

MODERNISING SICKNESS AND DISABILITY POLICY

**OECD THEMATIC REVIEW ON SICKNESS, DISABILITY AND WORK
ISSUES PAPER AND PROGRESS REPORT**

APRIL 2008

(www.oecd.org/els/disability)

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NOTE BY THE SECRETARIAT

1. The ongoing thematic review on sickness and disability policies suggests that each country has interesting elements of policy to offer which other countries can learn from. It also suggests continued convergence of policy objectives – from passive support to active employment and inclusion orientation – and, increasingly, convergence in tools and instruments used to achieve them.

2. Disability benefit systems, however, remain too often “the weakest link” in social and employment policy. Reforms have been partial to date: promoting stronger employment focus, but without committing the resources necessary to make this work; and encouraging employers to play a greater role, but not giving them the tools and incentives to do so. Thus, barriers to employment of people with temporary or permanent health problems remain prevalent.

3. A lot more needs to be done in order to reduce the flow of workers onto long-term sickness and disability benefits and to bring beneficiaries back to the labour market, thereby raising the employment prospects of people with health problems. Policies need to address three major issues:

- Rehabilitation and employment supports are often poorly administered. In many countries, the multiplicity of actors makes it difficult to ensure that the right services are provided to the right people at the right time. Investment in this field is rising, but not enough, because of insufficient incentives for those organising and providing the services and poor coordination, both across actors and with the benefit process.
- Benefit systems are still very passive in nature. These systems predominantly support people in being out of work, but not in work, and work disincentives remain large. Unlike unemployment beneficiaries, disability beneficiaries are regarded as essentially inactive, irrespective of their remaining work capacity.
- Employers are key players. Too often they are outside the policy process, being viewed as part of the problem, not part of the solution. In particular, sickness absence is a period during which little is done. More emphasis needs to be put on identifying health problems early, making work more health-friendly, and making supports more employer-friendly.

4. These three issues will loom large in the synthesis report, which will conclude the thematic review. They will also feature prominently in the policy discussion at the high-level meeting in Stockholm on 14-15 May 2009.

5. Delegates are invited to

- **COMMENT** on the proposed grouping of the main sickness and disability policy challenges in the OECD area, and on the relevance of the emerging issues;
- **NOTE** the deadline for the data and policy information requested in preparation of the synthesis report, and the date of the high-level policy forum in 2009; and
- **NOMINATE** a contact person for the data and policy information request (the name of this person should be communicated shortly after the meeting).

MODERNISING SICKNESS AND DISABILITY POLICY

1. Introduction

6. The purpose of this paper is twofold. First, it documents the main policy issues emerging from the in-depth review of sickness and disability policies in Australia, Denmark, Finland, Ireland, Luxembourg, the Netherlands, Norway, Poland, Spain, Switzerland and the United Kingdom. These issues will form the basis for discussion at a high-level policy forum in Stockholm in 2009 and for the synthesis report, which will summarise the lessons learned from the review. Secondly, this document contains a request for additional data and policy information, especially but not only for those countries that have not participated in the thematic review. This information will serve to inform the synthesis report, which aims to cover the whole OECD area.

7. Too many workers leave the labour market permanently due to health problems, and yet too many people with health-related work-capacity reductions are denied the opportunity to work. This is one of today's largest social and labour market challenge in OECD countries.

8. The reasons for this phenomenon are no mystery. Work seems to be more challenging than before, making it more and more difficult for certain groups of the population, especially those with low skills and qualifications, to compete and succeed. At the same time, the social protection system is getting stricter: participation and job-search requirements for both the long-term unemployed and long-term inactives on social assistance payments have been tightened in most OECD countries (which has led to record-low rates of long-term unemployment in many cases), and early retirement options are being abolished or gradually phased out.

