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REPORT

on pathways for the reintegration of workers recovering from injury and illness
into quality employment
(2017/2277(INI))

Committee on Employment and Social Affairs

Rapporteur: Jana Žitňanská

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MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on pathways for the reintegration of workers recovering from injury and illness into quality employment (2017/2277(INI))

The European Parliament,

- having regard to the Universal Declaration of Human Rights,
- having regard to the European Charter of Fundamental Rights,
- having regard to the Interinstitutional Proclamation on the European Pillar of Social Rights,
- having regard to the European Social Charter of 3 May 1996,
- having regard to its resolution of 15 September 2016 on the application of the Employment Equality Directive¹,
- having regard to the European Chronic Disease Alliance’s joint statement of November 2017 on “Improving the employment of people with chronic diseases in Europe”,
- having regard to the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and its entry into force in the EU on 21 January 2011, in accordance with Council Decision 2010/48/EC of 26 November 2009,
- having regard to its resolution of 25 November 2015 on the EU Strategic Framework on Health and Safety at Work 2014-2020²,
- having regard to the 2014 joint report by the European Agency for Safety and Health at Work (EU-OSHA) and the European Foundation for the Improvement of Living and Working Conditions (Eurofound) on “Psychosocial risks in Europe – Prevalence and strategies for prevention”,
- having regard to its resolution of 30 November 2017 on implementation of the European Disability Strategy³,
- having regard to its resolution of 7 July 2016 on the implementation of the UN Convention on the Rights of Persons with Disabilities, with special regard to the Concluding Observations of the UN CRPD Committee⁴,
- having regard to the Declaration of Philadelphia of 10 May 1944 on the goals and objectives of the International Labour Organisation (ILO),

¹ Texts adopted, P8_TA(2016)0360.

² Texts adopted, P8_TA(2015)0411.

³ Texts adopted, P8_TA(2017)0474.

⁴ Texts adopted, P8_TA(2016)0318.

- having regard to its resolution of 23 May 2007 on promoting decent work for all¹,
 - having regard to the Commission communication entitled a ‘Renewed social agenda: Opportunities, access and solidarity in 21st century Europe’ (COM(2008)0412),
 - having regard to the Commission report on the implementation of the European social partners’ Framework Agreement on Work-related Stress (SEC(2011)0241),
 - having regard to the Commission communication entitled ‘Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work’ (COM(2007)0062),
 - having regard to Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation,
 - having regard to the Anti-Discrimination Directive 2000/78/EC and case law of the European Court of Justice (ECJ), such as , Joined Cases C-335/11 and C-337/11 of April 2013 (HK Denmark), which together establish the prohibition for employers to discriminate when long-term ill health can be assimilated to handicap, as well as the obligation for employers to make reasonable adaptations to working conditions,
 - having regard to the EU Joint Action on Mental Health and Well-being launched in 2013,
 - having regard to the EU-OSHA’s campaign entitled ‘Healthy Workplaces Manage Stress’,
 - having regard to its recent pilot project on health and safety of older workers, carried out by the EU-OSHA,
 - having regard to the EU-OSHA 2016 report entitled ‘Rehabilitation and return to work: Analysis report on EU and Member States policies, strategies and programmes’,
 - having regard to the Eurofound 2014 report on ‘Employment opportunities for people with chronic diseases’,
 - having regard to Business Europe’s 2012 paper on ‘Employers’ practices for Active Ageing’,
 - having regard to Rule 52 of its Rules of Procedure,
 - having regard to the report of the Committee on Employment and Social Affairs (A8-0208/2018),
- A. whereas work-related stress is a growing problem and the second most frequently reported work-related health problem in Europe; whereas 25 %² of workers report that they experience work-related stress; whereas work-related stress can undermine the

¹ OJ C 102 E, 24.4. 2008, p. 321

² <https://osha.europa.eu/en/tools-and-publications/publications/reports/psychosocial-risks-eu-prevalence-strategies-prevention/view>

individual's right to healthy working conditions; whereas work-related stress further contributes to absenteeism and low job satisfaction, negatively impacts productivity and accounts for almost half the number of working days lost each year;

