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Shaping return-to-work policy: the role of industrial relations at the European, national and company levels

Comparative report

Negotiating Return to Work in the Age of Demographic Change through Industrial Relations (REWIR)
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CEE	Central and Eastern Europe
EU	European Union
EU-OSHA	European Agency for Safety and Health at Work
NGO	Non-governmental organisation
OECD	Organisation for Economic Cooperation and Development
REWIR	Negotiating return to work in the age of demographic change through industrial relations
RTW	Return to work
UK	United Kingdom

1. Introduction

This report summarises the key findings from the project "Negotiating return to work in the age of demographic change through industrial relations" (REWIR), carried out between 2019 and 2021. Demographic change and population ageing have influenced labour markets across the EU. Representing a major societal challenge, these changes exert pressure on the fiscal sustainability of the welfare state and the capacity of healthcare systems (European Commission, 2014). In an attempt to tackle these challenges, measures to extend working lives – such as the (re)integration of vulnerable groups into the labour market, including individuals who became inactive due to illness or disability – have been gaining attention across EU member states. Healthy ageing practices and good health standards were also included as EU priorities on the Europe 2020 agenda and the EU's health programme for 2014-2020.

The REWIR project has addressed the role of industrial relations in facilitating return to work from a multi-level governance perspective, more specifically the policy measures at the European, national and company levels. Industrial relations play a key role in shaping the work environment through negotiated responses to the needs of employers, workers and policymakers. The REWIR project has responded to the gap in existing knowledge about how representatives of governments, employers and employees approach the issue of return to work in social dialogue, and how they support workers in their work retention and labour market (re)integration efforts following chronic diseases and longer absences (Tiedtke et al., 2013). To bridge this gap, the REWIR project has integrated knowledge on industrial relations, occupational health and return-to-work policies. The main aim of the project has been to study the role that industrial relations at the EU, national and company levels play in extending the working lives of EU citizens through work retention and reintegration after a chronic disease in the context of demographic and technological changes.

In analysing how different industrial relations and social dialogue practices inform the design and application of return-to-work policies, the REWIR project has sought answers to the following research questions:

1. How do relevant EU-level social partners help to fulfil the EU's agenda of promoting a healthier Europe, and active and healthy ageing? How do they contribute to return-to-work policymaking and implementation at the EU level?
2. What role do trade unions and employers' associations in particular national contexts play in the current practices to put return-to-work policy into action in various EU member states?
3. From a comparative perspective, what opportunities emerge for trade unions, employers'

associations, governments and other stakeholders to negotiate better development and realisation of return-to-work policies across different industrial relations systems and policy frameworks?

4. How do company-level interactions between employers and employee representatives enhance the return to work of people who have experienced chronic diseases through information, consultation and co-determination across six EU member states with different industrial relations systems and policy frameworks?
5. How do workers with chronic health conditions returning to work perceive the relevance (or role) of social partners in helping to reduce their risks of marginalisation, discrimination and poverty?
6. How does the documented and potential role of industrial relations help the (re)definition of concepts prioritised in the Europe 2020 agenda, including 'intergenerational fairness', 'longer labour market involvement', 'job performance', 'presence at work' and 'fitness for work'?

In the project, chronic diseases refer to diseases of long duration and slow progression, such as cancer, cardiovascular diseases, diabetes, musculoskeletal disorders and mental disorders (Akgüç et al., 2020). These diseases represent a considerable burden for labour markets, as the main causes of morbidity and mortality in the EU (Guazzi et al., 2014). Workplace support measures, i.e. adjustment strategies, together with legislation, are preconditions to facilitate the integration into the labour market of individuals facing or having been treated for chronic diseases (Amir et al., 2010). Long-term absence from work due to a chronic disease can often serve as a precursor of disability (OECD, 2010), and the line between a chronic disease and disability is not straightforward. The close relation between the two concepts has been demonstrated by project findings on various aspects, e.g. social partners representing the interests of people with disabilities, or national and European policy frameworks on disability that also cover workers who return to work after treatment for a chronic disease without having the formally recognised status of a person with a disability. This overlap of concepts is acknowledged throughout the report.

This report summarises the analytical framework of the REWIR project and compares country-specific findings on return-to-work (RTW) policies along with the role of industrial relations actors in shaping and implementing them. It presents the EU-level perspectives on return-to-work policies and expectations by national industrial-relations actors vis-à-vis EU-level social dialogue in addressing return-to-work policies.

Evidence collected by the project has drawn on multiple research methods, combining qualitative interviews with relevant stakeholders at the EU level and in six EU member states (Belgium, Estonia, Ireland, Italy, Romania and Slovakia) with three non-representative surveys

conducted online. More specifically, these were (i) an online survey among workers who returned to work after a chronic disease; (ii) a survey among national social partners in 25 EU member states about their views on the role of national and European industrial relations in facilitating the return-to-work process; and (iii) a survey among managers in 6 EU member states (Belgium, Estonia, Ireland, Italy, Romania and Slovakia) about their experience of supporting workers returning to work and the role of interaction with company-level trade unions in this process. In addition, the research partners organised group discussions and roundtables to complement interview and survey data. Response rates to the surveys and interviews are included in the appendix.

2. Country-specific return-to-work policies: a framework for analysis

The analytical framework to study how industrial relations actors (may) facilitate the formation of return-to-work policies at the EU and national levels and the implementation of such policies at workplaces across various countries was based on the framework of **actor-centred institutionalism** (Scharpf, 1997). The project focused on understanding the rational action of trade unions and employers in facilitating and contributing to return-to-work practices through negotiated interactions between unions and employers, and with other relevant stakeholders. These include, for example, national governments, non-governmental organisations (NGOs) offering occupational rehabilitation services, patients' organisations and others in national contexts but also in the context of EU-level actors. Through this analytical lens, REWIR placed industrial relations actors and their perceptions, experiences and interactions with other relevant stakeholders in given institutional (industrial relations) and policy contexts at the core of the project.

The framework involved several considerations, which are summarised below and elaborated in greater depth in Akgüç et al. (2019). Among them was the institutional framework in which the actions of unions and employers evolve. This refers to national industrial-relations systems, which differ across EU member states (see Table 1). This categorisation informed the empirical analysis of practices by and opportunities for social partners to help facilitate return to work by contributing to policy development at the national level and to the actual process for the individuals concerned at the workplace.

Table 1 Country clusters and industrial relations systems across the EU

National industrial relations systems	Organised corporatism (Nordic)	Liberal pluralism (West)	State-centred (Southern)	Social partnership (Central West)	Embedded neoliberal (Central East)	Neoliberal (North-east, South-east)
EU member states	DK, FI, SE	CY, IE, MT, UK	ES, FR, GR, IT, PT	AT, BE, DE, LU, NL, SI	CZ, HR, HU, PL, SK	BG, EE, LV, LT, RO

Sources: Akgüç et al. (2019), based on Bechter et al. (2012), Bohle and Greskovits (2012), European Commission (2009: 49-50).

Besides the diversity in industrial relations, the REWIR analytical framework acknowledged the diversity in the policy frameworks relevant to return-to-work policies, based on a comprehensive EU-OSHA (2018) report summarising those on return to work in EU countries. As a result, the REWIR

project defined four categories of countries that differ not only in their return-to-work policies, but also in the existence of available research. By providing new empirical evidence on all four categories, the REWIR project offers novel comparative empirical findings following a unified analytical approach, which were not available prior to the project.

The four country clusters include countries with (i) an inclusive return-to-work system and effective policy coordination, (ii) developed policies but limited policy coordination, (iii) limited institutional support and ad hoc policy initiatives, and (iv) a generally limited return-to-work policy framework. Table 2 presents the selection of countries covered by the REWIR project, revealing both the diversity of industrial relations systems and return-to-work policy frameworks.

Table 2 Country selection for the REWIR project

Industrial relations system	**Frameworks for return-to-work policies and systems**			
	Inclusive system, effective policy coordination	Developed policies but limited policy coordination	Limited institutional support and ad hoc policy initiatives	Generally limited return to work framework for promoting labour market access
Liberal/Anglo-Saxon/Anglophone		(UK)	Ireland	
Southern		Italy (France)		
Negotiated social partnership	(Netherlands)	Belgium		
CEE neoliberal			Estonia, Romania	
CEE embedded neoliberal				Slovakia

Source: Akgüç et al. (2019).

In the sample, Ireland represents a liberal pluralist, or Anglophone, industrial relations system, with a voluntarist approach by social partners and little state intervention (after recent changes in the Irish system following the economic crisis). Italy resembles the Southern industrial relations system cluster with a high level of voluntarism in industrial relations, giving rise to union pluralism, multiplication of collective agreements and a lack of collective bargaining governability (Leonardi, 2017; Leonardi et al., 2017). Next, the analysis of Belgium brings the perspective of a negotiated social-partnership system, with the state formulating and implementing policies in close cooperation with selected societal actors. A Central and Eastern European (CEE) system of neoliberal industrial relations is characterised by insufficiently established or enforced tripartite institutions. In our sample, Romania enjoys a strong labour movement, but has recently witnessed state-led bargaining decentralisation, while the Estonian labour movement is weak

and fragmented. Bargaining is limited to the company level, if existing at all. Finally, Slovakia represents an embedded, neoliberal industrial-relations system in the sample. While it has deeply entrenched tripartism and formalised access by social partners to national policymaking, the country is experiencing a plummet in union density and bargaining decentralisation. In terms of return-to-work policies, Slovakia belongs to the group of countries with underdeveloped policy frameworks (see Table 2 above).

In addition to the above sample, the project delivered a benchmark case study covering France, the Netherlands and the UK (Amir, 2020). These cases were selected due to expected differences on the extent of policy frameworks on return to work and experiences of the role of social partners in their implementation. The case study drew explicitly on desk research and set comparative benchmarks for assessing the findings from the six EU member states mentioned above. In total, this country selection offers a balanced sample of large and small member states, located in various geographical areas of the EU. The analysis zooms in on actors' strategies and their mutual interactions in the presented institutional and policy contexts.

3. Return-to-work policies and social partner involvement across six EU member states

This section summarises the REWIR project findings across six EU member states representing diverse industrial relations systems as well as policy approaches on return to work (see Table 2). Despite the diversity of national policy frameworks, the common features of all the countries studied, with the exception of Belgium, are (i) a lack of dedicated policies addressing return to work, and (ii) disability policies serving as an umbrella over the domain, including return-to-work policies. Belgium has dedicated policies for return to work after a non-occupational disease (also incorporating chronic diseases), which have been place since 2016.

