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| University of South-Eastern Norway –**Department of Health, Social and Welfare Studies****2020** |
| **A short-report on work inclusion policies and practices for people with adverse health conditions in Norway** |

# Introduction

This short-report is written as part of the project anchored in Slovakia: I Want to Work; Who Can Help Me? The report is a summary of a full report written in English[[1]](#footnote-1).

Norway has a population of 5.3 million and is not part of the European Union (EU) but is closely linked to the EU through the European Economic Area (EEA) Agreement from 1992. Norway has a mixed-market capitalist economic system that features high degrees of private ownership, combined with a large number of state-owned enterprises and state ownership in publicly listed firms. In a comparative perspective, welfare provisions in Norway are regarded as rather generous, with universal health care and a comprehensive social security system. Most health and social care and pensions are public and funded by the state. Private health and social security insurance are therefore not necessary.

The ordinary working hours are 37.5 hours per week. The ordinary pension age is 67 years. Employers are obligated to provide an approved occupational health service for the employees when risk factors in the enterprise necessitate this (70% of enterprises). The occupational health service is free of charge for the employees whereas the employer must pay for all the services. The occupational health service must assist the employer and the employees in their efforts to create safe working conditions, that is, their work should ensure primary and secondary prevention and *not* perform clinical treatment of employees and patients.

Workers in Norway are more satisfied (94%) with work than in any other European country (EU average=86%). The physical health of workers in Norway is about the same as for the average of EU countries, whereas they report better mental health. Norway has the highest average sickness absence rate in Europe.

# Support measures

For all salaried employees in Norway, sick leave is granted from day one and for 1 year. The sick leave compensation is for most people 100% of the income the person had immediately before being sick listed. After 1 year of sick leave the worker can apply to NAV for work assessment allowance if the work ability is reduced by at least 50%. The aim of having a period with work assessment allowance is to be able to keep work, or to find new work, that the worker may be able to perform. Relevant measures are medical rehabilitation, at the job training and new education. The work assessment allowance period is up to 3 years, and the benefit is about 66% of the benefit received during the previous sick leave period. If employment is not achieved after three years on work assessment allowance the worker may apply for disability pension. Whether the worker is entitled to 100% or graded disability pension depends on the remaining work ability. The disability pension benefits are about 66% of the worker’s previous wage. People receiving disability pension benefits (100% or graded) may work as much as they want and can in addition to the benefit. The pensioner may earn 0.4 times the national insurance base amount per year (2019: about €4,000 per year) without this affecting the pension benefit. If the work income exceeds this amount, the pension benefit is reduced. Treatment and work activity measures must have been tried before the worker may apply for disability pension benefit unless the reduced work ability is because of a serious disease or injury with obvious long-lasting disability.

# NAV

NAV is a public organization responsible for supporting citizens with social security and welfare provisions and guidance. One main aim of NAV is to reduce the number of passive economic transfers by promoting better coordination and increased effectiveness through the international trend of active labour market policies. Individuals needing support related to employment and relevant support measures must be in contact with NAV’s counsellors. In addition, the counsellors do also have contact with treating doctor and employer. Within the NAV organization, there are all over the country established Inclusive Workplace Support Centres that do not focus on serving individual people with health or social problems but provide help to employers and employees to create routines and a culture at the enterprise level so that individuals experiencing reduced work ability are treated in accordance with the intentions of the Working Environment Act and the so-called Inclusive Work Agreement between the state and the employers’ trade organizations and labour unions.

# Routines for following up sick listed workers

The employer is given an important role in supporting employees to return to or stay at work when experiencing reduced work ability from sickness, fatigue and disabilities. Both the employer and the employee must get necessary support in close collaboration with the NAV counsellors and other relevant agencies. Table 1 provides a detailed overview of actions, responsibilities and deadlines for sick-listed employees, employers, NAV and doctors at the workplace and where NAV is more involved in the processes than the health services are.

**Table 1.** *Overview of involved agencies, actions, responsibilities and deadlines in supporting returning to work for sick-listed employees.*