- B. whereas the ageing of the European workforce presents new challenges as regards the working environment and the changed organisation of work; whereas ageing is accompanied by a higher risk of developing chronic mental and physical health problems, including disabilities and illnesses, which make prevention, reintegration and rehabilitation important policies to keep workplaces as well as pension and social security systems sustainable; whereas chronic diseases do not concern only the older population;
- C. whereas long-term work absence has a detrimental impact on mental and physical health, as well as high social and economic costs, and can prevent return to work; whereas health and wellbeing play a central role in building sustainable economies; whereas it is important to consider the serious financial impact of diseases or disabilities on families if those affected cannot go back to work;
- D. whereas while a distinction exists between disability, injury, illness and conditions associated with age, these also often overlap and require a comprehensive yet case-by-case approach on an individual basis;
- E. whereas ageing is one of the main social challenges facing the EU; whereas there is therefore a need for policies to foster active ageing to enable people to stay active and in employment until retirement age, or beyond if they so wish; whereas the older generation and its experience are indispensable for the labour market; whereas older people willing to stay in work often look for flexible or individualised working arrangements; whereas illness, disability and exclusion from work has serious financial consequences;
- F. whereas smoking, alcohol and drug abuse are among the most significant health-risk factors for the working-age population in the EU, associated as they are with both injuries and various non-communicable diseases¹; whereas 20-25% of all workplace accidents involve people under the influence of alcohol², and whereas it is estimated that between 5 % and 20 % of the working population in Europe have serious problems related to their use of alcohol³; whereas the reintegration of workers who have suffered from substance-abuse problems into quality employment presents specific challenges for employers;
- G. whereas people with disabilities or chronic diseases, or that are recovering from injury or illness, are in a vulnerable situation and should benefit from individualised support when returning to their place of work or the labour market; whereas some people with chronic conditions do not wish to, or cannot, return to work;

¹ Institute for Health Metrics and Evaluation (2016) GBD Compare Data Visualization. <http://vizhub.healthdata.org/gbd-compare>

² Science Group of the European Alcohol and Health Forum (2011) Alcohol, Work and Productivity. https://ec.europa.eu/health/sites/health/files/alcohol/docs/science_02_en.pdf

³ Eurofound (2012), 'Use of alcohol and drugs at the workplace'. https://www.eurofound.europa.eu/sites/default/files/ef_files/docs/ewco/tn1111013s/tn1111013s.pdf

- H. whereas the field of occupational rehabilitation and return to work could provide valuable volunteering opportunities, for example by engaging volunteer work after retirement; whereas volunteering should be supported at any age;
- I. whereas employers first need to promote a health and safety culture in the workplace; whereas volunteering to take part in occupational safety and health activities such as working groups could also contribute to the changing of culture;
- J. whereas work plays an important role in facilitating the recovery and rehabilitation process, given the key positive psycho-social benefits work brings to the employee; whereas good occupational safety and health practices are crucial for a productive and motivated workforce, which helps companies remain competitive and innovative, ensures workers' wellbeing and helps maintain valuable skills and work experience, reduce staff turnover and prevent exclusion, accident and injury; whereas, therefore, the Commission is encouraged to consider whole-cost accounting in the field of active and social inclusion; whereas the adoption of appropriate and individually tailored approaches towards the reintegration of people recovering from injury or illness into quality employment is an important factor in preventing additional absenteeism or sickness presenteeism;
- K. whereas the definition of people with reduced working capacity can vary across Member States;
- L. whereas SMEs and micro-enterprises have particular needs in this regard as they have fewer of the resources needed to comply with the obligations attendant to sickness and accident prevention and, therefore, often require support in order to attain their occupational safety and health (OSH) objectives; whereas, on the other hand, good OSH practices are crucial for SMEs and micro-enterprises, particularly for the sustainability of their business; whereas various EU-financed programmes offer possibilities for valuable exchange of innovations and best practices in the field of sustainable OSH;
- M. whereas negative psychosocial factors in the workplace are linked not only to health outcomes, but also to increased absenteeism and low job satisfaction; whereas individually-tailored OSH measures can enable an individual with changed work capacity to remain in employment and benefit the whole workforce; whereas while absence from work is sometimes medically necessary, there are also further negative psycho-social effects for people who spend longer time away from work and who are, as a consequence, less likely ever to return to work; whereas early coordinated care, with the employee's wellbeing as the prime focus, is crucial to improving return-to-work outcomes and preventing long-term negative consequences for the individual;
- N. whereas the availability and comparability of data on occupational diseases at EU-level is often insufficient; whereas, according to Eurofound, roughly 28 % of Europeans report having a chronic physical or mental health problem, illness or disability¹; whereas one in four people of working age are estimated to live with longstanding health problems²; whereas disability and ill-health can simultaneously be the causes and

