

# Review of policies and systems in Europe for rehabilitation and return to work

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Dr.in Irene Kloimüller MBA

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# Setting up the topic

1. Definition return-to-work and rehabilitation
2. Background of study /aims
3. Methodical approach
4. Resumed results
5. Policy relevant findings
6. Further research

# 1. Definition study based on

## **Return-to-work:**

All procedures and initiatives aiming at facilitating the workplace reintegration of persons who experience a reduction in work capacity or capability, whether due to invalidity, illness or ageing. Mismanaged return-to-work leads to unemployment, disability pensions or early retirement.

## **Rehabilitation:**

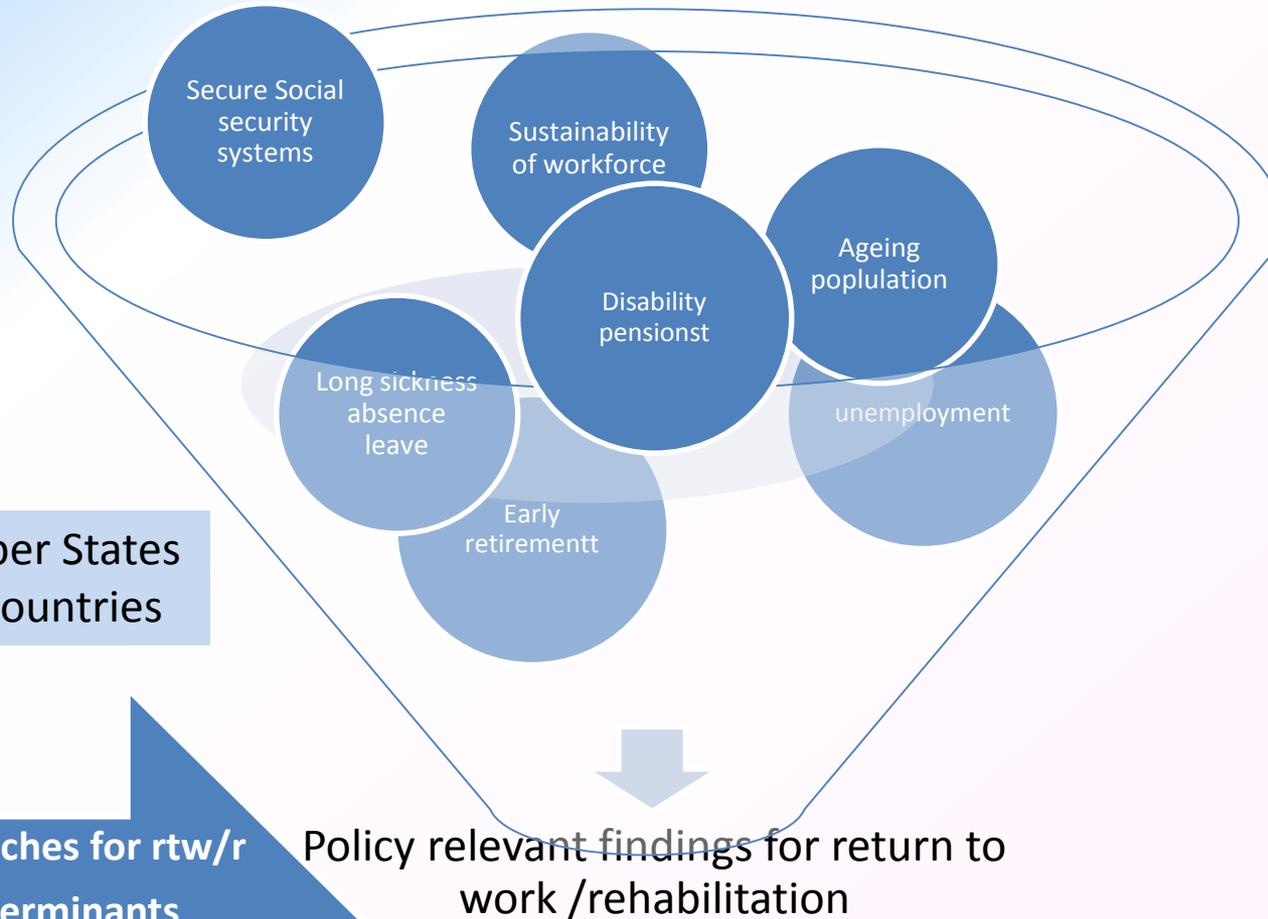
process of recovering 'optimal physical, sensory, intellectual, psychological and social functional levels' (WHO) –

