European Commission

A MANUAL FOR MANAGING CHRONIC DISEASES AND PREVENTING THE RISK OF ACQUIRING DISABILITIES

LEGAL NOTICE

The text of this document is left aligned for accessibility reasons.

Table of Contents

EASY-TO-READ SUMMARY

What is in this document?

This document gives information and ideas about how to help
and support people who have a chronic disease or a disability at work.
A chronic disease is an illness that will not get better completely
and that continues to affect your health.
We will use just disease for short.
We call this document a Manual.

Who is the document for?

The Manual has information for employers about how they can
support the people that work for them.
Employers are the people and organisations
who give other people jobs.
Organisations are a group of people who work for the same thing.

The Manual has information about the rights of people
who have a disease or a disability.
They can understand what their employer must do to support them
and what they can do more to help.

It has suggestions for the people and organisations that make laws.
It has ideas and examples about how to make better laws.
has ideas for organisations that help employers
and who help It people that are working with a disease or disability.
They can learn how to help people better.

What does the Manual say to employers?

The Manual explains how to make a good and safe place to work.
It also explains what the law says they must do.
They must make plans and take action to make the workplace safe
and to stop accidents and problems from happening.
Workplaces that are not safe can cause a disease or disability.

The manual gives ideas for how to plan and act in a good way
including doing this with the people who work there.
It also has ideas about who can help the employer
to support people with a disease or disability at work.

The Manual gives ideas on how to make the workplace
nicer and more inclusive
and more inclusive for everyone who works there.
For example:
how they can listen to the people who work there
and use their ideas to make the workplace better.

Employers should also teach the people that work for them
how to support each other.
The Manual gives ideas of what people should know
to support people with a disease or disability that they work with.

The Manual has ideas for how to change jobs
to make them better for people with a disease or disability.
For example:
- to be able to work at different times to other people
- to give special equipment to support them
- to change the kind of work they do.

If there is someone who needs special help in their job
the employer must plan this help.
The Manual gives ideas about how to make the plan
and who can help make it.
The person with a disease or disability must be supported
and able to make decisions about the plan.

Special advice

The manual has ideas about how to make work better for people:
- who have had cancer
- who have problems with their backs, knees, bones or muscles
- who have problems with their heart or blood
- and who had bad COVID-19.

There are suggestions for employers about what to do
if there are problems at work because work is difficult
and how to stop these problems from happening.

Ideas for people who have a disease

The Manual has ideas for how you can help yourself
if you have a disease.
For example:
- Where you can find help
- What you can talk about with a doctor.

What does the Manual say to people that make laws?

There must be enough money for all the support and help
that people with a disability or disease need to keep their jobs.

The law must support people to work together
to help people with a disability or disease keep their jobs.

OVERVIEW AND INTRODUCTION

Background and objective of the manual

The Strategy for the Rights of Persons with Disabilities 2021-2030 was adopted by the European Commission (EC) in 2021. It aims to improve the situation of persons with disabilities in the European Union (EU) over the ten-year period, making sure that they can fully enjoy their rights, have equal opportunities and access to society and the economy, decide where, how and with whom they live and that they can move freely in the EU, regardless of their support needs.

One of the seven flagship initiatives of the Strategy is the Package to Improve Labour Market Outcomes of Persons with Disabilities (launched in 2022), referred to in this Manual as the Package. It contains actions focusing on the improvement of the employment rate and quality of employment of people with a disability. With the European Pillar of Social Rights (EPSR) and the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) as foundations, it covers all stages of employment.

One of the deliverables of the Package is this Manual for managing chronic diseases and preventing the risk of acquiring disabilities, aiming to be complementary to and based on existing frameworks and resources for occupational health and safety to prevent occupational diseases.

The European Agency for Health and Safety at Work (EU-OSHA) has provided a dedicated web feature which brings together EU-OSHA resources about this topic on its website. This Manual draws from EU-OSHA resources, input from stakeholders, particularly the Disability Platform's Sub-Group on the Employment Package, and additional desk research.

The social and human rights models of disability underpin this Manual, with the following explanations taken from the publication "Introducing the United Nations Convention on the Rights of Persons with Disabilities" (UN, 2022, pp15-16). The social model understands barriers in society, which are disabling individuals, as the problem whilst the medical model views "disability simply as a medical situation or in terms of charity".

Under the human rights model, "persons with disabilities are rights holders and subjects of human rights law on an equal basis with all other persons. A person's disability is recognized and respected as an element of natural human diversity". This model addresses disability-specific prejudices, attitudes and other barriers to the enjoyment of human rights.

Chronic diseases and their relationship to disability

Chronic diseases that feature in this Manual are cancer, cardiovascular diseases, musculoskeletal disorders, Long COVID and work-related psychosocial risks in the workplace. The terms chronic illness and chronic health problem can be used interchangeably with chronic disease. Chronic morbidity is defined by Eurostat as "a dimension of health capturing long-term (chronic) symptoms, health conditions or diseases".

Chronic illness is closely related to (the risk of) disability. "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" (Akgüç/Westhof 2021). "Among workers with a chronic disease, over half indicate that they are limited in their daily activities because of their condition." (Eurofound 2019).

In 2015, 4.5% of individuals with a chronic disease having a limiting effect on the work capacity felt that they have been discriminated against on the grounds of disability (ibid).

Currently, about half of the 42.8 million persons with disabilities of working age in the EU are employed. In addition, more than one-third (35.2%) of people in the EU reported having a long-standing (chronic) health problem in 2021. 26.0 % of the working age population being employed reported a chronic morbidity (24.0% of the male and 28.0% of the female population).

In 2022, 36.1% of the EU population aged 16 years or over reported chronic diseases or morbidity, i.e., having a long-standing illness or health problem (33.8% of the male and 38.3% of the female population), "long-standing" defined as having lasted or is expected to last for at least six months.

We can also observe a relationship between working status and the share of people with chronic morbidities. Whereas the share of employed persons reporting a chronic morbidity in 2022 amounted to slightly more than one quarter (26.0 %), the share was around two fifths (40.9 %) for unemployed persons (Eurostat 2022).

The European workforce is ageing, and as the retirement age is increasing in many Member States, people are likely to have longer working lives.

As the percentage of persons with disabilities increases with age this also means that more workers are likely to develop chronic health conditions and associated disabilities.

The Package states that "effective (secondary) prevention through early intervention at work to dismantle barriers is particularly important to retain workers in employment who have impairments associated with chronic diseases such as musculoskeletal diseases, cancer or mental health illnesses or to prevent psychosocial risks".

Research shows that the majority of cases of employees who do not return to work (RTW) can be explained by determinants that are unrelated to their initial medical health problem. The persistence of the disability is mostly due to psychosocial and environmental factors (EU-OSHA 2022a). This is a reason for having a chapter dedicated to psychological risks at the workplace in this Manual.

Scope of the manual

As announced in the Package, this Manual has a focus on chronic diseases, but much of the information, insights and recommendations provided are also relevant and useful for safe, healthy, and inclusive workplaces in general, as well as for managing and supporting other diagnoses and disabilities in the workplace.

In addition to general guidelines, the Manual also features specific guidance for five types of chronic diseases that have a risk of reduced work capacity and that could lead to a disability.

They have also been identified by EU-OSHA as priority areas (cf. EU-OSHA 2023a). These are 1) cancer, 2) cardiovascular diseases (CVDs), work-related musculoskeletal disorders (MSDs) and rheumatic and musculoskeletal diseases (RMDs), 4) long COVID and 5) psychosocial risks and stress at work.

In this document, the term worker and employee are used interchangeably. The term "partial disability", instead of disability, is used when this is the concept used in the policy or legislation being described.

Relevance and use of the manual for target groups

This Manual aims to be a practical, easy to use tool, for all interested stakeholders to be able to support people with chronic diseases and disabilities to manage their condition in the workplace, return to and remain in work, as well as to prevent further disabilities. It has a focus on providing resources for employers, given their central role as enablers in the management of diseases and disabilities in the workplace. It is also relevant for employers' associations, public authorities, social partners, civil society, employment and support services, and persons with chronic diseases and related disabilities. It is not intended to be an exhaustive resource, but provides summary information and guidance, examples of good practices, with links for further and more detailed information.

A person with a chronic disease or disability

This Manual will give an overview of what rights exist under EU law when it comes to employment and what the EU is doing to protect and promote employment of people with a chronic disease or disability. If in employment, a person with a chronic disease or disability might find useful approaches, policies and proposals in the guidelines that could be proposed to an employer, manager, or HR department in a specific situation. They will also find ideas that their employer could implement to ensure more inclusive and adapted workplaces for all.

Finally, there are brief guidelines for an individual to consider regarding their personal management of a chronic disease outside of the workplace.

An employer

The main chapter of guidelines (chapter 4) is targeted to employers. It offers guidance on how to build an inclusive, safe, and healthy work environment, one in which the employer and employee work together for the benefit of both parties to ensure safe and sustainable employment. It provides recommendations, practical ideas, suggestions, and good practices for how to support an employee with a chronic disease or disability to manage their condition in the workplace, to return to and stay in work and prevent further disabilities. The manual also highlights employers' relevant legal obligations.

An employer's association or trade union; workplace representative

The Manual highlights the importance of collective bargaining as essential tool in facilitating the retention of workers with disabilities and preventing occupational diseases. It showcases good practice about the involvement of the social partners on a sectoral level and at company level in setting the framework for return to work and management of a chronic disease or disability, and in supporting individuals to return to and stay in work. Examples and proposals from the Manual could provide arguments for closer collaboration between the key stakeholders and support for the advocacy efforts of these organisations towards the responsible governments and institutions.

A civil society organisation, employment and or support service provider

The Manual gives ideas about what services could be provided to support employers to build inclusive, safe, and healthy work environments, and to support individuals with a chronic disease or disability. It highlights good practices, which could also be examined to inspire advocacy efforts and thus the improvement of the framework within which an organisation is working, and thus the situation of people with a disability or chronic disease as well.

A public authority

The Manual shares good practice about effective collaboration between public and non-public actors for impactful policy frameworks, as well as listing success factors and recommendations for such frameworks and effective stakeholder coordination. The Manual aims to provide inspiration for reforms or improvement in the existing legislative or regulatory environments, as well as for more informal cooperation that could lead to better employment outcomes.

1. KEY INTERNATIONAL, EU LEGAL AND POLICY FRAMEWORKS, SOCIAL DIALOGUE AGREEMENTS

1.1 UN-level legal framework

At international level, the key instrument is the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD):

- The right to work and employment of persons with disabilities on an equal basis with others is enshrined in the UN CRPD, which has been signed and ratified, by the EU and all Member States. General Comment No. 8 (2022) of the UN CRPD Committee addresses the right of persons with disabilities to work and employment set out in Article 27 of the UN CRPD. It clarifies the obligations of the signatory parties. Section L of the General Comment states that signatories to the UN CRPD need to ensure that persons with disabilities are supported to stay in work or transition to new roles after the acquisition of a new impairment or the exacerbation of an existing impairment.

- The UN CRPD in Article 2 defines reasonable accommodation as an obligation, and as: "Necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms." (Article 2, UN CRPD).

- In an EU context, the UN CRPD underpins the Strategy for the Rights of Persons with Disabilities 2021-2030.

