

Returning to work after long-term incapacity

Face-to-face surveys by a health insurance fund

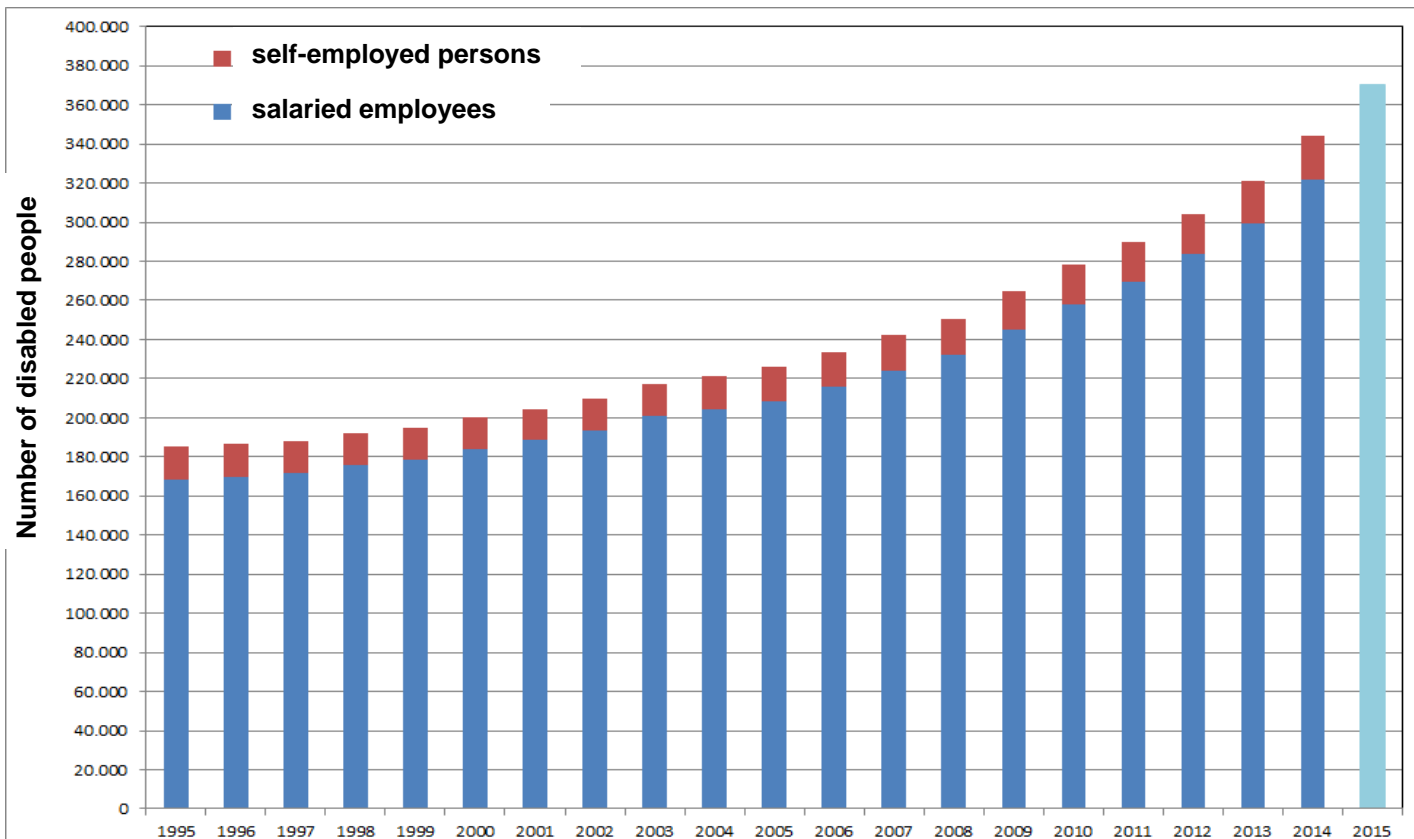
Dr Michiel Callens, director of R&D department, LCM

- In the past few years in Belgium: a sharp increase in the number of long-term sick people and rising costs of sickness benefits.
- Policies are being developed regarding a reform of the reintegration of long-term sick people to get them back to work as much as possible.
- Long-term sick people regularly receive bad press (profiteers, etc.)

Context



Strong increase in the number of disabled people



Average annual increase

2000-2008 2.8%

2008-2013 5.1%

2013-2015 7.5%

Accelerated increase in the past few years!

Source: RIZIV

1. Research: objective & method
2. Results
 - 2.1. Who are the disabled/incapacitated people?
 - 2.2. What do they say about returning to work?
 - 2.3. Summary of results
3. Recommendations
4. Conclusions
5. Background: incapacity for work in Belgium

1. Research: objective & method

2. Research: objective & method



- **Research objective:** to examine what disabled people themselves think of their chances of returning to work.
- **The target group** is made up of disabled people: persons who have been incapacitated for work for at least 1 year.
- **Method:** face-to-face surveys with 498 incapacitated people at their homes.

2. Research: objective & method



- **Research period:** mid December 2015 – end of May 2016.
- The sample of respondents was slightly revised so that it formed a representative reflection of the group of CM incapacitated people.
- **Discussion results:** the research results were presented to groups of experts and discussed afterwards to arrive at recommendations from the target group's perspective.

