Chapter 1
The EU-level policy framework and stakeholder perspectives on returning to work after chronic illness

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1. Introduction

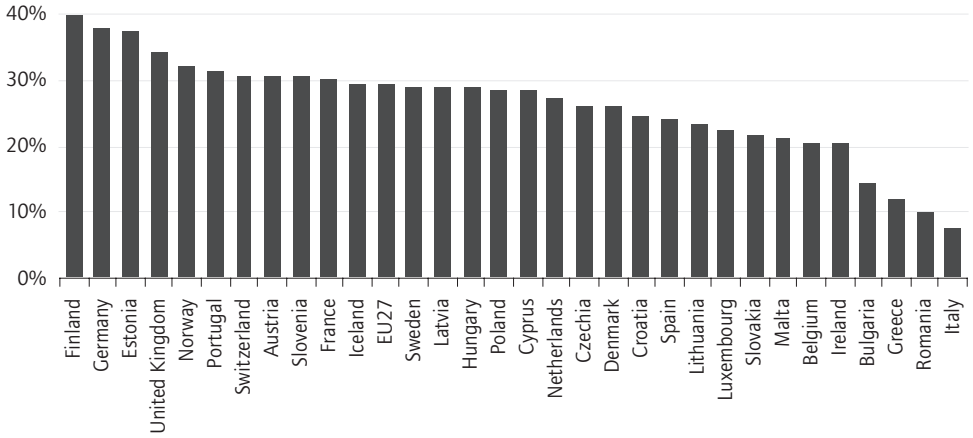
Labour markets have undergone significant transformation due to demographic changes such as longevity and declining birth rates. Policies to extend working lives and promote labour market inclusion are essential for ensuring the sustainability of European social security systems and the functioning of labour markets. In this context, measures to facilitate the return to work of individuals after chronic illness are a key policy instrument. As described in the introductory chapter of this book, chronic diseases are understood as those 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 on labour markets and are 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 of work-related deaths in the EU (European Commission 2017).

The prevalence of chronic disease is a significant issue in Europe. Various studies have shown that older workers are more prone to develop chronic diseases. According to EU-OSHA (2016), work-related health problems are more prevalent in older age groups. Therefore, with the ageing of overall populations and longer working lives, it is expected that more working age people will have chronic conditions in the years to come. Indeed, between 2010 and 2018 the proportion of working age individuals (between 16-64) reporting a longstanding illness or health problem increased from 24.8 per cent to 29.3 per cent across EU-27 countries.[1] The incidence of chronic morbidity varies across European countries, as illustrated in Figure 1.

The concept of chronic illness 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.'[2] Long-term sickness absence can often be a precursor of disability (OECD 2010) and the line between chronic illness 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).

1. Source: Eurostat, hlth_silc_04, extracted on 10 November 2020.
2. https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C159

Figure 1 **Proportion of population suffering from a longstanding illness or health problem, 2018**



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

The prevalence of chronic illness is a significant challenge to labour market integration. In EU-27 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 illness 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). According to the OECD (2016) 'the employment rate of people who have one or more chronic conditions, and particularly people aged 50-59, is much lower than those who do not suffer from any disease.' In addition to absence from work, chronic illness 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 individual and societal levels. For employees with a chronic illness, work is important as it allows them to be financially independent, develop social contacts and contribute to society (Vooijs *et al.* 2018). As such, the loss of work is associated with negative financial and mental health consequences. Moreover, there is a further impact on caregivers, often women, that may also be forced to drop out of the labour market to assume caring responsibilities (European Parliament 2018). Negative employment impacts are particularly relevant for women of pre-retirement age (50-64 years) of whom only 48 per cent providing long-term care are in employment. Informal caring duties can also lead to early retirement for older carers, particularly women.[4]

3. Source: Eurostat, hlth_dlm150, extracted 16 November 2020.
4. https://eige.europa.eu/publications/gender-equality-index-2019-report/informal-care-older-people-people-disabilities-and-long-term-care-services

Furthermore, the return to work can be a challenging process for businesses, 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, the indirect costs can reach up to €350 billion annually (European Commission 2017).

