REWIR
WORKING PAPER
January 2021

Shaping return to work policy: Current involvement and future potential of EU social dialogue

Negotiating Return to Work in the Age of Demographic Change through Industrial Relations (REWIR)
Project No. VS/2019/0075

Deliverable 2.1

Mehtap Akgüç, Marta Kahancová,
Jakub Kostolný and Leonie Westhoff

With contributions by Nina Lopez Uroz

CEPS
CELSI Central European Labour Studies Institute
Co-funded by the European Union

Table of Contents

List of Tables

List of Figures

List of Abbreviations

CEEP	Centre Européen de l'Entreprise Publique
ETUC	European Trade Union Congress
EU	European Union
Eurofound	European Foundation for the Improvement of Living and Working Conditions
EU-OSHA	European Agency for Safety and Health at Work
ILO	International Labour Organization
MSD	Musculoskeletal Disorder
NGO	Non-governmental Organisation
OECD	Organisation for Economic Cooperation and Development
REWIR	Negotiating Return to Work in the Age of Demographic Change Through Industrial Relations
RTW	Return to Work
SME United	European Association of Craft, Small and Medium-Sized Enterprises
UN	United Nations
WHO	World Health Organization

1. Introduction

In recent decades, labour markets have undergone significant transformation due to demographic change and population ageing. Policies to extend working lives and promote labour market inclusion are essential for ensuring the sustainability of European social security systems and the functioning of labour markets. In this context, measures to facilitate the return to work of individuals who have experienced a chronic disease are a key policy instrument. This report sets out to analyse the European Union (EU) policy framework on the issue of return to work and, in particular, the involvement of industrial relations actors in designing such policy.

For the purposes of this report, chronic diseases are understood as diseases of long duration and slow progression, examples of which include cancer, cardiovascular diseases, diabetes, musculoskeletal disorders (MSDs) and some mental disorders (Akgüç et al, 2020). These diseases represent a considerable burden to labour markets, as the main cause of morbidity and mortality in the EU (Guazzi et al, 2014). For instance, while it can be difficult to isolate the precise factors behind the disease, cancer has been identified as a primary cause leading to work-related death in the EU (European Commission, 2017).

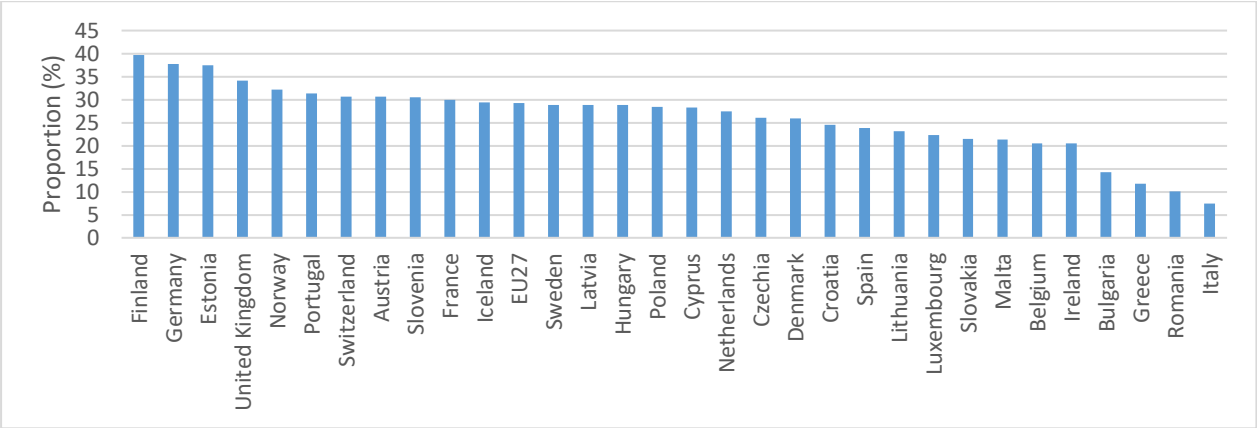
The concept of chronic diseases is closely related to that of disability, where a disabled person is understood as "an individual whose prospects of securing, retaining and advancing in suitable employment are substantially reduced as a result of a duly recognised physical or mental impairment."[1] Indeed, long-term sickness absence can often be a precursor of disability (OECD, 2010), and the line between chronic disease and disability can be blurry. Accordingly, the European Court of Justice has made several rulings suggesting that some chronic diseases may be included in the definition of disability (Eurofound, 2019). Given the overlap between the two subjects, (potentially) relevant legislation and policy on disability is referenced where applicable.

The prevalence of chronic disease is a significant issue in Europe. According to Eurofound (2019), over a quarter of the working population in the EU reports living with a chronic disease. Work-related health problems are more prevalent in older age groups (EU-OSHA, 2016), with workers over the age of 50 more than twice as likely to have a chronic illness compared to workers below the age of 35 (Eurofound, 2019). Given the general trend of ageing European populations and the necessity to extend working lives, chronic diseases are expected to become even more prevalent in the future. Indeed, between 2010 and 2018 the proportion of working-age individuals (aged between 16-64) reporting a long-standing illness or health increased from 24.8% to 29.3% across EU27 countries.[2] The incidence of chronic morbidity varies across European countries, as illustrated by Figure 1.

[1] See https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C159

[2] Source: Eurostat, hlth_silc_04, extracted 10 November 2020.

Figure 1. Proportion suffering from a long-standing illness or health problem, 2018



Source: Eurostat, hlth_silc_04, extracted 10 November 2020. Data for individuals aged 16-64.

The prevalence of chronic diseases is a significant challenge to labour market integration. In EU27 countries, almost 30 million individuals are limited in the amount of work they can do due to longstanding health problems or difficulties in performing basic activities.[3] Chronic disease increases the likelihood that an individual will withdraw from the labour market either temporarily or permanently through disability, long-term unemployment or early retirement (Eurofound, 2019; EU-OSHA, 2016). In addition to absence from work, chronic disease is also associated with presenteeism at work, that is, the inability of the worker to function fully due to illness or other medical conditions. Presenteeism is estimated to cut individual productivity by one third or more (Hemp, 2004).

Reduced individual productivity and potential loss of employment have negative consequences at the individual and societal levels. For employees with a chronic disease, work is important as it allows them to be financially independent, develop social contacts and contribute to society (Vooijs et al, 2018). As such, loss of work is associated with negative financial and mental health consequences. Moreover, there is often further impact on caregivers, who may also be forced to drop out of the labour market to assume caring responsibilities (European Parliament, 2018). For companies and businesses, return to work can be a challenging process, particularly for micro and small companies with lower worker turnover and difficulties in adjusting workflow (European Commission, 2017). On a macroeconomic level, significant productivity losses may be incurred due to foregone labour force potential. For instance, recent estimates suggest that while the direct costs of work-related cancer in terms of healthcare, sickness and disability benefits, and productivity losses amount to 4-7 billion EUR, indirect costs can reach up to 350 billion EUR annually (European Commission, 2017).

Against this background, an analysis of current return to work policy in the European Union as well as the potential for future change is called for. This report is part of the project Negotiating Return to Work in the Age of Demographic Change through Industrial Relations (REWIR), which seeks to improve expertise on this subject. It focuses in particular on the

[3] Source: Eurostat, hlth_dlm150, extracted 16 November 2020

potential role of industrial relations structures as playing a key role in shaping and implementing health and safety policy (European Commission, 2017). Return to work is understood here as "a concept encompassing all procedures and initiatives intended to facilitate the workplace integration of persons who experience a reduction in work capacity or capability, whether this is due to invalidity, illness or ageing" (ISSA, 2013).

The aim of this research report is to analyse return to work policy at the European Union level, assess the relevance of EU level social dialogue[4] to policymaking in this area, draw comparisons between national and EU level social dialogue in engagement with return to work, and formulate policy conclusions accordingly. Section 2 provides a brief overview of the existing policy framework addressing return to work at European level. Section 3 provides an analysis of stakeholder engagement in return to work policy in the European Union, draws comparisons to the national level, and formulates an outlook for future work on return to work at EU level. Finally, the conclusion summarises the findings and develops policy conclusions.

2. Return to work after chronic disease in the EU: existing policy framework and tools

Facilitating return to work for individuals who have suffered from a chronic disease aligns closely with the core principles of the European Union. Article 26 of the Charter of Fundamental Rights of the EU[5] emphasizes the "right of persons with disabilities to benefit from measures designed to ensure their independence, social and occupational integration and participation in the life of the community".[6] More recently, the European Pillar of Social Rights (2017)[7] stresses the right to equal opportunity in the workplace, active support in employment and a healthy, safe and well-adapted working environment.

Nevertheless, as with most social and employment policies in the EU, return to work policy is mainly a national member state competence. Given the subsidiarity principle, the EU does not directly intervene in specific return to work policies in individual member states. However, the EU can have both direct and indirect policy influence on shaping return to work policy by setting minimum standards in occupational safety and health in national member states, providing guiding principles, and serving as a platform for exchange of best practices. The EU also has an extensive policy framework in the domain of employment and social affairs, which has relevance in the context of return to work or reintegration of workers experiencing chronic

[4] In this report, European social dialogue will be referred to as EU level social dialogue, and social dialogue at member state level as national social dialogue.
[5] See https://www.europarl.europa.eu/charter/pdf/text_en.pdf
[6] While this does not directly refer to individuals who have suffered from a chronic disease, there can be a significant overlap between individuals who have experienced chronic diseases and disabled individuals.
[7] For more details on the principles of the EPSR, see https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en

disease. Overall, however, the EU approach in this context is fragmented, reflecting the diversity of policies and practices across Member States (EU-OSHA, 2016).

While there is no specific EU legislation or regulation addressing return to work, the topic is relevant to several key EU policy areas. These include occupational safety and health policy as well as social inclusion, particularly equal opportunity and equal treatment of individuals with disabilities in the labour market (EU-OSHA, 2016; Eurofound, 2019). These policy areas are now addressed in turn.

2.1 Occupational health and safety policy

Health and safety at work is one of the most developed aspects of EU policy in employment and social affairs. The 2007 Community Strategy on Health and Safety at Work envisioned that national and EU level policies should aim to create working environments that enable workers to contribute to their jobs until they reach old age (European Commission, 2007). The strategy also encouraged member states to develop measures to support the reintegration and rehabilitation of workers excluded from the workplace for a long period of time due to accident, occupational illness or disability. Recent EU policy documents have acknowledged return to work after chronic disease as a significant issue in the area of occupational health and safety. In particular, the EU Strategic Framework on Health and Safety 2014-2020 emphasised the importance of adapting workplaces and work organisation to the needs of ageing workers and identified reintegration and rehabilitation measures as key to avoiding the permanent labour market exclusion of workers (European Commission, 2014; Eurofound, 2019).

