



Study on Job Retention and Return to Work for Cancer Patients and Survivors

Final Study Report

HADEA

Health and Digital Executive Agency

Department A — Health and Food

Unit A2 — EU4Health / SMP Food

Contact: *HaDEA EU4HealthProgramme Tender team secretariat*

E-mail: *HADEA-HP-TENDER@ec.europa.eu*

Covent Garden Building, 1049 Brussels

EUROPEAN COMMISSION

Directorate-General for Health and Food Safety

Directorate B — Public Health, Cancer and Health security

Unit B1 — Cancer, Health in all policies

Contact: *SANTE CANCER team secretariat*

E-mail: *SANTE-CANCER@ec.europa.eu*

European Commission, L-1882 Luxembourg

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Final Study Report

Sophie Buckingham, Flavia Colonnese and Andrea Broughton (Ecorys)



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This report was produced under the EU4Health Programme under a service contract with the European Health and Digital Executive Agency acting under the mandate from the European Commission. The information and views set out in this study are those of the author(s) and do not necessarily reflect the official opinion of the Commission/ Executive Agency. The Commission/Executive Agency do not guarantee the accuracy of the data included in this study. Neither the Commission /Executive Agency nor any person acting on the Commission's / Executive Agency's behalf may be held responsible for the use which may be made of the information contained therein.

This report is the original English version.

Abstract

This study maps measures in EU Member States and EEA EFTA States (Iceland, Liechtenstein and Norway) to support those with a history of cancer to remain in and return to work (RTW). It finds that there are few legislative or policy measures at national level specifically targeted at those affected by cancer. More common are generally applicable legislation and policies aimed at people with disabilities or chronic illnesses, which may apply to cancer patients and survivors if they meet certain criteria. Nevertheless, we identified many measures at organisational or company level.

The main identified work-related challenges faced by those with a history of cancer are health issues (physical and mental) and illness-related complications. Other key obstacles are a lack of support for work reintegration, flexible working arrangements and workplace accommodations. Fear of stigma may make some individuals less likely to inform their employer/colleagues of their needs, thus further hampering workplace (re)integration.

This study identifies good practice examples of measures that support job retention and RTW, including measures with a particular focus on young people, women and small and medium-sized enterprises (SMEs). Based on how these measures address the identified challenges, the study also recommends future actions.

Executive Summary

Background, objectives and scope

This study comes at a time when, thanks to advances in early detection, effective therapies and supportive care, **cancer survival rates have increased significantly**. The number of cancer survivors is now estimated at over 12 million in Europe.¹ While this is undoubtedly cause for optimism, attention needs to shift from ‘how long’ people live after diagnosis to ‘how well and how long’ they live.² A key part of this focus on quality of life means considering how to support those with a history of cancer in remaining in or returning to work.

The EU’s response to these evolving needs is **Europe’s Beating Cancer Plan**:³ a multi-stakeholder response to the growing challenges and developments in cancer control, which is based on a ‘Health in All Policies’ approach and tackles the entire disease pathway. One of its four key action areas is improving the quality of life of cancer patients and survivors. The plan has foreseen €4 billion of funding, including €1.25 billion from the **EU4Health programme**.⁴ Action CR-p-22-11.01 of the EU4Health work programme 2022 envisages a ‘Study on obstacles for cancer survivors to return to work’.⁵ This present study originates from the Beating Cancer Plan and this Action.

The overarching aim of this study is to map policies in the EU Member States and EEA EFTA States that help cancer patients and survivors to remain in work and return to work (RTW). In order to achieve this, the study has four key objectives:

1. To **map implemented and planned legislation, policies and measures** in all 27 EU Member States and the 3 EEA EFTA States (Iceland, Lichtenstein and Norway) to support job retention and RTW of cancer patients and survivors.
2. To **map and consult with relevant stakeholders**, both at the national and EU level.
3. To **identify gaps, obstacles and remaining challenges** in job retention and RTW for those with a history of cancer.
4. To **identify at least 10 good practices** in approaches to support job retention and RTW for those with a history of cancer, **analysing their transferability** (or potential for transfer) to other EU Member States.

¹ European Commission (2021), Europe’s Beating Cancer Plan, available at: https://health.ec.europa.eu/non-communicable-diseases/cancer_en, p. 19.

² Ibid.

³ Ibid.

⁴ See: https://health.ec.europa.eu/funding/eu4health-programme-2021-2027-vision-healthier-european-union_en.

⁵ European Commission (2023), ‘Annex to the Commission Implementing Decision amending Implementing Decision C(2022) 5436 final of 25 July 2022 on the financing of the Programme for the Union’s action in the field of health (‘EU4Health Programme’) and the adoption of the work programme for 2022’, 25/07/2023, available at: 331c4ac5-492d-4359-a708-c0a7e2cfa363_en (europa.eu).

When considering measures that are relevant to supporting those with a history of cancer, this study looks at both **cancer-specific measures as well as those that are more generally applicable**. This includes measures that support people with disabilities or those who are chronically ill, which may apply to cancer patients and survivors if they meet certain criteria. For this reason, some of the measures that have been mapped include employment equality legislation, social security benefits and provisions from Labour Codes. The study also adopts a **broad definition of ‘measures’, which includes legislation, policies, reintegration actors, and workplace accommodations**.

This study considers the specific challenges and obstacles faced by certain potentially vulnerable groups. The situation of **young workers/patients** is considered, as they are more likely to face delays in entering the labour market. The **gender dimension** is an important consideration in terms of the different types of cancer that affect women and men, as well as the more prominent role of women as caregivers which brings additional difficulties in balancing work and care responsibilities with treatment periods. From an employer’s perspective, the particular **challenges faced by small and medium-sized enterprises (SMEs)** in supporting job retention and RTW of employees affected by cancer are taken into account.

A **mixed-methods approach** has been employed in this study, using a combination of primary research (interviews, an online survey and two workshops) and secondary research (a literature review). The evidence collected through each of these methods has been analysed and triangulated to form the basis of the findings as to the measures that are in place, the gaps, obstacles and remaining challenges, and the good practices.

Key findings as to measures in place in EU Members States and EEA EFTA States

Evidence from the primary and secondary data collection conducted for this study shows that there is a **lack of legislative national frameworks for job retention and/or re-integration specifically for cancer patients and survivors** in all EU Member States and EEA EFTA States. While a few countries have legislation specifically targeted at people with a history of cancer, it is more relevant from the perspective of reintegration into society in general rather than explicitly targeting workplace reintegration. **However, job retention and RTW legislation that protects persons with disabilities or those who are chronically ill**, which may apply to cancer patients and survivors if they meet certain criteria, **is much more common**. This is often in the form of employment equality legislation, social security benefits or provisions from a Labour Code.

Policy measures focused on job retention and RTW, specifically targeting those with a history of cancer, were more commonly identified than legislative measures. One such cluster of policy measures is those that are **part of a country’s national cancer plan or strategy**. National cancer plans and

strategies refer to job retention and RTW to varying degrees; some highlight the importance of job retention and RTW, others outline a measure in this regard, and one includes a series of concrete action points on making job retention an explicit objective of the cancer pathway.

The **vast majority of cancer-specific job retention and RTW support measures** identified via the primary and secondary data collection conducted for this study were **at the level of individual service providers**, whether that be work (re)integration agencies or actors, measures by foundations, organisations or NGOs, or in-company based interventions. In many EU Member States and EEA EFTA States, there are cancer-specific measures in place aimed at providing information and advice on job retention and RTW. Workplace accommodations and adaptations were another type of support measure commonly identified, and are found to be crucial for an effective RTW process either during or after cancer. These include measures supporting a partial resumption of work (thus avoiding the 0% or 100% work binary) and measures enabling individuals to combine work with treatment periods. Finally, cancer-specific workplace (re)integration agencies, advisers and services form another cluster of measures.

The data collected by way of desk research and stakeholder consultation activities revealed **very few prospective measures** currently under development in terms of supporting job retention and RTW for those affected by cancer. The majority of those we did identify were **reforms and policy initiatives as part of national cancer plans/strategies** that have not yet come into practice.

Gaps, obstacles and challenges

In terms of the main obstacles faced by cancer patients and survivors in remaining in or returning to work, **health issues and illness-related complications were most prominently** cited in the stakeholder consultation activities conducted for this study. Other key challenges were a lack of support for work reintegration, as well as a lack of flexible working arrangements and workplace accommodations. In spite of these obstacles, financial challenges may cause people to return to work earlier than they would wish or before they are physically or mentally ready.

Another challenge is that **cancer remains stigmatised** in that, while someone with a history of cancer may be able and keen to stay in their job or return to work, certain employers and colleagues may find it difficult to understand that it is possible to work with cancer.⁶ Equally, **stigmas surrounding certain types of cancer** may cause certain groups of cancer patients to fear discrimination more than others; for example, lung cancer carries stigma due to its link to smoking.

⁶ EU-OSHA (2018), 'Rehabilitation and return to work after cancer — Appendix', p. 92, available at: https://osha.europa.eu/sites/default/files/Appendix_Rehabilitation_and_return_to_work.pdf.

Various **sociodemographic, work-related, disease-related and treatment-related factors have been found to** influence the success of a RTW process either during or after cancer. Both primary and secondary data sources confirm that manual, physically demanding and low-skilled jobs are negatively associated with successful RTW, and that people in these roles return to employment at a lower rate.⁷ Age, gender, educational level, marital status and income all influence a person's ability to successfully RTW after a cancer diagnosis, as do disease-related factors, including the type of cancer, site, stage, and associated symptoms, and treatment-related factors, notably the length of treatment, the aggressiveness, and the side effects.

Furthermore, we identify challenges that are more specific to particular sub-groups: young people, women, and SMEs. **For young people, cancer treatment and its impacts can limit opportunities for work-based learning**, further reducing employability and leading some young survivors to rely more on self-employment, which poses its own challenges. Among young adults diagnosed with cancer globally, women represent around two-thirds of cases. Furthermore, recent evidence from a global study shows that women spend on average 25% more of their lives in poor health than men.⁸ According to another study from one EU Member State conducted over the course of 21 years, it takes women two and a half more years to be diagnosed with cancer than men.⁹ This has clear implications for quality of life and someone's ability to retain their job or RTW. **Caring responsibilities are one of the key reasons why women with a history of cancer are less likely to return to work than men:** having to juggle work and care responsibilities with treatment periods, particularly in cases of inadequate workplace accommodations and flexible arrangements, can result in women feeling forced to exit the labour market. From an employer perspective, **SMEs may particularly struggle to implement effective and targeted RTW programmes that allow for both gradual RTW and workplace accommodations**, as they have less flexibility and often very limited financial and human resources.

Good practices

Building on all of the evidence collected, we identified **11 good practices that support job retention and RTW** for cancer patients and survivors. Our selection considered both cancer-specific and wider measures applicable to people with disabilities or chronic illnesses, adopting a broad definition of 'measures' to include legislation, policies, reintegration actors, and company-based initiatives. We also selected good practices based on criteria to ensure a diverse and

⁷ See for example The Economist Intelligence Unit (2017), 'The road to a better normal: breast cancer patients and survivors in the EU workforce', p. 12, available at: <https://www.workingwithcancer.co.uk/wp-content/uploads/2017/11/EIU-Reports.pdf>.

⁸ World Economic Forum (2024), 'Closing the Women's Health Gap: A \$1 Trillion Opportunity to Improve Lives and Economies', January 2024, p. 5, available at: https://www3.weforum.org/docs/WEF_Closing_the_Women%E2%80%99s_Health_Gap_2024.pdf.

⁹ The Faculty of Health and Medical Sciences, University of Copenhagen (2019), 'Across Diseases, Women Are Diagnosed Later Than Men', March 2019, available at: <https://www.sciencedaily.com/releases/2019/03/190311103059.htm>.

balanced selection. These included different types of measures (legislative, policy, reintegration actors, company-based), various levels of implementation (national, regional, organisation-based), objectives and challenges addressed, target groups (with a focus on gender, youth, and SMEs), and the potential for or degree of transferability.

The 11 selected measures are:

1. **Rentree** (Belgium), a work reintegration support service providing specialised guidance in the context of RTW after cancer or continuing work during treatment.
2. The **Cancer@Work Charter** (France and Luxembourg), which was developed to support the integration, continued employment and quality of life at work of those affected by cancer, and to assist companies in retaining talent and preserving/developing their competitiveness.
3. **Re-turn** (the Netherlands), an organisation specialised in reintegration guidance for people affected by cancer.
4. **oPuce** (the Netherlands), a Foundation that works with its Business Network of large companies to identify job opportunities and best practices in employing people with a history of cancer.
5. **TYÖOTE** (Finland), a policy measure seeking to improve cooperation between basic health care, specialist medical care and occupational health care in order to make an employee's treatment, rehabilitation and RTW more efficient.
6. **TrasformAZIONE by Europa Donna** (Italy), which tackles the specific challenges faced by women with cancer.
7. **Vocational guidance by Frauenselbsthilfe Krebs** (Germany), which involves information and assistance on vocational rehabilitation.
8. **Action II.13 of the French 10-Year Cancer Control Strategy (2021-2030)** (France), which seeks to develop systems enabling cancer patients to return to work or retain their job, through facilitated discussions and communication.
9. The **Andalusian Collaboration Protocol to offer professional guidance** (Spain) to improve the employability of vulnerable groups of unemployed people, and to facilitate their access to the labour market.
10. The **Protocol for returning to work after long-term sick leave in SMEs in the Community of Madrid** (Spain), which provides

guidance on how to adapt to any changes in the capabilities of an employee.

11. The **Guidebook on Return to Work by AMELIE** (Czechia), which aims to help all cancer patients and survivors to make decisions about returning to work by offering information from a range of areas such as social-related issues, the labour law context and health-related aspects.

The study outlines an additional two measures that have the potential to indirectly impact workers or job seekers affected by cancer, although they do not *directly* support job retention and RTW for those with a history of cancer. These are a measure providing educational support for youth, provided by the 'Children with Onco-hematologic Diseases Association' (Bulgaria), and a cluster of legislative measures (from Austria, France, Germany, Italy and Portugal) on the recognition of disability status.

Conclusions and recommendations for future action

Taking into account all of the evidence analysed, the study draws a number of conclusions and recommendations for potential future action.

The first is the need to **expand and strengthen the current policy and regulatory landscape at national level for job retention and re-integration to include more cancer-specific measures** that are better able to tackle the unmet needs of cancer patients and survivors. This includes further mainstreaming the needs of cancer patients and survivors into education, employment, skills, equality and non-discrimination policies, and ensuring that measures support people with a history of cancer in all their diversity.

The second relates to **reinforcing monitoring and enforcement mechanisms** at national, regional and local level, including through assessments of the effectiveness of existing policy and legislative interventions, so as to ensure that individuals with a history of cancer can rely on and access the measures that are already in place.

The third recommendation for future action is to **increase awareness-raising and training opportunities to ensure that both people with a history of cancer and their employers have access to clear, easy-to-understand information** on existing policies and legislation on job retention and RTW. Training is also envisaged in the form of awareness-raising among employers, HR managers, and other employees about the needs and abilities of cancer patients and survivors, thus helping to reduce biases and the likelihood of discrimination occurring.

Increased cooperation and mutual learning are fundamental to ensuring coordinated support for people with a history of cancer when it comes to job retention and RTW. Existing channels of cooperation at EU and national level

should be strengthened. Furthermore, improving communication and information-sharing mechanisms between all stakeholders involved in job retention and RTW for those with a history of cancer (including the individual, employer, primary healthcare, specialist medical care, occupational health services, company doctors, physiotherapists, employment services, etc.) would ensure access to holistic support.

Enhancing financial incentives for employers to recruit and support employees with a history of cancer is important. Additionally, national, regional, and local stakeholders should have **access to information on EU and national funding programmes** which support job retention and RTW for cancer patients and survivors.

Finally, **further research and data collection at EU and national level into the specific topic of job retention and RTW for those with a history of cancer**, as well as potentially vulnerable sub-groups, could allow for the identification of further and more specific legislative and/or policy challenges, in addition to solutions that address these obstacles.

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The authors are also indebted to the EU actors working on cancer survivors' job retention and RTW policies, national and subnational competent authorities and ministries, social partners, networks of OSH at work and OSH institutes, civil society organisations representing or supporting cancer patient groups, and networks of cancer patients and survivors, who gave their valuable time to provide insights and contributions during the online survey, interviews and workshops organised throughout the study.

1. Introduction

1.1. Background and importance of the study

This study comes at a time when, thanks to advances in early detection, effective therapies and supportive care, **cancer survival rates have increased significantly**. The number of cancer survivors is now estimated at over 12 million in Europe.¹⁰ While this is undoubtedly cause for optimism, attention needs to shift from ‘how long’ people live after diagnosis to ‘how well and how long’ they live.¹¹ A key part of this focus on quality of life means considering how to support those with a history of cancer in remaining in or returning to work.

The EU’s response to these evolving needs is **Europe’s Beating Cancer Plan**:¹² a multi-stakeholder response to the growing challenges and developments in cancer control, which is based on a ‘Health in All Policies’ approach and tackles the entire disease pathway. One of its four key action areas is improving the quality of life of cancer patients and survivors. The plan has foreseen €4 billion of funding, including €1.25 billion from the **EU4Health programme**.¹³ Action CR-p-22-11.01 of the EU4Health work programme 2022 envisages a ‘Study on obstacles for cancer survivors to return to work’.¹⁴ This present study originates from the Beating Cancer Plan and this Action.

1.2. Study objectives, scope and duration

The overarching aim of this study is to map the policies in the EU Member States and EEA EFTA States that help cancer patients and survivors to remain in work and return to work (RTW). In order to achieve this, the study has four key objectives as set out below.

1. **To map implemented and planned legislation, policies and measures** in all 27 EU Member States and the 3 EEA EFTA States (Iceland, Lichtenstein and Norway) to support job retention and RTW of cancer patients and survivors.
2. **To map and consult with relevant stakeholders**, both at the national and EU level.

¹⁰ European Commission (2021), Europe’s Beating Cancer Plan, available at: https://health.ec.europa.eu/non-communicable-diseases/cancer_en, p. 19.

¹¹ Ibid.

¹² Ibid.

¹³ See: https://health.ec.europa.eu/funding/eu4health-programme-2021-2027-vision-healthier-european-union_en.

¹⁴ European Commission (2023), ‘Annex to the Commission Implementing Decision amending Implementing Decision C(2022) 5436 final of 25 July 2022 on the financing of the Programme for the Union’s action in the field of health (‘EU4Health Programme’) and the adoption of the work programme for 2022’, 25/07/2023, available at: 331c4ac5-492d-4359-a708-c0a7e2cfa363_en (europa.eu).

3. **To identify gaps, obstacles and remaining challenges** in job retention and RTW for those with a history of cancer.
4. **To identify at least 10 good practices** in approaches to support job retention and RTW for those with a history of cancer, **analysing their transferability** (or potential for transfer) to other EU Member States.

When considering measures that are relevant to supporting those with a history of cancer, this study looks at both **cancer-specific measures as well as those that are more generally applicable**. This includes measures that support people with disabilities or those who are chronically ill, which may apply to cancer patients and survivors if they meet certain criteria. For this reason, some of the measures that have been mapped include employment equality legislation, social security benefits and provisions from Labour Codes. The study also adopts a **broad definition of ‘measures’, which includes legislation, policies, reintegration actors, and workplace accommodations**.

This study considers the specific challenges and obstacles faced by certain potentially vulnerable groups (see section 4.2.4). The situation of **young workers/patients** is considered, as they are more likely to face delays in entering the labour market. The **gender dimension** is an important consideration in terms of the different types of cancer that affect women and men, as well as the more prominent role of women as caregivers, and therefore additional difficulties in balancing work and care responsibilities with treatment periods. From an employer’s perspective, the particular **challenges faced by small and medium-sized enterprises (SMEs)** in supporting job retention and RTW of employees affected by cancer are taken into account.

The research for this study was conducted between June 2023 and May 2024 and the final reporting was carried out between June and August 2024.

1.3. Structure of the report

We have structured this Final Report as follows:

1. **An introduction** setting out the background and importance of the study, as well as the study’s objectives, scope and duration.
2. **The policy context** in which the study is situated.
3. **The methodological approach** to each of the study’s four key tasks.
4. **Key findings** in relation to:
5. **Existing and prospective measures**
6. **Gaps, obstacles and challenges, including the challenges faced by potentially vulnerable groups**

7. **Good practices.**
8. **Recommendations for future action and conclusions.**
9. **Annexes containing 30 country factsheets:** one for each EU Member State and one for each of the three EEA EFTA States.

2. Policy context

Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021¹⁵ established the **EU4Health programme**¹⁶ – an unparalleled financial support programme in Europe, which aims to reinforce crisis preparedness in the EU and paves the way to a **European Health Union**. EU4Health invests in urgent health priorities, one of which is **Europe’s Beating Cancer Plan**.¹⁷ This is explored in more detail in the sub-sections below.

Other key actions include the **EU strategic framework on health and safety at work 2021-2027**,¹⁸ which calls on Member States to ‘Actively support reintegration, non-discrimination and the adaptation of working conditions of workers who are cancer patients or cancer survivors’,¹⁹ and the **European Pillar of Social Rights**,²⁰ where Europe’s Beating Cancer Plan is specifically referred to in the Action Plan as part of the ‘promoting health and ensuring care’ pillar.

2.1. EU action in the areas of prevention, detection and diagnosis and treatment

Europe’s Beating Cancer Plan²¹ is a multi-stakeholder response to the growing challenges and developments in cancer control, which is based on a ‘Health in All Policies’ approach. Supported by different EU programmes (including the EU4Health programme and the Digital Europe programme²²), and in close collaboration with the Cancer Mission funded through Horizon Europe,²³ it is one of the EU’s most urgent priorities. The Plan tackles the entire disease pathway, with a focus on four key action areas:

1. Sustainable cancer prevention

¹⁵ Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union’s action in the field of health (‘EU4Health Programme’) for the period 2021-2027, OJ L 107, 26.3.2021, p. 1–29, available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L_.2021.107.01.0001.01.ENG.

¹⁶ See: https://health.ec.europa.eu/funding/eu4health-programme-2021-2027-vision-healthier-european-union_en.

¹⁷ European Commission (2021), Europe’s Beating Cancer Plan, available at: https://health.ec.europa.eu/non-communicable-diseases/cancer_en.

¹⁸ European Commission (2021), Communication from the Commission, ‘EU strategic framework on health and safety at work 2021-2027 Occupational safety and health in a changing world of work’, 28.6.2021, available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52021DC0323&qid=1626089672913#PP1Contents>.

¹⁹ Ibid, 2.2.

²⁰ European Commission, The European Pillar of Social Rights Action Plan, available at: <https://op.europa.eu/webpub/empl/european-pillar-of-social-rights/en/#chapter3>.

²¹ See: https://health.ec.europa.eu/system/files/2022-02/eu_cancer-plan_en_0.pdf.

²² See: [https://digital-strategy.ec.europa.eu/en/policies/cancer-imaging#:~:text=The%20European%20Cancer%20imaging%20Initiative%20is%20one%20of%20the%20flagships.\(HPC\)%20to%20combat%20cancer](https://digital-strategy.ec.europa.eu/en/policies/cancer-imaging#:~:text=The%20European%20Cancer%20imaging%20Initiative%20is%20one%20of%20the%20flagships.(HPC)%20to%20combat%20cancer).

²³ See: https://research-and-innovation.ec.europa.eu/funding/funding-opportunities/funding-programmes-and-open-calls/horizon-europe/eu-missions-horizon-europe/eu-mission-cancer_en. One of the specific objectives of the plan is to ‘improve the quality of life of cancer patients, survivors and their families through widely analysing all key factors and needs that are related to the quality of life’ – see Section 2.4, p. 21, available at: https://research-and-innovation.ec.europa.eu/document/download/2e87e31f-37f7-4892-ab4f-2fad7ee1fcc3_en?filename=cancer_implementation_plan_final.pdf.

2. Improving **early detection**
3. Equal access to **diagnosis and treatment**
4. **Improving quality of life** for cancer patients and survivors.

Europe's Beating Cancer Plan envisages 10 flagship initiatives and 32 further actions, which cover every key stage of the disease. The plan has foreseen €4 billion of funding, including €1.25 billion from the EU4Health programme.

2.2. EU action to improve the quality of life of cancer patients, survivors, and carers

Thanks to scientific progress and to improvements in the early stages of the cancer pathway (including early detection, effective therapies and supportive care), there have been continuous increases in 5-year survival rates for the most common types of cancer in all EU countries.²⁴ **The number of cancer survivors is now estimated at over 12 million in Europe.**²⁵ While this is a promising trend, it is also a signal that public institutions must address the needs of a significant and growing number of people even beyond their cycle of cancer treatment.²⁶

Research shows that **patients diagnosed with cancer have a high level of unmet needs** and that such needs vary considerably, as each person reacts individually to the hardships of illness.²⁷ The needs experienced by cancer patients are both physical – often related to ailments resulting from the illness and its treatment, permanent health impairments, disability, fatigue, etc. – and psychological. Emotional stress and mental problems can have repercussions in everyday life, including not being able to work, financial problems, and a lack of social support.²⁸ Other common challenges faced include poor coordination and lack of communication among healthcare providers, tumour recurrence and metastatic disease.²⁹

Those with a history of cancer also face challenges when it comes to remaining in employment and returning to work. As Europe's Beating Cancer Plan highlights, 'Studies indicate that **the professional situation of people diagnosed with cancer often considerably deteriorates years after the diagnosis.**'³⁰ The Plan further underlines that measures to facilitate re-integration into the workplace, together with an early assessment and adaption

²⁴ European Federation of Pharmaceutical Industries and Associations, Cancer survival, available at: <https://www.efpia.eu/publications/cancer-comparator-report/survival/>.

²⁵ European Commission (2021), Europe's Beating Cancer Plan, p. 19.

²⁶ Ibid.

²⁷ A. Lewandowska et al. (2021), 'The Problems and Needs of Patients Diagnosed with Cancer and Their Caregivers', Int. J. Environ. Res. Public Health 2021, available at: <https://dx.doi.org/10.3390/ijerph18010087>.

²⁸ Ibid.

²⁹ European Commission (2021), Europe's Beating Cancer Plan, p. 20.

³⁰ Ibid.

of working conditions and workplace accommodations, should be integral parts of the patient pathway.

Challenges are not only faced by cancer patients themselves, but also by **informal carers**, who frequently **struggle to reconcile work and caring responsibilities**. This has repercussions on loss of current income due to reductions in working hours, and may also have long-term impacts on their retirement income. Given that women make up between 52% and 66% of all informal carers across European Member States (providing on average 17 hours of informal care per week),³¹ this also **perpetuates inequalities between genders**.³²

There are also significant impacts on employers, and society as a whole, in terms of failing to [re-]integrate those with a history of cancer into the workplace. **Employers face losing skilled, trained individuals** who are in many cases keen to return to work, but are either not supported in doing so, or not aware of or not able to access support measures. From a macro perspective, there is a **significant societal cost**: one study estimated the combined cost to Europe of sick leave, underemployment and unemployment caused by cancer to be **€9.4 billion annually**.³³

Work has been carried out to analyse and mitigate these challenges. In 2018, the European Agency for Safety and Health at Work (**EU-OSHA**) published a **study on rehabilitation and return to work after cancer**.³⁴ The study maps the occupational safety and health challenges that employers and employees face when workers return to work after a diagnosis of cancer, considering national examples of successful measures and practices that help prevent long-term sickness absence and unemployment. The study collected a total of 78³⁵ instruments, practices, policies and interventions addressing job retention and RTW for those with a history of cancer. The measures included workplace accommodations, psycho-educational interventions (e.g. those advising cancer patients and survivors via a dedicated website) and rehabilitation services. Our study builds on this 2018 work, providing an update in terms of new measures, including legislation and policies, as well as increasing the scope to cover all EU Member States and EEA EFTA States.