1.2 EU level legal frameworks

At EU level, legal and policy frameworks listed below form the basis for the development of measures within EU Member States to help prevent chronic diseases, the acquisition of further disabilities, the management of disabilities and chronic diseases and to support the return to work of persons with chronic diseases and disabilities. They are complemented by agreements and procedures stemming from the cooperation between the European social partners; employers' organisations and trade unions. This can happen across all economic sectors or for a specific sector.

Workers with disabilities feature in and are protected by EU anti-discrimination and EU occupational health and safety (OSH) legislation. Both sets of EU law define minimum requirements that cannot be undercut in an EU Member State, but the national legislators may go beyond them and may enact specific laws or provisions on return to work.

Employment Equality Directive

The Employment Equality Directive 2000/78/EC both puts in practice and defends a core principle of EU legislation, non-discrimination, in the field of employment. It requires employers not to discriminate at work and secures the right of employees not to be discriminated against. The grounds covered by this Directive are disability, age, disadvantage compared to other persons, sexual orientation, and religion or belief.

Article 5 of this Directive obliges employers to provide reasonable accommodation for people with a disability to enable them to have access to, participate in, or advance in employment, or to undergo training, if implementing such actions is not imposing a "disproportionate burden on the employer".

Covering the world of employment, but also going beyond it, the **European Accessibility Act** (2019) defines accessibility requirements for products and services, and the **Web Accessibility Directive (**2016) sets common technical (minimum) standards and aims to ensure the accessibility of public services' websites and mobile apps, guaranteeing rights are met.

EU Occupational Safety and Health directives

The EU Occupational Safety and Health (OSH) directives protect workers against risks and promote measures that contribute to accident prevention. They form the basis for systems for employee representation and participation in the design and enforcement of OSH provisions and procedures in specific economic sectors (in line with the systems and structures of collective bargaining), and at the workplace. This can be carried out through OSH workers' representatives, OSH committees, in order to identify the needs for and effectively realise reasonable workplace or job adaptations. The EU OSH legislation defines a legal duty for all employers to prevent risks by conducting risk assessments.

Preventing risks at source at the workplace, prioritising collective measures over individual measures and adapting work to the worker are included there as general principles of prevention, backed by the Framework Directive 89/391/EEC. The Directive is binding for all employers and obliges them to take appropriate preventive and protective measures to make work and work environments safer and healthier. EU OSH law also obliges employers to particularly protect vulnerable groups of workers (Article 15 of the legislation above), including people with a disability and those with chronic diseases.

This Manual provides further information about risk assessments in the Guidelines chapter (4); referring to legal obligations, as well as advice on how to carry out such assessments.

The Framework Directive 89/391/EEC is currently complemented by 23 other OSH Directives which define health and safety procedures and provisions, maximum exposure limits or values (e.g., for certain hazardous chemical or biological substances, for vibrations, for radiation, for heat or cold, etc.) and legal obligations for employers. They cover issues highly relevant for this Manual, such as

- workplaces, equipment, signs, personal protective equipment,
- workload, ergonomics (including manual handling of loads and musculoskeletal disorders), psychosocial risks and stress at the workplace,
- physical agents (vibration; noise; electromagnetic fields),
- chemical agents (carcinogens or mutagens; chemical agents at work; asbestos),
- biological agents (biological agents; prevention from sharp injuries in the hospital and healthcare sector (Directive 2010/32/EU)
- sector-specific and worker-related directives.

> **For more information** see the EU OSHA WIKI Articles "OSH management: legal duties and compliance", Occupational safety and health risk assessment methodologies and Discussion Paper "The links between exposure to work-related psycho-social risks factors & cardiovascular disease".

The Advisory Committee on Health and Safety at Work

The Advisory Committee on Health and Safety at Work (ACHS), set up in 2003, operates as a consultative body between social partners and governments, "whose remit is to assist the European Commission in the preparation and implementation of decisions taken in the field of safety and health at work and to facilitate cooperation between national administrations, trade unions and employers' organisations." (European Commission 2024a).

It supports the European Commission mainly by 1) issuing opinions on EU-level initiatives in the field of occupational safety and health, such as on draft proposals for new or amended EU legislation, on the EU OSH strategies and programmes and on initiatives having an impact on OSH policy, 2) making proposals for OSH policy priorities and the elaboration of relevant programmes and strategies and 3) by encouraging the exchange of views and experiences between Member States and relevant stakeholders in an effort to better connect actors and realities across them with EU-level discussions, opinions, priorities, etc.

In 2021 it adopted an Action Plan for the period until the end of 2027. The Work Programme for 2024, for example, foresees the provision of expertise and advice for the effective integration of OSH into other major areas of EU policy, including digitalisation, artificial intelligence, mental health, the right to disconnect, platform work, self-employed persons and remote working, green transition and climate change, as well as covering the topics of this Manual.

> ℹ️ **For more information** see the Committee's webpage here.

1.3 EU-level policy frameworks

At the EU policy level several interrelated and complementary initiatives exist. They underpin the EU legislation for OSH and non-discrimination and set out the key principles and thematic priorities for EU-level employment, social and health policies relevant for the managing of chronic diseases and the prevention of the risk of acquiring disabilities. Five of them are spotlighted below:

1. The **European Pillar of Social Rights** (EPSR) (2017), underpinned by an Action Plan (2021), includes 20 principles and expresses rights which can be seen in the EU's vision for employment, social, health and vocational education policies, and its "social rulebook" essential for fair and well-functioning labour markets and welfare systems. 5 principles are highly relevant when looking at the purpose and scope of this Manual:

   - Principle 3 "Equal opportunities" states that everyone has the right to equal treatment and opportunities regarding employment, social protection, education, and access to goods and services available to the public, and that equal opportunities of under-represented groups shall be fostered.

   - Principle 8 "Social Dialogue" points to the need to consult with social partners.

   - Principle 10 "Healthy, safe and well-adapted work environment and data protection" (i.a.) underlines that "workers have the right to a high level of protection of their health and safety at work" and "to a working environment adapted to their professional needs and which enables them to prolong their participation in the labour market".

   - Principle 16 "Healthcare" stipulates that "everyone has the right to timely access to affordable, preventive and curative healthcare of good quality".

   - Principle 17 "Inclusion of people with disabilities" states that "people with disabilities have the right to income support that ensures living in dignity, services that enable them to participate in the labour market and in society, and a work environment adapted to their needs".

2. These legally non-binding principles of the EPSR are backed up by EU "headline targets", put forward by the EPSR Action Plan and welcomed at the Porto Social Summit and by the European Council. The most relevant target for this Manual is the objective to have at least 78% of the population aged 20 to 64 in employment by 2030, requiring particular and coordinated efforts from Member States in view of persons with chronic diseases and people with a disability, given their low employment rates. The other relevant headline target relates to the fight again poverty and social exclusion. This target is to reduce the number of people at risk of poverty or social exclusion across the EU by 15 million by 2030, compared with the situation in 2019. The realisation of the targets is supported by dedicated EU funding, such as the European Social Fund+.

3. The **Strategy for the Rights of Persons with Disabilities 2021-2030** and Disability Employment Package. The Strategy reflects several innovations: 1) It takes into account of the diversity of disability 2) It promotes a cross-cutting approach to better address multiple potential vulnerabilities for persons with disabilities, such as being female, a child, an old person, a refugee or somebody at the risk of poverty and/or social exclusion.

4. Disability Employment Package: As mentioned previously, the Package is one of the 7 Flagship Initiatives of the Strategy, together with the Framework for social services of excellence for persons with disabilities, expected for 2024. The topics addressed by the six deliverables of the Package are: strengthening the capacities of employment and integration services, promoting hiring perspectives through affirmative action, and combating stereotypes, ensuring reasonable accommodation, securing health and safety at work and vocational rehabilitation schemes in case of chronic diseases or accidents, exploring quality jobs in sheltered employment and pathways to the open labour market. These six initiatives are underpinned by a commitment of the EC to promote and scale up initiatives for more and better employment opportunities for persons with disabilities across the EU.

    The first publication from among these initiatives was the Practitioner toolkit on strengthening Public Employment Services to improve the labour market outcomes of persons with disabilities, then the Catalogue of positive actions to encourage the hiring of persons with disabilities and combating stereotypes. In 2024, particularly of relevance to readers of this Manual, Guidelines for effective vocational rehabilitation schemes and Reasonable accommodation at work: Guidelines and good practice will have been published. For more information, see the website of the Package.

5. The EU OSH legislation is complemented by the **EU Occupational Safety and Health Strategic Framework 2021-2027**, aiming to update protection standards for workers and tackle new and traditional work-related risks. It highlights the role of vocational rehabilitation schemes for people experiencing chronic diseases or people who have been the victim of accidents. It puts an emphasis on actively supporting employers in view of the reintegration, non-discrimination, and adaptation of working conditions of workers experiencing cancer. The preceding 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 and promoted reintegration and rehabilitation measures as key to avoid the permanent labour market exclusion of workers.

6. **Europe's Beating Cancer Plan** (2021) supports policies aiming to improve return to work after chronic illness. It 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. For more on cancer see sub-chapter 6.1.

1.4 Social dialogue at EU-level, cross-sectoral, sectoral & enterprise level

Social dialogue comprises provisions and procedures for the information, consultation and participation of workers and their representatives at different levels, including at sectoral and company/enterprise level. It includes "all types of negotiation, consultation or simply exchange of information between, or among, representatives of governments, employers and workers, on issues of common interest relating to economic and social policy" (ILO 2024). It can be sectoral or interprofessional/cross-sectoral or a combination of these, or it can take place on the company level. "The main goal of social dialogue itself is to promote consensus building and democratic involvement (...) in the world of work" (ibid.)

Social dialogue at enterprise/company/organisational level is a form of bipartite social dialogue which brings together the employer (or his representatives) and elected representatives of the workers/employers (who can also be elected trade union representatives). It is a key platform for the employer-based activities covered by this Manual as they involve changes in the work organisation, concern the health and safety of the workforce and of workplaces and often deal with return-to-work measures for more vulnerable groups or individuals or with initiatives creating the preconditions for this to happen. All these "features" are topics for workplace-based social dialogue in more formalised structures, such as work councils, OSH committees, and/or enterprise-based collective agreements.

On 25 January 2023 The Commission adopted a new social dialogue initiative consisting of a Commission Communication on strengthening social dialogue and a proposal for a Council Recommendation. The Council Recommendation on strengthening social dialogue in the EU, adopted by Council on 12 June 2023, provides for the first-time guidance to Member States on how to best promote social dialogue and strengthen collective bargaining.

At EU-level, in addition to the cross-sectoral social dialogue, there are currently 44 Sectoral Social Dialogue Committees providing an essential framework for EU-level and national employers' associations and trade unions to work together to improve a broad range of employment- and work-related issues, some of them of particular interest for this Manual. Such key topics are health and safety at the workplace, including for people with a physical or intellectual impairment, and the prevention or reduction of the incidence of accidents and work-related chronic diseases or disabilities.

Return to work after chronic diseases or for workers with a disability (and related preventive action) is seen as a relevant topic by EU-level social partners in the face of an ageing workforce or labour and skill shortages. It is covered by the **Autonomous Framework Agreement on Active Ageing and an Inter-Generational Approach** (2017).

