

#WorkplaceIntegration

@SIP_PainPolicy

@EU_Social



SIP
Societal Impact of Pain

WELCOME!

What can be done to support a healthy and productive European workforce and society?

RECOMMENDATIONS ON SLIDES 39-41



The 'Societal Impact of Pain' (SIP) platform is a multi-stakeholder partnership led by the European Pain Federation EFiC and Pain Alliance Europe (PAE), which aims to raise awareness of pain and change pain policies. The scientific framework of the SIP platform is under the responsibility of EFiC and the strategic direction of the project is defined by both partners. The pharmaceutical companies Grünenthal GmbH and Pfizer are the main sponsors of the Societal Impact of Pain (SIP) platform.



Patrice Forget
Chair of the Societal Impact of Pain (SIP)



What can be done to support a healthy and productive European workforce and society?
28 October 2021

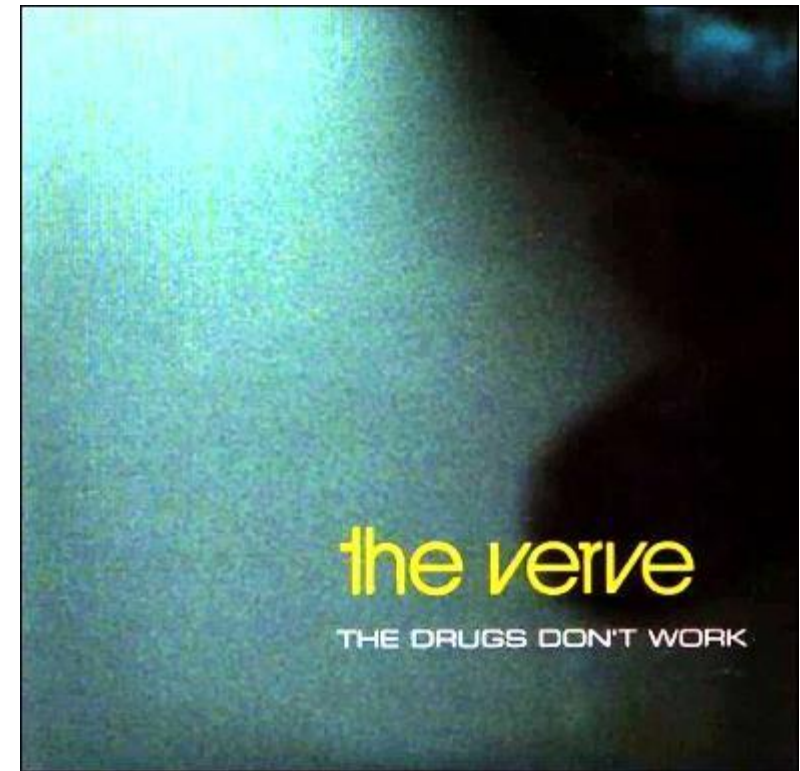
The impact of “good” work on health and wellbeing: mobilising the knowledge

Professor Kim Burton

Dr Serena Bartys

A problem to solve

- 150 million people are experiencing pain across Europe
- Most are of working age
- Many struggle with work ability
- Their work **disability** should be avoidable