Against this background, this chapter has two key objectives. First, it provides a policy framework as well as analysis on the return to work after chronic illness at EU level by overviewing the existing legislative and non-legislative structures and relevant policy instruments. Second, by analysing primary data collected from key stakeholders including EU-level social partners as well as representatives of European institutions, campaigning and patient support organisations and academia, it focuses on the role of EU-level industrial relations structures and actors in addressing the return to work after chronic illness.

2. Returning to work after chronic illness in the EU: existing policy framework and tools

Facilitating a return to work for individuals who have suffered from chronic illness aligns closely with the core principles of the European Union. Article 26 of the Charter of Fundamental Rights of the EU[5] emphasises 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'. While this does not directly refer to individuals who experience chronic illness, there can be a significant overlap between individuals with certain chronic diseases and those who are disabled. More recently the European Pillar of Social Rights (2017)[6] stresses the right to equal opportunity in the workplace, active support in employment and a healthy, safe and well-adapted working environment.

As there is no specific EU legislation or regulation addressing return to work, and as most social and employment policies remain a primary competence of member states due to the subsidiarity principle, the EU does not directly intervene in specific return to work policies in member states. Nevertheless, the EU can influence return to work policy through the establishment of minimum standards in occupational health and safety, providing guiding principles and serving as a platform for the exchange of best practice. Moreover, while the EU approach in this context is fragmented, reflecting the diversity of policies and practices across member states, there are two key EU policy areas that are relevant for addressing the return to work: occupational health and safety policy; and social inclusion policies with particular reference to equal

5. https://www.europarl.europa.eu/charter/pdf/text_en.pdf
6. For more details on the principles of the European Pillar of Social Rights, see https://ec.europa.eu/info/strategy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles_en

opportunities and the treatment of disabled individuals in the labour market (EU-OSHA 2016; Eurofound 2019). In what follows, we address these policy areas in turn.

2.1 Occupational health and safety policy

Within the field of employment and social affairs, health and safety at work is one of the most developed aspects of EU policy. In this context, return to work is a relevant issue. For instance, 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). In particular, the Strategy 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.

On the legislative side, EU policy action within the realm of occupational health and safety tends to focus on the prevention of occupational accidents and diseases rather than the return to work. The Framework Directive 89/391/EEC on the introduction of measures to encourage improvements in the health and safety of workers at work and the 23 subsequent individual directives constitute the EU's occupational health and safety *acquis*.[7] This delivers 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 of the *acquis* concludes that, while it remains relevant today, it requires modernisation in the face of transformed labour markets and emerging risks (European Commission 2015). For instance, recommended measures include stepping up the fight against occupational cancer, psychosocial risk prevention and assisting businesses, particularly micro and small enterprises, to comply with occupational health and safety rules (European Commission 2017).

Overall, occupational health and safety directives relate to the return to work and integration in that they protect workers against risks and promote measures that contribute to accident prevention. However, the reintegration of workers after chronic illness is not specifically addressed in EU legislation. As such, the return to work may also be addressed through non-legislative EU action. In recent EU policy documents, returning to work after chronic illness is acknowledged as a significant issue in the area of occupational health and safety. Specifically, the EU Strategic Framework on Health and Safety 2014-2020 emphasises the importance of adapting workplaces and work organisation to the needs of ageing workers and identifies reintegration and rehabilitation measures as key to avoiding the permanent labour market exclusion of workers (European Commission 2014; Eurofound 2019).

Building on the previous framework, the European Commission published the renewed Strategic Framework on Health and Safety 2021-2027 in June 2021, following

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

stakeholder contributions to the consultation on the Framework.[8] For instance, the position statement of the European Trade Union Congress (ETUC 2019) highlights the need to address the situation of workers who return to work after sick leave and calls for the Framework to promote occupational health services enabling workers with long-term illnesses to retain employment; encourage the development of an action plan on returning to work; facilitate analysis of the current state of play in member states; and establish best practice and concrete tools to enable workers to return to work. As a result, the Strategic Framework includes guidance on securing health and safety at work as well as highlights the role of 'vocational rehabilitation schemes for people experiencing chronic diseases or people who have been the victim of accidents.' There is also an emphasis on actively supporting reintegration, non-discrimination and adaptation of working conditions of workers experiencing cancer.

