



Multiple Sclerosis

Policy-mapping in the EU



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**THE WORK
FOUNDATION**
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The Work Foundation addresses the fundamental question of what Good Work means: this is a complex and evolving concept. Good Work for all by necessity encapsulates the importance of productivity and skills needs, the consequences of technological innovation, and of good working practices. The impact of local economic development, of potential disrupters to work from wider-economic governmental and societal pressures, as well as the business-needs of different types of organisations can all influence our understanding of what makes work good. Central to the concept of Good Work is how these and other factors impact on the well-being of the individual whether in employment or seeking to enter the workforce.

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EU policies

- **Article 27** of the **UN Convention of the Rights of Persons with Disabilities** (13 December 2006) recognises the right of persons with disabilities to work on an equal basis with others who have access to the labour market.
- **The Charter of Fundamental Rights of the European Union** states that 'the Union recognises and respects the right of persons with disabilities to benefit from measures designed to ensure their independence, social and occupational integration and participation in the life of the community' (EPRS, May 2015).
- **EU Council Directive** (2000/78/EC) on Equal treatment in employment forbids discrimination of disabled persons and requires employers to provide 'reasonable accommodation' for disabled employees. It also gives the possibility for employers to compensate for the historical discrimination faced by individuals with disability.
- The **Treaty on the Functioning of the EU** (13 December 2007) requires the Union to combat disability-based discrimination in its policy-making and related activities, and gives it the power to adopt legislation to address such discrimination.
- **European Commission's Disability Strategy 2010-20** objectives: to analyse the labour market situation of people with disabilities; fight culture barriers such as disability benefits that discourage them from participating to the labour market; help their integration in the labour market making use of the European Social Fund (ESF); develop active labour market policies; make workplaces more accessible; develop services for job placement, support structures and on-the-job training; promote use of the General Block Exemption Regulation 16 which allows the granting of state aid without prior notification to the Commission.
- **EU employment strategy** - More and Better Jobs through flexibility and security. <http://www.google.co.uk/l?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwil3JfT7MzJAhXlpB4KHTahBToQFggcMAA&url=http%3A%2F%2Fec.europa.eu%2Fsocial%2FBlobServlet%3FdocId%3D2756%26langId%3Den&usq=AFQjCNGQJ9Sl2z-SCtYDhhS77GC7sfH2ag>
- **Europe 2020** - Europe's Growth strategy <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:2020:FIN:EN:PDF>
- **European Platform Against Poverty and Social Exclusion**
- **Disability High Level Group Report on the Implementation of UNCRPD** <http://ec.europa.eu/social/BlobServlet?docId=14328&langId=en>
- **Social Investment Package** which is encouraging nations to focus on social cohesion and growth <http://ec.europa.eu/social/BlobServlet?docId=14328&langId=en>
- **Joint Action on Chronic Conditions** - JA-CHRODIS. Reducing the burden of chronic diseases is a priority of EU Member States and at the EU Policy level, since they affect 8 out of 10 people aged over 65 in Europe. Approximately 70% to 80% of health care budgets across the EU are spent on treating chronic diseases. There is a wealth of knowledge within EU Member States on effective and efficient ways to prevent and manage chronic conditions and there is great potential to reduce the burden of chronic disease by making better use of this knowledge. JA-CHRODIS has been designed to exploit this potential. <http://www.chrodis.eu/>
- **European Semester Process** - employment and healthcare spending focus. In April 2016, Member States will present their reforms and measures to make progress towards smart, sustainable and inclusive growth in areas such as employment. http://ec.europa.eu/europe2020/making-it-happen/index_en.htm