A consultation on the renewed Strategic Framework on Health and Safety 2021-2027 is currently ongoing.[8] In a statement on the new strategic framework, the European Trade Union Congress (ETUC, 2019) highlighted the need to address the situation of workers who return to work after sick leave. The ETUC called for the framework to promote occupational health services enabling workers with long-term illnesses to retain employment, to encourage the development of an action plan on return to work, to facilitate analysis of the current state of play in member states, and to establish best practices and concrete tools to enable return to work. However, the extent to which return to work will be featured in the new strategic framework remains to be seen.

As regards legislative action, there has thus far been no concrete policy action in the area of return to work. Current EU legislation on occupational safety and health focuses rather on prevention of occupational accidents and diseases. In this vein, the EU adopted the Framework Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work, and subsequently 23 individual

[8] For more information, see: https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12673-EU-Strategic-Framework-on-Health-and-Safety-at-Work-2021-2027-

directives, altogether constituting the occupational safety and health acquis of the EU.[9] The Framework Directive and the following directives provide generalised provisions to improve health and safety in the workplace as well as sector-, worker- and hazard-specific requirements to ensure protective working environments. A recent evaluation study concludes that while the acquis remains relevant today, it requires modernisation in the face of transformed labour markets and emerging risks (European Commission, 2015). Among other foreseeable updates, it recommends the further need to step up the fight against occupational cancer and to assist businesses, particularly micro and small enterprises, comply with occupational health and safety rules (European Commission, 2017).

While various occupational health and safety directives broadly relate to return to work and integration (by protecting workers against risks, promoting measures to prevent accidents or disease and ensuring necessary equipment for workers), these measures do not specifically refer to the reintegration of workers after chronic disease. However, non-legislative solutions could also play a role in the future. The EU Strategic Framework on Safety and Health (2014) highlights that while legislative texts clarify and harmonise implementation tools, more flexible non-legislative tools are useful to design more targeted and effective policies at national and local levels. Such tools include benchmarking, identifying and exchanging best practices, awareness-raising, setting voluntary norms and user-friendly IT tools. In addition, funds have been made available through the framework to support research and innovation to address societal challenges of health, demographic change and well-being (Ibid.).

2.2 Social inclusion and disability policy

Alongside occupational health and safety policy, social inclusion and disability policy is relevant to return to work. While EU legislation does not specifically target individuals with chronic diseases, these individuals are often implicitly included in policies focusing on the employment of people with disabilities. Indeed, chronic disease often leads to limited working capacity as well as potential degrees of disability. This is reflected in several rulings by the European Court of Justice determining that chronic illness can, in certain cases, be included in the definition of disability (Eurofound, 2019). However, from this legal perspective, the definition of disability does not therefore automatically include the concept of (chronic) disease, and legal rulings on this issue diverge (Ibid.). While not being a specific policy target, workers with chronic diseases thus may be included in policies aimed at the employment of people with disabilities, but such inclusion is not legally guaranteed.

Before analysing EU policies on employment and reintegration of individuals with disability, it is worth providing a quick overview of the broader international context that has influenced the EU policy framework. Several international organisations, such as the United Nations (UN), International Labour Organization (ILO), World Health Organisation (WHO) and the Organisation of Economic Co-operation and Development (OECD) have been preoccupied

[9] For the full list of directives in occupational safety and health, see Table 1-1 in European Commission (2015).

with the subject of return to work over the last few decades, with the objective of avoiding the social exclusion of individuals with a disability (EU-OSHA, 2016).

According to the official ILO definition, a disabled person is "an individual whose prospects of securing, retaining and advancing in suitable employment are substantially reduced as a result of a duly recognised physical or mental impairment." The ILO Convention No. 159 on Vocational Rehabilitation and Employment (Disabled Persons), adopted in 1983, foresees a number of measures, including financial incentives for employers to improve and adapt workplaces and work organisation, to increase the employment opportunities for individuals with disability (EU-OSHA, 2016).[10]

In line with the ILO convention, the UN adopted the UN Convention on the Rights of Persons with Disabilities in 2006 (UN, 2006),[11] forming the fundamental international framework for the rehabilitation of people with disability (EU-OSHA, 2016). As regards return to work and rehabilitation, the convention provides general principles of rehabilitation. It refers to measures to prohibit discrimination, improve and adapt the workplaces to accommodate disability (in line with occupational safety and health recommendations), and assist persons with a disability in their return to employment as well as career advancement. The EU has been party to this UN Convention since 2011, after which all disability-related EU legislation, policies and programmes must be in compliance with the provisions of the UN Convention, within the limits of the subsidiarity principle.

Finally, the OECD has also been active on return to work since the early 2000s and has produced a number of studies and reports promoting the participation of disabled individuals in social and economic life as well as encouraging their gainful employment (OECD, 2003; OECD 2010). In particular, the OECD (2010) provides specific policy recommendations for member states on the development of effective return to work strategies for people with disabilities and/or chronic conditions. It highlights the key role of employers in this context and emphasises the importance of better coordination and cooperation between different actors, including employers, medical staff, social security agencies and social partners.

Against this international background, the EU has been active in generating legislation on disability and inclusion. In some cases, chronic disease may be subsumed under the umbrella of disability, though the legislation does not specifically address chronic disease. In 2000, the EU adopted the Directive 2000/78/EC[12] establishing a general framework for equal treatment in employment and occupation (Employment Equality Directive). Disability is specifically covered in the directive, which requires employers to make "reasonable adjustments to accommodate disabled people." The provisions of the directive are relevant in the return to work context for workers experiencing chronic disease (e.g. the provision on workplace

[10] See https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C159
[11] See https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html
[12] See https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32000L0078

accommodations), especially when chronic disease leads to any kind of disability or impairment that results in the limitation of work capacity and capability. However, these provisions do not specifically cover the needs of workers returning to work after a long-term sickness absence, where this does not result in explicit disability status (EU-OSHA, 2016).

In 2010, the European Commission adopted the European Disability Strategy with the objective to "empower people with disabilities so that they enjoy their full rights and benefit fully from participating in society and in the European economy."[13] The strategy identifies eight main areas for action, including employment and health. The employment action area specifies that the EU will "support and supplement national efforts to analyse the labour market situation of people with disabilities; fight those disability benefit cultures and traps that discourage them from entering the labour market; help their integration in the labour market making use of the European Social Fund (ESF)." The health action area specifically mentions that the Commission will promote action "in the field of health and safety at work to reduce risks of disabilities developing during working life and to improve the reintegration of workers with disabilities."

Given that the disability strategy is ending in 2020, the European Commission is currently working on a new Strategy on the Rights of Persons with Disabilities,[14] to be published in early 2021. A recent evaluation of the 2010-2020 Disability Strategy highlighted employment as one of the most important topics to be addressed in the future (European Commission, 2020). While the situation of people with disabilities is seen to have improved over the course of the strategy, employment is an area where significant gaps remain between the disabled and non-disabled (Ibid.). In particular, recent position papers on the new disability strategy by the European Trade Union Congress (ETUC, 2020) and the European Disability Forum (EDF, 2020), as well as a resolution by the European Parliament (European Parliament, 2020) highlight the importance of reintegration measures and guidelines on reasonable accommodation for labour market inclusion and reintegration.

Furthermore, the European Parliament specifically highlights that the new strategy should address the lack of clarity regarding the inclusion of chronic disease within the definition of disability and ensure that the needs of individuals suffering from chronic disease are adequately addressed, including targeted measures on employment activation. ETUC (2020) adds that workers' representatives should periodically be consulted on the integration policies pursued at sectoral and company level.

Focusing more specifically on workers with chronic diseases, in 2018, the Committee on Employment and Social Affairs of the European Parliament published a comprehensive report on pathways for reintegration of workers recovering from injury and illness into quality employment (European Parliament, 2018). The report calls on the European Commission and member states to develop guidelines on best practice and advice for employers on how to

[13] See https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM%3A2010%3A0636%3AFIN%3Aen%3APDF
[14] See https://ec.europa.eu/commission/presscorner/detail/en/statement_20_2297

develop reintegration plans, ensuring dialogue between social partners and facilitating exchange between members states and other stakeholders.

Finally, the new European Commission led by President Ursula von der Leyen has committed to an action plan against cancer – also stated in the new Commission's agenda from December 2019 – in the face of recent demographic developments. In the mission letter to the Health Commissioner[15], a Beating Cancer Plan is put forward, whereby emphasis is made on "prevention, diagnosis, treatment and life as a cancer survivor" and the allocation of further funds to advance cancer research in the future Horizon Europe programme.

In summary, concrete legislation or other policy action on return to work after chronic disease remains scarce at EU level. While return to work is of importance to the European agenda, policy on this issue remains underdeveloped. However, policy areas such as occupational health and safety and social inclusion and disability are relevant to the issue of returning to work after having suffered from a chronic disease. As of now, chronic disease tends to be addressed within the category of disability, without developing specific policy recommendations or recognizing that this framework may not be appropriate for all chronic diseases. More specific policy on chronic diseases that comprehensively addresses the issue of return to work should be put forward.

3. Policymaking in the EU and return to work: a role for social dialogue?

In order to further explore the EU policymaking process on return to work, as well as the potential role of social dialogue in this, a variety of data was collected within the REWIR project. First, semi-structured interviews with EU level stakeholders were conducted. As described in the conceptual framework of REWIR, a number of actors are relevant in addressing return to work and reintegration after chronic disease at the European level (Akgüç et al., 2020). In total, 16 semi-structured interviews[16] were conducted, covering EU social partners as well as European institutions, NGOs and patient organisations, and academic stakeholders.[17] A summary of the types of organisations interviewed can be found in Appendix A.1, Table A1. Second, information from the interviews was complemented with an EU-wide survey of national social partners. The survey's findings allow assessment of the communication between EU and national level social partners on the issue of return to work, as well as the possibility to juxtapose the extent of involvement in return to work at the EU and national levels. In total, the survey collected 123 responses, out of which the majority of 81 were those of trade unions or trade union federations, and 34 from employers'

[15] See https://ec.europa.eu/commission/commissioners/sites/commcwt2019/files/commissioner_mission_letters/mission-letter-stella-kyriakides_en.pdf

[16] The full questionnaire used in the interviews is available in Appendix A.3.

[17] A summary of the types of organisations interviewed can be found in Appendix A.1, Table A1

associations.[18][19] A summary of the survey sample composition can be found in Appendix A.1, Table A2.

The following section uses information from these two data sources to analyse return to work policy at the EU level and the involvement of social partners. Firstly, the involvement of different actors, and particularly social partners, in return to work policy at EU level is assessed. Secondly, involvement in return to work at EU level is juxtaposed with the interest of national-level social partners. Finally, an outlook on future potential for developing EU level policy on return to work is developed.