2.2 Social inclusion and disability policy

In addition to occupational health and safety policy, a further policy field that is relevant to the return to work is social inclusion and disability policy. Individuals with chronic illnesses tend not to be specifically targeted by EU legislation but rather included in policies focusing on the employment of disabled people. Indeed, chronic illness often leads to limited working capacity as well as potential degrees of disability. Accordingly the European Court of Justice has, in some cases, ruled that chronic illness can be included in the definition of disability (Eurofound 2019). However, from this legal perspective, the definition of disability does not automatically include the concept of (chronic) illness and legal rulings on this issue diverge (Eurofound 2019). This implies that the inclusion of workers with chronic illnesses in disability policies is not legally guaranteed.

Internationally, organisations such as the United Nations (UN), International Labour Organization (ILO), World Health Organization (WHO) and the Organisation for Economic Co-operation and Development (OECD) have all worked on the subject of the return to work in recent decades with the objective of promoting the social inclusion of disabled individuals (EU-OSHA 2016). The ILO defines a disabled person 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.' ILO Convention No. 159 on Vocational Rehabilitation and Employment (Disabled Persons), adopted in 1983, foresees the inclusion of financial incentives for employers to improve and adapt workplaces and work organisation to increase employment opportunities for disabled individuals (EU-OSHA 2016).[9] In addition, the UN Convention on the Rights of Persons with Disabilities (UN 2006),[10] to which the EU has been party since 2011, forms the international framework for the rehabilitation of disabled people (EU-OSHA 2016) and encompasses general principles of rehabilitation

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-

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

10. https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

and career protection. Finally, the OECD has produced a number of studies promoting the participation of disabled individuals in social and economic life (OECD 2003; OECD 2010). In particular, it provides policy recommendations for member states on the development of effective return to work strategies for people with disabilities and/or chronic conditions, emphasising the importance of better coordination between different actors including employers, medical staff, social security agencies and the social partners (OECD 2010).

Against this international background, the EU has taken legislative action on disability and inclusion. In particular, it adopted Directive 2000/78/EC[11] establishing a general framework for equal treatment in employment and occupation (the Employment Equality Directive), specifically covering disability. The directive requires employers to make 'reasonable adjustments to accommodate disabled people.' These are relevant for workers returning to work after chronic illness, especially where that leads to disability or impairment resulting in the limitation of work capacity and capability. However, these provisions do not specifically cover workers returning to work after chronic illness where this does not result in the individual having explicit disability status (EU-OSHA 2016).

Another relevant piece of EU legislation is the Work-Life Balance Directive[12] that entered into force in August 2019. While the main focus of this directive is on improving access to family leave, it also has several elements pertaining to flexible work arrangements that could be relevant for the employment protection of caregivers of workers experiencing chronic illness.

In addition, the European Commission has been active in the development of strategies for improving the rights of disabled people. The 2010-2020 Disability Strategy[13] identified eight main areas for action, including employment and health, specifying that the EU would support national efforts to analyse and improve the labour market situation of disabled people, reduce the risks that might exacerbate disabilities in the workplace and support their reintegration into work. An 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). In particular, position papers on the continuation of the disability strategy by the ETUC (ETUC 2020) and by 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 the labour market inclusion and reintegration of disabled people. The European Parliament specifically sought to ensure that the new strategy should address the lack of clarity regarding the inclusion of chronic illness within the definition of disability and pay attention to the needs of individuals suffering from chronic illness, including targeted measures on employment activation.

11. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32000L0078
12. https://data.consilium.europa.eu/doc/document/PE-20-2019-INIT/en/pdf
13. https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM%3A2010%3A0636%3AFIN%3Aen%3APDF

The new Strategy for the Rights of Persons with Disabilities 2021-2030 was published by the European Commission in March 2021.[14] The Strategy highlights employment policy as one of the key areas in which action may be taken to improve the rights of people living with disabilities and emphasises measures promoting reasonable accommodation in the workplace for disabled people. In particular, it announces a flagship initiative to improve the labour market outcomes of disabled people, to be presented in 2022. This initiative is set to include guidance and support for member states in a variety of areas including vocational rehabilitation schemes in the case of chronic illness or serious accidents. The new disability rights strategy thus represents a step forward in taking policy action at EU level regarding the return to work. However, there is relatively little elaboration in terms of how far individuals with chronic illness are included in the definition of disability and, therefore, whether these policies apply to them specifically.