3.1 National policy frameworks

Despite expected differences following the EU-OSHA classification of policy types (see Table 2), all six of the countries studied have legislation in place that regulates the employment relationship, health insurance and entitlements thereof, sick leave-related legislation and finally legislation on disability policies. Interestingly, in all six of the countries studied these policy frameworks are considered insufficient due to their general character and lack of a dedicated strategic approach to return to work and reintegration after chronic diseases.

Belgium belongs to the group of countries with dedicated legislation on wellbeing at work and overall legal regulation of the employment relationship as well as compulsory healthcare and indemnity insurance legislation. Supportive policies can furthermore be drawn from anti-discrimination legislation, from which it can be derived that equal treatment applies to people with health conditions or disabilities. Notwithstanding these legislative regulations, research findings on Belgium demonstrate a lack of stakeholder coordination that would facilitate return to work after long-term absence due to a chronic disease. A new policy framework on return to work after a non-occupational disease has been developed in Belgium to ensure systematic early intervention and a case management approach with support from an occupational physician and the mutual insurance provider. Employees have the possibility to progressively return to their jobs while receiving sickness benefits and increasing their working hours as their health condition improves. Vocational rehabilitation and some financial support are available as well. However, early figures on the effectiveness of the new measures hint at limited success of the new formal reintegration scheme. Employees returning to work often lack support in practice, as do small and medium-sized companies (Lopez-Uroz and Westhoff 2021). In spite of these shortcomings, there is great awareness of the need to address sick leave and work reintegration in the Belgian policy debate. The "Platform for consultation between actors

involved in the process of voluntary return to work of people with health problems" was established in 2010 with the involvement of various stakeholders, including the Ministry of Labour, Federal Agency for Occupational Risks and the National Labour Council. The goal of the platform is to develop an integrated approach to returning to work after a disease.

In the country selection sample, **Ireland** represents the model of liberal, Anglo-Saxon industrial relations while at the same time having a limited dedicated policy framework for return to work after chronic illnesses. Key legislative documents include the Employment Equality Status Acts (1998-2015), Health & Safety at Work Act (2005), Unfair Dismissals Acts (1977-2015) and Disability Act (2005). Nevertheless, policies and supporting measures derived from this legislation target individuals in unemployment or out of active labour market participation and do not explicitly guide the reintegration of employees with chronic diseases back to the workplace. Where chronic illness is captured in policy and legislation, it typically comes under the umbrella of disability. Ireland also lacks a statutory right to an occupational sick pay scheme and vocational rehabilitation support. The lack of dedicated legislation is furthermore exacerbated by the absence of a national stakeholder forum, which would stipulate cooperation between various actors and thus support return to work after chronic disease. Coordination between government agencies, health professionals, employers and the workers facing return to work after chronic diseases is limited.

In contrast to Ireland, the expectation of policy frameworks based on the EU-OSHA categorisation (see Table 2) in **Italy** suggests an elaborate policy framework. Yet, the Italian legislation on people with chronic diseases and on returning to work lacks homogeneity. Some provisions on returning to work and related protection derive from the condition of a formally recognised disability. The legislation does not specifically target people suffering from chronic diseases, while the concept of disability has been redefined according to the objectives pursued by the legislators. Many stakeholders are potentially involved in return-to-work policies, including employers, social partners, patients' associations, research organisations, public authorities, public and private providers of employment services, and job centres. Currently, interactions between these stakeholders lack systematic cooperation and no particular efforts are being made to improve them. The challenge of employers circumventing legal regulations can be related to the frequently demonstrated prejudices vis-à-vis workers with chronic diseases and their decreased labour productivity, which in the view of some employers cannot be restored. This is also one of the reasons why social partners do not prioritise return-to-work policies on their agendas. In addition, the relevant stakeholders often lack legal expertise to address return to work after chronic diseases.

Romania and Estonia represent countries with limited institutional support and ad hoc policy initiatives while being characterised by decentralised industrial relations. Romania has a general policy framework for sick leave, invalidity and disability. The social security system is based on

social insurance and health insurance, and the Ministry of Health, Ministry of Labour and several lower-level agencies/services coordinate it. The legislation includes a diversity of acts that altogether build up a policy framework for people on sick leave due to chronic disease. Besides general labour legislation (Labour Code), legislative acts on the unitary system of public pensions (Law 263/2010), temporary work incapacity and social health insurance, the government's decision No. 355/2007 governs employees' health monitoring. Two additional pieces of relevant legislation include the law on the rights of people with disabilities (Act No. 448/2006) and the law on health and safety at the workplace (Act No. 319/2006). Even so, the above legislative framework does not generate sufficient involvement by stakeholders or their cooperation. Even if the policy frameworks stipulate roles for employers, the public employment agency and medical experts in supporting workers returning to work after chronic disease, these mostly concern only general statements or refer to particular benefits, related eligibility and period of entitlement. The present policies lack specific measures or interventions for making return to work easier when the sick leave or the invalidity period is over. An attempt to establish provisions to facilitate returning to work includes an individual medical rehabilitation plan (Popa et al., 2021). In general, the main roles in supporting return to work are allocated to healthcare professionals rather than employers or the public employment agency.

In **Estonia**, the public policy mix aims at supporting the labour market inclusion of people with limited work capability resulting from occupational or non-occupational injury, illness or disability. The employment of people with reduced work capability is addressed by integrated interventions in several policy areas: active labour market policies, social welfare, medical treatment and rehabilitation. But this framework has been developed through several general legislative acts, including the Employment Contracts Act, Health Insurance Act, Work Ability Allowance Act and Occupational Health and Safety Act. This framework offers limited institutional support and ad hoc policy initiatives on return to work, with sufficient regulation but low uptake and coordination of implementation. The system is difficult to navigate, perceived as scattered and is missing the enforcement of workers' rights (Taru and Roosalu, 2021).

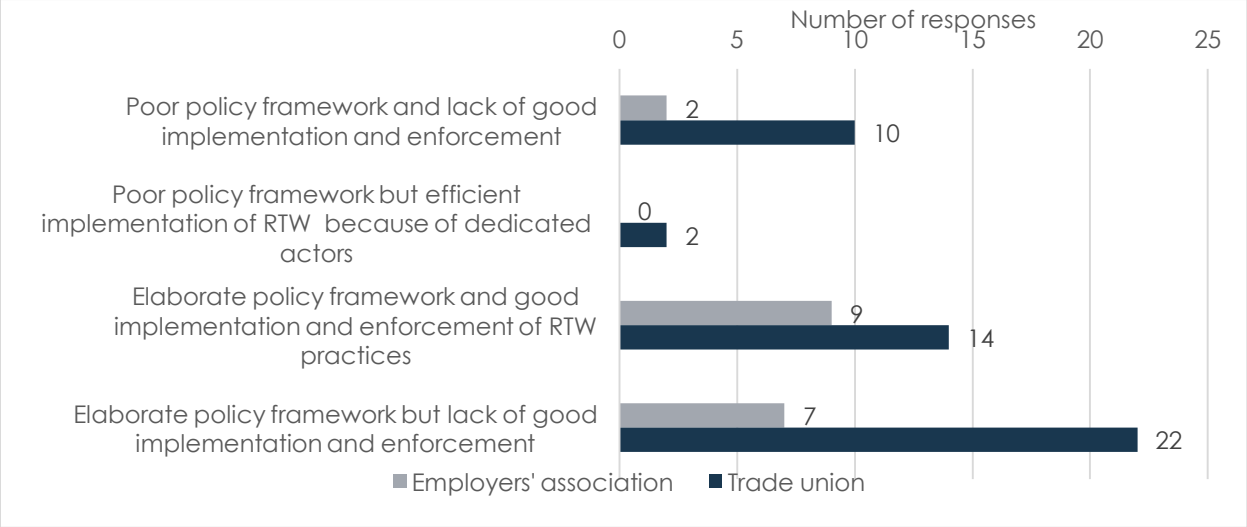
Finally, and similar to Estonia, **Slovakia** derives its policy framework relevant to returning to work after chronic disease from a number of general legislative provisions. These include the Labour Code (Act No. 311/2001), Sickness Benefit Act (Act No. 462/2003) and Act on Social Insurance (Act No. 461/2003). These provisions stipulate access to benefits and sick leave, but do not specifically address the work reintegration process. While there is a generally limited, dedicated policy framework for returning to work after a chronic disease, the policies essentially target only those people with a formally recognised status of disability. The legislation offers support and guidance to two basic categories of people: (i) recipients of an invalidity pension upon approval of the disability status by a medical professional and application for relevant benefits; and (ii) those with the recognised status of having a severe health disability. Relevant policy measures derived from the above framework include protective measures on vocational

rehabilitation support, income compensation in case of temporary work incapacity, prohibition of notice during temporary work incapacity, and a sickness and invalidity benefit system. Still, these provisions mostly address the eligibility of individuals for benefits during their sick leave and do not particularly help the work reintegration process. Stakeholders' support for workers returning to work remains isolated: return-to-work policies were identified as a core business of governmental and employment offices, patients' organisations, NGOs and charities, while the role of social partners was seen as currently supportive or even marginal. Although the role of these organisations was perceived as helpful, a lack of cooperation between the stakeholders was also noted. Collaboration could expand to involving other stakeholders, such as labour inspectorates or the employment promotion agencies, rehabilitation centres and others. At the same time, the prevailing cooperation should be intensified and become a platform for specific discussion of topics related to return to work.

In sum, with the exception of Belgium, none of the countries studied has a dedicated and well-developed policy framework specifically targeting return-to-work policies after chronic diseases. Current return-to-work measures are drawn from more general legislative and policy approaches and are often subject to the interest of particular stakeholders in taking up their roles to support the return-to-work process. Meanwhile, the countries studied show variation in actual implementation, with social partners' roles differing between the national and company levels. The lack of national-level policy frameworks is in some cases (e.g. Italy, Ireland and Slovakia) replaced by ad hoc cooperation initiatives at the company level during the return-to-work process. In Belgium, the policy framework is the most encompassing of the countries studied, embracing return-to-work policies in a broader policy framework on work retention after non-occupational diseases.

How do the national social partners across the 25 EU member states from which social partners' responses were collected perceive the national policy frameworks supporting return to work in general? Figure 1 shows that the majority of employers' organisations in the REWIR social partners' survey regard the policy framework on return to work as elaborate, though opinions diverge on the quality of policy implementation. While most trade unions in the sample studied also regard the national-level policy frameworks as elaborate, a higher number of unions compared with employers' associations view these policy frameworks as poor and lacking effective implementation and enforcement.