3.1 Stakeholder engagement in return to work at EU level: are social partners part of the picture?

Based on the interviews conducted, return to work and reintegration is clearly perceived as a relevant issue by European stakeholders. Return to work is seen as an issue of both inclusion but also economic productivity by respondents, particularly in the context of demographic change and the increasing prevalence of chronic diseases in the EU. According to respondents, workers that are inactive due to a chronic disease constitute a large untapped reserve of talent but are often not part of the policy discussion. Hence, there is significant potential to be explored. Respondents also pointed out that return to work and occupational health and safety are closely interrelated, as assessing and improving workplace accommodation allows workers with chronic diseases to continue working. However, it also emerged that, at the moment, return to work has been dealt with only to a very limited extent at EU level. Despite their recognition of the issue as relevant, the level of involvement in return to work varied strongly between stakeholders.

While return to work has been discussed as broadly relevant to the EU policy agenda, the level of engagement with the issue on the side of the European institutions has been limited. In addition to the European Commission and Parliament, the European Agency for Safety and Health at Work (EU-OSHA) and the European Foundation for the Improvement of Living and Working Conditions (Eurofound) are the main bodies dealing with the topic of return work. The large majority of policy work on health and safety at work has focused on the prevention of occupational accidents and, more recently, work-related disease, which has become the main reason for workplace absence. Nevertheless, there is growing interest in return to work and reintegration, particularly regarding MSDs and psychosocial risks and diseases. For instance, EU-OSHA has conducted research on return to work after MSDs and cancer. In recent years, this work has also shifted towards considering the influence of workplace arrangements on pre-existing diseases. This research considers health and safety within a multidisciplinary framework, with the objective of locating and advocating for effective practices in making

[18] 8 responses were classified by the respondent as 'other' type of organization. Due to their limited number and the fact that only trade unions and employers act as social partners, the analysis focuses on responses from trade unions and employers' associations and not the respondents in the category "other".
[19] A summary of the survey sample composition can be found in Appendix A.1, Table A2

workplaces more inclusive and facilitating work for people with chronic conditions. Such projects are coordinated between EU-OSHA, the European Commission and the European Parliament. Overall, the main role of the European institutions in return to work policy has been limited to awareness-raising, information sharing and exchange of best practices.

Across the EU, social dialogue plays an important role in the policymaking process and takes place at various levels, including the European, national, sectoral, regional and company levels. At the national level, collective bargaining can improve labour market performance (OECD, 2018). At the EU level, bipartite and tripartite social dialogue can be important platforms for worker and business interest representation. In addition to formal social dialogue platforms, open consultation with stakeholders is key to developing EU level legislation and binding tools (e.g. Directives) as well as other non-legislative tools such as recommendations and guidelines. There are several social partners at cross-sectoral level who participate in European cross-sectoral social dialogue committees to discuss and negotiate a number of labour market issues.[20] At the sectoral level, social dialogue brings together social partners that are representative of trade unions and employer organisations from all Member States. There are currently 43 European sectoral social dialogue committees representing more than 80% of the EU workforce (Kerckhofs, 2019).

The present analysis indicates that return to work is not as yet explicitly present on the agenda of EU social partners. Rather, the focus of EU social partners is on health and safety regulation and preventative aspects, mirroring the agenda of the European institutions. Cross-sectoral social partners at the EU level attempted to address the issue of active ageing and the related goal of workplace accommodation for older workers in the Autonomous Framework Agreement on Active Ageing and an Inter-generational Approach in 2017 (BusinessEurope et al., 2017), but this document does not specifically tackle the topic of return to work and rehabilitation. While prevention and promotion of healthy workplaces are broadly related to the issue of return to work, there has not to date, been any concrete engagement with its specificities. Interviewed EU level social partners did acknowledge that return to work and chronic diseases could become more relevant in the social dialogue agenda, and highlighted in particular the fact that return to work is an issue in specific sectors, such as the construction and woodwork sector. Any further action of EU level social partners has however not yet occurred.

Some stakeholders suggested that limited social partner involvement in return to work policy can be traced back to the fact that trade unions are more focused on the average worker, rather than those with pre-existing conditions and specific needs, particularly when those workers are not currently active. In contrast, employer organisations were perceived to have a stronger awareness of the issue than trade unions, but to lack knowledge about implementation of reasonable adjustment as well as being fearful of high costs.

[20] For more detailed analysis of EU level social dialogue structures, see Akgüç et al. (2019a).

The limited involvement of EU level social partners in return to work policy is also reflected in the answers of national social partners involved at this level, as indicated by the EU-wide survey. In the surveyed sample, 91 (out of 110) national social partners indicated that they participate in EU level social dialogue structures. Their involvement occurs mostly via membership in EU level employer and trade union confederations, involvement in EU level sectoral social dialogue committees, the European Semester, and other EU level social dialogue structures. Despite social partner organizations' involvement in EU level social dialogue structures, their awareness of EU level policies in support of return to work for workers after treatment of chronic diseases is limited (full table in the Appendix A2, Table A3). 59% of organisations involved in social dialogue indicated that they are not aware of any such policies, confirming that return to work is not addressed extensively in the EU level social dialogue agenda. Awareness varied somewhat among types of social dialogue organisations (Appendix A2, Table A4). 15 out of 47 trade unions indicated awareness of EU level return to work policies, as opposed to 12 out of 21 employer organisations, again suggesting that union awareness is generally below that of employers. Overall, the survey results confirm the picture of limited national social partner involvement in return to work policy at EU level.

Finally, patient organisations and non-governmental organizations (NGOs) are key stakeholders in return to work policy at the EU level. These organisations engage in various activities to raise awareness of the issue of return to work and shape policy, focusing on the interests of patients in particular. Resources are spent raising awareness about people experiencing chronic diseases, mapping the prevalence of such conditions, determining how economic and health systems are impacted as a consequence, and exploring how policy should be developed through shared thinking with a number of stakeholders. Overall, they propose a shift in thinking towards a focus on the abilities of people with chronic diseases, disabilities or limiting illnesses as constituting an untapped reservoir of talent and skills. Some organisations highlighted that they preferred to advocate for the return to work issue from the disability angle and push for the UN Convention on Disabled Persons to be implemented fully, especially referring to the Article 27 on reasonable accommodation in the workplace.

As regards interactions between the different stakeholders in return to work policy, a rather fragmented picture emerges overall. While interviewed EU social partners stated that they often cooperate on health and safety issues, there is virtually no discussion of return to work specifically, given that this issue is not present on the agenda of social partners. Similarly, social partners are regularly consulted by European institutions on issues of health and safety, for instance through the Advisory Committee on Safety and Health at Work, a tripartite body with representatives of both workers and employers, as well as the tripartite governing board of EU-OSHA, which sets the work programme. While these interactions are characterized as cooperative and based on knowledge exchange, return to work is generally not addressed specifically.

By contrast, patient organisations are much more active in seeking interactions with European institutions and are interested in cooperating with social partners on return to work, albeit

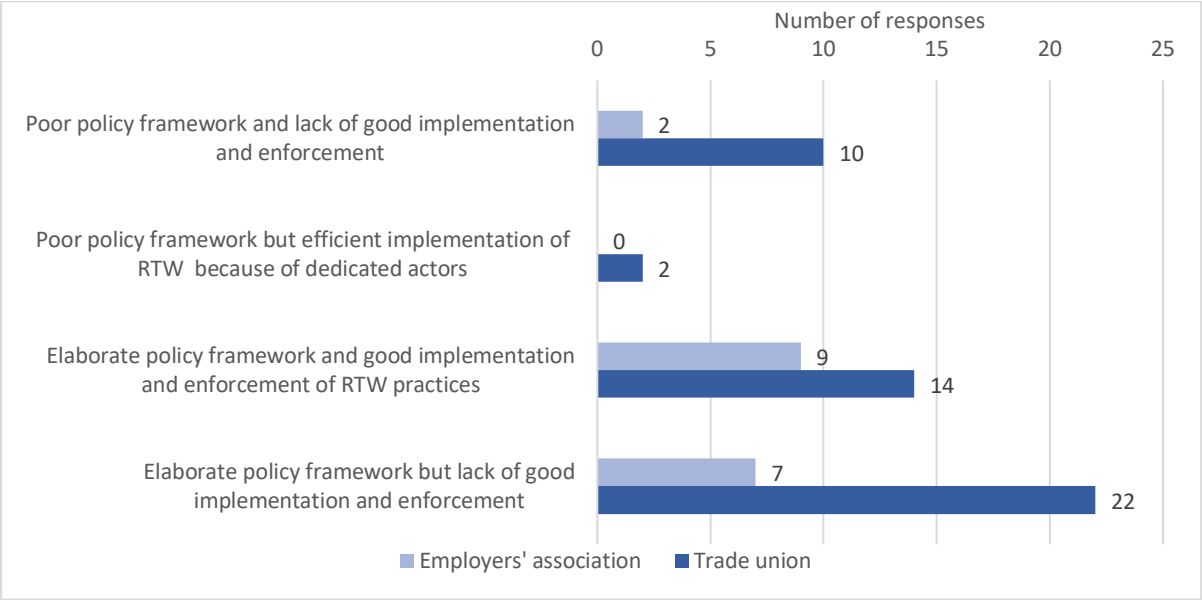
with limited success thus far. Patient organisations and NGOs state that involving social partners in return to work policy would lend additional legitimacy to the discussions with EU institutions. There is great interest in sharing information about the issue with social partners, raising awareness among employers about potential adjustment and discussing policy recommendations. However, there have been very few interactions so far due to the perceived limited interest of social partners, despite the outreach efforts of patient organisations. Where there has been interaction, it has not resulted in concrete outcomes such as policy proposals or joint campaigns. As a result, the main outreach activities of patient organisations have targeted European institutions and policymakers. Overall, it was stated that more flexibility and openness from social partners are needed to increase fruitful interactions between social partners and NGOs on return to work.

3.2 Juxtaposing social partner involvement in return to work at EU and national level: how large is the gap?

Europe is host to a diverse set of industrial relations systems (Bechter et al, 2020; Akgüç et al, 2019b, 2020). The challenge of EU level social dialogue is to reflect the concerns of national social partners while leaving room for tailored national and sectoral interpretations and agreements. This section builds on the analysis of engagement of EU level social partners by presenting additional information on national-level social partners' involvement and perspectives on EU level social dialogue on return to work. If concern about return to work at national level is not reflected in EU level social dialogue, that may point to an issue of effective communication between the two levels.

While most national social partners are not aware of EU level policies on return to work, the vast majority of social partners involved in EU level social dialogue are aware of national-level policies and measures to support return to work after chronic illness (Appendix A2, Table A5). As shown in Figure 2, national policy frameworks across the studied countries tend to be evaluated rather positively by social partners. The large majority of employer organisations regards the policy framework on return to work as elaborate, though opinion on the quality of policy implementation is divided. While most trade unions in the studied sample regard the national-level policy frameworks as elaborate, a higher number of unions compared to employers' associations perceives these policy frameworks as poor and lacking effective implementation and enforcement.