*medical rehabilitation*

*vocational (or occupational) rehabilitation*

*social rehabilitation*. This study focuses essentially on the second category.

## 2. Background and aim of study



## 3. Methodical approach



Analysing rtw/r systems in 32 countries



Conduct case studies by national experts in 9 countries



Expert workshops in 10 countries

# 4. Resumed Results

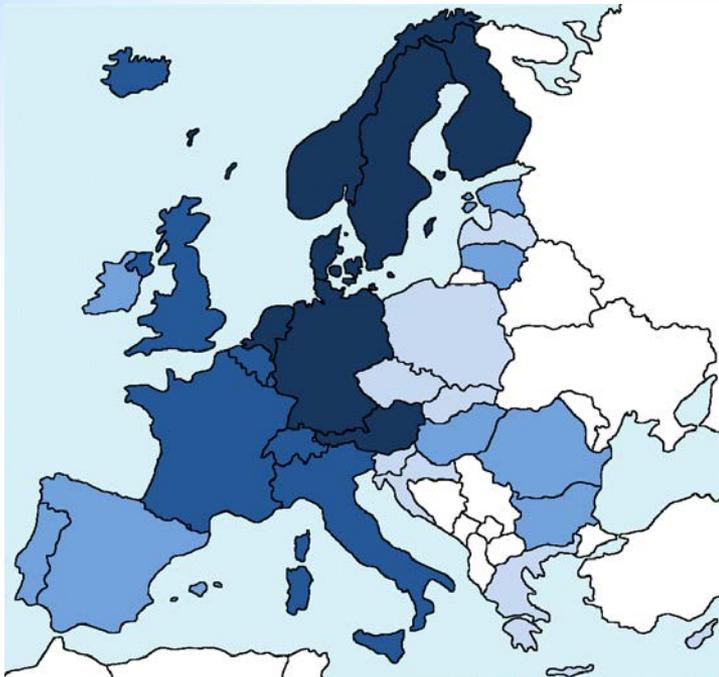
# return to work – sooo easy?



fit 2 work return 2 work

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# Mapping Europe –



- Countries with rehabilitation for people with disability
- Countries with ad hoc elements for a rehabilitation / RTW system
- Countries with a step-wise approach to rehabilitation/RTW
- Countries with comprehensive rehabilitation / RTW systems

## 4. Resumed results – quality attributes

- A) scope of systems, approach
- B) timing of intervention
- C) tailored intervention /case management
- D) obligations of employers and workers
- E) coordination of stakeholders
- F) Level of external support
- G) access to vocational rehabilitation
- H) economic drivers
- I) raising awareness on all levels

# A) scope and approach

Targeting mainly disability for vocational rehabilitation > narrow scope (officially recognised disabled by diseases or accidents)

or



targeting sickness and reduced work ability and so all workers with health or work capacity problems, focussing on early sickness-absence management and reintegration processes after long-term sickness absence (vocational rehabilitation) > broader scope than disability and rehabilitation



Install holistic systems with broad scopes based on policy frames

## B) Timing of the intervention



Timing at early stage (e.g. 4 weeks after first sick day) = early intervention increases the chances for quick return (needs broad scope > A)



Install early inclusion system for all workers for stepped care approach

## C) Tailored intervention

avoid one-size-fits all approach



Return-to-work interventions should be tailored to worker's need, individual support plans, mostly assisted by case manager



Case management approach supported by a coordinator /case manager with individual support plans after an assessment of work capacity and the workplace with tailored workplace intervention!