9. The consequence in many OECD countries has been an increase in the number of people on long-term sickness and disability benefits – either as a benefit of last resort (increasingly including a lot of young people, many of whom have never worked) or an early retirement pathway, or both. At the same time, and related to this, employment rates of people with self-assessed health problems are stuck at a low level in most countries and have fallen further relative to those of people without health conditions.

10. The thematic review on *Sickness, Disability and Work*, carried out between 2005 and 2009, examines policies in selected Member countries aimed to address these challenges. It provides a better understanding of the roles of institutions and policies in contributing to labour market withdrawal, or non-entrance, of persons with health problems and identifies areas for policy improvement. In brief, the main concern of the review is people with health conditions who could work and often want to work, but do not. Helping those people to work is potentially a “win-win” policy: avoiding their exclusion and improving their incomes, while increasing overall labour supply and economic output in the long term.

2. The main emerging policy issues

11. The review identifies a large number of policy issues which need to be given more attention. Most of these issues are complex, and many of them quite controversial. In several countries, policy is in the process of change with regard to some of these issues, so that interesting lessons can be drawn from those changes. However, most countries so far shy away from more comprehensive change in the areas listed below, which partly explains slow or nonexistent improvements in outcomes.

i) *Getting the right services to the right people at the right time*

12. Despite a shift in policy orientation towards activation and labour market integration, which in general has led to the introduction of new programmes and procedures, the number of people with health problems benefitting from rehabilitation and employment supports is rather low. This is disappointing in view of the need to improve the employability of these people, who often lack the necessary labour market qualifications and recent work experience. There are various reasons for the low take-up of services, some of which are directly related to the way services are provided.

13. Countries are investing more into rehabilitation and employment measures than they used to, but, despite pro-work rhetoric, they are generally not investing enough. In comparison with passive public spending for people with health problems, active spending is still marginal in the majority of OECD countries. Employment supports for people with health problems or disability are in most countries poorly administered, often hard to access and typically offered too late. As a consequence, not all groups that could be helped are being helped. Moreover, rehabilitation and employment supports are often badly integrated into the overall system. They are not sufficiently coordinated with the benefit and the work-capacity assessment processes.

14. This half-hearted reintegration approach is particularly problematic in view of the recent changes in the composition of the target population. Most countries are facing a sharp increase in the share and number of people with *mental illness*, often young people, for whom the available array of services is often inappropriate. The following issues will have to be addressed in order to improve the provision of services and to ensure better outcomes from a more employment-oriented approach towards sickness and disability:

- *Financial incentives for public institutions* – be it benefit authorities or employment services – are in most countries inadequate to motivate a real change in approach and outcomes. Granting a disability benefit is often the easiest though not the best solution. How can economic incentives for those actors be improved to ensure a more effective use of resources? Can the logic of the Danish social system – whereby municipalities, which are responsible for both employment supports and benefit grants, receive higher reimbursement from the state for active intervention, therefore having a strong interest in avoiding passive payments – be transferred to national social insurance and benefit authorities, as well as public employment services?
- Some countries have chosen to bring private (for-profit and not-for-profit) job brokers and service providers into the market via appropriate remuneration systems. Has *outcome-based funding* of private employment and rehabilitation services improved employment outcomes in these countries? Can elements of outcome-based funding also be introduced for public employment services? What are the obstacles for developing outcome-based funding further, by rewarding sustainable employment and career development of former clients?
- People are in many countries facing a *complex and fragmented system of supports*. This may imply that outcomes will depend on the pathway into the system either chosen by the person (where alternative possibilities are available) or imposed on the person (*e.g.* where different authorities are responsible for different groups of people with health problems, depending on whether or not they are still employed, unemployed, or inactive). What are the obstacles in establishing a one-stop-shop approach, in which all people who experience difficulties on the labour market would enter the system through the same gate and be led through the same process? What hinders countries from implementing an approach, which for all clients includes a systematic profiling, a comprehensive assessment of their remaining work capacities and, if needed, a referral to the most appropriate service?