Figure 2. National social partners' evaluation of their country's current legislative and policy framework for return to work

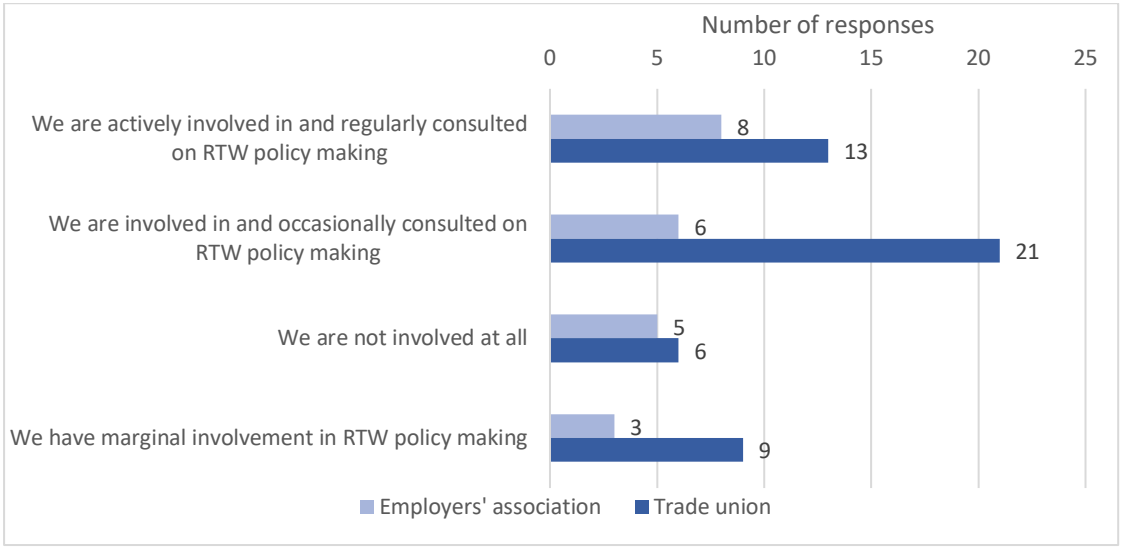


Source: REWIR Social partner survey (N=83). RTW = Return to Work. Don't know/cannot evaluate excluded from graph. Answers shortened to ease reading.

Social partners were also asked to evaluate trade union (Appendix A2, Figure A7/A8) and employer associations (Appendix A2, Figure A9/10) involvement in shaping and implementing national return to work policies. The majority of trade unions indicated that unions should be more involved in both shaping and implementing national return to work policies, while employers' associations regarded current union involvement as sufficient. Similarly, the large majority of trade unions stated that employers' organisations should be more active in addressing national return to work policy, while employers themselves were more ambivalent. These organisations were more likely to regard their own involvement in shaping and implementing national return to work policy as sufficient. Overall, trade unions tended to see a need for increasing the involvement of social dialogue actors in return to work policy, while employers' organisations did not. In addition, both employers' organisations and trade unions indicated that the cooperation with other stakeholders, such as government, NGOs and medical professionals can be vital in shaping return to work policy, though there may be obstacles to efficient cooperation (Appendix A2, Table A11).

Currently, most social partner organisations are regularly or at least occasionally consulted on return to work policy (Appendix A2, Table A12). As such, the level of involvement in return to work policy at the national level seems to be higher than at EU level. While both trade unions and employer organizations are consulted on national return to work policy, frequent involvement appears to be more common for employer organizations. 36% of employer organizations state that they are actively involved in and regularly consulted on return to work policy, compared to 27% of trade unions.

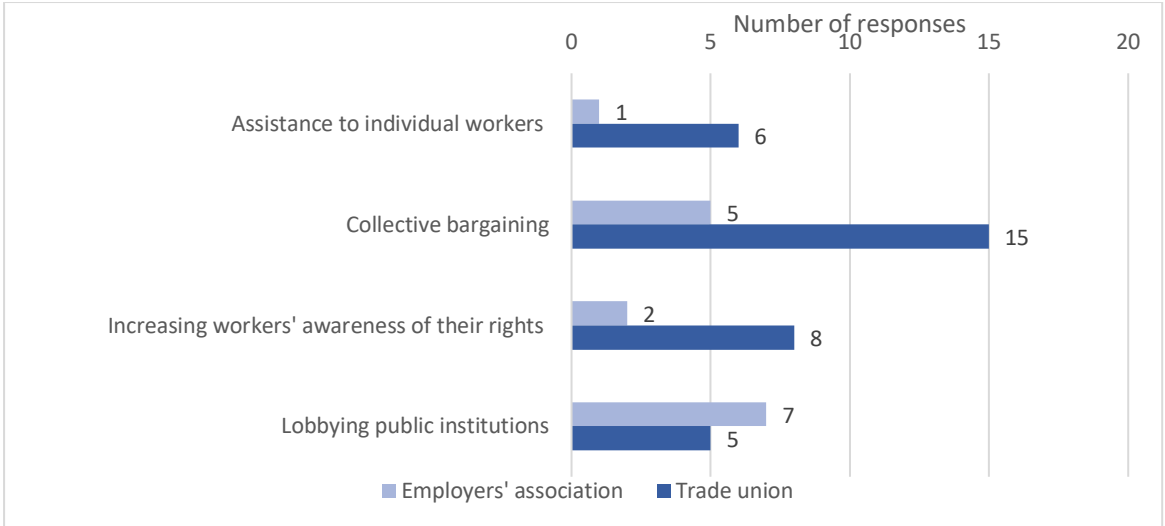
Figure 3. Social partner involvement in national return to work policy



Source: REWIR Social partner survey (N=63). RTW = Return to Work. Don't know/cannot evaluate excluded from graph. Answers shortened to ease reading.

National social partners are involved in a variety of activities (Figure 4). Trade unions regarded collective bargaining as the most relevant activity for national return to work policy creation, but also indicated other activities such as increasing workers' awareness of their rights, assisting individual workers with the return to work process and lobbying public institutions as relevant. On the side of employers' organisations, lobbying public institutions was indicated as relevant by the highest number of organisations, though a prominent role was also accorded to collective bargaining. In additional comments, 16 respondents indicated other activities they are involved in. These fell into various categories, including monitoring return to work policy or implementation at national, sectoral and company levels, providing specific services or advice to members and associations, and developing return to work policy following the Covid-19 pandemic.

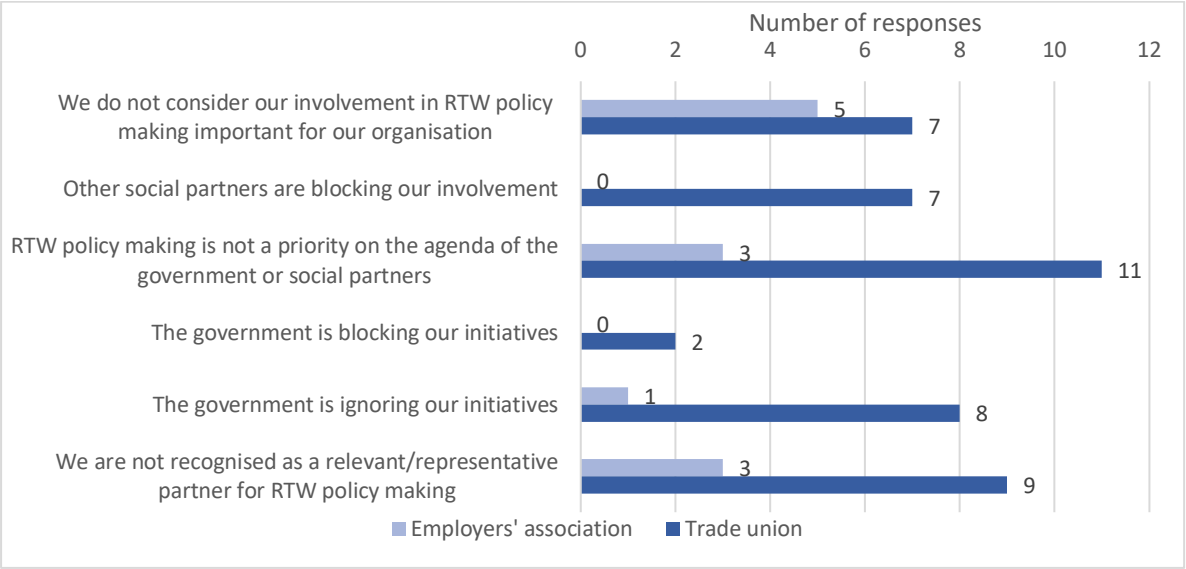
Figure 4. Types of national social partner activities perceived as relevant for national return to work policy creation



Source: REWIR Social partner survey (N=51). RTW = Return to Work. Don't know/cannot evaluate excluded from graph. Answers shortened to ease reading.

Finally, national social partners were asked to evaluate obstacles to their involvement in national return to work policy (Figure 5). Among trade unions, the most frequently reported obstacle was that return to work is not a policy priority for governments or social partners. This was followed by a perceived lack of recognition as relevant organizations in return to work policy as well as perceived governmental ignorance of the role of unions in return to work policy making. Some trade unions, by contrast, did not consider return to work as relevant to their organisation. On the side of employers, obstacles for involvement appear to derive mostly from return to work not being seen as a relevant issue for them, as well as lack of interest from governments and social partners.

Figure 5. Obstacles for national social partner involvement in return to work policy



Source: REWIR Social partner survey (N=80). RTW = Return to Work. Don't know/cannot evaluate excluded from graph. Answers shortened to ease reading.

As well as the obstacles identified above, 20 respondents listed a number of additional reasons as to why they are not included in shaping national return to work policy. Some organisations stated that they lack the resources to deal with return to work, and that there are access barriers for social partners that are not formally part of established social dialogue structures. Moreover, social partners face competing priorities and return to work is often dealt with in the workplace, rather than at the policy level. Finally, in countries with federalized structures, it can be unclear which level of government is responsible for return to work.