The **Implementation Report** (2021) of this Agreement contains several examples of activities: A tripartite approach to active ageing and labour market inclusiveness, often in connection with pension reforms, is common in countries facing the risk of a shrinking workforce, such as Austria, Belgium, Germany and the Netherlands. "In the context of retaining workers until the legal retirement age while maximising labour market inclusiveness for younger generations, the implementation of the EU level agreement has given new impetus to the measures already foreseen to face the ageing of the workforce and the need to respond to well-being demands across the whole lifecycle" (ETUC)/Business Europe/SGI Europe/SME United (2017).

Looking more at overarching topics relevant for the employer-based initiatives covered by this Manual, the Implementation Report refers to far-reaching initiatives by social partners that have been undertaken in several countries to raise awareness of the changing demographics and the need for a consistent new life-cycle approach to work and life across all ages, such as in Austria and Germany.

The Autonomous Framework Agreement on Active Ageing and an Inter-Generational Approach states that "Social partners are involved in implementing initiatives to help returning to work after illness or accommodate needs of workers with chronic diseases" (ibid.).

It has also paved the way for enterprise-based collective agreements, e.g., in the Czech Republic, Finland (see sub-chapter 4.3), Poland and the Netherlands. There, collective agreements dealing with sustainable employability and lifelong development and including a "generation pact" are signed at the decentralised level, following consultations in work councils. The report also covers activities by social partners on the actions to the five topics of the agreement.

Initiatives under the heading "Health and safety at the workplace" can serve as a source of inspiration for employers. In Belgium, the National Labour Council has issued, after consultation with the social partners, recommendations relating to transitions from jobs with a heavy workload to lighter jobs. In Denmark, initiatives which address sustaining flexible, secure and healthy working conditions for older workers, giving them the right to reduced and more flexible working time based on collective agreements across all sectors, have become one of the everyday topics of social dialogue. In Germany there are a number of sector and company-based collective agreements with active ageing is a core component, containing measures to preserve employability, age-appropriate workplace design and training provisions.

The other heading relevant for this Manual is "Work organisation for healthy and productive working lives": In Belgium, the implementation of a national collective agreement is underpinned by sectoral measures based on plans for the employment of older workers. They entail adapted working hours and working conditions, measures to stay healthy, including prevention, and actions to remedy physical and psychosocial obstacles hindering job retention.

2. GUIDELINES FOR MANAGING A CHRONIC DISEASE IN THE WORKPLACE AND PREVENTING DISABILITIES

A proactive person-centred approach to prevention (with the aim to enable workers to stay in employment), early intervention, and support should be the ambition for every employer. This implies a multifactored and multidisciplinary approach, working together with the common goal to facilitate the labour market participation of workers with chronic conditions in healthy and sustainable work.

There is ample evidence to make the business case for investments into the health and safety of the workforce when looking at the benefits for the individual workers (see, for example EU-OSHA 2014). Such investments often yield rather high return rates on investment when looking at the cost-benefit-ratio (e.g., due to a prevention of back problems or due to a reduction in musculoskeletal disorders and related absenteeism) or the length of payback periods (often between 1 and 2 years).

This chapter outlines different steps that employers can take at an organisational and individual level to ensure the successful management of chronic diseases and disabilities and to prevent the risk of acquiring disabilities. The guidelines below start at the organisational/company level and move onto guidelines for individuals. They are further complemented by guidelines for specific diagnoses in Chapter 5.

2.1 Step 1: Invest in a strategy and actions for an inclusive work environment that promotes employees' wellbeing, health and participation

Developing an inclusive work environment

The challenge and task for employers to create and/or strengthen already existing inclusive work environments goes beyond supporting people with a disability or chronic disease. One aspect of an inclusive work environment is ensuring that it is adapted to all who work there. Most workers with a disability will require a reasonable accommodation of their job and/or workplace at some point in their working lives. This will increasingly be the case due to longer working careers which must be safe and healthy work years. Accommodating the needs of older workers may require special attention.

Reasonable accommodation is an essential component for promoting diversity and inclusion at the workplace and the right to equality in employment and vocational training for workers with disabilities. Employers should therefore "frame" and support mechanisms and concrete steps to realise reasonable accommodations with an accessibility strategy at the organisational level.

Accessibility, as one key dimension of inclusive workplaces, requires strategic planning by employers, on a continuous basis, best by following a "universal design" approach. "Universal Design" refers to the design and composition of an environment so that it can be accessed, understood and used to the greatest extent possible by all people, regardless of their age, size, ability or disability. It can also relate to the work organisation, i.e., ways in which work is structured. It places human diversity at the heart of the design process so that buildings and environments can be designed to meet the needs of all users. Further detail on implementing accommodations at the level of the individual can be found on pages 27-28.

There is ample evidence (e.g., EPR 2023; Parker/Lawrie/Hudson 2006; reworked 2023; Sterpunt Inclusief Ondernemen 2018) that ensuring inclusive design and developing more inclusive businesses and workplaces make returning to work for those suffering from a chronic disease easier. In addition, they also create healthier and safer workplace cultures for all employees. This, in turn, helps those enterprises or organisations to become more attractive in recruiting and retaining talented workers and, consequently, to be more resilient and innovative.

Human Resources professionals may benefit from training on inclusive job and workplace design. This implies an organisational change process. Training to overcome misperceptions about the costs of employing people with a disability, as well as disability stereotypes and/or negative attitudes towards people with a disability may also be needed or beneficial.

A training tool on inclusiveness and workability, including a toolkit with resources, has been developed by the Chrodis Plus initiative (2020) with the aim to help employers, line managers and HR staff from organisations of all sizes to understand the benefits of inclusion for all workers and the good management of people with or at risk of chronic diseases in the workplace. It explains how to measure and increase inclusiveness and the workability of people with chronic diseases in enterprises.

For more information: http://chrodis.eu/08-chronic-diseases-and-employment/

Employers may need to embark on a process of organisational change to start shifting to, and/or to continually improve the inclusiveness of their organisation as well as of each job and workplace.

Pre-conditions for such a change to occur, in order for an employee to feel involved and co-responsible for this change, can comprise:

a. individual support and job coaching,
b. opportunities for further training,
c. mentorship and
d. deployment and systematic involvement of experts by experience (EPR 2023).

Change4Inclusion

This ESF-funded project led by GTB (Gespecialiseerd Team Bemiddeling; Specialised Team Mediation) developed tools that focus on the ethical side of inclusive entrepreneurship/business. The ultimate goal is to achieve an inclusive business culture that can achieve sustainable entrepreneurship and economic growth. The tools are based on the following key observations.

- ❖ Employers need organisational change experts who can advise them on how to achieve an appropriate organisational culture.
- ❖ Business leaders should be given the opportunity to share their experiences regarding inclusive entrepreneurship. By talking about it together, ideas become clear and usable.
- ❖ Creating an inclusive learning environment is essential to integrate persons with disabilities within the company and is the basic condition for making job design* possible on the work floor.
- ❖ Allowing persons with disabilities to create uniquely realistic storytelling from their perspective can be a trigger for company management to take the step towards 'doing'.
- ❖ Mentors must not only be able to transfer and teach technical skills, but also be able to coordinate the group dynamics within a work team so that an employee with a disability can develop their full talent.

The project developed a toolbox of self-assessment methods to determine the motives of both company management and the workplace to focus on inclusive entrepreneurship.

ⓘ **For more information** see the EPR project webpage and the resources in Dutch.
*On job design, see the Guidelines for Effective Vocational Rehabilitation publication. For more information see, the website of the Package..

Wellbeing in the workplace

The World Health Organisation (WHO) sees good health not only as the absence of ill health, but rather as a state of wellbeing: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 2023a). Wellbeing in the workplace is linked to factors such as job satisfaction, control in the job, information and participatory rights, commitment, and the intention of a worker to stay with the current employer, but also to the worker having a sense of purpose and agency.

Workplace wellbeing of employees/workers is supported by employers complying with OSH rules, following ergonomic guidance, and actively participating in risk assessments (EU-OSHA 2021c & EU-OSHA 2021d). All three topics are addressed in later sections. It is also the result of an interplay of workers' physical and mental health situation and well-being outside the work context. Therefore, self-care initiatives and the efforts of employees/workers also play a big part.

Building trust

The Eurofound Policy Brief "How to respond to chronic health problems in the workplace?" (2019) concluded that workplaces where individuals feel that they can voice their concerns, and where they experience high levels of support from managers and colleagues, employees are more likely to make supportive adaptations to assist others and themselves. To ensure employees feel able to talk about challenges in the work environment and make changes themselves, they will need to trust the employer.

In order to build this trust, and show respect for employees, there are many actions an employer can take (EU-OSHA 2021d). The employer should show that:
- they care about the effect of the work environment on employees,
- that they acknowledge and show an understanding of how workers see and experience this environment,
- that they consider employees as valued and important players in creating a good work environment, and
- that they are committed to improving it.

Listening to employees' concerns and taking them seriously, even if it is not possible to find an immediate solution, helps build this trust. It is important to explain that employees' honest opinions will be needed to make a positive change. Showing understanding is a sign of respect and encourages open dialogue and cooperation. When it comes to health and safety measures at the workplace, the "building trust" measures are underpinned by information and consultation obligations fixed in EU law.

Prevention of risks and participation of workers in the implementation of measures

All employers have the legal duty (stemming from EU and national law) to take appropriate preventive and protective measures to make work and work environments safer and healthier, preventing risks. This implies that employers need to be fully aware of and well know the relevant national legislation and regulations in the field of health and safety at the workplace to be able to respect them. Examples of regulatory differences between the EU Member States are the level of expertise required from internal designated workers for OSH and the rules defined for external competent persons or services which an employer may contract.

Risk assessments include hazard identification, the introduction of adequate measures prioritising the elimination of the risk at source, and workers' participation. Risk assessments need to take into account the diversity of the workforce. They need to determine the starting point for the accommodations needed to support a worker with an ill-health condition or disability to enter a job, to continue working or to return to work following time off due to sickness. The detailed processes of risk assessments are dealt with in Chapter 4. It is important to also mention the responsibility of workers/employees to follow the advice on OSH prevention and risk reduction provided by the employer and for them to properly use the assistive or protective equipment provided.

Risk prevention entails assessing all risks to workers' safety and health in the workplace or of a job, and then to plan and implement measures to prevent and/or reduce them at the source. There is ample evidence that a participatory approach by an employer to this process, a "co-design" of OSH measures and relevant reasonable accommodations with employees, pays off.

> "Direct involvement of workers might be required in order to carry out a risk assessment that takes account of hazards and risks at work in the best possible manner. OSH experts generally recommend direct participation since workers can be seen as experts for their workplace and the working conditions.

Furthermore, it is crucial in the case of hazards or risks that the workplace interacts with the individual attributes of a worker, to cover the workforce in its diversity, and to assess psycho-social risk factors or psycho-social strain in the worker" (EU-OSHA 2016a).

Risk prevention and risk assessment measures are part of a broader range of effective methods of worker participation to help realise collective information and consultation rights.

It is important that employers pursue a systematic and comprehensive approach to identify, assess and manage OSH risks. This should be practical written step-by-step guidance in line with national legislation and adapted to the national institutional setup and/or to economic sectors. Tailored support services may be provided by the competent social security institutions, labour inspectorates or OSH experts to complement existing written guidance.