Figure 1 National social partners' evaluation of their country's current legislative and policy framework for return to work



Source: REWIR social partners' survey in 25 EU member states (N=83). RTW = return to work. 'Don't know/cannot evaluate' excluded from the graph. Answers shortened to ease reading.

3.2 Return-to-work policies in the EU member states: involvement of social partners

The core of the REWIR project lies in understanding the involvement and role of social partners in national return-to-work policy design and implementation. This section reviews the key findings from six EU member states. Although social partners take a generally positive approach to greater involvement in return-to-work policies and their implementation, the embedded practices on social dialogue and policy processes show extensive path-dependency in the (lack of) involvement by social partners in these policies.

While the previous statement applies to the majority of the countries studied, **Belgium** is an exception to this trend due to its strong culture of social dialogue, high unionisation rate and bargaining coverage. As already mentioned, the specific structure of social dialogue serves as a gateway to greater involvement by social partners via the National Labour Council and the High Council for Prevention and Protection at Work and in policymaking on return to work after chronic diseases. The National Labour Council has been active in the area of return to work after chronic disease since 2010. One of the main outcomes of social dialogue on return to work at the national level has been the important role played by the National Labour Council in supporting the overhaul of the legislation on the matter through the platform on return to work after a sharp increase in beneficiaries of long-term sickness insurance. It called for a more active approach towards workers on sick leave who are able to perform some professional activity, as it would be beneficial for their recovery prospects and for the sustainability of the Belgian social security system. In 2015, the National Labour Council published a report on the results of this consultation, laying some basic principles for the legislation: the need for collective

reintegration, concrete incentives, a voluntary procedure, clarification on the use of medical *force majeure*, and the key role of the occupational doctor. These discussions and agreements were later adopted as part of the Royal Decree in 2016. Beyond influencing legislation, social partner involvement is documented also at the workplace level in health and safety committees facilitating company internal policies on reintegration and the opportunity for union delegates to support employees during negotiations with their employers regarding return to work after chronic disease. Belgian social partners are nonetheless expected to be more active on the topic of return to work, such as issuing common practical guidelines for health and safety committees and guidelines for implementing company-level reintegration policies. Social partners could also work at cross-sectoral or sectoral levels on collective bargaining agreements specifically on return to work, an aspect that is currently underdeveloped.

In contrast to Belgium's highly coordinated industrial relations, **Ireland** resembles a liberal market economy with voluntarist industrial relations principles and a trend of declining coordination through national-level social partnership. In this context, while return to work is not presently a priority area for national employers or trade union bodies, evidence suggests some joint action initiated by social partners. For example, social partners identified examples of their input in policy development at the national level, particularly on the comprehensive employment strategy for people with disabilities for 2015-2024. They noted that they would often engage on topics together, e.g. in the area of mental health, and would work jointly on awareness-raising activities. There is an understanding among the social partners that comprehensive RTW policies and architecture are absent in the Irish health and social protection systems, and that these should be developed as part of Labour Employer Economic Forum discussions in the future. Employer groups agreed that there was currently an appetite for more social dialogue, though not social partnership agreements. The potential, therefore, exists for the possibility of a comprehensive approach through social dialogue to return-to-work policies in a more strategic and coordinated manner. Below the national policymaking level, social partners have the following role: providing fragmented support and information about return-to-work processes; helping to elaborate clear company policy templates for return to work; developing good managerial communication procedures with the employees concerned from diagnosis through to sick leave, recovery and full work reintegration; and training HR and line managers on best practices in the field of return to work. Moreover, where collective agreements regulating the reintegration of workers following a sickness absence exist, these are generally effective (Heffernann et al., 2021).

The industrial relations system in **Italy** is characterised by the absence of law and a high degree of voluntarism. This has given rise to phenomena such as union pluralism, multiplication of collective agreements and a lack of collective-bargaining governability (Leonardi, 2017). The involvement of social partners in policymaking is furthermore described as irregular and highly politicised (Visser, 2009). This institutional setting affects the degree and type of engagement of Italian social partners in designing and implementing return-to-work policies at all levels. In turn,

national-level social dialogue has produced some legal provisions on return to work, but this topic is not prioritised in national collective agreements, which focus predominantly on job security, wage protection, work–life balance and improved access to healthcare. While social partners are critical of a policymaking process that does not sufficiently involve them, their contribution to the return-to-work policy domain comes to depend essentially upon their sensitivity and awareness of the problem (Armaroli et al., 2021). Therefore, unlike at the national level, industrial relations actors are perceived as particularly important in return-to-work policies by the many stakeholders involved in these processes, especially considering the fragmented legislative framework in this field and the workers' demand for support and assistance with their return to work. Regarding national-level collective bargaining, the main provisions concern the protection of workers with disabilities or serious and chronic pathologies in the employment relationship. The majority of the national-level collective agreements signed by the most representative trade union organisations in Italy provide for measures that ensure the job retention of people affected by serious pathologies requiring periodic treatments. In addition, the territorial level can be a laboratory of interesting experiences for social partners' cooperation on return-to-work issues, as they are not led or encouraged all over the country by any national directive or decisive multi-stakeholder policy action (Armaroli et al., 2021). At the workplace level, both trade unions and employers' associations provide support to workers and companies and collaborate with each other to establish solutions that facilitate return to work. Employers' associations are largely indifferent towards these issues, whereas in some cases, trade unions demonstrate greater interest. Nevertheless, trade unionists are largely regarded as lacking specific knowledge of the different chronic pathologies that can affect workers and the various impacts they can have according to the age, contractual relationship and personal characteristics of the worker. Therefore, they tend to apply very general solutions and to simply focus on helping people receive the pensions related to their invalidity status. Overall, a protective, rather than proactive and preventive, approach to the issue seems to prevail both among employers and trade unions.

Similar to Italy, industrial relations in **Romania** are decentralised, but the culture of social dialogue is weak and the unionisation rate, especially since the 2011 social dialogue reform, has remained low. In contrast to Italy's decentralised but voluntaristic involvement of social partners and opportunities to strengthen the role of social dialogue actors in facilitating return to work, the main actors in Romanian return-to-work policies are state-level institutions. Trade unions, employers and NGOs believe that they have a passive role in return-to-work policies and that not more can be done to change this status quo. When they propose ideas for improvement, usually their suggestions pertain once again to the state and legislation, and not to facilitating a stronger role for social dialogue in supporting return to work after chronic disease. In these conditions and with the lack of focus of collective agreements on return to work, the perceived best way to improve professional reintegration after chronic disease would be adoption of specific legislation on return to work with defined roles, steps and outcomes. At the same time, representatives of private employment agencies and the public employment agency

emphasised their willingness to cooperate with industrial relations actors, yet they indicated that in their experience informal relationships and personal recommendations matter to a greater extent in facilitating the return to work. Nevertheless, even in the absence of such legislation there are ways to move things forward in this area. The REWIR social partners' survey highlights that social partners in Romania are involved mostly in activities related to collective bargaining, and then to equal but lesser degrees in raising workers' awareness of their rights, lobbying public institutions and assisting individual workers (Popa et al., 2021). Social partners acknowledged that both the trade unions and the employers' associations should be more active in return-to-work policy implementation at the national level.

Estonia belongs to the group of countries where trade unions and employers' organisations are mobilised by the Ministry of Social Affairs, since their own interest and motivation for engagement is relatively low. Social partners do not feel notable dissatisfaction with the present situation but have stronger interests elsewhere and feel they have made their contributions already. In other words, social partners consider the current state of public policy affairs rather satisfactory and do not perceive that there is a need for considerable change. Neither trade unions nor employers have clearly defined goals and agendas in this area and they did not express a wish to set them. The central role of the public sector in policies relevant to RTW will continue and social partners – trade unions, employers and other players – will likewise continue participating in policy processes initiated by the ministry without their own clear goals and agenda. As to the perceived role of national industrial relations in RTW, the representatives of two trade unions expressed the opinion that trade unions should be more active in RTW policy implementation at the national level. This is probably not a problem of poor cooperation. Rather it is a problem of lack of initiative in this area from both sides – the trade unions and employers' organisations. What needs bringing forward is the central role of the state administration in the process of supporting the employment of people with chronic disease. Returning to work is one strand of action on the wider agenda of interventions aimed at supporting people with reduced work capability. The Ministry of Social Affairs, Estonian Unemployment Insurance Fund and Social Insurance Board are the central players in this respect. Trade unions seem interested in being more involved, but employers' organisations are satisfied with their current extent of return-to-work policy involvement. In turn, the employment of people with reduced work capability is a matter to be resolved between the employee, the management and the Unemployment Insurance Fund, which offers a range of support measures to both employees and employers, while the Labour Inspectorates oversee the process and assure compliance with guidelines.

Finally, **Slovakia,** as a country with embedded, neoliberal industrial relations (Bohle and Greskovits, 2012), has a system of national tripartite and bipartite social dialogue. Top-level employers' associations and trade unions can file proposals for RTW policy amendments via tripartism and membership in various bi- and tripartite committees. Still, return to work is not a priority area in these bargaining fora and social partners have little actual capacity to improve

return-to-work policy and implementation. Opportunities to stipulate return-to-work provisions emerge at the sectoral and company levels of collective bargaining. Suggestions for improving the role of social dialogue include better integration of the return-to-work agenda in collective bargaining, more systematic data collection, reforms of the present system and a quota for employing workers with disabilities. Two thirds of the social partners considered that trade unions should be more active in RTW policy implementation at the national level (monitoring activities, services and support for the workers concerned). Other stakeholders are relevant – government, the social security authority and labour market offices as well as NGOs/patients' organisations – in supporting people in rehabilitation. Employers could imagine getting involved not only from a financial point of view, but also as a matter of principle or policy amendment. They regarded it as not solely being a financial issue, but rather one of social responsibility – where employers seek to act like those who are not just profit-oriented but also want to be perceived by the public as interested in people with limited ability to work (Holubová et al., 2021). Employers were basically against any regulation, including return-to-work policies, while they welcomed measures supporting the flexibilization of work. The latter might be relevant also for people returning to work after long-term absence due to a chronic disease or disability.