2. Results

2.1. Who are the disabled/incapacitated people?

2.2. What do they say about returning to work?

2.3. Summary of results

2.1. Who are the disabled/incapacitated people?



Profile of the respondents:

- 56% women
- Age: median = 54 years
- Duration of disability: median = 6 years
- Family situation:
 - Single people: 39% (= 29% without children + 10% with children)
 - Couples: 61% (= 37% without children + 24% with children)
- Education:
 - 25% higher educated (after secondary education)
 - 75% maximum secondary education
- 1/3 has a mental illness

Belgian population
between 18 and 64:
Median age = 41

2.1. Who are the disabled/incapacitated people?



Average use of health care by the respondents in the past year

	Disabled people	Not disabled people (18-64 years)	
GP	9.1 contacts *	3.4	(x 2.7)
Specialist	7.0	2.1	(x 3.3)
Physiotherapist	13.2	2.5	(x 5.3)
Nursing care	21.6	1.6	(x 13.5)
Dental care	1.4	1.2	
Hospitalisation	7.9 days	1.0	(x 7.7)
Medicines	1,289 DDD **	289.4	(x 4.5)

1,289 = 3.5 doses per day and per person

289 = 0.7 doses per day and per person

* Contacts = consultations + home visits

**DDD: Defined Daily Dose

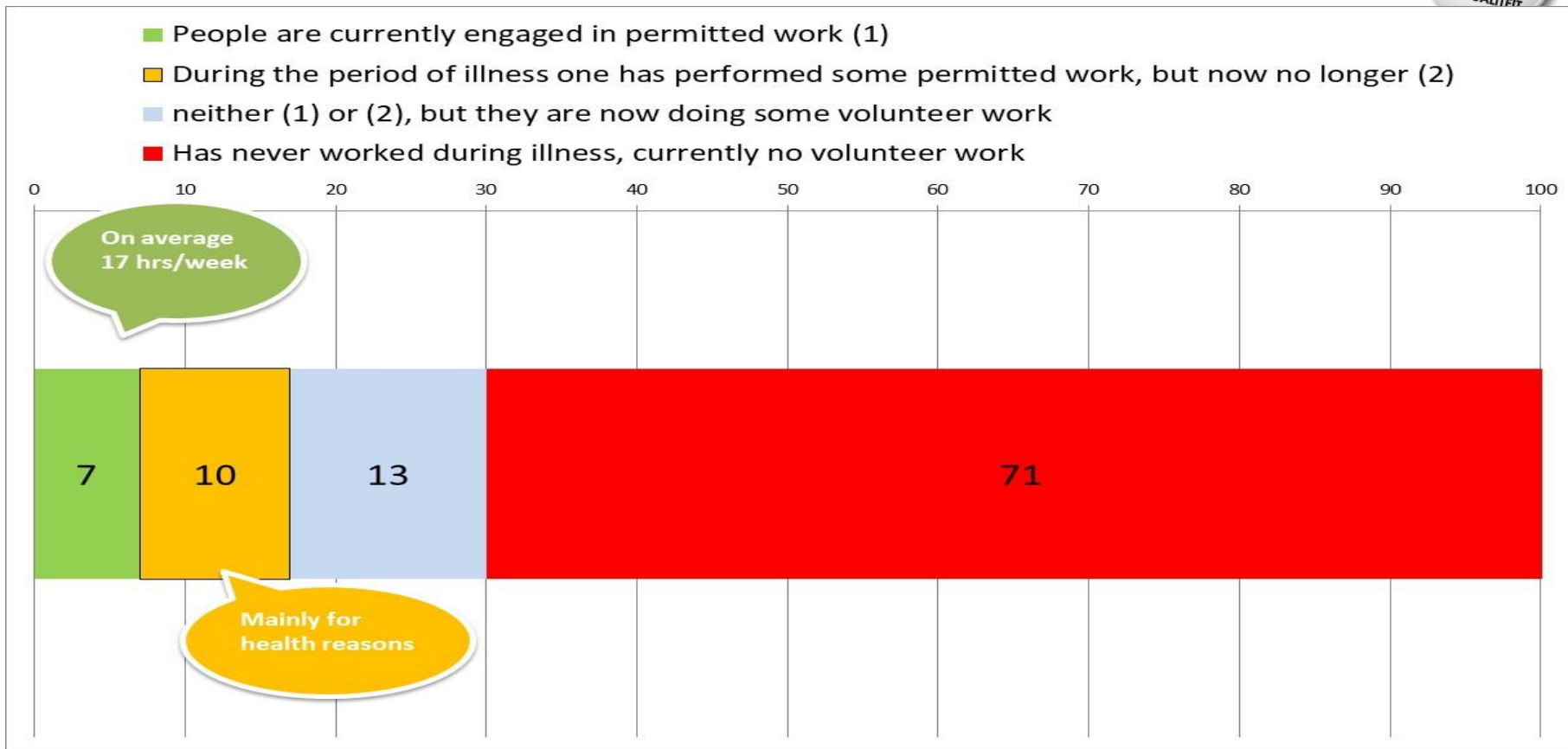
2. Results

2.1. Who are the disabled/incapacitated people?

2.2. What do they say about returning to work?

2.3. Summary of results

2.2. Actual 'work' status?



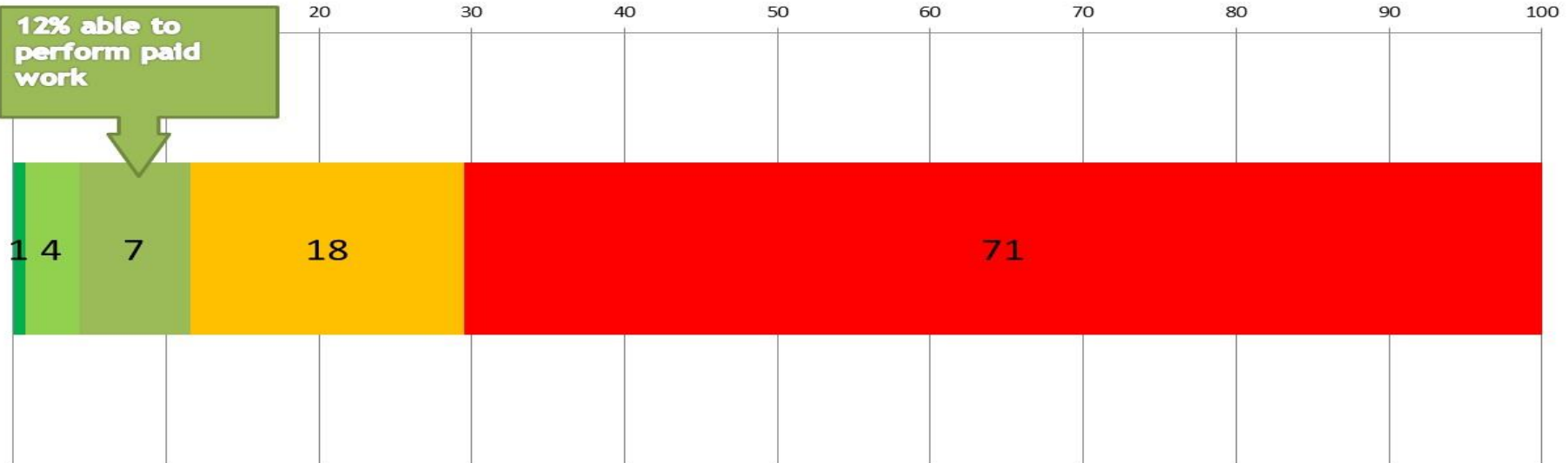
2.2. What do they say about returning to work?