The slide to disaster

social constructs + separated systems → increasing obstacles

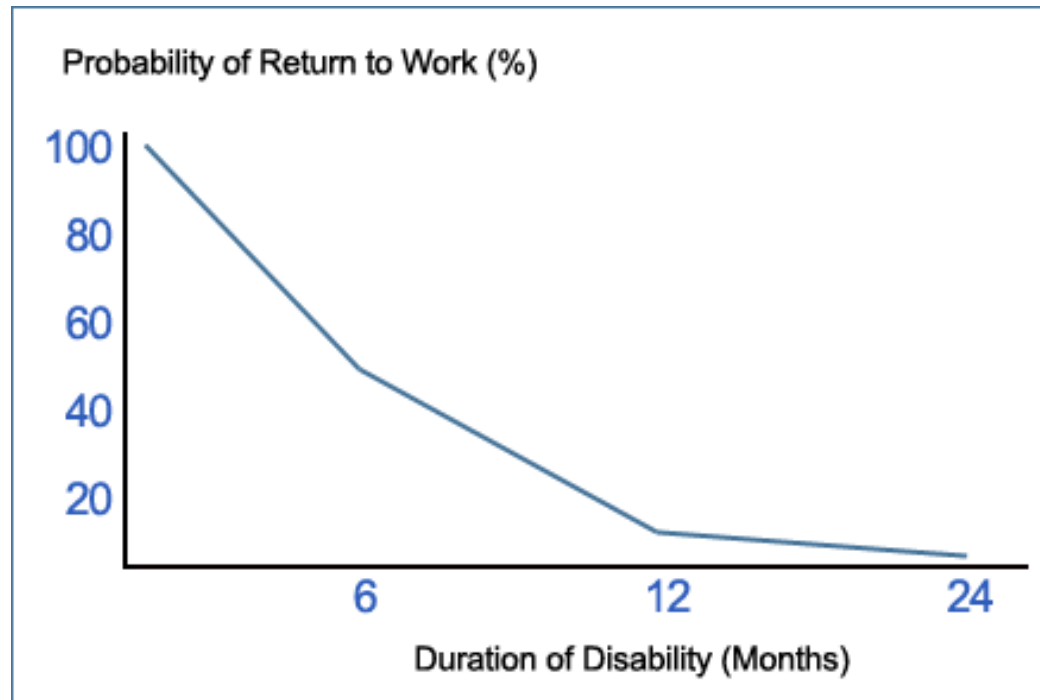
- Before pain
- At onset of pain
- Workplace not helpful
- On seeking healthcare
- If signed off work
- If no vocational rehab
- If work disability persists

Person
↓
Person
↓
Struggler
↓
Patient
↓
Beneficiary
↓
Workability lost
↓
Personal disaster



It happens quickly

The longer away from work, the more work ability declines - work **disability** becomes unavoidable



Why do people in pain struggle with work ability?

- It's not so much about the pain itself
- It's mostly because they come across obstacles to maintaining work ability
- Obstacles created by people, workplaces, and systems
 - it is a biopsychosocial issue
- It is about how the pain relates to work
- Not all pain is work-relevant – it depends on the job
- *Work should be comfortable when we are well and accommodating when we are in pain*

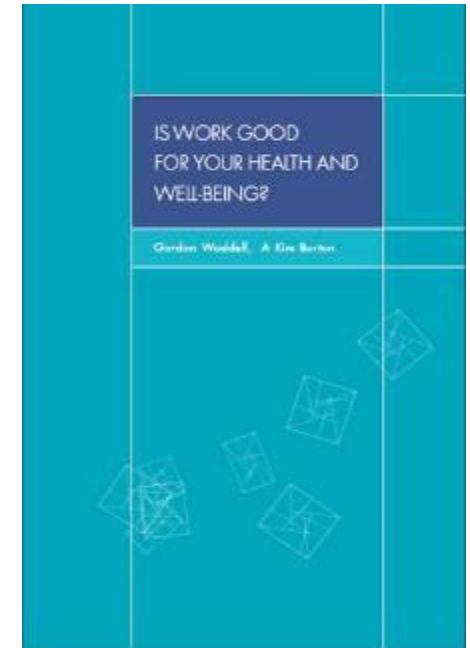
(adapted from Hadler, 1997)



Good jobs: good for people – good for pain

- OK, we know that work is good for health and wellbeing
- But, it's not that simple of course
- It's good work that is good – actually, it's good *jobs*

- Good jobs are about support, flexibility, appreciation, communication, comfortable....
 - *I love my job and I like working here*
- Good jobs reduce the work-relevance of pain
- Yet, people may still struggle
 - need workplace accommodation - vocational rehabilitation



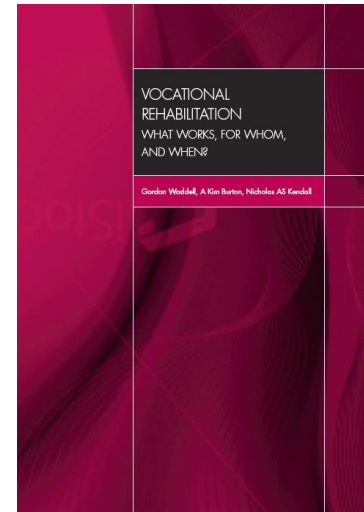
- VR is whatever helps someone with a health problem to stay at, return to, and remain in work
 - it's more an idea and approach than an intervention or service!

