

THE SCIENCE AND POLITICS OF WORK DISABILITY PREVENTION

Edited by Ellen MacEachen

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The Science and Politics of Work Disability Prevention

The rising cost of illness and disability benefits is one of today's biggest social and labor market challenges. The promise of activation-oriented work disability policies was labor-market engagement for all people, regardless of illness, injury or impairment. However, the reality has been more complex.

This edited volume addresses social, political and economic contexts driving work disability policy reform in 13 countries. In this first attempt to explain the history and future of work disability policy, this pathbreaking book asks new questions about work disability policy design, focus, and effects. It details how work disability policies have evolved with jurisdictions, why these take their current shape, and where they are heading. The well-positioned authors draw on their insider knowledge and expertise in law, medicine, psychology, epidemiology and political and social sciences to provide detailed case studies of their jurisdictions.

This volume will be of interest to social security system policy makers, scholars, and students in the health and social sciences.

Ellen MacEachen, PhD, is Associate Professor with the School of Public Health and Health Systems at the University of Waterloo, Canada. She is an advisor to national and international labor market and health organizations. Her research focuses on work disability policy, precarious employment, and the future of work.



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Edited by
Ellen MacEachen

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To Patrick Loisel, for his vision and for building bridges
between work disability communities.



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Part I

Work Disability Policy Context



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Work Disability Policy

Current Challenges and New Questions

Ellen MacEachen

After several decades of developing work disability policies (which encompass diverse but related workers' compensation, sickness and disability policy, and social security legal and regulatory frameworks), central questions remain about their design, focus, and effects. Within and across jurisdictions, work disability policies have been adjusted, formed, and reformed as policy makers strive to find the right balance of rules and inducements for agencies, employers, and workers to maximize labor-force participation. Despite this activity, a key and pressing question is why we have not been more successful at helping people to remain in the labor force. Indeed, an Organisation for Economic Co-operation and Development (OECD) report, *Sickness, Disability and Work: Breaking the Barriers*, described work disability as "one of the biggest social and labour market challenges for policy makers . . . [that] hinders economic growth as it reduces effective labour supply" (OECD, 2010, p. 9).

We have arrived at a point where it is time to reflect on the social security system changes made so far to stem work disability: their ideals, what worked, what did not, and why. Even more fruitful is to consider these issues by jurisdiction: Why did one jurisdiction take a particular route to improve work integration and another take a different route? What are relevant contexts that shaped the different pathways? Although a great deal of scientific research has been generated about work disability, interventions and policy are also confronted by the reality of implementation, budgets, and political favor. It is as important for analysts to reflect on the politics of work disability policy as it is to complete the science.

This chapter provides an overview of the field of work disability research and policy conditions and argues for the need to ask new questions about work disability policies, including why they are designed differently across jurisdictions and how well they function. It begins by describing social security challenges and shifts in understandings about health and activation that contributed to the growth of the field of work disability research and policy. Issues facing implementation of work disability policies are then examined, including aging populations and weakly coordinated work disability policies. The chapter then turns to approaches to understanding policy effectiveness

and the need to consider work disability policies in their specific contexts; that is, what are the social, political, and economic conditions within individual countries that have led to their current configuration of work disability policies? The chapter concludes with overviews of the other chapters in the book.

Development of Work Disability Policy and Research

Policies, including those relating to work disability, are shaped by social contracts: social expectations and tolerance within a society that help to explain and justify its legal, political, and economic structures (Lessnoff, 1990; Paz-Fuchs, 2011). For work disability policy, social contracts shape how far citizens view the state as responsible for their employment and income security, whether employers see themselves as obliged to employ people with impairments or ill health, and how individuals understand their own responsibility for seeking and participating in employment. For instance, Americans have a different view of what is work limiting than do Europeans, and this is associated with more restrictive disability policies (Yin & Heiland, 2017).

Work disability policies emerged in advanced economies within a context of increased social security costs and emerging theories about work absence and health. Social security systems that developed after World War II to offer income security and healthcare to citizens began to shift in the 1990s, as spending on disability benefits began to be considered unsustainable (Organisation for Economic Cooperation and Development, 2010). At the same time, theory developed about the moral and health virtues of work activation and labor-force engagement (Bertram, 2013; Elbers et al., 2016; Martin, 2015). Work absence was now described as a social rather than a medical phenomenon (Waddell, Burton, & Aylward, 2008), and time away from work began to be considered psychologically harmful due to social exclusion (Shrey, 1996). These theories, together with a “cultural revolution” on how to manage back pain through activity rather than rest (Valat, 2005, p. 194; Waddell, 1998), spurred the growth of work disability prevention (MacEachen, Ferrier, Kosny, & Chambers, 2007), defined as management of health or impairments in conjunction with maintaining employment (Loisel & Côté, 2014).

