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Session 3: Increasing access to employment through an active social security policy: What are the social partners doing to help prevent people from leaving the labour market because of health reasons?

The statistics for long-term sickness and disability are alarming. According to figures provided by the OECD 6% of the working-age population receive a disability benefit and in some countries it is even more than 10%. Spending on sickness and disability is as high as 2% of GDP on average and over 4% in some countries. These are figures from 2008, even before the financial crisis.

Another introductory remark: although we are currently still in an economic downturn with increasing unemployment, we should also look at the future and the consequences of demographic developments in Europe. By 2040 the labour force will have declined in most member states and the share of retired people will have increased. As a result, Europe will change from a society with four working-age people for each person over 65 towards a ratio of 2 to 1 in 2040. This will have implications for the financial sustainability of social security systems, that thus need reforms, as well as for the labour markets that are expected to face serious shortages and thus need everybody who can work, also those people that are partly disabled; or in other words: we need inclusive labour markets.

In order to drastically reduce the number of partly disabled people who are excluded from the labour market, action is needed by several parties involved, including the social partners.

Before I focus on the role of employers and workers, I want to underline some conclusions the OECD wrote in the publication 'Modernising Sickness and Disability Policy'. These are of utmost importance when reforming social security schemes for people who are partly disabled.

1. Starting-point should be that we do not accept a disability benefit culture and that we primarily look at the capacity of individuals to contribute instead of labelling a person as disabled.
2. Benefit systems should be transformed from pure income replacement to a labour market-oriented support instrument. In other words: we need adequate safety nets that should also be a springboard to employment.



3. There should be incentives for all actors (individual workers, employers, authorities and services) to keep people in work or to reintegrate them.
4. Focus should be on prevention and good sickness management to avoid more severe health problems and dependency on benefits. Against that background, it is important to monitor sick leave and encourage a rapid return to work. Easily available and effective medical services are key in this respect.

Preventing people from leaving the labour market for health reasons is a shared responsibility of employers, workers, public authorities and other actors in this field, such as doctors and employment services. But as requested, I will now focus on the role of the social partners.

Social partners are heavily involved in the development of health and safety policies and the implementation of these policies in companies. This is an important path for the prevention of work-related health problems. It should be said that many illnesses come from the behaviour of employees in their spare time, which is beyond the sphere of influence of employers. Nevertheless a growing amount of employers also try to reduce these health problems by influencing the lifestyle of their employees.

In order to contribute to the prevention of work-related health problems, the European social partners took the initiative to negotiate two important agreements. One on the prevention of work-related stress (2004) and the second on the prevention of harassment and violence at work (2007). These agreements are already up and running or in the process of being implemented by the social partners themselves in the member states. In these agreements emphasis is put on creating a healthy climate at the workplace and developing instruments to prevent stress, and harassment and violence at the workplace.

Lifelong learning is another important field of action that contributes to the prevention of sick leave and disability, in which the social partners are heavily involved. Development of new skills can contribute to the retention or reintegration of workers who become partly disabled. Skill development should be targeted at the remaining capacities of workers that are at risk of becoming disabled. A framework of actions for the lifelong development of competencies and qualifications was developed (in 2002) by the social partners at European level and implemented by their members at national level.

Last but not least, I would like to mention the negotiations that are currently taking place between the European social partners in order to conclude an action oriented framework agreement on inclusive labour markets. The idea is that we jointly identify obstacles to inclusive labour markets and solutions to remove them. It is not the intention to focus on specific groups, but it will provide a general framework to enhance labour market inclusion. We hope and expect that the negotiations will be successfully concluded this year.

I hope I have convinced you that the European and national social partners seriously try to prevent workers to become ill as a consequence of working conditions and to (re)integrate the partly disabled as much as possible.