# D) Obligations for employers and workers

Big differences in the degree of responsibility for employers in EU

 If employers are requested to prepare a worker's integration plan before rehabilitation (medical vocational) that increases the chances for workplace interventions = full participants in the rtw process

 Define obligations and responsibilities for employers for rtw already on an early stage and support them

Define obligations for workers e.g. before receiving benefits (like rehabilitation before compensation)

# E) Coordination of stakeholders at all stages

Rtw is a complex process requiring combined action of many professions not used working together (GPs OSH doctors, specialists, rehab. providers and companies...). Lack of coordination impedes or delays rtw.

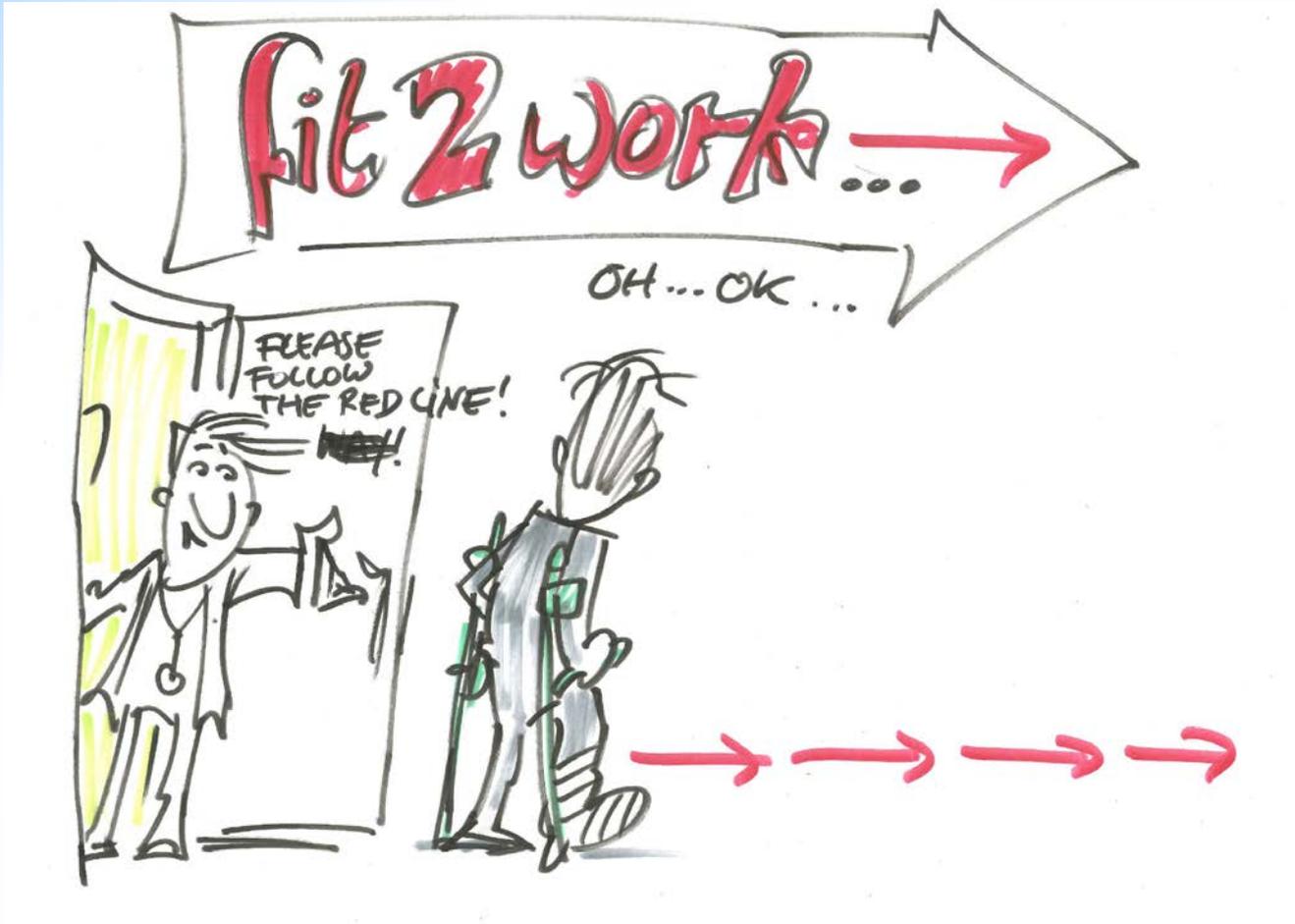


Coordination- coordination – coordination!  
Workplace should be central point of focus, assisted by a case manager

National level : coordination of different stakeholders – cross policy



Define coordination mechanism on policy level and workplace level (case manager) (e.g. fit2work Austria)



## F) Level of external support

Rtw process is difficult especially for micro and small companies

Financial, technical support to establish measures helps a lot



provide financial or technical support especially for smaller companies by providing different services, consulting, case managers or technical adaption, adaption of workplaces et cetera. The support services can be provided by reintegration bureaus, insurances or similar.



## G ) access to vocational rehabilitation

If vocational rehabilitation is only open for disabled workers or after occupational accidents, many workers with health problems are not reached

- + inclusiveness of rehabilitation and return to work systems. This automatically shifts the integration process more in the direction of early intervention because it is open for workers with sickness and reduced work capacity and not only disabled people.

## H ) economic drivers

Economic drivers before receiving disability, early retirement benefits et cetera can be drivers for return to work processes (also part-time sickness)



Also economic drivers for companies exist (e.g. how long they pay for sickleave, or which compensation they pay, or if they receive benefits when providing rtw)

no reforms in social security systems, like cutting or tightening compensation and benefits without developing return to work programmes.



Additional Commentary: it would be helpful to provide information and indication for policy decisions to describe who /which organisation pays for which aspect of integration and if there is economic proof on the return on investment for different interventions like part-time sickness...