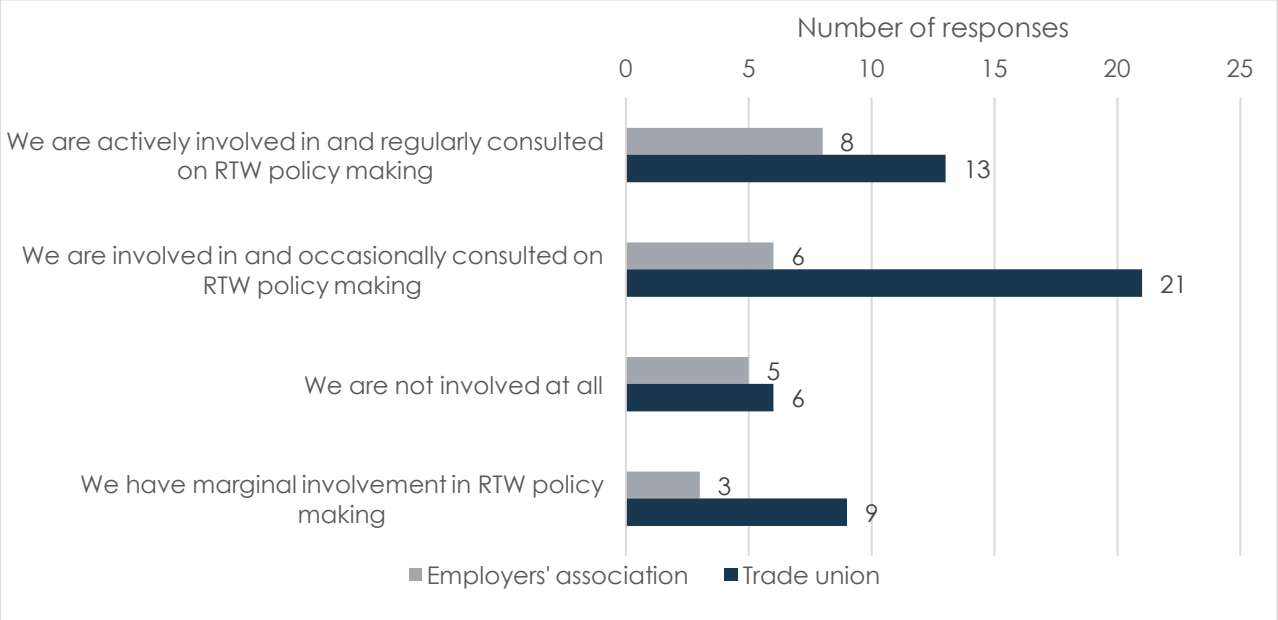
In sum, the individual country experiences above show that the potential of social partners for facilitating return-to-work processes after chronic disease lies in ensuring that issues in the health and safety nexus are reflected both in relevant national policies and in collective bargaining and support provided to individuals, including their access to disability pensions and awareness of post-disease workers' rights. While the capacity of social partners to bridge different policy angles on these issues vary across the countries studied, in each country opportunities have emerged for social partner involvement. These opportunities differ, however, according to the existing policy framework: while on the one hand in Belgium the elaborate policy framework offers ample space for social partner roles at the policy level, in countries without dedicated policy frameworks the role of social partners becomes obvious at the sectoral and company levels. Individual and decentralised practices in the interactions between employers, trade unions and state agencies addressing return to work after sick leave emerged in Estonia, Ireland, Italy, Romania and Slovakia.

In evaluating the national policy frameworks for return to work, trade unions and employers' associations were asked to evaluate social partners' involvement in shaping and implementing these policies in the online REWIR social partners' survey (Akgüç et al., 2020). The majority of trade unions indicated that unions should be more involved in both shaping and implementing national return-to-work policies, while employers' associations regarded current union involvement as sufficient. Similarly, the large majority of trade unions stated that employers' organisations should be more active in addressing national return-to-work policy, while employers themselves were more ambivalent. These organisations were more likely to regard their own involvement in shaping and implementing national return-to-work policy as sufficient.

Overall, trade unions tended to see a need for increasing the involvement of social dialogue actors in return-to-work policy, while employers' organisations did not share this view. In addition, both employers' organisations and trade unions indicated that the cooperation with other stakeholders, such as government, NGOs and medical professionals, can be vital in developing return-to-work policy, though there may be obstacles to efficient cooperation.

While both trade unions and employers' organisations are consulted on national return-to-work policy, frequent involvement appears to be more common for employers' organisations: 36% of employers' organisations stated that they were actively involved in and regularly consulted on return-to-work policy, compared with 27% of trade unions (see Figure 2).

Figure 2 Social partner involvement in national return-to-work policy

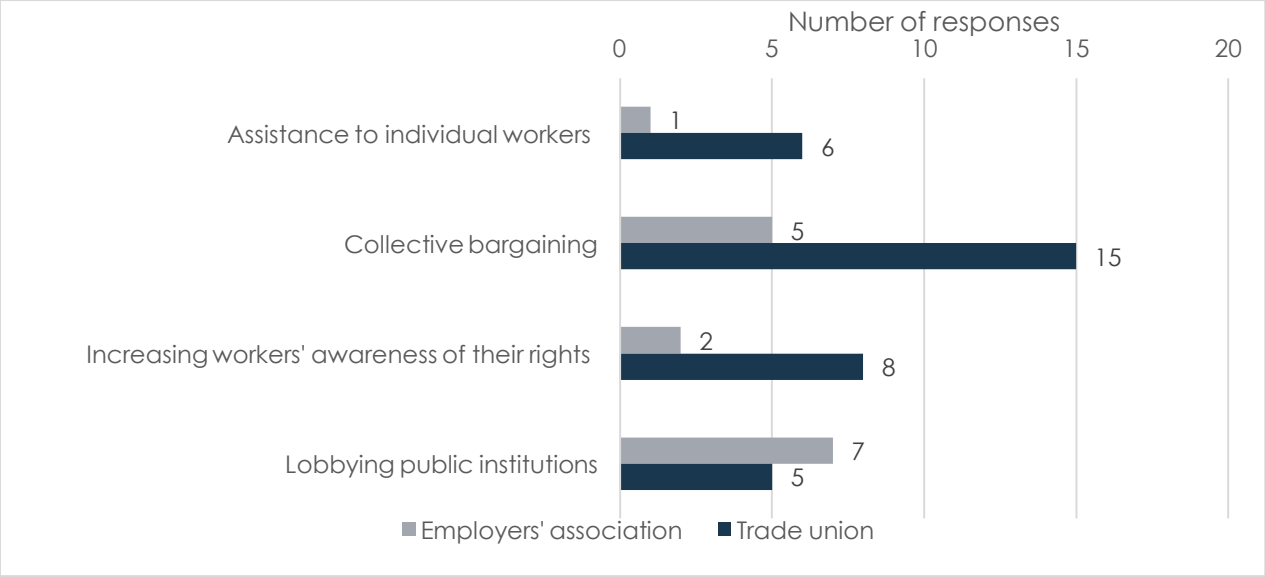


Source: REWIR social partners' survey conducted in 25 EU member states (N=63). RTW = return to work. 'Don't know/cannot evaluate' excluded from the graph. Answers shortened to ease reading.

The REWIR survey of social partners across 25 EU member states furthermore revealed that trade unions regarded collective bargaining as the most relevant activity for national return-to-work policy development, but also pointed to other activities such as increasing workers' awareness of their rights, assisting individual workers with the return-to-work process and lobbying public institutions (see Figure 3). On the side of employers' organisations, lobbying public institutions was indicated as relevant by the highest number of organisations, though a prominent role was also accorded to collective bargaining. Additional activities reported in the survey included monitoring return-to-work policy or implementation at national, sectoral and company levels,

providing specific services or advice to members and associations, and developing return-to-work policies following the Covid-19 pandemic.

Figure 3 Types of national social partner activities perceived as relevant for developing national policies on return to work



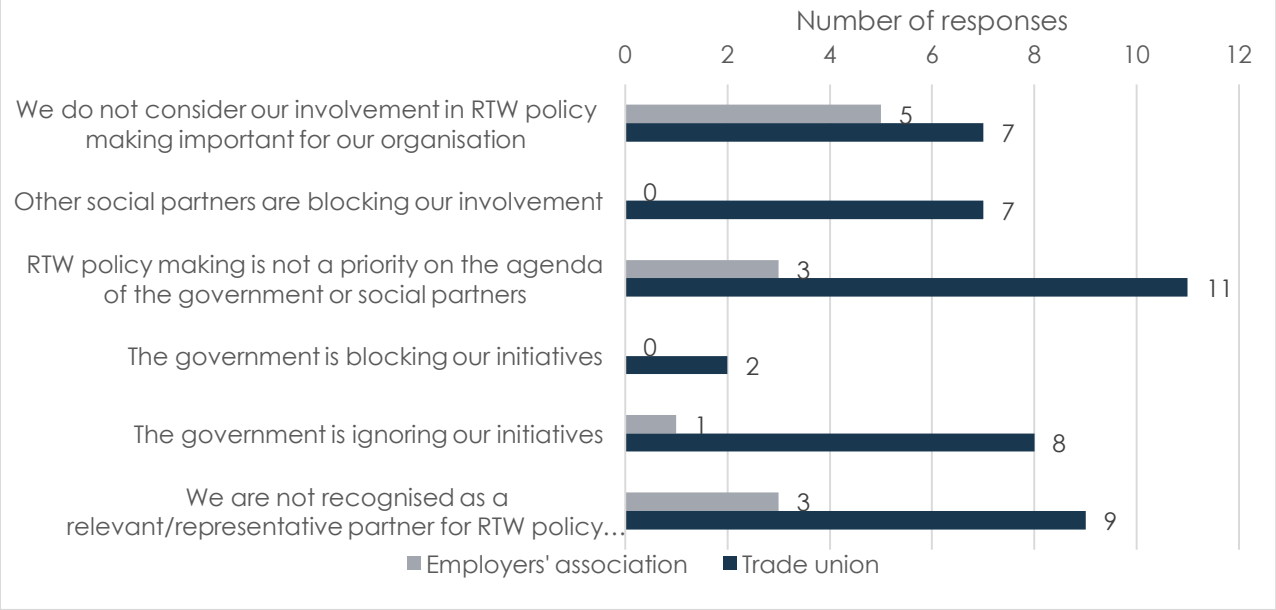
Source: REWIR social partners' survey conducted in 25 EU member states (N=51). RTW = return to work. 'Don't know/cannot evaluate' excluded from the graph. Answers shortened to ease reading.

Finally, in the evaluation of obstacles to their involvement in national return-to-work policy development, among trade unions the most frequently reported obstacle was that return to work is not a policy priority for governments or social partners (

Figure 4). This was followed by a perceived lack of recognition as relevant organisations in return-to-work policy as well as perceived governmental ignorance of the role of unions in return-to-work policymaking. For employers, obstacles to involvement appear to derive mostly from return to work not being seen as an important issue, along with a lack of interest by governments and other social partners.