ii) *Turning disability benefits into re-employment payments*

15. While policy rhetoric and policy objectives have moved towards a stronger employment orientation, benefit systems remain very passive in nature in most instances. Disability benefits are still seen as lifetime pensions, even for young people with health problems, and as such appear as a more attractive working-age benefit to many people with significantly-reduced chances to stay in, or find, a job. There is generally little interest in providing sufficient financial incentives for beneficiaries to make an effort to return to the labour market. In many countries, possibilities to combine earnings with benefit payments are limited and, in others, impossible. In some countries, the potential loss of secondary benefits coming along with disability benefit entitlement (*e.g.* entitlement to free medical care) poses considerable barriers towards reemployment.

16. Although disability benefits like unemployment benefits target working-age people without a job but who are, in many cases, able to work, if only partially, the operation of the disability benefit scheme differs drastically from that of the unemployment benefit scheme. The latter is in most cases operated more rigidly: benefit payments will only be continued if the beneficiary cooperates with the responsible authority and engages in job-search activities, and every effort is being made to activate a beneficiary. In most countries, this is not the case for a person on disability benefit, who tends to be viewed as inactive, irrespective of the remaining work capacity. Only in a few countries are sick and disabled people with partially-reduced work capacity increasingly treated as if they were similar to the unemployed and expected to respect similar job-search requirements.

17. In short, therefore, disability benefit schemes predominantly support people in being out of work or inactive, not when they are in work. Work disincentives remain large. The following areas are critical in transforming passive disability benefits into re-employment payments:

- In view of the blurring boundaries between (long-term) unemployment and (partial) disability, any possibility of a sharp distinction between disability benefits and unemployment benefits seems to have become elusive. Would a *single working-age benefit* simplify matters? What would be the pros and cons of such a move? Under which systemic conditions could a single working-age benefit contribute to an improvement in work incentives and, thus, employment outcomes? Should countries where disability benefits are integrated into the pension scheme de-link disability benefits from old-age pensions?
- Leaving aside the issue of a single working-age benefit, the disability benefit system itself is not structured in a very effective way in most countries. Entitlements still tend to be permanent for most people, with little interest in reassessments of their health status and/or work capacity. Entitlements tend to be earnings-related or flat-rate payments, with little relation to the actual costs arising from a health problem or disability. Entitlements tend to be designed for people without earnings, with little focus on in-work support and limited possibilities to return to benefits when trying to work was unsuccessful. An alternative approach would move towards *temporary entitlements* in most cases, give more focus to *cost-of-disability components* irrespective of the work status, offer more flexible in-work payments, and provide more generous options for putting benefit entitlements on hold while trying work;
- One key element distinguishing disability and unemployment benefit systems is the training, participation and job-search requirements applied under the latter. With improved services and more commitment of the society to help people stay in, or return to, employment, it would seem fair to expect more from disability beneficiaries as well. Why are countries shying away from introducing cooperation and *participation requirements*, instead of voluntary service participation, to make the most of remaining work capacities? Such requirements could take

various forms, ranging from mandatory interviews to mandatory vocational rehabilitation before granting a disability benefit and, ultimately, a requirement to accept suitable work;

- If participation requirements are an important element of an improved strategy, a critical question is whether they should only be introduced for new or also for current beneficiaries. The Netherlands is the only country which recently has reassessed entitlements of large parts of the stock of beneficiaries (basically all people under age 50), and quite successfully – many of them have moved into work after that reassessment. Why are countries confining the new work orientation to new entrants to the system? What gains in labour supply could be made by applying a work-oriented approach to current beneficiaries?

iii) *Managing sickness absence and making work more health-friendly*

18. Removing the weaknesses of benefit and employment support schemes is a necessary but not sufficient step. Equally important are prevention policies to make work more health-friendly or at least ensure that work performance is not unnecessarily affected by health problems. To identify health problems *early* so to be able to react early, where necessary, is critical. This can only be achieved by involving employers and the workplace, which in turn implies that supports ought to be more employer-friendly. Today, too often the disability benefit scheme is being used as camouflage behind which employers can adjust the workforce. Not only employers, but also administrations and doctors, seem to lack knowledge and incentives to avoid the flow from work into sickness and onto disability benefits.