The present study is one of a whole series of measures designed to improve the quality of life of those affected by cancer. There are **several quality of life actions under Europe's Beating Cancer Plan**, including actions to develop an

³¹ WHO (2024), 'Shining light on women's contributions: celebrating their role in informal care', available at: <https://www.who.int/europe/news/item/08-03-2024-shining-light-on-women-s-contributions--celebrating-their-role-in-informal-care#:~:text=Women%20make%20up%2052%E2%80%9366,average%2017%20hours%20per%20week>.

³² European Commission (2021), Europe's Beating Cancer Plan, p. 20.

³³ The Economist Intelligence Unit (2017), 'The road to a better normal: breast cancer patients and survivors in the EU workforce', p. 3, available at: <https://www.workingwithcancer.co.uk/wp-content/uploads/2017/11/EIU-Reports.pdf>.

³⁴ EU-OSHA (2018), 'Rehabilitation and return to work after cancer — instruments and practices', available at: <https://osha.europa.eu/en/publications/rehabilitation-and-return-work-after-cancer-instruments-and-practices>.

³⁵ These were collected from 13 EU Member States (the UK being included at the time), as well as the USA and Australia.

EU-level Cancer Survivor Smart Card to improve the quality of life and health status of cancer survivors,³⁶ to bring the benefits of eHealth to cancer patients in Europe,³⁷ to promote and facilitate outdoor physical activity and healthy lifestyles within the young cancer survivors' community,³⁸ and to develop an interactive platform to enable young people affected by cancer to network and share experiences, as well as access useful and reliable information about cancer in childhood.³⁹

Furthermore, EU actions aimed at supporting job retention and RTW for those with a history of cancer work in **synergy with initiatives focusing on improving the lives of people with disabilities**. The **Strategy for the Rights of Persons with Disabilities 2021-2030**, adopted in March 2021,⁴⁰ seeks to progress towards ensuring that all persons with disabilities in Europe can enjoy their human rights, have equal opportunities and access to participate in society and the economy, and no longer experience discrimination. The evaluation of the former Disability Strategy 2010-2020 identified **employment as one of the five top policy priorities for future action**,⁴¹ hence there is a focus in the present Strategy on supporting employment policies. The UN Convention on the Rights of Persons with Disabilities,⁴² together with the EU Strategy, adopt a **broad categorisation of those with disabilities**, including 'those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.'⁴³ For this reason, those with a history of cancer may fall under the category of persons with disabilities, hence why support measures for people with disabilities are included within the scope of this study.

³⁶ SmartCARE - smart Card Application improving cancer survivors' quality of life.

³⁷ eCAN – Joint Action on strengthening eHealth including telemedicine and remote monitoring for health care systems for cancer prevention and care.

³⁸ OACCUs– Outdoor Against Cancer Connects Us.

³⁹ EU-CAYAS-NET, the European Network of Youth Cancer Survivors.

⁴⁰ European Commission, Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030, 03/03/2021, available at: <https://data.europa.eu/doi/10.2767/31633>.

⁴¹ Ibid, p. 13.

⁴² United Nations, Convention On The Rights Of Persons With Disabilities (CRPD), available at: <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>.

⁴³ Ibid, Article 1.

3. Methodological approach

This section explores the methodological approach that was employed for each of the study's four key tasks, as set out in the sub-sections below.

3.1. Task 1: Desk research on measures and identification of stakeholders in EU Member States and EEA EFTA States

Task 1 had two key parts: i) to **identify via desk research instruments**, initiatives, interventions and support schemes that already exist or which are in development, that aim to help cancer patients and survivors to retain their jobs and return to work in EU Member States and EEA EFTA States, and ii) to **conduct a mapping exercise to draw up a list of European and national key stakeholders**, with whom we would engage in the subsequent study tasks.

We used a structured methodology to search for, appraise and collect evidence for the literature review. The research took place between August and December 2023. In total, **284 documents were identified and analysed**. Once the literature review was complete, our team of national experts produced a country fiche for each EU Member State / EEA EFTA State. These country fiches can be found in the Annexes to this report. **Over 200 existing national measures have been included in these country fiches, as well as 5 planned measures.**

In the second part of this task, our research team conducted a mapping exercise to identify the main EU-level stakeholders relevant for the study. In parallel, our national experts identified stakeholders in their respective countries. In total, **we identified over 500 organisations**,⁴⁴ one-fifth of these at EU and international level and the others at national and sub-national level.

3.2. Task 2: Stakeholder consultation

Under Task 2, we conducted a range of **consultation activities** to engage with key stakeholders to gain a better understanding of existing challenges and unmet needs regarding job retention and RTW for cancer patients and survivors. These consultation activities included an online survey, key stakeholder interviews, and two online workshops.

⁴⁴ We identified more individuals than this, as in certain cases that was more than one relevant stakeholders to engage with per organisation.

3.2.1. Online survey

The online survey had a dual objective, namely to:

1. **Validate the data collected through the desk research:** to achieve this, the survey was pre-filled with country-specific information on implemented and planned measures supporting job retention and/or RTW for cancer patients and survivors.
2. **Collecting stakeholders' views on gaps, challenges, and good practices:** the survey asked respondents to share their insights on the specific obstacles faced by people with a history of cancer in remaining in or returning to work, including issues faced by specific sub-groups of cancer patients and survivors (e.g. women, young people) and employers (e.g. SMEs).

The survey targeted a broad range of stakeholders from all EU Member States and the three EEA EFTA States, who had knowledge of implemented and planned policies and measures facilitating job retention and RTW of cancer patients and survivors, as well as the challenges they face. More specifically, the survey engaged with the following **target groups**: international and EU agencies working on cancer survivors' job retention and RTW policies, national competent authorities (including ministries of health, employment and social protection), subnational authorities, social partners, networks of OSH at work and OSH institutes, civil society organisations representing or supporting cancer patient groups, and networks of cancer patients and survivors.

The survey was launched in January 2024 and remained open for four weeks, gathering **113 valid responses** from 26 EU Member States and all EEA EFTA States. Responses were received from a wide range of stakeholders, with cancer associations, leagues or societies representing the highest share of respondents (27%), followed by national authorities or ministries (22%) and civil society organisations, NGOs or charities (17%).

The survey data was analysed using different techniques, including **frequency and distribution analysis** to process quantitative data by identifying patterns per target group and highlighting possible trends. This was complemented by an analysis of qualitative information shared through open-ended questions.

3.2.2. Interviews

The stakeholder interviews aimed to further complement the mapping of existing and planned measures (Task 1) as well as the outcomes of the online survey with **additional evidence on existing challenges and gaps** regarding job retention and RTW of cancer patients and survivors, as well as **good practices**. The interviews also provided stakeholders with the opportunity to share their ideas and input on **recommendations for future action** at European, national and sub-national level.

In order to select stakeholders for interview, we compiled a long list of potential interviewees, based on the mapping of stakeholders developed under Task 1. The following stakeholder groups were targeted:

- At the **EU level**, the interviews targeted EU-level institutions and agencies working on job retention and RTW for cancer patients and survivors, as well as researchers and academics, cancer leagues and associations, NGOs representing or supporting cancer patient groups, and social partners.
- At the **national level**, the interviews primarily targeted cancer leagues and associations. For these interviews, a sample of 5 EU Member States (Bulgaria, France, Italy, Luxembourg, and the Netherlands) was selected based on country size (i.e. to ensure that the sample would include both smaller and larger countries), geographical location, and the current legislative and policy landscape (i.e. to cover countries at different development stages).

We **interviewed a total of 15 stakeholders**, ten representing EU-level organisations and five representing national-level stakeholders. Interviews were conducted in a semi-structured manner using a discussion guide, and interview write-ups were analysed to identify common trends and/or differences of opinion.

3.2.3. Online workshops

We organised two online workshops to **validate and further refine the study findings** through the insights, experience and inputs from key stakeholders with thematic expertise in the areas of job retention and RTW of cancer patients and survivors.

The first **validation workshop** took place in April 2024, focusing on our interim findings from Tasks 1 and 2. We engaged with participants through breakout sessions to explore the specific challenges faced by young people and women, and to further delve into the challenges faced by employers, particularly in SMEs.

The final **study workshop** took place in May 2024, where we presented our overall findings on the state of play regarding national policies and practices, the main challenges and remaining gaps, as well as the good practices identified, emphasising their potential for transferability. As in the first workshop, participants were encouraged to provide any additional evidence, which was then incorporated into this final report.

The two workshops gathered **over 100 participants** from across Europe, representing a wide range of stakeholder groups, including EU institutions, national ministries, social partners, cancer leagues and associations, civil society organisations, universities and research institutions.

3.3. Task 3: Identification of gaps, obstacles and remaining challenges

In order to identify gaps, obstacles and challenges in job retention and RTW for cancer patients and survivors, our research team triangulated the evidence collected through the desk research and mapping, the interviews with key stakeholders, the online survey, and the first validation workshop. The results of this third task are **presented in section 4.2 of this report**, where we analyse the major challenges faced by those with a history of cancer. We also identify factors contributing to these challenges, and the specific challenges faced by potentially vulnerable groups.

3.4. Task 4: Identification of good practices, and analysis of their transferability

Using all the evidence collected in previous tasks, our research team identified 11 good practices supporting job retention and RTW for cancer patients and survivors and analysed their transferability to other EU Member States. The results of this fourth task are **presented in section 4.3 of this report**.

When considering practices of relevance, our research activities looked at both **cancer-specific measures as well as measures that were more generally applicable**. This includes measures that support people with disabilities or those who are chronically ill, which may apply to cancer patients and survivors if they meet certain criteria. As in the mapping task, we adopted a **broad definition of ‘measures’** that includes legislation, policies, the work of reintegration actors and company-based initiatives.

To determine what constitutes a ‘good’ practice, we built on the qualitative data collected throughout the study, which encompasses measures that were identified, either in the literature or by stakeholders in the consultation activities we conducted, as being relevant interventions that were favourably assessed in terms of effectiveness, efficiency, results and impacts.

To ensure a certain degree of continuity and consistency with similar exercises previously conducted at EU level (i.e. **EU-OSHA’s 2018 study**),⁴⁵ **consideration was also given to the criteria used in that research project** for selecting and analysing the transferability of good practices. Where possible, attention was therefore also paid to the following selection criteria:

⁴⁵ EU-OSHA (2018), ‘Rehabilitation and return to work after cancer — instruments and practices’, available at: <https://osha.europa.eu/en/publications/rehabilitation-and-return-work-after-cancer-instruments-and-practices>.

- If the measure showed a particularly comprehensive approach, i.e. one that targeted multiple stakeholders (e.g. employees and employers), or had multiple services that were provided,
- If the measure was tailored to the individual's preferences and needs, and/or targeted vulnerable groups,
- Diversity across Member States in terms of geographical area and differences in OSH systems and approaches.⁴⁶

Finally, we also selected the good practices based on certain **additional criteria to ensure a diverse and balanced selection**. These were:

- Different types of measure, such as legislative, policy, the work of reintegration actors, or company-based initiatives,
- Different levels of implementation: national, regional, individual organisation-based,
- Objective of the measure and challenge that it seeks to tackle,
- Target group concerned, with a particular focus on the gender, youth and SME perspectives,
- Potential for or degree of transferability already taken place.

⁴⁶ EU-OSHA (2018), 'Rehabilitation and return to work after cancer — instruments and practices: methodological annexes', available at: https://osha.europa.eu/sites/default/files/Methodological_annexes.pdf.

4. Key findings

4.1. Measures in the EU Member States and EEA EFTA States

This section presents the key findings of the study in terms of the measures identified at national level to support those with a history of cancer to remain in or return to work. The information presented stems from the desk research that was conducted, as well as the validation exercise from the online survey. **More information about measures in individual countries can be found in the country factsheets in the Annexes** to this report.

4.1.1. Existing measures

4.1.1.1. Legislative measures

Evidence from the primary and secondary data collection conducted for this study shows that there is a **lack of legislative national frameworks for job retention and/or re-integration specifically for cancer patients and survivors** in all EU Member States and EEA EFTA States. While a few countries have legislation specifically targeted at people with a history of cancer, it is more relevant from the perspective of reintegration into society in general rather than explicitly targeting workplace reintegration. For example, in **Latvia** there are **Regulations on psychosocial rehabilitation services for persons with oncological diseases and their relatives**,⁴⁷ issued in accordance with the Law on Social Services and Social Assistance.⁴⁸ The purpose of these services is to provide those affected by cancer with information about the disease and opportunities to continue a full life, help prevent emotional difficulties and give psycho-emotional support in order to promote reintegration into society.⁴⁹ The service comprises a total of 31.5 hours of classes led by specialists (including social workers, certified medical personnel and other specialists), with the content being tailored to the participants involved.⁵⁰

However, job retention and RTW legislation that protects persons with disabilities or those who are chronically ill, which may apply to cancer patients and survivors if they meet certain criteria, **is much more common**. This is often

⁴⁷ Noteikumi par psihosociālās rehabilitācijas pakalpojumu personām ar onkoloģisku slimību un viņu tuviniekiem, Ministru kabineta noteikumi Nr. 780, Rīgā 2017, available at: <https://likumi.lv/ta/id/296030-noteikumi-par-psihosocialas-rehabilitacijas-pakalpojumu-personam-ar-onkologisku-slimibu-un-vinu-gimenes-locekliem>.

⁴⁸ Sociālo pakalpojumu un sociālās palīdzības likums, available at: <https://likumi.lv/ta/id/68488-socialo-pakalpojumu-un-socialas-palidzibas-likums>.

⁴⁹ Noteikumi par psihosociālās rehabilitācijas pakalpojumu personām ar onkoloģisku slimību un viņu tuviniekiem, para. 2.

⁵⁰ Ibid, paras. 11 and 14.

in the form of employment equality legislation, social security benefits or provisions from a Labour Code. For example, in the **Netherlands**, the Eligibility for Permanent Incapacity Benefit (Restrictions) Act⁵¹ obliges employers to take several steps within a certain period of time to ensure that their employees can return to work as soon as is reasonably possible. The Act means that **for a maximum of two years, the employer is obliged to pay an employee with a permanent or fixed-term contract at least 70% of their last earned wages and holiday allowance.**⁵² Even after these two years, the Work and Income (Capacity for Work) Act⁵³ enables employees who are at least 35% incapacitated for work to receive a benefit. These two Acts allow those who are chronically ill (thus including cancer patients) to receive an income while they are unable to work. The reintegration dossier⁵⁴ which is required by the Eligibility for Permanent Incapacity Benefit (Restrictions) Act contains a plan of action that is collectively agreed upon.

A recent preliminary ruling from the Court of Justice of the European Union (CJEU) also has important implications for people with a history of cancer, where they are classed as having permanent incapacity, in all EU Member States in relation to termination of an employment contract on the grounds of disability.⁵⁵ The CJEU ruled that the Spanish Worker's Statute breached EU law⁵⁶ in stating that an employment contract can be terminated 'in the event of the death, permanent incapacity requiring the assistance of a third party or total or absolute permanent incapacity of the worker'.⁵⁷ The Court determined that this Statute contravenes EU law in that it does not first require the employer 'to make or maintain reasonable accommodation in order to enable that worker to keep his or her job'.⁵⁸ Also, 'it equates total permanent incapacity (which disqualifies the employee from their usual occupation but [means they] may engage in another occupation) with absolute permanent incapacity (which disqualifies the employee from any occupation)'.⁵⁹ This means that **for an individual with a history of cancer who is classed as having a total permanent incapacity, their employer is required to make reasonable workplace accommodations to enable that person to keep their job.**

⁵¹ Wet verbetering poortwachter, available at: <https://wetten.overheid.nl/BWBR0013063/2008-11-01>.

⁵² See: <https://business.gov.nl/regulation/reintegration-obligations/>.

⁵³ Wet werk en inkomen naar arbeidsvermogen, WIA, available at: <https://wetten.overheid.nl/BWBR0019057/2024-01-01>.

⁵⁴ See: <https://www.uvw.nl/werkgevers/werknemer-is-ziek/loondoorbetaling/samen-werken-aan-re-integratie/detail/re-integratie-vastleggen-in-re-integratieverslag>.

⁵⁵ Court of Justice of the European Union, Case C-631/22, Judgement of 18 January 2024, available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A62022CJ0631>.

⁵⁶ Article 5 of Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation.

⁵⁷ Article 49 of the Estatuto de los Trabajadores (Workers' Statute) of 23 October 2015.

⁵⁸ Case C-631/22, para. 54.

⁵⁹ Osborne Clarke, 'News on employment contract termination and permanent disability in Spain', published on 31 January 2024, available at: <https://www.osborneclarke.com/insights/news-employment-contract-termination-and-permanent-disability-spain>.

4.1.1.2. Policy measures

Policy measures focused on job retention and RTW, specifically targeting those with a history of cancer, were more commonly identified than legislative measures. One such cluster of policy measures is those that are **part of a country's national cancer plan or strategy**. Indeed, participants in the final workshop organised for this study considered that integrating job retention and RTW measures in a national cancer plan was the most relevant and transferable practice.⁶⁰

National cancer plans and strategies refer to job retention and return to work to varying degrees; some highlight the importance of job retention and RTW, others outline a measure in this regard, and one includes a series of concrete action points. In **Czechia**, for example, while not containing specific actions designed to support job retention and RTW of those with a history of cancer, the National Cancer Control Plan 2030 does refer to the **need to 'minimise the social consequences of cancer** (e.g. loss of employment, reduced income, risk of poverty)'.⁶¹ In **Italy** too, the National Oncological Plan 2023-2027⁶² highlights the importance of RTW for cancer patients and survivors, as well as the **need for measures that ensure flexibility** to enable reintegration into the workplace, although no specific interventions are outlined.

The Bulgarian and Maltese National Cancer Plans go a step further. **Bulgaria's** Beating Cancer Plan outlines a measure specifically targeted at **increasing the employment of cancer patients and modifying and adapting work arrangements** to accommodate their health needs,⁶³ while the National Cancer Plan for the Maltese Islands states that special attention must be given to the adaptation of the working conditions for any patient returning to work.⁶⁴ **Malta's** plan goes on to state that the **employability, competencies, capacity to and motivation for work of cancer survivors need to be safeguarded**, and where necessary, reskilling should be facilitated. It states that patient organisations, employers and trade unions should facilitate this, both through the provision of information and via rehabilitation coaches.

The most far-reaching Cancer Plan in terms of the extent to which job retention and RTW are considered is **France's 10-Year Cancer Control Strategy**.⁶⁵ **Action II-13 of the Strategy is on 'making job retention an objective of the**

⁶⁰ 24 of a total of 37 respondents selected this option, with 22 selecting 'measures to raise awareness', 18 selecting 'legislative measures', 15 'measures to encourage communication between actors', 14 'work (re)integration agencies and actors', and 7 'in-hospital based interventions'. It was possible to select multiple options.

⁶¹ Czech National Cancer Control Plan 2030, p. 31, available at: https://mzd.gov.cz/wp-content/uploads/2022/07/2207_MZCR_NOPL_CR_2030_EN_v03.pdf.

⁶² Italian National Oncological Plan: planning and guidance document for the prevention of and fight against cancer, available at: https://www.salute.gov.it/imgs/C_17_publicazioni_3291_allegato.pdf.

⁶³ National Cancer Plan for Bulgaria 2030, available at: https://www.mh.government.bg/media/filer_public/2022/07/08/bg_national_cancer_plan_2030_-_site.pdf.

⁶⁴ National Cancer Plan for the Maltese Islands 2017-2021, October 2017, p. 76, available at: https://health.gov.mt/wp-content/uploads/2023/04/The_National_Cancer_Plan_for_the_Maltese_Islands_2017%E2%80%932021_EN.pdf.

⁶⁵ 2021-2030 France Ten-Year Cancer Control Strategy, available at: https://en.e-cancer.fr/content/download/442784/6693493/file/National%20Ten-Year%20Cancer%20Control%20Strategy_2021-2025%20Roadmap.pdf.

pathway',⁶⁶ and highlights **seven concrete actions** and **three expected outcomes** for individuals. The actions include raising awareness among health professionals of the benefits of job retention during and after illness, providing support for businesses, including employment-related information and procedures in a 'one-stop shop', and extending flexible working hours options. A full list of the actions and outcomes can be found in section **Error! Reference source not found.**, where Action II-13 of the French Strategy is included as a good practice measure.

Aside from national policies linked to cancer plans or strategies, some countries have relevant regional policy measures. In **Spain**, where the Spanish **health system is decentralised** and autonomous communities manage and provide healthcare services in their region, there are **a number of cancer-specific regional policies focused on job retention and RTW**. One of these is a collaboration agreement between the Andalusian Employment Service Agency and the Spanish Association Against Cancer (AECC), aiming to improve the labour market situation of all types of cancer patients, survivors and their families through **re-skilling and up-skilling**.⁶⁷ Similarly, a cooperation agreement exists between the AECC and the ONCE Foundation for Cooperation and Social Inclusion of People with Disabilities in the Basque Autonomous Community.⁶⁸ Within the framework of the agreement, both parties will establish a framework for collaboration with the aim of **training, guiding and integrating into the labour market** those affected by cancer in the Basque Country. There is a particular **focus on people with severe visual impairments or blind people** who are affected by cancer and affiliated with ONCE. A third regional policy measure aids employees in the Extremadura Autonomous Community in the RTW process after breast cancer.⁶⁹ In recognition of the fact that the average duration of sick leave due to breast cancer in the region is around 320 days,⁷⁰ and that remaining in and returning to work is difficult due to the intensity and spacing of treatments and the impact on quality of life, the **measure supports breast cancer sufferers in the reintegration process**. An occupational health examination is offered to assess an individual's work capabilities, and occupational risk factors are identified on an individual basis. A report is then drawn up and sent to both the employee and employer, highlighting any preventative measures and workplace accommodations that are necessary.

⁶⁶ Ibid, Action II-13, p. 48.

⁶⁷ See: https://www.juntadeandalucia.es/sites/default/files/2020-05/180226%20PROTOCOLO%20FIRMADO_SAE_AECC_Censurado.pdf.

⁶⁸ ONCE and AECC (2021), 'La ONCE y la Asociación Contra el Cáncer (AECC) abren en Euskadi una vía de cooperación en la prevención del cáncer', available at: <https://portal.once.es/empleado/publicaciones/asi-somos/asi-somos-1/asi-somos-no-269/politica-social/la-once-y-la-asociacion-contra-el-cancer-aecc-se-unen-en-euskadi-para-cooperar-en-la-prevencion-del-cancer>.

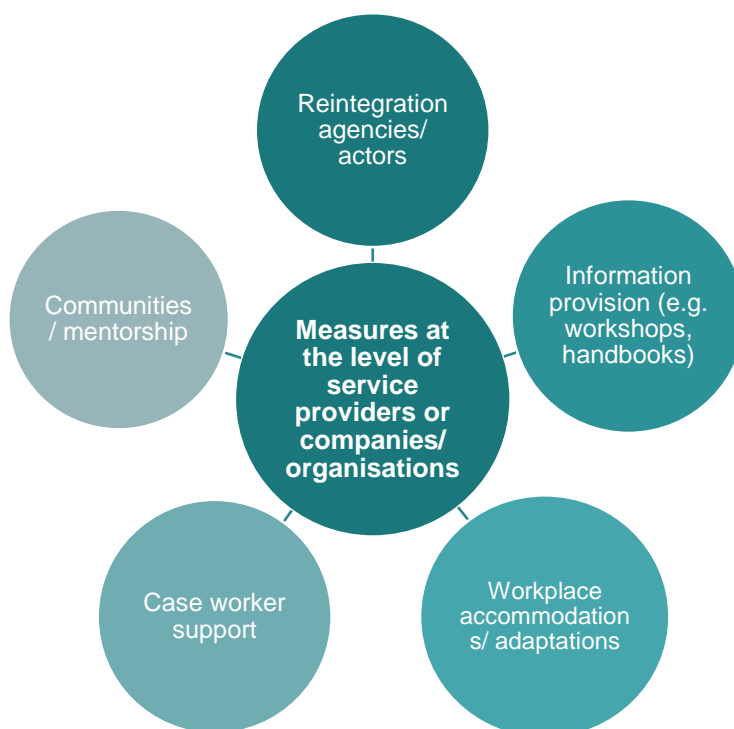
⁶⁹ Junta de Extremadura (2022), 'Procedimiento de Adaptación al Trabajo por Cáncer de Mama para Trabajadora de la Junta de Extremadura', available at: http://ssprl.juntaex.es/ssprl/c/document_library/get_file?uuid=7368d28f-17dd-4311-b939-ba22da59082a&groupId=10156.

⁷⁰ Ibid, p. 3.

4.1.1.3. Measures at the level of service providers or companies/organisations

The vast majority of cancer-specific job retention and RTW support measures identified via the primary and secondary data collection conducted for this study were at the level of individual service providers, whether that be work (re)integration agencies or actors, measures by foundations, organisations or NGOs, or in-company based interventions. Figure 1 below provides an overview of these types of measures.

Figure 1: Clusters of cancer-specific measures supporting job retention and RTW at the level of service providers or companies/organisations



Many EU Member States and EEA EFTA States have cancer-specific measures in place aimed at **providing information and advice on job retention and RTW**. For example, in **Austria**, the **Cancer and Employment programme** was established in the 1990s by the Austrian Cancer Aid Foundation.⁷¹ It publishes up-to-date information leaflets on job retention and RTW, as well as more specific aspects such as continued payment during sick leave. A web series has also been produced featuring expert videos on cancer and employment. Another example is in **Czechia**, where the AMELIE association has developed a **guidebook on Returning to work after oncological diseases**,⁷² covering labour law issues as well as social and health aspects. More information on this

⁷¹ Österreichische Krebshilfe (2023), Krebs und Beruf: Übersicht über das Arbeitsrecht und Unterstützungen, available at: https://www.krebshilfe.net/fileadmin/user_upload/Dachverband/Brosch%C3%BCren/Brosch%C3%BCren_Grafiken/2023_053_Krebs_und_Beruf_web.pdf.

⁷² AMELIE, Guidebook for people returning to work after cancer, available at: <https://www.amelie-zs.cz/pomoc-pro-zivot-s-rakovinou/brozura-amelie/brozura-pro-lidi-navracejici-se-po-rakovine-do-prace/>.

measure can be found in Section 4.3.2.11, where the guidebook is included as a good practice measure. Finally, the Rak'n'Roll Foundation in **Poland** organises **consulting sessions** to provide people with a history of cancer with knowledge on how to navigate the labour market following an absence due to illness.⁷³ Individuals are assisted in analysing their current professional path and possibilities for further development and are given tips on how to write a good CV and prepare for a job interview.

Workplace accommodations and adaptations are a key part of an effective RTW process either during or after cancer.⁷⁴ These include measures supporting a partial resumption of work (thus avoiding the 0% or 100% work binary) and measures enabling individuals to combine work with treatment periods. Organisational or company-level policies fostering this latter sort of flexibility were identified in Czechia, France, Greece, Italy, Malta, Slovakia and Spain. For example, in **Italy**, the **PRO JOB initiative** was developed by the Italian Association of Cancer Patients (AIMaC) in 2012.⁷⁵ It aims to raise awareness among the management of companies to create optimal conditions in the working environment for those affected by cancer, both patients and carers. This includes **promoting the use of flexible working tools** (including teleworking, part-time work and flexible hours) to reconcile working times with treatment periods, or with time spent caring for family members with cancer. Another example of workplace adaptations and flexible working arrangements, this time at company level, is the **French pharmaceutical company Sanofi's 'Cancer & Work: Acting Together' initiative**.⁷⁶ In addition to guaranteeing job security and salary continuation for at least a year after diagnosis, employees can benefit from flexible work arrangements to better navigate cancer and work. This includes permanent employees becoming eligible for unpaid caregiver leave, which allows them to carry out caregiving duties for a close family member suffering from a critical illness.