In addition, some organisations stated that they lack the resources to deal with return to work, and that there are access barriers for social partners that are not formally part of established social dialogue structures. Moreover, social partners face competing priorities and return to work is often dealt with at the workplace instead of the policy level. Finally, in countries with federalised structures like Belgium, it can be unclear which level of government is responsible for return-to-work policies and their implementation.

Figure 4 Obstacles for national social partner involvement in return-to-work policy



Source: REWIR social partners' survey conducted in 25 EU member states (N=80). RTW = return to work. 'Don't know/cannot evaluate' excluded from the graph. Answers shortened to ease reading.

In sum, the generalised picture emerging from the presented evidence suggests that national social partners are engaged in return-to-work policymaking to a varied extent across the EU member states studied. Most social partners are being consulted at least occasionally on the issue. Trade unions in particular would like to increase their involvement in return-to-work policy and their greater involvement is also expected by employers.

3.3 Return to work at the company level – comparison of workers' and managers' views

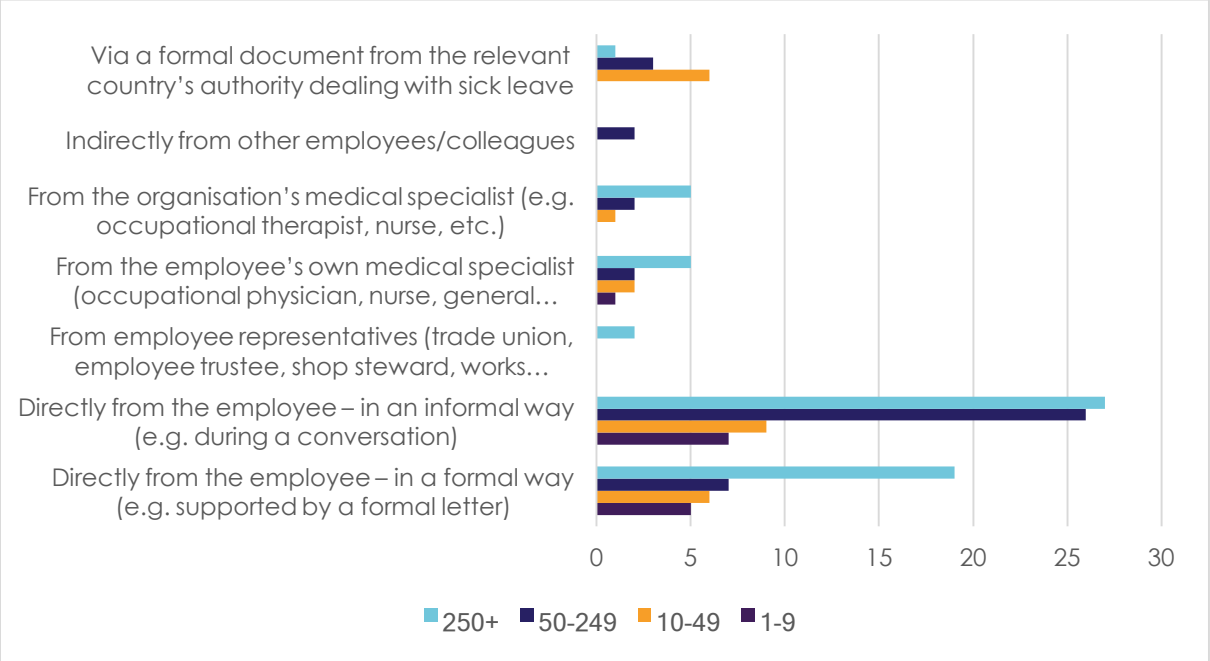
Besides assessing the potential role that industrial relations actors can play in facilitating return to work through policy measures at the national level, the REWIR project carried out two unique surveys to explore experiences with return to work and the prospective roles of employers and trade unions at the company level. This section offers a summary of findings from the two surveys – one of managers/employers in six countries and another of workers. Both surveys were conducted online and detailed findings are provided in Kostolný and Šumichrast (2021).

Survey findings show that interest representation was perceived as important at the company level. Opportunities for social partners were identified in assisting the practical implementation of return-to-work policies. Evidence from some of the countries studied, e.g. Estonia and Slovakia, shows that employers, especially large organisations, are interested in adopting a **workforce diversity approach** in their organisational human resource policies. This approach refers to offering job opportunities to workers from vulnerable groups or various minorities in the

labour market. Workers with reduced work capability because of a health condition, after long-term sick leave and/or treatment for chronic diseases constitute one category within the diversified workforce. For example, in Estonia, employers have developed a different frame of reference for addressing people with reduced work capability, and they are convinced that their efforts to employ and support this type of workforce are sufficient. In contrast, evidence from Slovakia suggests that even large multinational companies struggle to implement concepts of workforce diversity, including people returning after a chronic disease or with a disability. Such strategies are desired as part of corporate social responsibility, but also as an obligation vis-à-vis state policies to employ people with reduced work abilities and finally as a response to corporate policies within multinational companies.

Despite such interest in formalising company policies on return to work, the REWIR managers' and workers' surveys suggest that the interaction between workers facing chronic diseases and **returning to work is still mostly occurring via informal communication/interaction channels** instead of formal employer policies. Figure 5 shows how managers learned about a worker facing chronic disease, sick leave and an attempt to return to work after absence. These findings can be generalised across all the countries studied, as the surveys did not reveal country-specific patterns in worker–manager interaction.

Figure 5 How did managers learn about a worker's return to work after a chronic disease?



Source: REWIR managers' survey conducted in six EU member states (N=184).

As the figure shows, formalised procedures exist in companies with 250 and more employees; however, even in companies of this size, informal interaction was the most prevalent form of manager–worker interaction regarding sick leave and returning to work. In medium-sized enterprises (50-249 employees), informal interaction was more common than other means of communication. Finally, and interestingly, formal interaction via an intermediary organisation, e.g. a country's authority dealing with sick leave, occurred to some extent more frequently among smaller employers. The reason for this is a lack of trust and a power asymmetry between the worker and the manager in working conditions that are less regulated than in larger organisations. In such a situation, it is justified that workers prefer to communicate their sick leave to their employer by formal means. In sum, **country-specific HR differences did not seem to influence these opinions**, as 'informal' was the most frequently reported mode of learning about return by managers across respondents from all countries.

The actual return-to-work process and the type of worker–manager interaction is influenced also by preceding conditions, namely how contacts are maintained as a whole while the worker is on sick leave. The REWIR managers' survey showed a high incidence of staying in touch with the workers on sick leave. The frequent form of staying in touch involves both informal and formal interactions, including a phone call, friendly conversations or indirect information about the workers' health conditions communicated by colleagues to the managers. There are also formally defined procedures as part of human resource management, such as requesting medical reports on the development of workers' conditions and the termination of sick leave. While informal interaction prevails in most countries, formal procedures are predominantly the norm in Italy, Romania and Ireland according to the REWIR managers' survey findings.

The survey also revealed to what extent managers prefer not only to stay in contact with workers on sick leave, but also to inform workers about work-related issues, or even include them in work-related matters. The latter includes involvement by requesting the workers' opinion or advice and participation in planning work tasks and decision-making. While work involvement may be perceived as an extra burden on the worker during the period of leave and treatment for a chronic disease, at the same time it demonstrates the commitment of the employer and paves the way to a possibly smoother work reintegration process. The survey findings reveal that the highest share of worker involvement (not only keeping the worker informed about the situation at the workplace and work-related issues) in Romania. Some occurrences of worker involvement upon managerial initiative during sick leave take place in Italy, but such involvement is marginal in all the other countries studied. In terms of how regular the manager–worker interaction during the workers' sick leave is, respondents from Slovakia and Ireland tended to indicate irregular contacts, while in other countries respondents selecting regular interaction from the list of options outnumbered those claiming irregular interactions.

How are the return-to-work process and support received from the employer perceived from the **workers' perspective**? The REWIR workers' survey, conducted online in 11 countries, reveals that there is no clear country-specific pattern in the support received by workers during their

sick leave and return-to-work process. Nonetheless, the workers' survey enables an assessment of original and novel empirical evidence **connecting experiences of chronic disease, the return-to-work process and workers' interest representation via trade union membership**.

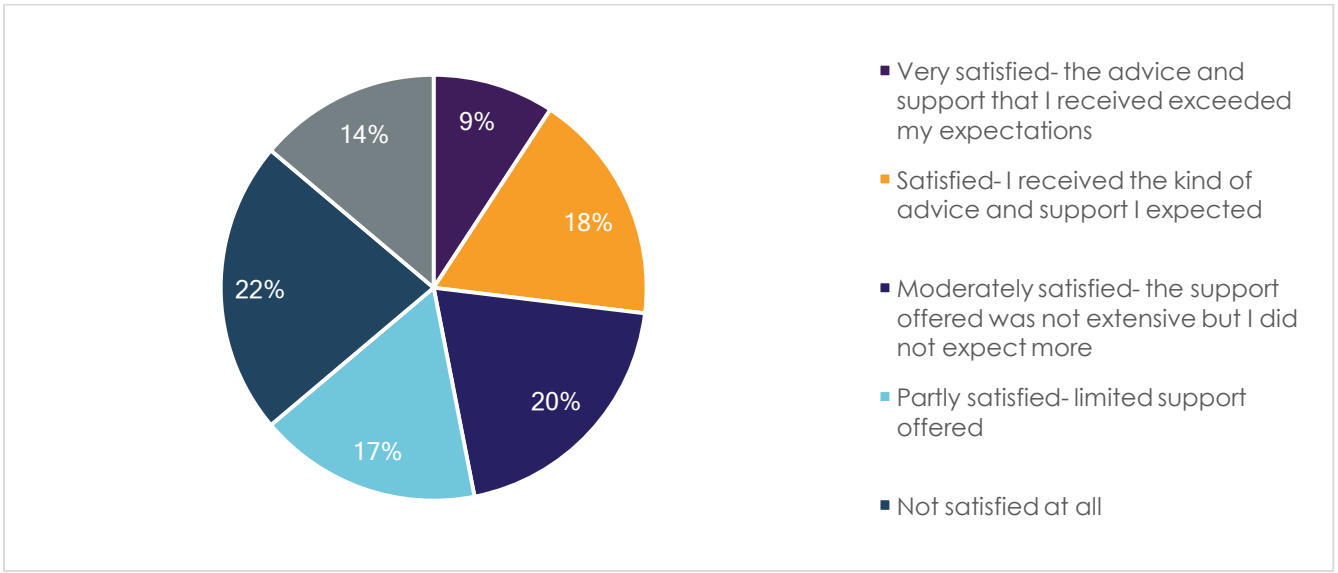
The main findings from the REWIR workers' survey can be structured according to two important variables:

(i) time of diagnosis of a chronic disease (diagnosed recently versus diagnosed in the past); and

(ii) trade union membership at the time of being diagnosed with a chronic disease.