19. There is inconclusive evidence on whether or not work has become more demanding, but surveys show that, through the move towards a service society, more workers are working very long hours and more frequently outside “normal” hours; more jobs are involving high work intensity and complex tasks; more work contracts are less secure; and more workers are reporting low work satisfaction – all of these indicators being correlated with more stress and, in turn, inferior health. At the same time, there is increasing evidence that work is in many ways good for a person’s health and that being unemployed or inactive has detrimental effects on health, especially mental health.

20. Making work more health-friendly and supports more employer-friendly requires reconsidering the role of employers and the public authorities, and to a certain extent also the role of doctors, in the early phases of ill-health. In order to improve sickness management and avoid that sickness absence is a bridge from work into disability, the following issues have to be addressed:

- Employers need to be encouraged to offer a healthy work environment and provide training or offer job adjustments to workers at risk of ill-health. Such employer behaviour can be stimulated through adequate *financial incentives*. What can realistically be expected from employers (*e.g.* in terms of their contributing to the development of a rehabilitation plan)? How much financial responsibility should be imposed on employers (*e.g.* in the form of longer sick-pay periods or experience-rated employer contributions to disability benefit schemes)? Is it possible to impose more financial responsibilities on employers without reduced hiring of people with ill-health or partially-reduced work capacity?
- Stronger responsibilities for employers need to be matched by *better supports* for employers to help them fulfil their obligations. Employers cannot be expected to find all solutions themselves, and they understandably shy away from cumbersome administrative procedures and contacts. How can employment services improve the involvement of, and information for, employers? Is the Norwegian approach – of having a personal contact officer for each employer in a local workplace centre (run by the newly-established Employment and Welfare Administration) – one

that other countries should adopt, and could afford? What potential do occupational health services have in supporting employers?

- Public authorities also have an important role in monitoring and managing sickness. They have to take the role of a *substitute employer* for all those people who do not or no longer have an employer, or for whom employer responsibility has been waived. How best to monitor the health status of the unemployed and those workers for whom the state carries responsibility? At what stage and in what way should the work capacity of a person be assessed? Is the Australian model – whereby unemployed people who are sick, *i.e.* temporarily unable to work, are automatically referred to a job capacity assessment – one that other countries should apply? What type of medical service is needed for the benefit authority to fulfil its role?

21. Employment rates of people with health problems or disability continue to be relatively low and numbers on long-term sickness and disability benefits continue to be high and are in some cases still increasing. The slow improvement in outcomes is partly an indication that the optimal policy setup has not been identified yet. However, the discrepancy in many countries between policy rhetoric and actual change suggests that partly the problem is one of political economy of reform.

22. Cutting entitlements for people who are already suffering from ill-health is not very popular, nor is forcing them to seek work or undergo training. However, the current cautious approach is not good enough for those people who tend to be excluded or at least segregated and who often have to live on much lower incomes. This approach is also very expensive and, thus, not good enough for the society at large as well. Therefore, it is unavoidable to address some of the more complex and more controversial policy challenges. Succeeding in implementing what is sometimes perceived as unpopular reforms will require a joint effort of government, social partners and civil society.