EU good practices

- The EMSP **European Employment Pact** for People with Multiple Sclerosis (EPPMS) is for professional organisations to sign up to and therefore commit to ensuring that: their employment policies comply with disability regulations, staff members are aware of the challenges disabled colleagues face, and the working environment is adapted for Multiple Sclerosis patients (in terms of flexible working time, accessible facilities, appropriate rest areas, etc.) (EPPMS, 2015).
- The EU-funded **Paving the Path to Participation** (PPP) project is an initiative that follows the EEP in order to stimulate policy change that will increase participation of people with MS in the European labour market (PPP, 2015).
- The European Network for Workplace Health Promotion (ENWHP) created **Promoting Healthy Work for Workers with Chronic Illness: A guide to good practice** (ENWHP 2012). This is a guide aimed at employers and managers who are working out the challenges of supporting people in their workforce who have chronic illness.
- The Swiss MS Society Case Management and People with MS https://www.multiplesklerose.ch/sites/default/files/shop/documents/casemanagement_en.pdf
- The **Believe and Achieve** paid internship programme for young people with Multiple Sclerosis is a partnership between the European Multiple Sclerosis Platform (EMSP) and businesses across Europe. On one hand young people have the opportunity to gain work experience and develop their skills, on the other healthier and more inclusive workplaces are promoted.



At country-level

Measures affecting labour-demand:

- Many countries apply a **'quota system'** for the recruitment of people with disabilities with the highest at 6% being in France and the lowest at 2 % in Malta, both concerning employers with a workforce of over 20 employees. Fines are imposed everywhere if the quotas are not met and the revenue is then devoted to programs addressing disability (Workability International, 2013).
- In the Czech Republic, France and Slovakia, companies and the public sector can buy goods and services from sheltered workshops instead of implementing the employment quota (Workability International, 2013).
- Belgium, Finland, Germany, Iceland, Ireland, Italy, Norway, Poland, Portugal, Slovakia, Sweden have **information programs** for employers and trade unions on MS (MS Barometer 2013).
- There is a trend which characterises recent legislation in some countries, focused on the idea of **participation and workability**, in order to reduce sickness absence (e.g. Denmark, the Netherlands) (Corral et al., 2014).
- In order to ensure **more secure employment** Spain has introduced incentives such as rewarding the permanent recruitment of a disabled person with reductions in the employer's social security contributions. Similarly, employers' costs are reimbursed in Estonia (up to 50%) and Bulgaria (for contracts of 24 and 36 months) (Priestley, 2008).
- Although, most of the countries¹ do **have incentives in place to recruit or retain people with disabilities** in general in employment; this is not the case for Portugal, Switzerland and UK (MS Barometer, 2013).

¹ Namely Austria, Belarus, Belgium, Croatia, Czech Republic,, Denmark, Finland, Germany, Greece, Iceland, Ireland, Italy, Norway, Poland, Romania, Russia, Serbia, Slovakia, Spain, Sweden.

Measures affecting labour-supply

- Many national laws require **special equipment and adapted working conditions**, 'reasonable accommodation', training, financial compensation and preparation programmes for people with disabilities (e.g. the Netherlands, Ireland, Portugal, Sweden) to facilitate their access to the labour market (Corral et al., 2014).
- Spain has reduced the working day **for the care of minors or people with disabilities** and has extended maternity leave by two weeks following the birth or adoption of a disabled child. The UK now provides the right to request flexible working for parents of disabled children. The Swedish government has made part-time or short-term employment support easier for younger workers (aged 19-29), and sickness benefits are assessed more regularly (for people aged 30-64) (European Parliament, 2010).
- **Start-up incentives for the disabled:** in Portugal the Employment and Vocational Training Institute subsidises and supports people with disabilities to set up independent business activities. On similar lines, grants and funding programmes to support self-employed disabled people are available in Slovakia and a Special Business Start-up allowance covers the costs of workplace equipment and wage support payments for the first six months in Sweden (European Parliament, 2010).
- In Italy people with disabilities and chronic diseases with an incapacity of over 50% have the right to 30 days per year for medical care (Bruzzone, 2011).
- **Flexible working practice legislation** does not exist in countries such as Poland, Portugal and Switzerland (MS Barometer 2013).