Among 130 workers responding to the survey who were diagnosed in the past and at the same time were trade union members, concerning their level of satisfaction with the employer support received when returning to work, 47% of respondents were (very) satisfied or moderately satisfied with their return-to-work process (see Figure 6). By comparison, 46% of respondents who were diagnosed in the past but not trade union members were, according to the survey, (very) satisfied with their return-to-work process (see Figure 7). Furthermore, 9% were very satisfied among those who were union members and 7% were very satisfied among those who were not union members (see Figures 6 and 7). Moderate satisfaction came with the fact that workers who did not expect more support from their employer. Among workers who were not union members but faced a chronic disease in the past and returned to work, 29% indicated that they were not satisfied with the employer support received during their return-to-work process (see Figure 7). By contrast, 22% of the respondents who were returning to work and who at the same time were union members claimed dissatisfaction with employer support during the return-to-work process (see Figure 6).

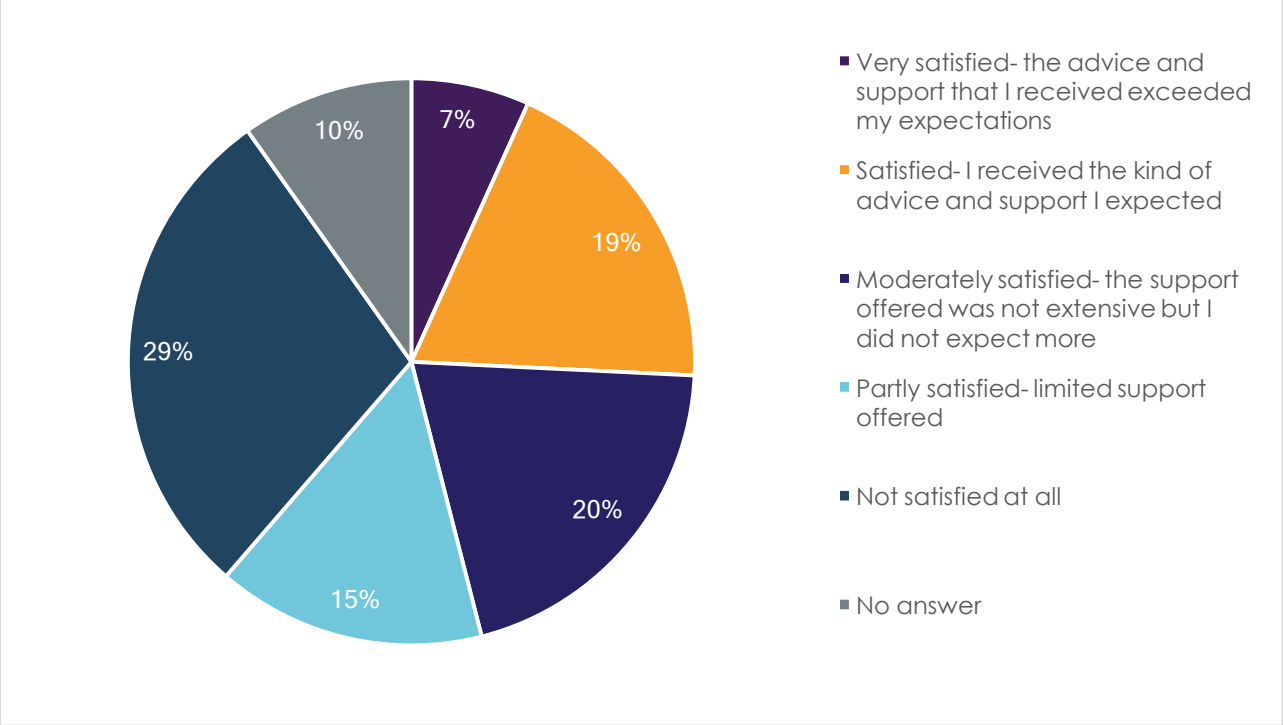
Figure 6 Workers diagnosed in the past who were also trade union members



Source: REWIR workers' survey conducted in 11 EU members states (N=130).

In sum, the findings reveal that those workers who were union members while experiencing a return to work were to some extent more satisfied with how their return to work occurred and with the support they received from their employer during this process. At the same time, there were higher dissatisfaction levels with employers' support among respondents who were not trade union members. While these findings do not clearly demonstrate that employer support in the return-to-work process is more extensive in companies with a trade union presence, this evidence suggests that trade union membership is associated with a different, more satisfactory, perception of the return-to-work process.

Figure 7 Workers diagnosed in the past who were not trade union members



Source: REWIR workers' survey conducted in 11 EU member states (N=165).

Among workers who were only recently diagnosed and were at the same time trade union members (30 responses), the most frequent answer in the survey was reasonable satisfaction with employer support. Finally, the REWIR workers' survey enables assessment of whether the experience with chronic diseases motivated workers to join a trade union if they had not been a union member prior to their return-to-work experience. The findings show that 155 respondents did not consider joining a union upon their return to work, while 35 respondents considered joining a union. The highest incidence of unionisation considerations, while still relatively low, was among those who were not satisfied with the support received during their return-to-work

experience. Among workers who were satisfied and moderately satisfied with their return-to-work experience, only very few considered joining a trade union. Workers' satisfaction with the return-to-work experience was evenly distributed across responses gathered from workplaces that have a union, but a higher frequency of negative perceptions was reported at workplaces without one.

In terms of workers' experience with the support received from their employer after being diagnosed, a clear country-specific pattern does not emerge. Instead, the most common answer from all the EU member states covered was that workers enjoyed a supportive response from their employers. At the same time, within this category 'supportive response' from the employer, workers reported differences in the actual help and assistance provided during their sick leave.

To sum up, research findings revealed no country-specific patterns in managerial attitudes towards workers treated for chronic disease and returning to work or workers' expectations of support from their employers. This suggests that the policy framework and industrial relations settings did not have an extensive impact on individual workplace interactions between workers and managers. Nevertheless, in terms of a potential role for trade unions, the findings show a difference in workers' perceptions of their experience with the return-to-work process: there was a higher incidence of satisfaction with employers' support in the return-to-work process among workers who returned to work after a chronic disease some time ago and were at the same time union members compared with workers who were not union members.

4. Return-to-work policies and social partner involvement across benchmark countries: France, the Netherlands and the UK

The findings from six case countries can be further analysed in the broader context of three additional country studies that served as benchmark cases. These countries, specifically France, the Netherlands and the UK, exercise significant influence on EU-level policies and have well-developed and comprehensive return-to-work frameworks (Amir, 2020). Yet, they differ in their industrial relations systems and particular approaches through which return to work after chronic diseases is facilitated. This section summarises the key characteristics of these benchmark countries and compares these findings with the six case countries studied.

The nature of return-to-work policy and the frameworks are well developed, comprehensive and integrated across all three countries (ibid.). The Netherlands has the most inclusive policy framework, while eligibility criteria determine workers' access to return-to-work policies in France and the UK. The policies focus on minimising the duration of work absence due to chronic diseases, but the elements of prevention, early intervention and maintenance of work abilities during sick leave, next to the well-functioning coordination of roles across various stakeholders, are most prominent in the Netherlands. In France and the UK, work reintegration is mostly dealt with towards the end of the sick leave, with limited coordination between stakeholders involved and between the steps of the work reintegration process.

Existing coordination mechanisms among various national stakeholders are the main factors contributing to the effectiveness of the return-to-work process. The role of social partners in this process differs: while employers are fully integrated into the return-to-work processes in all three countries, only the Netherlands has achieved a high level of stakeholder collaboration, based on definitions of the responsibilities of each stakeholder involved in the return-to-work process. The UK and France lack an encompassing and coordinated return-to-work policy framework. In the UK, the National Health Service mainly focuses on the medical aspects of the return-to-work process, while France's strategy in the occupational health plan for 2016-2020 has introduced a greater role for social dialogue in supporting health-promotion measures. This attempt at simplifying legislation and at connecting safety and health and the quality of working life represents the first step in France's transition towards a more comprehensive return-to-work policy (Amir, 2020).

Although employers are at the core of the return-to-work process in all three countries, the incentives offered to employers within the policy framework differ: only in the Netherlands are

employers offered risk-free insurance for the work retention of people who experienced a chronic disease, while such motivation for employers is non-existent in the UK. In France, employers receive a limited financial incentive to reintegrate workers after a chronic disease.

Finally, Amir (2020) examined the role of collective bargaining in addressing long-term sickness absence and return to work. While bargaining is a common concept, there are a few differences in how bargaining is undertaken in the three countries studied. Bargaining in the Netherlands and the UK covers a wide range of topics, including those related to disability. In contrast, in France, bargaining relevant to return-to-work issues is restricted to pay issues and occupational health and safety measures within social and economic committees operating since 2018.

The main lessons that the three benchmark countries offer for the six case countries include examples of coordination across various actors during the return process and defined roles for employers in shaping national return-to-work policies as well as their implementation (e.g. cooperation between employers and rehabilitation centres, a focus on early retention and coverage of relevant topics via collective bargaining, although the level of bargaining is informed by country-specific industrial relations systems). Of the six countries studied, Belgium is the closest to the benchmark studies in securing a comprehensive return-to-work policy with defined stakeholder cooperation. For other countries, assigning a coordinating body for national return-to-work policies may be the first step in increasing the effectiveness of stakeholder cooperation.

5. EU-level social dialogue and return-to-work policies

Besides the national-level policy framework and the actions of social partners and other stakeholders in supporting the return-to-work process, the REWIR project analysed the attitudes of EU-level stakeholders towards return-to-work policies. In addition, national social partners were invited to evaluate the role of EU-level social dialogue and EU-wide policies in facilitating improved experience with return to work. This section presents a summary of these findings related to EU-level social dialogue and return-to-work policies.