3. Information requirements for the synthesis report

23. After the three rounds of country reviews, a synthesis report will be prepared which summarises the key lessons learned. This report aims to cover *all* OECD countries. For the preparation of this report, the Secretariat will need to update the data and policy information collection, started in 2000 and continued with the review. This will be done through a data and policy questionnaire consisting of three parts, as described in the following and in the three annexes. The request differs depending on whether or not a country has participated in the ongoing *Sickness, Disability and Work* review and earlier work published in *Transforming Disability into Ability*. Through the latter exercise, comprehensive data and policy information for the period 1980-1999 were collected for 20 OECD countries. The following will be required:

- a) Part 1: Selected tabulations based on administrative programme statistics and national population surveys, covering the period 1990-2007. More details on this data request are found in Annex 1, which includes EXCEL templates for each single data request. These tabulations are needed for all 30 Member countries, but the eleven countries that have participated in the review are merely asked to update previously provided information.
- b) Part 2: Information on key reforms in sickness and disability policies which occurred since 2000 (including ongoing and planned reforms). More details on this request are found in Annex 2. This information is required for those countries that have participated in the earlier study but not the ongoing review (Austria, Belgium, Canada, France, Germany, Italy, Korea, Mexico, Portugal, Sweden, Turkey and the United States) as well as those that have neither participated in the earlier study nor the ongoing review (the Czech Republic, Greece, Hungary, Iceland, Japan, New

Zealand and the Slovak Republic). For the latter group, it would also be good to receive some information on key reforms during the 1990s.

- c) **Part 3:** The seven countries that have neither participated in the earlier study nor the ongoing review are asked to provide responses to a policy questionnaire. This would make it possible to classify their policy systems into a policy typology, which the Secretariat developed in its previous work on disability, and has been updating during the reviews. Details are found in Annex 3.

24. The deadline for providing this information to the Secretariat is 30th June 2008. Answers to the data request should be sent to Max Ladaique (Maxime.Ladaique@oecd.org) and Dana Blumin (Dana.Blumin@oecd.org), who should also be contacted for any questions regarding the data request (Max: +331.45.24.87.44 and Dana: +331.45.24.76.13). Answers to the other parts of the request and related questions should be directed to Christopher Prinz (Christopher.Prinz@oecd.org, +331.45.24.94.83).

4. The high-level policy forum in 2009

25. The draft synthesis report and the main policy issues emerging from the review will be discussed at a high-level policy forum in 2009. This meeting is going to be hosted by Sweden at the invitation of three ministers: the Minister for Social Security, the Minister for Employment and the Minister of Finance. It will be held in Stockholm on 14-15 May 2009.

26. The forum will consist of two one-day events. On the first day, representatives of public authorities, social partners, academics and civil society are invited to an open seminar. Participation will be by personal invitation to reflect a balance by country and type of organisation. The second day, or half-day, will take the form of a closed roundtable discussion between ministers and other high-level officials. More details on the forum will be provided at the autumn meeting of the committee.

27. In conclusion, the following table summarises the main deliverables of OECD's thematic review on *Sickness, Disability and Work* over the period 2006-2009.

<i>Past:</i>		
2006	21 June November	Seminar in Oslo to discuss the draft of Volume 1 Release of Volume 1 (Norway, Poland, Switzerland)
2007	23-24 April 28-29 June December	ELSAC meeting to discuss the progress of the review Seminar in Luxembourg to discuss the draft of Volume 2 Release of Volume 2 (Australia, Luxembourg, Spain, United Kingdom)
<i>Current:</i>		
2008	10-11 April	ELSAC meeting to discuss the progress of the review Data and policy questionnaire sent to all OECD countries
<i>Future:</i>		
2008	26-27 June 30 June Nov./Dec.	Seminar in Dublin to discuss the draft of Volume 3 Deadline for responses to the data and policy questionnaire Release of Volume 3 (Denmark, Finland, Ireland, Netherlands)
2009	14-15 May Autumn	High-level policy meeting in Stockholm to discuss the emerging policy issues and the draft synthesis report Release of the synthesis report

5. Further funding needs

28. For the work on the synthesis report, the Secretariat is still seeking additional voluntary contributions from interested countries, be it countries that have or have not participated in the review. So far, two countries (Sweden and Australia) have offered financial support for this work. At this stage, additional funds in the order of €100,000 would be needed.