The movement to integrate work-disabled people into the workforce coincided with and was buttressed by labor-market-activation strategies that emerged in the same era, such as workfare, a welfare system that required those receiving benefits to perform some work. This work-for-benefits approach emphasized a social contract of mutual obligation of citizens and the state: if citizens received state benefits then they should provide the state with something in return, that is, their labor (Martin, 2015). At the same time, successful disability-rights advocacy movements during the 1990s and 2000s prompted the creation of integration laws, including the Americans

with Disabilities Act in the United States, and international conventions about the right of people with disabilities to participate fully in society (Putman, 2005). The labor-force integration goals of people with disabilities, who were fighting stigma and discrimination that prevented them from accessing employment, fit well with emerging work disability principles of social inclusion and labor-force engagement.

Broadly speaking, this activation movement shifted policy and programmatic emphasis away from income security and toward discourse on worker health, financial, and social issues. For example, income-support benefits that might passively encourage people to not work began to be depicted not only as expensive for insurers, but also unhealthy for workers (MacEachen et al., 2007). Across advanced economies, laws and policies were drafted to encourage workers and employers to implement return to work after injury or illness, and to reduce sick leave with innovations such as accommodations and modified duties for workers and financial incentives to employers. The last initiative includes financial penalties for worker absenteeism due to injury or illness (Clayton, 2012).

A new field of research on work disability prevention developed in the 1990s, concurrently with emerging labor-market-activation policies. Work disability prevention has focused on shifting injured workers from leaving work and dependence on state disability benefits to active recovery while working. It is focused on work accommodation, return to work, and social inclusion. Importantly, the term *work disability* refers primarily to employment situations; that is, being unable to stay at work or to access work.

Demographic and Policy-Coordination Challenges

Since the 1990s, many studies have investigated the health and fiscal effects of active labor-force engagement. Research has shown that unemployment is associated with ill health (Milner, LaMontagne, Aitken, Bentley, & Kavanagh, 2014; Orchard, 2015; Zhang & Bhavsar, 2013), that return to work reduces the duration of disability (Franche, Cullen et al., 2005; Viikari-Juntura, Kausto, Shiri, Kaila-Kangas, & Takala, 2012), and that return-to-work practices are cost-effective for employers (Bardos, Burak, & Ben-Shalom, 2015; Squires, Rick, Carroll, & Hillage, 2011). Yet, despite a burgeoning scientific-evidence base demonstrating that employment is healthy and that work reintegration is cost-effective for employers, work disability policy has been difficult to implement.

One challenge to work disability policy implementation may lie with the focus in research and policy on the health of workers, and the relative neglect of industrial relations. In research that focuses on workers, positive psychosocial and physical work environments are assumed; however, in reality these conditions are not always present in workplaces. For instance, when it adversely affects their business, employers may avoid implementing

return-to-work policy (O'Grady, 2013; Seing, MacEachen, Ekberg, & Stahl, 2015). As well, a growing body of North American research shows that workers avoid reporting work injury because of their concerns about social stigma or employer reprisals (Kirsh, Slack, & King, 2012; Lewchuk, 2013; Lipscomb, Schoenfisch, & Cameron, 2015; Manapragada & Bruk-Lee, 2016). Poor work environments have been found to adversely affect health (Rueda et al., 2015) and return-to-work opportunities (Josephson, Heijbel, Voss, Alfredsson, & Vingård, 2008; Nyberg, 2012; St. Arnaud, Bourbonnais, Saint-Jean, & Rhéaume, 2007). Therefore, although research studies find that employment in general promotes health, it is realistic for policy designers to consider how work disability may be managed for individuals employed in less-than-ideal work environments (MacEachen, Kosny, Ferrier, & Chambers, 2010).