5.1 EU-level actors on return-to-work policies

The findings of the REWIR project show that return to work is not as yet explicitly present on the agenda of EU social partners (Akgüç et al., 2021). Rather, their predominant focus is on health and safety regulation and prevention aspects, mirroring the agenda of the European institutions. The EU-level social partners interviewed thought that return to work and chronic diseases could become more relevant in the social dialogue agenda and highlighted in particular the fact that return to work is an issue in specific sectors, such as the construction and woodwork sector. Any further action by EU-level social partners, however, has not yet occurred.

By contrast, patients' organisations are more active in seeking interactions with European institutions and are interested in cooperating with social partners on return to work. Patients' organisations and NGOs are convinced that involving social partners in return-to-work policy at the EU level would lend additional legitimacy to the discussions with EU institutions. There is great interest among patients' organisations and NGOs in sharing information with social partners, raising awareness among employers about potential adjustments and discussing policy recommendations. More flexibility and openness from social partners would increase such fruitful interactions and facilitate a situation where the influence of various stakeholders merge and create greater leverage for desired EU-level policies.

Evidence collected by the REWIR project shows that the main role of the EU lies in the development of policy guidelines, promotion of good practices and tools, the encouragement of knowledge-sharing among stakeholders and the drafting of country-specific recommendations. At the same time, the EU plays an important role in harmonising and enhancing the data collection on people with chronic diseases across all member states. Such data are currently limited and decentralised across the member states.

Next, Akgüç et al. (2021) show that individual stakeholders, particularly patients' organisations, devote attention to return-to-work topics at the EU level. But coordinated action from the European Commission, including systematic consultations with social partners, could help enhance the EU-level policy on return to work. Moreover, the development of a European

strategy on return to work could connect the policy areas of health and safety with disability, which have until now been addressed separately. Taking an inclusive approach, EU campaigns could support awareness of workers returning to work after a chronic disease and thus contribute to reducing stigmas and shifting attitudes towards emphasising the individual's abilities rather than inabilities and exclusion. Cooperation between the European Commission, EU-level social partners and other stakeholders could also contribute to a more effective dissemination of tools and practices across the EU member states.

In contrast to patients' organisations and other EU-level NGOs and stakeholders, the REWIR project demonstrates limited engagement with issues of return to work in EU-level social dialogue. While EU-level social partners maintain that return-to-work policies fall within the interests and agendas of social partners at the national level across the EU member states, this attitude contrasts with the views of the national social partners surveyed, which expected greater attention to return-to-work policies in EU-level structures for social dialogue. Addressing return-to-work issues in EU-level committees for sectoral and cross-sectoral social dialogue would be a valuable way to exchange the views of national and EU-level social partners and to link the health and safety priorities of these stakeholders across the national and EU-level governance. The issue of return to work is also relevant in the broader context of strengthening collective bargaining at the EU level and a more effective articulation of social partners' interests between the national and EU-level social dialogue processes.

The above findings suggest ample opportunity for addressing return-to-work policies via social partners and other stakeholders at the EU level. Even so, there are currently limited avenues for legislative approaches at the EU level, because competences for employment and social affairs are delegated to the member states with diverse national legislative frameworks. Yet there are opportunities for EU-level policy action beyond legislative solutions. For example, a European charter on return to work and chronic diseases could be developed in cooperation with EU-level social partners. The charter could identify effective practices and stipulate minimum standards and common guidelines for EU member states and employers in facilitating the return-to-work process. Given the diversity of policy frameworks and management practices on return to work across the EU member states, the development of a common framework for guidelines would be especially beneficial for countries with less developed, dedicated return-to-work policies. Evidence and experience from benchmark countries, providing successful examples of policy elaboration and implementation, could be implemented in such a framework. Official EU guidance would lend additional legitimacy to the elaboration of such a common framework, while acknowledging cross-country and sectoral diversities in the approach to return to work after chronic diseases. On the whole, the charter could contribute to a convergence of return-to-work policy across European countries.

In addition, greater attention to return-to-work policies at the EU level could be informed by enhanced data collection regarding sick leave and chronic diseases followed by return to work across the EU member states. Such data collection could be integrated into the European

Semester process, which would also help in developing country-specific recommendations for return-to-work policies and thereby contribute to strengthening health and safety issues in the recommendations. This extended process of the European Semester could incorporate consultations with national social partners, and existing EU instruments that address long-term unemployment could be extended to include absence from work due to a chronic disease or disability. Finally, the role of the European structural and investment funds and European social fund in financing member state initiatives to support employers in adjusting workplaces and hence facilitate return to work could be explored and aligned with the recommendations derived from the European Semester process.

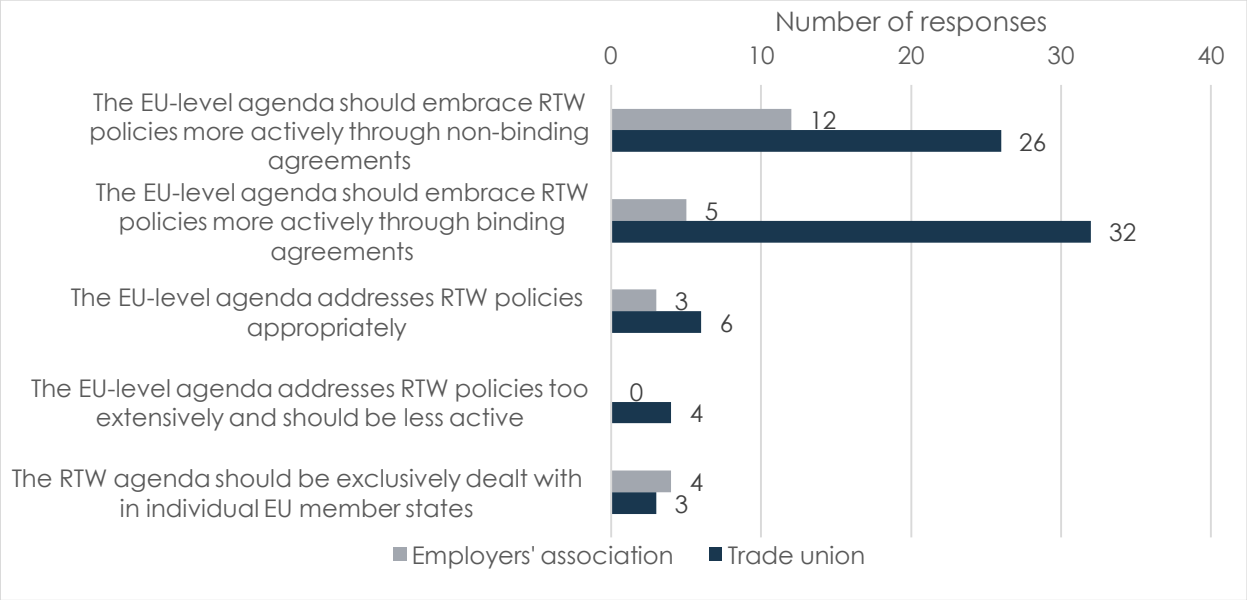
5.2 National social partners' expectations of EU-level return-to-work policies

EU-level social dialogue integrates the interests of national social partners while leaving room for tailored national and sectoral interpretations and agreements. The survey among national social partners shows that social partners would support EU-level social dialogue committees addressing return to work more extensively (see Figure 8). Both national employers' associations and trade unions would like EU-level social dialogue committees to adopt recommendations on return-to-work policy. While trade unions favour binding recommendations, employers' organisations prefer non-binding solutions.

Figure 8 shows that the vast majority of national-level social partners responding to the REWIR survey are in favour of an EU-level agenda embracing return-to-work policy more actively. However, employers' organisations tend to favour non-binding rather than binding agreements (see Figure 9), while trade union opinion is divided. Only a minority of respondents stated that return to work is addressed appropriately or even too extensively at the EU level.

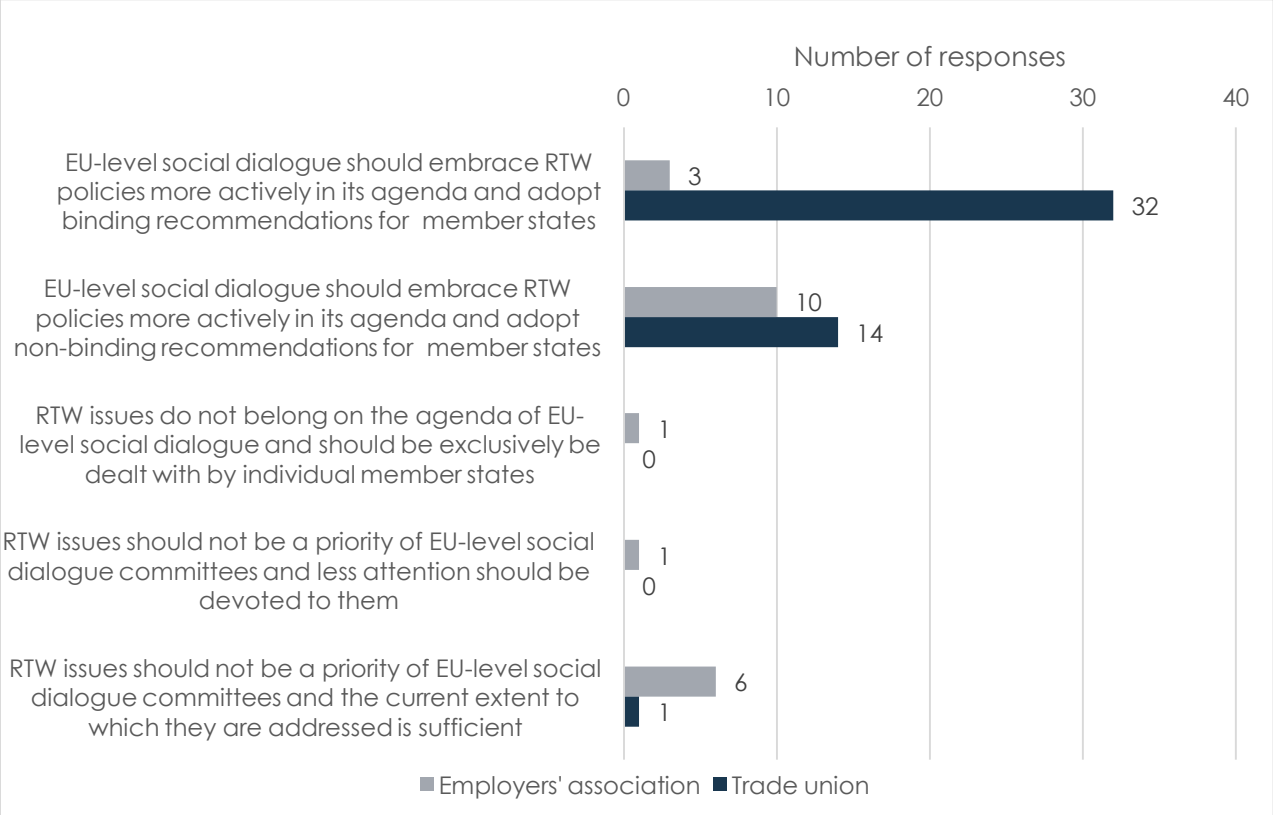
In sum, findings from the REWIR project have demonstrated that while the involvement of EU stakeholders in return-to-work policy is currently limited, there is significant potential for future policy action. Return-to-work policy could be addressed more extensively at the EU level and social partners could play an important role in this process. While particular legislation on return to work should be designed at the national level, EU policy and social dialogue structures are relevant for awareness raising, information sharing and the development of best practices in particular. More details on linkages to various policy areas at the EU level are provided in Akgüç et al. (2021).