Work-focused healthcare

+

Accommodating workplace

- both necessary
- integrated approach



- VR effective in maintaining work ability for people with pain
 - if delivered sooner not later!

• Waddell, Burton, Kendall. *Vocational Rehabilitation – what works for whom and when?* 2008

Nothing keeps on happening

- Clearly, we have learned a lot of what to do
- So, why is it that nothing keeps on happening?
- Knowledge transfer and communication!
 - we've not translated the knowledge in the right way to the right people...
- Over to Serena

Actually, quite a lot has been happening!

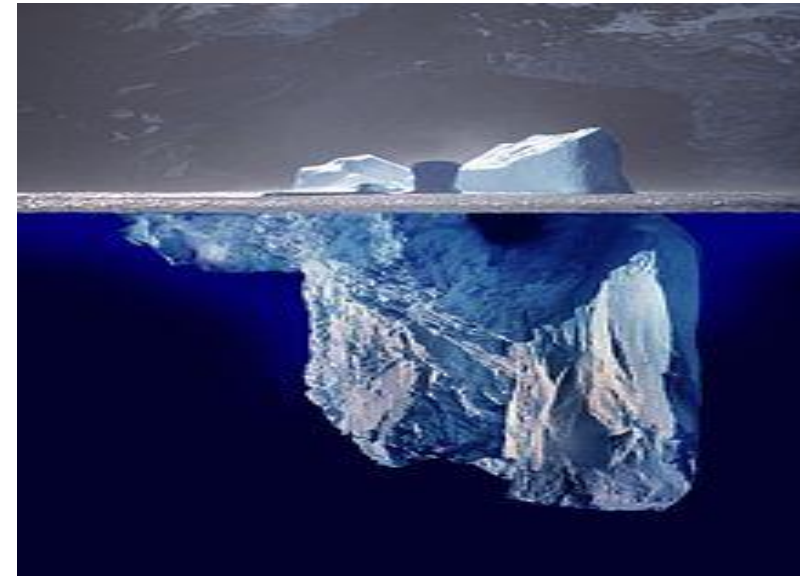
Since, 2008 – numerous policy initiatives informed by the evidence on what works to reduce work loss

Unfortunately, most were not effective

Why?



It's complicated!



‘whole-systems’ knowledge is required
the same research is not



Department
for Work &
Pensions



Department
of Health

Improving Lives

The Work, Health and Disability
Green Paper



Review

System influences on work disability due to low back pain: An international evidence synthesis

Serena Bartys^{a,*}, Pernille Frederiksen^b, Tom Bendix^c, Kim Burton^a

^a Centre for Applied Research in Health, University of Huddersfield, Queensgate, Huddersfield, West Yorkshire, HD1 3DH, UK