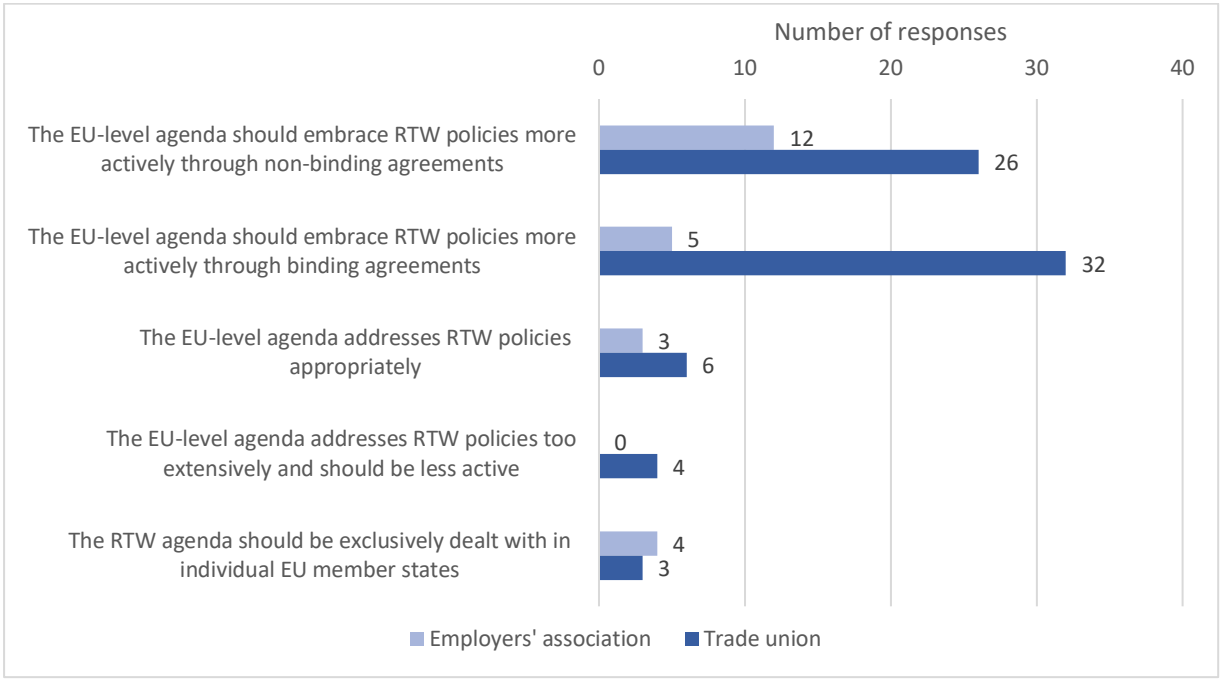
Overall, the picture emerging from the national survey shows that national social partners are engaged with the issue of return to work, with most social partners being consulted at least occasionally on the issue. Trade unions in particular would like to increase their involvement in return to work policy. While the survey sample may also reflect national social partners more involved in return to work policy (who are thus more likely to participate in research on the subject), survey results nevertheless suggest a significant gap in social dialogue involvement in return to work policy at the national and EU levels.

3.3 EU level return to work policy: national and EU level stakeholders' views on the way forward

The contrast in involvement of social partners in return to work policy at the national level versus the EU level could indicate that there is insufficient articulation in the area of return to work between social dialogue levels, and that there is significant potential for EU level social dialogue to address this emerging policy area. However, there may also be a limited need for policy involvement at the EU level if national social partners believe that return to work can be dealt with more effectively through national social dialogue. The following section explores whether there is an added value to EU social partner involvement in EU level return to work policy, drawing on evidence from both the semi-structured interviews and the national social partner survey.

Overall, data analysis suggests that the EU level has an important role to play in shaping return to work policy within the EU. Indeed, as Figure 6 shows, the vast majority of national-level social partners are in favour of an EU level agenda embracing return to work policy more actively. However, employers' organisations tend to favour non-binding rather than binding agreements, while trade union opinion is divided. Only a minority of respondents states that return to work is addressed appropriately or even too extensively at the EU level.

Figure 6. National social partners' perception of European policy on return to work



Source: REWIR Social partner survey (N=69). RTW = Return to Work. Don't know/cannot evaluate excluded from graph. Answers shortened to ease reading.

Similarly, interviews with EU level stakeholders confirm that an EU agenda can play a role in shaping return to work policy in Europe alongside national-level policy. In the context of return to work policy, different levels can play different roles. The main role of the EU lies in the development of policy guidelines, the promotion of good practices and tools, the

encouragement of knowledge-sharing among stakeholders, and the drafting of country-specific recommendations. While individual stakeholders, particularly patient organisations, have done work on return to work, coordinated action from the European Commission, with the consultation of social partners, could help greatly in disseminating tools and practices. Moreover, the development of a European strategy on return to work could link up policy areas such as health and safety and disability, which up until now have been somewhat disjointed. It was emphasized that EU campaigns could contribute to decreasing stigma and shifting mindsets towards emphasizing the abilities of individuals rather than their inability to do something.

Binding EU regulations or legislation were not seen as favourable by the majority of interviewed stakeholders, though some trade union representatives were in favour of legislative approaches. Given the specificity of national labour market and legal framework, and bearing in mind the subsidiarity principle, more concrete policy action should be taken on the national and sectoral level, while implementation was seen as most relevant at company level. As such, some stakeholders were of the opinion that there is limited room for a European vision on return to work, and that the lower levels are more relevant.

Despite seeing limited avenues for legislative approaches, the majority of stakeholders saw some scope for further policy action at the European level. One example of such policy action is the development of a European Charter on return to work and chronic diseases, in which EU level social partners could participate. Within the Charter, effective practices could be identified and minimum standards and common guidance for member states and employers would be shared. Given the diversity in the management of return to work across European countries, the development of common, practical guidelines is especially beneficial for countries where policy is less developed. It was also highlighted that official EU guidance would lend additional legitimacy to the issue. Employers in particular could benefit from concrete guidelines on how to deal with the issue, taking into account sector-specific considerations. As such, the Charter could contribute to a convergence of return to work policy across European countries.

Other EU policy tools were additionally highlighted as potentially relevant in return to work policy. As a benchmarking tool, the European Semester process could be used to collect further data on return to work and develop country-specific recommendations. Social partners can be consulted in the development of these policy recommendations as part of the European Semester process. While the European Semester process mainly focuses on economic outcomes, it was suggested that health and safety issues could be more strongly emphasized in country-specific recommendations as part of the national reform process. For instance, existing EU instruments that address long-term unemployment could be extended to include absence from work due to illness or disability. The role of the European Structural and Investment Funds and European Social Fund in funding member state initiatives to support employers in adjusting workplaces and facilitating return to work arrangements was

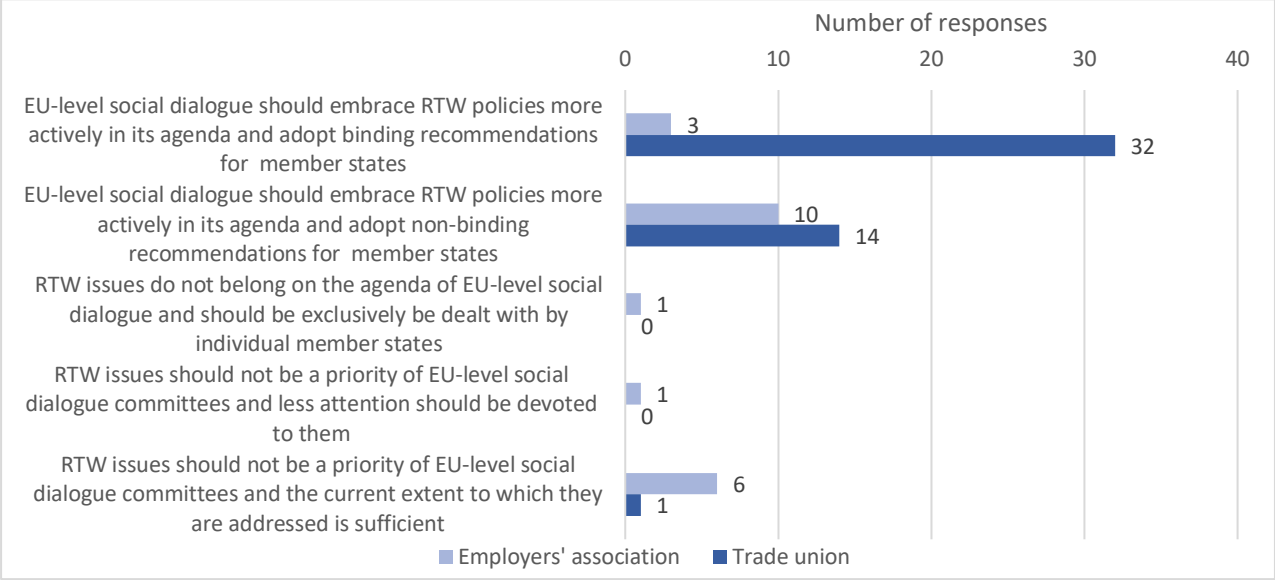
also highlighted. Finally, EU research funds such as Horizon 2020 can contribute to improving knowledge and data production around chronic illness and return to work.

In accordance with views on return to work policy in general, it was emphasized that social partners also have different functions in shaping return to work policy at different levels. At the EU level, the main function of social partners lies in awareness-raising, lobbying and information-sharing. As social and employment policies are largely a national competence, national social partners can more directly influence legislation and implementation of return to work policy in each member state. Furthermore, sectoral social partners were seen as highly relevant in addressing specific sectoral issues, as return to work is a more acute issue in some sectors and require sector-specific regulations. Finally, interest representation was seen as important at the company level, as social partners can assist the practical implementation of policies as intermediaries between workers and company management. In particular, micro, small and medium enterprises struggle with return to work. In these organisations, it is very difficult to adjust workflow. Financial constraints and the high administrative burden, given a lack of human resources, may play a role. Therefore, the involvement of social partners could be key for companies requiring more assistance with the return to work process.

Focusing more specifically on EU level social dialogue, one of the main roles of social partners was seen in providing information and facilitating exchange of best practice and raising awareness among their national members about return to work through information campaigns. Moreover, they can lobby European institutions on return to work policy to ensure that the issue is placed higher on the European agenda, making it more prominent in social dialogue. Social partners also have an important role to play in ensuring that issues in the health and safety nexus enter into relevant European and national strategies, and to bridge the different relevant policy angles, such as health and safety policy and disability policy. Social partners could be advocates of this more holistic approach.

In addition, return to work could be addressed in formal EU level social dialogue negotiations. In interviews it was pointed out that EU level regulations on return to work are not necessarily desirable, as results tend to be too general in nature, with stakeholders pointing instead to the role of social partners in information sharing and lobbying. By contrast, survey results show that national social partners would support EU level social dialogue committees addressing return to work more extensively in their negotiations (Figure 7). Both national employers' associations and trade unions would like EU level social dialogue committees to adopt recommendations on return to work policy. While trade unions favour binding recommendations, employers' organisations favour non-binding solutions. These results point to an interesting discrepancy in perception of the role of EU social partner agreements in return to work policy at the EU and national levels.

Figure 7. National social partners' perception of role of EU level social dialogue committees in shaping EU-wide return to work policies



Source: REWIR Social partner survey (N=69). RTW = Return to Work. Don't know/cannot evaluate excluded from graph. Answers shortened to ease reading.