Focusing more specifically on workers with chronic illness, the Committee on Employment and Social Affairs of the European Parliament published a comprehensive report in 2018 on pathways for the 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 to draw up advice for employers on how to develop reintegration plans, ensuring dialogue between the social partners and facilitating exchange between member states and other stakeholders.

In addition, in February 2021, the European Commission released the 'Europe's Beating Cancer' Plan,[15] a comprehensive action plan against cancer. The plan emphasises issues that cancer survivors have in returning to work and proposes a variety of actions, including the promotion of up- and re-skilling programmes for cancer survivors and the launch of a new study in 2022 focusing on the return to work of cancer survivors. This initiative represents an example of an initial concrete EU policy action on the topic of the return to work after chronic illness.

In summary, concrete legislation or other policy action on the return to work after chronic illness has been comparatively scarce at EU level. Policy areas such as occupational health and safety and social inclusion and disability are relevant to the issue of returning to work after chronic illness but policy action remains underdeveloped. Moreover, chronic illness tends to be addressed within the category of disability and suffers from a lack of specific policy recommendations or the recognition that such a framework may not be appropriate for all chronic illnesses. Some actions have been taken to address the issue of returning to work after chronic illness, such as the 'Beating Cancer' Plan, but specific policies on chronic illness that comprehensively address the issue of the return to work are still lacking.

14. https://ec.europa.eu/commission/presscorner/detail/en/qanda_21_813
15. https://ec.europa.eu/health/sites/health/files/non_communicable_diseases/docs/eu_cancer-plan_en.pdf

3. Returning to work and the EU policy framework: the role of social dialogue

In order to explore further the EU policy-making process on the return to work, as well as the potential role of social dialogue in this, 16 semi-structured interviews with EU-level stakeholders – covering EU social partners as well as European institutions, non-governmental organisations (NGOs), campaigning and patient support organisations and academics – were conducted between December 2019 and May 2020.[16] Table 1 summarises the interviewee types.

Table 1 **Summary of stakeholder interviews**

Type of organisation	Count
European social partners (total)	7
- Trade unions	5
- Employer organisations	2
European institutions	2
NGOs, campaigning and patient support organisations	6
Academia	1
Total	**16**

The diversity of organisations interviewed reflects the multidisciplinary characteristic of the return to work. While not all these actors are part of formal EU social dialogue channels, they belong to a *tripartite plus* industrial relations setting and are highly relevant in the overall return to work context. All actors interviewed closely interact with policy-makers and have engaged in research, policy or advocacy work in the field.

In what follows, we first briefly describe the functioning of EU-level social dialogue, embedding the diverse industrial relations systems operating in it. We then turn to the various actors involved in EU-level return to work policy and describe their level of involvement in it. Subsequently, we analyse the nature of the interactions between the various stakeholders before finally providing some perspectives on forward-looking actions and future policy options at EU level on the return to work.

3.1 Brief overview of EU-level social dialogue

Social dialogue plays an important role in the European policy-making process. The role of national collective bargaining systems has been emphasised in terms of improved labour market performance (among others, OECD 2018). At EU level, bipartite and tripartite social dialogue has contributed to improved working environments through the interest representation of workers and businesses over recent decades. In addition to formal social dialogue platforms, open consultation with stakeholders is key to

16. Interview data was collected before some of the recent policy developments referenced in section 2, particularly the publication of the recent Disability Rights Strategy and the 'Beating Cancer' Plan.

the development of EU-level legislation and binding tools (e.g. directives) as well as other non-legislative tools such as recommendations and guidelines. Here, there are both cross-sectoral and sectoral social dialogue committees where the social partners come together to discuss, negotiate and sometimes reach consensus on diverse issues relevant to the proper functioning of labour markets and workplaces.[17] Several EU-level social partner organisations – including, for instance, the ETUC and Business Europe – participate in EU cross-sectoral social dialogue committees addressing a variety of labour market issues. EU sectoral social dialogue includes social partners representing trade unions and employer organisations from all member states. There are currently 43 EU-level sectoral social dialogue committees representing more than 80 per cent of the EU workforce (Kerckhofs 2019).

Various EU policies and strategies put an emphasis on social dialogue. For example, as part of the *Fair Working Conditions* chapter of the European Pillar of Social Rights, Principle 8 on social dialogue and the involvement of workers states the following:

> 'The social partners shall be consulted on the design and implementation of economic, employment and social policies according to national practices. They shall be encouraged to negotiate and conclude collective agreements in matters relevant to them, while respecting their autonomy and the right to collective action. When appropriate, agreements concluded between the social partners shall be implemented at the level of the Union and its Member States.'