Aging populations and concerns about labor shortages and social security expenditures are an additional challenge in implementing work disability policy. These challenges have led to policy changes to encourage older workers to stay in the labor force; for instance, through delaying the start of old-age pensions (Börsch-Supan, 2000; Hering & Klassen, 2010; Turner, 2006). It is estimated that, by 2035, the over-65 population will double in advanced economies (Curry & Torobin, 2011; European Commission, 2015; Fields, Uppal, & LaRochelle-Côté, 2017). With a greater proportion of people aged 45 and over in the workforce, disability-benefit costs are expected to further increase (Beatty & Fothergill, 2015; Belin, Dupont, Oules, Kuipers, & Fries-Tersch, 2016; Burkhauser & Daly, 2012). Greater pressure will be placed on work disability systems to accommodate these older workers with increased healthcare needs and reduced ability to recover quickly from injury and illness (Berecki-Gisolf, Clay, Collie, & McClure, 2012; World Health Organization, 2015).

Changing workplaces pose further challenges for implementation of work disability policies. These policies expect employer accommodation of workers at a time when employers, in the face of intensely competitive global-trading conditions, have moved toward more flexible contracts with workers and fewer long-term responsibilities (Kalleberg, 2009; Stone, 2000). There has been a growth over recent decades of nonstandard businesses and precarious employment conditions, and increasing numbers of individuals are now self-employed or working on temporary contracts. The quickly growing *gig economy*, characterized by freelance work (Steinmetz, 2016) and automation (Brougham & Haar, 2017) further increases employment precariousness. In many jurisdictions, nonstandard forms of employment limit workers' access to income security and benefits coverage (Broughton et al., 2016; Fudge & Strauss, 2014).

System complexity is a further challenge for implementation of work disability policy, because this is not one single policy but rather a series of policies and initiatives that span areas of health, disability, employment,

joblessness, and public health. Newer activation-oriented policies operate in conjunction with older systems developed at different times and for different reasons, and these various policies do not always coalesce to form coherent and consistent work disability policy (Belin et al., 2016; Prince, 2010; Stapleton, Tweddle, & Gibson, 2012). Indeed, lack of coordination between related work disability policies was identified as a key deterrent to effective policy implementation in a cross-jurisdictional analysis of European work disability policies (Belin et al., 2016). Particular challenges include cost shifting among programs; for instance, when tightening time limits or eligibility requirements for one program leads to shifting impaired workers to other programs, which can be the lowest-paying social assistance programs (LaDou, 2010; Mansfield et al., 2012; McInerney & Simon, 2012; Ståhl, Müssener, & Svensson, 2011; Stapleton et al., 2012).

Certainly, the social and legal environment of work disability is complex. The Work Disability Arena model, developed by Loisel et al. (2001), aptly situates work disability at the intersection of complex and interwoven personal, healthcare, workplace, and legislative systems. Each of these systems occurs within particular sociopolitical contexts (Franché, Baril et al., 2005) and involves a complex variety of stakeholders, each with their own institutional needs (MacEachen, Clarke, Franché, & Irvin, 2006; Ståhl, Svensson, Petersson, & Ekberg, 2010).

Interpreting Work Disability Policy Evidence

In trying to identify optimal work disability policies, it is tempting to compare policies and work disability outcomes across jurisdictions in order to distill core successful approaches. Indeed, systematic comparisons have yielded some interesting results, showing, for example, that (a) job characteristics and differences in eligibility criteria for long-term disability benefits are associated with differences in return-to-work rates (Anema et al., 2009) and (b) where spending on work activation policies is high, higher employment commitment and employment rates exist among people who are chronically ill or impaired (VanderWel & Halvorsen, 2015; Whitehead et al., 2008). Yet, policy-comparison studies are fraught with challenges. This is because it is difficult to compare evidence when underlying conditions that produce outcomes differ so much across jurisdictions. As noted by Campbell et al. (2007, p. 455), “context is all important.” Population characteristics, how a problem is caused and sustained, existing policies and programs as well as cultural assumptions and socioeconomic conditions can affect health interventions. Indeed, studies of illness and injury in relation to employment often do not analyze the impact of the jurisdiction’s social security system on its work disability policies (Lippel, Eakin, Holness, & Howse, 2016; Lippel & Lotters, 2014). As well, inconsistent use of outcome measures (e.g., in studies that equate cessation of benefits with being employed

and that use differing criteria to determine return to work) undercuts the generalizability of studies that aim to compare policy efficacy across different systems (Clay, Berecki-Gisolf, & Collie, 2014; Vogel, Barker, Young, Ruseckaite, & Collie, 2011).

Essentially, principles of work activation that underlie work disability policies appear in different configurations and against different backgrounds. Existing social contracts, policy systems, beliefs, and the priorities of implementing agents, along with complex multiple layers of local and national governance, can offer more or less fertile terrain for new or revised work disability policy approaches (Cerna, 2013).