To what extent are you, according to your own estimates, **currently** capable of performing work?

- able to perform a full-time paid job
- able to perform part-time paid work (>20 h/w)
- able to perform a part-time paid job (<20 h/w)
- able to do volunteer work
- unable to perform a professional activity or volunteer work

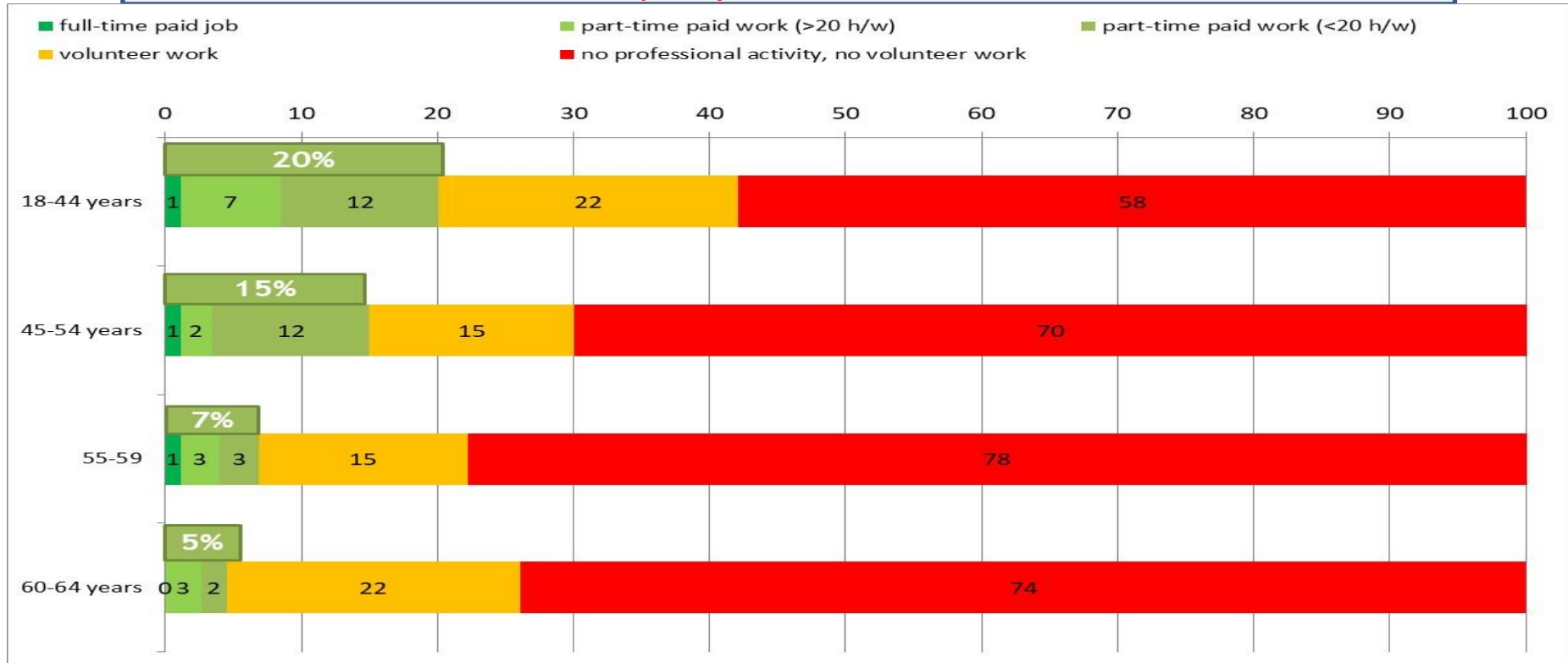
12% able to perform paid work