^b Metropolitan University College, Tagensvej 18, 2200, Copenhagen Ø, Denmark

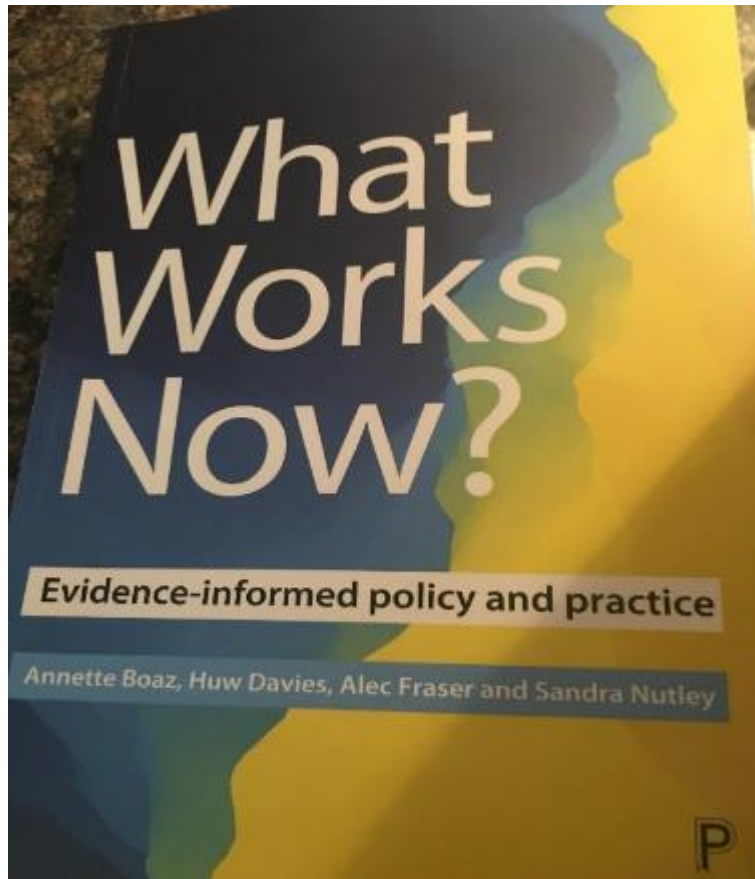
^c Faculty of Health and Medical Sciences, University of Copenhagen, Blegdamsvej 3, 2200 Copenhagen Ø, Denmark

*Lack of ‘whole-systems’ culture –
long-term objective requiring policy
change*

Implementation=integration



- Evidence-based policymaking remains an area of concern across many countries and services – it is enduringly difficult!
- Policy knowledge gaps around scientific evidence – how it is understood and used by policy and practice decision-makers
- Implementation is overlooked



- Consequences of this lack of implementation – limited empirical data with slow policy progress
- Evidence may be necessary, but it is usually insufficient on its own for major change/integration
- The ‘What Works’ agenda remains dominant but conflicts with how research is commissioned/produced
- Knowledge transfer → exchange