¹ Eurofound's Third European Quality of Life Survey 2001–2012,

<https://www.eurofound.europa.eu/surveys/european-quality-of-life-surveys/european-quality-of-life-survey-2012>

² p. 7 in https://ec.europa.eu/health/sites/health/files/social_determinants/docs/final_sum_ecorys_web.pdf

consequences of poverty; whereas an OECD study has found that the incomes of people with disabilities are, on average, 12 % lower than those of the rest of the population¹; whereas in some countries this income gap is as large as 30 %; whereas a study in 2013 demonstrated that 21.8 % of cancer patients aged 18-57 years old became unemployed right after being diagnosed, with 91.6 % of this group becoming unemployed 15 months after diagnosis²; whereas a 2011 Eurostat study³ found that among employed people who are limited in their work capabilities because of a longstanding health problem and/or a basic activity difficulty, only 5.2 % report using special working arrangements; whereas, according to the same Eurostat study, 24.2% of those who are unemployed specify that special working arrangements would be needed to facilitate a return to work;

- O. whereas digitalisation is likely to result in major transformations in how work is organised and could help in improving the opportunities for workers with, for example, reduced physical abilities; whereas the older generation are likely to face a unique set of challenges in this regard; whereas they should also benefit from these changes;
- P. whereas the right to working conditions that respect the health, safety and dignity of every worker is enshrined in the Charter of Fundamental Rights of the European Union, and good working conditions have positive value in itself; whereas everyone has the right to a standard of living adequate for their health and well-being and the right to work and to just and favourable working conditions, in accordance with the Universal Declaration of Human Rights; whereas the improved health and reintegration of workers increase the overall wellbeing of society and have economic benefits to Member States, employees and employers, including older workers and individuals who have medical conditions, and help retain skills that would otherwise be lost; whereas employers, workers, families and communities benefit when work disability is transformed into work ability;

Prevention and early intervention

1. Considers it essential to improve the management of sickness absence in the Member States, as well as to make workplaces more adaptable to chronic conditions and disabilities, by tackling discrimination through better enforcement of Directive 2000/78/EC on equal treatment in employment and occupation; recognises that, for an improvement to take place, functioning legislation with effective overview must be in place in the Member States to ensure that employers make workplaces more inclusive for those suffering from chronic conditions and disabilities, including by, for example, modifying tasks, equipment and skills development; urges the Member States to support reasonable adaptations of workplaces to ensure a timely return to work;
2. Calls on the Commission to promote integration and rehabilitation measures and to support efforts by Member States to raise awareness and identify and share good practices on accommodations and adjustments in the workplace; calls on all relevant return-to-work stakeholders to help facilitate the information exchange about potential

¹ p. 7, main findings <https://www.oecd.org/els/emp/42699911.pdf>

² p. 5 https://ec.europa.eu/health/sites/health/files/policies/docs/2017_chronic_framingdoc_en.pdf

³ Eurostat, 2011 LFS ad hoc module, mentioned in:

https://ec.europa.eu/health/sites/health/files/policies/docs/2017_chronic_framingdoc_en.pdf

non-medical barriers to return to work, and to coordinate actions to identify and address these;

3. Urges Eurofound to examine and analyse further the employment opportunities and degree of employability of people with chronic diseases; calls for the use of evidence-based policy to become standard practice and to form the basis of return-to-work approaches; calls on policy makers to take the lead in ensuring that employers and employees have access to information and medical care and that these best practices are promoted at European level;
4. Takes the view that the forthcoming EU Strategic Framework on Health and Safety at Work post 2020 should further prioritise investments, through EU funds, aimed at prolonging and promoting healthier lives and working lives, and individualised working arrangements, and at supporting recruitment and well-adapted return to work, where desired and where medical conditions allow; considers that an integral part of this strategy is investment in primary and secondary preventative mechanisms through, for example, the provision of e-health technologies; calls on the Commission and the Member States to prioritise the prevention of risks and illnesses at the workplace;
5. Encourages the Member States to engage fully in the forthcoming 2020-2022 EU-wide campaign on the prevention of work-related musculoskeletal disorders (MSDs), to find innovative non-legislative solutions and to exchange information and good practices with social partners; calls for the active involvement of the Member States in the dissemination of information provided by the EU-OSHA; reiterates its call on the Commission to submit, without delay, a legal act on MSDs; calls on the Member States to conduct studies – broken down by gender, age and area of economic activity – into the incidence of MSDs, with a view to preventing and combating the emergence of such disorders and to developing a comprehensive EU chronic-disease strategy for prevention and early intervention;
6. Calls on the Member States, and on employers, to take a proactive role in integrating the information provided by the EU-OSHA into their workplace policies and programmes; welcomes the recent launch of a section on the EU-OSHA website dedicated to work-related diseases, rehabilitation and return to work, with the aim of providing information about prevention policies and practices;
7. Takes the view that systematic psychosocial risk prevention is a crucial feature of modern workplaces; notes with concern the rise in reported cases of mental health and psychosocial problems over recent years, and the fact that work-related stress is a growing problem for employees and employers; calls on the Member States, and on the social partners, to provide support to businesses in implementing a coherent set of workplace policies and programmes to enhance prevention of these problems, tackle mental health stigma and support individuals facing existing conditions, by enabling access to psychological support; highlights, with a view to further motivating employers to take action, the benefits – including the proven return on investment – of psychosocial risk prevention and health promotion; notes that legislation and recognition of psychosocial risks and mental health problems, such as chronic stress and burnout, vary among Member States;
8. Stresses the importance of updating and providing common health indicators and

