

Call to Action: #MakeWorkWork

ACCESS TO EMPLOYMENT FOR THOSE AFFECTED BY
NEUROLOGICAL DISORDERS AND CHRONIC PAIN CONDITIONS

Think this is unfair?
You can help us remove
the barriers to work.



Member of the
European Parliament
**INTEREST GROUP ON
BRAIN, MIND AND PAIN**



Background briefing for MEPs on the Call to Action: #MakeWorkWork

ACCESS TO EMPLOYMENT FOR THOSE AFFECTED BY NEUROLOGICAL DISORDERS AND CHRONIC PAIN CONDITIONS

Brain disorders and chronic pain conditions are two of the leading causes of long-term sick leave¹; growing in impact as Europe's workforce ages.

- » Brain disorders cost around €800 billion annually, 6% of GDP.
- » Chronic pain adds an additional 3%.
- » Much of the costs arise from restricted employment amongst those affected and their caregivers.

Best-practices to retain and reintegrate people with chronic conditions are widespread. The Commission and Member States are called upon to work, with their social partners, to clarify patients' rights, highlight successful workplace adjustments and reintegration actions – e.g. flexible working hours – and to promote subsidies for such actions through the European Social Fund;

- » An accessible workplace and assistive technology can allow a person with a chronic disease to perform their job without difficulty. Making minor modifications adjustments alterations to a workplace can benefit an employee and employer.
- » Not all workplace adjustments are costly. Flexible working hours, a resting area, workstation redesign or other adjustments can actually be cost effective by retaining and integrating valued staff.

EXAMPLE 1: The German car manufacturers BMW employed a research team to collect information from a group of employees on all the aches and pains they experienced on the job, as well as suggestions on how conditions might be improved to reduce or eliminate these. None of the innovations were huge: they included items such as softer flooring, adjustable worktables, easy exercises and lighter work shoes. The health implications were, however, dramatic. Absenteeism due to sick leave dropped from 7% to 2%. The company also benefited financially. Although the speed of the line was reduced by one-third, productivity increased by 7% and had an almost zero error rate. BMW is rolling out the changes—and researching new ones—across all its Bavarian plants.

In some EU countries there are a number of support schemes available to employers if a member of staff acquires a chronic illness or disability or if a new staff member is hired who has a chronic illness or disability.

EXAMPLE 2: The Workplace/Equipment Adaptation Scheme in Ireland allows an employer to get a grant towards the costs of adapting the workplace or buying equipment.

- The Employee Retention Grant Scheme can help to retain an employee who has acquired an illness, condition or impairment that affects their ability to carry out their job.
- The Disability Awareness Training Scheme is open to all companies in the private sector. Disability awareness training can help your staff provide the best service to customers or clients with disabilities and ensures that they also develop and maintain good working relationships with colleagues with disabilities.
- The Wage Subsidy Scheme provides financial incentives to employers, outside the public sector, to employ certain people with disabilities who work more than 20 hours per week.

The European Social Fund (ESF) can provide funding towards the costs of modifications or special equipment that will allow a person with a condition to take up an offer of employment or to remain in employment. These funds are often not used. The Commission must campaign to ensure Member States understand and implement employment policy – highlighting availability of EU Social Funds to retain, rehabilitate and reintegrate patients and caregivers.

We call upon DG SANTE, DG EMPL, DG REGIO and DG-ECFIN² to collaborate on developing, consolidating and consistently implementing EU legislation which will ensure equal access to employment for those affected by neurological disorders and chronic pain conditions.

Living with a neurological disorder or chronic pain condition does not just impact on a person's overall health status. It also affects their social and economic standing – in terms of their ability to participate in employment, and wider society.

To maximise productivity and to minimise the economic and social impact on patients and families – but also to national economies and societies at large – European social legislation must be consistently implemented and access to rapid diagnosis and treatment must be available to all patients.

It is important that departmental silos do not prevent development of policies and interventions that require investment or behaviour change in one DG, but result in 'benefit' to another.

Integrating people with these chronic conditions in employment is socio-economically beneficial. The Commission is called upon to use the EU Semester's country-specific recommendations to encourage Member States to implement cost-effective retention, reintegration and rehabilitation actions.

There is considerable variation in the effect of these chronic conditions on employment in different Member States. There are many examples of good practice which could be applied EU-wide. For example, Finland offers all employees with long-term illnesses an opportunity to work part-time.

The Commission and Council are called upon to encourage Member States to acknowledge that accurate early diagnosis and appropriate treatment and management are necessary to enable employees affected by these chronic conditions to avail of equitable employment opportunities.

A major driver of a person's ability to remain employed is access to diagnosis and then to treatment that adequately controls their symptoms. Big health inequalities persist in the EU, and the existence of neurology resources and infrastructure (e.g. qualified neurologists, neurological intensive care units and specialist stroke units) differs considerably between Member States. This must be further assessed.

Many patients with neurological and chronic pain conditions cannot access effective treatment. Access to modern Multiple Sclerosis treatment ranges from 13% in Poland and 21% in the UK to 69% in Germany. Across Europe, two thirds of people with brain disorders receive no treatment and 40% of people with chronic pain report that it is not adequately controlled. Uncontrolled symptoms worsen the impact of these disorders: up to 70% of people with epilepsy could lead normal lives if properly treated, but for a majority this is not the case.

Improving access to existing services/treatments to meet a set EU-standard, and facilitating the development of innovative medicines to better manage these conditions, is an important part of supporting employment and economic productivity amongst these European patients and caregivers.

1. Out of Office: A review of Workplace Absenteeism in Europe. Economist Intelligence Unit, London, UK; 2014

2. The European Commission departments Health, Employment, Regional Affairs & Budget

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ON ACCESS TO EMPLOYMENT FOR THOSE AFFECTED BY NEUROLOGICAL DISORDERS AND CHRONIC PAIN CONDITIONS

1. Brain disorders and chronic pain conditions are two of the leading causes of long-term sick leave, and are growing in their impact as Europe's workforce ages.
2. Best practices for the retention and reintegration of people with chronic conditions are widespread.
3. Integrating people with chronic conditions such as these into employment is socio economically beneficial.
4. The Commission is called upon to use the EU Semester's country-specific recommendations to encourage Member States to implement cost-effective retention, reintegration and rehabilitation actions.
5. The Commission (DG SANTE, DG EMPL, DG REGIO and DG ECFIN) is called upon to collaborate on consolidating and consistently implementing EU legislation that will ensure equal access to employment for those affected by neurological disorders and chronic pain conditions.
6. The Commission is called upon, in close cooperation with the Member States, to work, together with their social partners, to clarify patients' rights, highlight successful workplace adjustments and reintegration actions – e.g. flexible working hours – and promote the use of the European Social Fund for such actions.
7. The Commission and Council are called upon to encourage the Member States to acknowledge that accurate early diagnosis and appropriate treatment and management are necessary to enable employees affected by these chronic conditions to enjoy equitable employment opportunities.

Please show your support!

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