2.2. What do they say about returning to work?



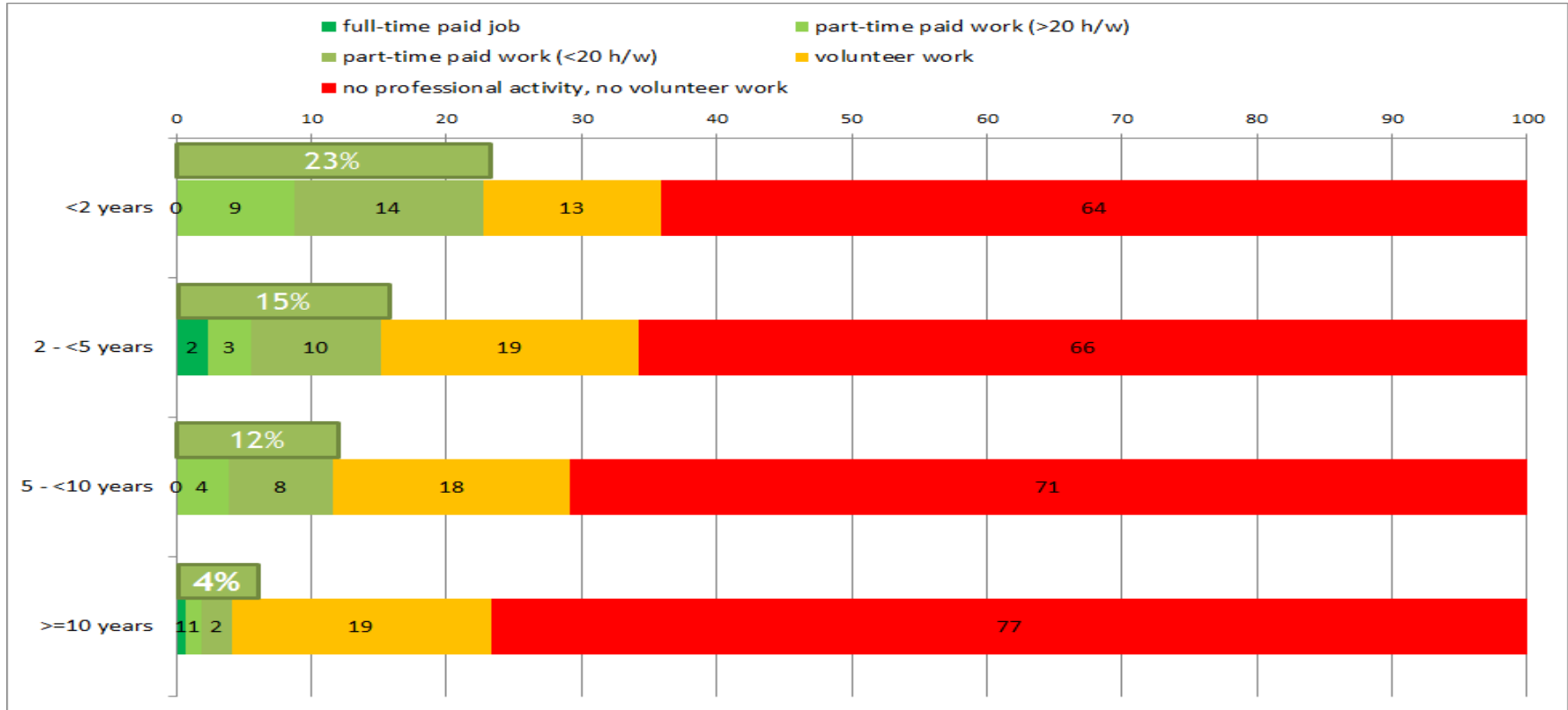
Rising age = a decreasing share of people who see themselves able to perform a paid job **at this time**



2.2. What do they say about returning to work?



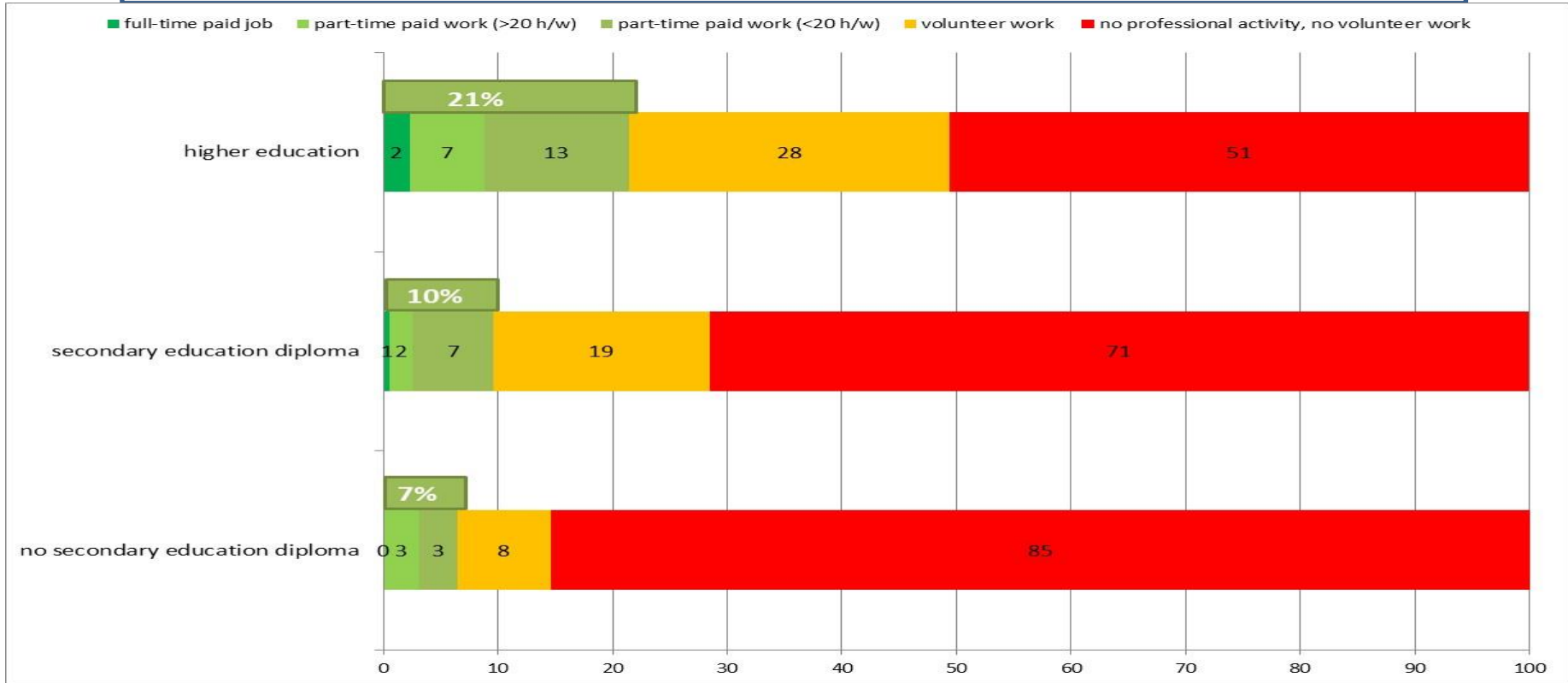
The longer one is ill = a decreasing share of people who see themselves able to perform a paid job **at this time**