In summary, the results of the data collection demonstrate that return to work policy could be addressed more extensively at the EU level, and that social partners play an important role in this process. While particular legislation on return to work should be designed at the national level, EU policy and social dialogue structures are relevant for awareness-raising, information sharing and the development of best practices in particular.

4. Conclusion

The labour market integration of people with chronic diseases is a social and economic challenge for European societies, which is only becoming more urgent in the face of demographic change, longer working lives and economic crisis. The European Union can play an important role in shaping return to work policy, but targeted actions at the EU level in this field have remained underdeveloped. Drawing on a rich data sample, this research report has interrogated the involvement of national and EU level stakeholders, and social partners in particular, in return to work policy.

The results of the analysis show that involvement of EU stakeholders in return to work policy is currently limited, but that there is significant potential for future policy action. Presently, European Union policy does not directly address the issue of return to work, though some EU institutions, such as EU-OSHA, have done research on the issue across EU member states. There are several EU policy fields, such as health and safety and disability and inclusion policy, that are relevant to return to work. However, targeted policy on return to work and a holistic approach with a multidisciplinary perspective is needed in order to provide a comprehensive approach. It would be desirable to link up these policy fields and develop a coordinated strategy on the issue of return to work at the EU level. One of the potential outputs of such a

strategy could include a European charter on return to work or other non-binding documents presenting guidelines and recommendations for member states and employers.

Considering the linkages with other relevant policy areas, though, another option is to explicitly include return to work in existing European policy documents. The new European Disability Strategy is set to be published in early 2021. Employment is likely to be one of the key areas addressed in the strategy, and the explicit inclusion of return to work within the context of European disability policy could be an avenue for addressing this issue more concretely. In accordance with recommendations by the European Parliament (European Parliament, 2020), given the overlap between disability and chronic disease, the strategy could explicitly address individuals suffering from chronic diseases. In addition, return to work could also be addressed in the new EU Strategic Framework on Health & Safety at Work for 2021-2027. The framework could build on the previous strategic framework for 2014-2020 by developing a concrete action plan on return to work after chronic illness and facilitating the sharing of best practices and management tools among member states and companies.

Legislative action on return to work is most effective at member state level, given the intricacies of national labour markets and labour law systems, which are areas where member states have primacy in terms of competences. Yet, EU level policy action could support return to work policy in member states in several ways. In the first place, a European strategy on return to work would raise awareness among member states and encourage the development of national strategies. Second, EU level policy could include the constitution of a network or leverage on existing ones in the field of employment and social affairs, to encourage the sharing of best practices for return to work and provide information materials for employers. Third, as part of the monitoring of EU policy actions, systematic data collection and sharing among European national member states could prove an important tool for benchmarking and the development of country-specific policy recommendations. For example, indicators on return to work could be included in the European Semester to assess member state progress in reforming labour market institutions and functioning to meet demographic challenges.

Looking at the specific role of EU level social partners, analysis of the data also showed a limited engagement with the issue of return to work. While stakeholders acknowledged the relevance of return to work as a significant policy issue, there have been no specific steps or agreements that social partners have been involved with at the EU level. In contrast, across EU member states, the study uncovered greater national social partner awareness of and engagement with national return to work policies, but also an expectation of inclusion of return to work policies within the broader EU level social dialogue agenda. This points to an issue of articulation between the national and EU levels of social dialogue regarding return to work policies, in the sense that the interest of national social partners in return to work has not yet been reflected in the agenda of EU level social partners.

As such, the results of the research suggest that return to work should be more prominent in the agenda of EU level social dialogue. Social partners involved in EU level social dialogue

structures can contribute to the development of return to work policy in several ways. The discussion of return to work within EU level cross-sectoral and sectoral social dialogue committees would be a valuable means of exchanging views on the issue, though binding agreements are not necessarily to be expected as an outcome of committee discussions. As the findings suggest, return to work could also be addressed more extensively in sectoral social dialogue given the sector-specific issues involved in managing the reintegration of workers after suffering from a chronic disease. Moreover, social partners can lobby European institutions in order to help the development of a coordinated European strategy on return to work or other targeted policy actions, even if non-legislative, as discussed above. In addition, EU level social partners can play a valuable role in raising awareness of relevant EU level policy development and in capacity-building through exchange of best practices among their national members. This could address the national social partners' demand for more EU level involvement in return to work policy, while respecting that the main competences in return to work policy lie at national level.

Overall, a fragmented picture of engagement with return to work policy at EU level emerges from the analysis. While EU institutions and social partners are only involved to a limited extent in the development of return to work policy, it is in fact patient organisations and other non-governmental organisations that are more engaged with the issue. The study suggests that there could be benefits from potential cooperation between social partners and these EU level stakeholders, in particular organizations representing people with disabilities and chronic diseases. These organisations can offer a wealth of informational resources on the design and implementation of return to work procedures. To date however, engagement with these stakeholders on the side of social partners has been restricted. Enhanced cooperation could strengthen the resources of EU level stakeholders in addressing return to work as a priority within the broader EU level agenda on active ageing. The exchange of information, development of joint policy objectives or the creation of awareness-raising campaigns with these organisations represent a few suggestions for action that could lead to synergies between the health and employment side of the return to work issue, and thus a more comprehensive policy debate.

In summary, to date, the EU policy framework on return to work policy remains underdeveloped, and the impact of social dialogue on shaping the EU level return to work policy has been limited. This report has illustrated the potential of social dialogue for furthering the European agenda on this issue, in turn contributing to the broader policy objectives on social inclusion, active ageing and health and safety. As such, there is an opportunity to move on from the current fragmented picture at EU level to a holistic, coordinated European strategy on return to work, in which social partners can play a more active role.

References

Akgüç, M., M. Martišková, G. Szüdi & C. Nordlund (2019a). *Stakeholders' view on and experiences with the articulation of social dialogue and its effectiveness*, EESDA Project No. VS/2017/0434, CEPS.

Akgüç, M., M. Kahancová & M. Martišková (2019b). *Enhancing the Effectiveness of Social Dialogue Articulation in Europe – Comparative Report*, EESDA Project No. VS/2017/0434, CELSI.

Akgüç, M., M. Kahancová & A. Popa (2020). *Working paper presenting a literature review on return to work policies and the role that industrial relations play in facilitating return to work at the EU, national and sub-national levels*, REWIR Project No. VS/2019/0075, CELSI.

Bechter, B., B. Brandl, & G. Meardi (2012). "Sectors or Countries? Typologies and Levels of Analysis in Comparative Industrial Relations", *European Journal of Industrial Relations*, 18 (3): 185-202.

BusinessEurope, CEEP, ETUC and UEAPME (2017), *Autonomous Framework Agreement on Active Ageing and an Inter-generational Approach*. Available at: https://www.businesseurope.eu/sites/buseur/files/media/reports_and_studies/with_signatures_framework_agreement_on_active_ageing_0.pdf

ETUC (2019). *ETUC Position on a new EU Strategy on Occupational Safety and Health.* Available at: https://www.etuc.org/sites/default/files/circular/file/2019-11/ETUC%20position%20on%20a%20new%20EU%20strategy%20on%20Occupational%20Safety%20and%20Health.pdf

ETUC (2020). *ETUC Position on a new European Disability Strategy.* Available at: https://www.etuc.org/en/circular/etuc-position-new-european-disability-strategy-0

Eurofound (2019). *How to respond to chronic health problems in the workplace?*, Publications Office of the European Union, Luxembourg.

European Commission (2007). *Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work,* COM (2007) 62 Final, Brussels.

European Commission (2010). *European Disability Strategy 2010-2020: A Renewed Commitment to a Barrier-Free Europe*, COM (2010) 636 Final, Brussels.

European Commission (2014). *An EU Strategic Framework on Health and Safety at Work 2014-2020*, COM (2014) 332 Final, Brussels.

European Commission (2015). *Evaluation of the Practical Implementation of the EU Occupational Safety and Health (OSH) Directives in EU Member State*s, DG Employment, Social Affairs and Inclusion, European Commission, Brussels.

European Commission (2017). *Safer and Healthier Work for All – Modernisation of the EU Occupational Safety and Health Legislation and Policy*, COM (2017) 12 Final, Brussels.

European Commission (2020). *Evaluation of the European Disability Strategy 2010-2020.* Luxembourg: Publications Office of the European Union.

European Disability Forum (2020). *EDF Input to the European Disability Rights Agenda*. Available at: http://www.edf-feph.org/european-disability-rights-agenda-post-2020

European Parliament (2018). *On pathways for the reintegration of workers recovering from injury and illness into quality employment*, Committee on Employment and Social Affairs, Report A8-0208/2018.

European Parliament (2020). *European Disability Strategy post-2020.* P9_TA(2020)0156, Brussels. Available at: https://www.europarl.europa.eu/doceo/document/TA-9-2020-0156_EN.html

EU-OSHA (2016). *Rehabilitation and return to work: Analysis report on EU and Member States policies, strategies and programmes*, Publications Office of the European Union, Luxembourg.

Hemp, P. (2004). "Presenteeism at Work – But Out of It", *Harvard Business Review*, October 2004.

Guazzi, M., P. Faggiano, G. F. Mureddu, G. Faden, J. Niebauer & P. L. Temporelli. (2014). "Worksite Health and Wellness in the European Union", *Progress in Cardiovascular Diseases, Worksite Wellness and Cardiovascular Rehabilitation,* 56 (5): 508–14.

ISSA (2013). *Guidelines on Return to Work and Reintegration*, International Social Security Association, Geneva.

Kerckhofs, P. (2019). *European sectoral social dialogue: Facts and figures*, Publications Office of the European Union, Luxembourg.

OECD (2003). *Transforming Disability into Ability*, OECD Publishing, Paris.

OECD (2010). *Sickness, Disability and Work: Breaking the Barriers. A Synthesis of Findings Across OECD Countries*, OECD Publishing, Paris.

OECD (2018). *OECD Employment Outlook*, OECD Publishing, Paris.

UN (2006). *Convention on the Rights of Persons with Disabilities*. Retrieved on 10 May 2020 from: https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html

Vooijs, M., Leensen, M. C. J., HOving, J. L., Wind, H. and frings-Dresen, M. H. W. (2018). "Value of work for employees with a chronic disease". *Occupational Medicine.* 68(1): 26-31.

Appendix

A.1 Summary of the data collection

Table A1. Summary of stakeholder interviews

Type of organisation	Count
European social partners (total)	7
Trade unions	*5*
Employer organisations	*2*
European institutions	2
NGOs, patient or disease associations	6
Academia	1
Total	**16**

Table A2. Sample composition, national social partner survey

Variable	Number of responses
Type of organisation	
Trade union	81
Employer organisation	34
Other	8
Level of social dialogue	
National	76
Sectoral	28
Territorial	11
Cross-sectoral	8
Total	**123**

A.2 Additional data analysis

Table A3. National social partners' awareness of EU level return to work policies by participation in EU level social dialogue structures

Does your organisation participate in EU level social dialogue structures?	Are you aware of any EU level policies that support the return to work for workers after treatment for chronic diseases?				
	Do not know	No	Not interested	Yes	Total
No	5 (29%)	9 (53%)	0	3 (18%)	17 (100%)
Yes	17 (27%)	24 (35%)	1 (1%)	27 (39%)	69 (100%)

Source: REWIR Social partners' survey (N=90). Don't know excluded from cross-tabulation.

