looks after victims of discrimination and gives advice. In particular, the Centre has observed that discrimination based on age occurs frequently in *job advertisements.* The Centre has therefore developed a check-list tool, that enables the assessment of whether the job advertisement contains possible discriminative phrasing. The check-list, entitled **"Discrimination based on age in job advertisement"** is based on an instrument developed in the Netherlands by the Expertise centrum Leeftijd and has been adapted to the Belgian context. It allows employers to better understand whether age discrimination is allowed as per the law in their job advertisement or if it is just the result of negative and distorted views and stereotypes on the alleged abilities (or inabilities) of older workers. The check-list is in two parts: the first part checks whether there is a direct or indirect discrimination based on age in a job offer and the second part checks whether there is a legal reason for this discrimination.

Employment

The **pension bonus**[84], set up by the FPS ELS, as part of the Generation Pact and through the Royal Decree of 1 February 2007 establishing a pension bonus, intends to be an encouragement for workers who wish to *stay active on the labour market after the age of 62 or after a career of 44 years*. For workers eligible for a pension and who fulfill one of the conditions (62 years, 44 year career) a gross bonus of EUR 2.2082 per full day of effective employment is granted. It is valid for pensions with a starting date between 1 January 2007 and 1 December 2013. The Study Commission of Ageing evaluated the system in 2012. The impact of the pension bonus on employment is considered rather limited, mainly because of the existence of other measures, such as for example the system of early retirement or supplementary pension, that have a discouraging effect (and rather create an incentive

[81] More information on the website of the FPS ELS (in French): http://www.emploi.belgique.be/defaultNews.aspx?id=37530 (Accessed December 2014).

[82] More information on the website of the FPS ELS (in French): http://www.emploi.belgique.be/CAPA-F.aspx (Accessed December 2014).

[83] Website of the Centre for Equal Opportunities and Opposition to Racism: http://www.diversitybelgium.be/ (Accessed December 2014)

[84] More information on the website of the FPS ELS (in French): http://www.emploi.belgique.be/defaultTab.aspx?id=8558 (Accessed December 2014). An evaluation report (2012) is available in French at: http://www.docufin.be/websedsdd/intersalgfr/thema/publicaties/documenta/2012/BdocB_2012_Q1f_CSF_vieillissement.pdf; and in Dutch at: http://www.docufin.fgov.be/intersalgnl/hrfcsf/adviezen/PDF/vergrijzing_pensioenbonus_2012_06.pdf (Accessed December 2014)

for workers aged between 55-64 to leave the labour market). The pension bonus also appears not to be well known by the target group.

In 2012, the **FPS ELS** published a brochure entitled **"Continuing or restarting a career after 50"**[85]. The brochure gives an overview of measures (financial incentives and other) to keep older workers longer at work, measures to restart a career after a period of inactivity and measures to find a new job after resignation. The measures are illustrated with concrete examples. The target group is older workers, employers and (older) job seekers.

2.1.2 Regional/local level

Wallonia

The **Centre for the Validation of Skills** (*Centre de validation des compétences*)[86], composed of public institutions for vocational training, is a public structure which provides '**validation of competence**' certificates to people who have acquired skills throughout their professional careers but do not hold any official certificate as evidence of these skills. The mechanism aims at officially recognising professional knowledge and know-how acquired outside of typical training channels. Such a mechanism is particularly helpful for older workers who may wish to change jobs, including for health reasons, and would need to have their experience and professional knowledge officially certified to succeed in a very competitive job market.

Flanders

'Diversity plans' for companies are also part of the package of measures introduced to implement the **'Vilvoorde Pact'**, concluded in 2001 by the **Flemish government and social partners**, in the wake of the Lisbon Strategy (EU).[87] The Pact aims to eliminate the underrepresentation of older workers, women, the disabled, immigrants and low-skilled workers among the employed by 2010. Flemish companies and organisations from all activity sectors can receive subsidies from the government if they develop such a plan. Specific quantified targets concerning the inflow, internal mobility and training of the disadvantaged groups must be included in the demand for subsidies.

The **Flemish Government, trade unions and employers' organisations** agreed on a programme entitled '**Together for the defence of the 50+**' in October 2008[88]. A number of activities have been undertaken under this programme, including a prevention campaign for employers and workers launched by the Flemish Government with the aim of retaining people older than 50 years of age in work. A 'toolbox' is at the disposal of the employers. The toolbox contains a series of tools, advice and information intended for all the actors of the working world in order to keep people over 50 years old in their work and to give incentives to hire job-seekers aged over 50. It also resulted in the creation of the website '**De juiste Stoel'**. Through awareness campaigns, employers, employees and other labour market players are encouraged to use this toolbox. Various themes are covered by the toolbox: development of career, organisation, health and well-being, etc.

Brussels

Brussels Employment Office, Actiris, has created a specific department focusing on the issue of diversity in companies. It has developed a specific website[89] in which it provides advice to companies that wish to improve diversity of their staff, including the possibility of creating a **'diversity plan'**. A 'diversity plan' is a set of measures and actions focused on disadvantaged groups, including workers with a disability and older workers. These measures are supposed to create possibilities to facilitate the internal mobility of disadvantaged groups within the company and to reduce the turnover of these

[85] More information on the website of the FPS ELS (in French): http://www.werk.belgie.be/publicationDefault.aspx?id=32198 (Accessed December 2014).
[86] Website of the Centre (in French): http://www.cvdc.be/fr/accueil.html (Accessed December 2014).
[87] More information on the website of the Flemish government: http://www.werk.be/online-diensten/loopbaan-en-diversiteitsplannen (Accessed December 2014)
[88] Website 'De juiste Stoel': http://www.dejuistestoel.be/ (Accessed December 2014)
[89] Actiris website on diversity: http://www.diversite.irisnet.be/-Pret-pour-plus-de-diversite-dans-.html (Accessed December 2014)

groups. Although not primarily focused on OSH but rather on recruitment and mobility, the Diversity Plans can also include measures related to career development and lifelong learning (relevant for older workers), measures related to workplace adaptations for workers with disabilities and measures to manage workers coming back to work with a health problem after a long sickness absence. Financial and technical support is provided to the companies that wish to develop these plans. In particular, specialised consultants, so-called 'diversity counsellors, help companies set up the plan through a series of steps. The successful implementation of a diversity plan can lead to the award of a 'diversity label'.