Scaling benefits as an incentive to work

- To incentivise people with partial disability to work some countries such as Denmark, the Netherlands, Switzerland and Luxemburg **have restricted access to disability benefits** and offer, instead, a similar treatment to that of the unemployed population. For example in the Netherlands workers with an earnings capacity reduction of 15-34% can no longer receive a disability benefit. Instead, their employer will have to adapt the workplace if necessary and ensure employment is maintained. In case of job loss they are, after exhaustion of sickness benefits, treated like unemployed people. Workers with incapacity of 35-79% and those who are fully but not permanently disabled are entitled to a benefit that is higher if the worker is working for at least 50% of the remaining capacity. After a period of five years, this benefit will be reduced to a flat-rate payment if the worker is not utilising that capacity (OECD, 2007).
- Another similar measure is that of **in-work compensation** payments in the Netherlands, the UK, Denmark and Luxemburg or wage-subsidies in Poland (European Parliament, 2010).
- In the UK there have been a number of initiatives to support both job retention and return to work among people living with work-limiting chronic conditions. For example, since 2010 the GP 'sick note' has been replaced by a '**Fit Note**' which requires the GP to indicate what kinds of workplace adjustments might help the patient return to work. The **Access to Work** scheme provides up to £40k of individual support for accommodations in workplaces for individuals living with chronic health conditions to remain active at work. The new **Fit for Work Service**, launched in 2015, provides a free occupational health assessment and return to work plan for all workers who have over 4 weeks of sickness absence (or whose condition is likely to involve prolonged or intermittent absence from work. In addition, the UK government now allows employers to spend up to £500 per employee per year tax free on workplace health interventions to support job retention and return to work.
- In some countries **the responsibility** of disability benefits is shifting from that of the government's to that of the **employer's**. In the

Netherlands since 2003 employers are paying for most of the costs of the first five years of disability benefit receipt of their former workers. Under a similar system in Finland, large companies may have to pay up to 80% of the disability benefit of their workers in case of job loss due to disability (OECD, 2007).

- The disability scheme in Denmark was reformed in 2003 to address what a person can do rather than what they cannot do. A disability benefit is only granted when someone cannot take on a 'flex-job', subsidized work, and rehabilitation would not help. This measure is based on a comprehensive **individual resource profile** which includes measures of health, social and labour market proximity criteria (European Parliament, 2010).
- The Part-time sick leave systems being used in Finland² and Norway allow workers with chronic health problems to have periods of time away from work while maintaining their income. Evaluations of these schemes have shown that they are more successful at supporting job retention and return to work than traditional schemes and also that they are cost effective (Viikari-Juntura et al, 2012; Markusen et al, 2015).

² http://www.google.co.uk/l?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0ahUKewj4zfWsks3JAhXKqR4KHxu3AgkQFggqMAE&url=http%3A%2F%2Fwww.sjweh.fi%2Fdownload.php%3Fabstract_id%3D3258%26file_nro%3D1&usq=AFqjCNEhub8JH6adfq7QQPVxf0FyD4ko7g

Gaps and challenges identified

- Often people with chronic diseases such as MS are impacted and protected by employment policies addressed to **those with disabilities** and might not be explicitly mentioned (Corral et al., 2014)
- Many countries **do not have an official definition of the term ‘chronic disease’** in their labour legislation and the concept of disability is understood differently across countries. The EU approach acknowledges disability as a social construction, while national policies in many cases define disability in terms of a medical or functional assessment of impairment or incapacity (Greve, 2009).
- All European countries have at least some form of legislation focused at protecting the rights for people with disabilities, but **anti-discrimination law** is strongest in the UK (OECD, 2007).
- In Estonia and Latvia employers can terminate employment contract due to disability (Barometer, 2013)
- Mainstreaming vs. targeted policies: mainstreaming disability into employment policy can be an effective way for policy-makers to implement changes and it has in fact been advocated and developed by the EU. Nonetheless mainstreaming can work only with the support of specialised resources and guidance, for instance with public employment personnel having disability expertise. Also, there is a lack of impact evidence of such policies which makes it difficult to make a comparison with targeted measures (Greve, 2009).
- Scaling benefits according to the extent of disability can function as an incentive to work. However this sort of policy raises ethical and technical concerns. Should there be sanctions such as withholding benefits? If on one hand this measure sounds unfair and extreme, on the other there is no effective implementation without punishment. Do people with partial disability and partial capacity to work have a stronger right to not work if they choose to?
- The fluctuating nature of MS can be a reason for loss of income. In the case of frequent cycles of relapses and recovery, people can lose their ability to work or their entitlement to benefits. What can be done to smooth income across these fluctuations?

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