Building on the principles and provisions of OSH Framework Directive 89/391/EEC, effective and sustainable occupational health and safety strategies at the workplace imply the structured and institutionalised participation of the workforce by means of Health and Safety Committees – where they exist in line with national legislation - and/or Works Councils. These are the bodies at workplace level to realise information and consultation rights of the workforce and/or trade union representatives – again defined by national legislation. Both types of bodies ensure the rights of employees to be informed and consulted on OSH matters and promote cooperation between employee representatives and companies. Their responsibilities range from a tailored risk assessment to the monitoring of the impacts of the OSH provisions in place and proposals for improvements, if needed.

Creating opportunities for conversations

Employees need to be encouraged to report any possible symptoms of a disease or disability as early as possible. Employers can also encourage conversations about OSH risks proactively. Depending on the context or topic, different methods and fora could be suitable, but "low threshold" and easily accessible opportunities are important.

These methods should be supported by more formal methods, including social dialogue and social partnership providing information, facilitating consultation and participation on all aspects of the health and safety of the workers, in line with national legislation and the obligations of the EU legislation on health and safety at the workplace.

- Information on topics that might be more sensitive, such as factors leading to stress, could be collected anonymously.
- Another option is to agree on a time during a day when employees can come to a person with responsibility for OSH and/or HR to bring up topics.
- Holding conversations during regular meetings can normalise communicating about the workplace environment, health and safety.
- Organised and structured settings can be more suitable for addressing issues raised and developing solutions.

It is crucial that there is mutual understanding among those involved regarding the conversation on OSH risks; what it will address, the meaning of specific terms used and the challenges identified. EU-OSHA developed a resource called "Conversation Starters for Workplace Discussions" to facilitate group discussions in the workplace or during vocational training. It is designed for use with workers who are involved in tasks that have the potential to cause MSDs, as well as with their managers and supervisors. Specific scenarios are provided to facilitate communication; including starting points to initiate a discussion, organise a workshop or as an opener to a training session.

ⓘ **For more information** see the resource here.

The Fit2work programme, Austria: A comprehensive programme for prevention

The Fit2work programme has been in place since 2012 and focuses on promoting work ability and good health of employees. It offers free counselling for people whose jobs are at risk due to health problems, or who have difficulties finding a job as a result of these problems. It also advises companies that want to promote the work ability and health of their employees or who are looking to establish an Operational Integration Management system. Fit2work is voluntary, confidential, and open to all people of working age and companies. Its services are coordinated nationally by the Central Unit of the Federal Social Office, with regional coordination and teams.

Framework

Fit2work operates within the Federal Work and Health Act (AGG), which aims to maintain the ability of employed and unemployed persons to work or to be gainfully employed for as long as possible. The Federal Part-time Reintegration Act (WIETZG) allows employees on sick leave for a longer period to agree on part-time reintegration with the employer. In those cases, fit2work counselling supports the employer and employee in developing a tailor-made reintegration plan.

Fit2work is run by a steering group, including representatives from the ministries of Employment and the Economy, the Austrian Public Health Insurance, social security institutions, and the public employment service. They are jointly responsible for financing the programme; benefitting financially from its impact. An advisory board is composed of representatives of the social partners, labour inspectorates and the Austrian umbrella organisation for rehabilitation.

Services for individuals

- ❖ Personalised assessment of their current occupational and health situation and needs.
- ❖ Occupational medical and/or occupational psychological assessment.
- ❖ Co-creation of a development plan including career prospects.
- ❖ Support in returning to work after a long period of sick leave.
- ❖ Development of individual measures to tackle mental stress.
- ❖ Advice on how to remain in the current job, support to move part time or find a new job.
- ❖ Counselling on education and qualifications.
- ❖ Counselling and overview of subsidies, projects and offers.
- ❖ Help with contacting the relevant institutions and with applications.

Services for companies

- ❖ Counselling to prevent long periods of sick leave, early retirement, health-related dismissals.
- ❖ Counselling to promote their employees' ability to work.
- ❖ Improvement of work processes.
- ❖ Advice on integration and reintegration measures as well as on part-time reintegration.
- ❖ Information on subsidies and offers.

Impact

The share of employment 360 days after the completion of fit2work over the period 2012 to 2022 was 35.3%, compared to 12.8% before fit2work had started. Its success can be attributed to its preventive focus and taking into account the needs of employees and employers. The service is free of charge and allows a level of anonymity and impartiality for employees, as the advice is offered by someone external to the company. The steering group is said to guarantee a broad acceptance of the programme. Continuous evaluations prove that both unemployment and incapacity to work have decreased in the long term for participating employees.

ℹ **For more information** in German see https://www.fit2work.at/ and summaries in various other languages can be found here.

2.2 Step 2: Building the capacity of managers and other employees on supporting return to work of a worker with a health condition

The employer should be open to exploring ways to support someone to continue to work, to look for possibilities and at capabilities, not incapacities. It is crucial that the employer or manager shows support to the employee at each stage, keeping an open mind, recognising the work effort, engaging in open dialogue with workers and being willing to deal with challenging issues.

Evidence shows that line managers have a significant impact on successful return to work, often being the first point of contact for the employee, and they are key in helping the worker feel valued and to retain a sense of identity when they are not at their best. In a study referenced by the EU-OSHA Wiki article "Return to work after sick leave due to mental health problems", this support was the most significant facilitator of RTW. Even if a manager might not be directly responsible for the implementation of certain actions, they are also an important role model and should show that they are committed to creating a good work environment. If accommodations are not possible in the end, the worker may leave with a more positive impression, knowing that the employer tried to the best of their abilities, and other workers will see this as well.

The following list refers to knowledge that managers should have or be trained in.
- Know the relevant policies and procedures that are in place to enable individuals to continue to work.
- Understand the importance of communication and the early reporting of concerns.
- Identify signs and symptoms of key chronic diseases, the fluctuating nature of such diseases, hazards and risk prevention.
- How to speak to workers about health problems and how to act with empathy.
- Ways to and benefits of setting up internal procedures to improve trust building and to have "low threshold" and easily accessible opportunities for conversations with employees and their elected representatives.
- Factors that can exacerbate certain chronic diseases (e.g., MSDs work factors, the journey to work);
- Work techniques and processes.
- Team-based solutions/participatory problem solving.
- Potential simple and common workplace and work setting adjustments.
- How to record changes made and evaluate impact and the importance of doing so.
- Where to find additional help (expertise or web-based support). The stakeholders referred to in the section "Preparations, gathering advice and support" are often sources of such help.

In addition, to be able to take better into account older workers' needs, training in age management, the implementation of age ergonomics and worksite exercise programmes are recommended.

It can be difficult for managers and colleagues to understand why a person can do their work without any problems one day and experience problems the next day, so informing and training both managers and other employees in this regard is important to better prevent or reduce chronic diseases or disabilities and in order to ensure a supportive work environment.

2.3 Step 3: Developing the return-to-work and management plan

Although this Manual focuses on the prevention and management of chronic diseases, successful management is often a step in the return-to-work process and the result of a good return-to-work programme, which has the management of the disease or disability among its key features. The guidelines therefore include the development of these plans, in order to set this in context.

Developing a return-to-work plan, with accompanying accommodations for the management of a disease or disability, is proposed as a five-phase process (EU-OSHA 2018a): 1) Preparation; 2) Risk assessment; 3) Planning action; 4) Taking action; 5) Evaluation of impact.

Preparations, gathering advice and support

Employers should seek external advice and support to ensure they are accessing all resources and expertise available. Many actors and stakeholders offer support services to employers on accommodating workers with chronic conditions. These include national and regional employment and health services or work/accident insurance systems, social partners, OSH advisory services, business and trade union organisations and workplace representatives and external support and service providers, including NGOs active in the fields of employment support and rehabilitation, patient support groups and organisations representing people with a disability. Ergonomists may be able to offer training on making workplace assessments and accommodations, as well as how to prevent and manage MSDs.

It is essential to identify and address potential causes of chronic diseases or accidents linked to workplaces and/or jobs before starting with measures to support the individual worker or employee.

Government funding is usually available to implement return-to-work programmes, especially in the context of an employer's legal obligation to provide reasonable accommodation in case of disability for adaptations of the work environment. The Website of the Labour Inspectorate or EU-OSHA's Focal Point in your country may be helpful to find out information about funding opportunities. Each EU Member State is required to establish one, usually the competent national authority for safety and health at work. They provide input to EU-OSHA's work and the mechanism to disseminate products and information to national stakeholders.

For more information https://osha.europa.eu/en/about-eu-osha/national-focal-points/focal-points-index

Ensuring a coordinated, early, interdisciplinary and holistic approach

Coordination needs to start early, such as when medical treatment is taking place or symptoms start. If an employee is absent from work, it may be helpful for the employer to stay in touch with them while absent. Studies show that the longer a person is unemployed, the more likely they will experience a lower level of motivation to work.

In addition to a wide consultation of external support, coordination among stakeholders is needed for a successful individual return to work or workplace adaptation plan.

Any plan should bring together actors such as
- rehabilitation service providers,
- healthcare practitioners,
- occupational therapists,
- accessibility experts,
- disability experts
- and those representing the workplace, via OSH experts and human resource managers or equivalent to work with the individual.

In the case of an individual receiving medical treatment during an absence from work it is important that healthcare practitioners consider return to work as a clinical or treatment outcome. In some countries, OSH medical doctors are obliged to support the return-to-work process and agree to a part-time return to work by providing an integration plan, such as in Austria and Germany. A high level of external as well as internal (workplace) coordination and communication is also needed.

It is important that such workplace adjustments are recommended by a professional who has a good understanding of the working environment and the employee's job.

> Occupational medicine is an important feature of OSH systems, mostly placed at the workplace level. It deals with the prevention and treatment of diseases and injuries occurring at work or in specific occupations. Occupational or company doctors have special knowledge about and should pay particular attention to the work-related, occupation-specific, social, psychological and legal aspects of diseases and disability. Their diagnoses are one basis to advise employers in order to define for sick or disabled workers the adaptations of jobs and roles needed to keep them at their workplace or in employment and to design support measures for their return to work after sickness absence. It is recommended that they are able to give independent advice.
>
> A concrete example for the role of company doctors in these processes is presented later in this chapter and in the country case study for the Netherlands in the Guidelines for Vocational Rehabilitation.

If represented by a trade union, workers will have the right to take a trade union representative with them to meetings with their manager to discuss accommodations etc (or involve them in other aspects of the return-to-work process). If there is no trade union representative, they may want to take a colleague with them.

Case management or a coordinating support person has been shown to be effective in ensuring this successful coordination of support, being based on the principles of co-production, of cooperation and coordination of all relevant stakeholders and providers to the benefit of the individual employee. They aim to support the employee along their path to return-to-work and the management of their disease or disability, and to facilitate their interactions with stakeholders, including the employer a, provide tailor-made support, help increase the self-esteem of the person concerned, and build trust between the client and service provider. To ensure maximum effectiveness, it is recommended that the person remain the same throughout the process, building a deep understanding and trust of the person supported, as well as of other stakeholders.