definitions of work-related diseases, including stress at work, and EU-wide statistical data with a view to setting targets to reduce the incidence of occupational diseases;

9. Calls on the Commission and the Member States to develop and implement a programme for systematically monitoring, managing and supporting workers affected by psychosocial risks, including stress, depression and burnout, in order to, inter alia, draw up effective recommendations and guidelines for combating these risks; emphasises that chronic stress at work is recognised as a major obstacle to productivity and to the quality of life; notes that psychosocial risks and work-related stress are often structural problems linked to work organisation, and that preventing and managing these risks is possible; stresses the need to carry out studies, improve prevention and share best practices and tools for reintegrating affected persons in the labour market;
10. Calls for the de-stigmatisation of mental health problems and learning disabilities; encourages initiatives to raise awareness and support change in this regard through the development of psychosocial risk prevention policies and actions at company level; commends, in this context, the actions of social partners in the Member States contributing to a positive change; recalls the importance of properly training OSH service providers and labour inspectors in psychosocial risk management practices; calls for closer cooperation among, and revitalisation of, EU initiatives tackling psychosocial risks at work and for prioritising the issue in the upcoming EU OSH strategic framework;
11. Recognises that the reintegration of workers who have suffered from substance abuse problems presents specific challenges for employers; notes, in this regard, the example of the Alna model, run by the Swedish social partners¹, to support workplaces in taking proactive and early intervention measures, and in assisting in the rehabilitation process of employees who have had problems connected to substance abuse;
12. Welcomes the Healthy Workplaces Manage Stress campaign; emphasises that initiatives for tackling work-related stress must include the gender dimension, taking into account the specific working conditions of women;
13. Stresses the importance of investing more in risk-prevention policies and supporting a culture of prevention; points out that the quality of preventive services is key to supporting companies; calls on the Member States to implement effective policies on healthy diets, on alcohol and tobacco consumption and on air quality, and to promote such policies at the workplace; calls on the Member States, furthermore, to develop integrated health services with social, psychological, work services and occupational medicine; encourages Member States to provide workers with adequate access to healthcare to ensure early detection of the onset of physical and mental illness and facilitate the reintegration process; recalls that early investment and preventive action can reduce the long-term psychosocial impact on the individual, as well as the overall cost for society in the long term;
14. Requests that reintegration policies should be
 - consistent with a lifecycle approach to education, life-long learning, social and

¹ <http://www.alna.se/in-english>

employment policies,

- tailor made, targeted and needs-oriented, without placing demands on the participant unlikely to be met owing to his or her condition,
 - participative and based on an integrated approach, and
 - respectful of the pre-conditions necessary for allowing participation without creating conditions endangering a minimum-living income;
15. Considers that the Member States should provide targeted additional benefits for people with disabilities or chronic diseases covering extra costs in connection with, among other things personal support and assistance, the use of specific facilities and medical and social care, and establishing, i.a., affordable price levels for medicines for less advantaged social groups; stresses the need to ensure decent invalidity and retirement pension levels;