2.2 Initiatives from social partners

The **Federation of Belgian Enterprises (FEB – VBO)** produced a brochure entitled "**Experience is our capital – how to keep the 50+ longer at work?**"[90] for a forum on the same topic which took place on 21 September 2011[91]. The brochure contains four different analyses looking at the current situation and the challenges and provides recommendations for practical solutions. It also compiles a number of case studies of age management practices in Belgian companies.

In the context of the 'diversity plans', **Flemish trade unions** have deployed '**diversity consultants'** to raise the employment equity and diversity awareness of their staff and the union representatives (e.g. through publications, events, etc.). The diversity consultants also support the union representatives in persuading employees to participate in the diversity plans. Experience has shown that the most successful diversity plans are those in which employees and their representatives actively participate.

2.3 Initiatives from other organisations

ICHEC Enterprises (Brussels management school) and **Business and Society Belgium** (a private networking organisation for Corporate Social Responsibility) created a **Practical Guide: From a 55+ policy to an integrated age-policy[92],** which includes the results of a working group (2007-2009) working on sustainable and creative options for an age-aware human resources policy and intergenerational relations. There is a focus on qualitative labour conditions, including job content, training/education, motivation and well-being at work. The guidelines are related to the recruitment of the 45+, lifelong learning, career development, internal mobility, management of competences and skills, health and well-being, balance of work-private life, etc., as well as an integrated approach of all these aspects.

In 2007, **Prevent**, one of the most important OSH service provider and OSH research centre in Belgium, has launched a two-year project called **"Ageing at work"** in collaboration with several European partners (and with EU funding from the Leonardo da Vinci programme).[93] Based on a literature review and an assessment of needs, the project aimed at building a training programme for HR managers on age management. Pilot training programmes were built for Belgium, the Netherlands and Poland. At the end of the project, a number of recommendations were disseminated via a wrap-up symposium to more than 120 workplaces actors (HR managers, business owners, OSH representatives, etc.). Examples of recommendation included:

- Do not focus only on older workers but consider all workers whatever their age.
- Do not focus only on people's skills, pay also attention to their health through well-being measures.
- Collaboration between HR managers, OSH prevention services, line managers, etc. is critical for a successful approach to age management.

[90] VBO/FEB, *Comment garder les 50+ actifs plus longtemps ?*, 2011. Available (in French – also in Dutch).at: http://vbo-feb.be/Global/Wat%20doen%20we/Campagnes/50%20plus,%20experience%20is%20our%20capital/Experienceisourcapital_FR.pdf (Accessed December 2014)

[91] Website of the forum: http://www.experienceisourcapital.be/ (Accessed December 2014).

[92] Webpage of Business & society website on diversity: http://www.businessandsociety.be/index.php/mvo-2/mvo-in-de-wereld/?lang=en (Accessed December 2014). The Brochure was no longer publicly available in December 2014.

[93] Website Ageing at Work: www.ageingatwork.eu (Accessed December 2014)

3 Overview of policies, strategies and programmes in relation to the rehabilitation/return to work of workers

Extending working lives in healthy, safe and sustainable working conditions also means ensuring that people who suffer from an illness or an accident that leads to prolonged sick leave have the necessary support to return to work in safe and adapted conditions. By promoting the return to work of those who are suffering from a health problem, and specifically in the older age group, a number of people who may otherwise have chosen early retirement or needed a disability pension will remain employed.

The effectiveness of the rehabilitation process is therefore another important factor related to prolonging healthy working lives. Although the issue of rehabilitation and return-to-work is particularly relevant for older workers, as they are more likely to suffer from work-related health problems than younger age groups, the chapter looks at rehabilitation for all workers.

In Belgium, more than 300.000 people were on long-term sickness absence (> 1 year) in 2012.[94] Return-to-work is therefore a critical matter for the sustainability of the employment and social security system. Returning to work following a disease or an accident is a fragmented process in Belgium led by three key actors, that do not always work in a coordinated manner: the treating physician, deciding upon the start and end of the sickness absence, the sickness insurance company, providing the worker with possibilities for part-time work or vocational trainings, and the workplace prevention services, in charge of adapting the work environment to the needs of the returning worker.

The following chapter first describes the institutional system in Belgium for the rehabilitation/return to work of workers suffering from a health problem and then looks at specific initiatives from governmental and non-governmental organisations to promote rehabilitation and return-to-work.

3.1 The national system of the rehabilitation/return to work of sick or injured workers

The legal and policy framework

The following legal acts are relevant for rehabilitation/return to work in Belgium:

- The **Act of 4 August 1996 on the well-being of workers at work** and its implementing decisions (Codex) (see Section 1.3) defines the role of the occupational physician in the process of the return to work of an employee after sickness absence in particular with regard to 'promote employment opportunities, inter-alia, by proposing to the employer adapted working methods, the fitting-out of the workstation, and the search for adapted work, including for workers whose ability is limited'. Details of the occupational physicians' role in integration are set out in the Royal Degrees on monitoring of workers' health[95]. In addition, the Royal Decree of 2003 on monitoring of workers' health seeks to protect a worker who is subjected to a medical examination from any discrimination that could result from medical data being communicated to the employer.
- The **Law of 14 July 1994 on compulsory medical care and sickness benefit insurance** regulates compulsory health insurance and compensation in cases of incapacity for work (for non-occupational reasons). It also regulates the role of the medical advisor of the sickness insurance funds, including in relation to rehabilitation (see more details below).
- The **Law on various provisions for occupational diseases, accidents and rehabilitation** of 13 July 2006 constitutes the legal framework for the rehabilitation of workers after an occupational disease or accident. It aims to stimulate professional rehabilitation by maintenance of income during an early return to work (see below).
- The **Law on occupational accidents of 10 April 1971** foresees back-to-work measures after an occupational accident: the occupational insurance can formulate possibilities for a return to

[94] F. Perl, presentation "Les processus de réintégration professionnelle dans le secteur des indemnités (incapacité de travail primaire et invalidité)" at the workshop "Safer and Healthier Work at Any Age" of 14 March 2013.