A new focus – knowledge translation

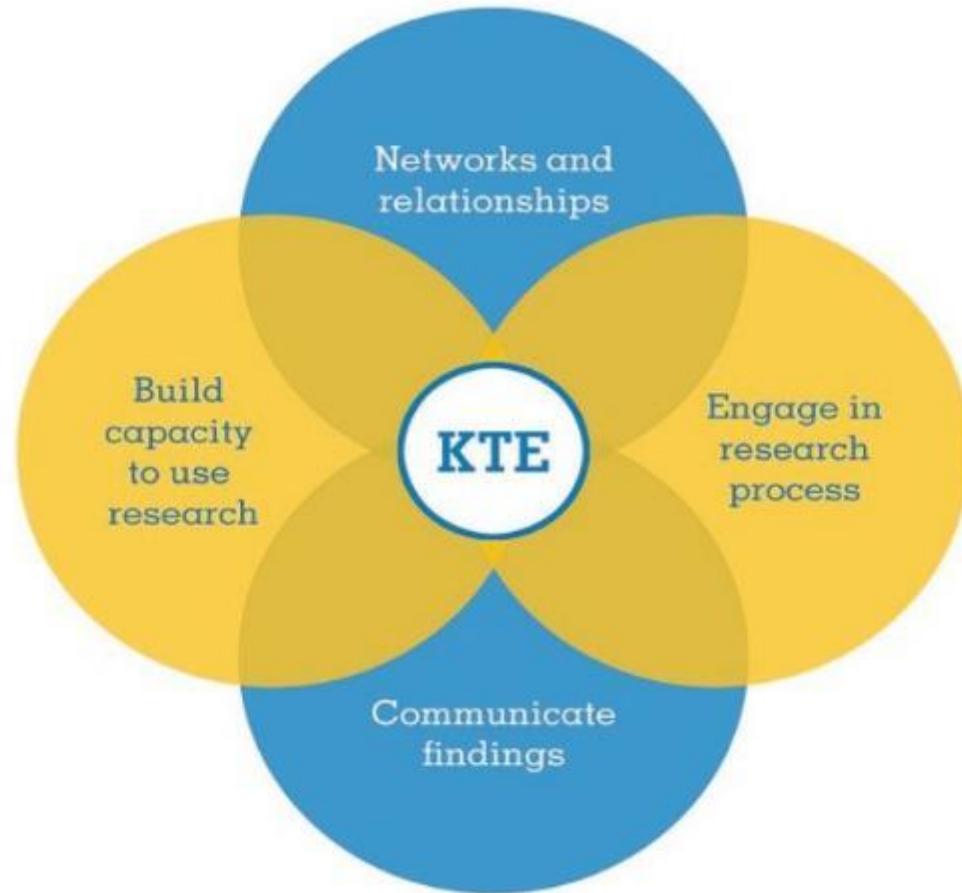


Co-production of
knowledge

Relationship- and skills-
building - important
factors in influencing the
use of evidence

‘Trusted allies’ –
knowledge brokers

IWH knowledge transfer and exchange (KTE) approach



- Helping someone to solve a problem – their problem
- Understanding a different worldview and objectives in order to connect, build a relationship and establish trust
- Opening a channel to communicate knowledge, change the culture
- Patience, empathy and respect

- We can't change THE culture, but we can change A culture – our little pocket of the world.
- The essence of policy/practice change is almost always cultural change, and the culture changes horizontally. Person to person.
- Are you speaking their language?
- Implementation science/knowledge mobilisation research is required

- A new two-year Knowledge Transfer Partnership (KTP) between the University of Huddersfield and one of the world's leading reinsurance companies – Swiss Re
- This could pave the way for the insurance industry to manage early-stage sickness absence and has been labelled by the UK Government as being a market innovation.
- Industry-funded research – addressing obstacles to integration

We work with
Innovate UK



Mobilise the knowledge = improve integration

GOOD WORK, GOOD HEALTH WORKING KNOWLEDGE IN WORK & HEALTH

[Home](#) [The Problem](#) [Optimal Solution](#) [Policy](#) [Key Publications](#) [Blog](#) [Contact](#)



"All key players need to be 'onside':
work-focused healthcare and health-supportive
workplaces must be coordinated at an early stage"

This knowledge exchange platform helps communicate our latest research to relevant audiences in order to address existing gaps in understanding of the issues, and implement evidence-based solutions. Our ultimate aim is to prevent avoidable disability for working-age people with common health problems.

*Empathic knowledge exchange,
advocacy, and alliances are called for.*

www.goodworkgoodhealth.com

Deirdre Ryan **President of Pain Alliance Europe (PAE)**

MEP Alex AGIUS SALIBA (S&D, Malta), Co-chair of the European Alliance Brain, Mind and Pain, Member of the European Parliament Intergroup on Disability

MEP Radka MAXOVA (S&D, Czechia), Substitute Member of the European Parliament ENVI Committee, Co-chair of the European Parliament Intergroup on Disability, Co-chair MEP Alliance for Mental Health

PERSPECTIVES FROM THE COMMISSION, STAKEHOLDERS, AND MEMBER STATES

Nina SIMENC, Counsellor for Employment, Social Affairs and Equal Opportunities, Permanent Representation of the Republic of Slovenia to the EU

Robin BALTES, Social Attaché, Permanent Representation of the Federal Republic of Germany to the European Union

Jesus ALVAREZ, European Commission, DG EMPL C2 Health and Safety at Work

Sarah COPSEY, Project Manager, European Agency for Safety and Health at Work (EU-OSHA)

Susanne KRAATZ, European Commission, DG EMPL D3 Disability and Inclusion

Luk ZELDERLOO, Secretary General, European Association of Service Providers for Persons with Disabilities (EASPD)

Laura MARCHETTI, Mental Health Europe (MHE-SME)

Michiel RENEMAN, Societal Impact of Pain Platform / PA!N, The Netherlands



VIRTUAL EVENT:

**WHAT CAN BE DONE TO SUPPORT A HEALTHY AND PRODUCTIVE
EUROPEAN WORKFORCE AND SOCIETY?**

CONTRIBUTION BY THE PRESIDENCY OF THE COUNCIL OF THE EU

Nina ŠIMENC

Counsellor for Employment, Social Affairs and Equal Opportunities,
Permanent Representation of the Republic of Slovenia to the EU

28 October 2021

What can be done to support a healthy and productive European workforce and society?