> **Appointment of a "work ability coordinator" in Finland to support the return to work of workers/employees with a partial disability**
>
> Finland is a good example for a country which has set up social partner-based initiatives, where a "work ability coordinator" is appointed to workers with a partial disability returning to work, to elaborate a tailored offer for and with the worker (EU-OSHA 2016a).
>
> Initiatives negotiated and jointly implemented and monitored by employers or employers' organisations on the one hand and trade unions or workforce representatives on the other, as a rule, are better tailored to the needs of workplaces and/or specific economic sectors can be considered as more sustainable and effective than government-based regulation. This is because they are closer to the realities and needs of employers and commit both parties to sustain efforts for their successful realisation; in this concrete case of a supportive person/role to support the return of partially disabled workers to their job, workplace or into employment.

Evaluating work activities and individual risks

Directive 89/391/EEC requires employers to carry out risk assessments, eliminate risks and adapt work and the workplace to the workers, including workers with disabilities. A risk assessment involves a careful and thorough consideration of the worker, the work and the wider environment to identify hazards, evaluate the risks and to put in place preventative measures. It should address work equipment, work organisation, working alone and dangerous substances, for example.

The EU-OSHA COVID Guide for Workers "COVID-19 infection and long COVID return to work" suggests a structure for analysing work demands or activities and possible challenges and risks with the employee, in order to identify where accommodations should be made (EU OSHA 2021d). These recommendations are relevant for different types of chronic diseases, not just for Long COVID, as well as disabilities. To facilitate this analysis, work activities can be classified in the following way:

- Cognitive – processing complex data, data entry requiring intense concentration, rapid switching of tasks, using multiple systems, complex decision-making, rapid and high-risk decision-making, managing multiple stakeholders or reports;

- Physical – repetitive movement, static postures, occasional moving of awkward or heavy items;

- Emotional – dealing with vulnerable people/children, distressed clients/customers, potential for aggression or violence, the need to be emotionally flexible and resilient.

The percentage of an average day spent carrying out such activities (prior to sickness absence) should be estimated, followed by a discussion on whether the activity itself or the time spent on it previously could prove challenging or risky. If there is concern that a person may face additional risks when carrying out a particular job or activity due to their diagnosis, a full, disability sensitive, Positive Risk Assessment should be carried out. This is a risk assessment that does not make assumptions about health and safety implications of any chronic disease or disability. It is important not to assume that if one person with a specific disability or chronic disease faces a particular risk, this may not be true for all employees with the same disability or chronic disease (EU-OSHA 2020c) In this respect, the coordination between safety personnel and equality personnel, where they exist, is important.

Medical advice, if shared with permission, can help the employer to identify what support the employee needs. Occupational health services, occupational physicians, other healthcare professionals along with physiotherapists and occupational therapists can help particularly with assessing employees, particularly those with new conditions and poorly understood conditions, and evaluating the impact of symptoms on work, taking into account the information gathered.

Other key actors to support this process can include rehabilitation specialists, psychologists and vocational rehabilitation counsellors. The EU-OSHA Wiki article "Return to work after sick leave due to mental health problems" due to mental health problems" concludes that "for an adequate work focus, insight in workplace aspects and/ or RTW targets (e.g., the professional is paid by the employer) seem to be necessary. For example, interventions that included promising elements (like problem solving and graded RTW) provided by General Practitioners or Social Workers were not effective, possibly because of their distance to the workplace."

Key features of the plan

A written plan should be co-produced with the employee and all other relevant stakeholders as identified. It should be clear and include, for example, a bullet point list of steps and measures agreed on, to take a systematic approach and prevent misunderstandings. In some countries external organisations are available to provide support for the development of such plans, particularly those that work with a Disability Management model.

The plan should be flexible, frequently reviewed and evaluated, in order to understand if the accommodations are achieving their desired effect and work for both employee and employer, and because needs often change over time.

The plan can also integrate a step-by-step approach, gradually increasing work hours and complexity of tasks, but care should be taken to avoid "subdividing the RTW process into (too) small steps", when employees would be capable of doing more, but are left feeling they were not making enough progress. Regular communication between the manager and employee is important, outside of any scheduled review. The plan should consider a workload that leaves the individual with energy for family, socialising and leisure.

It is also important to make sure that work programme adjustments do not negatively impact the workload of other employees.

A good illustration for the above is the return-to-work model in place in the Netherlands. It can be characterised as a comprehensive, integrated, and holistic policy system with the double aim of maintaining the work ability and/or of preventing the exclusion of a worker from the labour market. It has both a focus on early intervention and a comprehensive planning and monitoring approach led by case managers, with a high level of support for those involved.

The company doctor gives advice to the employer and Case Manager in the area of employment and health and is usually working at the Occupational Health and Safety Service (OHSS) provider. They support the reintegration phase, to make sure the employee returns to work as quickly but also as responsibly as possible, and therefore as sustainably as possible. Private enterprises or 're-integration bureaus', specialised in assisting reintegration, can also provide advice and coaching to employers on how to develop and implement a reintegration plan.

The employer and employee must meet every 6 weeks to review the situation. A company doctor will officially confirm the employee's capabilities and restrictions. The employer must keep a reintegration dossier which records all agreements and activities, such as the action plan, reintegration report, and correspondence with the OHSS or company doctor.

For more information see the Country Case Study on the Netherlands in the Guidelines for Vocational Rehabilitation.

Possible accommodations and adjustments

There are many possible work adjustments, which can be considered as reasonable accommodations, that can feature in an individual plan. They include both the physical work environment and work programmes. Research has shown modified work programmes cut the number of lost workdays in half. The ILO summarised the key elements of an effective job retention and return-to-work programme as one addressing flexibility of time; flexibility of place; and flexibility of tasks.

- Such adjusted work programmes include
  - Alternative duty, phased/graded/gradual return-to-work/work exposure/hours, work trials.
  - Temporary or permanent task adaptation or activity restrictions; such as reductions on physical work, where this is relevant for the diagnosis.
  - Reduced or flexible hours, alterations to timings (starts, finishes and breaks); expectations to complete fewer tasks than normal within a time and or allowing more time to complete usual tasks.
  - Teleworking, to a flexible degree.

- Physical accommodations for disability include

  o Workstation redesign, such as ensuring it is ergonomically adjusted to their individual needs.
  o Physical adjustments of the workplace to ensure full accessibility, such as ensuring doors and spaces are wide enough for electric wheelchairs
  o Assistive technologies and adapted work equipment; blue-light screen filters, voice-activated software, ergonomic equipment.
  o Signs, signposting and emergency procedures, such as ensuring braille signs and that signs are visible to a person using a wheelchair.

The EU Directive 89/654/EEC covers the minimum OSH requirements for the workplace and directs that workplaces must be adjusted to take account, where required, of the needs of workers with disabilities. This provision applies to the doors, passageways, staircases, showers, washbasins, lavatories, and workstations used or occupied directly by workers with disabilities.

- Other support includes

  o Mentoring and supervision; such as a 'buddy' system, in which two individuals operate together so that they are able to monitor and help each other.
  o Training for new and revised tasks.
  o Job coaching; Supported Employment-type programmes, such as Individual Placement and Support (IPS), which is aimed at supporting people with moderate to severe mental health issues, through work placement combined with training on the job. *More information about such programmes can be found in the publication Guidelines for Vocational Rehabilitation.*
  o Promotion of "beneficial elements of work", such as social contact, structure, and meaningful daily activity. Older workers report less social support from colleagues and managers than their younger counterparts, so this aspect should be particularly taken into account when the individual concerned is older.
  o Communications and work assistance.
  o Support during the early days after returning to work is particularly important.

Many accommodations are relevant for employees that are not on a return-to-work path. Indeed, an inclusive approach to providing accommodations or adjustments to all can facilitate access to such accommodations, prevent feelings of favouritism, as well as improve productivity.

Example: Shell's Global Workplace Accessibility (WPA) Service

A key feature in the service is a comprehensive Accessibility Catalogue of furniture, accessories, IT hardware and software, from which employees can directly order. The catalogue is user friendly and provides clear information on each available item. The main advantage of this catalogue is that it was designed in an inclusive way, thus employees do not need to prove their disability status. They can order directly from this catalogue, without the approval of their line managers, as the items are financed from the central or site-level budgets. This takes a trust-based, person-centred approach regarding disability and individual needs in general. With this single point of entry, staff members can quickly resolve accessibility issues at the workplace.

ⓘ **For more information on this practice**: "How to put reasonable accommodation into practice – guide of promising practices", p.30.

It is important to differentiate between workers with a permanent or a temporary disability when it comes to effective measures at the workplace and to initiatives by employers. Which support measures are most relevant, the level of attention given to an individual worker by employers, or the extent of accommodations employers need to put in place will also vary.

> **ℹ For more information:** The European Commission publication ["Reasonable accommodation at work. Guidelines and good practice"](#) (2024) contains extensive, detailed practical guidance for employers on this essential instrument, as well as information on how EU members states are providing it.
>
> For a definition of reasonable accommodation, good practices, the possible elements and a model policy, see ["How to put reasonable accommodation into practice – guide of promising practices"](#) (European Commission 2020).
>
> See also EU-OSHA's Good Practice Advice Report ["Working with chronic musculoskeletal disorders"](#) (EU OSHA 2021d) and the ILO's Practical Guide ["Promoting Diversity and Inclusion Through Workplace Adjustments"](#) (ILO 2016).

3. SUCCESS FACTORS

This chapter identifies key success factors that enable the effective management of chronic diseases and the prevention of the risk of acquiring disabilities at work, from the perspective of policy makers. It is based on material published by EU-OSHA and other stakeholders and builds on desk research.

3.1 Comprehensive, effective legislative and policy frameworks

The following features of legal, institutional and policy frameworks across the EU have shown to be instrumental:

- **Coherent legal frameworks.** These should *cover all aspects of processes related to managing a disease or disability*, either by regulating all the steps of return-to-work and retention under a single legal act, or by defining in the law or in another regulatory or administrative document clear coordination mechanisms across different steps of this process (see, e.g., the example of Denmark in the Guidelines for Effective Vocational Rehabilitation or of the Netherlands in this Manual).

- **Integrated policy frameworks.** These should *cover all relevant policy areas* (from health to employment, vocational education and training, supportive social services). They help define coherent objectives for preventive measures at the workplace and for return-to-work and retention policies, set goals for their implementation, set out clear coordination mechanisms between the institutions and professions involved and define clear rules for funding responsibilities, including pooled funding. This is well illustrated, in the example of the Netherlands in this Manual or of Sweden in the Guidelines for Effective Vocational Rehabilitation for example.

- **Clear and effective coordination mechanisms for policy formulation.** They should *coordinate the relevant stakeholders* across employment, public health, occupational safety and health and social security areas, including on budgets and the design of the transitions between the different social protection schemes. See, for example, the Danish National Return-to-Work Programme and the Dutch policy framework in the guidelines for Effective Vocational Rehabilitation.

Many effective, cost-efficient, and sustainable programmes that support the return to work and management of a disease or disability are based on a partnership between social insurance agencies, health care institutions and professionals, social service providers, employers, trade unions and/or elected workforce representatives, public employment services, and vocational education and training providers. See for example the Austrian case study found in sub-chapter 4.1 and the case studies of the Netherlands and Sweden in the Guidelines for Effective Vocational Rehabilitation.

- **Social protection schemes.** They should *combine income compensation providing effective support for people with a reduced work capacity with measures focusing on their labour market reintegration* by means of return-to-work policies and related support services. Such schemes are more successful than those with a focus on income replacement only, particularly when looking at the effects they have on people with a lower level of education.