[95] Royal Decree of 28 May 2003 and Royal Decree of 4 July 2004 on the monitoring of workers' health, http://www.werk.belgie.be/defaultTab.aspx?id=562#AutoAncher9 (Accessed December 2014).

work (for example: undertaking light duties, making changes to the job, transferring to a different occupation, etc.).

- The **Law of 10 May 2007 against certain types of discrimination** (see Section 1.3) requires the 'reasonable adaptation' of workstations in order to facilitate the employment and job retention of people with disabilities (as foreseen by the EU antidiscrimination legal framework).

At the policy level, the **2008-2012 National Strategy for Well-being at Work**[96] refers specifically to workers with reduced capacity and workers with disability. Although the rest of the Strategy focuses on workers who have suffered from an occupational disease or accident, the preamble in general to the need to improve coordination between the treating physician, the occupational physician and the medical adviser of the sickness insurance fund, showing the awareness of the government for this particular issue. In the Strategy, an entire programme (out of five) focuses on "improving the treatment of occupational illnesses and the reintegration of workers". In particular, Project 8 aims to support "the professional reintegration of workers in a state of incapacity for work", referring specifically to workers who have been victim of an occupational accident or are suffering from an occupational disease. The two actions foreseen in the strategy were the drafting of the royal decrees to implement the provisions of the **Law of 2006 on various provisions for occupational diseases, accidents and rehabilitation** that relate specifically to professional rehabilitation (although the actual decrees relate mostly to the compensation system). [97]There is no further mention of rehabilitation for workers suffering from non-occupational health problems.

Main actors and steps in the rehabilitation process

General context

According to the law on well-being of workers at work, **employers** are responsible for implementing a policy of well-being in the workplace as well as a planned and structured approach to prevention. They must provide **prevention services** (either through an internal prevention committee or a prevention adviser[98]), responsible for three interrelated tasks: collaboration in research on occupational diseases; participation in workplace risk analysis and prevention; medical surveillance of workers' health (pre-employment, periodically during work, and at the moment of the return to work after a period of incapacity due to sickness). In companies with fewer than 200 employees and that are not classified as high-risk, employers are obliged to use an external service for prevention and protection at work – which include occupational physicians, to carry out the tasks that the internal prevention adviser/services cannot carry out (in particular in relation to health monitoring). In large companies or high-risk businesses, the internal prevention services must include an occupational health team to carry out these tasks.

The law on well-being at work foresees an active role for the company's **occupational physician** (in-house or external) to support the employee in recovering or learning to manage their condition so that they are able to remain in work. This applies whether the health condition is occupational or not. Besides advising employers on creating a work-health environment (primary prevention) and performing regular medical check-ups to identify potential health problems (secondary prevention), the occupational physician can, since 2003, also assist in the *reintegration of employees after a long-term sick leave*[99].

In Belgium, each worker must subscribe to a **private sickness insurance company** to cover medical expenses and sickness benefits (in cases of non-occupational diseases), while each employer must take out **insurance coverage against occupational accidents** from an accredited insurance company or an accredited mutual fund. This means that all employees, including domestic staff, are covered against occupational accidents and accidents on the way to and from work[100]. In cases of occupational diseases, benefits and compensations are covered by the public **Fund for compensation of occupational diseases,** based on contributions from employers. There are no private insurers for

[96] Strategy available (also in English) on the website of the Belgian Safe Work Information Centre (BeSWIC): http://www.beswic.be/nl/systems (Accessed December 2014)
[97] Law of 2006 on various provisions for occupational diseases, accidents and rehabilitation. Available at: http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=nl&la=N&cn=2006071368&table_name=wet (Accessed December 2014)
[98] The prevention adviser can be the employer him-/herself in companies with fewer than 20 employees
[99] Royal Decree of 28 May 2003 and Royal Decree of 4 July 2004 on the monitoring of workers' health, as above.
[100] People who are self-employed are not insured against occupational accidents, but there is a scheme that provides sickness and disability allowances for the self-employed. Civil servants have a specific regulation in this regard.

occupational diseases. Since private insurance companies are responsible for paying sick leave benefits and compensations (after a certain duration of sickness absence), they clearly have stake in the early return to work of the worker.

Return to work

When a worker gets sick or injured, whether for work-related reasons or not, he/she will be treated within the **general healthcare system**. Certifications for temporary work incapacity are prescribed by the treating physician. Medical rehabilitation also takes place within the healthcare system, with a number of medical centres specialised in functional rehabilitation. Medical rehabilitation measures can either be prescribed mostly by the treating physician/general practitioner or by the medical officer of the sickness insurance fund. The insurance fund can intervene or suggest a specific medical rehabilitation, for example, when the rehabilitation is going too slowly but this medical rehabilitation would in any case take place in the general healthcare institutions. Most of the medical care and cure needed during rehabilitation is covered by the insurance fund.

After a sickness absence of two weeks for blue-collar workers and one month for white-collar workers (for non-occupational reasons), the employer has to inform the **medical officer of the sickness insurance fund** (with which the worker is insured) and the **occupational physician**. In the case of occupational accidents or diseases, the insurance companies are informed as soon as the health problem is recognised as occupational.

Role of the sickness insurance funds

The **sickness insurance funds** decide if the worker is eligible for sickness benefits. They decide whether or not the worker is capable to work, first in their previous job and then in the global labour market. If needed, they can also advice a retraining.