Certain EU Member States and EEA EFTA States (notably France and Lichtenstein) have measures in place where people with a history of cancer can benefit from the **support of a social service or case worker**. In **France**, the social service worker is available to provide support in terms of an individual's professional situation, the recognition of cancer as an occupational disease (where applicable), administrative challenges, etc.⁷⁷ Similarly, In **Lichtenstein**, the Concordia insurance company has a service called 'Accompanied Return to Work: Case Management',⁷⁸ which supports people returning to work and reintegrating into the workplace after a long period of sickness by way of a case manager. The case manager analyses the situation with the individual involved

⁷³ See: <https://www.raknroll.pl/co-robimy/programy/iporaku/wsparcie-zawodowe/>.

⁷⁴ Le, G.H., Hermansen, Å. & Dahl, E. (2023), 'Return to work after cancer – the impact of working conditions: A Norwegian Register-based Study', Journal of Cancer Survivorship, available at: <https://doi.org/10.1007/s11764-023-01503-0>.

⁷⁵ See: <https://www.aimac.it/aimac-per-te/pro-job-risorse-impresa-lavoratori>.

⁷⁶ See: <https://www.sanofi.com/en/media-room/press-releases/2024/2024-02-05-07-00-00-2823219>.

⁷⁷ See: <https://www.e-cancer.fr/Patients-et-proches/Se-faire-soigner/Parcours-de-soins/Les-professionnels/Assistant-de-service-social>.

⁷⁸ See: <https://www.concordia.li/de/firmenkunden/betriebliches-gesundheitsmanagement/case-management.html>.

and coordinates with the employer, line manager, doctors and the social insurance companies involved to facilitate a sustainable RTW. Linked to this are **measures that provide a system of mentoring** for people whose lives have been touched by cancer. One such initiative, the 'Cancer compass',⁷⁹ began in **Norway** in 2018 as a podcast to provide support for cancer survivors and their families. The mentoring programme was subsequently launched, under which an individual who has been treated for cancer can be matched with a mentor from a private company for a year, who provides monthly support on topics including RTW and starting a training programme.⁸⁰ Groups of between 7 and 10 mentees, with an equal number of mentors, are created to foster a **community of support**.

Finally, **cancer-specific workplace (re)integration agencies, advisers and services** form an important cluster of measures. These services have been identified in **Belgium, Italy and the Netherlands**, namely Rentree, the TrasformAZIONE project, Re-turn and oPuce. Given the advice, guidance and support that each of these actors provide to people whose lives have been touched by cancer in terms of continuing working during treatment, (re)integration, finding a job, and regaining a sense of professional identity, all four measures have been selected as a good practice example in this report. Sections 4.3.2.1 (Rentree), 4.3.2.6 (TrasformAZIONE), 4.3.2.3 (Re-turn) and 4.3.2.4 (oPuce) of the report provide further details on each measure.

4.1.2. Prospective measures

The data collected by way of desk research and stakeholder consultation activities revealed **very few prospective measures** currently under development in terms of supporting job retention and RTW for those affected by cancer. The only prospective measures to be identified were in Belgium, France, Ireland, Spain and Norway.

The majority of the prospective measures identified were **reforms and policy initiatives as part of national cancer plans/strategies** that have not yet come into practice (e.g. in France, Ireland and Norway). In **France**, relevant future actions to be developed under the 10-year strategy for the fight against cancer include raising awareness among health professionals about the benefits of adapted work-related activity during and after cancer treatment (including pre-return to work visits), increased support for companies, and the integration of a 'one-stop-shop' for all administrative procedures related to employment.⁸¹ In **Norway**, the new Cancer Strategy 2024-2028 sets the goal of doubling the number of patients with cancer of working age who retain their connection to

⁷⁹ See: <https://www.kreftkompasset.no/>.

⁸⁰ See: <https://bootshomecare.no/kreftkompasset>.

⁸¹ République Française, Institut National du Cancer (2021), 'Stratégie décennale de lutte contre les cancers 2021-2030', available at: <https://www.e-cancer.fr/content/download/317173/4544094/file/Strate%CC%81gie%20de%CC%81cennale%20de%20lutte%20contre%20les%20cancers%202021-2030%20V2.pdf>, p.157-158.

working life.⁸² It refers to research carried out by the Norwegian Cancer Society's user panel, which showed that among those who were in work (either part-time or full-time) before receiving a cancer diagnosis, 66% returned to work after treatment. The Strategy states that solutions must be established to enable more people affected by cancer to remain in and return to employment.⁸³

In Belgium, a webtool is being developed to optimise the provision of supportive care to cancer patients and their relatives. This '**Belgian Handbook for Oncological Supportive Care**' is being developed as part of the BeONCOsup project of the research institution Sciensano.⁸⁴ One of the four 'domains of supportive cancer care' established by the project is socio-professional integration. The webtool aims to **provide links to existing sources of information**, including more widely applicable legislation setting out the rights and obligations of employees and employers, with short descriptions of the information it contains.⁸⁵

The fact that very few prospective measures were identified becomes particularly challenging when viewed in light of findings from the survey conducted for this study. 40% of respondents either disagreed or strongly disagreed that the number of support services available at national level is sufficient (n=65), with 46% disagreeing or strongly disagreeing in terms of the number at regional level. Moreover, the most common answer to the statement that 'the cancer-specific services available are comprehensive (i.e. that they cover all elements that are needed)' was 'disagree' (26%). This clearly highlights that **more needs to be done at national level to support those with a history of cancer to remain in or return to work, both in terms of the number and comprehensiveness of support measures.**

4.2. Gaps, obstacles and challenges

4.2.1. Major challenges faced by those with a history of cancer

Throughout the stakeholder consultation activities conducted for this study, **health issues and illness-related complications represent the most prominent challenge** faced by cancer patients and survivors in remaining in or returning to work. These challenges include:

- **Physical** health issues, notably fatigue and chronic pain

⁸² Norway, Helsedirektoratet, 'Nasjonal kreftstrategi 2024-2028', p. 46, available at : https://www.helsedirektoratet.no/horinger/nasjonal-kreftstrategi-2024-2028/_attachment/inline/d6912b99-ed05-4917-becd-be273e5c7018:e1a143f0e60f0758de48f8387668fd0de4acfd44/Nasjonal%20kreftstrategi%202024-2028%20-%20h%C3%B8ringsutkast.pdf.

⁸³ Ibid.

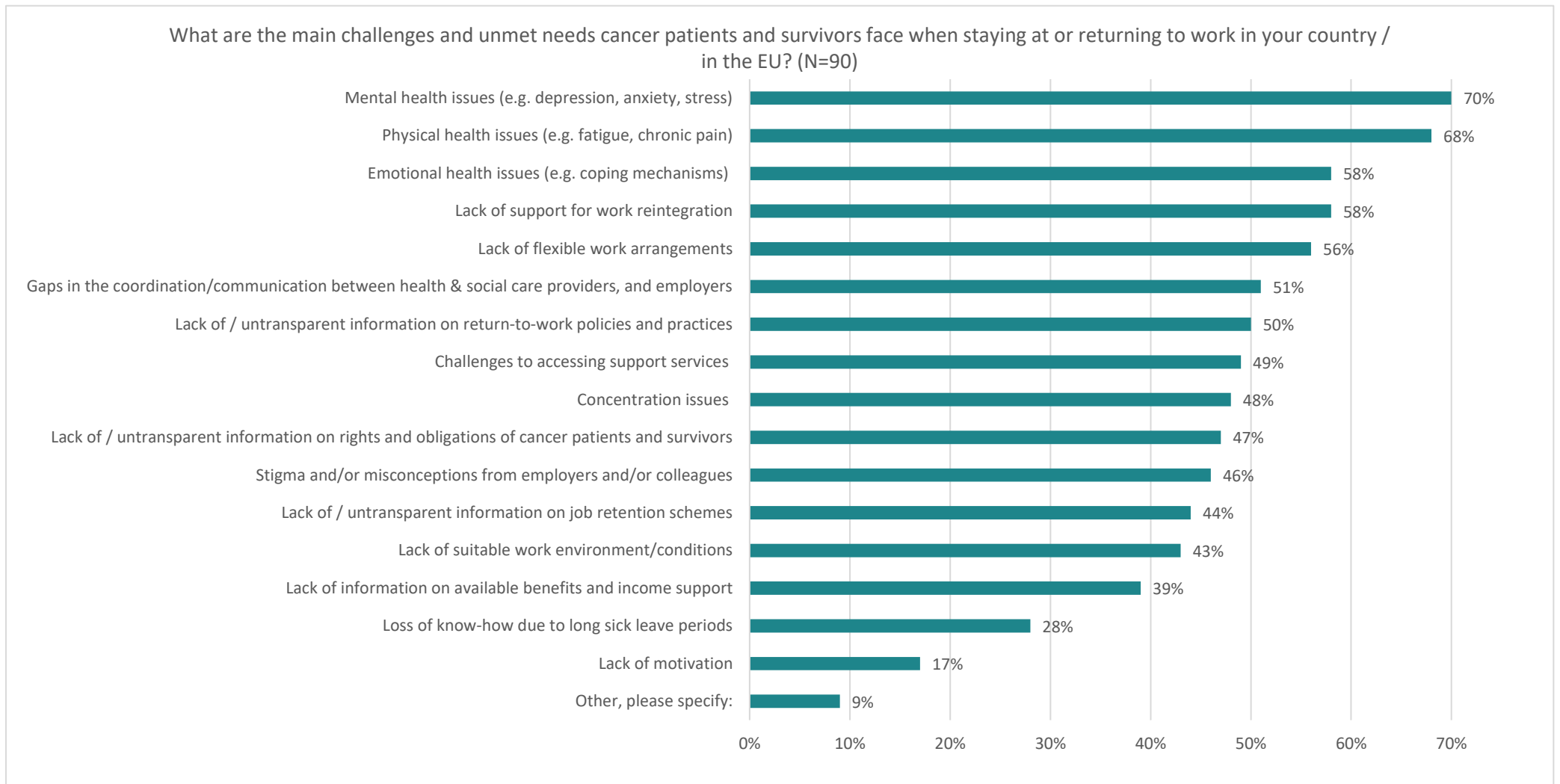
⁸⁴ See: <https://www.sciensano.be/en/projects/belgian-handbook-oncological-supportive-care>.

⁸⁵ See: https://www.sciensano.be/sites/default/files/results_of_the_twgs.pdf.

- **Mental** health issues, including depression, anxiety and stress
- **Emotional** health issues and related coping mechanisms.

In the stakeholder survey that we conducted for this study (n=90), 70% of respondents reported that mental health issues were a key challenge, with 68% stating that physical health issues were among the main challenges and unmet needs faced by those with a history of cancer. A full picture of these challenges is provided in Figure 2 below.

Figure 2: Survey findings as to the main challenges and unmet needs of cancer patients and survivors when staying at or returning to work, as identified by survey respondents



Source: Ecorys survey, 2024.

As Figure 2 shows, aside from health issues, **lack of support for work reintegration** is the major obstacle that hampers cancer patients and survivors in terms of job retention and RTW (cited by 58% of respondents). In some cases, this lack of support stems from the fact that reintegration of cancer patients requires a different approach from both employers and employees than reintegration of those with other illnesses or disabilities.⁸⁶ Awareness and understanding of this are sometimes lacking, and so tailored support for work reintegration is also missing. While some countries benefit from work reintegration support services specifically for cancer patients and survivors (examples are 'Rentree'⁸⁷ in Flanders, Belgium and 'Re-turn'⁸⁸ in the Netherlands), such services are lacking in the majority of EU Member States and EEA EFTA States. Sections 4.3.2.1 and 4.3.2.3 provide more detail on these support services.

Linked to the issue of a lack of support is a **lack of flexible working arrangements and workplace accommodations**. These challenges include:

- No possibilities to **combine work and treatment periods** other than using holiday allowances
- The **0% or 100% work binary**, without the possibility of part-time work or a partial RTW
- No options to take more **regular breaks** than normal
- **Telework** not being allowed
- A lack of understanding of the need for or possibility to provide **ergonomic adjustments**.

Several stakeholders in the interviews conducted for this study highlighted that the **0% or 100% work binary represents a major challenge** for those with a history of cancer who wish to remain in or return to work. The physical, mental and emotional effects of cancer (as mentioned above) mean that in many cases, full-time work is not a possibility, particularly while treatment is ongoing. However, **financial challenges** may cause people to return to work earlier than they would wish or before they are physically or mentally ready. This is especially challenging in situations where flexible working arrangements, including the possibility to telework, are not allowed or not possible. A phased return to work brings benefits for both employee and employer. For the employee, gradual resumption of work can provide an extra boost to recovery. For employers, there are benefits in retaining employees and their valuable experience and expertise by accommodating their needs from the outset, which also creates a positive, supportive atmosphere in the workplace.

⁸⁶ See, for example, the experience of the founder of the Re-turn reintegration service, available here: <https://re-turn.nl/over-ons/>.

⁸⁷ See: <https://www.rentree.eu/>.

⁸⁸ See: <https://re-turn.nl/over-ons/>.

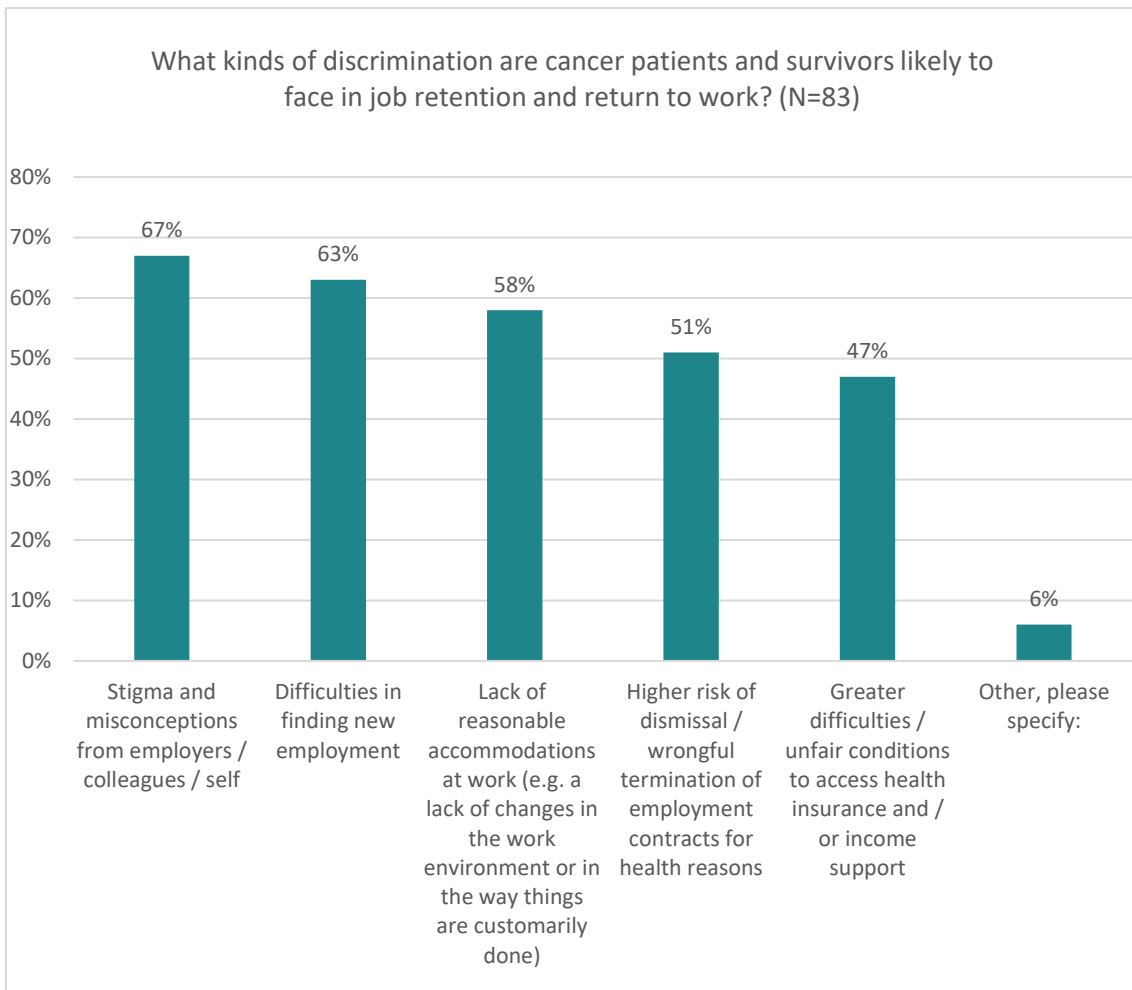
Other challenges faced by cancer patients and survivors relate to **limitations within existing support services, and difficulties in accessing them**. For example, 51% of survey respondents highlighted gaps in coordination and communication between health and social care providers and employers as being problematic, while 49% reported challenges in accessing support services, either due to inability to do so, inaccessibility of the services, or a lack of awareness (n=90). Moreover, a **lack of transparent information** also emerged clearly as a challenge, particularly in relation to information on RTW policies and practices (50%), rights and obligations of cancer patients and survivors (47%) and job retention schemes (44%).

4.2.2. Discrimination and stigma faced by cancer patients and survivors

Evidence from both the interviews and stakeholder survey revealed that people with a history of cancer facing these (physical and mental) health issues can sometimes also experience stigma and discriminatory behaviour from both employers and coworkers. As shown by Figure 3 below, when asked to select the kinds of discrimination that cancer patients and survivors are likely to encounter (n=83), approximately two-thirds of survey respondents mentioned that cancer patients and survivors are likely to experience **stigma and misconceptions from employers, colleagues and themselves**⁸⁹ (67%), as well as **difficulties in finding new employment** (63%). Over half of respondents also indicated that cancer patients and survivors are likely to be discriminated against due to a **lack of reasonable accommodations at work**, for example a lack of changes in the work environment or in the way things are customarily done (58%) and a **higher risk of dismissal / wrongful termination of employment contracts for health reasons** (51%). Indeed, an interviewee from a cancer association in Bulgaria highlighted that, while cancer patients are formally protected against dismissal by law, legal loopholes exist and are often exploited by employers.

⁸⁹ This was mentioned by multiple representatives from national competent authorities or ministries, civil society organisations, NGOs or charities, networks of cancer patients and survivors, cancer associations, leagues, or societies and research institutions or academia.

Figure 3: Survey respondents' views on what kinds of discrimination cancer patients and survivors are likely to face in terms of job retention and return to work



Source: Ecorys survey, 2024.

Cancer seems to remain stigmatised in that, while someone with a history of cancer may be able and keen to stay in their job or return to work, certain employers and colleagues may find it difficult to understand that it is possible to work with cancer.⁹⁰ Moreover, interviewees from Bulgaria and Italy, as well as two stakeholders at the EU level, reported how **stigma (and fear of potential repercussions) can mean that those affected by cancer do not wish to share information about their illness** with their employer or with colleagues, nor the measures or workplace accommodations that they would need to be able to remain in or return to employment. This coincides with secondary data reporting that **50% of all people with cancer are afraid to tell their employers.**⁹¹ One stakeholder noted that **stigmas surrounding certain types of cancer** may cause certain groups of cancer sufferers to fear discrimination more than others; for example, lung cancer carries stigma due to its connection to smoking.

⁹⁰ EU-OSHA (2018), 'Rehabilitation and return to work after cancer — Appendix', p. 92, available at: https://osha.europa.eu/sites/default/files/Appendix_Rehabilitation_and_return_to_work.pdf.

⁹¹ See 'Working With Cancer Pledge', available at: <https://workingwithcancerpledge.com/about-the-pledge>.

Moreover, lung cancer stigma is correlated with younger age, greater social deprivation, and being unemployed,⁹² making these particularly vulnerable risk categories.

4.2.3. Factors contributing to these challenges and to the likelihood of experiencing discrimination

The 2018 report by EU-OSHA⁹³ on rehabilitation and return to work after cancer found that certain factors influence the success of a return to work process after cancer. These include **sociodemographic, work-related, disease-related and treatment-related factors**.⁹⁴ The evidence collected throughout the present study aligns with these findings, as detailed below.

4.2.3.1. Work-related factors

In the survey conducted for the present study, the vast majority of respondents reported that the type of work (84%), older age (78%) and the employment sector or industry (77%) either 'increase' or 'strongly increase' the likelihood of persons with a history of cancer experiencing discrimination in terms of job retention and RTW (n=80). Both primary and secondary data sources confirm that **manual, physically demanding jobs and low-skilled jobs are negatively associated with successful return to work**, and that those in these roles return to employment at a lower rate.⁹⁵ Part of the reason for this lies in the link to the health-related challenges mentioned in section 4.2.1; physical issues and fatigue may make remaining in or returning to strenuous manual labour next to impossible.

4.2.3.2. Sociodemographic factors

The 2018 EU-OSHA study also found that **age, gender, educational level, marital status and income** all influence a person's ability to successfully return to work after a cancer diagnosis. **'Older individuals, who are therefore closer to retirement age, are less likely to resume employment.'**⁹⁶ As explored in more detail in section 4.2.4.2 below, evidence from other qualitative studies shows that **losing the ability to work following a cancer diagnosis was more likely in patients and survivors with lower levels of education, and those**

⁹² R. Maguire et al (2019), 'Lung cancer stigma: A concept with consequences for patients', doi: 10.1002/cnr2.1201.

⁹³ EU-OSHA (2018), 'Rehabilitation and return to work after cancer — instruments and practices', p. 17.

⁹⁴ Ibid.

⁹⁵ See for example The Economist Intelligence Unit (2017), 'The road to a better normal: breast cancer patients and survivors in the EU workforce', p. 12, available at: <https://www.workingwithcancer.co.uk/wp-content/uploads/2017/11/EIU-Reports.pdf>.

⁹⁶ Ibid, p. 13.

who were living alone.⁹⁷ In terms of income level, while those with a higher income have a comparatively higher loss if they are unable to work and thus lose that income, they are also more likely to have facilities at their disposal in terms of social security protection and/or other support systems. Evidence shows (and EU mechanisms are in place to address⁹⁸ the fact) that many **people in non-standard forms of employment and self-employment are not sufficiently covered by social security schemes and thus are exposed to higher economic uncertainty.**⁹⁹

4.2.3.3. Disease and treatment-related factors

Disease-related factors, including the type of cancer, site, stage, and associated symptoms, and treatment-related factors, notably the length of treatment, the aggressiveness, and the side effects, also have an impact on job retention and RTW of those with a history of cancer. The 2018 EU-OSHA study observed that **return to work is ‘negatively associated with survivors of more aggressive cancer types, less favourable prognoses and more intense and longer treatments.’** Additionally, as discussed in further detail in section 4.2.4.2 below, primary and secondary data collected in this study shows that women living with metastatic cancer often face unresolved professional issues, including loss of employment and thus income, and workplace discrimination.¹⁰⁰ As recently remarked upon by European Commissioner for Health and Food Safety, Stella Kyriakides, **‘incomplete and fragmented data can lead to misconceptions and stigma about metastatic cancers’**, and **‘Women diagnosed with metastatic breast cancer face different challenges than other breast cancer patients.’**¹⁰¹

4.2.4. Challenges faced by potentially vulnerable groups

In addition to the more generally applicable challenges mentioned in the section above, throughout the course of the study, we have also been able to identify challenges that are more specific to particular sub-groups. In the sub-sections below, we outline key challenges and remaining obstacles that affect young people, women, and also SMEs. Figure 4 below provides a summary of these challenges.

⁹⁷ C. Hjorth et al. (2024), ‘Social characteristics and social benefit use among premenopausal breast cancer survivors in Denmark: a population-based cohort study’, *Journal of Cancer Survivorship*, available at: <https://link.springer.com/article/10.1007/s11764-024-01598-z>.

⁹⁸ Council Recommendation of 8 November 2019 on access to social protection for workers and the self-employed 2019/C 387/01.

⁹⁹ See: <https://ec.europa.eu/social/main.jsp?catId=1312&langId=en>.

¹⁰⁰ Europa Donna, Challenges for MBC, available at: <https://www.europadonna.org/metastatic/challenges-for-mbc/>.

¹⁰¹ European Commission, Opening Remarks by Commissioner Stella Kyriakides at the 14th European Breast Cancer Conference, available at: https://ec.europa.eu/commission/presscorner/detail/en/SPEECH_24_1686.

Figure 4: Challenges faced by potentially vulnerable groups

Youth perspective

- Potential delays in entering the labour market.
- Treatment or rehabilitation periods may restrict opportunities to build knowledge and skills through work-based learning (e.g. traineeships, apprenticeships).
- Difficulties in finding employment due to limited work experience.
- May need to rely on self-employment, with the challenges this brings in terms of greater precarity.

Gender perspective

- Policies and arrangements usually only take into account work responsibilities, neglecting familial and care ones, which still largely fall on women.
- Breast cancer (the most commonly diagnosed cancer in the EU Member States and EEA EFTA States) disproportionately affects women. Women diagnosed with metastatic breast cancer face specific challenges concerning job retention and return to work.

SMEs' perspective

- Implementing effective and targeted job retention and return to work policies is especially challenging given limited flexibility and tight budgets.

4.2.4.1. Youth perspective

EU-level interviewees stressed that being diagnosed with cancer at a young age can have a tangible impact on a young person's educational path, leading to **potential delays in entering the labour market**. According to these interviewees, while some schools and universities have measures in place to support young people with disabilities, the same safeguards are often not in place for young people going through cancer. This is due to the fact that cancer is not automatically perceived as a form of disability, which results in cancer patients and survivors not being able to access adequate protection. Similarly, **having to attend treatment or suffering the impacts of it** (e.g. in terms of the toll on physical and mental health) might mean that young people going through cancer **cannot take advantage of opportunities to build their knowledge and skills through work-based learning** (e.g. traineeships, apprenticeships), further affecting the attractiveness of their profile to potential employers. Additionally, young cancer patients and survivors might face additional barriers as their limited work experience may mean that they could struggle to find employment. Lastly, existing obstacles to entering the labour market may lead young people to rely to a greater extent on **self-employment and entrepreneurship** (with the greater flexibility this typically brings), which can also present challenges in terms of financial security and stability.

Linked to the gender perspective (explored in more detail in section 4.2.4.2 below), **of the estimated 1.2 million new cancer cases globally in 2020 among young adults aged between 20 and 39, women accounted for around two-thirds of these cases.**¹⁰² The three most common types of cancer among this group were breast, thyroid and cervical cancer. Research shows that the increasing number of survivors in this age bracket need long-term clinical follow-up and support to address the effects of their diagnosis and treatment on their social wellbeing, including return to studies or work.¹⁰³

4.2.4.2. Gender perspective

The **gender health gap** remains wide in terms of research, data, care delivery and investment.¹⁰⁴ The study of human biology typically focuses on the male body, hindering understanding of sex-based biological differences. When combined with health burdens for women being systematically underestimated, women being more likely to face barriers to care, and lower investment in women's health conditions relative to their prevalence, women globally spend on average 25% more of their lives in poor health than men.¹⁰⁵ The overall gender health gap also impacts those affected by cancer: in a Danish study conducted over the course of 21 years, it took women two and a half more years to be diagnosed with cancer than men.¹⁰⁶ This has clear implications for quality of life and someone's ability to retain their job or RTW, as **women are more likely to have to balance their health and illness-related complications with work for a longer time before receiving a diagnosis.**

The gender perspective is also important when considering that **breast cancer is the most common type of cancer in Europe**, making up 13.3% of estimated incidences of cancer across both sexes and all ages in 2022 in the EU Member States and EEA EFTA States.¹⁰⁷ **Among those aged 0-44, this percentage is almost double (23.9%) across both sexes.**¹⁰⁸ The number of younger women¹⁰⁹ being diagnosed with breast cancer is cause for concern, with the rate at which breast cancer patients and survivors return to work being highly uneven in the EU Member States. A 2017 study found that RTW rates for 'breast cancer

¹⁰² The Lancet Commissions (2023), 'Women, power, and cancer', 26 September 2023, p. 2122, available at: [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(23\)01701-4.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(23)01701-4.pdf).