# I) Raising awareness

- Raising the awareness of those involved in the development and implementation of a rehabilitation/return-to-work system is a critical success factor.
- Intermediaries such as work insurance organisations, OSH advisory services, labour inspectorates and business and trade union organisations, have a critical role to play in raising awareness at workplace level on the opportunities
- Employers, workers and other workplace actors need to be more aware of the benefits and opportunities of a return-to-work policy in a company.



In the chapter national determinants the authors summarize clearly the different approaches of OSH, social security traditions, legal frameworks which influence awareness

# 5. Policy relevant findings

## Levels of governance for the development and implementation of rehabilitation/return-to-work systems

### EU level

- Integration of return-to-work considerations in different policy areas
- Communication on health of the workforce
- Further research on practical implementation of national systems
- More harmonised data on people with health problems at work

### National level

- Holistic and integrated policy framework fostering cooperation across policy areas and joined-up budgeting
- Support system to accompany reforms of sickness and disability benefit schemes
- Coordination mechanism/case management
- Early intervention and stepped-care approach
- Incentive-based system

### Workplace level

- Designation of roles and responsibilities in reintegration process
- Coordination with external body/case manager
- External support, esp. for small and micro companies

# 5. Policy relevant findings



Over all levels, as especially important are pointed out:

- Coordination at national policy level – cross policy
- Coordination on the level of the system itself
- Coordination at workplace level

The EU can provide support to the development of national rehabilitation/return to work systems:



- by ensuring that the issue is mainstreamed into the relevant policy areas,
- by raising awareness and communication and
- by creating structures that, promote the exchange of experience and transfer of knowledge among the Member States.

## 6. Further research needed

- Evaluation of the impact, feasibility and cost-effectiveness of existing national return-to-work systems
- The effectiveness and feasibility of return-to-work models in small and micro companies;
- The impact of the organisational culture on health at work
- Specific needs of older workers, women, people on long-term sickness absence (i.e. more than one year) and people suffering from mental health disorders in the return-to-work process and unemployed

# Thank you and follow us!

Dr.in Irene Kloimüller MBA

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