



Rehabilitation and return to work: Europe's systems and policies

This study, conducted by the European Agency for Safety and Health at Work (EU-OSHA), looks at the systems currently in place in Europe for rehabilitation and return to work. It analyses the factors that affect the development and implementation of these systems, as well as their success factors, in the 28 Member States and 4 European Free Trade Association (EFTA) countries. In addition to analysing the systems in place across Europe, the study also uses evidence from case studies on return-to-work programmes.

Demographic change

The EU has an ageing workforce. The population is ageing, life expectancy increased from 77.7 years to 80.6 years between 2002 and 2013¹, and the proportion of 55- to 64-year-olds in the working-age population rose from 16 % to 20 % between 2000 and 2015².

Ageing is accompanied by a higher risk of developing health conditions that can lead to functional limitations and disability. Chronic diseases are increasingly prevalent; work-related health problems, such as musculoskeletal disorders and mental health conditions, are considered the primary causes of long-term sickness absence and disability retirement.

A third of 55- to 64-year-olds suffer from a long-standing illness or health problem³.

Long-term sickness absence often leads to unemployment and is a major predictor for exit from the labour market, including with a disability pension⁴, and taking early retirement⁵, which are major financial burdens for the state, the workplace and society.

Increased retirement age, longer working life, ageing of the workforce and the prevalence of long-standing illness in older age groups is compelling workplaces and national social security systems to improve the management of sickness absence.

Risk prevention in the workplace is crucial to protect the worker and prevent the occurrence of accidents and illnesses; when injuries or

illnesses occur, rehabilitation and return-to-work interventions can help to restore people's work ability, and support reintegration and retention.

Rehabilitation is defined by the World Health Organisation as a process of restoring the patient's 'optimal physical, sensory, intellectual, psychological and social functional levels'⁶.

Vocational rehabilitation aims to help people with physical or mental impairments or disabilities to overcome barriers to accessing, maintaining or returning to work.

Return to work is a coordinated effort aimed at job retention and preventing early exit from work, encompassing all procedures and interventions intended to protect and promote the health and work ability of workers and to facilitate the reintegration into the workplace of anyone experiencing a reduction in work capacity as a result of injury or illness⁷.

Overall trends

According to the study, the national rehabilitation and return-to-work systems in the EU and EFTA countries are very diverse in their contexts, in their policies and in the stakeholders involved. Two main types of system were defined:

1. those that focus on the implementation of anti-discrimination and equality in employment policies, mainly targeting people with disabilities;
2. those that focus on ensuring that social security systems are sustainable, targeting all workers and focusing on early intervention and early sickness management.

Determinants of the effectiveness of rehabilitation and return-to-work systems

A driver for developing rehabilitation and return-to-work systems common to all European countries is the cost of sickness absence and of disability benefit schemes, as these are a major burden on social security systems. Many countries are concerned about the unsustainability of their social security systems and have therefore taken steps to reform their pension systems, disability schemes and sickness absence management.

The two main factors that influence the effectiveness of rehabilitation and return-to-work systems in the countries studied

¹ Eurostat (2015), 'Healthy life years (from 2004 onwards)', last updated on 13 May 2015. Retrieved 11 January 2016, from: <http://ec.europa.eu/eurostat/web/health/statistics-illustrated>

² Fotakis, C. and Peschner, J. (2015), *Demographic change, human resources constraints and economic growth – The EU challenge compared to other global players*, Working Paper 1/2015. Retrieved 13 January 2016, from: <http://ec.europa.eu/social/BlobServlet?docId=13727&langId=en>

³ Eurostat (2015), 'People having a long-standing illness or health problem, by sex, age and labour status', last updated on 23 March 2015. Retrieved 8 January 2016, from: http://ec.europa.eu/eurostat/statistics-explained/index.php/Self-perceived_health_statistics

⁴ OECD (2010), *Sickness, Disability and Work: Breaking the Barriers – A Synthesis of Findings Across OECD Countries*. Retrieved on 13 January 2016, from: http://ec.europa.eu/health/mental_health/eu_compass/reports_studies/disability_synthesis_2010_en.pdf

⁵ Aranki, T. and Macchiarelli, C. (2013), 'Employment duration and shifts into retirement in the EU' European Central Bank Working Paper Series No 1517, European Central Bank, Frankfurt am Main. Available at: <https://www.ecb.europa.eu/pub/pdf/scpwps/ecbwp1517.pdf>

⁶ WHO (2016), 'Rehabilitation'. Retrieved on 11 January 2016, from: <http://www.who.int/topics/rehabilitation/en/>

⁷ ISSA (2013), 'ISSA Guidelines on Return to Work and Reintegration'. Retrieved on 13 January 2016, from: <https://www.issa.int/excellence/guidelines/return-to-work>

are the inclusiveness of the system and the presence or absence of coordination mechanisms.