Return to work

16. Recognises that work is an important source of positive psychosocial wellbeing for individuals, and that the integration of long-term unemployed individuals into employment through individually tailored measures is a key factor in fighting poverty and social exclusion and has also other preventative psychosocial benefits; stresses that integrating persons returning to work after injury or illness, both physical and mental, has multiple positive effects: it benefits the wellbeing the individuals concerned, reduces costs for national social security systems and individual enterprises, supports the economy more widely, such as by making pension and social security systems more sustainable for future generations; notes the difficulties workers face in dealing with compensation systems that could present them with unnecessary delays in obtaining treatment, and that in some cases could be alienating; calls urgently for a customer-centric approach to all the administrative procedures associated with the reintegration of workers; calls on the Member States to take action, in cooperation with the Commission and relevant EU agencies, to counter the negative effects of long-term work absence, such as isolation, psychosocial difficulties, socioeconomic consequences and decreased employability;
17. Takes the view that the Member States and employers should take a positive and work-oriented approach to workers with disabilities, older workers and those who have suffered a mental or physical illness or injury, including people diagnosed with terminal illness, focusing on early evaluation of the individual's remaining capacity and readiness to work, and organising psychological, social and employment counselling at an early stage and the adaptation of the workplace, taking into account the person's occupational profile and socio-economic situation as well as the situation of the undertaking; encourages the Member States to improve provisions in their social security systems favouring return to work, provided that it is desired by the employee and that medical conditions allow;
18. Notes the positive role that social enterprises, specifically Work Integration Social Enterprises (WISEs), have played in reintegrating long-term unemployed people back into the workforce; calls on the Member States to provide necessary recognition and

technical support to these enterprises;

19. Encourages, in this regard, references to the UN Convention on the Rights of Persons with Disabilities (UNCRDP) and its Optional Protocol (A/RES/61/106), and the use of the World Health Organisation's (WHO) International Classification of Functioning, Disability and Health (ICF) across all relevant measures and policies; shares the view that disability is a health experience that occurs in a socio-economic context;
20. Calls on the Commission and the Member States to develop and provide guidelines on best practices and coaching, support and advice to employers on how to develop and implement reintegration plans while ensuring a continued dialogue between the social partners, ensuring that employees are made aware of their rights from the beginning of the return-to-work process; further encourages the exchange of good practice within and between Member States, professional communities, social partners, NGOs and policy-makers about the reintegration of workers recovering from illness or injury;
21. Calls on the Member States to cooperate with social partners to provide external support to ensure guidance and technical support for SMEs and micro-enterprises with limited experience in occupational rehabilitation and return-to-work measures; acknowledges the importance of taking into account the situation and specific needs of, and the challenges with compliance facing, not only SMEs and micro-enterprises, but also certain public service sectors, in the context of the implementation of measures at company level; stresses that awareness raising, the exchange of good practices, consultation and online platforms are of utmost importance in helping SMEs and micro-enterprises in this process; calls on the Commission and the Member States to continue developing practical tools and guidelines that can help support SMEs and micro-enterprises with limited experience in occupational rehabilitation and return-to-work measures; recognises the importance of investing in management training;
22. Notes the risk that more imaginative approaches aimed at reintegrating those furthest from the labour market may be deprived of funding in favour of a more narrow approach based on easily quantifiable outcomes; calls, therefore, on the Commission to improve the funding for bottom-up approaches under the Structural Funds, in particular the ESF;
23. Takes note of the success of the case-management approach of reintegration programmes and stresses the need for individually designed and integrated support from social workers or designated counsellors; believes that it is essential for companies to keep in close contact with workers, or with their representatives, during absences due to illness or injury;
24. Believes that return-to-work and reintegration policies should form part of a broader holistic approach to healthy working lives, aimed at ensuring a physically and mentally safe and healthy working environment throughout people's working life and active and healthy ageing for all workers; stresses the key importance of communication, the help of specialists in management of occupational rehabilitation (work assistants) and an integrated approach involving all parties concerned in the successful physical and occupational rehabilitation of workers; believes that the workplace should be the central point of focus of return-to-work systems; lauds the success of the non-bureaucratic and

practical approach of the Austrian fit2work¹ programme, with its emphasis on easy communication accessible to all workers (such as the use of simplified language);