¹⁰³ Ibid.

¹⁰⁴ World Economic Forum (2024), 'Closing the Women's Health Gap: A \$1 Trillion Opportunity to Improve Lives and Economies', January 2024, p. 3, available at: https://www3.weforum.org/docs/WEF_Closing_the_Women%E2%80%99s_Health_Gap_2024.pdf.

¹⁰⁵ Ibid, p. 5.

¹⁰⁶ The Faculty of Health and Medical Sciences, University of Copenhagen (2019), 'Across Diseases, Women Are Diagnosed Later Than Men', March 2019, available at: <https://www.sciencedaily.com/releases/2019/03/190311103059.htm>.

¹⁰⁷ European Commission, ECIS – European Cancer Information System, 'Incidence and mortality 2022', available at: [https://ecis.jrc.ec.europa.eu/explorer.php?\\$0-0\\$1-AE28E\\$2-All\\$4-1,2\\$3-All\\$6-0,85\\$5-2020,2020\\$7-7\\$CEstByCancer\\$X0_8-3\\$CEstRelativeCanc\\$X1_8-3\\$X1_9-AE27\\$CEstBySexByCancer\\$X2_8-3\\$X2_-1-1](https://ecis.jrc.ec.europa.eu/explorer.php?$0-0$1-AE28E$2-All$4-1,2$3-All$6-0,85$5-2020,2020$7-7$CEstByCancer$X0_8-3$CEstRelativeCanc$X1_8-3$X1_9-AE27$CEstBySexByCancer$X2_8-3$X2_-1-1).

¹⁰⁸ Ibid.

¹⁰⁹ While men can be diagnosed with breast cancer, it is very rare. The EU standardised death rate for breast cancer in 2020 was 31.4 per 100,000 inhabitants for females and 0.5 per 100,000 inhabitants for males. See: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Cancer_statistics_-_specific_cancers&oldid=578153#:~:text=The%20EU%20standardised%20death%20rate%20for%20breast%20cancer%20was%2031.4,100%20000%20inhabitants%20for%20males..

patients and survivors who were in a job at the time of diagnosis range from 43% in the Netherlands [12 months after diagnosis] to 82% in France [36 months after diagnosis]. Moreover, among those who try to stay in the workforce, the unemployment rate for breast cancer survivors is more than double that of the control population with no experience of breast cancer (35.6% versus 15.2%).¹¹⁰ One of the key barriers to return to work for those affected by breast cancer was found to be **physical challenges, notably lymphedema**, for example, arising from the surgical removal of lymph nodes, which can cause substantial upper-body pain. Non-medical barriers included a **lack of employer or colleague support** and **demanding work environments**, particularly in manual, low-skilled jobs, frequently with limited possibilities for workplace adaptations.¹¹¹

Moreover, it is estimated that **between 20% and 30% of women diagnosed with early breast cancer will eventually progress to metastatic breast cancer**¹¹², meaning that these women have to live with cancer and its effects over an extended period. Desk research and interviews conducted for this study have shown that women living with metastatic cancer often face unresolved professional issues, including loss of employment and thus income, and workplace discrimination.¹¹³ A recent Danish study¹¹⁴ echoed findings from an earlier Dutch study¹¹⁵ that **10 years post-diagnosis, the impact of breast cancer on employment prospects and the need to rely on disability pensions is tangible**. Following the discussion in section 4.2.3.2 above about the impact of sociodemographic factors, the Danish study found that the **use of social benefits, reflecting a lost ability to work, was highest in less educated women and women living alone**.¹¹⁶

Interviews conducted for this study reveal that **caring responsibilities are one of the key reasons why women with a history of cancer are less likely to return to work than men**. An interviewee from an EU-level organisation noted that policies and arrangements supporting flexible work for those affected by cancer only take into account paid work, neglecting caring responsibilities, which mostly still fall on women. Having to juggle work and care responsibilities with treatment periods, particularly in cases of inadequate workplace accommodations and flexible arrangements, can result in women feeling forced to exit the labour market. This finding has been supported by scientific research showing that gender bias serves to 'unfairly burden and perpetuate an unpaid cancer caregiver workforce that is predominantly female, and hinder women's

¹¹⁰ The Economist Intelligence Unit (2017), 'The road to a better normal: breast cancer patients and survivors in the EU workforce', p. 3, available at: <https://www.workingwithcancer.co.uk/wp-content/uploads/2017/11/EIU-Reports.pdf>.

¹¹¹ Ibid.

¹¹² See: <https://www.europadonna.org/metastatic/statistics-guidelines/>.

¹¹³ Europa Donna, Challenges for MBC, available at: <https://www.europadonna.org/metastatic/challenges-for-mbc/>.

¹¹⁴ C. Hjorth et al. (2024), 'Social characteristics and social benefit use among premenopausal breast cancer survivors in Denmark: a population-based cohort study', *Journal of Cancer Survivorship*, available at: <https://link.springer.com/article/10.1007/s11764-024-01598-z>.

¹¹⁵ Coronel Instituut (2016), 'Annual Report Gezondheid Arbeid', available at: <https://docplayer.nl/57491027-Jaarverslag-2016-annual-report-gezondheid-arbeid.html>.

¹¹⁶ C. Hjorth et al. (2024), 'Social characteristics and social benefit use among premenopausal breast cancer survivors in Denmark: a population-based cohort study'.

professional advancement as leaders in cancer research, practice, and policy making.¹¹⁷

4.2.4.3. SMEs' perspective

As mentioned in section 4.2.1 above, a lack of support for work reintegration and a lack of flexible work arrangements are two of the key challenges facing cancer patients and survivors. From an employer perspective, **SMEs may particularly struggle to implement effective and targeted RTW programmes that allow for both gradual RTW and workplace accommodations**, as they have less flexibility and often very limited financial and human resources. As the 2018 EU-OSHA report highlights, 'The larger a company is, the more likely it is to have the resources to support and keep an employee with reduced work ability at work or on long-term sick leave. SMEs should therefore receive help in making work requirements more flexible or in aligning themselves with other companies that are more flexible.'¹¹⁸

Moreover, survey respondents, particularly from national authorities or ministries, networks of cancer patients and survivors, cancer associations, leagues or societies, and research institutes or academia, also highlighted employers' (particularly SMEs') **lack of awareness of legal obligations, policies and practices, as well as available measures**, to support job retention and RTW for cancer patients and survivors.

4.3. Good practices

This section presents key findings in terms of the links between the remaining gaps, obstacles and challenges affecting job retention and RTW of those with a history of cancer, and the measures that we have identified as good practices (based on the selection criteria as set out in section 3.4).

4.3.1. Strategies addressing the identified challenges

Table 1 below maps the key challenges identified in section 4.2 against corresponding strategies to address these obstacles, providing indicative country-specific examples where possible.

¹¹⁷ The Lancet Commissions (2023), 'Women, power, and cancer', p. 2113.

¹¹⁸ EU-OSHA (2018), 'Rehabilitation and return to work after cancer — instruments and practices summary', p. 9, available at: https://osha.europa.eu/sites/default/files/Rehabilitation_return_work_after_cancer_summary.pdf.

Table 1: Challenges, strategies to address them, and examples of promising practices

Challenges	Strategies to address them	Promising practice examples
Physical health issues	Measures to support physical health and wellbeing	The oncology rehabilitation association Onconauti in Italy offers tailored support to those with a history of cancer through measures aimed at fostering their physical well-being and increasing productivity (e.g. therapeutic yoga, physical activity, etc.). ¹¹⁹
Mental health issues	Training and support measures targeted at mental health	The ESF project ' Strengthen, help - a community of people against cancer (2022-2023) ¹²⁰ in Croatia financed training to strengthen volunteers' capacity to provide logistical and psychosocial support to oncology patients across Croatia.
Emotional health issues	Psycho-social support measures	The Psycho-emotional support office , located in Riga Eastern Clinical University Hospital, aims to provide psycho-emotional support to people in Latvia with an oncological disease, and their relatives, at any stage (immediately after diagnosis, during the diagnostic and treatment process, and follow-up after treatment.) ¹²¹
Lack of support for work reintegration	Work reintegration services and agencies	Rentree ¹²² in Flanders, Belgium, supports people with a cancer diagnosis who want to return to work, or those who are already back at work and facing barriers. Re-turn ¹²³ in the Netherlands: a network of consultants with expertise in the field of reintegration and knowledge about work in cancer.
Lack of workplace accommodations	Possibilities to combine work and treatment periods	' Partial sickness allowance ' granted by the Finnish Social Insurance Institution (KELA).
	Occupational rehabilitation centres which help workers with disabilities more generally in obtaining reasonable workplace adaptations	Examples of such occupational rehabilitation centres in Croatia , with a pilot project on these centres in Czechia . ¹²⁴

¹¹⁹ See: <https://www.reteoncologicaropi.it/wp-content/uploads/2021/01/Brochure-DEFINITIVA-1.pdf>.

¹²⁰ 'Strengthen, help - a community of people against cancer', available at: <https://osnazi-pomazi-zajednica-rakobornih.svezanju.hr/>.

¹²¹ Psihoemocionālā atbalsta kabinets, <https://aslimnica.lv/pacientiem/psihoeemocionala-atbalsta-kabinets-pacientiem/>.

¹²² See: <https://www.rentree.eu/>.

¹²³ See: <https://re-turn.nl/>.

¹²⁴ See: <https://pracovnirehabilitace.cz/>.

Challenges	Strategies to address them	Promising practice examples
	Possibility of working from home or requesting flexible working hours	Changes to the Portuguese Labour Code ¹²⁵ support the rights of carers of people with long-term illnesses, including cancer. As part of these amendments, carers can benefit from flexible working hours and telework arrangements. This may help an individual providing unpaid care to someone with a history of cancer to better balance their work and care responsibilities, enabling them to remain in the labour market. It thus indirectly supports cancer patients and survivors themselves.
Limitations within existing support services, and difficulties in accessing them	Ensuring that initiatives are not only active regionally but also nationally, where possible	With its office in Utrecht, the Dutch Re-turn reintegration service is accessible nationwide thanks to a network of consultants who work across the country. ¹²⁶
	Providing services that are free of charge	The coaching programmes provided by Rentree in Belgium are carried out for free by recognised centres, thanks to funding from the Flemish public service (VDAB).
Lack of transparent information about support measures	Improved collaboration and communication between different actors	The TYÖOTE project ¹²⁷ in Finland aims to enhance cooperation and communication between occupational healthcare and public healthcare for those with partial work ability.
Challenges facing young people	Support services providing career development and guidance for young people	The Association ‘Children with Onco-hematologic Diseases’ ¹²⁸ in Bulgaria assists young cancer survivors in continuing their education and finding opportunities for future career development.
Challenges facing women	Targeted support services	‘Frauenselbsthilfe Krebs’ ¹²⁹ in Germany accompanies women with cancer throughout their illness and afterward, helping them with their job search, their application for social benefits, as well as aftercare.
		Europa Donna Italia ¹³⁰ offers guidance and training aimed at facilitating women who have been diagnosed with or survived breast cancer or other oncological diseases in returning to work through its Talent Lab
Challenges facing SMEs	Targeted advice and support	The Spanish ‘Protocol for returning to work after long-term sick leave in SMEs in the Community of Madrid’ provides guidance to SMEs and their employees for people returning to work after long-term sick leave.

¹²⁵ Lei n.º 100/2019 and Lei n.º 13/2023, available respectively at: https://www.pgdlisboa.pt/leis/lei_mostra_articulado.php?nid=3144&tabela=leis&ficha=1&pagina=1 and <https://diariodarepublica.pt/dr/detalhe/lei/13-2023-211340863>.

¹²⁶ See: <https://re-turn.nl/over-ons/>.

¹²⁷ See: <https://www.ttl.fi/en/research/projects/responsible-work-ability-support-tyoote>.

¹²⁸ See: <https://www.decaohz.org/en/>.

¹²⁹ See: <https://www.frauenselbsthilfe.de/>.

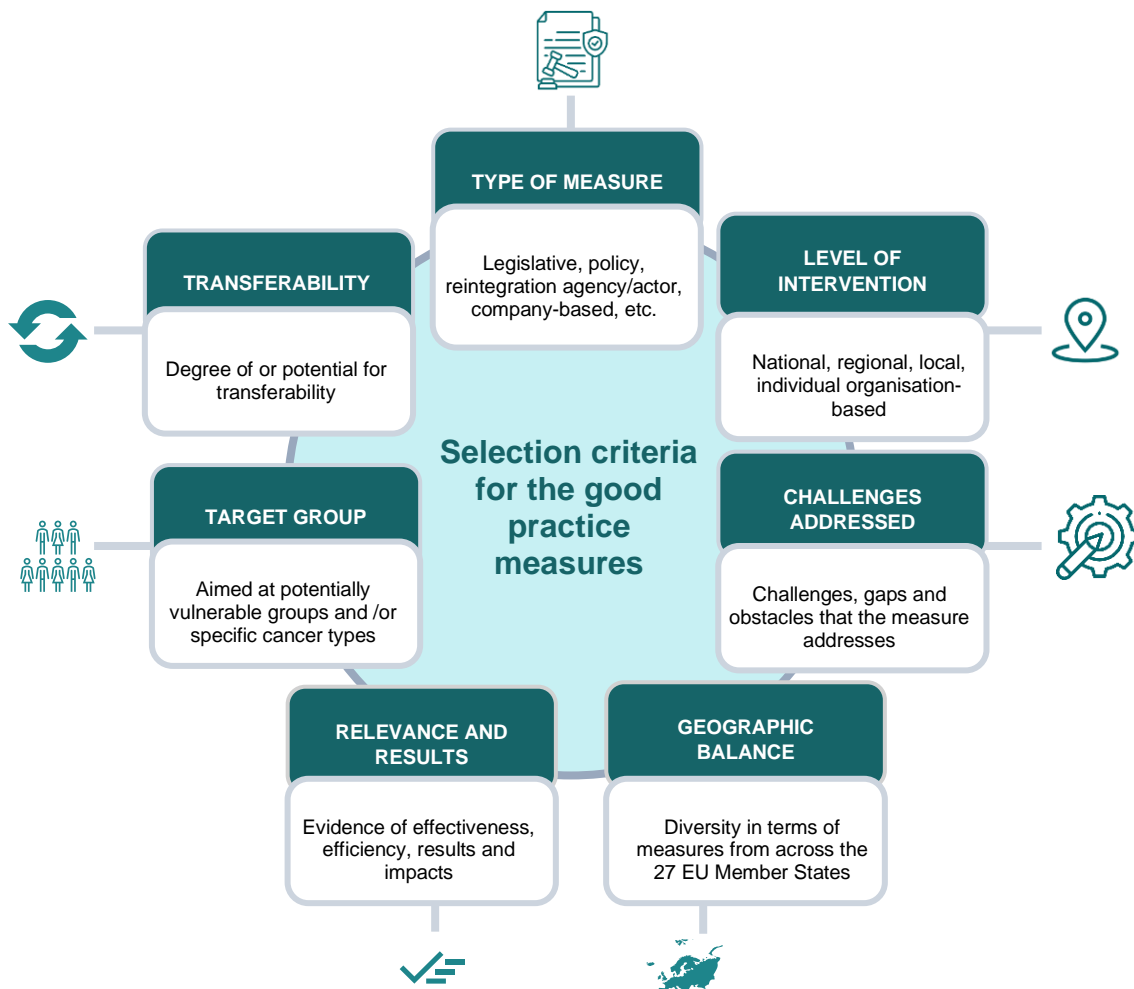
¹³⁰ See: <https://www.europadonna.it/tumore-al-seno/>.

4.3.2. 11 selected good practice measures

As described in section 3.4, to determine what constitutes a good practice for this study, we built on the qualitative data collected throughout the literature review and stakeholder consultation activities and used a number of selection criteria (see Figure 5 below) to shortlist 20 good practice measures.

All shortlisted practices showed sufficient relevance in that i) they were favourably assessed in terms of effectiveness, efficiency, results and impacts, ii) they answered one or more of the challenges identified in Section 4.2, and iii) they have either already been transferred to another geographical area or have the potential for transferability. We then made the **final selection of 11 good practices for further analysis to ensure a balanced sample** based on the selection criteria set out in Figure 5 below. Additionally, all selected practices were found to be **coherent with EU strategic priorities** (as set out in section **Error! Reference source not found.**), including Europe’s Beating Cancer Plan, the ‘promoting health and ensuring care’ action of the European Pillar of Social Rights, and the EU strategic framework on health and safety at work.

Figure 5: Selection criteria for the balanced sample of 11 good practices



These 11 good practices are presented in Table 2 below (highlighted in green) and further explored in the following sub-sections. Measures that were shortlisted but not analysed in further detail as good practices are shown in grey. Two additional measures (highlighted in orange at the bottom of Table 2 below, see also section 4.3.3) were included because, although they do not directly support job retention and RTW for those with a history of cancer, they are noteworthy for their potential to indirectly impact workers or job seekers affected by cancer. Importantly, they relate to sampling criteria that are otherwise not covered in the 11 selected good practices, namely 1) measures specifically targeting youth as a vulnerable category and 2) measures implemented in legislation.

Table 2: Sampling table with short-listed and selected good practice measures

	GOOD PRACTICES	COUNTRY	TYPE OF MEASURE					LEVEL OF INTERVENTION		FOCUS AREAS		TARGET GROUP			SUCCESSSES, CHALLENGES AND POTENTIAL FOR TRANSFERABILITY	
			Name of measure	Country code	Legislative	Reintegration service	Policy	Company based	Other (e.g. combined or other support services, associations, etc.)	National	Regional	Cancer-specific	Job retention / RTW specific	General (all people affected by cancer)		Specific (e.g. cancer type/vulnerable group (i.e. youth, women, SMEs))
SHORT-LISTED AND SELECTED GOOD PRACTICES	1	Rentree	BE							✓	✓				✓	
	3	Cancer@Work Charter	FR							✓	✓				✓ (replicated in LU and the UK)	
	2	Re-turn	NL							✓	✓				✓	
	4	oPuce	NL					Combination of company-based practices/advocacy and support			✓	✓			✓	
		Stap.nu	NL							✓	✓				✓	
		Legal advice, 'Cancer at Work' and 'Return' initiatives (by the Catalan FECEC)	ES					Combination of support services (information, reintegration assistance, legal advice)			✓	✓				✓
	5	TYÖOTE	FI								x	✓			Those with partial work ability	✓
	6	TrasformAZIONE (by Europa Donna)	IT					Support services by an NGO			✓	✓		Women / Breast cancer patients		✓
		Legal counselling and social service helpline (by Alma Zois)	EL					General support and legal counselling (including on work and cancer)			✓	x		Women / Breast cancer patients		✓

	GOOD PRACTICES	COUNTRY	TYPE OF MEASURE					LEVEL OF INTERVENTION		FOCUS AREAS		TARGET GROUP			SUCCESSSES, CHALLENGES AND POTENTIAL FOR TRANSFERABILITY
			Name of measure	Country code	Legislative	Reintegration service	Policy	Company based	Other (e.g. combined or other support services, associations, etc.)	National	Regional	Cancer-specific	Job retention / RTW specific	General (all people affected by cancer)	
7	Vocational guidance (by Frauensebsthilfe Krebs)	DE					Several support services and practices, including vocational guidance			✓	x		Women / Breast and gynaecological cancer patients		✓
8	Action II.13 of the Cancer Control Strategy (2021-2030)	FR								✓	✓				✓
9	Andalusian Collaboration Protocol (Vocational Guidance)	ES								✓	✓				✓
	European Social Fund (ESF) project 'Strengthen, help - a community of people against cancer (2022-2023)'	HR					Mental health support			✓	x				✓
	Psycho-emotional support office (by the Riga Eastern Clinical University Hospital)	LV					Mental health support			✓	x				✓
10	Protocol for returning to work after long-term sick leave in SMEs in the Community of Madrid	ES								x	✓		SMEs		✓

	GOOD PRACTICES	COUNTRY	TYPE OF MEASURE					LEVEL OF INTERVENTION		FOCUS AREAS		TARGET GROUP			SUCCESSSES, CHALLENGES AND POTENTIAL FOR TRANSFERABILITY	
			Name of measure	Country code	Legislative	Reintegration service	Policy	Company based	Other (e.g. combined or other support services, associations, etc.)	National	Regional	Cancer-specific	Job retention / RTW specific	General (all people affected by cancer)		Specific (e.g. cancer type/vulnerable group (i.e. youth, women, SMEs))
	11	Guidebook on RTW (by AMELIE)	CZ					RTW guidebook (and psychological support services)			✓	✓				✓
		"Cancer and Employment" programme (Krebs und Beruf)	AT					Several support services (including detailed RTW information/brochures/web series)			✓	✓				✓
		PRO JOB initiative (AIMaC) (2014)	IT								✓	✓				✓
		"UNAMANO" Project (Reggio Emilia)	IT								✓	✓				✓
		Counselling sessions (by the Rak'n'Roll (Cancer'n'Roll) Foundation)	PL					Monthly support / counselling sessions			✓	✓				✓
OTHER		Educational support for youth (by the Association 'Children with Onco-hematologic Diseases')	BG					Assisting youth with challenges/educational gaps affecting entry into the labour market			✓	x		Youth		✓
		Cluster of legislative measures on recognition of disability status	Pan-European								x	x			People with disabilities	✓

4.3.2.1. Rentree

Country: Belgium

Description and objectives

Rentree¹³¹ is a **work reintegration support service** originally set up to meet the need for specialised guidance in the context of RTW after cancer or continuing work during treatment. The initiative is implemented regionally (in Flanders), with services now being extended elsewhere in Belgium (i.e. the Brussels Capital Region).

The project was initially funded by the 'Fight against cancer' association,¹³² and as of 2020 it became financed by the Flemish Public Employment Service (VDAB), which included Rentree in the regular operation of its specialised training, guidance and mediation service. **The services that Rentree provides are free of charge for employees who want to return to work after their illness.** Guidance and coaching is also provided to employers, who may seek advice and concrete tips for the RTW or (re)integration of an employee.

The initiative consists of **assigning a Rentree coach to a patient, organising counselling sessions and developing targeted reintegration plans.** It focuses on reskilling and upskilling through the provision of training, vocational rehabilitation processes, in-company training courses and managerial coaching. The programme is also tailored to the user, thus making it relevant and sustainable for the individual. The Rentree coach also offers to consult with the employees' network (e.g. doctors, supporting services, etc.), to involve different stakeholders in the reintegration pathway.

Results, impact and enabling success factors

Satisfaction with Rentree is high, according to a 2021 research study conducted by KU Leuven.¹³³ **Rentree has guided more than 1,700 people with a history of cancer in their professional reintegration** since its inception. 90% of study participants said they were 'satisfied' to 'very satisfied' with Rentree's guidance. **71% said that Rentree had helped them take steps towards reintegration at work.** Rentree was perceived as providing effective support, with good guidance and follow-up. It has been shown that greater results are achieved the sooner the user makes use of Rentree in the treatment period or during rehabilitation.¹³⁴

Rentree partially owes its success to its operational model, which involves taking a comprehensive and **multi-stakeholder approach.** Several organisations have cooperated to promote the programme, and medical practitioners/occupational health providers are incentivised to refer patients to it, further increasing awareness.¹³⁵ **Another success factor has been the funding received from VDAB,** which means that Rentree's services are freely accessible to those with a history of cancer. This helps to address the 'limitations within existing support services and difficulties in accessing them' challenge previously identified in section 4.3.1.

Rentree has also proven to be economically beneficial as, according to VDAB, the evaluation of processes between 2016 and 2019 reveals that **'40 to 50 per cent of the investment in such reintegration programmes was already recouped within the first quarter,** both economically and socially'.¹³⁶

Transferability

This measure was formerly classified as a good practice with transferability potential in the EU-OSHA report of 2018,¹³⁷ and more recent evidence analysed in this study points to the same conclusion. Due to its success, **Rentree's scope has been expanded in Belgium** (to cover the Brussels Capital region) and **enlarged to cover diseases other than cancer.** Similar services already exist in other Member States (for example Re-turn in the Netherlands – see section 4.3.2.3).

Replication of an initiative like Rentree ideally requires external funding (as with the VDAB funding), and cooperation between different stakeholders involved in the RTW and reintegration process.

¹³¹ See: <https://www.rentree.eu/>.

¹³² Kom op tegen Kanker, an independent NGO and non-profit organisation – see: <https://www.komoptegenkanker.be/>.

¹³³ See: <https://www.komoptegenkanker.be/blog/werk-hervatting-en-kanker>.

¹³⁴ EU OSHA (2018), Rehabilitation and return to work after cancer — instruments and practices.

¹³⁵ The initiative is particularly supported by the Belgian Board of Oncology – see:

<https://collegeoncologie.be/press/new-national-guidelines-available-2/#:-:text=Rentree%20was%20set%20up%20to,and%20by%20organising%20counselling%20sessions.>

¹³⁶ See: <https://www.vdab.be/nieuws-voor-de-pers/algemeen/investeren-re-integratie-van-mensen-met-gezondheidsproblemen-loont>.

¹³⁷ EU OSHA (2018), Rehabilitation and return to work after cancer — instruments and practices.

4.3.2.2. Cancer@Work Charter

Country: France, with the measure already having been transferred to Luxembourg

Description and objectives

The Cancer@Work Charter is a **company-based measure initially developed in France** by the Cancer@Work association, which was founded alongside 6 'pioneer companies' in November 2012.¹³⁸ In 2016, the association conducted the first economic study on cancer and work, which evaluated the economic impact of keeping people with cancer in employment and measured the benefits for individuals, businesses and society.¹³⁹

The Charter was developed to support the integration, continued employment and quality of life at work of those affected by cancer, and to assist companies in retaining talent and preserving/developing their competitiveness. Signing the Charter is the first act that a company takes as a member of Cancer@Work, after which they benefit from tools to help them better reconcile cancer and work. **Signature indicates a company's willingness to implement concrete actions to facilitate the inclusion and retention of those affected** by cancer, including:¹⁴⁰

- Develop knowledge as to cancer and chronic illnesses in workplaces and foster open dialogue.
- Support the creation of a favourable workplace environment for cancer patients by adjusting working conditions and integrating illness at work into social dialogue and labour regulations.
- Promote managerial behaviours and practices that respect the non-discrimination principle, particularly in matters of occupational health, integration and professional development of candidates and employees affected by cancer.
- Anchor the inclusion of illness at work into the company's strategy, measuring progress.

Aside from the Charter, the Cancer@Work association has a number of other initiatives. One of these is the **Cancer@Work Label**,¹⁴¹ which enables member companies to measure and recognise good practices/initiatives within companies in terms of the positive inclusion of the disease in the workplace. Another is the **'Fighting Cancer' LinkedIn skill**,¹⁴² where the association has worked with LinkedIn to create a 'Fighting Cancer' skill aimed at changing recruiters' potentially negative views about the CV gaps of those affected by cancer.

Results, impact and enabling success factors

In France, there are currently **144 signatories of the Cancer@Work Charter, with a further 16 in Luxembourg**.¹⁴³ It is estimated that **more than 10% of the active population of France is represented** as a result of the companies and organisations that have signed the Charter.¹⁴⁴ The association's other initiatives, particularly the 'Fighting Cancer' LinkedIn skill, have generated significant reach. The skill generated 40 million impressions after one month, with the French Minister for Health expressing her support for the initiative.