In particular, the **medical advisors of the sickness insurance funds** have an important legal role in the assessment of working capacity of employees whose ability to work is diminished for health reasons. Their role in promoting (medical) rehabilitation measures and facilitating a return to work is currently evolving. The medical advisor is a certified physician, active in the context of the sickness and invalidity law (Art. 153) and has both a practical medical experience and an expertise in the legal medical assessment of a physical injury. The medical adviser is entitled to call for a medical examination of any worker who is absent from work, and who has produced a medical certificate issued by the treating physician. Once an employee receives sickness benefits from the health insurance (< 6-8 weeks sick leave), the medical advisor evaluates the patients' work (in)capacity. Based on information from the treating physician, the employee will be examined and interrogated. Additionally, the impact of the disease on the employee's everyday life and work will be discussed. When approaching one year of work incapacity, the medical advisor can prepare a proposal for an extention. The Medical Council for Disability (GRI) of the **National Institute for Health and Disability Insurance** (RIZIV/INAMI – see section 1.2) decides, based on this proposal, whether the extention of work incapacity can be recognized. If this is the case, the employee receives the statute of "disabled" and is considered eligible for the "disability" settlements and a disability benefit. From this stage, both the medical advisor and the GRI are responsible for the follow-up of the employee. They can decide whether the employee remains disabled or not and also at any time that an employee has to return to work. If an employee wants to spontaneously terminate disability and decides to return to his/her original work, the employee is not obliged to visit the medical advisor. To end the sickness and disability benefit, the employee has to send a return-to-work card (signed by the employer) to the insurance fund. However, if an employee needs additional advice or information regarding return-to-work then he/she can always contact the medical advisor. The medical adviser can suggest certain 'activation measures' such as 'progressive employment' (for example working part-time) or vocational retraining (for example from construction worker to office worker) (see section 3.2 for more details). For employees, the activation measures are optional. If necessary, the advisor will refer employees to people who can assist in the reintegration process (e.g. VDAB, FOREM).

At the workplace

At the workplace, after a sickness absence of at least four weeks, employees can request a medical examination by the **occupational physician** (in-house or external) and discuss the support they may need to take up work again. During this visit, or **"Pre-Return To Work examination"**, the occupational physician will discuss the prospect of a return to usual work activities, the time needed to reach this objective, and temporary measures that can be taken in the workplace to help the worker in resuming work. The occupational physician must combine the results of the medical examinations he/she performs with the study of the workstation that the individual worker is occupying or might occupy. The occupational physician must seek to identify any counter-indications to the employment of the individual and must indicate whether the worker:

- may be employed in the activity concerned;
- may be employed provided that certain accommodations are made;
- may be employed in a position other than the one initially envisaged, for the performance of which the worker is not fit;
- is 'definitively unfit'.

Very few employees are aware of the role of the occupational physician in the return-to-work process and mainly associate the occupational physician with the regular medical check-ups. Occupational physicians, on the other hand, are legally not allowed to contact employees during their sickness absence (but medical advisors from the sickness insurance funds can). In addition, employers do not generally play an active role in the job-retention and integration of people with non-occupational longstanding health problems, as the financial incentives and support systems to do so are limited. The FPS ELS is supporting a return to work by providing better information (for example awareness raising campaigns) on this procedure. This campaign is currently running and the results are expected in the course of 2014-2015.

General practitioners are not involved in the reintegration process, which is problematic considering that they are the ones deciding when sickness absence stops. There is very little communication between GPs, medical advisors of the sickness insurance funds and occupational physicians.

Compensation system

Compensation system for sickness absence

During a period of sick leave for **non-occupational health problems**, the employer is responsible for paying the sickness benefit for two weeks for blue-collar workers and one month for white-collar workers. If sick leave lasts longer, the sickness insurance provider and the occupational physician have to be informed. After this period the sickness insurance fund is responsible for paying sickness benefits of the insured during the first year of sick leave (primary disability). It should be noted that the agreement of 9 October 2014 outlining the political guidelines of the new Belgian government foresees that the period of sickness benefits to be paid by the employer will increase to two months.[101]

In cases of an **occupational accident or disease**, leading to temporary full incapacity to work, the employee receives 90% of their average day salary, paid by the occupational accident insurance or the Public fund for compensation of occupational diseases. The occupational accident insurance also covers any expenses related to the medical and professional rehabilitation of the worker. In the case of occupational accident/disease, work can be resumed with the agreement of the employee and the occupational insurance, on the advice of an occupational physician (as per the provisions of the Law of 13 July 2006), either at the previous job held or in a different occupation until the worker recovers his/her full ability to work. When work is resumed, salary for the job is paid in part by the employer supplemented by an allowance from the occupational accident insurance equal to the difference between salary they earned before the accident/disease occurred and the salary they obtained on resuming work.

Compensation system for disability or reduced capacity to work

In cases of **permanent incapacity** (i.e. if someone is on sick leave for more than one year), the employee receives an annual or monthly allowance, depending upon their salary before the accident/ disease and degree of incapacity of work. The National Institute for Health and Disability Insurance

[101] Accord de Gouvernement, 9 October 2014. Available at: http://premier.be/sites/default/files/articles/Accord_de_Gouvernement_-_Regeerakkoord.pdf (Accessed December 2014)

(RIZIV-UNAMI) is responsible for paying the compensation. Conditions exist for workers to work part-time or participate in training programmes while keeping their sickness or incapacity benefits under certain conditions (more details in section 3.2.1 below).

3.2 Specific initiatives

3.2.1 Governmental initiatives – national level

Lower back pain

In March 2005, the Belgian government, through the public **Fund for compensation of occupational diseases**, launched an evidence-based programme to promote an *early return to work and to prevent chronic low back pain* (LBP)[102]. Target workers must be off work due to LBP for at least four weeks and a maximum of three months to be eligible for the programme. They are offered a standardised multidisciplinary rehabilitation programme in more than 50 rehabilitation centres across the country and an ergonomic intervention to be carried out in the worker's company by the internal/external prevention services.

The multidisciplinary programme includes the following components:

- *medical axis*: incentives to the worker/patient for entering the health insurance 'back' rehabilitation programme (with no charge for the patient), focusing on rehabilitation exercises, promotion of general physical fitness, emotional components related to pain and general manual material handling techniques.
- *workplace axis*: promoting an ergonomic analysis of the work tasks and/or individual on-the-job training (with no charge for the employer).
- *networking* between the caring physicians (i.e. general practitioner, rehabilitation physician and occupational health physician).

