

# REPORT ON THE COMPARISON OF THE AVAILABLE STRATEGIES FOR PROFESSIONAL INTEGRATION AND REINTEGRATION OF PERSONS WITH CHRONIC DISEASES AND MENTAL HEALTH ISSUES

BASED ON FIVE CATEGORIES OF SOCIAL WELFARE MODELS IN EUROPE

## Executive Summary

Chronic diseases, or non-communicable diseases (NCDs), are broadly defined by the World Health Organization (WHO) as diseases of long duration and generally slow progression that are not passed from person to person<sup>1</sup>. NCDs pose a serious threat to society and future development. Long-term health problems constitute to a greater risk of income poverty, social exclusion, severe material deprivation, and lower work intensity (ANED, 2013). Persons with longstanding health problem face higher rates of unemployment and inactivity (Corral et al., 2014). Based on the data of the 2011 ad hoc module of the EU Labour Force Survey, the employment rate in EU-28 for persons with limitations in work caused by a health condition was 29.6 percentage points less than for people with no such limitations<sup>2</sup>.

This need for implementing strategies helping persons with chronic diseases to stay in employment is reflected in the European Union's Europe 2020 strategy, which highlights the importance of participation of all working-age people regardless of their skill level in the labour market. To achieve inclusive and sustainable growth, everyone should be given an opportunity to enter and remain in the open labour market, including persons with NCDs.

### *Report objective*

The objective of this report is to map various strategies for professional (re-)integration of persons with chronic diseases and mental health issues available at both European and national level. Strategies considered in this study include strategies at the level of policies, systems, and services. The mapping of professional (re-)integration strategies carried out in this report is expected to lead in the later phases of the PATHWAYS project to the development of guidelines supporting the implementation of effective professional (re-)integration strategies for persons with NCDs (read more about PATHWAYS here: [www.path-ways.eu](http://www.path-ways.eu))

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<sup>1</sup> <http://www.who.int/mediacentre/factsheets/fs355/en/>

<sup>2</sup> Source: Eurostat, [hlth\\_dlm010](#) 2011, both sexes, age group of 15-64 years.

### *Report scope*

The following seven categories of NCDs were selected based on their contribution to *years lost to disability* (using the 2012 estimates of the WHO): mental health issues<sup>3</sup>, neurological diseases (with the focus on headache disorders), metabolic disorders, musculoskeletal disorders (MSDs), respiratory diseases, cardiovascular diseases (CVDs) and cancer.

The countries considered in the study are: Austria, Czech Republic, Germany, Greece, Italy, Norway, Poland, Slovenia, Spain and the United Kingdom. The countries represent one of five European welfare models: Scandinavian, Continental, Anglo-Saxon, Mediterranean, and “Post-Communist” models. Identifying strategies in countries from different welfare models allows exploring potential commonalities and differences and identifying possible trends in the region.

### *European policy frameworks*

A review of European policies has revealed that to a large extent the employment activation of persons with NCDs is implemented through:

- Policy frameworks on the employment of persons with disabilities (e.g. EU Directive on Employment Equality 2000/78/EC, European Disability Strategy 2010-2020);
- Policy frameworks on employment activation and inclusion in the labour market (e.g. Europe 2020: the European Union strategy for growth and employment, Council Recommendation on the integration of the long-term unemployed into the labour market, Commission Recommendation 2008/867/EC on the active inclusion of people excluded from the labour market).

Policy provisions specifically focusing on the professional (re-)integration of persons with NCDs are often part of broader policy frameworks. For example, the EU Strategic Framework on Health and Safety at Work 2014-2020 specifically mentions supports in recruitment and return to work of people with a chronic or rare disease, disability or mental issues, and the use of integrated employment measures such as individualised support, counselling, guidance, access to general and vocational education and training, and other.

There is also a number of policy reports and actions specifically targeted at chronic diseases or at particular chronic conditions (e.g. Reflection Process on Chronic diseases: Final Report, Joint Action

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<sup>3</sup> The term ‘mental health issues’ is used in this report to replace the term ‘mental disorders’. Despite being widely used in literature, the term ‘mental disorders’ is not in line with the principles of the UN Convention on the Rights of Persons with Disabilities.

on Chronic Diseases (JA-CHRODIS), Green Paper on Improving the mental health of the population, Joint Action Mental health and Well-being, CANCON Joint Action 2014-2017).

### *National strategies*

Policy approaches set at European level are certainly reflected at national-level policies, too. Budgetary constraints and the impacts of the economic crisis have led to the contracting of the passive compensation-oriented policy and the expansion of the integration-oriented policy in European countries, although at different scales in different states. Despite having an overall tendency that is headed in the same direction – the direction of activation - the pathway of each country towards promoting employment integration is unique. Comparisons are difficult to make due to differences among countries in cultural, historical and economic backgrounds, in institutional and social settings, in approaches to chronic diseases and disabilities, etc.