Table A4. National social partners' awareness of EU level return to work policies by type of organization

Type of organization	Are you aware of any EU level policies that support the return to work for workers after treatment for chronic diseases?				
	Do not know	No	Not interested	Yes	Total
Employers' association/federation	2 (10%)	7 (33%)	0	12 (57%)	21 (100%)
Trade union/federation	15 (32%)	16 (34%)	1 (2%)	15 (32%)	47 (100%)
Other	0	1 (100%)	0	0	1 (100%)

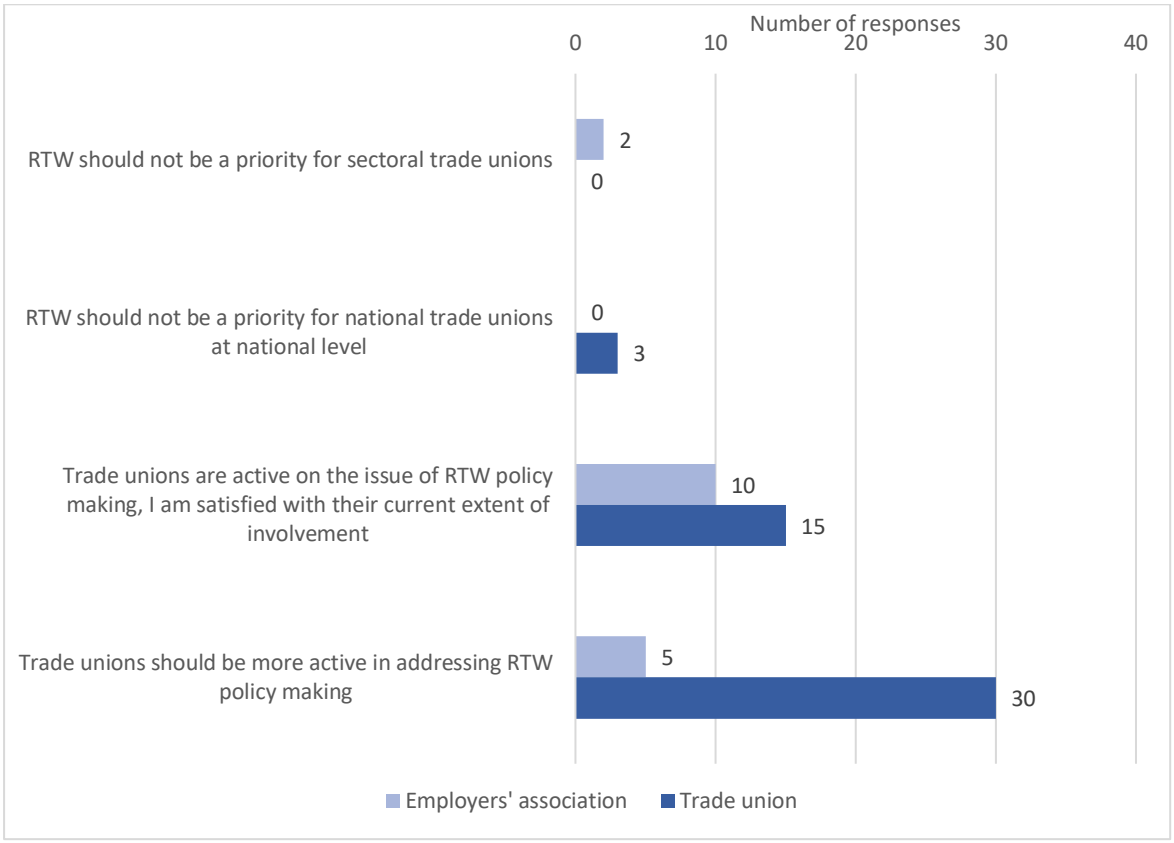
Source: REWIR Social partners' survey (N=69).

Table A5. National social partners' awareness of national-level policies and measures to support return to work after chronic illness by type of social partner organization

Type of organization	Are you aware of any national-level policies and measures that support the return to work for workers after treatment for chronic diseases?				
	Don't know	No	Not interested	Yes	Total
Employers' association/federation	0	2 (11%)	0	17 (89%)	19 (100%)
Trade union/federation	1 (2%)	9 (20%)	1 (2%)	33 (75%)	44 (100)
Other	0	0	0	1 (100%)	1 (100%)

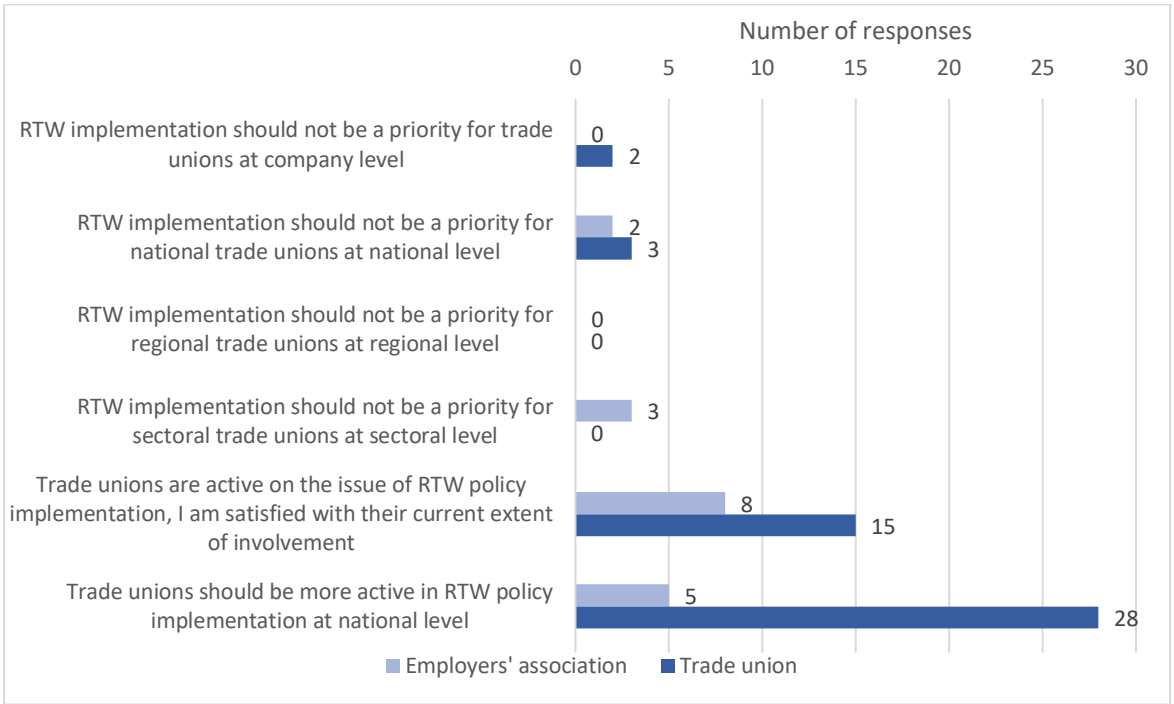
Source: REWIR Social partners' survey (N=64).

Figure A8. National social partners' perception of trade union involvement in shaping national return to work policies



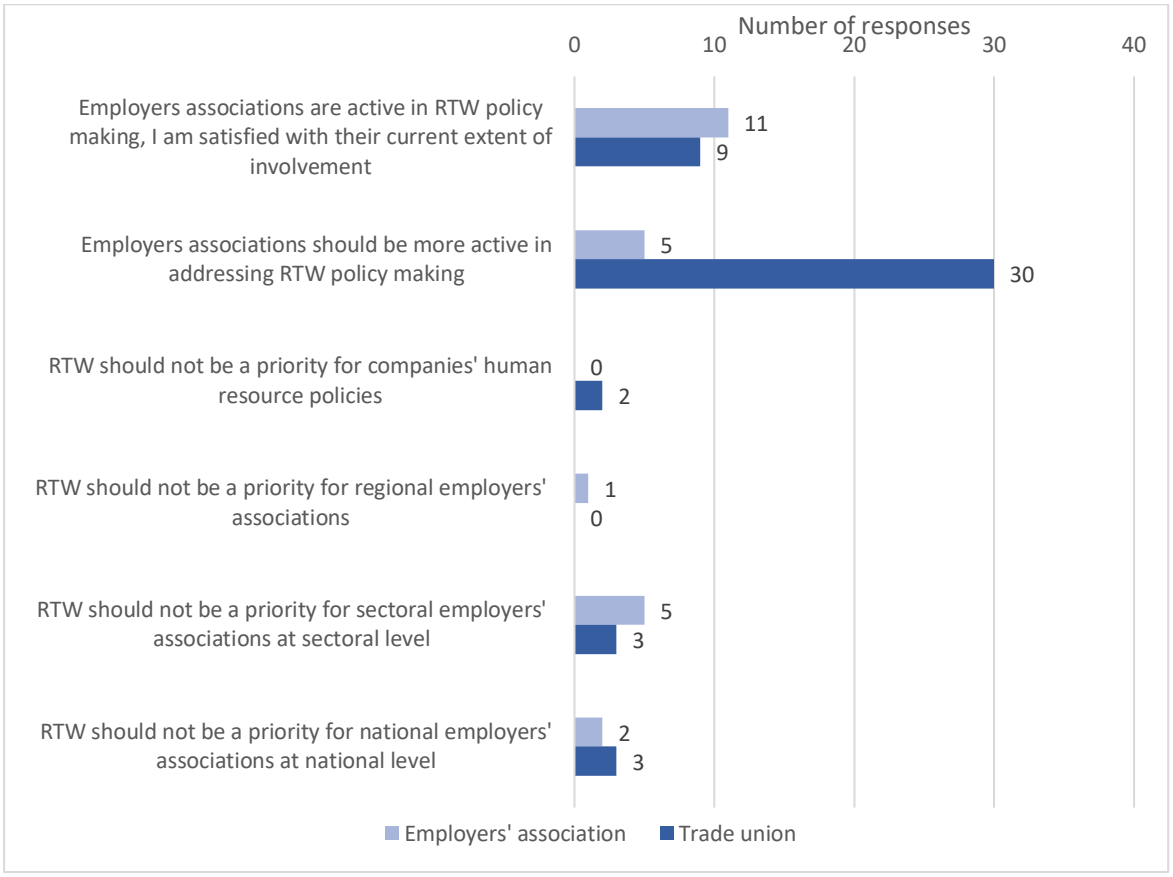
Source: REWIR Social partner survey (N=83). RTW = Return to Work. Don't know/cannot evaluate excluded from graph. Answers shortened to ease reading.