As a pilot, the programme was proposed to workers in the care sector. In 2007, the pilot project was given permanent status and the population was extended to all workers in Belgium. During the first year, 91 cases were accepted of which 74 reached the end of the programme. 79% of them returned to work before the 18th rehabilitation session and 99% before the end of the treatment. As a result of the extension of the programme to other sectors, in 2007 there were already 294 cases accepted. This increase has continued year after year.

In 2012 702 of the 830 cases were accepted[103]. 90% of these workers returned to work. In April 2013 a pilot project was launched by the Fund for compensation of occupational diseases to support the remaining 10% of workers who had not achieved a successful rehabilitation.

This second pilot project offers the possibility to extend the on-the-job ergonomic intervention. Conditions for participation in this pilot project are:

- The worker has followed at least 12 sessions of the standard rehabilitation programme and
- The worker did not return to his or her normal job or the worker relapsed into sickness absence after a period of work resumption during the previous 12 months.

Transitional measures for a better return to work

As mentioned in Section 3.1, a number of activation measures are offered to employees to facilitate their transition back to work after a disease or an injury (whether occupational or not). The measures proposed by the **National Institute for Sickness and Invalidity Insurance** (RIZIV/INAMI) include *part-time work & professional reconversion*[104]. As mentioned in Section 1.2, RIZIV/INAMI supports a return to work by developing consultation platforms for all the players involved (insurance companies,

[102] Website of the programme (in Dutch): http://www.fmp-fbz.fgov.be/prev/RUGPREVENTIE/index.html (Accessed December 2014).
[103] More information on the website of the Belgian Safe Work Information Centre (BeSWIC): http://www.beswic.be/nl/news_board/prevention_pain (Accessed December 2014).
[104] More information on the website of the RIZIV/INAMI: http://www.riziv.fgov.be/fr/themes/reinsertion/Pages/default.aspx (in French) and http://www.hrworld.be/hrworld/Terug-aan-het-werk-na-een-langdurige-afwezigheid-het-taboe-doorbroken.html?LangType=2067 (in Dutch) (Accessed December 2014).

occupational physicians, employers, employees, etc.) and through promoting better information (information campaign). The process is ongoing and the results are expected in the course of 2014-2015.

Since 1996, sickness and disability beneficiaries are allowed to work on a *part-time basis* and can accumulate sickness benefits and wages, if three conditions are fulfilled: the person has at least a 50% work incapacity/disability; the job does not endanger their health; and they have the permission of their insurance medical adviser. The latter also decides about the intensity and duration of part-time work. Part-time work is not necessarily 50%, but can be less or more, as long as the disability remains at least at 50% in medical terms. If an improvement in the health situation is envisaged, the hours and days worked may be gradually increased over time until the beneficiary is ready for regular or full duty. In terms of evaluation of success, part-time work is increasing. The number of permits has been increasing over the last years (e.g. a 10% increase between 2010 and 2011 for employees). A large amount of the workers return to full-time work (40% of the employees in 2011).

Professional reconversion is a programme that allows workers to obtain or update skills in order to return to the job market. Sickness and disability beneficiaries can follow a training or rehabilitation programme, but participation is not obligatory and the programme has to be approved by RIZIV/INAMI. Since July 2009, the costs of the training (inscription, materials, public transport, etc.) are covered by the RIZIV/INAMI, without limitation on the length of the programme or the cost (as long as it has been approved). Participants continue to receive their benefits and are paid EUR 1 for each hour of training plus a lump-sum payment of EUR 250 at the end of the training. After the training programme, participants have only six months to find a job before they lose their sickness benefit entitlements.

3.2.2 Governmental initiatives – regional level

In Belgium, the **regional employment services** (VDAB in Flanders, PHARE in Brussels and AWIPH in Wallonia), have employment policies for *disabled people*. Employees with an indication of a work disability can apply for *special employment support measures* such as wage subsidies or adaption of the work place[105].

Flanders

To promote the employment of workers with a disability, **Diverscity**, an HR company for local governments, and **Fegob**, the Federation of specialised studies/education, guidance and mediation, developed a programme entitled "Working again or differently with a work disability or chronic disease in local governments". With this joint project Fegob and Diverscity aim for the reintegration and retention of 30 employees with a (acquired) *work disability, work restriction or chronic disease* in local governments[106]. Within each local government targeted, the project works on an individual basis with a person with disability and prepares a tailored plan for integration at the workplace. The goal of the project is to create a new approach, *reconciling the needs and expectations of the employee and the specific legal and organisational context of a local government.*

3.2.3 Initiatives by social partners

Flemish trade unions

In the context of the company 'diversity plans' (see Section 2, the pact between the Flemish Government and the Social Partners), **Flemish trade unions** have deployed '*diversity consultants'* to raise the employment equity and diversity awareness of their staff and the union representatives (e.g. through publications, events, etc.). Besides raising awareness and promoting the development of 'diversity plans', diversity consultants of the unions can play an important role in *reintegration*. As

[105] More information on the VDAB website: http://vdab.be/ ; the FOREM website: http://www.leforem.be/ ; and the AWIPH website: http://www.awiph.be/ (Accessed December 2014).

[106] More information on the Diverscity website: http://www.diverscity.be/thema_s/aan_de_slag_met_een_arbeidsbeperking/pilootproject_reintegratie_retentie/i433.html (Accessed December 2014).

mentioned in section 2.1, the employers are encouraged to include measures related to the return-to-work in their Diversity Plans The union representatives can offer assistance during the return-to-work process: moral and practical support, financial advice, advice in case of environmental or job function modification.

Construction industry

Navb-cnac Constructiv, the **National Committee for Hygiene and Safety in Construction**, is the *prevention institute of the construction sector* and contributes to the prevention of occupational diseases and accidents as well as the promotion of well-being among employers and employees of the sector. In 2011, the CNAC published a report entitled "*Adapted work for workers with physical work inability*" (Travail adapté pour des ouvriers en inaptitude physique au travail)[107]. The report aims to raise awareness among employers and workers alike on the issue of adapted work, defined as "the return to work of workers with physical work inability to the same position, to an adapted work station or to an adapted position with the same employer". The report provides the legal framework for a return to work, the support mechanisms (especially financial) for workers and employers and examples of initiatives related to rehabilitation.