We have to ensure sustainable work to everybody of working age!

Sustainable work over the life course means that

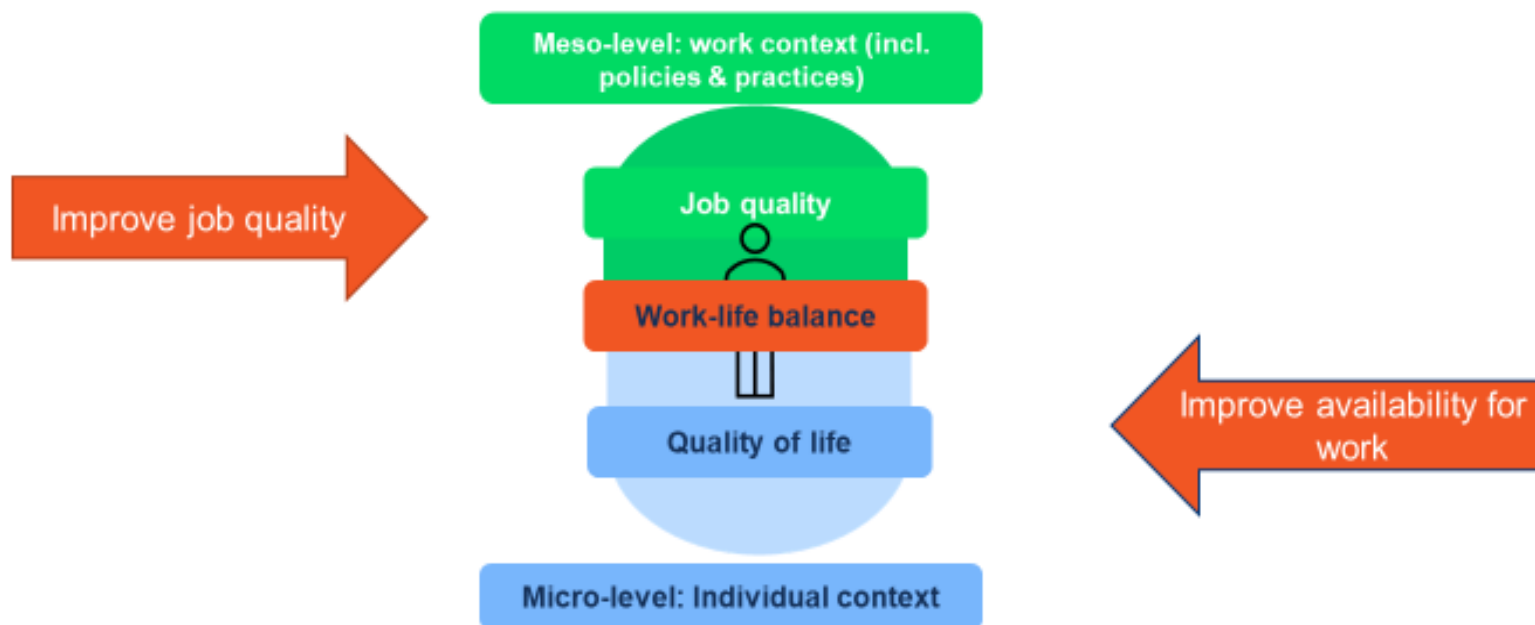
*working and living conditions are such that they support people in **engaging** and **remaining in work** throughout an extended working life.*