ANNEX 1

QUESTIONNAIRE PART 1: DATA REQUEST

Data are sought for all OECD countries, but the eleven countries covered in the Sickness, Disability and Work review will only have to provide an update of the information already available.

29. Please see the separate paper DELSA/ELSA(2008)2/ANN which includes EXCEL templates for all tables we are seeking, with a description and definition of the variables required. It also includes guidelines for data provision.

30. Please note that after this committee meeting, delegates will also receive within a week and via email, the underlying EXCEL files. For the eleven reviewed countries we will prepare country-specific templates, which will include all the data which are available to us already. These countries will only have to update the data and fill the gaps, where possible. These country-specific templates will be sent to the delegates of those countries by the end of April.

ANNEX 2

QUESTIONNAIRE PART 2: INFORMATION ON REFORMS

Information on policy reforms is needed for Austria, Belgium, Canada, France, Germany, Italy, Korea, Mexico, Portugal, Sweden, Turkey and the United States for the period 2000-2008; and for the Czech Republic, Greece, Hungary, Iceland, Japan, New Zealand and the Slovak Republic for the period 1990-2008. Reviewed countries are invited to provide information on reforms which have been enacted since publication of the respective report, or which are under discussion at the moment.

31. Information on reforms should include changes in policy orientation; the main features of major new benefit schemes or rehabilitation and employment measures; information on abolished schemes; and relevant changes to existing benefits or programmes. Institutional changes would be of particular importance. Information should include ongoing as well as forthcoming reform. Information on anticipated reforms will guarantee a state-of-the-art review.

32. Information on reform should refer to the following programmes:

- a) Sickness benefit scheme;
- b) Disability benefit scheme (or schemes, if there is more than one scheme);
- c) Changes in other benefit programmes that could have affected the use of the sickness and disability benefit schemes;
- d) Vocational rehabilitation scheme;
- e) Employment measures for sick and disabled people;
- f) Changes in general active labour market policies that could have affected sick and disabled people;
- g) Relevant changes in the tax system.

33. Where appropriate, some information on the reform process, *i.e.* the political economy of reform, would also be appreciated. This could include answers to the following questions: What was driving reform? Was there a reform commission put in place? How and at what stage were the social partners, NGOs and other experts involved? How long did the entire reform process take? How did the eventual reform outcomes differ from the government's original plans?

ANNEX 3

QUESTIONNAIRE PART 3: INFORMATION ON POLICY FEATURES

Responses to these questions are sought for those seven countries that have not participated in any of OECD's earlier or ongoing work on sickness and disability policy: the Czech Republic, Greece, Hungary, Iceland, Japan, New Zealand and the Slovak Republic.

Labour market regulations

- Are there any particular laws protecting disabled people, such as anti-discrimination, equal opportunities or human rights legislation? Is there any specific reference in this legislation to the sphere of employment? How is disability defined in this legislation?
- Is there any legal mandate for employers to accommodate work conditions, job requirements or workplaces in case of a current employee's health problem or disability, *e.g.* to offer a different job, to reduce working hours, to modify the equipment used, or to make the workplace accessible?
- Is there any legal mandate for employers to accommodate work conditions or workplaces for new job applicants with a health problem or disability, *e.g.* to offer more flexible working hours or to make the workplace accessible?
- Is there an employment quota system in place imposing certain obligations on employers? What are the main characteristics of this regulation (*e.g.* level of quota, group of employers subject to the quota, multiple counting of severely disabled persons)?
- What sanctions are being posed for uncovered quotas (*e.g.* amount of the levy, exemptions from duty to pay)? For what purposes may the collected funds be used?
- What is the legal definition of disability used for the quota regulation? Is the same definition also used for other purposes (*e.g.* rehabilitation or disability benefit entitlement)?
- Are there any regulations concerning protection against dismissal after the onset of an illness or a long-term disability? If so, what conditions do sick or disabled people have to meet in order to be protected against dismissal?