2.2. What do they say about returning to work?



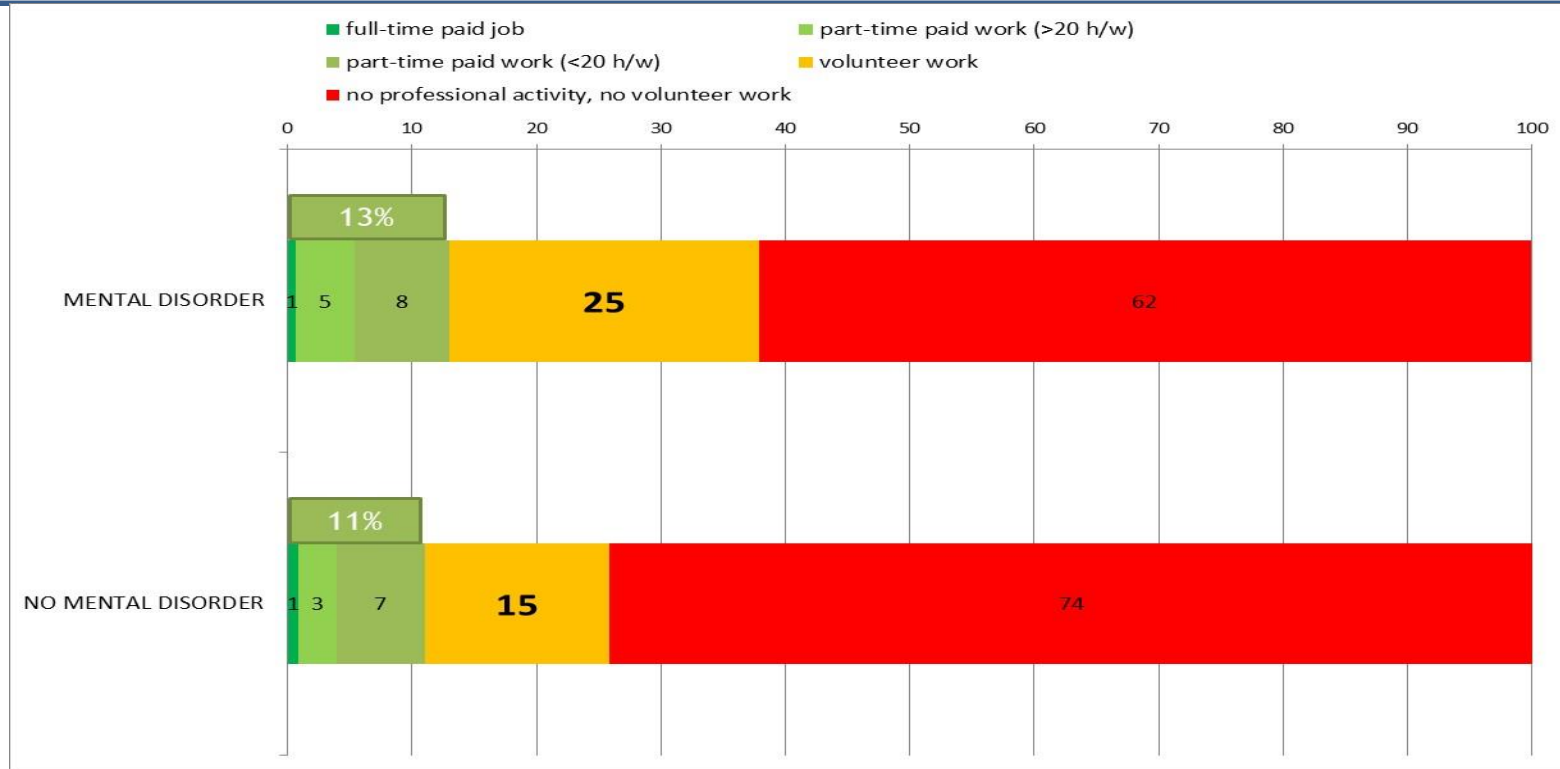
The lower educated = a decreasing share of people who see themselves able to perform a paid job **at this time**



2.2. What do they say about returning to work?



Long-term ill people with a mental illness are more likely to volunteer **at this time** compared to long-term ill people without mental illness.