Previous EU strategy also referred specifically to the role of social partners in promoting and implementing the European occupational health and safety framework, as stated in the following (European Commission 2017):

> 'Social dialogue has made a huge contribution to improving health and safety, at EU, national, sectorial and company level. It has not lost any of its relevance in today's context. On the contrary, social dialogue will be crucial in implementing the actions contained in this Communication.'

Meanwhile, Europe is host to a diverse set of industrial relations systems, as summarised in various studies (among others, Bechter *et al.* 2012; Akgüç *et al.* 2019b, 2020). This diversity of regimes is to the benefit of European industrial systems but it can also constitute a challenge to the setting of minimum standards in an environment where reaching agreements can take a longer time as a result of this diversity and the different processes, tools and national practices. This is also why most of the EU-level social dialogue agreements or outcomes tend to remain rather general in nature, leaving room for member states to implement a tailored version in view of their national and sectoral contexts.

17. For more detailed analysis of European social dialogue at cross-sectoral level, see Akgüç *et al.* (2019a).

3.2 EU-level stakeholder engagement in the return to work

Turning next to interview data on the issue of the return to work after chronic illness, all the EU-level stakeholders perceived returning to work and reintegration as a relevant topic in the face of demographic change and the prevalence of chronic illness in the EU. Inactivity among workers who have suffered from a chronic disease implies a large pool of wasted talent. In addition, it was highlighted that the return to work is not only an issue of economic productivity but also of inclusion. Despite its broad relevance, however, the specific topic of the return to work does not always appear at the top of the agenda of EU-level stakeholders while the level of involvement differs strongly between the different types of stakeholder.

From the side of the European institutions, the level of engagement with return to work policy has been limited. Beside the European Commission and Parliament, the main bodies dealing with the return to work are the European Agency for Safety and Health at Work (EU-OSHA) and the European Foundation for the Improvement of Living and Working Conditions (Eurofound). In particular, EU-OSHA has been working on return to work issues over the last decade, focusing research on return to work after MSDs and cancer, considering that work should not make existing health conditions worse but that, at the same time, it can promote health and well-being. In most of these projects, health and safety is considered within a multidisciplinary framework and the idea is to look for best practice in adapting workplaces for people with chronic conditions. These projects are coordinated and promoted jointly with the European Commission and Parliament. As regards the work of the European Commission, the bulk of its policy development work has focused on the prevention of accidents at work and, more recently, on work-related diseases. Nevertheless, there is a growing interest in the return to work, particularly in the context of MSDs, psychosocial risks and demographic change in Europe. Overall, the main role of the European institutions in return to work policy has been limited to information sharing, dissemination of research and awareness-raising in the EU, as well as providing a platform for the exchange of information and best practice.

Turning to the role of the EU-level social partners, the issue of the return to work after chronic illness is considered to be relevant in the face of demographic change such as ageing, or labour market developments such as labour and skill shortages, but the issue is not on the agenda of the social partners as yet. In some cases, this is due to limited resources while in others it is an issue of prioritisation with the main focus of work being on the prevention side of occupational health and safety, as is the case for other European institutions. While prevention has traditionally been concerned with occupational accidents, there has been a shift over time towards an emphasis on work-related diseases. In parallel to prevention, risk assessment and the promotion of healthy workplaces are also within the focus of social partners. For instance, the cross-sectoral social partners attempted to address the issues of active ageing and workplace accommodation in the Autonomous Framework Agreement on Active Ageing and an Inter-Generational Approach (Business Europe *et al.* 2017). Furthermore, European

social partner agreements, such as the framework agreements on work-related stress[18] and harassment and violence at work[19] might well have some relevance to people with chronic illnesses even though neither specifically addresses the return to work.

However, there is also a perception that returning to work and chronic illness will become more relevant on the social dialogue agenda in the near future, particularly in certain sectors such as construction and woodwork that are more deeply affected by work-related diseases. Sectoral trade union representatives highlighted unfavourable working conditions, bad work posture and ergonomics, the manipulation of heavy loads, stress and exposure to chemicals as leading factors in MSDs and cancer in some particular sectors with, latterly, a rising prevalence of chronic conditions.