In countries where the *system is inclusive* rehabilitation and return-to-work procedures and interventions cover all workers with health problems, and everyone who is on medium- or long-term sickness absence is entitled to vocational rehabilitation and supported in their return to work.

Systems with established *coordination mechanisms among various actors* involved in the rehabilitation and return-to-work process are much more likely to be effective. Coordination can take place, for example, between general practitioners, occupational physicians and rehabilitation service providers, and the employer during the development of the individual rehabilitation plan, planning of workplace adaptations and the reintegration process.

The role of the employer is critical in the process but the degree of involvement of the employer varies from one country to another, depending on the employer's responsibilities with regard to sickness absence management as defined in the national legal framework.

Success factors

Successful return-to-work systems have a number of elements in common in their legal, institutional and policy frameworks, as follows:

- the **legal or policy framework covers all aspects of the return-to-work process**, either by regulating all steps of the process or by defining clear coordination mechanisms among the actors involved in the various steps of the process;
- there is **effective coordination across all relevant policy areas for the development of return-to-work systems** between decision makers in employment, occupational safety and health (OSH), education, public health, social security and insurance, **and between stakeholders involved in return-to-work systems**;
- the **scope of the system is broad**, that is, it is an inclusive system **targeting all workers** with health problems;
- there is **early intervention**, that is, intervention occurs at an early stage of sickness absence;
- **interventions are tailored to workers' needs and abilities**, and they involve the development of individual reintegration plans;
- a multidisciplinary approach is taken to sickness absence management, with coordination among medical and non-medical professionals within **multidisciplinary teams**;
- **case managers** help workers through the different steps of the process and facilitate workers' interactions with the various stakeholders, including employers;
- access to **occupational health services** is provided, with regular health surveillance;
- the **employer has significant responsibilities** in the return-to-work process as regards workplace adaptation, preparation of individual reintegration plans and paying for sickness absence compensation; **the worker has an obligation to participate in return-to-work interventions**;
- **financial support is provided to the employer to facilitate the return-to-work process**, to help employers develop individual action plans, reintegration measures and workplace adaptations; furthermore, technical support is provided in the form of

guidance documents or support from consultants on ergonomic assessments/adjustments.

Raising awareness about the organisation of the system, the responsibilities of the actors, clear procedures and referral to support services is indispensable for the functioning of a successful system.

Findings relevant to future policy developments

Based on the findings of this study, the following need to be considered in future policy developments:

- the scope of the **system should be broad and inclusive**, targeting all workers with health problems;
- rehabilitation and return-to-work systems should be part of an **integrated policy framework** for sustainable working life, which requires coordination across policy areas such as employment, education, OSH, public health, social security, insurance, vocational education, etc.;
- **coordinated systems**: returning to work after a medium- to long-term sickness absence is a complex process, requiring combined action in different fields;
- **joined-up budgeting** across the different areas can increase resource efficiency;
- **financial and technical support**: for micro and small enterprises (MSEs), external technical and/or financial support can help employers to develop individual action plans and establish reintegration measures for people returning to work.

Research gaps

Additional research is needed in the following three areas in particular: evaluation of the impact, feasibility and cost-effectiveness of existing national return-to-work systems; the effectiveness and applicability of return-to-work systems in MSEs; and the specific needs in the return-to-work process of older workers, women, people on long-term sick leave (i.e. more than 1 year) and people suffering from mental health disorders.

Further information

The report is available in English on the EU-OSHA website at: <https://osha.europa.eu/en/tools-and-publications/publications/rehabilitation-and-return-work-analysis-eu-and-member-state/view>

Luxembourg: Publications Office of the European Union, 2016.

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