New Questions: Toward the Politics of Work Disability Policy

Policy researchers are increasingly turning toward approaches that allow for close consideration of interconnections and interdependencies, in order to understand policy change and adaption within complex systems (Pope, Robert, Bate, LeMay, & Gabbay, 2006; Stepputat & Larsen, 2015). Work disability has been discussed largely in terms of research evidence (Loisel & Anema, 2014; Schultz & Gatchel, 2016), but this approach becomes limited when researchers confront the politics of ethics, social expectations, and budgets.

A focus on both science and politics of work disability policy requires asking new questions about work disability systems. It is difficult to find coordinated collections of literature on how work disability policies have evolved within jurisdictions, why these take their current shape, and what failures as well as successes have occurred in implementation. It is also difficult to consider knowledge about a successful work disability system without knowing the climate required for it to thrive, including key social and political economic contexts driving state work disability reforms in different jurisdictions. As well, different jurisdictions face different demographic challenges. For instance, while aging populations pose an international concern for social security policy (Belin et al., 2016), other conditions, such as rising rates of mental illness (EU Joint Action on Mental Health and Wellbeing, 2016) or escalating opioid-addiction rates, can affect the focus of work disability policy in specific jurisdictions (Deyo, VonKorff, & Duhrkoop, 2015). Finally, existing social contracts need to be considered (Paz-Fuchs, 2011). What pressures and traditions are present? How far will change be tolerated by employers and citizens? Key policy decisions about when to help individuals integrate into the labor force or exit can vary. As well, there are questions about what kinds of pressure or inducements need to be applied, and to which parties.

The Chapters

The chapters in this volume reflect on the above-described political realities, which are key to understanding work disability policy change and

implementation over the past 30 years. Jurisdictions in North America, Europe, and Australasia were leaders in forming work disability policies, and over recent decades they have revised and adjusted their programs. Work disability policies have now been taken up in middle-income jurisdictions, including China. This book contains analyses of work disability policy in 12 countries where these policies are well entrenched, and in China, where social security systems and activation strategies are emerging.

The chapters move beyond research evidence to include authors' insights into how and why policy changes have occurred. Positionality is an important issue in policy analysis that affects how researchers are able to access the policy environment and conduct meaningful research (Walt et al., 2008). It addresses how researchers are situated in relation to the topic at hand, their legitimacy within that field, and prior involvement in policy communities. This volume has drawn together a collection of well-positioned authors from across varying disciplines, including law, medicine and social science, who have had extensive direct interaction with key community and government stakeholders; for instance, through involvement with key committees and consultations.

The chapter authors extensively describe the context for the work disability systems within their countries. Covering the historical development of work disability policy in each jurisdiction provides readers with a view of national conditions and changes over time that led to current work disability policies. Against this background, the authors describe the design and implementation of present-day work disability policy, including incentives and inducements for different stakeholders. They also address social and demographic challenges in their jurisdictions. Finally, they provide recommendations for the future direction of work disability policy. The multi-disciplinary nature of this book is reflected in the chapters. Depending on the expertise of the authors and their own academic and professional roles in work disability systems, the chapters vary in their tone and focus—from sociopolitical, to epidemiologic, to legal analyses.

Chapter 2 provides a framework for work disability policy. In this chapter, Patrick Loisel relays his first-person account of the political realities of building the Sherbrooke Model for return to work, which he and his team developed to foster labor-force reintegration of workers with complex health situations. The principles of this model, which addresses work disability in multiple domains, are evident in its adoption by successful scientific interventions (Cullen et al., 2017). It is notable that Chapters 10 and 13 in this volume, focused on France and Belgium, describe efforts to implement the Sherbrooke Model internationally.

A key difference among work disability systems is whether income and rehabilitation support are provided for injured or ill people regardless of their illness or injury's cause or their income; or rather, this support is tied to proof of work relatedness (Or et al., 2010). The remaining chapters, excluding the final synthesis chapter, are organized by cause-based or

comprehensive social security system. In cause-based systems, coverage is occupational, and various groups in society are covered by different schemes. These systems often have separate workers' compensation systems, funded through employer levies. In comprehensive systems, such as those found in western Europe, the protection of social welfare regimes is universal, and the entire population is covered by one, largely tax-funded, regime (Bonoli, 1997; Lippel & Lotters, 2014).