Transferability

In 2023, membership of the Cancer@Work Charter became international in that **16 companies in Luxembourg joined the initiative** (Luxembourg being the first pilot country).¹⁴⁵ The same year, **2 companies joined in the UK**, showing that it is possible to replicate this measure internationally as well as within the EU. **A bilingual campaign in French and English facilitated this**. In 2024, the association is pursuing expansion to other EU Member States, and indeed internationally (e.g. further in the UK), via an **'international deployment scheme'**.¹⁴⁶ This is where a cluster of partner companies also established in another EU Member State or third country mobilise a network of local companies around the Charter. Cancer@Work, with its partner companies, will then plan a get-together event in the country concerned to organise the signature of the Charter by the new members. This will promote experience sharing between new and old members, and create a community.

¹³⁸ See: <https://www.canceratwork.com/>.

¹³⁹ See: https://www.canceratwork.com/files/ugd/865b92_fce425ba6036461cbe995b3874773de4.pdf.

¹⁴⁰ Cancer@Work, Chartre, available at:

https://www.canceratwork.com/files/ugd/865b92_051adf85f2754129ba1c3eecd4e4d335.pdf.

¹⁴¹ See: <https://www.canceratwork.com/decouvriir-nos-actions>.

¹⁴² See: <https://youtu.be/dNUB9IS5SMk>.

¹⁴³ Correct as of June 2024, see: <https://www.canceratwork.com/en/the-club>.

¹⁴⁴ Cancer@Work (2023), Activity Report 2023, p. 5, available at:

https://www.canceratwork.com/files/ugd/865b92_c620a5feb6264ab2b3170e017d659924.pdf.

¹⁴⁵ Ibid.

¹⁴⁶ Ibid, p. 10.

4.3.2.3. Re-turn

Country: The Netherlands

Description and objectives

Re-turn is an **organisation specialised in reintegration guidance for people affected by cancer**.¹⁴⁷ It has been operating since 2009 to provide support, advice and guidance for employers, employees, independent entrepreneurs, as well as company doctors, occupational experts, physiotherapists, and oncology nurses. Re-turn provides a **two-track system of support**: reintegration to one's former/current work, and being integrated into a new job. While no reintegration process is the same, Re-turn uses a modular programme called 'Workforce in cancer' as a basis. This consists of:

1. **Reintegration guidance:**¹⁴⁸ Re-turn helps people to combine returning to work with all their other tasks and responsibilities. They assist in putting the advice of the company doctor and occupational expert into practice, and help employers to comply with regulations and record progress in reports.
2. **Reintegration guidance for people on sickness benefits or 'Work Resumption for Partially Disabled Persons' benefits:**¹⁴⁹ The 'Work Fit' path supports someone receiving these benefits in preparing for a new job by examining their capacity and ability to deal with issues like fatigue and concentration problems.
3. **Re-turn Workview:**¹⁵⁰ This service provides individuals with a history of cancer with an insight into their personal situation in terms of areas that are going well and others that need more focus (with a dashboard using traffic light colours to indicate where opportunities and risks lie. It provides an analysis of the chance of a successful reintegration and maps out the need for support, and in which specific area.

Re-turn operates through a **network of independent professionals** (coaches, labour experts and organisational specialists) **in the field of reintegration** with knowledge about work and cancer. Each consultant has a background in human resource management, reintegration, occupational health and safety or absenteeism.

Results, impact and enabling success factors

A clear strength of Re-turn is that **it employs a multi-stakeholder and comprehensive approach** to facilitate RTW, with support and advice being available to employees (including the self-employed), employers and medical professionals alike. Re-turn's approach considers how each phase of the disease has characteristics that are unique to a cancer patient's capacity to work, with capacity usually decreasing until treatments are complete. **Early support in the reintegration phase is thus a key success factor:** Re-turn recommends a person to reach out as soon as possible at the end of their treatment phase, as the Re-turn coach can then support the individual through the ups and downs that occur along the course of the recovery and reintegration stage.

The costs for Re-turn's assistance services are covered by social insurance, making it widely accessible (as long as an individual is insured). This is particularly relevant for self-employed entrepreneurs, for whom the costs of Return's services are covered by a person's insurer if they have disability insurance.¹⁵¹

Transferability

This measure was **classified as a good practice with transferability potential in the EU-OSHA report of 2018**,¹⁵² and indeed the content of the programme remains transferable to other countries. However, in the Netherlands, there is a legal provision that means that employers and employees have to take a number of concrete steps within a certain timeframe to ensure that a sick employee returns to work as quickly as possible in a responsible way, with the employer (as opposed to the social security system) paying at least 70% of the employee's last earned wages for the first 2 years.¹⁵³ This means that there is **a great incentive for both employees and employers to seek RTW and reintegration guidance in the Netherlands**, and so reliance on such a service may not be as widespread (particularly among employers) elsewhere.

¹⁴⁷ See: <https://re-turn.nl/>.

¹⁴⁸ See: <https://re-turn.nl/re-integratiebegeleiding/>.

¹⁴⁹ See: <https://re-turn.nl/werffit/>.

¹⁵⁰ See: <https://re-turn.nl/return-workview/>.

¹⁵¹ See: <https://re-turn.nl/ondernemers/>.

¹⁵² EU OSHA (2018), Rehabilitation and return to work after cancer — instruments and practices, p. 88.

¹⁵³ Eligibility for Permanent Incapacity Benefit (Restrictions) Act, see: <https://business.gov.nl/regulation/reintegration-obligations/>.

4.3.2.4. oPuce

Country: The Netherlands

Description and objectives

oPuce is a **Foundation** established in 2016 to improve life and work after cancer.¹⁵⁴ It was founded by an individual who was fired from her job shortly after her cancer diagnosis in 2011. She set up oPuce to **support people who have recovered from cancer in finding paid work**. oPuce works with its Business Network of large companies to identify job opportunities and best practices in employing people with a history of cancer.

In collaboration with its Business Network, oPuce launched the '**Work and Cancer Covenant**' in 2017,¹⁵⁵ signed by prominent employers.¹⁵⁶ The Covenant is a **company-based measure where signatories declare their willingness to offer people with a history of cancer the same opportunities as applicants who have not had cancer**, and to commit to equal treatment in the workplace for employees regardless of a history of cancer.

In 2021, the oPuce Business Network launched the '**Talent Connector**',¹⁵⁷ a digital tool to **connect jobseekers who have recovered from cancer with recruiters from large companies** (who are members of the Business Network). Job seekers are also provided with knowledge and tools that are needed when applying for jobs (e.g. through information provision regarding the existing range of support programmes from patient organisations, reintegration companies and employment agencies).

oPuce also works on a broader societal level, **advocating for the removal of social inequalities** by creating awareness of the barriers that arise after a cancer diagnosis and putting the issue on the social and political agenda. The Foundation **commissions big data research on cancer and employment**, with a 2018 study exploring the impact of a cancer diagnosis on employment using data from Statistics Netherlands.¹⁵⁸

Results, impact and enabling success factors

oPuce has successfully created a **multistakeholder ecosystem** with employers, researchers and experts in cancer and employment, serving as a platform to co-create solutions to common challenges.¹⁵⁹ Given that many of the signatories of the Work and Cancer Covenant are multinational companies, oPuce's actions have a larger impact.

While privacy reasons mean that the number of jobseekers who have used the Talent Connector is unknown, both the Founder and one of the Advisory Board members have reported that it is being 'eagerly used' by jobseekers and employers alike.¹⁶⁰ According to the Foundation, **one of the key success factors** behind the Talent Connector was that it had the **support of the Dutch Ministry of Social Affairs and Employment** and the Member of Parliament Steven van Weyenberg.¹⁶¹

Transferability

For such a network to be established elsewhere, **a similar ecosystem 'by and for companies' would need to be set up** with companies committed to improving employees' work opportunities during and after cancer. According to the 2018 EU-OSHA report, several of the multinational Business Network members are exploring expansion within Europe.¹⁶² Although this measure has not yet been replicated outside the Netherlands, there are distinct **similarities with the Cancer@Work Charter** in France and Luxembourg (see section 4.3.2.2) in that members commit to respect the principle of non-discrimination, regardless of an employee's history of cancer.

¹⁵⁴ See: <https://opuce.nl/>.

¹⁵⁵ See: <https://opuce.nl/home/convenant>.

¹⁵⁶ ABN AMRO, AkzoNobel, Deloitte, ManpowerGroup, Inalfa, Johnson & Johnson, Philips, PON, PostNL and de Volksbank.

¹⁵⁷ See: <https://opuce.nl/2021/01/4218>; the Talent Connector is available at: www.talentconnector.nl.

¹⁵⁸ Deloitte (2018), 'State of the State onderzoek: ontwikkelingen op de arbeidsmarkt na kankerdiagnose', available at: <https://www2.deloitte.com/content/dam/Deloitte/nl/Documents/deloitte-analytics/deloitte-nl-sots-ontwikkelingen-op-de-arbeidsmarkt-na-kankerdiagnose.pdf>.

¹⁵⁹ All.Can, 'oPuce: supporting employment of people living with and beyond cancer', available at: <https://www.all-can.org/efficiency-hub/opuce-supporting-employment-of-people-living-with-and-beyond-cancer/>.

¹⁶⁰ ABU, 'oPuce launches new Talent Connector tool with business network for equal employment opportunities after cancer', available at: <https://www.abu.nl/kennisbank/ziekte/opuce-lanceert-met-bedrijvennetwerk-nieuwe-tool-talent-connector-voor-gelijke-kansen-op-werk-na-kanker/>.

¹⁶¹ See: <https://opuce.nl/2021/01/4218>.

¹⁶² EU OSHA (2018), Rehabilitation and return to work after cancer — instruments and practices, p. 74.

4.3.2.5. TYÖOTE

Country: Finland

Description and objectives

The 'responsible work ability support' (TYÖOTE) project is a **policy measure seeking to improve cooperation between basic health care, specialist medical care and occupational health care** in order to make an employee's treatment, rehabilitation and return to work more efficient.¹⁶³ The target group of the project is individuals with partial work ability, therefore potentially also including those affected by cancer. TYÖOTE (which ran from 2020 to 2023) built on a previous government project on 'Career opportunities for people with partial work ability' (OTE), which was implemented in Finland between 2015 and 2018.

The impetus for TYÖOTE was that for certain diagnoses, public healthcare services only permit short periods of sick leave for patients, who are then referred to occupational healthcare services for more detailed and tailored assessments of their working ability. By developing a multidisciplinary approach and a functional integration model between occupational and other social welfare and healthcare providers, the project aims to ensure that people receive the necessary services at the right time and place. Under the TYÖOTE operational model (which was used in Central Finland), **the occupational health care provider takes responsibility for coordinating the patient's treatment in a specialised health care unit or health centre and takes care of the follow-up** so that the employee can return to work as soon and as fully as possible.

Results, impact and enabling success factors

TYÖOTE helps to directly **address the challenge of a lack of transparent information** in relation to information on RTW policies and practices by placing the occupational health care provider at the centre of the picture and making them responsible for coordinating with other actors.

The project is beneficial to employees in that it **allows for an individual approach to RTW** with the necessary support measures being put in place, thus leading to a **reduced risk of permanent incapacity for work**. Hospitals benefit in that they can focus on core activities, with follow-up of patient care and arrangements for returning to work being agreed upon in an occupational health care setting. Occupational health carers have received full support from the Finnish Institute of Occupational Health in terms of the dissemination of this model, which should enable occupational health care know-how to be used more efficiently.

One of the biggest impacts of TYÖOTE is expected to be **shortened long-term absences due to illness**, and an earlier professional reintegration of employees. According to the final project report of the previous OTE project, upon which TYÖOTE is based, the number of unemployed persons with partial work ability decreased by 30.2% during OTE's implementation,¹⁶⁴ helped by 'publicly accessible information concerning the means, benefits and services helping people to find employment or continue working'.¹⁶⁵

One of the success factors behind TYÖOTE was the cooperation between actors. The project was co-ordinated by the Ministry of Finance as part of its cost-effectiveness work, managed by the Central Finland Hospital District and funded by the Ministry of Social Affairs and Health.¹⁶⁶ The Finnish Institute of Occupational Health was responsible for national dissemination of the operational model and communication concerning the project, while the University of Eastern Finland conducted an impact study for the project.

Transferability

In the course of this 3-year project, the Finnish Institute of Occupational Health **disseminated the practice initially used in Central Finland to all Finnish hospital districts**. Although other EU Member States may have varying public health, social welfare and occupational healthcare structures, which makes the practice not directly transferable, it could be adjusted to allow for different systems and actors. Generally speaking, measures to improve cooperation between basic health care, specialist medical care and occupational health care are likely to be beneficial in terms of improving RTW for those affected by cancer anywhere in the EU.

¹⁶³ Finnish Institute of Occupation Health, 'Responsible work ability support – TYÖOTE', available at: <https://www.ttl.fi/en/research/projects/responsible-work-ability-support-tyoote>.

¹⁶⁴ Ministry of Social Affairs and Health (2019), 'Results and recommendations from the OTE key project 'Career opportunities for people with partial work ability'', p. 14, available at: <https://julkaisut.valtioneuvosto.fi/handle/10024/161453>.

¹⁶⁵ Ibid, p. 3.

¹⁶⁶ ¹⁶⁶ Finnish Institute of Occupation Health, 'Responsible work ability support – TYÖOTE'.

4.3.2.6. TrasformAZIONE (by Europa Donna)

Country: Italy

Description and objectives

In 2021, Europa Donna Italia¹⁶⁷ (an association offering **targeted support services for women with cancer** during and after their illness) launched the **TrasformAZIONE project**¹⁶⁸ in collaboration with Manpower Group and Human Age Institute by Manpower Group, to tackle the specific challenges faced by women with cancer. The pilot initiative consisted of a **career orientation path dedicated to (former) breast cancer patients** seeking to join or re-enter the world of work, strengthen their ability to search for opportunities, update and enhance their skills, and adapt to new digital tools.

The main objective of the TrasformAZIONE project is **to break down the barriers that prevent cancer patients from returning to work** (e.g. balancing work and treatment, a lack of support from employers and colleagues, dealing with physically and mentally demanding jobs, etc.). In its first phase, an **in-person 'Talent Lab'** was set up. Participants worked in groups of 30 to discuss relevant topics (e.g. carrying out job interviews, writing CVs and cover letters, and using job search channels and platforms like LinkedIn) and gain a better understanding of different employment contracts and applicable legislation. This stage ended with a **skills assessment and the development of an integration/reintegration plan**.

The second phase involved the set-up of an **online Talent Lab** to involve a larger number of participants from all over Italy. The support provided covered three main stages: 1) job search (including topics such as CV development, preparing for job interviews, etc.), 2) skills and aspirations (e.g. discussing existing skills, labour market needs and professional goals), and 3) rights and obligations (e.g. covering important aspects of national legislation and increasing knowledge of labour rights, including through promotional materials).¹⁶⁹

Results, impact and enabling success factors

The first phase of the TrasformAZIONE project saw the participation of **100 women, with 62 completing the course**. The first Talent Lab supported participants to **regain confidence in themselves and their abilities**, helping them understand that they should not feel limited by their health status, but rather that they are valuable workers who can provide crucial contributions to companies in terms of the work they deliver, and in allowing employers to access financial support through existing relief measures as part of the social security system.¹⁷⁰ As such, the project supported those who felt that they had experienced a significant loss of their sense of self and professional standing in society to feel empowered and become active participants in the labour market.

The second phase of the project saw **increased collaboration opportunities** with companies and organisations across different sectors. This helped generate awareness of the initiative and the specific challenges faced by women with cancer among employers in a range of economic fields. It also helped to **generate financial support** which was needed for the sustainability of the project.

Transferability

This practice could be replicated in other Member States in the form of **targeted and specific reintegration assistance services** specifically dedicated to women and/or those covering other potentially vulnerable groups. This could take the form of training programmes provided by either civil society organisations or associations, or by existing reintegration agencies/services.

Replication of an initiative such as TrasformAZIONE **would require funding to be invested or existing resources to be reallocated** to support specific services/activities for women with cancer.

¹⁶⁷ Europa Donna Italia, available at: <https://www.europadonna.it/chi-siamo-new/>.

¹⁶⁸ Europa Donna Italia, TrasformAZIONE, available at: <https://www.europadonna.it/tumore-e-lavoro-2023/>.

¹⁶⁹ Europa Donna Italia, 'Handbook on the rights of cancer patients', available at: https://www.europadonna.it/wp-content/uploads/2024/02/Trasformazione_manualeWEB-scaled.jpg.

¹⁷⁰ Europa Donna Italia, TrasformAZIONE, available at: <https://www.europadonna.it/tumore-e-lavoro-2023/>.

4.3.2.7. Vocational guidance (by Frauenselbsthilfe Krebs)

Country: Germany

Description and objectives

Frauenselbsthilfe Krebs (Women's cancer self-help) network¹⁷¹ was established to help women with a history of cancer. While not specifically focused on job retention and RTW, the organisation offers multiple support services (e.g. visits to clinics, patient days, conferences and workshops)¹⁷²

Among its services, the association also offers **information and assistance on vocational rehabilitation (i.e. vocational guidance)**.¹⁷³ Its website provides information on other relevant services that cancer patients or survivors may find useful when looking into work reintegration (e.g. Company Integration Management to be offered by employers,¹⁷⁴ rules on disability and access to vocational rehabilitation,¹⁷⁵ and referral to the so-called 'Hamburg model' for partial integration).¹⁷⁶

Results, impact and enabling success factors

A key strength of Frauenselbsthilfe Krebs is its **structure and vast network**. The network includes state associations as well as many regional groups nationwide, offering help and advice to approximately 35,000 individuals suffering from various forms of cancer. State associations are the first point of contact for the local groups, and act as a link with Frauenselbsthilfe Krebs as the umbrella organisation at federal level.

To ensure the smooth functioning of the organisation, Frauenselbsthilfe Krebs has invested in face-to-face training for the board members of state associations, as well as the development of online modules available on the newly created platform of Lernort Selbsthilfe LOS!digital.¹⁷⁷ Furthermore, learning materials and experiences developed by Frauenselbsthilfe Krebs will also be made available to other associations with a similar structure.

Lastly, **stable funding** through the Deutsche Krebshilfe (German Cancer Aid) represents a key success factor.

Transferability

The Baden-Württemberg state association of Frauenselbsthilfe Krebs was founded in 1979, but since then 10 other state associations have developed, in addition to the association operating at Federal level. This shows that **the help that the network provides has already been disseminated throughout Germany**.

The work Frauenselbsthilfe Krebs does to provide vocational guidance and other support services targeted to a specific category of people affected by cancer who belong to a potentially vulnerable group makes this practice transferable. To this end, similar initiatives could be **integrated within the scope of activities and services provided by existing associations** to support vulnerable groups affected by cancer.

¹⁷¹ Frauenselbsthilfe Krebs, available at: <https://frauenselbsthilfe-bw.de/>.

¹⁷² Ibid.

¹⁷³ See: <https://www.frauenselbsthilfe.de/infothek/rehabilitation/formen-der-onkologischen-reha/berufliche-rehabilitation.html>.

¹⁷⁴ See: https://www.deutsche-rentenversicherung.de/DRV/DE/Experten/Arbeitgeber-und-Steuerberater/BEM/bem_index.html.

¹⁷⁵ See: <https://www.bar-frankfurt.de/themen/arbeitsleben/berufliche-rehabilitation.html>.

¹⁷⁶ See: https://www.gemeinsam-einfach-machen.de/DE/AS/Themen/Arbeiten/ArbeitsplatzSichern/HamburgerModell/hamburgermodell_node.html.

¹⁷⁷ See: <https://lernort-selbsthilfe.de/>.

4.3.2.8. Action II.13 of the French 10-Year Cancer Control Strategy (2021-2030)

Country: France

Description and objectives

Action II-13 of the Ten-Year Cancer Control Strategy 2021-2030¹⁷⁸ sets out a range of **measures specifically tailored to job retention and RTW of cancer patients and survivors**.

Action II-13's main objective is to **develop systems enabling cancer patients to return to work or retain their job, through facilitated discussions and communication**. To this end, it sets out a series of seven concrete actions and three expected outcomes for individuals. The actions include:

- Raising awareness among healthcare professionals on the benefits of job retention during and after cancer
- Providing support for businesses
- Including all employment-related information and procedures in a 'one-stop shop'
- Extending flexible working policies and tailoring them to patients' real-life circumstances
- Removing barriers for schemes funding workplace accommodations and supporting job retention
- Gauging the effect of cancer on pension entitlements and envisaging initiatives aimed at reducing its impact
- Proposing trials aimed at increasing compatibility between cancer and employment.

The 'providing support for businesses' action involves **continuing the development of the French National Cancer Institute's (INCa's) work under the 'Cancer and Work' initiative**,¹⁷⁹ in addition to awareness-raising actions carried out by the national and regional agencies for the improvement of working conditions (ANACT and ARACT) focused on SMEs. For the 'extending flexible working policies' action, the Strategy foresees the setting up of a multidisciplinary and interministerial working group.

¹⁷⁸ 2021-2030 France Ten-Year Cancer Control Strategy, available at: https://en.e-cancer.fr/content/download/442784/6693493/file/National%20Ten-Year%20Cancer%20Control%20Strategy_2021-2025%20Roadmap.pdf.

¹⁷⁹ The 'Cancer and Work' Business Club supports signatory companies with job retention and reintegration of employees with a history of cancer. INCA also offers the possibility for signatories to participate in workshops and awareness days on cancer and its effects.

Country: France

Results, impact and enabling success factors

In relation to job retention and RTW, several measures have already been put in place and/or further developed:

1. As part of its 'Cancer and Work' meetings, on 23 November 2022 INCa organised the '**General Public Conference – Living and working with cancer**',¹⁸⁰ which consisted of a day of debate and discussion on job retention and RTW for people affected by cancer.
2. A **guidebook entitled 'Five stories for managers'** has been published by INCa to help managers support employees who have been affected by cancer.¹⁸¹ It presents five case studies, directly inspired by real stories, each one providing the testimony of people affected by the disease.
3. More members have joined the INCa Business Club and **90 companies have now signed the 11 operational commitments of the 'Cancer and Work' Charter, representing more than 1.9 million employees** and agents.¹⁸²
4. Most recently, INCa opened a **call for projects**¹⁸³ whose main objective is to better understand the current functioning, constraints and obstacles in terms of job retention and RTW for people affected by cancer, and to identify the drivers as well as solutions.

In terms of enabling factors, **Action II-13 benefits from the funding provided for the overall implementation of the National Cancer Control Strategy**. The inclusion of these actions in this Strategy ensures the existence of clear and funded objectives which should be followed and pursued under subsequent policy agendas.

Transferability

The essence of Action II.13 could be transferred to other Member States through the **revision of existing national cancer strategies and plans to include a section on action points specifically dedicated to job retention and RTW**. Specific actions could take inspiration from those set out in the French 10-Year Cancer Control Strategy, but could be tailored to national specificities (e.g. by building on existing initiatives that may already be in place at national or regional level, and by assessing feasible actions and providing suggestions for implementation according to the actors and funding that exist).

¹⁸⁰ See: <https://www.e-cancer.fr/Actualites-et-evenements/Agenda/Colloque-Grand-Public-Vivre-et-travailler-avec-un-cancer>.

¹⁸¹ The guidebook is accessible at: <https://www.e-cancer.fr/content/download/446417/6750683/file/Livret%205%20r%C3%A9cits%20a%20destination%20des%20managers%20version%20imprimable.pdf>.

¹⁸² The list of signatory companies is available at: <https://www.e-cancer.fr/Institut-national-du-cancer/Cancer-et-emploi/La-charte-et-ses-signataires/Les-signataires>.

¹⁸³ INCA, Call for projects 'Cancer and work 2024', available at: <https://www.e-cancer.fr/Institut-national-du-cancer/Appels-a-projets/Appels-a-projets-en-cours/KEMPLOI-2024>.

4.3.2.9. Andalusian Collaboration Protocol (vocational guidance)

Country: Spain, specifically the Autonomous Community of Andalusia

Description and objectives

In 2018, the Andalusian Employment Service (AES)¹⁸⁴ and the Spanish Association Against Cancer (AECC)¹⁸⁵ joined forces through a Collaboration Protocol to **offer professional guidance to improve the employability of vulnerable groups of unemployed people, and to facilitate their access to the labour market.**¹⁸⁶ As a result, a Vocational Guidance Programme was developed, assisting those with a history of cancer, and their families, through **personalised work and vocational guidance, orientation and integration pathways.**¹⁸⁷ According to the Collaboration Protocol, the AES will provide a personalised job placement pathway to cancer patients and family members seeking a job, while the AECC will designate a person in each of its provincial headquarters in Andalusia to manage and disseminate relevant information on services provided by AES. A professional from the Andalusian Orienta Network¹⁸⁸ will manage a personalised reintegration pathway for the individual, which may include referral to other active employment policies (e.g. internships, support measures for integration, etc.), or participation in group sessions to receive advice on job searches and competency accreditation procedures.

Results, impact and enabling success factors

In 2017, 176,022 tailored and individual pathways for integration were managed by AES, with a minimum of 4 hours of support provided to each individual participant. Moreover, 41,725 specific support actions were provided, and 3,371 individuals were assisted.¹⁸⁹ Although this data does not reflect cancer patients and survivors only and relates to a time prior to the signing of the protocol, it is indicative of the high level of interest around professional guidance services in the region, and their potential reach. In terms of **funding**, the initiative was supported through public funding amounting to €51.9 million.¹⁹⁰

Transferability

While competencies and institutional settings vary between Member States, the Collaboration Protocol shows that different entities can work together to fulfil a common goal and objectives, and that **cooperation between public authorities and national associations can provide an effective avenue for support.** Such partnerships have the potential to be replicated in other Member States by way of comparable agreements between relevant public bodies or agencies and national cancer associations.

¹⁸⁴ Servicio Andaluz de Empleo (SAE), see: <https://www.juntadeandalucia.es/organismos/sae.html>.

¹⁸⁵ Asociación Española contra el Cáncer (AECC), see: <https://www.contraelcancer.es/es>.

¹⁸⁶ Agencia Servicio Andaluz de Empleo & AECC (2018), 'Protocolo de Colaboración entre la Agencia Servicio Andaluz de Empleo y la AECC en materia de Orientación Profesional', available at: https://www.juntadeandalucia.es/sites/default/files/2020-05/180226%20PROTOCOLO%20FIRMADO_SAE_AECC_Censurado.pdf.

¹⁸⁷ Ibid.

¹⁸⁸ See: <https://www.juntadeandalucia.es/organismos/sae/areas/mejora-empleabilidad/andalucia-orienta.html>.

¹⁸⁹ See: <https://www.europapress.es/esandalucia/malaga/noticia-sae-facilitara-atencion-personalizada-pacientes-cancer-familiares-insercion-laboral-20180226132849.html>.

¹⁹⁰ See: https://www.malagahoy.es/malaga/SAE-facilitara-insercion-laboral-pacientes_0_1222078428.html.

4.3.2.10. Protocol for returning to work after long-term sick leave in SMEs in the Community of Madrid

Country: Spain, specifically the Autonomous Community of Madrid

Description and objectives

The 'Protocol for returning to work after long-term sick leave in SMEs in the Community of Madrid (2020/21)' is a 2020 **protocol offering guidelines for employees returning from long-term sick leave**,¹⁹¹ emphasising active communication, skill adaptation and continuous monitoring. Furthermore, it provides guidance on how to adapt to any changes in the capabilities of an employee. The measure is implemented at regional level within the Community of Madrid.