- **Support for people with mental health issues.** Policies and legislation (EU-OSHA 2017a) that keep people with mental health issues in employment, offer support services to them and to the employers and which build on their work capacities, not on their limitations or restrictions, are another important tool to manage chronic diseases and disabilities.

3.2 Support for employers

- **Adequate financial support and incentives.** They should cover:
  1. investments into the prevention of diseases or disabilities,
  2. engagement in the vocational rehabilitation of a worker/employee suffering from a chronic disease or living with a (partial) disability and/or
  3. hiring persons with a disability or those approaching the end of their medical rehabilitation.
  4. adaptations of the work environment to the needs of workers with reduced work capability.
  5. wages to compensate for temporary or permanent reduced work capacity

- **Technical support,** such as guidance for a worker's reintegration, or of advice from experts to make assessments and adjustments, is essential and must be publicly funded.

The support services can be provided by governmental organisations as well as by other intermediary organisations which may have easier access and better-established dialogue structures with employers, workplaces and/or workers/employees, including: social insurance agencies, health and safety advisory services, public employment services, healthcare facilities and professionals, employers´ or trade union organisations, non-governmental support service providers.

4. BRIEF GUIDELINES FOR INDIVIDUALS IN THE MANAGEMENT OF THEIR CHRONIC DISEASE

✓ Learn as much as you can about your diagnosis

✓ Seek out peer and other support groups

✓ Make sure you have a doctor who understands you and the way you live your life

✓ Ask for a management plan that provides a structured approach for managing a disease

✓ Monitor your health at home and update the relevant healthcare professional on any changes; track symptoms and progress

✓ Create a structured routine

✓ Schedule regular visits to your general practitioner or specialist

✓ Take prescribed medicines and if you are taking medicines for long periods, have your doctor review them regularly to make sure they are still appropriate

✓ Live a healthy lifestyle, including eating well, exercising and getting enough sleep

✓ Talk to your doctor if you feel like you are not coping. It may help to see a psychologist to help adapt to the challenges of having a chronic illness

✓ Know how to recognise your risks in the workplace and in your work.

✓ Report any risks you identify at work

✓ Participate in health and safety training at the workplace and use equipment safely

✓ Know what to ask your employer, manager or healthcare professional

✓ Understand your own abilities and capacity at work

For more information see for example

https://www.mskaware.org
https://www.cdc.gov/chronicdisease/center/news-media/archives/features/living-well.html
https://www.healthdirect.gov.au/management-of-chronic-conditions
https://www.lifestyle-homecare.co.uk/managing-chronic-illness/

5. GUIDELINES FOR SPECIFIC DIAGNOSES

All the steps and stages found in the previous chapter remain relevant for the different diagnoses, but this chapter examines the specificities of five of the most common chronic diseases with workplace-related causes. It provides specific information and guidelines applicable to them, whilst highlighting key general guidelines and success factors. The chronic diseases featured below are 1) cancer, 2) cardiovascular diseases (CVDs), work-related musculoskeletal disorders (MSDs) and rheumatic and musculoskeletal diseases (RMDs), 4) long COVID and 5) psychosocial risks and stress at work.

5.1 Cancer

Roughly half of the estimated 3.2 million new cases of cancer diagnosed annually in Europe occur in people of working age (EU-OSHA 2017). "Occupational cancer can be defined as cancer that is mainly caused by exposure at work, whereas work-related cancer is considered multifactorial, and work exposure plays a smaller role alongside other factors. Many cancer survivors face long-term symptoms and impairments, such as fatigue, after treatment ends" (ibid.). These are symptoms and impairments making a return to work demanding, both for the worker and the employer, however, addressing them will reduce the societal and financial impact of cancer cases. EU-OSHA has identified the urgent need for improved information, resources and support measures for return-to-work-strategies or programmes after cancer in SMEs and micro enterprises.

> **Success factors**
>
> Research suggests the following specific success factors:
>
> a) Implement workplace accommodations to better account for fatigue, weakness, stress, respiratory difficulties, skin irritation or temperature sensitivity and to allow for better manageable workloads and/or duties (which is also impacted by chemotherapy);
> b) Take part in training on how to improve communication with affected employees;
> c) Have factual information about diagnosis and treatment of cancer available;
> d) Provide multidisciplinary interventions focused on the employee, including psycho-educational interventions (e.g., counselling combined with information about social security benefits) and physical training to increase the worker´s physical and mental capacity;
> e) Fully involve the social partners. This success factor is relevant for all specific diagnoses.

On benefits of social dialogue and social partnership in the context of return-to-work measures after a chronic disease or a disability see sub-chapters 2.4 and 4.3, and on cancer the good practice below.

> In Spain, tripartite negotiations involving public administrations and social partners, have resulted in the inclusion of a National Agenda for Cancer Prevention in the Workplace in the Spanish Strategy for Safety and Health at Work for 2023-2027. The action points are:
>
> a) Promoting occupational cancer prevention by reducing and controlling exposure to carcinogenic and mutagenic risks.
> b) Clearly and specifically identifying, for each activity, the agents and processes involved.
> c) Safeguarding workers from carcinogenic and mutagenic agents, ensuring compliance with regulations at all times.
> d) Encouraging training, information, and communication for workers regarding the hazardous nature of the activities and substances to which they are exposed.

5.2 Cardiovascular diseases (CVDs)

Cardiovascular diseases (CVDs) are a "group of disorders of the heart and blood vessels and include coronary heart disease, cerebrovascular disease, rheumatic heart disease and other conditions" (EU-OSHA 2023d). Among workers, they are a leading cause of permanent disability or death. "CVDs are costly in terms of healthcare costs and lost productivity from premature death and stroke, and they remain the leading cause of global disease burden, a burden that continues to rise." (ibid.) Given these costs and burdens on economies, but also the high health risk for a significant portion of the workforce, there is the clear need for employers to give more attention to provisions to reduce the risk of CVDs at the workplace and to invest into support measures which, in turn, will also reduce the risk or chronic diseases and avoid lengthy and costly return-to-work programmes.

Important occupational factors linked to CVDs include "exposure to chemical substances such as carbon monoxide or trichloroethane, extreme heat or cold, noise, strenuous work, prolonged static standing, prolonged static sitting, and night work and shift work (…)" (EU-OSHA 2023a). Other factors increasing the risk of work-related CVDs are stress at work (in particular if leading to heart diseases and strokes), long hours, fatigue and physically demanding work with little rest, shift work, exposure to noise and heat as well as jobs entailing high demands on the breathing apparatus (EU-OSHA 2023a; EU-OSHA 2023d). These factors, thus, need to be taken into account for successful return-to-work and disease management policies for workers having suffered from a CVD.

Success factors

Research has identified multiple success factors to prevent or reduce the risk of work-induced CVDs:

a) Minimised exposure to the risk factors, e.g., by adapted working patterns/work reorganisation, including shift work structures.

b) Regular occupational health surveillance/check-ups, either at the request of a worker/an employee or of the employer, in line with national legislation and other relevant provisions in labour or social law.

c) Workplace-based health promotion measures such as better physical activity, healthy eating, smoking cessation, reduction in alcohol consumption. It is important to highlight that these and other actions to prevent diseases or disability and other healthy lifestyle measures followed by the individual workers/employees will be more effective and sustainable if they are maintained beyond the workplace and the employment relationship.

d) Reduced physical workload and work-related psychosocial risks and stress factors in the context of return-to-work programmes (see the chapter on psychosocial risks for further guidelines).

ℹ️ **For more information** https://osha.europa.eu/en/themes/disability-and-work

5.3 Musculoskeletal disorders, rheumatic and musculoskeletal diseases and pain

A wide variety of problems caused by work and affecting the musculoskeletal system – i.e., bones, joints, muscles, tendons and the tissues that connect them – are referred to as work-related musculoskeletal disorders (MSDs). If they cause pain or fatigue, last longer and can affect or be aggravated by work but are not directly caused by work they are called rheumatic and musculoskeletal diseases (RMDs).
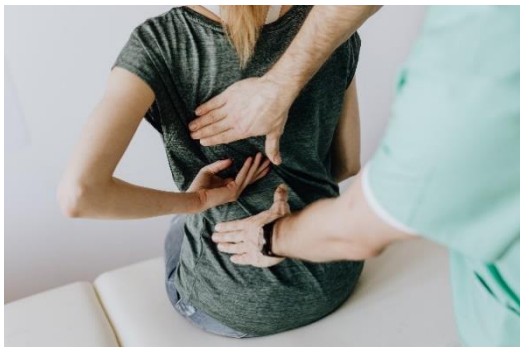
In 2019 across Europe and in both sexes, musculoskeletal disorders were by far the most important cause of long-term sickness leave or disability. They also accounted for the highest share, nearly a fifth of years lived with disabilities. MSDs can also contribute to stress and mental overload.

The estimated costs of work-related MSDs were about 2% of EU GDP in 2019 (accounting for 40% to 50% of the costs of all work-related health issues across all economic sectors and ages), of work-related RMDs about 1% – affecting 1 in 4 EU citizens, and accounting for about 30% of the work-related disabilities.

When managing MSDs and implementing preventive action in view of future MSDs, it is important that employers make employees aware of the risks of exposure to poor ergonomics and are given training in safe systems of work and how to adjust relevant equipment.

There are four fields of action to prevent and/or to reduce work-related MSDs and/or RMDs:

1. Changing job duties and tasks; see page 26 for proposals of how to plan this.
2. Adapting working patterns/the work organisation; see the examples in the section on Possible accommodations and adjustments on page 34.
3. Adapting work equipment and workplaces, by means of reasonable accommodation and ergonomics, for more information see pages 27-28.
4. Providing personal support measures or services, including by trained case managers (with different professional profiles) to coordinate the return to work (EU-OSHA 2020) and the prevention of accidents in this phase.

EU-OSHA advises a three-pronged approach to prevent and/or reduce MSDs and RMDs, including:

a) preventive action and reasonable adjustments to work
b) effective vocational rehabilitation programmes and co-designed return-to-work plans and
c) comprehensive support by the employer for workers to self-manage their health condition.

It is important that workers feel valued and supported to address their individual needs, also having personal agency to search for information and for the self-management of their health.

In addition to MSDs and RMDs, EU-OSHA and other actors have highlighted the importance of addressing pain management to support a healthy, safe and productive European workforce and thus to help prevent chronic diseases. This implies that measures are taken, including by employers, to ensure that the physical, psychological, and social factors of pain are addressed in employment policies and that reasonable work adjustments for workers with chronic pain are foreseen. This even more so as estimations indicate that in addition to severe pain episodes experienced by the majority of the inhabitants of Europe over the life cycle, for about 20 percent of them pain is chronic pain (SIP 2021).

Success factors

Research has identified multiple success factors for effective and sustainable vocational rehabilitation interventions to address MSDs, RMDs and pain (but also other diseases) at the workplace:

- ✓ Early intervention (see, e.g., EU-OSHA 2022a & EU-OSHA 2022b).
- ✓ Health care interventions.
- ✓ Reasonable accommodation in the workplace / job adjustments (see page 26-27 for more information).
- ✓ Work reorganisation, e.g., by access to flexible working hours or teleworking.
- ✓ Individual support allowing the individual to stay in work (see examples on page 26).
- ✓ Disease-specific support by line managers and colleagues.