25. Stresses the importance of keeping people with reduced working capacity in employment, including through ensuring that SMEs and micro-enterprises have the resources they need to do this effectively; strongly encourages the reintegration of workers recovering from illness and injury into quality employment, if the employee so desires and if medical conditions allow it, through re-training and up-skilling into the open labour market; stresses the importance of focusing policy provisions on the capacity to work of the individuals, and of showing the employer the benefits of retaining the experience and knowledge of a worker who risks being lost to permanent sick leave; recognises, however, the importance of having a strong safety net in place, via the national social security system, for individuals unable to return to employment;
26. Calls on the Commission and the Member States to introduce active labour market policies and policy incentives for employers in order to support the employment of persons with disabilities and chronic illnesses, including by making suitable adaptations to, and breaking down barriers in, the workplace to facilitate their reintegration; recalls that it is essential to inform companies and the persons concerned about existing incentives and rights;
27. Recognises, in this regard, that flexible, individually tailored and adaptive working arrangements – such as telework, flexitime, adapted equipment and reduced working hours or workload – play an important role in returning to work; stresses the importance of encouraging early and/or gradual return to work (if medical conditions allow), which could be accompanied by partial sickness benefits to ensure that the individuals concerned do not suffer loss of income from returning to work, while maintaining financial incentives for businesses; stresses that such arrangements, including geographical, temporal and functional flexibility, must be feasible for both workers and employers, facilitating the organisation of work management and taking into account variations in production cycles;
28. Commends national programmes and initiatives that have helped facilitate the reintegration into quality employment of people with chronic diseases, such as the German “Job4000”² programme, which uses an integrated approach to improve the stable professional integration of persons with severe disability who face particular difficulties in finding a job, and the establishment of reintegration agencies to help people with chronic diseases find a job that is suited to their situations and abilities³;
29. Notes the important psychological benefits and increased productivity associated with high levels of autonomy in the workplace; considers that a degree of workplace autonomy can be essential in easing the process of reintegration of sick and injured workers with disparate conditions and needs;

¹ “EU-OSHA Case Study on Austria — Fit2Work programme” <https://osha.europa.eu/en/tools-and-publications/publications/austria-fit2work/view>

² Source: Pathways project deliverable 5.2 “Scoping Paper on the Available Evidence on the Effectiveness of Existing Integration and Re-Integration into Work Strategies for Persons with Chronic Conditions”

³ Source: Return to work coaching services for people with a chronic disease by certified “experts by experience”: the Netherlands. Case Study. EU-OSHA

30. Recognises the value of returning to work in the care process, as work, for many individuals, allows for financial independence and is life-enhancing, which can sometimes be a crucial factor in the recovery process;
31. Calls on the Member States not to withdraw welfare benefits immediately when people with chronic diseases gain employment, thereby helping them avoid the “benefit trap”;

Changing attitudes towards the reintegration of workers

32. Calls on the Commission and the Member States, in cooperation with the social partners, to ensure – in their communications, guidelines and policies – that employers see the reintegration process as an opportunity to benefit from workers’ skills, competences and experience; takes the view that employers and workers’ representatives are important actors in the return-to-work process from the start, and are part of the decision-making process;
33. Recalls Articles 26 and 27 of the UNCRDP that bind the State parties to organise, strengthen and extend rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, and to promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in returning to employment;
34. Stresses that raising awareness about occupational rehabilitation and return-to-work policies and programmes, and improved company culture, are critical success factors in the return-to-work process and in fighting negative attitudes and tackling prejudices and discrimination; takes the view that teams of experts, such as psychologists and coaches trained in occupational rehabilitation, could effectively be shared among various companies, thereby allowing for smaller companies to benefit from their expertise as well; takes the view that there is also space in this process for support and complementary engagement on the part of NGOs and volunteers;
35. Commends those enterprises that have taken initiatives to support people with health problems, disabilities or changed working capacity by providing, e.g., comprehensive preventative programmes, modification of tasks and training and re-training, or by preparing other employees for the changed abilities of returning workers, thereby helping their reintegration; strongly encourages more enterprises to get involved in this effort and put forward such initiatives; considers it essential that measures facilitating the reintegration of workers within companies is integral to the company culture;
36. Calls for better understanding of the challenges and discrimination leading to fewer opportunities for people with health problems or disabilities, specifically challenges such as lack of understanding, prejudice, perceptions about low productivity and social stigma;
37. Takes the view that education and changes in company culture, as well as EU-wide campaigns such as “Vision Zero”, play an important role in shifting popular opinion; calls for increased awareness of the demographic challenges facing European labour markets; considers it unacceptable that older persons are often exposed to ageism; underlines the importance of campaigns fighting discrimination based on workers’ age, promoting prevention and health and safety at work measures; calls on the Member

States and the Union to take into account the findings of Parliament's pilot project on the health and safety of older workers;