3.2.4 Initiatives by other organisations

Disability management programme

The **Prevent Foundation** and three other external services for OSH (IDEWE, Adhesia, Mensura) and three trade unions (ACV-CSC (Christian), ABVV-FGTB (Socialist) and ACLVB-CGSLB (Liberal)) put in place, between 2009 and 2011, a *disability management programme* called Disability Management@Work (DM@Work)[108].

Objectives of the project: Disability Management (DM) is internationally accepted as a method to facilitate the return-to-work process. The project aimed to guide companies in different sectors (healthcare, building & chemical industry) to implement a DM policy and from this experience, to develop guidelines for other companies. An effective disability management programme incorporates several key concepts: early contact, early intervention, an interdisciplinary approach, intervention directed both at the worker and the workplace, labour-management collaboration and injury prevention and promotion. The project builds upon a previous project to become acquainted with DM (Intro_DM, Prevent 2008) that focused mainly on individual case management. One of the findings from this previous project was that companies are not prepared to cope with return-to-work questions. The DM@work project aimed to support companies in the setup of a return-to-work policy.

For a year, the project team guided different companies in different sectors to help them implement a DM policy. Furthermore, a study was conducted to clarify the legal framework in which a reintegration process takes places (on an individual level) but also to get an overview of the administrative, financial and practical support for companies that want to take action in this domain. From these experiences and research, four manuals were developed (one for each sector and one general) to help other companies to set up a DM policy. The manuals give a lot of general information but are also full of specific examples, bottlenecks and opportunities for the different sectors.

Evaluation: The project was conducted with financial support of the European Social Fund (ESF). The results were positively evaluated by ESF and the project was also rewarded with the ambassadorship of 2011.

[107] Navb-cnac Constructiv, 'Travail adapté pour des ouvriers en inaptitude physique au travail', *Cnac dossier*, 2011/4. Available at: http://cnac.constructiv.be/~/media/Files/Shared/NAVB/Publicaties/NAVB%20Dossier/FR/cnac%20dossier%20132.pdf (Accessed December 2014).

[108] Website of the DM project (in Dutch): www.disability-management.be (Accessed December 2014)

Return-to-work programme: the Sherbrooke model

IDEWE is the largest OSH service provider in Belgium. In 2010-2012, **IDEWE**[109] implemented the "Return-to-Work[3]" project model, which offers an individually tailored, workplace oriented, step-by-step trans-disciplinary return-to-work strategy[110][111].

Objectives: The overall aim is to help employees who have been absent due to sickness for more than one month, irrespectively of the pathology, back to work. In Canada and the Netherlands, Randomised Controlled Trials (RCTs) proved that the Sherbrooke model is an effective and cost-saving method to induce sustainable work resumption for patients off work for over one month due to back problems. The Sherbrooke model is an operational model, which aims at an early return to work through integration of the workplace in the treatment programme used by the rehabilitation or occupational health services. It combines clinical and occupational interventions. The model offers an individually tailored, workplace based, step-by-step multidisciplinary return-to-work strategy. With the project, IDEWE aimed to adapt the Sherbrooke model to the Belgian social security system and labour market needs.

Implementation steps: Focus groups were organised with representatives of all five Belgian sickness absence benefit insurers; the higher management and Human Resources Management of six large Belgian companies; representatives of the main labour unions; 25 physicians, ergonomists, psychologists and nurses all working in occupational health services and involved in disability management guidance; and 10 academic and non-academic disability management experts. The meetings aimed to collect ideas about what the employers and employees actually need to make individually tailored workplace-based return-to-work trajectories feasible in Belgium. For including these ideas in a final adapted Sherbrooke model, the research team relied on a multidisciplinary international expert group.

The 'Return-to-Work[3]' project implemented the adapted model in 2012 in five companies, together employing over 8000 employees.

Ability case managers

Prevent-Academy is providing a training programme called "Ability Case Manager" targeting all actors that play a role in the return-to-work process, from prevention advisers, HR managers and union representatives to occupational physical and mental therapists.[112] The training aims on the one hand, develop the necessary skills to support workers in their return-to-work process and on the other hand, acquire knowledge to support companies in elaborating return-to-work policies. The Ability Case Manager should help individual workers absent for health reasons to return to work by coordinating all the different steps and actors in the return-to-work process and working out the possibilities for a return to work based on the worker's remaining abilities.

Support for the seriously injured

The insurance company, **Fédérale Assurance**, has created a service which, among other tasks, helps with occupational rehabilitation of those with a *serious work injury* (20% or more of work inability)[113]. After contacting all relevant partners, the service sets up a rehabilitation programme, which includes:

- Measures for occupational rehabilitation or adaptation
- Timing and duration of the programme
- Financing
- The consequences of a refusal to continue with the programme
- Regular evaluation of the rehabilitation process

The programme is financed by the insurance company until the worker is fit.

[109] IDEWE website: http://www.idewe.be (Accessed December 2014).
[110] Mortelmans AK, Verjans M., *Return-to-Work[3],* International Forum Disability Management (IFDM), 2012, London.
[111] Mortelmans AK, Verjans M, Mairiaux Ph., *Adapting the Sherbrooke model to the Belgian situation*, Work Disability Prevention and Integration Congress (WDPI), 2012, Groningen.
[112] More information on the website of Prevent: http://www.prevent.be/fr/prevent-academy/courses/ability-case-manager (Accessed December 2014)
[113] Website of Fédérale Assurance: www.federale.be; measure identified in the Navb-cnac Constructiv brochure 'Travail adapté pour des ouvriers en inaptitude physique au travail', as above.

Back pain of health care workers

A partnership composed of SPK (project leader), KULeuven, SELS, Lindelo and IDEWE put in place a programme between 2011 and 2014 on the back pain suffered by health care personnel working in homes. The **ZORRO** project (Zonder rugklachten in de residentiële ouderenzorg – homes for the elderly free of back pains) targets *health care personnel, who suffer severe back pain* as a result of their work. Several programmes are already running for people absent from work because of back pain (see LBP governmental initiative). This project focuses on people at work.