Other factors also relevant for the prevention and reduction of other diseases or of disabilities are a joined-up approach involving all actors, an inclusive enterprise culture, open and free-of-fear communication as a key enabler for an early reporting of MSDs/RMDs as well as workers feeling valued and supported to address their individual needs, also having personal agency to search for information and for the self-management of their health.

ⓘ **For more information:** EU-OSHA Thematic Page "Musculoskeletal disorders (MSDs)", Working with rheumatic and musculoskeletal diseases (RMDs), OSH WIKI Article "Return to work strategies to prevent disability from musculoskeletal disorders", "Working with Chronic MSDs – Good Practice Advice Report" & "Analysis of case studies on working with chronic musculoskeletal disorders", https://www.mskaware.org.

Trade Union campaign on self-management of musculoskeletal injuries
The Spanish CC.OO trade union campaign, which ran from 2018 to 2022, informed two occupational groups about the risks of self-medication. These groups had been identified as using medicine to deal with injuries resulting from poor working conditions: Floor maids in the hotel sector and workers in retirement homes.

The campaign was financed by the National Plan on Drugs. A previous diagnostic phase of the problem was carried out through focus groups and in-depth interviews with workers and other key actors. With the results, two informative guides were prepared for the delegates of these sectors. Guides for trade union representatives in the hotel and catering industry and in the socio-economic sector for retirement homes are available (both in Spanish).

5.4 Long COVID

The term "Long COVID' is a term used if a person's COVID symptoms continue longer than four weeks and prevent them from carrying out normal activities (EU-OSHA 2021d). Research studies estimate that one in five people has symptoms after five weeks, and 1 in 10 has symptoms for 12 weeks or longer after acute COVID-19 (ibid.). A common symptom of Long COVID is extreme fatigue, as well as breathlessness, muscle and joint pain, chest pain and mental health issues, and it can also have unpredictable patterns, including relapses and phases with new, sometimes unusual symptoms (EU-OSHA 2021a). Most workers with ongoing symptoms will need accommodations to be made in the workplace (ibid).

People with Long COVID often relapse when they have overexerted themselves, and this may not manifest itself until days later. Even though various chronic conditions have fluctuating symptoms, Long COVID symptoms are considered to fluctuate and change more. Compared to other chronic diseases, this requires even more than for other conditions a phased approach to return to work and management of the condition at work.

Measures to accommodate the fatigue caused by Long COVID are also relevant to people with myalgic encephalomyelitis or encephalopathy (ME), also diagnosed as chronic fatigue syndrome or post-viral fatigue syndrome, and vice-versa.

Employing organisations normally have sickness absence policies – framed and supported by the relevant regulations and provisions in the national social protection system – that have various triggers and thresholds for the level of absence from work, or incapacity that can be accommodated. For workers with Long Covid, these triggers may however not be appropriate as recovery may be very slow because of fatigue or other symptoms.

Success factors

✓ The individual will need to be aware of their own symptoms, and which health risks or implications in the workplace these might have when they reoccur.
✓ In this context, changed work programmes are extremely important. One guideline is that employees should not be doing more than 70% of what they feel capable of doing at any time in order to avoid fatigue and relapse (EU-OSHA 2022c).
✓ Regular informal check-ins are important to review the individual's capacity and progress.
✓ Sickness absence policies need to take into account particularly long timelines for full return to work (EU-OSHA 2022c).
✓ As a relatively new diagnosis, within organisations it may need a dedicated policy or at least an explicit recognition of Long Covid within existing sickness absence policies (EU-OSHA 2022c).
✓ Workloads and any work modifications must be regularly reviewed, if possible, with an occupational health professional (EU-OSHA 2021a).

ℹ **For more information** The three key EU-OSHA resources "COVID-19 infection and long COVID – guide for workers", "COVID-19 infection and long COVID – guide for managers" and "Impact of Long COVID on workers and workplaces and the role of OSH" are available in all official EU languages

---

5.5 Psychosocial risks in the workplace

Common work-related psychosocial risks include stress and burnout, psychological harassment, sexual harassment and third-party violence. Although stress in itself is not an illness, it can cause illness, such as burnout or depression, or even physical illnesses, such as musculoskeletal or cardiovascular problems. Employees with other chronic conditions have an increased risk for developing depression, particularly if characterised by chronic pain.

It is important not to forget that for psychosocial risks and for mental health issues it is often difficult to draw an exact line between work-related risk factors and other risk factors originating in personal life circumstances outside the workplace. This implies that it is not possible to prevent or manage all psychosocial risks and mental health issues at the workplace, but there are many resources that can assist in this regard. This chapter focuses on addressing issues that can arise in the workplace.

Examples of working conditions that may cause psychosocial risks

- Excessive workload, poor work-life balance
- Lack of involvement in making decisions that affect the worker
- Lack of autonomy and influence over the way the job is done
- Limited job promotion opportunities
- Lack of role clarity, conflicting demands
- Poor communication about changes that are being introduced to the workplace, job insecurity
- Lack of social support from management or colleagues, poor social relationships
- Workplace culture, such as a strong focus of productivity and performance-oriented goals
- Lack of adaptations made, even temporary
- Working with difficult clients, patients, pupils, students or customers

Sources: EU-OSHA 2020a; EU-OSHA 2018

There is a best practice framework for psychosocial risk management (called PRIMA-EF) which considers that workplaces require "a continuous and stepwise process of systematic identification of work-related psychosocial risks, tailored intervention planning to target these risks, [and] implementation of…action plans and evaluation". There are two levels of interventions that can be taken, one at the organisational level, and the other at the individual level. Organisation-directed interventions aim to address risks by improving the way work is designed, organised, and managed, and individual interventions provide support and tools directly to the employee.

To create a good psychosocial work environment, the person or people leading the process need a good understanding of what such an environment looks like. Research has also shown that an important predictor of effective psychosocial risk management is agreement between management and employees or employee representatives, whenever relevant, regarding awareness and perception of psychosocial risks.

Organisational level interventions

A good psychosocial work environment can even be enabled in a small company with very limited resources and without external help. Some changes to work towards such an environment are free, for example improving communication between the employer and employees – see pages 21 and 22 for insights on this topic. Management can address the organisational source of the risks such as by improving staffing levels, reducing service user/patient-to-staff ratios where relevant, ensuring recovery time, and regularly checking if the responsibilities and tasks of an employee match their professional qualifications and skills.

During a risk assessment, identifying workplace 'strengths', as well as 'stressors' can help find solutions. "For example, if workers feel that they are left alone when facing difficult issues at work, but at the same time the relationships between workers are assessed as very good, it then becomes clear that the root of the problem is less likely to be that workers are unwilling to help each other and more likely to be work-overload and time pressure experienced by everyone".

A method that can be used to identify stressors and strengths is to hold a workshop to create a visual map of the psychosocial work environment (learn more in EU-OSHA's guide "Healthy workers, thriving companies - a practical guide to wellbeing at work Tackling psychosocial risks and musculoskeletal disorders in small businesses)".

Matching job "demands" and job "resources"

In a similar vein, the Recovery (DISC-R) model (De Jonge & Dormann, 2003; De Jonge et al., 2012) posits that for example, in emotionally challenging circumstances, workers need to have access to sufficient emotional resources, or support, such as from colleagues in order for them to be able to recover emotionally. Workplace interventions are developed and tailored in participation with the employees, based on outcomes of the DISC-R risk assessment. An intervention study showed positive results for the intervention groups in terms of specific psychosocial work characteristics and health and wellbeing outcomes for those going through the DISC-R process. (EU-OSHA 2023d)

Tools and support to deal with psychosocial risks

This can include training on time management, stress reduction, conflict management, assertiveness, dealing with high emotional burdens, de-escalating conflicts or self-defence as well as mindfulness-based interventions, relaxation courses and confidential psychological counselling.

Cognitive behavioural therapy (CBT) and/or problem solving techniques with a focus on work, such as improving problem-solving coping, can help manage psychosocial risks.

Mindfulness
Johnson et al. (2015) studied the effects of a mindfulness-based programme on depressive symptoms of healthcare professionals. The resilience training comprised of an eight-week group-based mindfulness-based programme combining elements of exercise, nutrition, and mindfulness meditation. The aim of the programme was to support healthcare professionals with depressive symptoms in discovering and developing self-care skills and to increase personal capacities to cope with physical symptoms, difficult emotional situations and chronic mental conditions. Results of their wait-list comparison pilot study showed a decrease in depression, stress, trait anxiety and Presenteeism.

> **i** **For more information:** the EU-OSHA guide Guide "Healthy workers, thriving companies - a practical guide to wellbeing at work: Tackling psychosocial risks and musculoskeletal disorders in small businesses" addresses what psychosocial risks in the workplace are, what stress is and creating a good psychosocial work environment. The EU-OSHA Discussion Paper "Psychosocial risks in the health and social care sector" (EU-OSHA 2023d) contains much useful analysis and examples also relevant for other work sectors.

Secondary Prevention Support and Care Pathway: Fedris' Burn-out Pilot Project (Belgium)

This programme, launched by the Federal agency for occupational risks (Fedris) in 2019, assessed the effectiveness of a personalised support and care pathway for workers suffering from early signs of burnout. It involved actors from different levels of prevention (prevention, healthcare etc.) to facilitate their coordination and promote a global and multidisciplinary approach.

The pathway itself involves recognised professionals, for example: psychologists, doctors and physiotherapists. It includes the following phases, which include various modules, for a maximum of 25 sessions.

1. **Detection:** The identification and early detection of symptoms, analysis of psychosocial risks at work, carried out by prevention actors and/or doctor(s).
2. **Diagnosis:** A trained and experienced professional (psychologist and/or medical doctor) assesses the severity of the complaints and determines if Fedris' programme is adapted to their situation. Otherwise, they refer the employee to the appropriate or specific help.
3. **Coordinated Support and Care Pathway:** The modules are personalised and adapted to each participant. They tend to address both the organisational and individual dimensions and factors that may have led to the development of burn-out symptoms.

The results were published at the end of 2023. The support pathway showed its effectiveness on mental health indicators, in terms of scores for burn-out as well as depression, anxiety and stress, and self-assessed physical and psychological health. The results highlighted the importance of primary prevention, but also of raising awareness within organisations and among managers in particular. An integrated approach to prevention is essential for long-term results, primary, secondary; early intervention, and tertiary prevention; managing an existing problem.

The results suggest that the target populations should be enlarged, and the pilot project should be extended into a sustainable prevention programme. It will continue in 2024.

For more information: See the Summary Results of the pilot and the webpages in French or Dutch.

6. RECOMMENDATIONS FOR EFFECTIVE STAKEHOLDER ENGAGEMENT AND COORDINATION

- **For social insurance agencies, health care institutions (and professionals), social service providers, employers' associations, public employment services and vocational education providers:** Organise partnerships for integrated and comprehensive support measures from the local to the national level to provide access to services, support, and guidance for employers and the workers/employees, in collaboration with service user representative organisations.

- **For social insurance agencies, public employment services, labour inspectorates or OSH experts:** Provide guidance to employers on how to put in place robust occupational health and safety systems in their enterprise. Make clear that they or their delegated staff must respect information and participation rights for workers' representatives, OSH experts and trade union representatives in line with the relevant EU and national legislation.

- **For social insurance agencies, labour inspectorates or OSH experts:** Elaborate guidance to employers on how to pursue a systematic and comprehensive approach to identify and manage OSH risks. This should be practical written step-by-step guidance in line with national legislation and adapted to the national institutional setup and/or to economic sectors.