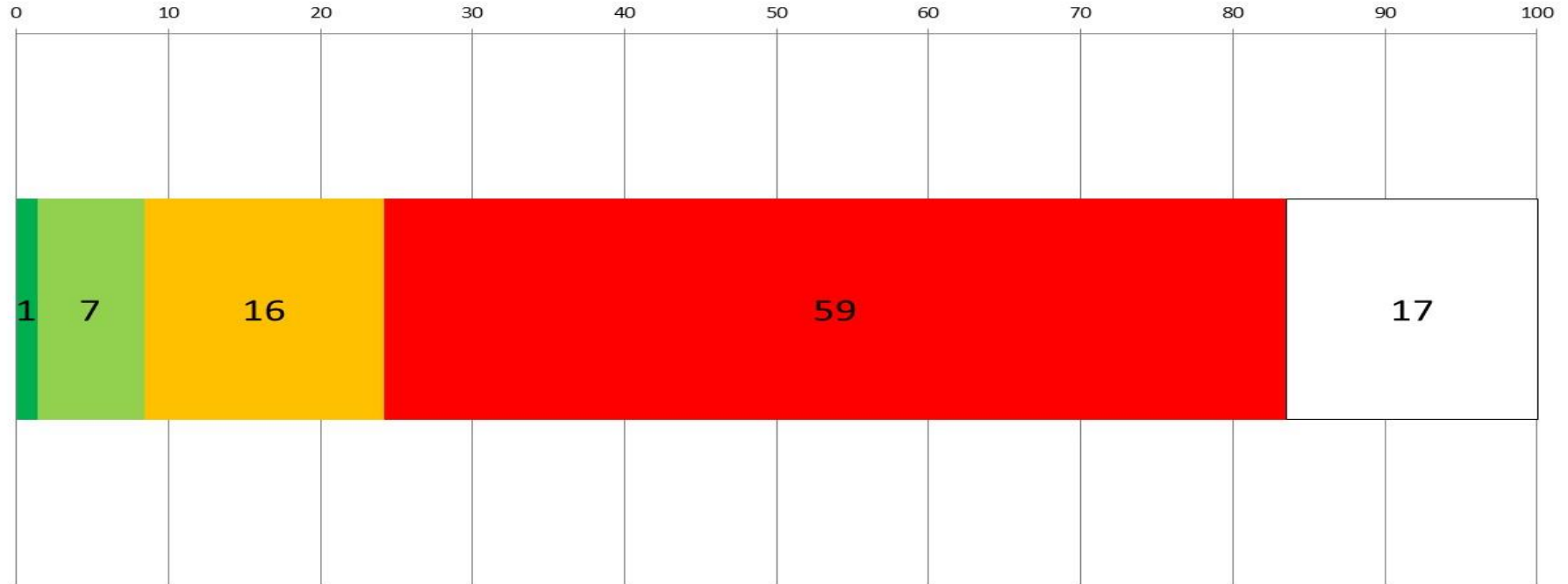


2.2. What do they say about returning to work?



How do you see your job opportunities **in the future**?

- I have many opportunities
- I have a few opportunities
- I am not very positive about job opportunities in the future
- I am no longer able to ever return to work
- I don't know

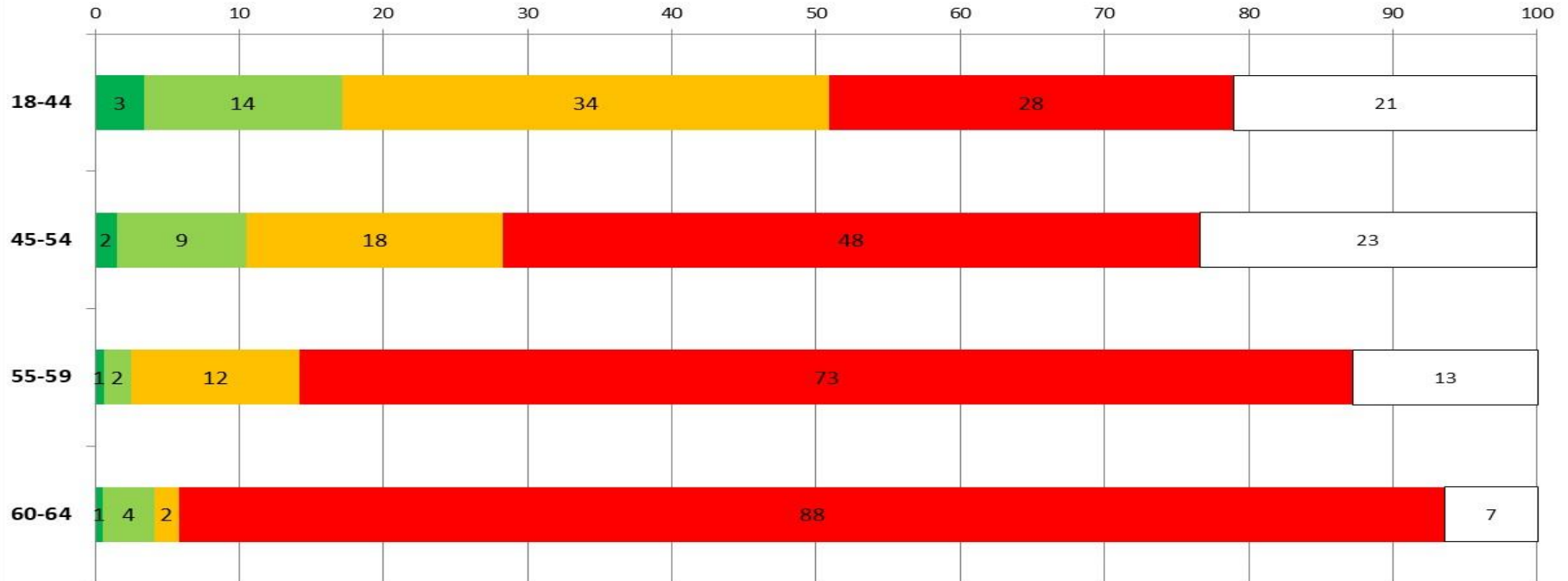


2.2. What do they say about returning to work?



How do you see your job opportunities **in the future?**

- I have many opportunities
- I have a few opportunities
- I am not very positive about job opportunities in the future
- I am no longer able to ever return to work
- I don't know