While not specifically targeted at cancer patients, the initiative is **tailored to people returning to work after long-term sick leave in SMEs**. The guidance in the protocol is based on analysis and discussion on the different systems of labour reintegration, taking into account evidence from reports and initiatives such as the 2018 EU-OSHA study on 'Rehabilitation and return to work after cancer',¹⁹² the guidelines from the International Social Security Associations on 'Return to work and reintegration',¹⁹³ and the Danish model for return to work after long-term sick-leave.¹⁹⁴

Results, impact and enabling success factors

This measure tackles identified challenges and obstacles, namely those that are faced by SMEs in terms of how to support cancer patients and survivors in the workplace. **Due to their smaller size, SMEs may have fewer resources** (both financial and human) to deal with the consequences of an employee being diagnosed with a long-term illness such as cancer. However, the smaller scale of the company usually entails **less complex and bureaucratic procedures in order to adapt the work environment**, and therefore resources may be mobilised more swiftly and effectively. Moreover, awareness raising amongst colleagues may be conducted more efficiently among a smaller group.

Transferability

This good practice has the **potential to be replicated in other EU Member States through comparable guidance issued to SMEs** on navigating job retention and RTW of employees.

Moreover, given that the protocol has taken inspiration from EU-level studies on job retention and RTW, international guidelines and national models, **other contexts have already been considered in its design**. This means that its content is likely to be more widely applicable than the relatively limited geographical area in which it currently operates.

¹⁹¹ Comunidad de Madrid & Universidad Internacional de La Rioja. (2020) 'Protocolo de reincorporación al puesto de trabajo tras una baja laboral de larga duración en PYMES de la Comunidad de Madrid', available at: <http://www.madrid.org/bvirtual/BVCM050301.pdf>.

¹⁹² EU OSHA (2018), Rehabilitation and return to work after cancer — instruments and practices.

¹⁹³ International Social Security Associations (ISSA), Guidelines on 'Return to work and reintegration', available at: <https://www.issa.int/guidelines/rtw>.

¹⁹⁴ Danish RTW-model after long-term sick leave, see: https://www.enwhp.org/resources/toolip/doc/2018/04/20/ph_work_large_rt_w_project_denmark.pdf. On the results of the model, see Poulsen, Otto M., et al. (2014), 'Effect of the Danish Return-to-Work Program on Long-Term Sickness Absence: Results from a Randomized Controlled Trial in Three Municipalities.', *Scandinavian Journal of Work, Environment & Health*, vol. 40, no. 1, 2014, pp. 47–56, available at: <https://jstor.org/stable/43187986>.

4.3.2.11. Guidebook on Return to Work (by AMELIE)

Country: Czechia

Description and objectives

The AMELIE association provides psychosocial support, advice and counselling activities that promote social integration and reintegration of patients and their families, including return to work.

AMELIE has issued a dedicated **guidebook on Returning to work after oncological diseases**.¹⁹⁵ This guidebook aims to help all cancer patients and survivors to make decisions about returning to work by offering information from a range of areas such as social-related issues, the labour law context and health-related aspects. It also provides practical advice, such as how to write a CVs, and information on useful points of contact, such as relevant websites. The aim is to increase individuals' chances of finding a suitable job and therefore contributing to their return to normal life after cancer. The guidebook also aims to help workers who want to better navigate their career. The guidebook was developed on the basis of considerable experience in counselling cancer patients and survivors, and lessons learnt from the two-year Operational Programme Human Resources and Employment (OP LZZ) project, which was financed by the European Social Fund (ESF) and the state budget of the Czech Republic.¹⁹⁶

Results, impact and enabling success factors

This guidebook is **readily available and directly accessible** for any interested user, as it can be accessed directly through AMELIE's website. It has also been revised and re-published many times, most recently in 2023, in order to keep the information up to date, meaning that it has **continuing relevance**. The first edition of the guidebook was published in 2016 with the support of the Office of the Government of the Czech Republic. The 2023 version was developed and published with the support of the Prague Cancer League.¹⁹⁷

Transferability

Member States can take inspiration from this practice in terms of disseminating information on reintegration into the workplace after cancer. The development of **similar guidebooks could be integrated, for instance, within the scope of activities and services provided by existing associations** that already offer support services to cancer patients and survivors. Examples of associations developing similar guidebooks already exist, such as the Cancer and Career brochure developed by the Austrian Cancer Aid association.¹⁹⁸ Depending on the context, different means could be considered for disseminating information; for example, alongside or instead of a guidebook, organising dedicated meetings, workshops or recorded videos. Similar initiatives have also been put into place by associations in other Member States, for example the counselling sessions organised by the Rak'n'Roll Foundation in Poland.¹⁹⁹

Support from other associations, organisations and/or governmental funding would also be useful to support the research activities necessary to collect relevant data to keep the guidebook or activities up to date.

4.3.3. Two further measures of indirect relevance

The following additional two measures have been included as they relate to sampling criteria that are otherwise not covered in the 11 selected good practices above. They were not selected among the list of good practices as they do not

¹⁹⁵ AMELIE, 'Guidebook for people returning to work after cancer', available at: <https://www.amelie-zs.cz/pomoc-pro-zivot-s-rakovinou/brozury-amelie/brozura-pro-lidi-navracejici-se-po-rakovine-do-prace/>.

¹⁹⁶ The Operational Programme Human Resources and Employment (OP LZZ) is one of three programmes financed by the European Social Fund in 2007-2013. The Ministry of Labor and Social Affairs of the Czech Republic was in charge of its coordination. The programme mainly supports projects aimed at reducing unemployment, professional training, integrating socially excluded residents back into society and improving the quality of public administration. A total of EUR 2.16 billion was earmarked for the programme, 15% of which was paid from the state budget of the Czech Republic. See: <https://www.mpsv.cz/>.

¹⁹⁷ The Prague Cancer League, available at: <https://www.lpr.cz/o-nas/zakladni-informace>.

¹⁹⁸ Austrian Cancer Aid, 'Cancer and Career' brochure, available at: https://www.krebshilfe.net/fileadmin/user_upload/Dachverband/Brosch%C3%BCren/Brosch%C3%BCren_Grafiken/2023_053_Krebs_und_Beruf_web.pdf.

¹⁹⁹ Cancer'n'Roll (Rak'n'Roll), available at: <https://www.raknroll.pl/co-robimy/programy/iporaku/wsparcie-zawodowe/>.

directly support job retention and RTW for those with a history of cancer, but still have the potential to indirectly impact workers or job seekers affected by cancer.

4.3.3.1. Educational support for youth (Children with Onco-hematologic Diseases Association)

Country: Bulgaria

Description and objectives

The Bulgarian Association **Children with Onco-hematologic Diseases (DecaOz)**²⁰⁰ is an NGO focused on helping vulnerable groups undergoing cancer care, and in particular children and young people.²⁰¹ DecaOz provides a number of support services to young people who are affected by cancer, and their families. While these services are not specifically focused on job retention or RTW, they assist young cancer patients and survivors in continuing their education and finding opportunities for future career development. As cancer survival rates have risen substantially in the past 30 years, children with cancer may see the effects of this later in life, in the form of gaps in their education.

In this context, DecaOz has worked on the Erasmus+ project **Create Your Future**, in partnership with other organisations from Austria, Bulgaria, Greece and Spain, to **create a special career programme for childhood cancer survivors**.²⁰² The aim was to train career counsellors to work with cancer survivors. In September 2016, a consultant training session took place in Vienna with participation from all the countries involved. DecaOz also assists young cancer survivors in their choice of profession and their entry into the labour market.²⁰³

Results, impact and enabling success factors

The services provided by DecaOz, and in particular those aimed at ensuring continued education for young people affected by cancer, are relevant for the identified **challenges faced by young cancer patients and survivors as a vulnerable group**. The impact of the Create Your Future project was based on its contribution to the integration of childhood cancer survivors into society, education, and the labour market.

Other DecaOz initiatives have been successful in enhancing access to and continued education for young people with cancer. These include a **Daily Centre for children with cancer** undergoing active treatment and maintenance therapy; and a rehabilitation centre, which offers free rehabilitation in various forms to children who have overcome cancer and who are convalescing. The 'State Agriculture Fund' and the Kostinbrod municipality finance this centre.²⁰⁴ By 2021, its services had been used by 32 families, 15 teenagers and 21 siblings of children who are recovering from cancer. The success of the Centre is partially due to the funding received from the Bulgarian state, the EEA/Norway Grants and the EU's Rural Development Programme.²⁰⁵

Transferability

Member States could take **inspiration from this practice to implement measures specifically aimed at assisting young people affected by cancer in continuing education and reintegrating into society**, as these are relevant factors that impact young people's access to the labour market. Where existing associations tailored to youth and cancer exist, specific services related to assisting education could be developed, such as setting up access to virtual classroom platforms and providing vocational guidance and assistance to future career development. The Create Your Future project could also be replicated in other EU Member States in terms of raising awareness of and showcasing future career development for young cancer patients and survivors. The multistakeholder aspect of this project could also be replicated in other Member States.

²⁰⁰ DecaOz, available at: <https://www.decaohz.org/en/about-us/>.

²⁰¹ DecaOz, 'What we have achieved', available at: <https://www.decaohz.org/en/about-us/what-we-have-achieved/>.

²⁰² Create your future, Erasmus + Project, available at: <https://erasmus-plus.ec.europa.eu/projects/search/details/2014-1-BG01-KA204-001721>.

²⁰³ DecaOz, 'What we have achieved', available at: <https://www.decaohz.org/en/about-us/what-we-have-achieved/>.

²⁰⁴ Rotary Club Sofia International, available at: <https://rc-si.org/new/14-sept-opening-of-rehabilitation-center-of-the-association-children-with-onco-hematologic-diseases/>.

²⁰⁵ DecaOz, Rehabilitation Centre, available at: <https://www.decaohz.org/en/about-us/rehabilitation-center/>.

4.3.3.2. Cluster of legislative measures on recognition of disability status

Country: Pan-European, including Austria, France, Germany, Italy and Portugal

Description and objectives

Under the legislative framework of a number of Member States, namely Austria,²⁰⁶ France,²⁰⁷ Germany,²⁰⁸ Italy²⁰⁹ and Portugal, **individuals who have a serious physical impairment that impacts upon their participation in working life can be recognised under a specific status**. While the majority of these legislative measures regulating disability status are not directed specifically at people affected by cancer, these individuals could fall within the scope of the measures if they meet certain criteria. This type of recognition **enables individuals to receive disability benefits, including in the form of workplace accommodations and heightened protection against dismissal**, which have an impact on enabling job retention and/or RTW, for example through a phased or part-time return.

Germany, Italy, and Portugal apply a benchmark (degree of disability) that needs to be reached in order to qualify as an individual with a disability, and therefore to be eligible for the respective benefits. **Italy is the only country with cancer-specific legislation**: Law 80/2006²¹⁰ provides an **accelerated procedure for ascertaining disability in the case of cancer**. Italy also sets out a benchmark for degree of disability for all cancer patients defined on the basis of the characteristics and severity of the disease.²¹¹

Results, impact and enabling success factors

In Italy, an evaluation report²¹² was produced 15 years after the introduction of Law 80/2006. The results of the evaluation showed that the preferential channel for oncological diseases envisaged by the law was **not yet fully used**, although under the accelerated procedure, **applications take 125 days less than standard applications**.

Transferability

Member States should in principle be able to relatively easily **include cancer patients within the scope of eligibility in relation to general rules on disability**. This is particularly relevant in the context of improvements in screening, early detection, treatment and survival rates of cancer patients. Pathways to request recognition of disability status and entitlement to incentives and/or specific forms of benefits that take into consideration the **specifics of oncological diseases** could also be introduced in national law in a similar way to the Italian intervention. Setting specific pathways and disability frameworks for oncological cases may also enable **follow-up targeted evaluations**, including assessments of the costs specifically related to supporting cancer patients and survivors, and consequently enable **more precise and targeted financial planning and forecasting**.

²⁰⁶ Disability Employment Act (Behinderteneinstellungsgesetz StF: BGBl. Nr. 22/1970), available at:

<https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10008253>.

²⁰⁷ Code du Travail, Recognition of the status of worker with disabilities, Articles L5213-1 to L5213-2-1, available at: <https://www.legifrance.gouv.fr/codes/id/LEGISCTA000006189802>. Last modified/amended by another 2022 Law.

²⁰⁸ Social Code Book Nine - Rehabilitation and Participation of People with Disabilities (Sozialgesetzbuch Neuntes Buch – Rehabilitation und Teilhabe von Menschen mit Behinderungen) - Part 3 - Special regulations on the participation of severely disabled persons (Severely Disabled Persons Rights) § § 151 – 24, available at: https://www.gesetze-im-internet.de/sqb_9_2018/index.html#BJNR323410016BJNE015200000.

²⁰⁹ Law 104/1992 Legge-quadro per l'assistenza, l'integrazione sociale e i diritti delle persone handicappate ("Legislative framework for the support, social inclusion and rights of the disabled"), available at: <https://www.gazzettaufficiale.it/eli/id/1992/02/17/092G0108/sq>.

²¹⁰ Decreto-Legge convertito con modificazioni dalla L. 9 marzo 2006, n. 80 (in G.U. 11/03/2006, n.59), Misure urgenti in materia di organizzazione e funzionamento della pubblica amministrazione, Art. 6 (3-bis), available at: <https://www.normattiva.it/uri-res/N2Ls?urn:nir:stato:decreto.legge:2006-01-10:4>.

²¹¹ See: <https://www.fondazioneveronesi.it/magazine/articoli/lesperto-risponde/come-viene-attribuita-linvalidita-civile-ai-malati-di-cancro#:~:text=Per%20ottenere%20il%20riconoscimento%20dell,obiettivo%20di%20salute%20del%20paziente>.

²¹² Osservatorio sulla condizione assistenziale dei malati oncologici, '13° Rapporto sulla condizione assistenziale dei malati oncologici - 25. Riflessioni sulla efficacia della L.80/2006 a 15 anni dalla sua introduzione e stima dei costi sostenuti da INPS per le prestazioni assistenziali oncologiche' (13th Report on the welfare condition of cancer patients - 25. Reflections on the effectiveness of L.80/2006 15 years after its introduction and estimate of the costs incurred by INPS for oncology healthcare services), available at: <https://osservatorio.favo.it/tredicesimo-rapporto/parte-quarta/riflessioni-efficacia-l-80-2006/>.

5. Conclusions and recommendations for future action

5.1. Conclusions

This study has explored the current legislative and policy landscape to support job retention and RTW for people with a history of cancer. The research analysed the state of play across the EU Member States and EEA EFTA States to understand the extent to which the needs of cancer patients and survivors are addressed by policymakers. It has also examined whether adequate support is provided and how this is achieved, with particular attention given to remaining obstacles as well as good practice examples.

5.1.1. Greater flexibility

Experiencing cancer and undergoing treatment is life-changing. Its impacts are both physical and mental, as cancer can have lasting effects on patients' and survivors' wellbeing that can remain with them long after treatment ends. In this context, **returning to and/or remaining at work can represent a lifeline** for these individuals, helping them to regain a sense of normalcy, including by allowing them to retain financial stability and/or not lose personal income, and focus on building a brighter future. However, as the study shows, too often the journey of people with a history of cancer to re-enter the labour market or find new employment continues to be strewn with obstacles.

Cancer patients and survivors rarely have access to workplace accommodations (e.g. the adaptation of workstations with the provision of ergonomic materials, changes in tasks in the case of jobs requiring repetitive movements or heavy loads, etc.) **or work arrangements** (e.g. reduced or flexible hours, more frequent breaks, the possibility to telework) **that are flexible enough** to allow them to contribute in ways that are meaningful to them and their employers, and are tailored to their needs. This means that remaining in or re-entering the labour market after a period of absence can be increasingly difficult. Insufficient flexibility may have ripple effects on whether and how cancer patients and survivors can attend treatment appointments. Lack of flexibility may also have negative repercussions on mental health and well-being, potentially leading to anxiety, depression, or lack of motivation. In turn, these additional barriers may lead people with a history of cancer to withdraw from the labour market, with broader impacts from an economic perspective (e.g. loss of personal income).

In this sense, this study highlights a strong need not only for specific measures to better sustain job retention and RTW for people with a history of cancer, but also for these measures to provide holistic support to this category of workers

(e.g. counselling, financial assistance, career guidance). From ensuring access to psychological support, to providing sufficient information and developing specific policies regulating their reintegration into the world of work, **support must tackle the multifaceted challenges** faced by cancer patients and survivors.

5.1.2. Tackling stigma and recognising cancer patients and survivors as a heterogeneous group

Beyond employment-specific challenges, the study also revealed that people with a history of cancer are often subject to stigma and discrimination, either due to their health status alone or in combination with other personal characteristics. **Preconceptions about the extent to which cancer patients and survivors can still provide meaningful contributions in the workplace** can lead to negative attitudes on the part of colleagues and employers, and expose them to a higher risk of losing their job or being mistreated and discriminated against. This can further affect cancer patients' and survivors' employment opportunities or even their willingness to stay in a labour market that is not sufficiently receptive to their needs.

Furthermore, a history of cancer can lead to **additional discrimination for specific groups of individuals** who, due to their personal (e.g. gender or age) and/or socio-economic characteristics (e.g. income level or employment status), already face barriers in finding employment. The study has demonstrated that this is the case for young cancer patients and survivors, as their educational path may be delayed or they may miss out on opportunities to build their knowledge and skills, further affecting their future employability. Similarly, women experiencing cancer may not only have to overcome existing gender-based discrimination in employment, but also face additional barriers to juggling treatment, work and care responsibilities, potentially affecting their participation in the labour market and further perpetuating gender stereotypes.

This shows that **support measures to promote job retention and RTW for cancer patients and survivors must take into account the fact that they represent a heterogeneous group, requiring tailored solutions**. These challenges also highlight the need to further strengthen protection against all forms of discrimination and mainstream safeguards across all relevant policy areas, from equality to employment.

5.1.3. Stronger policy and legislative frameworks to increase safeguards

This study also revealed that, despite the existence of policies and legislation – albeit not always cancer-specific – supporting the job retention and RTW of cancer patients and survivors, **the policy and regulatory landscape remains**

patchy. Different countries offer varying levels of protection and recognition of rights for individuals with a history of cancer. Furthermore, legislative frameworks rarely address the specific needs of this group. This often leaves cancer patients and survivors who are seeking to return to work in a regulatory limbo, where the rights and protection afforded are unclear and information is not readily available or accessible. Employers are also affected by this, as they may not have access to the guidance they would need to ensure regulatory compliance.

A lack of a comprehensive legal and policy framework means that **it is often individual organisations that are left to drive societal and policy change through initiatives, campaigns, and projects**, providing support that would otherwise not be available. These good practices are only possible, however, where certain enabling conditions are met: from adequate funding to multi-stakeholder cooperation, the effective implementation of holistic support requires specific building blocks.

By highlighting these challenges, this study stresses the need for better and more effective policymaking at all levels, through **more effective and tailored policies**, as well as **more effective mainstreaming of cancer patients' and survivors' needs and rights** across relevant areas. Working towards a more systematic approach to supporting people with a history of cancer to return to work is key to avoiding over-reliance on the goodwill and commitment of individual organisations and ensuring better-quality support, adequate investment, and responsive policymaking.

5.1.4. Increased awareness to respond to challenges

The research and consultations conducted for this study also pointed to current shortcomings in relation to knowledge and information on the key building blocks necessary to ensure adequate support for job retention and RTW for people with a history of cancer.

On the one hand, the consultations highlighted a **general lack of awareness on the part of both cancer patients and survivors, as well as employers, in relation to existing frameworks, rights and obligations** (e.g. in relation to support services, benefits, income support, etc.). Lack of clarity on whether policies supporting people with disabilities cover cancer patients and survivors presents an obstacle to both people with a history of cancer and employers, as it affects their understanding of the protections/obligations they are entitled to/bound by. This shows an urgent need to increase awareness levels to ensure that people with a history of cancer are better informed about what they are entitled to and the support available to them. There is also a need to ensure that employers are sufficiently prepared to establish and implement policies and measures that meet both needs and legal standards.

This study also demonstrates an **urgent need for employers and their HR departments, fellow employees, as well as policymakers and social security services, to develop a better understanding of the challenges faced by and the needs of cancer patients and survivors**. This knowledge is an essential precondition to the provision of adequate support, and can only be addressed through more research, information campaigns and training.

5.1.5. Maintaining spaces for stakeholder dialogue and knowledge sharing

Ensuring stronger policymaking, promoting awareness raising, and fostering cultural change to tackle stigma and prejudice is heavily dependent on **continued dialogue, engagement and knowledge sharing among relevant stakeholders**. The consultations carried out for this study stressed the importance of mutual learning as a driver for change at all levels. It can also help to break down silos, help employers to better understand and match the needs of their employees, and support organisations representing cancer patients and survivors in engaging in meaningful exchanges with institutional stakeholders.

Failing to reintegrate people with a history of cancer into the labour market has both individual and societal consequences. Loss of personal income has a very direct impact upon individuals, and excluding cancer patients and survivors from the world of work leads to lower social contributions, higher social security costs, growing inequalities, and potentially a larger skills mismatch as employers lose trained and experienced workers.

The gaps highlighted by this study should act as an incentive for action at EU and national level, both to encourage **increased attention in the public discourse** around the topic of job retention and RTW for cancer patients and survivors, and to **foster policy and legislative change**.

5.2. Recommendations for future action

Based on the findings and conclusions from this study, we set out below some recommendations for potential future actions in the field of measures supporting job retention and RTW for those with a history of cancer.

5.2.1. Stronger policy and legislative frameworks

- **Expanding and strengthening the current policy and regulatory landscape at national level for job retention and re-integration to include more cancer-specific measures** that are better able to tackle the unmet needs of cancer patients and survivors. This could include the revision of existing national cancer strategies or plans to integrate

provisions on job retention or RTW, including objectives and indicators to monitor progress. Amending existing legislation regulating the recognition of disability status and benefits for chronic illnesses and other conditions could also be considered. It should be noted that legislation provides a formal structure and process for re-integration into work, and although evidence shows that an informal approach can be successful, the formal pathway of legislation can be useful in cases where the relationship between employers and employees is not optimal.

- Developing and implementing specific measures at national, regional, local, and/or company level to **ensure that cancer patients and survivors can benefit from flexible work arrangements to combine work and treatment**. These arrangements may include flexible working hours, an amended work schedule, a change in tasks or role, remote work, adaptations of the workplace, or part-time work/gradual RTW.
- **Identifying lessons learned from other relevant policy areas** (e.g. disability and non-discrimination policy and legislation) to implement policy and regulatory frameworks supporting more inclusive work environments, flexible arrangements, and social security coverage to facilitate RTW for persons with a history of cancer. Alternatively, policymakers could consider extending existing provisions for persons with disabilities or those affected by chronic illnesses to explicitly include cancer patients and survivors.
- **Further mainstreaming the needs of cancer patients and survivors seeking to return to the labour market across relevant EU- and national-level policies and strategies in key areas** such as education, employment, skills, equality and non-discrimination. This could include a stronger focus on supporting people with a history of cancer to return to work or retain their employment in upskilling and reskilling initiatives. It could also include EU-level policy and legislative proposals for the implementation of the European Pillar of Social Rights and/or existing and upcoming equality strategies (e.g. the Gender Equality Strategy 2020-2025²¹³ and the European Care Strategy²¹⁴).
- Ensuring that relevant policies and legislation at European and national level (e.g. related to equality and non-discrimination, employment, as well as cancer-specific measures) **support people with a history of cancer in all their diversity**. Factors such as age, gender, education level, migrant or minority background, urban or rural residence and socioeconomic status (SES) should be considered when designing and revising these measures in order to provide adequate and tailored support to those with a history of cancer in accessing and/or re-entering the labour market. For instance, RTW programmes can be tailored to meet the needs of women, as gender is an important predictor of RTW after cancer.

²¹³ See: <https://ec.europa.eu/newsroom/just/items/682425/en>.

²¹⁴ See: <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&furtherNews=yes&newsId=10382>.

Achieving this should involve working in close cooperation with organisations representing or working directly with these diverse groups, and with national equality bodies experienced in addressing intersectional discrimination.

5.2.2. More effective monitoring efforts

- **Reinforcing monitoring and enforcement mechanisms** at national, regional and local level would positively impact compliance with existing and future policy and regulatory frameworks, leading to more effective support for the job retention and RTW of cancer patients and survivors. This could include ensuring that labour authorities/inspectors are aware of the policies and legislation in place, including through training and information campaigns, and that they are equipped to enforce these provisions.
- **Assessing the effectiveness of existing national-level policy and legislative interventions**, for example by carrying out evaluations to monitor impact and identify recommendations for future action. This could also include enhancing the focus on monitoring efforts within any new policy or legislative instrument on job retention and/or RTW for cancer patients and survivors, for example by including key performance indicators to assess progress.
- **Consider monitoring the impact of company-level initiatives** to investigate the extent to which existing individual company policies are making a positive impact on the job retention and RTW of cancer patients and survivors, as well as the work environment as a whole. This could entail providing employees with formal opportunities to provide feedback on existing policies, adjusting initiatives as needed.

5.2.3. Awareness-raising and training opportunities

- **Investing in awareness-raising campaigns and actions to ensure that cancer patients and survivors have access to clear, easy-to-understand information** on existing policies and legislation on job retention and RTW, as well as on available support programmes and social security coverage.
- **Implementing awareness-raising campaigns and actions to improve employers' understanding of their legal obligations** in relation to cancer patients and survivors, based on existing policies and legislation on job retention and RTW. This could also include initiatives to share best practice examples.
- **Increasing awareness among employers, HR managers, and other employees about the needs and abilities of cancer patients and**

survivors. This could involve closer cooperation and partnerships between employers and/or their representative organisations and cancer associations/leagues to organise training opportunities and/or awareness raising campaigns. Other relevant organisations could be engaged with, including employment ministries, equality bodies and occupational health services. Additionally, including the need to prevent and address stigma and discrimination in company policies and offering training opportunities as part of employee learning programmes could help to reduce stigma and discrimination in the workplace, as well as during recruitment processes.

- **Providing tailored training to employers, recruiters, and other employees on inclusive workplaces and recruitment** to increase their understanding of the challenges faced by cancer patients and survivors who are seeking to remain in or return to the labour market. This could also help to reduce stigma and discrimination and to improve the quality and effectiveness of the support and job opportunities offered to people with a history of cancer. There should also be a focus on ensuring that SMEs have access to/ are able to provide this type of training and support.

5.2.4. Increased cooperation and mutual learning

- **Continuing to invest in EU- and national-level mutual learning** by providing opportunities for exchanges of ideas, challenges encountered and good practices across countries, sectors, and stakeholder groups around ensuring job retention and RTW for cancer patients and survivors. This could help to inspire national policymaking and foster more effective initiatives at organisational level.
- **Considering the possibility of establishing or strengthening existing formal cooperation mechanisms at EU-level** (e.g. expert groups or networks) to bring together key national stakeholders (including public authorities, social partners, civil society organisations representing cancer patients and survivors, and cancer associations and leagues) to discuss joint solutions to remaining challenges and gaps in relation to job retention and RTW for cancer patients and survivors. These networks could assist in monitoring the implementation of existing policies, strategies and regulatory frameworks. One such channel is the Sub-group on Cancer²¹⁵ of the Expert Group on Public Health,²¹⁶ set up under Europe's Beating Cancer Plan.²¹⁷
- **Sustaining efforts to ensure inter-institutional cooperation** at national level (e.g. between ministries) and EU-level (e.g. across the European Commission's Directorates-General and agencies) to support

²¹⁵ See: https://health.ec.europa.eu/document/download/8d2196c2-914c-4305-99f9-1b2d13890dec_en?filename=ncd_sgpp-cancer-sub-group_mandate_en.pdf.

²¹⁶ See: https://health.ec.europa.eu/non-communicable-diseases/expert-group-public-health_en.

²¹⁷ See: https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/promoting-our-european-way-of-life/european-health-union/cancer-plan-europe_en.

mainstreaming efforts and more tailored policymaking. This could entail regular intra-service meetings and/or the establishment of communication channels to discuss cross-cutting issues related to job retention and RTW for cancer patients and survivors. At EU level, the Cancer Implementation Group (which brings together all Commission services concerned with the implementation of the Cancer Plan and the Cancer Mission), serves this purpose, and could put this topic specifically on their agenda, taking into account the findings of the present study.