Eurofound (2015) Sustainable work over the life course – concept paper

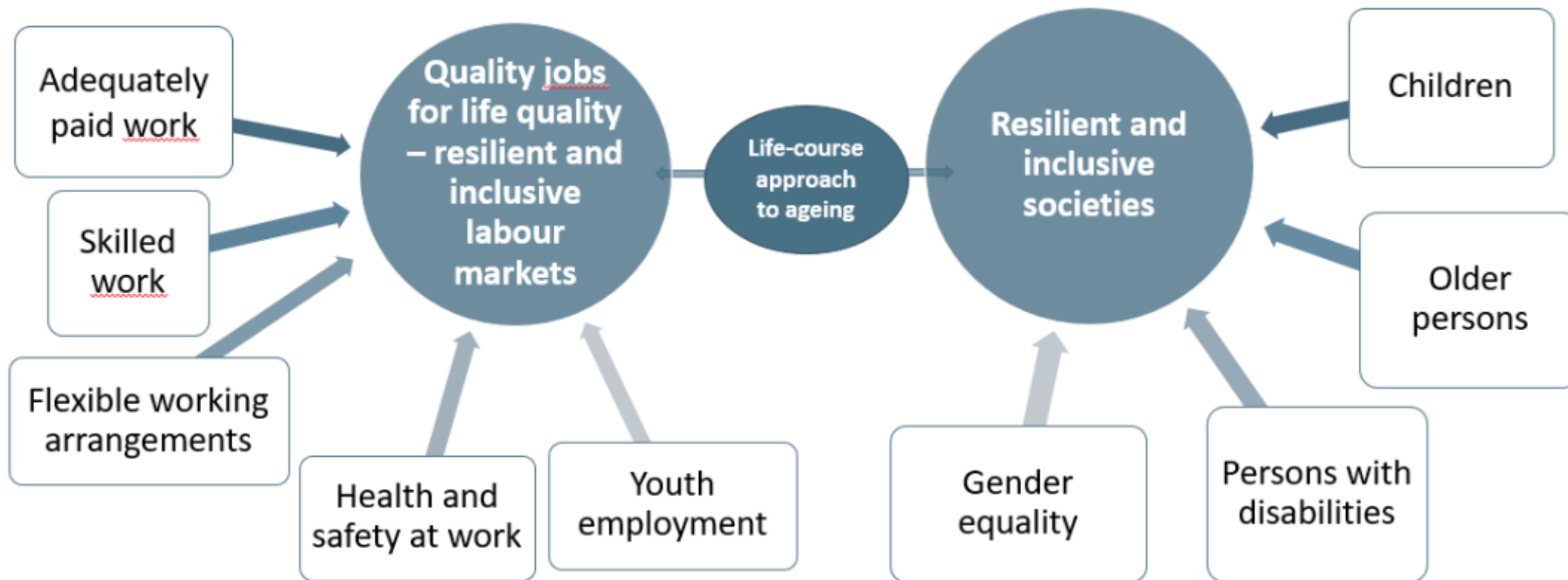


Eurofound's concept of sustainable work over the life course

Two levers: job quality and availability for work



On the road to the Council Conclusions on sustainable work over the life-course





THANK YOU.

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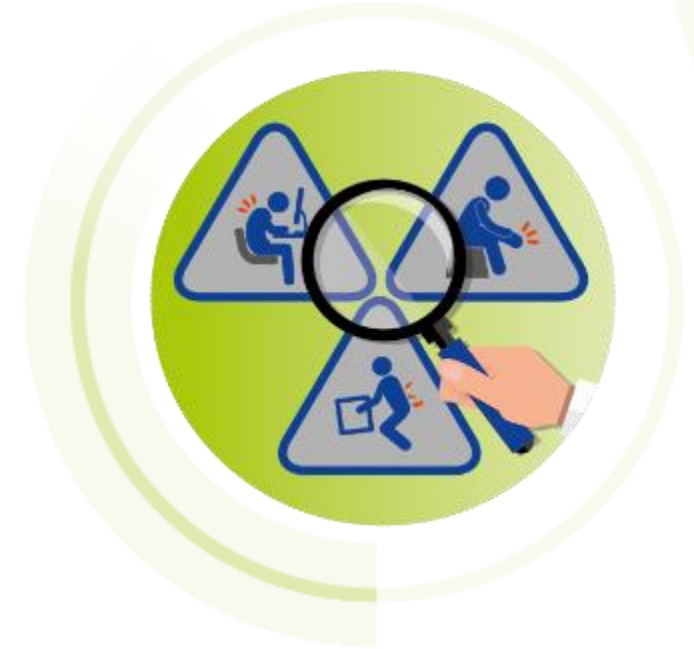
Working with chronic conditions – The role of occupational safety and health in and success factors