Employment programmes

- Are there any provisions to subsidise the employment in the open labour market of workers with reduced work capacity, *e.g.* in the form of monthly subsidies to wage costs, one-time grants or bonuses, tax incentives for employers, or grants for new entrepreneurs? What is the level of these subsidies? For what duration can such subsidies be drawn;
- Who is entitled to employment subsidies? Is there a special definition of disability or reduced work capacity used? Who is responsible for assessing eligibility?
- Have supported employment programmes – *i.e.* personal assistance on the workplace – been established? How long can such on-the-job personal employment support be given?

- Who is entitled to such form of personal assistance at the workplace? Is there a special definition of disability used? Who is responsible for assessing eligibility?
- Are forms of sheltered employment available (*e.g.* sheltered workshops, special enclaves in normal workplaces)? Can a person be permanently employed in a sheltered environment?
- Who is entitled to sheltered employment? Is there a special definition of disability used? Who is responsible for assessing eligibility?
- What is the level of wage in sheltered workplaces, relative to the level of wage in comparable workplaces in the open labour market? What is the proportion of persons successfully making the transition into the open labour market?
- How are employment services organised (*e.g.* is there a specialised disability employment service or are services provided (also or only) by the regular employment service)? Can private organisations also be involved?
- How are employment services and job brokers funded? Are service providers, fully or partly, funded conditional on their success (outcome-based funding)?

Vocational rehabilitation and training

- Has a principle “rehabilitation before benefit” ever been adopted in your country (*i.e.* is vocational rehabilitation a compulsory scheme)? At what stage of the sickness/disability process is vocational rehabilitation offered (*e.g.* after short sickness spells (early intervention), only after long-term sickness, when the person is already on a disability benefit)?
- Who is eligible for vocational rehabilitation (*e.g.* insured workers only, all disabled people including those with congenital disability)? Is there a special definition of disability or reduced work capacity used? Who is responsible for assessing the eligibility for vocational rehabilitation? Who is responsible for setting up an individual vocational training programme?
- Can persons eligible for vocational rehabilitation only be trained for employment in jobs that are comparable or superior to one’s pre-disability job, or do they have to accept training for any possible occupation, including inferior ones? How long and often are eligible persons entitled to rehabilitative measures?
- How is vocational rehabilitation funded? Which public institutions are involved in organising vocational rehabilitation? Can private organisations also be involved? Are service providers, fully or partly, funded conditional on their success (outcome-based funding)?
- What is the main source of income of people on a vocational rehabilitation programme (*e.g.* rehabilitation cash benefit, sickness benefit or disability benefit)?
- Who is responsible for eligibility assessment and implementation of medical rehabilitation? How are medical and vocational rehabilitation programmes co-ordinated?

Sickness benefit scheme

- How is the sickness benefit level determined? Are benefits identical for short and long-term absences? Is the statutory benefit supplemented by collective bargaining agreements (if so, up to

which level and for which proportion of the labour force)? Are wage losses covered from the first day of sickness, or is there a waiting period?

- How long is the period, if any, during which sickness benefits are paid by the employer, without compensation or with only partial compensation from the sickness benefit system? Are there any differences in the length of this period *e.g.* between employment groups?
- Are partial sickness benefits available for persons who can do part-time work, for instance, during the recovery phase? How long is the duration during which sickness benefits can be paid? Is there a mandatory sickness period before a disability benefit can be claimed?
- Who is responsible for the assessment of the sickness status, if a sickness continues for more than two weeks (*e.g.* treating doctors or doctors employed by the benefit administration)? At what stage and how often would a doctor's certificate be required?
- Is there a structured system of follow-up reviews of sick-listed people, including for instance the assessment of rehabilitation needs and the preparation of a retention plan? If so, how is this follow-up structured and which authority is responsible for doing it? Are these procedures similar, or maybe identical, for sick workers and sick unemployed?