Figure A9. National social partners' perception of trade union involvement in national return to work policy implementation



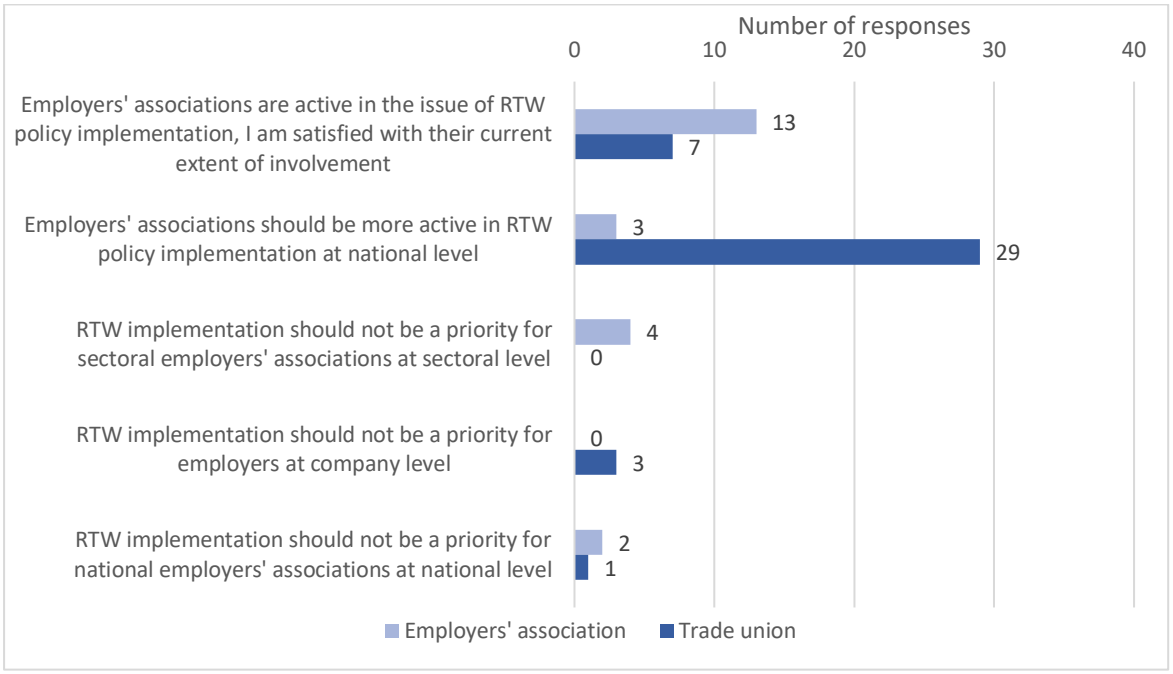
Source: REWIR Social partner survey (N=83). RTW = Return to Work. Don't know/cannot evaluate excluded from graph. Answers shortened to ease reading.

Figure A10. National social partners' perception of employer associations' involvement in shaping national return to work policies



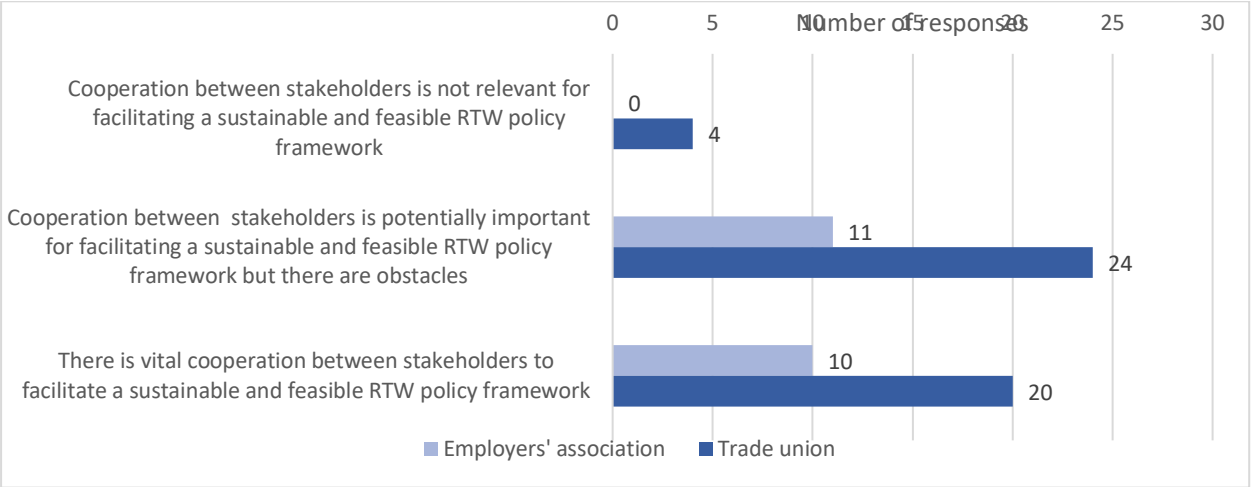
Source: REWIR Social partner survey (N=83). RTW = Return to Work. Don't know/cannot evaluate excluded from graph. Answers shortened to ease reading.

Figure A11: National social partners' perception of employer associations' involvement in national return to work policy implementation



Source: REWIR Social partner survey (N=83). RTW = Return to Work. Don't know/cannot evaluate excluded from graph. Answers shortened to ease reading.

Figure A12. National social partners' views on cooperation between stakeholders in return to work policy making



Source: REWIR Social partner survey (N=83). RTW = Return to Work. Don't know/cannot evaluate excluded from graph. Answers shortened to ease reading.

A.3 Interview Questionnaire

Interview with EU level stakeholders on facilitation of return to work policies

REWIR - Negotiating return to work in the age of demographic change through industrial relations
VS/2019/0075

This interview is carried out in the framework of a study on **Negotiating return to work in the age of demographic change through industrial relations** (REWIR, project no. VS/2019/0075). The project is **commissioned by the European Commission (EC)** to the Centre for European Policy Studies (CEPS, Belgium), the Central European Labour Studies Institute (Slovakia), University of Tallinn (Estonia), Dublin City University (Ireland), ADAPT (Italy) and University of L. Blaga in Sibiu (Romania).

According to the EU Health Programme 2014-2020, a key priority of the EU 2020 strategy focuses on healthy ageing practices, good health standards of the working population and tackling chronic diseases in order to facilitate an active and healthy ageing. In particular, the project aims to evaluate the role of industrial relations actors in facilitating return to work of workers that face(d) chronic diseases and subsequent reintegration into the labour market in the case of a longer absence from work at the EU level as well as in selected EU Member States (Belgium, Estonia, Ireland, Italy, Romania and Slovakia).

The information provided during this interview will remain confidential. Final results will be presented in aggregate or anonymous form. Upon the respondent's agreement, the interview may be recorded to enable a transcript solely for research purposes.

Definitions of key terms:

Chronic disease is a disease of long duration and slow progression, which is not passed from person to person; for example, cardiovascular diseases, cancers, certain respiratory diseases and diabetes etc.

Return to work (RTW) refers to procedures and initiatives aimed at facilitating the workplace reintegration of persons who experience long term absence from work or work under restricted health conditions coupled with a reduction in work capacity or capability, which can be due to illness or invalidity.

Return to work policies refer to regulation at international, national or regional levels, which regulates the return to work after being diagnosed with illness or invalidity.

Social dialogue refers to interactions, such as negotiation, consultation or exchange of information, between or among social partners and public authorities.

Trade union is an organisation representing the interests of employees, where members can seek help and support in work-related issues.

Employer association is an organisation representing the interests of a group of employers.

Interview information (for internal use only)

Date and time of interview	
Location of interview	
Name of interviewee	
Position of interviewee	
Organisation name	
Organisation type	
Email of interviewee	
Phone of interviewee	
Interviewer	
Country	

Consent

I understand and consent that this interview will be recorded and used for research purposes. My name and personal information will not be released publicly, and all of the discussion will be anonymised. The results may only be presented in aggregate or anonymous form.

Name (please print)	
Signature	
Date	

Interview with EU level stakeholders on facilitation of return to work policies

A. <u>Knowledge and interest in RTW policies after chronic disease and own role in RTW facilitation</u>

A1. To what extent does your organisation consider the prevalence of chronic diseases as a relevant issue within the labour market context at EU level?

A2. Is RTW after a chronic diseases part of your work agenda? What perspectives does your organisation take on return to work? Please describe the policy context of which you are aware.

A3. What do you consider to be your organisation's role in facilitating the return to work of the people with chronic diseases at EU level? Please describe.

A4. What kind of actions do you take to influence the RTW process at the EU level? Please explain with concrete examples.

A5. What are the facilitators and/or obstacles that you face when dealing with RTW process in general? Please explain.

B. Perceptions on own role and the role of industrial relations actors

B1. How do you consider your own role in addressing RTW policies at EU level? Please explain.

B2. How do you consider that industrial relations systems and European social dialogue platforms are generally working to deal with RTW issues at EU level? Please explain.

B3. What kind of legitimacy, political support and resources does your organisation have in addressing RTW issues at EU level? What would you like to see improved to influence RTW policies and implementation at EU level? Please explain.

B4. Please give us concrete examples based on your knowledge, where social partners played a key role in influencing RTW policies at EU level. Please explain the process and how the results were achieved.

B5. In your opinion, what is the most relevant level (e.g. European, national, regional, cross-sectoral, sectoral or company levels) at which social partners might have the highest influence in facilitating RTW policies or processes in Europe?

C. Experience and interactions with other stakeholders in the context of RTW

C1. Have you interacted with other stakeholders in facilitating RTW of people with chronic disease? If yes, please tell us which actors they are. Could you please describe the nature of this interaction (e.g. control, competition, cooperation, interactive bargaining, or else)?

C2. What was the outcome(s) or implications of this interaction with other stakeholders in terms of RTW policies or facilitation? What were the enablers/obstacles during this interaction process towards achieving outcomes relevant for RTW? Please explain.

C3. What perspectives does your organisation take on such interactions with other stakeholders to influence the RTW policymaking in Europe? Were you satisfied (or not) with the interaction overall? Please explain.

D. Concluding questions

D1. Do you have any remaining issues that you would like to raise as regards the role of industrial relations in facilitating RTW of people with chronic diseases?

D2. Do you know of any important documentation (policy report, pilot studies, impact assessment studies, research articles, data or statistics on the topic etc.) that you consider relevant for RTW policies that we should pay attention to?

D3. Do you know of any study, report or article that evaluates the specific role of industrial relations actors in dealing with RTW policies?

Thank you for participating in this interview!