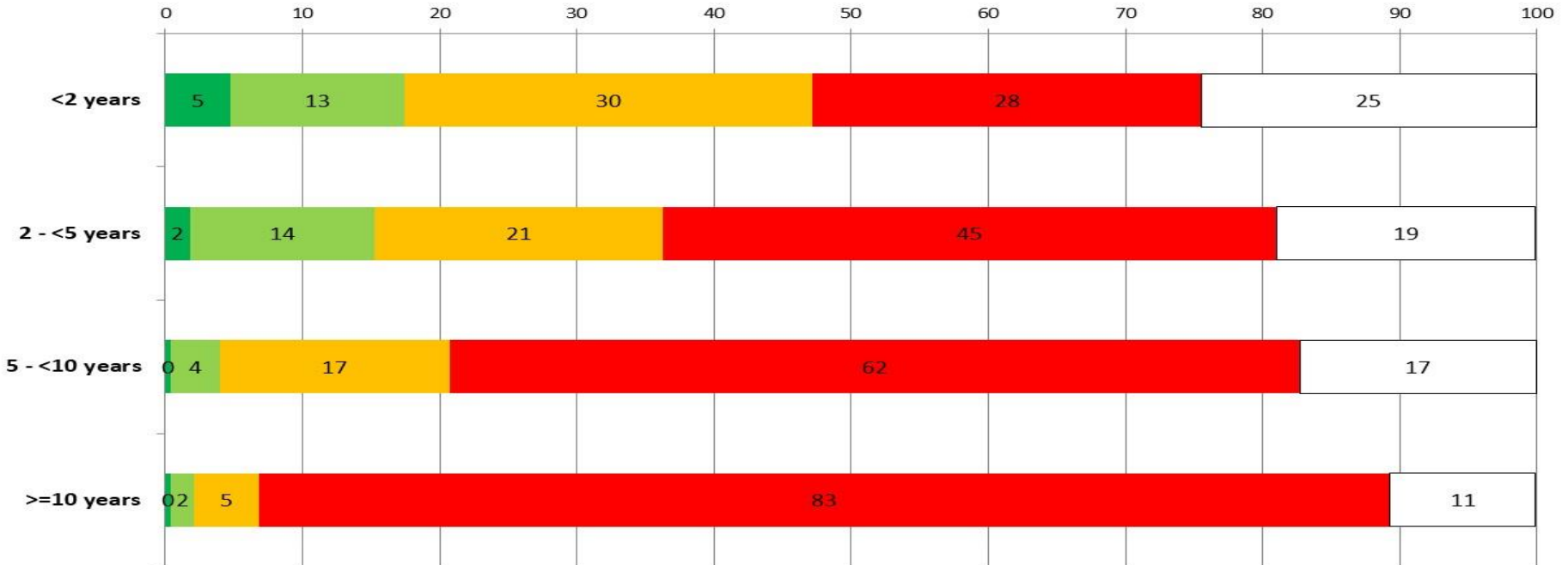


2.2. What do they say about returning to work?



How do you see your job opportunities in the future?

- I have many opportunities
- I have a few opportunities
- I am not very positive about job opportunities in the future
- I am no longer able to ever return to work
- I don't know

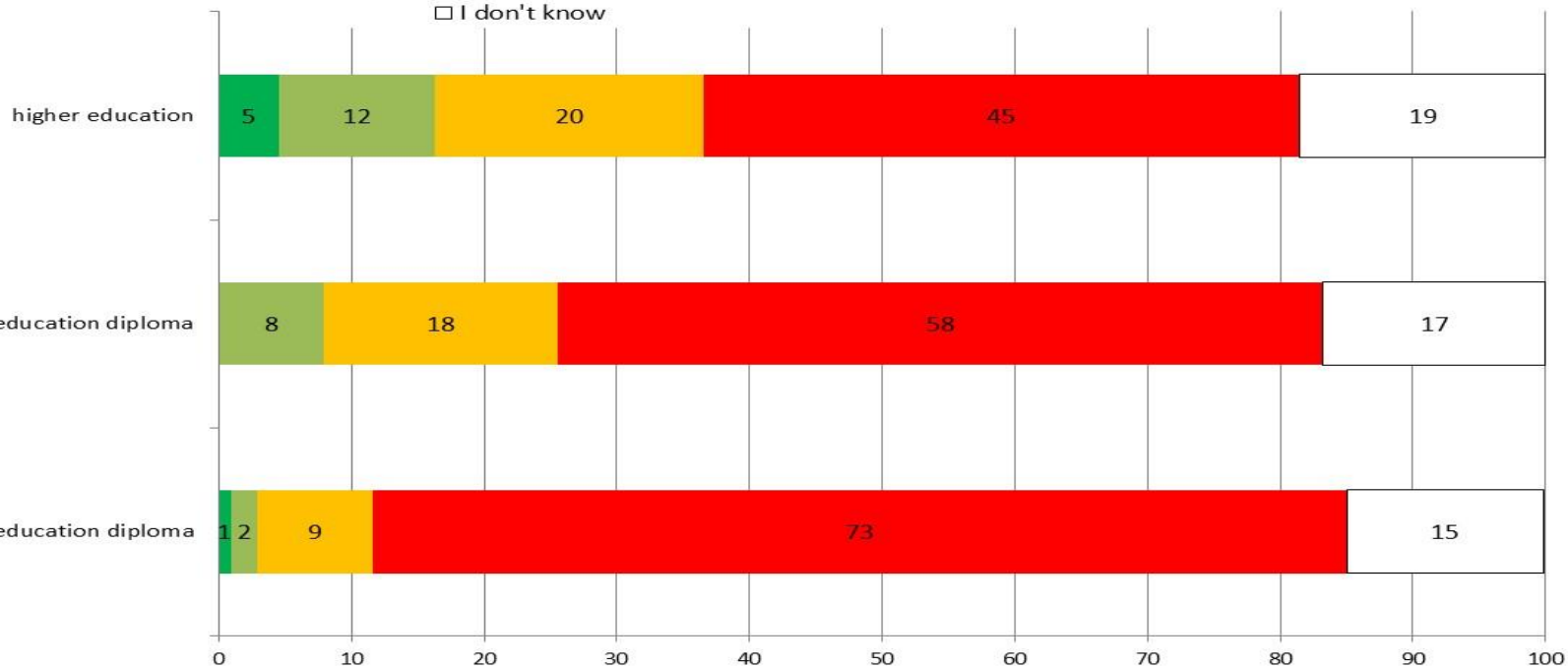


2.2. What do they say about returning to work?



How do you see your job opportunities **in the future?**

- I have many opportunities
- I have a few opportunities
- I am not very positive about job opportunities in the future
- I am no longer able to ever return to work
- I don't know



2.2. What do they say about returning to work?



Conditions for returning to work

(if health would allow this):

- No loss of income “if I would get sick again” (95%*)
- Atmosphere at work, working conditions (80%)
- Keeping current benefits (77%)
- Adapting the workplace to my illness or disability (74%)
- Nature or content of the work (73%)

* = % indicating that this is a very important condition

NOTE: high non-response (30%)

Only results from the responders

2. Results

2.1. Who are the disabled/incapacitated people?

2.2. What do they say about returning to work?

2.3. Summary of results

2.3. Summary of results



- 59% of the long-term sick do not feel able to ever return to work.
- This feeling becomes stronger:
 - when age increases
 - with a longer period of illness
 - when people are less educated
- Only 8% see themselves returning to work in the future.
- 33% doubt - are not positive - about their chances of returning to work or has no idea what the future will bring.