- **Improving communication and information-sharing mechanisms** between all stakeholders involved in job retention and RTW for those with a history of cancer (including the individual, employer, primary healthcare, specialist medical care, occupational health services, company doctors, physiotherapists, employment services, etc.) to ensure access to holistic support.

5.2.5. Adequate financial support

- **Enhancing the provision of financial incentives for employers** to recruit and provide tailored support (e.g. adjustments to the work environment and flexible work arrangements) to employees with a history of cancer. Specific support should be provided to SMEs to ensure that they are able to cover the additional costs associated with the provision of quality support and the implementation of necessary workplace accommodations.
- Ensuring that national, regional and local-level stakeholders (e.g. employers, civil society organisations representing cancer patients, cancer leagues, etc.) have **access to information on the EU and national funding programmes** available to support job retention and RTW for cancer patients and survivors, to ensure a more strategic and effective use of existing funding opportunities.

5.2.6. Further research and data collection

- **Consider carrying out further research on the specific obstacles, including psychosocial risks, faced by cancer patients and survivors.** This could include a focus on specific potentially vulnerable sub-groups (e.g. adolescents and young adults, older people, women, etc.) in returning to the labour market or retaining employment. Additional research efforts could expand upon the work conducted in the present study by engaging with cancer patients and survivors directly, and/or conducting European-wide interviews with stakeholders to gather more representative data to support informed policy reflections on future action.
- **Consider conducting further research on the rights of cancer patients and survivors in relation to job retention and RTW** across

Europe, to allow for the identification of further and more specific legislative and/or policy gaps.

- **Encouraging better-quality data gathering at EU- and national-level on the employment situation and social security coverage of cancer patients and survivors.** This could involve exploring the possibility of including people with a history of cancer in EU-wide data collection processes, such as the European Labour Force Survey (EU-LFS).²¹⁸ Additionally, evaluating the feasibility of joint studies and data-gathering exercises between EU institutions and agencies (e.g. the European Agency for Safety and Health at Work (EU-OSHA), the Fundamental Rights Agency (FRA)) could be beneficial in achieving comprehensive comparative data and research outputs.

²¹⁸ This survey provides quarterly results on labour participation of people aged 15 and over. It is conducted in all EU countries, 4 candidate countries, and the 3 EFTA countries. See: <https://ec.europa.eu/eurostat/web/microdata/european-union-labour-force-survey>.

Annexes: Country factsheets

Austria

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

As there is a lack of specific legislation and policies targeting job retention and return to work, cancer patients and survivors are covered by general legislative measures and policy interventions targeting people in Austria who are ill or have disabilities.

- **Protection against dismissal and recognition of disability status** is a legal measure included in the Disability Employment Act²¹⁹. This allows individuals who have a physical, mental or psychological functional impairment or impairment of sensory functions which is likely to make participation in working life more difficult for at least six months to apply for the recognition of their disability to access enhanced protection measures. These include protection against dismissals.²²⁰ Under this provision, an employer cannot terminate an employee with a recognised disability without the approval of the Social Ministry Service's, disability committee. The Social Ministry Service may also provide the employer with incentives and job-preserving subsidies (such as wage or job security benefits), or partially cover the costs of retraining and further education.
- **Part-time reintegration** was introduced in 2017.²²¹ This measure allows employees who have been absent from work due to illness for a long period to reduce their working hours for a defined period, allowing them to gradually reintegrate into the routine of work. This is based on voluntary agreement, however, as there is no automatic legal entitlement to this. Beneficiaries are protected against dismissal and entitled to receive a monthly proportionate salary and a reintegration allowance funded by health insurance.
- **Fit2work services** is a consultation service provided to individuals with health conditions, which includes cancer patients and survivors and employers, focusing on job retention and return to work. The measure was originally introduced in the Work and Health Act²²² in 2013 but has been updated and expanded since its introduction. Fit2work offers comprehensive information and support for return to work, including assistance with part-time reintegration and the development of a reintegration plan. Additionally, Fit2work can provide medical statements if necessary and offers guidance on financial support options.²²³
- **Care leave for family members of people who are chronically or terminally ill** (Pflegekarenz / Pflegezeit / Familienhospizkarenz) is a legal measure introduced in 2013 through an amendment to the Labour Contract Amendment Law.²²⁴ This measure allows employees in Austria to modify their working hours to provide care for severely ill relatives, which includes cancer patients.²²⁵

Other initiatives by NGOs and networks explicitly targeted at cancer patients:

Cancer and employment support:²²⁶ The Austrian Cancer Aid Foundation focuses on providing information on cancer prevention and therapy, offering counselling and support to cancer patients and close relatives, and funding research projects and studies. As part of its counselling and support, the Austrian Cancer Aid Foundation initiated the **Cancer and Employment programme**²²⁷ in the 1990s to address the specific needs of cancer patients in the workplace. The Foundation publishes information leaflets on sick leave, continued payment during sick leave, job retention and return to work for cancer patients. It also offers a webcast series featuring expert videos on cancer and employment. In addition, the Austrian Cancer Aid Foundation offers a network of support services available throughout Austria, providing personalised counselling and assistance.

²¹⁹ Disability Employment Act (Behinderteneinstellungsgesetz StF: BGBl. Nr. 22/1970), available at:

<https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10008253>.

²²⁰ Enhanced protection measures against dismissals (as stipulated in paragraphs 2 and 14 of the Employment Disability Act).

²²¹ Labour Contract Amendment Law (Arbeitsvertragsrechts-Anpassungsgesetz – AVRAG StF: BGBl. Nr. 459/1993), available at: <https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10008872> amended by the Reintegration part-time law (Wiedereingliederungsteilzeitgesetz) BGBl. I Nr. 30/2017, available at: <https://www.ris.bka.gv.at/eli/bgbl/I/2017/30>.

Belgium

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

Belgium has several relevant job retention and RTW measures for people with disabilities or chronically ill people, including cancer patients and survivors.²²⁸ The webpage of the Federal Public Service of Employment, Labour and Social Dialogue provides detailed information on the reintegration of disabled employees, also referencing the relevant legal acts.²²⁹ In terms of legislation:

- The **Royal Decree of 28 October 2016** on the health surveillance of workers with regards to the reintegration of disabled workers, introduces a reintegration process for employees who are temporarily or permanently unable to carry out their work.²³⁰ The reintegration process is started and assessed by a prevention advisor-occupational physician at the request of the worker, a medical officer or the employer. The procedure requires doctors of the mutual insurance company to assess the situation and reintegration options within the first two months of sickness absence. This reform also aims to strengthen the dialogue and cooperation between doctors of the mutual insurance company doctor and the company's occupational doctors. It also states that an employment contract can only be terminated due to medical force majeure if the employee has gone through a formal reintegration procedure.
- The **Royal Decree of 11 September 2022** amending the code on well-being at work regarding the reintegration pathway for disabled workers.²³¹ Under this measure, employers may now be required by law to draw up a reintegration plan, in consultation with the employee, the labour doctor and the consulting physician. A reintegration process can be started by the prevention advisor-occupational physician at the request of the employee or of the employer. The advisor invites the employee for an examination in which the employee's health and their working conditions are analysed. At the end of the examination, a reintegration plan is presented, which the employee can accept or refuse.
- The **Law of 14 July 1994 on compulsory healthcare and indemnity insurance** includes general provisions on invalidity and incapacity benefits, impacting return to work.²³² It allows for partial return to work after a period of disability, but there are current discussions regarding the evaluation of disability as defined in the law, as noted in the REWIR survey for Belgium on return to work policy²³³.

There are also various employment support measures offered to people with disabilities and chronic diseases:

²²² Work and Health Act as amended in 2013 (Bundesgesetz, mit dem ein Informations-, Beratungs- und Unterstützungsangebot zu Arbeit und Gesundheit geschaffen wird (Arbeit-und-Gesundheit-Gesetz – AGG) StF: BGBl. I Nr. 111/2010), available at:

<https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=20007058>

²²³ Fit2work, available at: <https://www.fit2work.at/>

²²⁴ Paragraphs 14c, 14d and 15 of the Labour Contract Amendment Law (Arbeitsvertragsrechts-Anpassungsgesetz – AVRAG StF: BGBl. Nr. 459/1993), available at:

<https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10008872>.

²²⁵ See also Ministry of Social Affairs, available at: <https://www.sozialministerium.at/Themen/Pflege/Betreuende-und-Pflegende-Angehoeerige.html>.

²²⁶ Counselling centres of the Austrian Cancer Aid, available at: <https://www.krebshilfe.net/beratung-hilfe/beratungsstellen/infos-zu-den-beratungsstellen>.

²²⁷ Österreichische Krebshilfe (2023), Krebs und Beruf. Übersicht über das Arbeitsrecht und Unterstützungen, available at: https://www.krebshilfe.net/fileadmin/user_upload/Dachverband/Brosch%C3%BCren/Brosch%C3%BCren_Grafiken/2023_053_Krebs_und_Beruf_web.pdf.

²²⁸ Cancer is officially considered as one of the most important chronic diseases: <https://www.sciensano.be/en/health-topics/chronic-disease>.

²²⁹ See: <https://werk.belgie.be/nl/themas/welzijn-op-het-werk/het-gezondheidstoezicht-op-de-werknemers/re-integratie-van>.

²³⁰ Arrêté royal modifiant l'arrêté royal du 28 mai 2003 relatif à la surveillance de la santé des travailleurs en ce qui concerne la réintégration des travailleurs en incapacité de travail, available at:

https://www.ejustice.just.fgov.be/cgi_loi/change_lq.pl?language=fr&la=F&cn=2016102808&table_name=loi.

²³¹ Arrêté royal modifiant le code du bien-être au travail concernant le trajet de réintégration pour les travailleurs en incapacité de travail, available at: https://etaamb.openjustice.be/fr/arrete-royal-du-11-septembre-2022_n2022205258.html.

²³² Loi relative à l'assurance obligatoire soins de santé et indemnités coordonnée le 14 juillet 1994, available at: <https://www.inami.fgov.be/fr/publications/reglementation/Pages/loi19940714.aspx>.

²³³ See: https://celsi.sk/media/datasource/REWIR-National-Level-Report_Belgium_LXMuaDY.pdf.

- The **Belgian National Institute of Sickness and Disability Insurance** provides for socio-professional reintegration support after a period of incapacity for work.²³⁴ In a specific section of its website it provides information about options for returning to work during a period of incapacity. It also organises training courses in disability management.²³⁵
- There are also **integration protocols** recommended by the **Socioeconomic Council of Flanders** (SERV).²³⁶ These are agreements between the employer and an employee with a disability (available only for people working for the Flemish government). These protocols contain a description of the effects of the disability on job performance and the agreed supporting measures.
- Disabled people and people with chronic diseases with reduced working capacity are also eligible for an **income replacement allowance and the integration allowance**.²³⁷ These benefits are for incapacity (reduced working capacity), within the first year of disease and for invalidity (after one year). The incapacity benefit can be obtained if there is a loss of earnings capacity of 66% or more as a result of injuries or functional difficulties and having worked 180 days over a period of 1 year.
- The National Institute of Sickness and Disability Insurance also offers vocational rehabilitation programmes entitled **Return to Work Journey**. These programmes support individuals in updating or acquiring new skills.²³⁸
- There are also measures that enable a partial/gradual RTW. For example, employees can make a partial RTW during a period of sickness due to disability and can combine the income they receive for hours worked with a part of their sickness benefit, with permission of the employer and the advisory doctor of their health insurance fund.²³⁹ Alternatively, for those who work for the Flemish government, there are some specific measures enabling workers to return to work gradually, for example on a part-time²⁴⁰ or reduced performance basis.²⁴¹ However, not all employers provide this opportunity. Lastly, gaps remain in the national sickness insurance system for young people with cancer, who are not always able to receive sickness benefits.

In terms of measures targeted at cancer patients/survivors specifically, various smaller-scale measures are available, including useful websites and online tools.

- **Rentree** is a work-reintegration support service specifically for people with a cancer diagnosis who want to continue working or return to work.²⁴² It consists of coaching programmes carried out for free by recognised centres and financed by the Flemish public service. For more details on this scheme, see section 4.3.2.1.
- The organisation **Kom op tegen Kanker** supports the right of former patients to have access to the best treatment and care and the right of people to a healthy living environment. It has a dedicated page on its website concerning work/return to work and cancer,²⁴³ providing an overview of questions that cancer patients and survivors may face in the context of their return to work. This organisation has also carried out a number of studies:
 - The **KanS study**, launched in 2017, investigates the support needed for cancer and work, focusing on employers' experience when they are confronted with cancer in their company.²⁴⁴ It offers concrete tips to employers and SMEs when supporting an employee with a cancer diagnosis. Examples of support for employers include the following: how to cover the absent employee, how to keep in touch with an employee and how to prepare the workplace for the return of an employee.
 - **BRUG** (Breast Cancer Reintegration From Healthcare) is a study conducted in 2016 with the objective of developing a roadmap for women who have breast cancer to

²³⁴ Reprise d'un travail pendant une incapacité de travail, available at: https://www.riziv.fgov.be/fr/themes/reinsertion/Pages/default.aspx#Quelles_possibilit%C3%A9s_s%E2%80%99offrent_%C3%A0_vous%C2%A0?

²³⁵ See: <https://www.riziv.fgov.be/fr/themes/reinsertion/Pages/disability-management-formations.aspx>.

²³⁶ Social-Economische Raad van Vlaanderen, <https://www.serv.be/diversiteit/nood-jobs-en-ondersteuning-personen-arbeidshandicap>.

²³⁷ See: <https://settlinginbelgium.be/en/social-security/disability-benefits>.

²³⁸ See: <https://www.riziv.fgov.be/fr/themes/reinsertion/Pages/repandre-travail-propre-initiative-pendant-incapacite-travail-accompagnement-mutualite.aspx>.

²³⁹ See: <https://www.riziv.fgov.be/nl/thema-s/arbeidsongeschiktheid/werknemers-en-werklozen/aangepast-werk>.

²⁴⁰ See: <https://www.vlaanderen.be/intern/welzijn-en-gezondheid/deeltijdse-prestaties-wegens-handicap-of-chronische-ziekte>.

²⁴¹ See: <https://bosa.belgium.be/nl/themas/werken-bij-de-overheid/werktijd-verlof-en-afwezigheden/ziekte-en-ongeval/re-integratie-na-4>.

²⁴² See: <https://www.rentree.eu/over-rentree>.

²⁴³ See: <https://www.allesoverkanker.be/leven-met-kanker/werkhervatting-en-kanker>.

²⁴⁴ See: <https://www.kankerenwerk.be/Over-Kans>.

identify their needs and support their return to work. The goal is to bridge the gap between the role of patient and the role of being an active participant in society.²⁴⁵

- A similar follow-up study was commissioned by the National Institute for Health and Disability Insurance of Belgium in collaboration with various partners, entitled **Exploration of practice-based evidence aimed at retention/resumption of work for cancer patients in Belgium (PBE)**.²⁴⁶ This project constitutes the qualitative preliminary research for the development of a Belgian cancer and work guideline. The study aims to gain insight into the reasons why hospitals offer or do not offer support.
- The non-profit organisation **Travail & Cancer** provides support to patients, employers and colleagues to manage cancer-related absence from work and remove taboos around cancer, in order to manage the post-disease period.²⁴⁷ Its activities consist of raising awareness, supporting patients to prepare them for their return to work and conducting research focused on improving the quality of life of patients during and after cancer.
- The website of **Think Pink**, a non-profit organisation supporting women with breast cancer, has a dedicated page providing information relating to the return to work after breast cancer.²⁴⁸
- **RECONNECT!** is an online platform developed by the Cancer Foundation.²⁴⁹ It is a free support platform designed to support companies faced with an employee's return to work during or after cancer. This e-learning tool offers advice on how best to react in real-life situations for HR managers, line managers and company prevention consultants.
- **EMPOWERME** is an application available on Google Play and Apple Store. The app is promoted by the organisation Travail & Cancer and is free.²⁵⁰ The application offers a coaching programme through 8 pre-recorded videos and guides the patient in returning to work. A bonus video from Psy Qui Parle (Talking shrink) sheds light on the psychological aspects of returning to work..
- The **EMIOR project** is promoted by the Flanders Government, and it offers a methodology for occupational therapists to guide cancer survivors in their professional reintegration.²⁵¹

Prospective policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

The Belgian health research institution Sciensano is developing a supporting tool, **Belgian Handbook for Oncological Supportive Care**, to optimise the provision of supportive care to cancer patients and their relatives. This prospective measure supports healthcare professionals in referring cancer patients and their relatives to appropriate supportive care as it presents an extensive overview of the available supportive cancer care in Belgium that is covered by the social security system.²⁵²

Bulgaria

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

At national level, the most relevant measures are the **National Strategy for People with Disabilities 2021-2030**²⁵³ and the **National Employment and Training Programme for People with Permanent**

²⁴⁵ See: https://www.steunpuntwerk.be/files/publications/OW/OW_2018_1/overwerk_2018_1_06.pdf.

²⁴⁶ See: <https://act-desiron.com/project-pbe/>.

²⁴⁷ See: <https://travailetcancer.org/>.

²⁴⁸ See: <https://www.think-pink.be/nl/Borstkanker/Leven-met-en-na-borstkanker/Klaar-om-weer-aan-het-werk-te-gaan>.

²⁴⁹ Fondation contre le Cancer, available at: <https://www.cancer.be/reconnect>.

²⁵⁰ See: <https://travailetcancer.org/#about>.

²⁵¹ See: https://www.komoptegenkanker.be/sites/default/files/media/2018-10/beleidsvoorstellen_vlk_werkhervatting.pdf.

²⁵² See: <https://www.sciensano.be/en/projects/belgian-handbook-oncological-supportive-care>.

²⁵³ Национална стратегия за хората с увреждания 2021-2030, available at: <https://www.strategy.bg/StrategicDocuments/View.aspx?lang=bg-BG&Id=1342>.

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Disabilities (2023).²⁵⁴ Both are aimed specifically at disabled people and their equal right to work and live a full life. The documents do not specify which people are to be recognised as people with disabilities, nor do they specify whether people with a history of cancer are recognised as people with disabilities. However, people with disabilities and cancer patients can be recognised as having limited working capacity and being in need of adjustments in their role at work by contacting the Territorial Expert Medical Committee (TEMC), which will assess their level of working capacity, their need for adjustment to their role at work or whether they are able to work at all.

The National Strategy of Persons with Disabilities 2021-2030 is a strategic document, the implementation of which will contribute to the creation of better conditions and opportunities for people with disabilities to exercise their rights and participate equally in all areas of life. The goal of the National Employment and Training Programme for People with Permanent Disabilities to enhance their employability.

Bulgaria lacks national legislative measures that promote job retention and RTW specifically for cancer patients and survivors. However, there are some **legal acts that support labour rights of people with disabilities**, the most relevant being the Persons with Disabilities Act (PDA)²⁵⁵, the Labour Code²⁵⁶ and the Regulation on job accommodation.²⁵⁷

- The **Persons with Disabilities Act (PDA)** is a national Act adopted in 2019. The Act establishes the fundamental rights of people with disabilities. Several articles in the Act are specifically targeted at people with disabilities in terms of employment, vocational training, and adjustments to job role. It calls for the development and implementation of policies and programmes to promote employment and equal opportunities for people with permanent disabilities.
- The **Labour Code** is the main legislative Act governing employment in Bulgaria. Some of the chapters detail the right of people with reduced working capacity to change jobs to ones that are better suited to their health needs and ability to perform tasks (the need for job role adjustments is determined by health authorities after an examination), as well as employers' legal obligations to provide equal treatment and appropriate job role adjustments for people with disabilities.
- The **Regulation on Job Role Adjustments** outlines the conditions under which the roles of people with reduced working capacity can be adjusted. The Regulation's main goal is to protect people with permanent disabilities or limited working capacity and to ensure equal and fair integration.

Bulgaria's Beating Cancer Plan 2027²⁵⁸ is aimed specifically at return to work for cancer patients. The Plan contains several measures to improve the quality of life of cancer patients, including the right to return to work or find a new job once their health condition allows it. One of these measures is specifically targeted at **increasing the employment of cancer patients and modifying and adapting work to accommodate their health needs**. The plan was adopted in 2021 and runs to 2027. Nevertheless, it should be noted that this study was unable to identify any monitoring of the impacts of this plan.

Most other identified measures are carried out by NGOs with little to no state funding, such as the **Association Cancer Patients and Friends**.²⁵⁹ This offers a wide range of services and support to cancer patients, including social protection, social and psychological consultations, and assistance with social and occupational reintegration and rehabilitation. One of the services offered by the association is **support and consultations for cancer patients who may have questions about their labour market rights**, as well as assistance with social and work integration. It has also **established a social enterprise (Paint Me a Smile)** that employs only cancer survivors. This enterprise sells items made by cancer survivors. The enterprise only hires people in remission from cancer, and the profits go towards running an adult day centre and a day centre for children of cancer patients.

Another similar NGO is the **Association Children with Onco-hematologic Diseases**²⁶⁰, which supports children with cancer and their families. This is the only association of its kind in Bulgaria. It provides support to children with cancer and their families, including **assistance with professional and**

²⁵⁴ Национална програма за заетост и обучение на хора с трайни увреждания 2023, available at: <https://www.az.government.bg/pages/nacionalna-programa-zohtu/>.

²⁵⁵ Закон за хората с увреждания (ЗХА), available at: <https://lex.bg/bg/laws/ldoc/2137189213>.

²⁵⁶ Кодекс на труда, available at: <https://lex.bg/laws/ldoc/1594373121>.

²⁵⁷ Наредба за трудоустрояване, available at: <https://lex.bg/laws/ldoc/-552857597>.

²⁵⁸ Национален план за борба с рака 2021-2027, available at: https://www.mh.government.bg/media/filer_public/2022/07/08/bg_national_cancer_plan_2030_-_site.pdf.

²⁵⁹ Сдружение "Онкоболни и приятели", available at: <https://www.cpf-burgas.org/za-nas/index.html>.

²⁶⁰ See: <https://www.decaohz.org/bg/>.

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career development after treatment. This service is not focused on job retention or RTW, but rather on assisting young cancer survivors in continuing their education and finding opportunities for future career development. The organisation was founded in 2010, and in 2014 it participated in the Erasmus+ project Create Your Future. Since its completion, the association has continued the work begun by the project in Bulgaria. The project was specifically designed to assist childhood cancer survivors in taking their first steps toward finding work and integrating into society and the labour market. More information can be found in section 4.3.3.1.

Croatia

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

There is no specific employment support mechanism for cancer patients and survivors in Croatia. However, in 2020, Croatia adopted its National Strategic Framework against Cancer, covering a 10-year period up to 2030.²⁶¹ The Strategic Framework stipulates that oncology patients are at higher risk of mental and emotional difficulties, and it aims to strengthen psychological support, rehabilitation and reintegration of oncology patients, although not specifically in relation to job retention or RTW.

The Strategic Framework has a dedicated web platform²⁶² financed by the European Social Fund (ESF) and the Croatian government. This platform gives information about the Strategic Framework and the activities organised in its context, targeting all patients and survivors, although it does not focus on any specific employment-related issues in relation to patients suffering or recovering from cancer.

One of the most relevant project activities focused on ensuring psychological support for cancer patients, developed under an ESF project, **Strengthen, help - a community of people against cancer (2022-2023)**²⁶³. The project financed the training of employees and volunteers to strengthen their capacity to provide logistical and psychosocial support to cancer patients across Croatia, contributing to the availability of professional psychosocial support for this group, which is deemed to be insufficient in Croatia. It also contributed to strengthening the community of citizens in the fight against cancer and raised awareness of the importance of prevention. Finally, **Psihooncology - Psychological assistance for oncology patients**²⁶⁴ is a measure that has been in place since 2021, rooted in the work of an NGO **All for Her** that had been providing this type of support for a decade. The NGO especially targets female patients and cancer survivors.

Cyprus

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

In Cyprus, the following legal measures support job retention and return to work of **people with disabilities**, which can include cancer patients if their disease reduces their working capacity:

- **Law No 4227** sets out special provisions for the recruitment of persons with disabilities in the wider public sector,²⁶⁵ stating that people with disabilities should fill at least 10% of vacancies. Among other things, it states that special supportive technological equipment should be provided in order to facilitate the provision of work and that appropriate accommodations should be made for the disabled person, based on their type of disability.

²⁶¹ National Strategic Framework against Cancer (2020), available at: <https://hrvatskaprotivraka.hr/wp-content/uploads/2020/09/NSOPR-2.0..pdf>.

²⁶² 'Croatia against Cancer', available at: <https://hrvatskaprotivraka.hr/>.

²⁶³ 'Strengthen, help - a community of people against cancer', available at: <https://osnazi-pomazi-zajednica-rakobornih.svezanju.hr/>.

²⁶⁴ 'Psihooncology - Psychological assistance for oncology patients', available at: <https://psihoonkologija.hr/>.

²⁶⁵ See: http://www.cylaw.org/nomoi/arith/2009_1_146.pdf.

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

- The **Special Fund of the Centre for Vocational Rehabilitation of Persons with Disabilities. The Law of 2000** creates the basis for the development of a Plan for creation and operation of small units for self-employment purposes of persons with disabilities.²⁶⁶ The project is implemented by the Department of Social Integration of Persons with Disabilities and is mainly financed by EU funds. Its main purpose is to create small units for the self-employment of persons with disabilities by providing financial incentives for the operation of these units. People with disabilities are often unable to work for long periods, depriving them of savings that would help them to start a business venture. Financial support is the starting point for business activity and self-employment.

A further general measure for people with disabilities is the **vocational training plan**. This plan was established by the Department of Social Integration of Persons with Disabilities in order to help disabled people who face challenges in accessing employment or advancement in their profession.²⁶⁷

The **National Plan on Disability 2018-2028** also includes some relevant policy actions,²⁶⁸ including a plan to encourage employers to hire people with disabilities by financing part of the cost of the employee's salary and social security contributions, and introducing financial allowances for disabled people. It also created a new Network of Social Services Integration for Individuals with Disabilities consisting of new support services for people with disabilities, such as a personal assistant/advisor, through professional service providers.

There are currently no measures/policy interventions related specifically to job retention or RTW of cancer patients and survivors. The National Cancer Strategy of 2019 notes that the Government should actively work for the creation of necessary infrastructures.²⁶⁹

Czechia

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

There are no specific nationwide mechanisms supporting job retention and return to work for people with disabilities or chronically ill people in Czechia. Nevertheless, there are general regulations in place for all employees who become chronically ill and/or disabled, including those with cancer.

These general regulations contained in legal Acts (such as the **Labour Code**,²⁷⁰ the **Employment Act**²⁷¹ and the **Sickness Insurance Act**²⁷²) provide for protection against dismissal during sick leave, some basic financial security for sick and/or disabled employees, as well as various financial incentives for employers employing disabled employees. Employees who become ill with cancer usually take sick leave of around a year, although in some cases it may be prolonged. Therefore, based on a medical assessment, they are included within the category of disabled people and are covered by this legislation.

Some specific and cancer-tailored support in the form of psychological support for cancer patients and their close family, friends or carers is provided by the association **Amelie**.²⁷³ This body provides a wide range of advisory services and support for cancer patients, as well as family, friends, and healthcare professionals. It addresses a wide range of topics related to return to work, such as reintegration into work, reorientation in the labour market, information on the various kinds of state contributions available to cancer patients/survivors, tips on how to negotiate with a doctor before returning to work (including an evaluation of the conditions to qualify for a disability/invalidity pension, if applicable), and how to communicate with prospective employers in terms of work re-integration. A **guidebook on Return to**

²⁶⁶ See: http://www.dmsw.gov.cy/dmsw/dsid/dsid.nsf/dsjpd27_gr/dsjpd27_gr?OpenDocument.