Despite this increasing trend, nor is the return to work high on the agenda of the sectoral social partners at EU level yet. One way for this to change might be to consider working conditions and their relation to the prevalence of chronic diseases from a different angle. For instance, night shifts are common in sectors such as cleaning and studies have shown a link between night shifts and cancer. Thus, one way to draw attention to the prevalence of chronic illness and the related return to work issues among social dialogue committees would be through the working time dimension. Another example of the health impact of poor working conditions is stress in the workplace, which is shown to be linked to chronic conditions;[20] around one-half of European workers consider workplace stress to be common, contributing overall to almost one-half of all lost working days.[21] An emphasis on workplace stress could thus be another way to address the subject of chronic illness in social dialogue.

In some cases, employers would prefer to dismiss employees with chronic illness. Trade unions are, however, able to influence the employer side through social dialogue and, where the issues of chronic illness and the return to work appear on the agenda of social dialogue committees, this might represent a way of avoiding such outcomes. Additionally, lobbying European institutions to make sure these issues are put high on agendas also works: once the European institutions place importance on an agenda item, it tends as a consequence to get discussed by the social partners.

Campaigning and patient support organisations and NGOs are key stakeholders in EU-level return to work policy. They invest resources in raising awareness about people experiencing chronic illness and provide a mapping of the prevalence of such conditions; they also acknowledge the impact that chronic illness has on economic and health systems. Their belief is that effective policy requires a shift in mindset to focus on a person's abilities rather than their limitations, considering that inactive people with a disability or a limiting illness constitute an untapped reserve of talent and skills. Some organisations prefer to advocate disability angle in policy-making on the return to work, pushing for a collective effort behind the full implementation of the UN

18. https://www.etui.org/sites/default/files/ez_import/Framework%20agreeement%20on%20work-related%20stress.pdf
19. https://www.etuc.org/en/framework-agreement-harassment-and-violence-work
20. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5877081/
21. https://osha.europa.eu/en/themes/psychosocial-risks-and-stress

Convention on Disabled Persons, with particular reference to Article 27 on reasonable accommodation in the workplace. All in all, these stakeholders mainly focus on the health side of the issue but they value exchanges with policy-makers, social partners and other campaigning and patient support organisations to discuss other dimensions such as employment and social policies.

The possible challenges faced by micro-enterprises and SMEs compared to larger companies in the context of the return to work is also worthy of mention. A major obstacle for these companies when dealing with the return to work is that it is often the case that no two employees have the same tasks; thus, reorganisation can be very difficult to allow the possibility for a worker, absent for a long time due to chronic illness, to come back. Moreover, most SMEs do not have the financial capacity and human resources to adapt the workplace to accommodate and facilitate the return to work of workers following chronic illness. In larger companies, there is often a more established human resources management structure, and hence a return to work is more likely, but some chronic diseases (e.g. chronic headaches) are not always recognised even there as an issue to be addressed.

3.3 Interactions between industrial relations actors and other stakeholders in return to work policy

Generally, while the nature of interactions between the social partners can sometimes be adversarial, they frequently cooperate on health and safety issues. Common ground can often be found here as a healthy workforce and well-functioning labour markets are in everyone's interests. It is also acknowledged by most social partners that trade unions are generally more in favour of legislative solutions while employers are rather reluctant when it comes to binding agreements. In interactions between the two there has not, however, been any specific discussion of the return to work as this issue is not present on the agenda of EU social partners.

This is also the case for interactions on the issue between EU-level social partners and the European institutions. The social partners are part of the tripartite Advisory Board on Health and Safety at Work and, as such, they are regularly consulted by the European Commission to provide opinions on topics related to health and safety. In addition, they are part of the tripartite governing board of EU-OSHA which must draw up its work programme through consensus. In these interactions, an atmosphere of cooperation usually prevails as they are based on knowledge exchange and the search for joint actions and compromises. Nevertheless, the return to work is not addressed specifically.