3. Recommendations

After expert meetings with volunteers, chronically ill, social workers, advisory physician ...

3. Recommendations



- The term disabled people needs to be replaced.
 - It is outdated and stresses what people can no longer do.
 - Nowadays people first look at the remaining capabilities.
- Transversal operation required when supporting the long-term sick.
 - It is important that the advisory physician is assisted by people with a different perspective, such as social workers, paramedics.
 - This gives a broader view of the person, his talents and remaining capabilities.

3. Recommendations



- Adjustments at work are necessary to facilitate resumption of work.
 - Working hours are very important: capabilities to work fluctuate from day to day → this requires systems that are adapted to this.
 - The current options for job adaptation in case of resumption of work are insufficiently known.
 - There are also many misunderstandings about the possibility of doing volunteer work during the incapacity for work.

3. Recommendations



- Employers still need to do a lot of work regarding the options for returning to work.
- The voluntary basis is essential for resuming work (or doing volunteer work).
- Isolation of the long-term sick must be prevented.

4. Conclusions

- NL link:
-
- https://www.cm.be/media/CM-info-266-INVALIDEN_tcm47-29132.pdf (het onderzoek)
-
- https://www.cm.be/media/CM-267-Invaliditeit_tcm47-29110.PDF (de aanbevelingen)
-
-
- FR link:
-
- (p3-15) https://www.mc.be/media/mc-informations_266_decembre_2016_tcm49-33134.pdf
(l'étude)
-
- (48-59) https://www.mc.be/media/mc-informations_267_mars_2017_tcm49-33133.pdf
(les recommandations)
-

4. Conclusions



- The research shows that a trajectory for returning to work must start as soon as possible.
- Adjustments and improvements can still be made to increase the chances of a successful return to work.
- But it is also a reality that some people can no longer work because of their state of health.
- Society should also be able to accept and respect that.

Questions?



5. Background

Incapacitated employee in Belgium



- Wages at the expense of the employer:
 - for a very limited period
 - 14 days (workers) up to 1 month (office workers)
- Afterwards: benefit from compulsory health insurance paid by the health insurance fund
- health insurance fund: qualified for
 - the assessment of incapacity for work,
 - the incapacity check,
 - important role in supporting the return to work

Incapacitated employee in Belgium



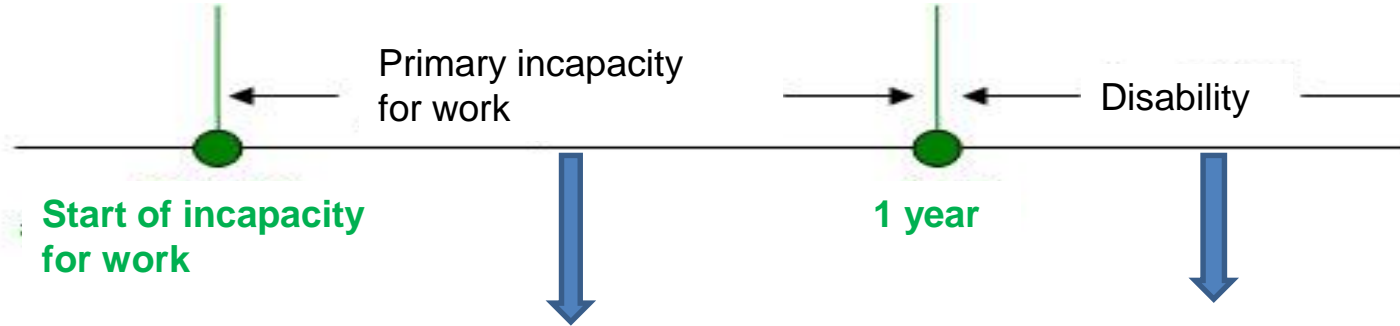
- Various systems developed to help (long-term) sick people return to work:
 - progressive work resumption
 - retraining → referral to a government department that provides support in the search for work (VDAB)
 - make arrangements with the occupational physician about a suitable workplace or job assignment
 - the advisory physician is assisted by a multidisciplinary team of (social) nurses, physiotherapists, occupational therapists and psychologists.

Incapacitated employee in Belgium



- Advisory physician and multidisciplinary team:
 - Not just a medical perspective,
 - but also focus on:
 - functioning in daily life,
 - environmental factors,
 - give tailored advice based on their background.
 - The main focus is on:
 - the capabilities of the person despite his incapacity for work,
 - what options are still available,
 - and how these can be achieved.

What do we mean by disabled people?



Benefit = **60%** of the previous (limited) gross salary

Salaried employees	% of limited gross pay
Head of household	65%
Single person	55%
Cohabiting	40%

Substantial decrease in (family) income!

Strong increase in the number of disabled people

The RIZIV explains the rapid evolution of the number of disabled people due to the following factors:

1. The raising of the retirement age for women
2. Increase in workforce participation rate amongst women
3. Population ageing ► The degree of disability **increases** with age
4. The increase in well-defined disorders

Context



Taking into account the evolution of the population, the workforce participation rate & the degree of disability (based on the most recent period)

If nothing changes... we can ... **more or less** ... expect the following

	2016	2018	2020	2022
The number of disabled people	390,000	434,000	475,000	516,000
Expenditure on disablement benefits*	€5.2 billion	€5.7 billion	€6.3 billion	€6.8 billion

* Not including holiday pay & third-party assistance