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| **Deadlines, roles and duties** | **Self-certified sick leave****1–8 days\*** | **Sick leave\*\**** **4 weeks**
 | **Sick leave*** **7 weeks**
 | **Sick leave*** **8 weeks**
 | **Sick leave*** **26 weeks**
 | **Sick leave*** **1 year**
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| **Employer has responsibility to include employees early****Must document follow-up of sick-listed employees** | Keep self- certification formsContact worker if on sick leave several days | Develop a follow-up plan with employeeInform doctor and NAV (if NAV support is needed)  | If 100% sick listed, take initiative for dialogue meeting 1 with employeeNAV, occupational health service, doctor and employee representative may participate |  | Participate in dialogue meeting 2 together with NAV, employee and othersSend NAV updated follow-up plan 1 week before meeting | Participate in dialogue meeting 3 if summonedCan initiate dialogue meeting 3 |
| **Employee must collaborate and be active in finding solutions for early return to work\*\*\*** | Contact employer Inform about expected time for sick leave | Participate in developing a follow-up plan with the aim of returning to work if possible | Participate in dialogue meeting 1 (if medically possible)Inform employer if other parties are wanted in the meeting | If not in work-related activity, a new sick-leave certificate from doctor is needed  | Participate in dialogue meeting 2 Participate in finding solutions for returning to work | Participate in dialogue meeting 3Can request dialogue meeting 3Before 1 year: together with doctor, consider help from NAVApply for work assessment allowance or disability pension |
| **Certifying doctor must motivate the person to return to work 10% or part time if medically sound** |  | Consider part-time sick leave on an ongoing basisReceive follow-up plan | Participate in dialogue meeting 1 | Certify whether the employee cannot participate in relevant work activities | Participate in dialogue meeting 2 if summoned | Participate in dialogue meeting 3 if summonedCan request dialogue meeting 3 |
| **NAV must support the employer and employee****Pay sick leave benefits****Suggest means for returning to work** |  | Send general information to all sick-listed employees |  | Consider whether the demands regarding work activity have been fulfilled | Organize dialogue meeting 2 | Organize dialogue meeting 3 if necessary or if one of the parties requests itConsider whether more work-related actions or work assessment allowance are relevant |
| **Employee representatives** | Contribute to preventing sick leave through the systematic health and safety work. Give advice to the sick-listed worker and contribute to the dialogue with the employer. Participate in dialogue meetings if the employee requests it. |
| **Occupational health service**  | Contribute to the systematic health and safety work and in follow-up work with the employee and employer. Take part in dialogue meetings if the employer and/or employee request it.  |
| **Labour inspectorate** | Supervise and oversee enterprise health and safety work to prevent sick leave. Oversee that enterprises or employers follow up workers in accordance with the directives mentioned above.  |

\* 1 – 3 days if there is no agreement between employers and employees regarding 8-day self-certification. \*\*Certified by a doctor.

# Marginalized groups in the labour force

For both individual and societal reasons, including as many people as possible in the labour force is important, including groups that are marginalized, such as young unemployed people who are not in an educational programme (NEETs), immigrants who do not speak Norwegian, people struggling with alcohol addiction or substance abuse problems and people with physical, mental, social and cognitive disabilities. NAV has several measures to help these groups into the labour market. First, NAV counsellors assess the person’s ability to work and develops, together with the client, an activation plan. The aim of this plan is to make the client able to work, 100% or part time. Depending on the needs of the individual client, NAV offers either practical or financial support. The support measures can be divided into two main categories: educational programmes and labour market initiatives.

Examples of educational programmes may be short courses in how to write CVs and job applications and how to search for jobs; courses to qualify for various jobs (up to 1-year course); ordinary secondary-school educational programmes (2 years) or higher education at the university level (up to 3 years). Examples of labour market initiatives are work training in sheltered enterprises (to qualify for ordinary work); work training in ordinary enterprises with NAV paying the wage and the employer having the opportunity to determine whether the person may be suitable for an ordinary working contract; work in ordinary enterprises with the employee having a working contract and NAV and the employer share the wage expense (for a limited period or as a permanent scheme); and Supported Employment, in which the person gets an ordinary job and contract in an enterprise while NAV pays the wage for a period and provides both the employee and the employer support and close follow-up by a specially trained supervisor (key account manager).

When it comes to homelessness, Norway belong to the lower end of the scale. Still, the problem of homelessness is highly relevant. It seems that Norway has been rather successful in reducing homelessness by use of the following initiatives: 1) Using a rather wide definition of homelessness; 2) Every fourth year measuring homelessness and surveying the profile of the homeless population to guide interventions; 3) Focussing on prevention of homelessness in addition to provide housing for those without a home; 4) Moving from a “staircase of transition” model to a “housing led” model. No 4 is probably the most important initiative. Staircase of transition demands changes in lifestyle before the person with health or addiction problems will get a tenancy whereas the latter does not demand anything in that way. In the housing led model housing is regarded as necessary to be able to make lifestyle changes. In Norway, there is no clear linkage between working with homeless and simultaneously working with employment of homeless. One reason for this may be that most persons are provided with a place to live through relatively generous public welfare arrangements giving income and housing.

1. Torp, S. (2020). "I want to work; who can help me?" An overview of work inclusion policies and practices for people with adverse health conditions. Tønsberg: University of South-Eastern Norway. [↑](#footnote-ref-1)