An individual plan is developed, looking at several possible risk factors that are connected with back pain: physical problems at work, psychosocial issues, individual's predisposition and life style factors. At the beginning of the project, a standard battery of tests is performed, from which the individual's movement patterns are collected. An exercise programme is then set up to correct awkward postures or movements. By using biofeedback, using the BodyGuard Instrument (Sels industries), on-the-ground advice is given to the worker. Besides the individual's movement habits and risk factors, the ergonomist analyses the working environment, taking into account the workplace set-up, use of tools and lifting aids, work organisation etc. The worker receives a total of eight hours of individual advice, spread out over a period of two months.

4 Conclusions

General context

Facts and figures

- *Belgium's population will continue to become older:* Like in all other EU Member States, the population in Belgium has been ageing since the 1980s. This ageing is projected to continue until at least 2060. The number of pension beneficiaries increased by around 17% between 2006 and 2011 and the expenditures on pensions in Belgium were above EU-average in 2011. Therefore, job sustainability for all workers (young and old) becomes increasingly important in order to ensure employment after the age of 60.
- *Many workers retire early:* Although the official retirement age in Belgium is 65 years and although the employment rate of 55 to 64-year-olds has been steadily rising, only 39% of this age group were employed in 2012 (lower than EU-27 average) and only 2% were unemployed (and thus actively looking for a job).
- *Belgium performs above the EU average in most areas of important working conditions:* Exposure of workers in Belgium to arduous working conditions decreased with age in 2010 but the share of workers receiving on-the-job-training also decreased with age.
- *The perception of work affecting health negatively increases slightly with age:* Data clearly indicates that the health status of the population in Belgium is generally better among the employed than among the unemployed. However, older workers think that their work affects their health negatively slightly more often than younger workers, supporting the need for improved prevention throughout working life. The most prevalent work-related health problem reported by Belgian workers is by far musculoskeletal disorders, whatever their age. Stress, depression and anxiety are the second most prevalent types of serious work-related health problems, and cardiovascular disorders the third most prevalent type, depending on age and gender.
- *Low job sustainability might be related to health and working conditions but A smaller share of Belgian workers than EU workers think they will still be able to do their current job at the age of 60 (job sustainability):* Overall, data indicates that compared to other countries, job sustainability is relatively low in Belgium and is worse in low-skilled occupations, reflecting the impact of working conditions on the ability to stay in employment

The legal and institutional framework

The OSH of older workers is currently covered by the general legal framework on wellbeing at work (act of 4 August 1996). The OSH legislation emphasises that employers are obliged to promote the wellbeing of their workers, which is important for sustainable work. In addition, collective agreements have been adopted aiming specifically at the (general and OSH) conditions of older workers, such as the *CCT 104* regarding the implementation of an *employment plan of older workers* in companies. These stem from the long-standing tradition of social dialogue in Belgium, which has made important contributions in Belgium to the improvement of working conditions.

From an institutional perspective, the sustainability of working conditions and of working lives is addressed through a dual system of institutions focusing on employment conditions and well-being at work on the one hand (with the Federal Public Service Employment, Labour and Social Dialogue as the main coordinating institution) and institutions focusing on ensuring the sustainability of the social security system (in particular by ensuring that people go back to work after a disease or an accident).

View of the stakeholders[114]

Stakeholders consider that *a* strong legal OSH framework is already in place which covers older workers and that legislation specifically targeting older workers could put a stigma on ageing workers.

Actions or interventions regarding the ageing workforce are nowadays mostly planned in the context of CCT 104, yet not often integrated in a global company policy. According to many stakeholders, in particular workers and government representatives and OSH experts, the CCT 104 has the advantage that it motivates employers to think about the problem of the ageing workforce and to put in place solutions. The CCT 104 has also played an important role in stimulating the collaboration between the different stakeholders within companies such as HR, prevention advisors and worker representatives, where communication was sometimes limited. Employers also expect a return on investment in terms of increased productivity, fewer costs, etc. after initiating a project or after developing an age policy in the context of CCT 104.

OSH service providers, which support employers in implementing the legal framework for OSH mention however that they experience some resistance against CCT 104. Employers, especially smaller companies with fewer resources, do not see the utility of CCT 104 and only perceive it as an extra legal obligation. This suggests that while the CCT is a driver for action, smaller companies especially would benefit from more specific support to integrate it into their business management.

OSH and older workers

Belgium has been addressing the changing demographic situation in the world of work for more than a decade. For example, the Professional Experience Fund, operation since 2004, aims at increasing the employment of workers aged 55+ and raising effective retirement age through the funding of projects related to workers' work ability and working conditions. The national strategy for wellbeing at work 2008-2012 is quite strongly relevant to sustainable work, not only by acknowledging that older workers constitute a specific risk group but also by adopting a holistic and cross-policy approach to prevention and putting emphasis on the needs of workers with reduced working capacity.

Belgium currently offers a wide range of initiatives focused on older workers at different levels (i.e. national, regional, social partners, company level, etc.), some of which are particularly innovative. While only a few governmental initiatives have the OSH of older workers as their main focus, many others, that are primarily focused on increasing the employment of older workers (e.g. providing financial incentives to keep older workers at work), are very relevant for sustainable working conditions (e.g. 'crédit-temps' to allow older workers to work part-time and encourage them to stay at work longer, transfer from arduous to lighter working conditions, etc.). In addition, a number of projects are focused on age management (e.g. government's "Guide on Age Management in Companies"), antidiscrimination (e.g. CAPA-project) and the fight against stereotypes, which seem to be quite strongly present in Belgium. The Flemish government and social partners' approach to the management of diversity in companies is an interesting way of managing the older workforce (as part of the disadvantaged group of workers) without putting a stigma on this particular population.

Social partners have also been quite active in relation to older workers, age management and sustainable working lives, first with the adoption of influential collective agreements (on the Generation Pact and on the employment of older workers) but also, at a more local level, with their involvement in projects related to diversity management and antidiscrimination in companies. Finally, a number of non-governmental actors, from OSH service providers and businesses to research institutes have been involved in this work, either through independent projects or by supporting governmental activities. A particular focus of these organisations is the promotion of age management in companies, following the adoption of the CT 104.