Disability benefit scheme

[If there is more than one type of disability benefit in your country, e.g. one insurance benefit and one non-contributory benefit, please report all details for each benefit separately]

- How is the disability benefit level determined? How are years until retirement age counted for younger applicants? Are there any supplements given for dependent family members? Is the statutory benefit supplemented by collective bargaining agreements (if so, up to which level and for which proportion of the labour force)? Are benefits (or parts of the benefit) income or means-tested? If so, which sources of household income are taken into account?
- Are partial benefits available, depending on the degree of disability or remaining work capacity? Are disability benefits granted temporarily (with regular reassessment of the benefit entitlement), or permanently (without further reassessments)?
- What definition of disability is used to determine benefit eligibility? What is the required minimum percentage of disability or reduced work capacity, if any? What is the required length of contribution payment, if any? What is the waiting period before a disability claim can be filed, if any?
- Who is responsible for assessing the medical eligibility of a disability benefit claim (*e.g.* treating doctor, doctor employed or contracted by the benefit administration)? Are vocational experts involved in assessing the disability status? Who is taking the ultimate benefit decisions (*e.g.* doctor, vocational expert, benefit administrator, team of experts)? How is uniformity in disability assessment (*i.e.* equal treatment of equal cases) secured? Is the decision process centrally controlled, or are assessments made at the regional or local level?
- Are all jobs, or only jobs considered suitable with respect to the education and work record, taken as basis for disability assessment? Are there different eligibility criteria for groups with different employment status (*e.g.* employees *vs.* self-employed) or for different occupational groups (*e.g.* public *vs.* private sector employees, blue-collar *vs.* white-collar workers)?

- Are actual labour market conditions taken into account when assessing disability? If so, does this apply for all or only for specific groups, for instance, older workers?
- How is the appeals process in case of benefit denial structured (*e.g.* first round internal review and/or appeals to an intermediate type of appellate body and/or appeals directly to a court of general or special jurisdiction)?
- How is the disability benefit scheme funded (*e.g.* by taxes, general contributions to the pension or social security system or earmarked contributions)? Are contribution rates risk or experience-rated – *i.e.* with higher contribution rates for sectors or companies with a higher disability risk for their workforce – or are they uniform?
- Can a full disability benefit be received in addition to income from work? Under what conditions (*e.g.* regarding the type of job or the amount of income allowed) is it possible to combine a full disability benefit with earnings from work? How are the corresponding regulations for a partial disability benefit, if any?
- Is it possible to temporarily suspend benefit receipt during trial work, with immediate resumption of benefit receipt (or at least benefit entitlement) if this was unsuccessful? If so, how long is this period? Are there any other incentives given to try work, such as, for instance, a continuation of benefit payment during a certain period?

Relation with other benefit schemes

- Is there a clear distinction between disabilities covered by the work injury or workers' compensation scheme, and those covered by the general disability benefit scheme? Can a work injury benefit be received in addition to a disability benefit?
- Is there a partial unemployment benefit which can be combined with a partial disability benefit (provided the latter exists)? If so, is such combination frequent in reality?
- Is an unemployed person who becomes sick transferred onto sickness benefit? If so, does the period of certified sickness extend the maximum period of unemployment benefit payment (or is the sickness period discounted against the unemployment period)?
- If an unemployed person who becomes sick is *not* transferred onto sickness benefit, what rules are there in terms of temporary job-search exemptions? Similarly, what rules are there for an unemployed person with a permanent health-related work limitation (who is not entitled to disability benefit)? Are there different benefit eligibility or job-search requirements for these people (*e.g.* only part-time jobs are considered "suitable")? Is specialised employment assistance available for these people?
- If a partial early retirement benefit is available, can this be combined with a partial disability benefit (again, provided the latter exists)? If so, is such combination frequent in reality?
- Is there any particular regulation that makes social assistance (or its equivalents) more generous for a disabled person than for other people, such as, for instance, a specific supplement or different requirements regarding job search?