Turning to interactions between campaigning and patient support organisations and the social partners, engagement has also been limited. While the campaign organisations state that they are seeking opportunities to cooperate with the social partners on the return to work, they have had limited success so far as the social partners are more focused on issues relating to prevention. Where there has been some form of interaction, this appears not to have resulted in any particular policy action on the return to work. The

limited interest of the social partners may result from trade unions seeking to advance conditions for all workers whereas the specific needs of individual workers, or those who are inactive, cannot always be collectivised; while employer organisations might have greater awareness of the issues but lack knowledge about potential adjustments and are focused on cost. The reason why both are hesitant on this issue might also be due to not wanting to put at risk the terms of existing collective agreements.

Involving the social partners in return to work policy would increase the legitimacy accorded to this topic in discussions with policy-makers. Consequently there is significant interest from campaigning and patient support organisations in further exchanges with the social partners in terms of educating them about medical facts and the importance of the issue, convincing employers that adjustments are not always costly and discussing their policy recommendations openly with both sides. However, greater flexibility and openness from the social partners might be needed to increase fruitful exchanges between social partners and NGOs on the return to work issue. Due to their limited success at engaging with the social partners, campaigning and patient support organisations and NGOs are therefore more focused on interactions among themselves and with European institutions where there is more active cooperation, in particular with the Commission and the Parliament, including discussions with policy-makers and the organisation of joint events.

3.4 Future potential for EU action and social dialogue on the return to work

The data collected in these interviews suggests that the EU does have a future role in return to work issues, both in developing policies and in raising general awareness. However, its role here is distinct from that of national member states as employment and social policies are national prerogatives in the context of subsidiarity. Given the large variation in national labour market and social policy systems, specific legislation on the return to work should perhaps be developed on a more disaggregated basis comprised of national, sector and company levels. In contrast, the EU could provide at least an overarching policy framework on the return to work. There also appears to be room for the industrial relations actors to take part, subject to all sides being willing.

One of the key added value aspects at EU level is indeed the potential development of a European charter on the return to work and chronic illness, collecting good practice and creating minimum standards and common guidance in particular for member states and employers. Diversity in handling return to work issues in member states means that having European standards as a practical guide could serve those member states who lag behind. In addition, having practical guidance approved at EU-level can lend legitimacy to the issue and encourage further action in member states. Employers would also benefit from this as most are not sure of how to deal with the issue, taking sector-specific considerations also into account. In this context, one of the key transmission mechanisms could be the amount of interaction such a charter would generate between the EU and the national social partners. Achieving a level playing field across all member states might not be possible but convergence in facilitating the return to work can perhaps be aimed at.

An additional and potentially useful EU policy tool is the European Semester process. As a benchmarking tool, this process could be useful in terms of the collection of further data on the return to work since the absence of data can lead to an underestimation of the scale of the problem. Furthermore, greater emphasis could be put on health and safety topics in country-specific recommendations as part of the national reform process. For example, there are existing EU instruments that address the long-term unemployed. One idea could be to add an annex to such instruments to include people who are absent from work because of a chronic illness (or disability). There is also room for the social partners to participate in the European Semester. Even though there are divergences in the extent of actual experience with the process thus far (Akgüç *et al.* 2019a), the social partners have started to be involved in the process and can contribute their perspectives on the return to work as part of it. The roles of the European Social Funds and the European Structural and Investment Funds are also a means of supporting member states and employers to adjust workplaces and facilitate return to work arrangements.

Another area where EU action is relevant is EU-funded research projects and programmes, such as Horizon 2020. These joint research and innovation activities contribute to our understanding on chronic diseases and the societal challenge of demographic change, and they inform policy-makers drafting initiatives and strategies on employment and health policies. There is also an EU budget line for the social partners to participate in various projects to improve expertise on industrial relations and on the specific challenges which wider society faces. All such EU activities are considered to be valuable in engaging the various actors and advancing knowledge in relation to the return to work after chronic illness.

The social partners are relevant at all levels but there is a need to differentiate the roles that they play. At the level of the EU, the focus of the social partners is the generation and co-ordination of overall policy. In contrast, national social partners can address return to work issues through legislation or collective bargaining within member states, considering the context of national legislation and social security systems. Furthermore, the sectoral social partners can address specific industry-wide issues as returning to work does require a more tailored consideration in some sectors (e.g. construction, cleaning or the chemical industry). Finally, interest representation at company level is also important as the success of any return to work policy elaborated at higher levels boils down to practical implementation in enterprises where representatives can serve as intermediaries between workers and the company.