Views of the stakeholders

Overall, stakeholders consider that the existing initiatives are very fragmented and acknowledge that there is a lack of links and synergies across the initiatives at different level and within different policy areas. For instance, there are considerably more networks working on diversity management in workplaces in Flanders that in the other regions in Belgium. The conclusion is that all major organisations should be aware of each other's initiatives and partnerships should be created across

[114] These views were expressed during the national expert workshop on "Safer and Healthier Work at Any Age", which took place on 13-14 March 2014 (more details provided in the introduction to this report).

different organisations and different regions. Stakeholders have stressed the importance of an overarching global platform or incorporation in a global policy framework.

According to the stakeholders, in particular OSH providers and workers representatives, there is a lack of knowledge among employers of the legal measures available to retain people at work and age-related initiatives. Companies, small and micro companies in particular, experience difficulties to identify and implement the regulatory framework, let alone additional voluntary policies on age management. Efforts are needed therefore to ensure that the available initiatives reach the right people. Employers clearly need some guidance as age management is now perceived as a complex matter. First, the awareness of employers, HR-managers, prevention advisors etc. should be raised. Employer representatives indicated the need for a clear road map, showing them a stepwise approach in how to handle the ageing workforce and how to integrate age management into their organisations' global policy. Awareness-raising activities, better communication on the initiatives, exchanges of best practices with other countries and other companies are all examples of measures that would ensure a more effective take-up of the existing initiatives related to the OSH of older workers and more sustainable working lives in Belgium, in particular in small and micro companies.

Rehabilitation and return to work

The rehabilitation process in Belgium is governed by a set of laws regulating all aspects of the process, from compensation for sickness absence to the role of the sickness insurance companies and of the occupational physician in the return-to-work process. But Belgium lacks an integrated approach to return to work, which would ensure that a worker on sickness absence is taken charge of at an early stage, i.e. while still in medical treatment, and is supported in his/her return to work. At the moment, the link between the medical treatment stage and the return-to-work stage takes place at a relatively late stage in the process, if at all. This coordinating role is sometimes played by the medical adviser of the sickness insurance fund but it remains limited and late in time, since the sickness insurance fund is only informed after four weeks of sickness absence. In the case of occupational diseases or accidents, the process can take place a little faster as the insurance company is involved from the first day.

This coordination issue has been acknowledged at governmental level for quite some time, as demonstrated by the inclusion in the preamble of the National Strategy on Wellbeing at Work 2008-2012 of a general remark on the need to improve coordination between the treating physician, the occupational physician and the medical adviser of the sickness insurance fund.

Various initiatives are taking place at different government levels (federal, regional, organisational, etc.) to support the return to work of workers with reduced work capacities, whether through programmes for specific health problems (e.g. low back pain) or through employment measures to ease the transition between sickness absence and work. In Flanders in particular, initiatives for workers with reduced capacity of work have been initiated by governmental organisations (in particular through the Diversity plans) whiles in the Walloon provinces, activities seem to be organised more often by (large) companies.

With regard to the procedure once the worker has come back to work, the emphasis in the legislation is more on the occupational physician, who has the responsibility for recommending return-to-work adaptation measures than on the employer him-/herself. This can explain why a number of innovative programmes have been developed by non-governmental OSH services providers (such as Prevent, IDEWE, Mensura) to put in place more effective return-to-work programmes that would consider return-to-work as a treatment goal from the very beginning of the process. These programmes are taking place at a relatively low scale and usually targeting a population with a specific health problem (e.g. low back pain) but their multidisciplinary approach is going in the right direction for more effective and sustainable return-to-work policies. Prevent's training programme for Ability Case Managers shows that there is clearly demand from Belgian businesses for a more effective way of dealing with sickness absence.

Views of the stakeholders

The stakeholders present at the workshop, in majority OSH practitioners and academics, agreed that currently there is very little communication between the treating physician, the occupational physician and the medical adviser of the sickness insurance fund, which is considered to be a problem. A more intensive collaboration starting at the beginning of the sickness absence should help to develop and implement an individual reintegration pathway adapted to the employee's needs and abilities.

Stakeholders, in particular business representatives, remarked that the legislation concerning return-to-work is extensive and complex in Belgium. Although efforts have been made to simplify the legal framework, legislation itself can be a barrier for rehabilitation. The regulatory framework is not well known among the relevant stakeholders: employees, employers, physicians, etc. For instance, the role of the occupational physician, critical in the return-to-work process, is not always known by individual workers.

Up till now there are little or no incentives for employers to implement reintegration programmes in their companies. Some stakeholders suggest that employers need to be rewarded if they implement return-to-work interventions. Others are of the opinion that rewarding alone will not solve the problem and that other factors are involved (e.g. economic crisis, attitudes within the company, etc.). On that basis, there is clearly a need to better inform workers and employers about the current legislation and the existing (even if limited) measures, initiatives and good practices to support them with the return-to-work process. The persons involved in a reintegration pathway need to know their own role, obligations and rights as well as the role of the other stakeholders.

In general, stakeholders are also of the opinion that a more integrated policy framework is needed in relation to return to work, in particular to deal with more complex issues, such as non-work-related long-term or chronic diseases, which would encourage a multidisciplinary and coordinated approach to rehabilitation.

General conclusions

While many Belgians still retire early, the employment rate of the 55-64 year old group of workers has been steadily increasing for more than a decade. However, to catch up with its European neighbours, Belgium still needs to make an effort to retain older workers at work. Promoting sustainable working conditions is an essential tool to achieve this objective. Belgium has started to pay attention to this issue more than a decade ago, as demonstrated by the creation of the Professional Experience Fund, the objectives of the national OSH Strategy and the adoption of the CT 104 on the employment of older workers. Local governments, social partners and non-institutional actors have also been paying attention to the older workforce, age management and return-to-work. However, the lack of a coordinated and integrated approach to the different initiatives has been hindering progress in this area. In addition, the implementation of policies for sustainable working conditions at company level, in particular in small and micro companies – the backbone of the Belgian economy, is proving particularly challenging and financial and technical support is needed to workplace actors.

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