The mapping of strategies for professional (re-)integration of persons with NCDs in the ten selected countries has been carried out following the structure outlined below:

#### Policies:

- Availability of legislative frameworks on chronic diseases, mental health and employment;
- Availability of legislative frameworks on disability and employment;
- Policy provisions on mainstream and specialist employment programmes;
- Policy provisions on access to employment support;
- Policy provisions promoting persons-centred approach and individualised service provision;
- Policy provisions on localised and accessible employment service provision;

#### Systems:

- Employment support in the open labour market;
- Employment support through Social enterprises or social cooperatives;
- Employment support through sheltered work;
- Incentives for persons with NCDs to participate in activation programmes;
- Financial incentives for employers to recruit/retain persons with NCDs;
- Non-financial incentives for employers to recruit/retain persons with NCDs;
- Duties of persons with NCDs to participate in activation programmes;
- Duties of employers (e.g. quota systems);

#### Services:

- Availability of general and specialised employment services for persons with NCDs.

The mapping of policies, systems and services facilitating the inclusion of persons with NCDs has revealed that in most cases, people from this group are considered as part of a group of persons with disabilities, including persons with reduced work capacity due to illnesses. In many cases, persons with chronic health problems are eligible for specialised support in employment only when their condition is recognised as a disability (reaching a certain eligible degree of disability) or has a negative impact on their work ability, depending on national and regional regulations.

The study shows that countries considered in this report do put in place provisions to support activation and greater labour market participation by vulnerable groups, but they do it in different ways.

In terms of policies, all countries have legislative frameworks against discrimination and provide some support to persons with disabilities. Policy-level strategies targeted at activating persons with chronic diseases, are, on the other hand, more limited. They are targeted through strategies for broader groups (persons with disabilities, vulnerable social groups, elderly, etc.). Most policies highlight the significance of availability of mainstreamed, person-centred, integrated and accessible employment services. However, the implementation of policies often does not go in line with the initial commitments, thus hampering the effectiveness of policies and programmes. In addition, the existence of legal initiatives on work activation of persons with chronic conditions does not necessarily coincide with a change in attitudes towards their employment in the society.

In terms of systems, countries differ from each other based on how much emphasis they put on supports, incentives or obligations in order to facilitate the integration of persons with disabilities and reduced work capacity. For instance, as an integration policy-oriented country, the UK provides less categorised support services, no financial incentives to employers in a form of wage subsidies, and requires unemployed persons with reduced work capacity to participate in work-related activities. Norway, a Nordic welfare state, operates in a similar way, but it does provide wage subsidies to employers and provides a wide range of services aimed at empowering workers with health problems. Continental welfare states considered in this study have more categorisation in terms of disability recognition, which makes the access to certain employment supports more difficult. These countries provide financial incentives and use quotas to activate employers but do not impose additional requirements on jobseekers. In Mediterranean welfare states the situation is fairly similar. Greece, however, due to financial difficulties has very limited supports and activation measures. There, as well as in Post-Communist states considered in this report, funding from the EU plays an important role in providing support.

In terms of services, the range of specialised services for most categories of chronic conditions is limited. Persons with chronic conditions receive mainstream employment services or services tailored for persons with disabilities or reduced work capacity. Out of all the categories of chronic conditions considered, for mental health issues there are more specialised strategies in place. This may be explained by the markedly different needs of persons with such conditions and the fact that mental health has been high on the international agenda.

### *Recommendations*

Based on the findings of the mapping exercise, the following recommendations can be made:

#### **More focus on chronic diseases:**

- The growing prevalence of chronic diseases and their impact on productivity and labour market participation necessitates an increased awareness of the need for extensive policy level strategies for the inclusion of persons with chronic conditions in employment.
- Emphasis should be made on the lack of policy-level strategies specifically targeting the employment activation of persons with NCDs and on the fact that strategies targeting persons with disabilities do not necessarily address the needs of patients with NCDs since the employment needs of these two groups are not the same.
- More research is needed into the effectiveness of existing strategies for (re-)integration of persons with disabilities when these are used for persons with NCDs.
- More research is needed into the needs of persons with different chronic diseases in employment support.
- Innovative and needs-based programmes and support measures for professional (re-)integration of persons with NCDs should be put in place.