The main role of the EU-level social partners in contributing to policy development on the return to work therefore lies in providing information and exchanging best practice, thus raising awareness among their members at national level, and capacity building. In addition, they can lobby the European institutions in order to bring the issue higher up the European policy agenda which would also result in making it more prominent in the European social dialogue. The social partners have an important role to play in making sure that issues related to health and safety and to employment enter the relevant European and national strategies. Here, the return to work tends to be addressed through disparate policy angles such as health and safety, employment and

social inclusion with the result that different policy fields dealing with the issue, such as ageing, discrimination, disability and occupational health and safety, are at times disconnected. One of the roles of the EU-level social partners could be to bring these different policy angles together to promote a more holistic and joined-up approach.

In addition to awareness-raising and information exchange, the EU-level social partners could also include the return to work in formal social dialogue negotiation. However, EU-level regulations on this issue are not necessarily desirable as their outcomes tend to remain rather general in nature. It is rather the national-sectoral level of social dialogue – perhaps the most influential channel to achieve binding agreements in view of the centrality of national legal frameworks, industrial relations settings and sector-specific risks and conditions – which is arguably the most important.

4. Conclusion

In the context of demographic and economic change, the labour market integration of individuals who are returning to work after chronic illness is a significant social and economic challenge. This chapter has sought to elucidate the EU policy framework on return to work and the contributions to it of the EU-level social partners, as well as stakeholders' views on current and future EU return to work policy. As set out in this chapter, EU-level initiatives and industrial relations actions on the return to work have, so far, been limited but there are several relevant actions that are worth acknowledging.

At EU level, there have as yet been no concrete policy agreements on the return to work although some EU agencies, such as EU-OSHA, have conducted research on it. The return to work is relevant to several EU policy fields, the most prominent among which is health and safety, and social inclusion and disability. Within the health and safety policy nexus, however, the focus of policy up to now has been on the prevention of occupational accidents and occupational diseases. The new EU Strategic Framework on Health and Safety at Work for 2021-2027 addresses the return to work more explicitly by highlighting the importance of vocational rehabilitation of people with chronic illnesses. As regards the field of social inclusion, chronic diseases tend to be subsumed under the heading of disability. On the legislative side, the most significant development in this regard is the Employment Equality Directive and its proposition for reasonable accommodation to be made in the workplace for employees suffering from a disability. Generally, chronic illness tends not to be specifically addressed in EU policy documents but the recently-released Strategy for the Rights of Persons with Disabilities 2021-2030 does include a specific reference to workplace rehabilitation for workers who suffer from chronic illness. In addition, the EU 'Beating Cancer' Plan is a first concrete initiative that addresses the return to work of individuals with cancer. Hence, the topic appears to have started to attract more attention on the European policy agenda.

The EU-level social partners have, so far, engaged with the topic of the return to work after chronic illness only to a very limited extent. While autonomous framework agreements, such as those on active ageing or work-related stress, address concepts

relevant to workplace rehabilitation, specific policy engagement with the return to work concept has, up to now, been lacking. Our research suggests that the return to work could become more prominent on the agenda of the EU-level social partners in the future, with the stakeholders interviewed agreeing that the social partners have a key role to play in developing return to work policy at EU level.

In particular, there are several ways in which the social dialogue actors might function at EU level to address the return to work. One of the main ones here is to raise awareness, share information with national members and engage in capacity building. Such efforts could be further enhanced by increased cooperation with other actors such as campaigning and patient support organisations. The EU-level social partners could also influence European institutions to help the development of a more coordinated and holistic European strategy on the return to work.

While the return to work may be discussed in both cross-sectoral and sectoral social dialogue committees, the conclusion of binding agreements at EU level on the return to work may be less appropriate. In other words, one of the common messages is that social dialogue at European level should mainly have an awareness-raising role, providing general information on the topic, but that all the practicalities should rather be left to the member states and particularly to the sectoral actors due to national competence and the diversity of legal and industrial relations settings. Rather than new legislation at EU level, a better interpretation of the existing legislation, as well as more practical guidance for member states, could provide a more functional way forward. Here it is the national-sectoral level which appears to be the one most appropriate for specific social dialogue outcomes to be agreed on return to work issues while, going one step further, the enterprise level is the one where the practical and day-to-day management decisions on the ground are taken in relation to return to work matters.

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