Sarah Copsey

SIP Workplace Integration and Adaptation virtual event: 28th October 2021

Working with pain - importance of health and safety

- Risk prevention - make work easier for all
- Promotion of musculoskeletal health
- Disabled access measures – ‘Workplace directive’
- Take account of any workers who are particularly ‘sensitive’
- Risk assessment to determine workplace accommodations
- Synergy with employment equality regulations
- Inclusive workplaces, adjustable workstations



Supporting individuals - Success factors from EU-OSHA research

- Early reporting and early intervention
- Understanding and open communication
- Gradual return
- Range of measures
- Access to advice and coordinated external support
- Individual measures often benefit all workers

PERSPECTIVES FROM THE COMMISSION, STAKEHOLDERS, AND MEMBER STATES

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Michiel RENEMAN, Societal Impact of Pain Platform / PA!N, The Netherlands

RESPONSES FROM THE AUDIENCE / Q&A



15h45-16h00: Responses from the audience / Q&A

PARALLEL BREAKOUT SESSIONS

1. Implementing the **European Pillar of Social Rights Action Plan** (Marisol PENALTA, SIP Spain)
2. Implementing the **EU Health and Safety Strategic Framework 2021-2027** (Sarah COPSEY, EU-OSHA)
3. Implementing the **EU Strategy for the Rights of Persons with Disabilities 2021-2030** (Luk ZELDERLOO, EASPD)

**Paul CAMERON, Chair of the Advocacy
Committee, EFIC**

Patrice FORGET, Chair of SIP

HIGH-LEVEL SUMMARY FROM BREAKOUT SESSION 1 – EU PILLAR OF SOCIAL RIGHTS ACTION PLAN

1. Disseminate the social pillar and its action plan: Improve the way this information is shared and disseminated to all stakeholders (social partners, HCPs, patients' organisations).
2. Ensure that this is implemented and followed at national level. Patient organisations can and should play an important role here.
3. Non-employees should not be overlooked here: Social protection, information, training for all who work, not only employees.

HIGH-LEVEL SUMMARY FROM BREAKOUT SESSION 2 – EU HEALTH AND SAFETY STRATEGIC FRAMEWORK

1. The Commission will promote a ‘Vision Zero’ approach to work-related deaths and injuries. Musculoskeletal disorders (MSD) affect millions of workers in the EU. Work-related MSDs can in the worst-case lead to disability and they are usually not linked to a single cause but to a combination of physical, psychosocial, organisational and individual factors
2. Considering long COVID in an inclusive manner, workforce-related data should be made available, and the importance of a multimodal approach should be highlighted
3. Ensure that the biological, psychological, and social factors of pain are comprehensively addressed in employment policies, by taking a vision zero approach to work-related injuries and exclusion from the workforce
4. National authorities, research organisations, and stakeholders should seize the opportunities offered at national levels, resulting from the implementation of the new EU-OSH strategy

HIGH-LEVEL SUMMARY FROM BREAKOUT SESSION 3 – EU STRATEGY FOR THE RIGHTS OF PERSONS WITH DISABILITIES

1. Recognise pain, pain disorders, or other ‘invisible’ conditions as disabilities, including in children
2. Ensure reasonable, flexible workplace accommodation for people with chronic pain, and general investment in accessibility
3. Tackle stigma by including chronic pain in educational programs. For example, understanding of what chronic pain means for individuals, families, workers, policymakers, and employers

Paul CAMERON, Chair of the Advocacy Committee, EFIC

Deirdre Ryan
President of Pain Alliance Europe (PAE)

THANK YOU!

Thank you!

<https://www.sip-platform.eu/events/what-can-be-done-to-support-a-healthy-and-productive-european-workforce-and-society>

Contact details: jamie.wilkinson@efic.org

17h00

Contact details

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