#### **A more integrated and favourable service provision environment:**

- Persons with NCDs require integrated employment services because their needs encompass different areas such as healthcare, social and psychological support. Therefore, provisions for integrated employment support should be promoted.
- Better coordination between healthcare and employment should be ensured in order to ensure a better understanding of the relationship between work and chronic diseases.
- Health professionals should be trained to provide work-related advice to persons with NCDs to facilitate a quicker return to work.

- Better cooperation is also needed between employers and healthcare and employment service professionals as employers need to be informed about specific health-related needs of workers in terms of work adjustments and overall inclusion in the labour force.
- Persons with NCDs should be able to access adequate and customised employment services in their localities. In addition, measures should be taken to ensure equal level of services availability in different regions.
- Provisions should be put in place to promote the development and availability of public and private employment service provision, ensuring the link between the sectors through cooperation.
- Systems facilitating employment (re-)integration of persons with NCDs should not consider support programmes, systems of incentives and systems of obligations as separate elements. Instead, these should be seen as part of a comprehensive strategy.
- Emphasis should be made on employment in the open labour market. The move away from unsustainable sheltered work should be encouraged towards sustainable work.
- Labour market policies should be made more flexible with regard to the entry and exit of persons with NCDs and disabilities since the rigidity of overly protective measures may discourage employers from employing persons with health conditions.
- Support in financing workplace adjustments (including removal of physical and non-physical barriers) should be available not only to persons with a recognised disability but also to persons diagnosed with NCDs.
- Support measures such as job coaching, mentoring, counselling should be available for persons at all stages of employment (i.e. finding, getting and staying at a job).
- The economic sustainability of social enterprises should be encouraged through measures creating favourable conditions for competitive and commercial activity as well as through the availability of social investments.
- Sheltered workshops should be transformed in order to target the transition towards the open labour market.

**More empowerment for persons with NCDs:**

- Employees and jobseekers with NCDs should be better informed about their work-related rights and about the availability of support. In most cases, employed persons who acquire chronic conditions often do not need basic labour market integration training but rather need help in understanding their conditions and the ways in which they can cope with the barriers created

by their conditions in the work environment. In such cases, support from psychologists or peers with similar conditions may prove more useful.

- Legislative frameworks should ensure the accessibility of existing employment support to persons with NCDs. The eligibility criteria for employment support need to be more flexible and not conditional on disability certification, especially if the assessment is based on the medical approach to disability.
- Policy provisions should focus on the capacity to work and on the tasks that persons with NCDs can perform rather than on the inability to work.
- Specialised support to persons with reduced work capacity, including persons with NCDs, should not be segregated from mainstream employment services. The segregation may lead to the false perception by employers and jobseekers themselves that persons with NCDs and persons with disabilities in general are of lower grade.
- The person-centred approach towards supported employment service provision needs to be further promoted since, as mentioned above, persons with different chronic conditions may have different employment needs. Furthermore, supported employment should be explicitly made available for persons with NCDs.
- Persons with NCDs should be encouraged to first participate in employment activation programmes before considering to become passive recipients of disability benefits.
- Passive benefits payment should be avoided when there are other options as there is evidence that in countries with no permanent or temporary disability benefits, the inactivity rate among people with chronic diseases is lower (OECD, 2007).
- Measures need to be put in place to financially support persons with NCDs during the time when they participate in employment activation programmes.
- Measures allowing persons with NCDs to keep disability or similar benefits while working need to be in place. Persons with NCDs may receive lower salaries or less salary due to a reduced working capacity and therefore, they may still need welfare support. The possibility to combine work and financial assistance is important for avoiding the benefit trap.

#### **More involvement from the part of employers:**

- Policies and systems should focus on a greater involvement of employers as they are the ones who at the end of the day should provide employment to persons with NCDs. Their

cooperation is vital and there is a need for developing strong, innovative and consistent strategies for ensuring their commitment to the inclusion of persons with NCDs.

- The efficiency of financial incentives paid to employers in the form of wage subsidies and tax reductions should be further explored with regard to persons with chronic conditions.
- Efforts to increase the understanding among employers about operational benefits of employing and keeping persons with NCDs should be further promoted with emphasis on advantages for businesses such as the availability of a larger pool of talents, greater work commitment and loyalty, a possibility to increase a customer base by having a more diverse staff, corporate social responsibility, a greater work-satisfaction among the workforce, etc.
- Further exploration is needed of the applicability and effectiveness of the quota system for the integration of persons with NCDs in work.
- The needs of both employers and (potential) employees should be equally considered for effective job matching, which means that job matching should not be subject to unnecessary impositions and mandatory placements that disregard task-related requirements.
- Services aimed at supporting awareness raising and training for staff and management to better understand the needs of persons with NCDs should be strongly encouraged.
- More services for employers should be offered to better manage illness-related long-term absences and return-to work mechanisms.

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