Chapters 3 to 7 focus on cause-based systems. Chapters 3 to 5 address systems in the United States, Canada, and Australia, where social security policies exist at both national and provincial or state levels, forming a complex terrain. In Chapter 3, Allard Dembe explains how, despite many work disability policies in place in the United States that provide basic care, workers fall through the cracks in disjointed and sometimes adversarial systems. In Chapter 4, Katherine Lippel employs case studies to illustrate how disjointed work disability policies have led to uneven support provided by Canadian programs to claimants with different health situations. In Chapter 5, Genevieve Grant's analysis of the Australian work disability system focuses on complexity, reform, and reversal. She describes developments leading up to the 2016 National Disability Scheme and anticipates implementation challenges.

Chapters 6 and 7 describe cause-based systems in different contexts. In Chapter 6, the evolution of New Zealand's unique accident insurance is described by Grant Duncan, who considers the positive impacts of this reform as well as challenges of a dual system that provides different support for those who are work disabled for reasons other than accidents. In Chapter 7, work disability in China, now covered by a workers' compensation system requiring proof from workers and cooperation from employers, is described by Desai Shan. This chapter details the shift from communist-era full social security conditions to an economy with greater flexibility and accompanying new risks for population health and employment integration.

Chapters 8 to 15 focus on comprehensive systems across eight countries in Europe. Beginning with Scandinavia, in Chapter 8 Christian Ståhl and Ida Seing provide an analysis of policy changes in Sweden, as governments have worked to fine-tune labor-activation approaches with varying degrees of success. The authors draw attention to the shifting meaning of activation and to types of evidence used, and not used, by governments as they develop policy. Kari Pekka Martimo's review of Finnish work disability policy in Chapter 9 draws attention to policy integration. He describes how occupational health services in Finland are internationally unique, because they are integrated with primary healthcare services and are also a health and safety resource within workplaces. In Chapter 10, Jean Baptiste Fassier explains how in France there is no formal policy to improve employment reintegration for people who have had to leave their jobs because of illness or impairment. He identifies the need to address

tensions associated with a lack of consensus among healthcare providers about medical job fitness, employer lobbying for fewer obligations, and government liberalization of legal constraints. In Chapter 11, Felix Welti describes the evolution of Bismarkian disability insurance in Germany, including reforms that have emphasized representation of disabled people at multiple levels, with workplace committees as emerging players in the political field. In Chapter 12, Switzerland's work disability policy is described by Thomas Geisen, who details policy developments that are now shifting to include not only employee needs but also ways to support workplaces in accommodating work-related health and disability issues. In Chapter 13, Philippe Mairiaux explains the development of Belgium's work disability policy in the context of a move from a passive to an active role for the state. Mairiaux interestingly situates Belgian policy changes in the context of political negotiations and personalities.

The Netherlands stands out, in Chapter 14, as a country with policies that impose strong responsibility on employers, who must pay the salaries of impaired or ill employees for two years. Angelique DeRijk describes how this policy developed incrementally, starting with identification of the "Dutch disease" and slowly integrating employers as the focus for solutions. Chapter 15 focuses on the United Kingdom, home of the well publicized Fit Note. Ben Barr and Philip McHale take a critical perspective on social security reforms geared to work ability. They remind researchers and policy makers of the complexity of implementation environments and how blunt reform measures, geared to encourage work ability, can have the perverse effect of increasing poverty.

Finally, in Chapter 16, Ellen MacEachen and Kerstin Ekberg synthesize the work disability policies described in this book. They consider policies that span both comprehensive and cause-based social security systems and reflect on activation strategies in relation to changing roles of the state, employers, healthcare providers, and workers. Their synthesis considers value assumptions embedded in work-activation policies as well as future directions for research and policy development.

Conclusion

Across jurisdictions, work disability policies increasingly focus on supporting individuals to participate in the labor force as a component of being active, engaged, and financially contributing members of society. The key issue is how to accomplish this active labor-market engagement in a way that is healthy for individuals as well as socially and economically inclusive. It is important to view work disability policy in the context of broad changes that have occurred in welfare states over recent decades, changes that have emphasized constraining public finances and labor-force activation. These fiscal and social influences come into play in different ways across different

terrains, as social contracts and political conditions for work integration differ from country to country. By moving beyond scientific evidence about the health effects of work activation to the politics of how work disability systems have developed and evolved in different jurisdictions, we gain a deeper understanding of the logic and implementation of work disability policy. This book contains rich description of the development and evolution of work disability policy across 13 countries and provides a foundation for considering future developments in work disability policy.

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