38. Takes the view that national policy frameworks have a decisive impact on creating an environment supportive of age management and active and healthy ageing; considers that this could be supported effectively through EU actions such as policies, guidance, exchanges of knowledge and the use of various financial instruments such as the ESF and the ESIF; calls on the Member States to promote rehabilitation and reintegration measures for older workers, when possible and when desired by the individuals concerned, for instance by implementing the results of the EU pilot project on the health and safety of older workers;
39. Recognises that people who have been diagnosed with a terminal illness retain the fundamental right to work; further recognises that these individuals face a unique set of challenges relating to their employment, distinct from the challenges facing other patient groups, as there is often little time for them to adapt to their changing conditions and for workplace adjustments to be made; commends initiatives such as the Dying to Work campaign for raising awareness about this specific set of problems; encourages employers to maintain as much dialogue as possible with employees who have received a terminal diagnosis, to ensure that all necessary and possible adaptations can be made to allow the employee to carry on working if he or she so wishes; is of the opinion that, for many patient, remaining in the workplace is a personal, psychological or economic imperative and central to his or her dignity and quality of life; urges the Member States to support the reasonable adaptation of workplaces to the unique set of challenges facing this group of people; calls on the Commission to tackle the lack of data on the employment status of people with cancer and to support the collection of better data, comparable across Member States, in order to improve support services for them;
40. Stresses, in this regard, the importance of developing and updating workers' skills that match company and market needs, with special emphasis on digital skills, by providing workers with relevant training and access to lifelong learning; highlights the increasing digitalisation of the labour market; points out that the improvement of digital skills can be an integral part of the preparation for returning to work, particularly for the older population;
41. Notes that both formal and informal carers have a key role to play in occupational rehabilitation; recognises that 80 % of the care provided in Europe is given by unpaid caregivers¹ and that the act of caregiving significantly reduces the long-term employment prospects of this group of people; further recognises that, given the fact that the majority of caregivers are women, there is a clear gender dimension to the question of the employment situation of care-givers; calls on the Union and the Member States, and on employers, to give special consideration to the employment implications for caregivers;

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¹ <http://www.ecpc.org/WhitePaperOnCancerCarers.pdf>

42. Instructs its President to forward this resolution to the Council and the Commission.

EXPLANATORY STATEMENT

Life expectancy in the EU is changing the age pyramid. In 2015, life expectancy at birth in the EU-28 stood at 83.3 years for women and 77.9 years for men. However, healthy life years free from the limitations tend to be shorter, particularly in some Member States. Longer life expectancy combined with the increasing average age of retirement leaves Europe and Member States with significant challenges not only for our health systems but also for our labour markets. The rapporteur seeks to find an approach that will help identify the policy options needed to shape our labour markets in order to become a) more inclusive and responsive to the needs of ageing and ailing society and b) less prone to the loss of skills a result of inactivity in the labour market. The Rapporteur has attempted to do this by proposing measures to help streamline the reintegration of workers after an injury or illness back into the labour market.

The rapporteur shares the view that the rehabilitation of workers consists of three different aspects: first medical, secondly vocational (or occupational) and thirdly social. The report mainly focuses on the occupational rehabilitation and the complexities faced by both employers and employees seeking to return to work (procedures and initiatives to facilitate the workplace reintegration). At the same time the report seeks to highlight the fact that that successful rehabilitation and return to work encompasses all three aspects.

The report also gives recommendations to encourage Member States to learn from examples of good practices and approaches, and at the same time tries to identify areas where the EU can bring added value and know-how to further promote policies that will ultimately help Member States promote the reintegration of workers into the labour market.

The rapporteur believes that the EU can add value by helping Member States develop:

- preventive measures
- comprehensive policy responses in the Member States including early intervention, institutional cooperation of all relevant stakeholders, individualised approach
- a cultural shift: the conscious awareness of the need to care for these workers, cultivating the positive perception of these workers in the society and actions towards workers' lifelong psychosocial wellbeing.

Additionally, the report examines the strong economic case for the need for policies to help workers return to the open labour market. For example, organisations with more age balanced teams experience less staff turnover and can be more productive as they draw from a larger pool of skills and experiences. According to Business Europe, staff surveys tend to prove that older workers show a greater commitment to their workplace and can exceed the performance of younger workers in relation to problem solving and leadership qualities. Positive effects hold true not only for age but also in diversity. The return to work is thus both about self-realization and an independent life but it also demonstrates a positive economic impact on society and resulting is lower level of dependence on Member States social systems. As ILO¹ research confirms, people with disabilities make dependable employees with comparable productivity, lower accident rates and higher job retention compared to company's general workforce. They represent an untapped source of skills and talent, including technical skills if they have access

¹ http://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_167204.pdf

to training and transferable problem-solving skills developed in daily life. People who become disabled while working often have valuable experiences in addition to their formal skills qualifications.