- Make available tailored personal (online or in-person) support services to employers to complement existing written guidance, in particular for SMEs, micro enterprises and family businesses.

- **For social insurance agencies, health care institutions and/or public employment services:** Provide information material, training and advice to employers on how to implement inclusive recruitment and retention policies – in particular SMEs, micro enterprises and/or family businesses – in order to ensure that they are able to shift to inclusive workplaces.

- **For health professionals, social security agencies and public employment services:** Focus on the capabilities of a worker, including in the case of a person with a disability, not on their (functional) limitations, impairments, or disabilities. They are also advised to build on this approach multifaceted and integrated return-to-work and disease or disability management programmes.

- **For social insurance agencies, health and safety advisory services and/or public employment services:** Help with the definition of a shared vision between employers, employees and other actors/professionals involved in the work reintegration process for the employees with chronic diseases or disabilities and the management of the disease or disability. This helps remove fears related to adapted or new tasks, responsibilities and working conditions at work or when they return to their job/their workplace.

- **For social partners, i.e., employers' associations and trade unions:** "Ultimately, successful return-to-work outcomes play out at workplace and individual levels. The implementation of collective agreements regulating the reintegration of workers following a sickness absence can be as effective as a national integrated framework for return to work.

- The presence of collective agreements at the workplace level means that the actors involved in the return-to-work process – employer, workers, HR, OSH services, worker, and trade union representatives – are already used to collaborating on issues related to well-being at work and are likely to work well with external services and expertise." (EU-OSHA 2016b). There is untapped potential for social partner-based initiatives in the fields of return to work after a chronic disease or with a (partial) disability.

  - Employers' associations and trade unions are invited to put more focus and efforts into the elaboration and rolling out of negotiated initiatives supportive to the return-to-work and workplace support of persons after a chronic disease and/or having a disability, at the level (cross-sectoral, sectoral or enterprise) they consider this most appropriate.

  - Taking inspiration from the Implementation Report (2021) of the Autonomous Framework Agreement on Active Ageing and an Inter-Generational Approach (2017), by this Manual or by the Framework Agreements on work-related stress (2004) and harassment and violence at work (2007) EU-level social partners or national social partners could consider working on joint statements, projects, toolkits, guidelines or frameworks of action supportive of the return to work after a chronic disease or with a (partial) disability.

SOURCES & RESOURCES

Akgüç, Mehtap/Westhof, Leonie (2021): The EU-level policy framework and stakeholder perspectives on returning to work after chronic illness. In: ETUI (Ed. Akgüç, Mehtap) (2021): Continuing at work. Long-term illness, return to work schemes and the role of industrial relations. Brussels: ETUI

Aust, Birgit et al. (2015): Implementation of the Danish return-to-work program: process evaluation of a trial in 21 Danish municipalities. In: Scandanvian Journal for Work, Environment & Health, Vol. 41(6):529-541, https://doi:10.5271/sjweh.3528

Aust, Birgit et al. (2012): The Danish national return-to-work program – aims, content, and design of the process and effect evaluation. In: Scandinavian Journal of Work, Environment & Health, Vol. 38(2):120-133, https://doi.org/10.5271/sjweh.3272

CC.OO (Spain): Trade Union Campaign to Prevent Work-Related Cancer: https://cancerceroeneltrabajo.ccoo.es/Manifiesto/Manifiesto/Campana_sindical_para_prevenir_el_cancer_laboral (in Spanish)

Cedefop/Eurofound (2020): European Company Survey 2019 – Workplace practices unlocking employee potential. Luxembourg, Publication Office of the EU

Chrodis Plus (2020): Workbox on chronic diseases and employment (training tool and toolkit)

Danish Government (2023): Denmark's National Reform Programme 2023 (May 2023)

EASPD (Ed.) (2021): a4i- Alliance for Inclusive Investment in Social Care and Support: Template for Module "Human Rights in Social Care and Support" (2019).

EULAR (2021): EULAR points to consider to support people with rheumatic and musculoskeletal diseases to participate in healthy and sustainable paid work, Annals of the Rheumatic Diseases 2022;0:1–8, https://doi:10.1136/annrheumdis-2022-222678

Eurofound (2019): Policy Brief "How to respond to chronic health problems in the workplace?", Luxembourg, Publication Office of the EU

European Commission (2024a): Employment, Social Affairs and Inclusion: European Employment Strategy: Health and safety at work: Advisory Committee on Health and Safety at Work (ACHS)

European Commission (2024b): Reasonable accommodation at work. Guidelines and good practice

European Commission (2022): Disability Employment Package

European Commission (2021a): Europe's Beating Cancer Plan

European Commission (2021b): European Pillar of Social Rights Action Plan

European Commission (2021c): Strategy for the Rights of Persons with Disabilities 2021-2030

European Commission (2020): How to put reasonable accommodation into practice – guide of promising practices

European Commission (2017): European Pillar of Social Rights

European Commission (2000): Employment Equality Directive 2000/78/EC

European Commission (1989): Framework Directive 89/391/EEC

European Platform for Rehabilitation (2020) From Care To Employment: A Short Study On Programmes Supporting Return-To-Work

European Platform for Rehabilitation (EPR) (2023): Project "Change for Inclusion" (2021-2023): Products in English and in Dutch)

European Trade Union Confederation (ETUC)/Business Europe/SGI europe/sme united (2021): Autonomous Framework Agreement on Active Ageing and an Inter-Generational Approach: Implementation Report

Eurostat (2022): Self-perceived health statistics

EU-OSHA (2023a): OSH WIKI Article "Ill Health, Disability, Employment and Return to Work"

EU-OSHA (2023b): Thematic Page "Musculoskeletal disorders (MSDs)"

EU-OSHA (2023c): Discussion Paper "Psychosocial risk management in the health and social care sector"

EU-OSHA (2023d): Discussion Paper "The links between exposure to work-related psycho-social risks factors and cardiovascular disease"

EU-OSHA (2022a): OSH WIKI Article "Disability Management"

EU-OSHA (2022b): Early intervention for musculoskeletal disorders among the working population

EU-OSHA (2022c): Impact of Long COVID on workers and workplaces and the role of OSH

EU-OSHA (2022d): Occupational safety and health risk assessment methodologies

EU-OSHA (2022e): Working with rheumatic and musculoskeletal diseases (RMDs)

EU-OSHA (2021a): COVID-19 infection and long COVID – guide for managers

EU-OSHA (2021b): COVID-19 infection and long COVID – guide for workers

EU-OSHA (2021c): Discussion Paper "Return to work after MSD-related sick leave in the context of psychosocial risks at work"

EU-OSHA (2021d): Working with Chronic MSDs – Good Practice Advice Report & Analysis of case studies on working with chronic musculoskeletal disorders

EU-OSHA (2020a): OSH WIKI Article "Return to work after sick leave due to mental health problems"

EU-OSHA (2020b): OSH WIKI Article "Return to work strategies to prevent disability from musculoskeletal disorders"

EU-OSHA (2020c): OSH WIKI Article "Workers with Disabilities"

EU-OSHA (2018a): Healthy workers, thriving companies - a practical guide to wellbeing at work Tackling psychosocial risks and musculoskeletal disorders in small businesses

EU-OSHA (2018b): Managing low back conditions and low back pain

EU-OSHA (2017a): OSH WIKI Article "OSH management: legal duties and compliance"

EU-OSHA (2017b): Rehabilitation and return to work after cancer – Literature review

EU-OSHA (2016a): OSH WIKI Article "Methods and effects of worker participation"

EU-OSHA (2016b): Rehabilitation and return to work: Analysis report on EU policies, strategies and programmes & Executive Summary

EU-OSHA (2015a): Austria: Fit2Work: Article & Description

EU-OSHA (2015b): Sweden: Financial coordination of rehabilitation measures

EU-OSHA (2014): Report "The business case for safety and health at work: Cost-benefit analyses of interventions in small and medium-sized enterprises"

FINSAM (2023): Återrapportering för uppdrag om prioriterade målgrupper samt myndigheternas ansvar i samverkan genom samordningsförbund (in Swedish) [= Reporting back for assignments on prioritised target groups and the authorities' responsibilities in collaboration through coordination associations]

fit2work (without year/2023): fit2work (in German; with summaries in Bosnian, English, Romanian and Turkish)

Health Direct, Australian government initiative (retrieved January 2023) Management of chronic conditions https://www.healthdirect.gov.au/management-of-chronic-conditions

human in progress (2023): Netherlands: Webpage "Mandatory Guidelines Sick Leave in the Netherlands" (15 March 2023)

ICF/European Centre of Expertise (ECE) in the field of employment and labour market policies (2024/forthcoming): Report "Incentivising the employment of persons with disabilities in the open labour market – mapping of national policies, strategies and measures" (authors: Nicola Duell; Inga Pavlovaite; commissioned by DG EMPL).

International Labour Organisation (ILO) (2024): Social Dialogue. Geneva: ILO

International Labour Organisation (ILO) (2016): Promoting diversity and inclusion through workplace adjustments. A practical guide. Geneva: ILO

International Labour Organisation (ILO) (without year): Your Health and Safety at Work – A Collection of Modules: Using Health and Safety Committees at Work. Geneva: ILO

IPS Employment Center (without year/2023): IPS Employment Center Website

Organisation for Economic Development and Cooperation (OECD) (2013): Mental Health and Work: Denmark

Parker, Dianne/Lawrie, Matthew/Hudson, Patrick (2006). A Ladder for understanding the development of organisational safety culture. Safety Science, 44, 555-562.

REWIR Project (2020): REWIR Working Paper "Benchmark case studies on France, the Netherlands and the UK, their return to work policies, legal frameworks, and strategies, lessons for other countries and EU-level policy making" (Author: Ziv Amir; Project "Negotiating Return to Work in the Age of Demographic Change through Industrial Relations (REWIR) reworked (2023): Why Is Inclusion Important? 5 Reasons to Strive for an Inclusive Workplace (author: Scott Clark)

Social Impact of Pain Platform [=Social Impact of Pain (SIP)/European Pain Federation (EFIC)/Pain Alliance Europe (2021)]: SIP Position on Workplace Integration and Adaptation

Social Insurance Agency [Sweden] (2022): Act on Financial Coordination of Rehabilitation Measures (FINSAM) https://www.finsam.se/download/18.146767b11814e063bfb370/1657195718693/Finsam_engelskt_bildspel_upp daterad%20juni%202022.pptx

Sterpunt Inclusief Ondernemen (2018): Inclusieboek 2018. Gent.

SUSAM Uppföljning & Samverkan (without year) (in Swedish): https://www.susam.se

Sveriges Riksdag: Lagen (2003:1210) om finansiell samordning av rehabiliteringsinsatser (in Swedish) [= FINSAM] https://www.riksdagen.se/sv/dokument-och-lagar/dokument/svensk-forfattningssamling/lag-20031210-om-finansiell-samordning-av_sfs-2003-1210/

United Nations (2022) Introducing the United Nations Convention on the Rights of Persons with Disabilities"

World Health Organisation (WHO) (2023a): Achieving well-being. A global framework, implementation and monitoring plan for integrating well-being into public health using the health promotion approach.

World Health Organisation (WHO) (2023b): WHO Rehabilitation Need Calculator (VizHub)