Figure 8 National social partners' perceptions of European policy on return to work



Source: REWIR social partners' survey conducted in 25 EU member states (N=69). RTW = return to work. 'Don't know/cannot evaluate' excluded from the graph. Answers shortened to ease reading.

Figure 9 National social partners' perceptions of the role of EU-level social dialogue committees in shaping EU-wide return-to-work policies



Source: REWIR social partners' survey conducted in 25 EU member states (N=69). RTW = return to work. 'Don't know/cannot evaluate' excluded from the graph. Answers shortened to ease reading.

6. Conclusions

This report has summarised the key findings from a research project addressing the role of industrial relations actors in facilitating return to work after a chronic disease. The REWIR project has collected unique empirical evidence, covering a multi-level governance perspective with its focus on stakeholders at the EU, national and workplace levels. Thus, the project has increased expertise on the role of social partners in designing and implementing return-to-work policies at the European and national levels through social dialogue initiatives. It has also provided novel evidence related to particular targets of Europe 2020, namely those on the specific experiences and challenges of workplace reintegration of people with health conditions, as part of the agenda on promoting a healthier Europe, active and healthy ageing and longer labour market involvement.

Drawing on the diverse policy frameworks identified by EU-OSHA, the findings show that regardless of these defined policy frameworks, stakeholders experience both similar and differing challenges across the six countries studied. First, Belgium is the only country among the six EU member states with an elaborated policy framework on work retention after non-occupational diseases. In all the other countries studied – Estonia, Ireland, Italy, Romania and Slovakia – the policy frameworks generally refer to sick leave and often to disability legislation, which serves as an umbrella that also covers return-to-work issues. Second, stakeholders in these other countries call for improved stakeholder cooperation and policy coordination. Belgium, a case country, and the Netherlands, a benchmark country in the REWIR analysis, have the most encompassing policy frameworks with defined roles for stakeholders, including governments, social partners, patients' organisations, state labour market agencies and employment service providers. In other countries, the route towards comprehensive return-to-work policies requires greater stakeholder coordination at the national level, while reflecting the practices (including informal ones) at the company level and the interaction of national interests with European policy frameworks relevant for return to work.

The project revealed mixed findings regarding the current involvement of social partners in policy design related to return-to-work policies. On the one hand, the involvement in national policy design is perceived as sufficient, whereas more scope for participation has been identified in the process of *implementing* return-to-work policies at the European and national levels. On the other hand, qualitative evidence shows that while policies often lack specificity and are not tailored to people returning to work after chronic diseases (especially those who do not obtain a formal disability status), there is an array of cooperative practices between employers and employee representatives at the company level. The diversity of such informal workplace practices, presented in greater detail in the REWIR country reports on Belgium, Estonia, Ireland, Italy, Romania and Slovakia, suggests that even in unclear national policy

contexts, opportunities emerge for strengthening the interaction between workers, their representatives and employers in facilitating return to work at the company level. Interaction between employers and occupational rehabilitation centres and employment service providers, as well as collective bargaining, may further improve the effectiveness of the return-to-work policy implementation at the company level. Moreover, this finding has implications for information gathering, consultation and co-determination with workers' representatives at the company level: while such rights of workers' representatives often focus only on their formally recognised and institutionalised roles, evidence on the return-to-work theme suggests that both informal and formal cooperation channels have the potential of being mutually reinforcing. In turn, this reinforcement of social partners' cooperation at the company level yields capacities to transfer cooperation to the process of improving national return-to-work policies.

Besides the findings relevant for the national and workplace levels, the project shows that at the EU level, the policy framework on return to work is currently underdeveloped and the impact of social dialogue on shaping EU-level policy is limited. Nevertheless, the REWIR project illustrates the potential of social dialogue for furthering both the national and European agendas on this issue within broader policy objectives on social inclusion, active ageing and workplace health and safety. Greater stakeholder cooperation at the EU level would lead to a more holistic, coordinated European strategy on returning to work, in which the role of social partners would be strengthened.

With these findings, the REWIR project has contributed to greater knowledge and raised awareness about the importance of work reintegration and hence avoiding the risks of marginalisation, discrimination and poverty for workers who suffer(ed) from chronic diseases. Enabling their return to work and representing their specific interests is generally supported at both the policy and workplace levels in diversity management strategies. Through diversity management, employers shape their employment strategies towards an increasingly diversified workforce, including vulnerable groups, marginalised ethnic, religious and migrant communities and workers with reduced work ability due to health conditions and/or disability. Social partners thus have great potential to play a part in return-to-work policies and implementation.

Finally, it is relevant to rethink how industrial relations play a role in the (re)definition of concepts such as 'intergenerational fairness', 'longer labour market involvement', 'job performance', 'presence at work', and 'fitness for work' (some of which are priorities on the Europe 2020 agenda) by raising awareness of transformations in the world of work flowing from technological, organisational and demographic changes. The REWIR project has shown that while such concepts are incorporated in EU-level strategic documents, they have not yet been operationalised in national policy frameworks specifically on the labour market reintegration of people with chronic diseases to an equal degree across the EU member states studied. Workers

returning to work after a chronic disease, as part of a targeted management approach towards a diversified workforce, gives rise to a range of opportunities to translate the above targets into tangible results across EU member states. Extensive stakeholder cooperation at the national and workplace levels is a precondition for such operationalisation, with defined roles and responsibilities for employers, employee representatives and other supporting stakeholders, such as medical and patients' organisations, occupational rehabilitation centres, employment service provides and state institutions.

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Appendix

Summary of data collection and methodologies

The analysis of data in the REWIR project is based on newly collected evidence through interviews and three surveys. The research team conducted 16 interviews with EU-level stakeholders and 54 interviews with nationally relevant stakeholders in 6 countries: Belgium, Estonia, Ireland, Italy, Romania and Slovakia (see Table A1). More details on the list of respondents in particular countries can be found in the national REWIR reports. The list of respondents interviewed at the EU level is included in the REWIR report "Shaping return to work policy: current involvement and future potential of EU social dialogue" by Akgüç et al. (2021).

Table A1.1 Summary of stakeholder interviews

Type of organisation	European level	National level (Belgium, Estonia, Ireland, Italy, Romania, Slovakia)
Trade unions	*5*	*3*
Employers' organisations	*2*	*13*
European institutions	2	n.a.
NGOs, patient or disease associations	6	20
Academia	1	3
Government and public representatives	n.a.	11
Medical practitioners	n.a.	4
Total	**16**	**54**

Source: authors' compilation

The following three surveys have been conducted to collect novel empirical evidence on experiences with return to work at the level of policymaking and policy implementation, as well as actual workplace experiences with facilitating the return-to-work process:

(a) **survey among national social partners** (see Table A2). The REWIR team collected 125 responses from national social partners across 25 EU member states (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden). The online survey was distributed among a database of social partner contacts in all EU member states and the UK; however, there were no responses to the survey in Denmark, Greece or the UK. The distribution of respondents among the social partners is addressed in Akgüç et al. (2021).

Table A1.2 Sample composition, social partners' survey across 25 EU member states

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

Source: authors' compilation
Note: The social partners' survey was implemented in the following countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden.

(b) **survey among workers who returned to work after a chronic disease** (see Table A3). The REWIR team collected 927 responses, including 622 from respondents who had been diagnosed with a chronic disease in the past or recently. The responses were gathered across 11 EU member states (Austria, Belgium, Croatia, Estonia, Finland, Ireland, Italy, the Netherlands, Romania, Slovakia and the UK). Besides the six EU member states that were subject to in-depth analysis in the REWIR project, the team decided to broaden the focus to two more states where translations were already available – the UK (English) and the Netherlands (Dutch), and thanks to negligible additional costs connected to the survey. Moreover, there were a few incidental responses from Croatia, Austria and Finland. In terms of the respondent gender structure, the survey collected 71% of responses from males and 28% from females. In terms of the types of jobs, there was a predominance of respondents working in office and indoor jobs. Out of 622 survey respondents, 499 who had experienced return to work after a chronic disease were no longer on sick leave.

Table A1.3 Sample composition, workers' survey across 11 EU member states

Variable	Number of responses	% of total responses
Gender		
Male	262	71
Female	680	28
Other	10	1
Type of job		
Intellectual	135	18
Office	190	25
Manual	50	6
Indoor	176	23
Outdoor	14	2
Intensive physical activity	65	8
Intense emotional stress	141	18
Currently on sick leave		
Yes	123	
No	499	
Total	**622**	

Source: authors' compilation
Note: The workers' survey was implemented in the following countries: Austria, Belgium, Croatia, Estonia, Finland, Ireland, Italy, Netherlands, Romania, Slovakia and the UK.

(c) **survey among managers in about their experiences with supporting returning workers** (see Table A4). The managers' survey gathered 164 valid responses from 6 EU member states that were subject to in-depth analysis in the project (Belgium, Estonia, Ireland, Italy, Romania and Slovakia). The managers' survey gathered a balanced response from domestic and foreign companies, and from the public and private sectors. In terms of company size, there was a bias towards respondents from medium-sized and large companies, which comprised 73% of the whole sample. More detailed evidence on the distribution of respondents among the managers is given in Kostolný and Šumichrast (2021).

Table A1.4 Sample composition, managers' survey across 6 EU member states

Variable	Number of responses	% of total responses
Ownership type		
Domestic private	66	36
Domestic public	51	28
Foreign	67	36
Company size		
0 - 9	19	17
10 - 49	31	10
50 - 249	58	41
Above 250	184	32
Total	**184**	

Source: authors' compilation
Note: The managers' survey was implemented in the following countries: Belgium, Estonia, Ireland, Italy, Romania and Slovakia.