As pointed out by EU-OSHA in its work, returning to work can be a complicated process for businesses, involving not only budget considerations but also know-how. For smaller companies, the process can become particularly difficult. External technical and financial support can help employers to develop individual measures and establish reintegration pathways for people returning to work following a sickness absence. Well deployed financial support from the EU funds could play a significant role in supporting the change. Any support, however, needs to go hand in hand with genuine change in the organisational culture on the side of the businesses.

The EU has a significant role to play in supporting and encouraging national labour market reforms, sharing innovative ideas and helping to create successful policy frameworks. The rapporteur shares the view encompassed in the EU Occupational Safety and Health Strategic Framework that legislation has proven its value in providing the EU with high level of protection for workers as well as common body of definitions, standards, methods and preventive tools in the area of OSH. However, given the diversity of models, Member States should also use benchmarking, identification and exchange of good practices, awareness-raising, voluntary norms and user-friendly IT tools to make a difference.

Finally the rapporteur also wishes to draw attention to the prevalence of psychosocial risks in the workplaces and takes the view that interventions are needed to tackle these risks as well as the need to continuously fight the negative stigma associated with such dysfunctions.

INFORMATION ON ADOPTION IN COMMITTEE RESPONSIBLE

Date adopted	7.6.2018						
Result of final vote	<table style="width: 100%; border: none;"> <tr> <td style="width: 100px;">+:</td> <td style="text-align: right;">41</td> </tr> <tr> <td>-:</td> <td style="text-align: right;">0</td> </tr> <tr> <td>0:</td> <td style="text-align: right;">0</td> </tr> </table>	+:	41	-:	0	0:	0
+:	41						
-:	0						
0:	0						
Members present for the final vote	Guillaume Balas, Enrique Calvet Chambon, David Casa, Michael Detjen, Lampros Fountoulis, Elena Gentile, Marian Harkin, Czesław Hoc, Danuta Jazłowiecka, Agnes Jongerius, Jan Keller, Ádám Kósa, Agnieszka Kozłowska-Rajewicz, Jérôme Lavrilleux, Patrick Le Hyaric, Dominique Martin, Anthea McIntyre, Miroslavs Mitrofanovs, Elisabeth Morin-Chartier, Emilian Pavel, Georgi Pirinski, Terry Reintke, Claude Rolin, Siôn Simon, Marita Ulvskog, Renate Weber, Jana Žitňanská						
Substitutes present for the final vote	Georges Bach, Sergio Gutiérrez Prieto, Dieter-Lebrecht Koch, Eduard Kukan, Miapetra Kumpula-Natri, Paloma López Bermejo, António Marinho e Pinto, Rory Palmer, Jasenko Selimovic, Monika Vana, Flavio Zanonato						
Substitutes under Rule 200(2) present for the final vote	Andrea Bocskor, Dietmar Köster, Renaud Muselier						

FINAL VOTE BY ROLL CALL IN COMMITTEE RESPONSIBLE

41	+
ALDE	Enrique Calvet Chambon, Marian Harkin, António Marinho e Pinto, Jasenko Selimovic, Renate Weber
ECR	Czesław Hoc, Anthea McIntyre, Jana Žitňanská
ENF	Dominique Martin
GUE/NGL	Patrick Le Hyaric, Paloma López Bermejo
NI	Lampros Fountoulis
PPE	Georges Bach, Andrea Bocskor, David Casa, Danuta Jazłowiecka, Dieter-Lebrecht Koch, Ádám Kósa, Agnieszka Kozłowska-Rajewicz, Eduard Kukan, Jérôme Lavrilleux, Elisabeth Morin-Chartier, Renaud Muselier, Claude Rolin
S&D	Guillaume Balas, Michael Detjen, Elena Gentile, Sergio Gutiérrez Prieto, Agnes Jongerius, Jan Keller, Dietmar Köster, Miapetra Kumpula-Natri, Rory Palmer, Emilian Pavel, Georgi Pirinski, Siôn Simon, Marita Ulvskog, Flavio Zanonato
VERTS/ALE	Miroslavs Mitrofanovs, Terry Reintke, Monika Vana

0	-

0	0

Key to symbols:

+ : in favour

- : against

0 : abstention