²⁶⁷ See: http://www.dmsw.gov.cy/dmsw/dsid/dsid.nsf/dsjpd28_gr/dsjpd28_gr?OpenDocument.

²⁶⁸ See: http://www.dmsw.gov.cy/dmsw/dsid/dsid.nsf/dsjpd8b_en/dsjpd8b_en?Openform.

²⁶⁹ National Cancer Strategy, available at: <https://www.iccp-portal.org/plans/national-cancer-strategy-4>.

²⁷⁰ Zákon č. 262/2006 Sb., available at: <https://www.zakonyprolidi.cz/cs/2006-262>.

²⁷¹ Zákon č. 435/2004 Sb., available at: <https://www.zakonyprolidi.cz/cs/2004-435>.

²⁷² Zákon č. 187/2006 Sb., available at: <https://www.zakonyprolidi.cz/cs/2006-187>.

²⁷³ See: <https://www.amelie-zs.cz/pomoc-pro-zivot-s-rakovinou/navrat-do-prace/>

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

work after cancer is also available on Amelie's website.²⁷⁴ This document aims to tackle various health and work issues after cancer treatment, such as psychological conditions, fatigue, concentration problems, lack of self-confidence and stress resistance, and sleeping difficulties. This guidebook is regularly updated, most recently in 2023. For more details on this guidebook, see section 4.3.2.11.

Another initiative supporting cancer patients/survivors and their employers in the return to work and/or job retention was the conference held by the **Masaryk Memorial Cancer Institute** in 2022. This focused on a wide range of issues related to the return to working life for cancer patients, such as legal issues, guidelines for employers on the reintegration of cancer patients, psychological obstacles, lack of suitable requalification courses and administrative obstacles.²⁷⁵

The main objective of Czechia's **National Cancer Plan** is to ensure that every individual has the opportunity to prevent the development of cancer and, in the event of the presence of cancer, to ensure the highest possible quality of care and life, regardless of geographical location or the stage of the disease.²⁷⁶ The Plan also refers to the targets defined in Europe's Beating Cancer Plan, promoting initiatives supporting the quality of life for current and former cancer patients and their carers and measures to facilitate social integration and full return to work. While not containing specific job retention or RTW measures, it does mention the limited use of the employment potential of cancer patients in Czechia. However, the Plan does not define any objectives nor illustrate any further measures related to return to work and job retention of cancer patients.

Denmark

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

In Denmark there are several legal Acts generally supporting job retention and return to work for people with long-term and chronic diseases, although not specifically addressed to cancer patients.

- The **Sickness Benefit Act 1263**²⁷⁷ provides financial compensation in case of absence due to illness. The Act contains no specific provisions for cancer patients, but they can be considered as included in the category of people with long-term/chronic illnesses. According to § 56 of the Act, in the case of long-term/chronic illness which results in at least 10 days of absence within a year or if the employer has already paid salary or sick pay for 21 calendar days in the past 12 months, employees have the option to enter into a special agreement with their employer, so that the employee receives reimbursement from the first day of illness when the employer pays wages during illness or sick pay to the employee.
- The **Law on Active Employment** permits patients whose ability to work is permanently reduced after sickness to enter a resource course with a view to returning to the labour market or education.²⁷⁸ Together with the municipality's rehabilitation team, consisting of various professionals from the health, employment and social fields, a programme is established on how opportunities to work can be developed. The course can consist of rehabilitation, treatment, training, internships, upskilling, training in new areas of work or anything else that can lead to employment. A resource course can last up to five years.

In terms of initiatives specifically for cancer patients/survivors, the **Danish Cancer Society** provides a detailed information page on its website on options for cancer patients in relation to their workplace.²⁷⁹ It states that employers must hold a statutory sick leave interview within four weeks of an employee going on sick leave for an extended period. The aim of the interview is to find out how long the employee expects the sick leave to last and whether there is an option for them to return to work gradually. The

²⁷⁴ Návrat do zaměstnání po onkologické nemoci, available at: <https://www.amelie-zs.cz/pomoc-pro-zivot-s-rakovinou/brozury-amelie/brozura-pro-lidi-navracejici-se-po-rakovine-do-prace/>.

²⁷⁵ Masarykův onkologický ústav, available at: <https://www.mou.cz/navrat-do-zivota-po-onkologicke-lecbe/t1799>.

²⁷⁶ Czech National Cancer Control Plan, available at: https://www.mzcr.cz/wp-content/uploads/2022/07/2207_MZCR_NOPL_CR_2030_EN_v03.pdf.

²⁷⁷ Sygedagpengeloven, available at: <https://www.retsinformation.dk/eli/ta/2021/223>.

²⁷⁸ Lov om aktiv beskæftigelsesindsats, available at: <https://www.retsinformation.dk/eli/ta/2022/701>.

²⁷⁹ Kræftens Bekæmpelse, available at: <https://www.cancer.dk/hjaelp-viden/hvis-du-har-kraeft/arbejde/arbejde/>.

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employee and employer jointly complete a 'declaration of opportunity', focusing on what the employee can do in terms of work during their illness without their health deteriorating and whether (for example) work can be carried out on a part-time basis or from home. The declaration might state that full-time sick leave is needed. An employee's general practitioner must also fill in part of the declaration.

Additionally, the **Danish Knowledge Centre for Rehabilitation and Palliative Care provides research and guidance** for people with a life-threatening illness such as cancer.²⁸⁰ Relevant publications include:

- The report **Cancer, rehabilitation and work**, which focuses on cancer, rehabilitation and return to work.²⁸¹ The research was carried out in collaboration with DEFACTUM in the Central Denmark Region and the University College of Copenhagen.²⁸² The publication notes that interdisciplinary interventions, interdisciplinary team collaboration and a close physical location between health professionals and social workers are central to achieving a successful return to work for cancer survivors. In order to be able to implement this type of cooperation, political and management support is necessary. The municipality is the major player in work-oriented interventions, but the offer of interventions varies significantly between municipalities.
- **Back to work** is another useful measure for employees returning to work. This is a leaflet containing guidance for employees explaining how they can return to work, with legal references, useful advice and contacts with job centres.²⁸³
- Similarly, **Your colleague returns to work** is a leaflet containing guidance on how a colleague can approach the return to work of a worker through dialogue, taking into account the effects of cancer treatments for the patient.²⁸⁴

Finally, it should be noted that Denmark's National Cancer Plan only covers the sickness and rehabilitation period, without referring to job retention or RTW.

Estonia

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

The issue of job retention and return to work for cancer patients and survivors is not specifically regulated in Estonia. Therefore, no targeted initiatives are available on this topic, with only general measures supporting employment of persons with disabilities.

- The **Labour Market Services and Support Act** has the general objective of achieving the highest possible employment level of the working-age population and preventing long-term unemployment and exclusion from the labour market. It also aims to eliminate obstacles accessing the labour market due to disability or health conditions, which would include people with cancer.²⁸⁵
- Additionally, the **Estonian Unemployment Insurance Fund** provides allowances to individuals with partial or no work ability.²⁸⁶ It carries out assessment of work ability and on this basis provides allowances. It also offers a list of work-related rehabilitation service providers and peer support providers.

In terms of cancer patients/survivors and employment, although not relevant for job retention or return to work specifically, the Yearbook of National Health 2023 provides statistics about cancer patients at the workplace. The Yearbook, developed by the National Institute for Health Development, includes

²⁸⁰ REHPA is Rehabilitating and Palliation, available at: <https://www.rehpa.dk/>.

²⁸¹ Kræft, rehabilitering og arbejde, available at: https://www.rehpa.dk/wp-content/uploads/2019/03/Kr%C3%A6ft-rehabilitering-og-arbejde_notat_final.pdf.

²⁸² DEFACTUM is an organization part of Corporate Quality, a department of the Central Denmark Region. It is a research centre focused on promoting public health and increasing social equality in health.

²⁸³ Tilbage på arbejde, available at: <https://www.rehpa.dk/borger/rehabilitering-2/tilbage-paa-arbejde/>.

²⁸⁴ Din kollega kommer tilbage på arbejde, available at: <https://www.rehpa.dk/borger/rehabilitering-2/tilbage-paa-arbejde/>.

²⁸⁵ Tööturuteenuste ja -toetuste seadus, available at: <https://www.riigiteataja.ee/akt/122122012022>.

²⁸⁶ Eesti Töötukassast, available at: <https://www.tootukassa.ee/en/vahenenud-toovoime/toovoime-hindamine>

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

statistical information about the development of cancer. Statistical data shows the growing incidence of cancer at the workplace in Estonia.²⁸⁷

Lastly, the **Estonian Cancer Control Action plan for fighting cancer 2021 - 2030** has the objective of improving support to cancer patients and survivors to help them to adapt to their new situation, **return to society and remain in employment**.²⁸⁸ For this purpose, an integrated network of healthcare and social systems and municipalities will be established. The plan recognises the importance of rehabilitation after cancer, noting however that in Estonia there is no concrete system nor organisation for referral to rehabilitation.

Finland

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

In the absence of specific legislation regarding job retention or RTW for people with cancer in Finland, there are some more general legal Acts which apply to all workers with disabilities or chronic illnesses that reduce their work capacity, in the case of including cancer patients and survivors.

- The **Health Insurance Act** supports return to work and the coordination of care between cancer clinics and occupational health care.²⁸⁹ It regulates the right to be reimbursed for expenses incurred in treating an illness, a daily allowance on the basis of income, sickness allowance and other instruments. On the basis of a medical certificate, Kela (the National Insurance Institution)²⁹⁰ evaluates whether individuals could benefit from rehabilitation. Once they have been paid sickness allowance for 60 days, Kela informs them about rehabilitation options and providers. If an individual is employed, their occupational health care provider must evaluate their remaining capacity for work once they have been paid sickness allowance for 90 working days. Once they have been paid sickness allowance for 150 and/or 230 days, they are then informed about how to claim a disability pension. As instructions on how to apply for financial support are not always clear and can lead to different interpretations, patients can find it hard to apply for such support. Furthermore, the Health Insurance Act requires a RTW plan to be drawn up by the employer, the employee and the occupational health provider in the case of a lengthy sickness absence.²⁹¹ However, measures relating to RTW via part-time sick leave or occupational rehabilitation are not always known in smaller companies. There have also been issues in relation to the implementation of these rules to self-employed workers.
- The **Act on rehabilitation benefits of the National Pension Service and rehabilitation cash benefits** organises and provides for compensation during rehabilitation²⁹² and the **Pensions Act** regulates the right to vocational rehabilitation if there is a risk of disability pension within the next 5 years.²⁹³ Issues have been raised in relation to chronically ill workers and how they can apply for the support provided by this measure.

Recent relevant research has been carried out on job retention and RTW for cancer patients and survivors, and some useful measures have been developed specifically for cancer patients and survivors:

- **Me, cancer and work is a website providing peer support and information** upon return to work and everyday life, with or after cancer.²⁹⁴ It has a section for cancer patients, providing practical tips for finding jobs and returning to everyday life, and a section for professionals and employers, collecting information on how to provide support for return to work or keep in touch during sick leave. The website was developed on the basis of a project that was carried out

²⁸⁷ See: <https://tai.ee/et/valjaanded/rahvastiku-tervise-aastaraamat-2023>.

²⁸⁸ Vähitõrje tegevuskava 2021–2030, available at: https://www.iccp-portal.org/system/files/plans/EST_B5_s21_Estonian%20Cancer%20Control%20Plan%202021-2030.pdf.

²⁸⁹ Sjukförsäkringslag, available at: <https://www.finlex.fi/en/laki/kaannokset/2004/en20041224>.

²⁹⁰ See: <https://www.kela.fi/>.

²⁹¹ See: <https://www.kela.fi/supporting-work-capacity>.

²⁹² Laki Kansaneläkelaitoksen kuntoutusetuuksista ja kuntoutusrahaetuksista, available at: <https://www.finlex.fi/fi/laki/ajantasa/2005/20050566>.

²⁹³ Työntekijän eläkelaki, available at: <https://www.finlex.fi/fi/laki/ajantasa/2006/20060395>.

²⁹⁴ MINÄ, SYÖPÄ JA TYÖ, available at: <https://syopaiatyo.fi/in-english/>.

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between 2017 and 2021 by the Finnish Cancer Society and the Cancer Society of South Finland, Pirkanmaa and North Karelia. On the website, a **handbook on How to manage cancer at work** is available.²⁹⁵

- The **Responsible work ability support project** was launched in 2020.²⁹⁶ The aim of the project is to enhance co-operation between specialist medical care, basic health care and occupational health care in order to make the employee's treatment, rehabilitation and return to work more efficient. It consists of disseminating the operational model used in Central Finland to all Finnish hospital districts.

France

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

France has a **10-year strategy for the fight against cancer**, covering the period 2021-2030. This strategy covers all aspects related to cancer and contains a specific objective relating to job retention of cancer patients (objective II-13)²⁹⁷, which includes a list of concrete actions. The National Cancer Institute produces and delivers reports to the French President on the progress made on the strategy.²⁹⁸ For more details on this 10-year strategy, see section 4.3.2.8.

Equally, **cancer patients can benefit from the support of a social assistant**²⁹⁹, who helps them with a wide range of elements, including administrative procedures, active listening and the provision of tailored support. The support of a social assistant is provided upon the request of the patient or a third party (with consent of the patient).

More generally speaking, the current legislative and policy measures (most often reported in the main organisations informing cancer patients, but applicable to those with illnesses more generally³⁰⁰) to help with return to work and job retention are the following:

- **Pre-return to work visits:** this is a legal measure³⁰¹ that enables individuals suffering from an illness³⁰² (including cancer patients) to benefit from 'pre-return to work visits' to an occupational doctor. These visits are free of charge and seek to help the patient with defining the practical and administrative procedures for their return to work.³⁰³
- **Therapeutical part-time work arrangements:** this is a legal measure³⁰⁴ that helps individuals suffering from an illness (including cancer patients) to return to work part-time.

²⁹⁵ See: <https://syopajaty.fi/in-english/handbook-how-to-manage-cancer-at-work/>.

²⁹⁶ TYÖOTE, available at: <https://www.ttl.fi/en/research/projects/responsible-work-ability-support-tyoote>.

²⁹⁷ République Française, Institut National du Cancer (2021), 'Stratégie décennale de lutte contre les cancers 2021-2030', available at: <https://www.e-cancer.fr/content/download/317173/4544094/file/Strate%CC%81gie%20de%CC%81cennale%20de%20lutte%20contre%20les%20cancers%202021-2030%20V2.pdf>, p.154-155. Also (partly) available in English: https://www.e-cancer.fr/content/download/336569/4808852/file/2021-2030_France%20ten-year%20cancer-control%20strategy_2021-2025%20roadmap.pdf.

²⁹⁸ Latest report: Institut National du Cancer (2023), 2^{ème} rapport au président de la République', available at: <https://www.e-cancer.fr/content/download/462633/7004699/file/Strat%C3%A9gie%20d%C3%A9cennale%20de%20lutte%20contre%20les%20cancers%202021-2030%20deuxi%C3%A8me%20rapport%20au%20pr%C3%A9sident%20de%20la%20R%C3%A9publique.pdf>.

²⁹⁹ Institut National du Cancer, Assistant de Service Social, available at : <https://www.e-cancer.fr/Patients-et-proches/Se-faire-soigner/Parcours-de-soins/Les-professionnels/Assistant-de-service-social>.

³⁰⁰ Such as Ligue contre le Cancer and Institut National du Cancer websites.

³⁰¹ Code du Travail, Pre return to work visits, available at: https://www.legifrance.gouv.fr/codes/section_lc/LEGITEXT000006072050/LEGISCTA000045369250/ , Last modified by decree in 2022.

³⁰² Offered to any employee with a sick leave of more than 30 days.

³⁰³ Santé.fr (2022), Les visites de pré-reprise, indispensables pour un retour au travail serein, available at : <https://www.sante.fr/les-visites-de-pre-reprise-indispensables-pour-un-retour-au-travail-serein>.

³⁰⁴ For civil servants: Decree n° 2021-997 of 28 July 2021 on the therapeutical part-time working arrangements for State civil servants, available at: <https://www.legifrance.gouv.fr/orf/id/JORFTEXT000043872393> ; and Code de la Sécurité Sociale, Article L323-3, available at: https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000041399048.

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- **Vocational rehabilitation agreement/convention (CRPE)³⁰⁵**: this is a legal measure³⁰⁶ which seeks to train employees after an illness or accident (including cancer patients) to perform a new job and/or acquire new skills in order to either change jobs or re-adapt to their former position. The maximum duration of this measure is 18 months.³⁰⁷
- **Recognition of the status of worker with disabilities**: this is a legal measure³⁰⁸ allowing individuals with temporary or permanent impairments from an illness impacting their capacities mid- to long-term (including cancer patients) to ask to be granted the status of worker with disabilities. This status give access to new rights, such as funds to improve working arrangements, to be trained, and to benefit from a skills assessment.
- **Vocational rehabilitation internship³⁰⁹** : this is a legal measure³¹⁰ that seeks to help people with disabilities (including cancer patients who have been granted this status), who after a period of sick leave or illness, are unable to carry out their previous job. This internship grants training of 10 to 30 months, resulting in a qualification. The objective is to acquire new skills to return to work.³¹¹
- **Professional re-classification**: this is a legal measure³¹² targeting employees who have been recognised as unable to perform their job by an occupational doctor at the end of their sick leave (including cancer patients).³¹³ The employer has the obligation to re-classify the worker under certain conditions. This obligation does not apply in some cases, for example when it is not possible to reclassify the worker within the same company.

In addition, there are also a number of initiatives and tools to help cancer patients/survivors (as well as employers) in remaining in or returning to work:

- **Charter Cancer and Employment³¹⁴**: This Charter (not legally binding) can be signed by employers and helps them to commit to better support cancer patients/survivors in their return to work. It contains a list of 11 commitments. In October 2023, about 90 companies had signed the Charter.³¹⁵
- **Employment and Cancer online platform³¹⁶**: Emploi et Cancer is a website created by the League Against Cancer. It is dedicated to cancer patients who have questions concerning their employment.
- **Workshops to support the return to work of cancer patients³¹⁷**: These workshops are an initiative of the League Against Cancer (at departmental/territorial level) in partnership with the national social security and the retirement and occupational health insurance funds (CARSAT). They offer cancer patients relevant information about their return to work. Sessions are

³⁰⁵ Source: <https://circulaires.ameli.fr/sites/default/files/directives/cir/2022/CIR-35-2022.pdf>.

³⁰⁶ Loi n° 2021-1018 du 2 août 2021 pour renforcer la prévention en santé, available at : <https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000043884445>.

³⁰⁷ Ministère du Travail (2022), La convention de rééducation professionnelle en entreprise – Faciliter le retour en emploi par la formation, available at : <https://travail-emploi.gouv.fr/emploi-et-insertion/prevention-maintien-emploi/salarie-travailleur-independant-ou-agent-public/etre-en-arret-de-travail/article/la-convention-de-reeducation-professionnelle-en-entreprise>.

³⁰⁸ Code du Travail, Recognition of the status of worker with disabilities, Articles L5213-1 to L5213-2-1, available at: <https://www.legifrance.gouv.fr/codes/id/LEGISCTA000006189802> . Last modified/amended by another 2022 law.

³⁰⁹ Ministère du Travail (2015), Le stage de réadaptation professionnelles, available at: <https://travail-emploi.gouv.fr/formation-professionnelle/formation-des-personnes-en-situation-de-handicap/article/le-stage-de-readaptation-professionnelle>.

³¹⁰ Code du travail, Réadaptation, rééducation et formation professionnelle, Articles R5213-9 to R5213-26, available at : https://www.legifrance.gouv.fr/codes/section_lc/LEGITEXT000006072050/LEGISCTA000018495296/.

³¹¹ Ligue contre le cancer (s.d.), Dispositifs de maintien et de retour à l'emploi des personnes malades, available at: <https://www.ligue-cancer.net/nos-missions/retour-lemploi>.

³¹² Code du Travail, Inaptitude consécutive à une maladie ou un accident non professionnel - Articles L1226-2 to L1226-4-3, available at: https://www.legifrance.gouv.fr/codes/section_lc/LEGITEXT000006072050/LEGISCTA000006195599/.

³¹³ Ligue contre le cancer (s.d.), Dispositifs de maintien et de retour à l'emploi des personnes malades, available at: <https://www.ligue-cancer.net/nos-missions/retour-lemploi>.

³¹⁴ See: <https://www.e-cancer.fr/Institut-national-du-cancer/Cancer-et-emploi/La-charte-et-ses-signataires/Les-11-engagements>.

³¹⁵ The list of signatories is available here: <https://www.e-cancer.fr/Institut-national-du-cancer/Cancer-et-emploi/La-charte-et-ses-signataires/Les-signataires>.

³¹⁶ See: <https://emploicancer.ligue-cancer.net/>.

³¹⁷ Ligue contre le Cancer (s.d.), Dispositifs de maintien et de retour à l'emploi des personnes malades, available at : <https://www.ligue-cancer.net/nos-missions/offre-de-soins-de-support/retour-emploi#:~:text=des%20ateliers%20collectifs%20d'accompagnement,une%20estime%20de%20soi%20et>.

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organised with different experts, such as social assistants, occupational doctors and psychologists^{318 319}.

- **Clubs of enterprises Work and Cancer:** this club was created at the initiative of the League Against Cancer and is co-organised by the ANACT (National Authority for the Improvement of Working Conditions) and its regional components (ARACT). The club gathers twice a year to share good practices.³²⁰
- **LigEntreprises programme:** this programme supports companies and employers by raising awareness of cancer-related issues via different tools, including the Emploi et Cancer platform mentioned above.³²¹
- **Rose Coaching Emploi programme (since 2022):** This training programme was set up by the RoseUp and Cancer@Work associations and by Jurisanté. Its aim is to accompany and support women in their return to work after cancer. During the first session of the training, participants benefitted from the insights of 7 professional coaches³²²
- **Sanofi's Cancer & Work: Acting Together initiative:**³²³ Thanks to this company-based initiative, in addition to guaranteeing job security and salary continuation for at least a year after diagnosis, employees can benefit from flexible work arrangements to better navigate cancer and work. This includes permanent employees becoming eligible for unpaid caregiver leave, which allows them to carry out caregiving duties for a close family member suffering from a critical illness.

Prospective policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

The **reforms and policy orientations for the next 10 years are described in the national 10-year strategy** mentioned above. They include a focus on the following issues:

- Raise awareness among health professionals about the benefits of adapted professional activity during and after an illness; systematisation of pre-return to work visits;
- Support for (clubs, training, sharing experiences, indicators);
- To integrate a one-stop-shop for all administrative procedures in relation to employment;
- Broaden the opportunities for more flexible working time arrangements;
- Measure the effects of the illness on pension rights and think of actions to reduce the impact of sick leave on pensions;
- Carry out tests and trial measures to reconcile illness and employment.

³¹⁸ Ibid.

³¹⁹ Ligue contre le cancer (s.d.), Ateliers d'accompagnement de retour à l'emploi à destination des personnes malades du cancer, available at: <https://www.ligue-cancer.net/ateliers-daccompagnement-de-retour-lemploi-destination-des-personnes-malades-du-cancer>.

³²⁰ Institut National du Cancer (2020), Le club des entreprises « Cancer et Emploi », available at: <https://www.e-cancer.fr/Institut-national-du-cancer/Cancer-et-emploi/Le-Club-et-l-accompagnement-des-signataires/Le-Club-des-entreprises#:~:text=Initiative%20de%20l'Institut%20national,malades%20et%20ceux%20des%20entreprises>.

³²¹ Ligue contre le cancer (s.d.), Le programme Lig'Entreprises engagées contre le cancer, available at: <https://liguecancer31.fr/soutenir-nos-actions/le-programme-ligentreprise-engagees-contre-le-cancer/>.

³²² RoseUp (2022), Rose Coaching Emploi : accompagner les femmes dans leur reprise professionnelle après le cancer, available at: <https://www.rose-up.fr/magazine/rose-coaching-emploi-accompagner-les-femmes-dans-leur-reprise-professionnelle-apres-le-cancer/>.

³²³ See: <https://www.sanofi.com/en/media-room/press-releases/2024/2024-02-05-07-00-00-2823219>.

Germany

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

The policy interventions on job retention and return to work for cancer patients and survivors are part of wider social protection and employment legislation in Germany for people with disabilities and employees suffering from long-term illness, including those with cancer. The measures include:

- **Recognition of severely disabled status or equivalent:** this legal measure grants higher protection against dismissal, support at the workplace, exemption from overtime, tax benefits and other advantages to individuals who are recognised as having a degree of disability of at least 50 percent.³²⁴ The term degree of disability is used to assess and classify the extent of impairment in individuals and is measured in degrees of 10, from 20 to 100. Usually, with a malignant tumour disease, a degree of disability of at least 50 is recognised without a detailed examination.³²⁵
- **Corporate integration management** is a legal measure introduced in 2004,³²⁶ applicable to employees who have been absent from work due to health-related issues for more than six weeks. This measure supports beneficiaries to overcome inability to work and clarifies which services can be used to counteract a renewed inability to work and support a return to work through the technical and organisational redesign of the workplace, which may include a gradual reintegration into working life. Participation in corporate reintegration management is voluntary for beneficiaries but mandatory for employers. During the corporate integration management, the beneficiary is considered unfit to work and thus continues to receive sickness or transitional benefits.³²⁷
- **Gradual return to work,**³²⁸ often referred to as Hamburg model, is a voluntary return to work measure based on a step-by-step plan or reintegration plan, which involves gradually increasing both the time spent at work and the tasks assigned. It requires a prior assessment by a physician and the joint consent of the employee, physician, relevant social insurance institution and the employer. During the implementation of the measure, the employees receive sickness absence benefits provided by the responsible social insurance institution. The employer is not legally obliged to implement this measure unless the returning employee is severely disabled.³²⁹
- **Transitional benefits:** The German pension insurance association covers the financial needs of people on long-term sick leave during medical rehabilitation, occupational rehabilitation and gradual reintegration of the corporate reintegration management.³³⁰ The German Pension Insurance Association also employs dedicated rehabilitation counsellors. These work closely with rehabilitation clinics, vocational training institutions and employment agencies. They also offer lectures and information events, organise consultation days in clinics and vocational promotion centres, and carry out employer visits.³³¹

³²⁴ Social Code Book Nine - Rehabilitation and Participation of People with Disabilities (Sozialgesetzbuch Neuntes Buch – Rehabilitation und Teilhabe von Menschen mit Behinderungen) - Part 3 - Special regulations on the participation of severely disabled persons (Severely Disabled Persons Rights) § § 151 – 24, available at: https://www.gesetze-im-internet.de/sgb_9_2018/index.html#BJNR323410016BJNE015200000.

³²⁵ Deutsches Krebsforschungszentrum, Schwerbehinderung: Wann gilt für Krebspatienten ein besonderer Kündigungsschutz?, available at: <https://www.krebsinformationsdienst.de/aktuelles/2021/news004-pressemittlung-schwerbehinderung-kuendigungsschutz-fuer-krebspatienten.php>.

³²⁶ Social Code Book Nine - Rehabilitation and Participation of People with Disabilities (Sozialgesetzbuch Neuntes Buch – Rehabilitation und Teilhabe von Menschen mit Behinderungen) - Part 3 - Special regulations on the participation of severely disabled persons (Severely Disabled Persons Rights), § 167.

³²⁷ See also Federal Ministry for Employment and Social Affairs, Schritt für Schritt zurück in den Job, available at: https://www.bmas.de/SharedDocs/Downloads/DE/Publikationen/a748-betriebliche-eingliederung.pdf?__blob=publicationFile&v=5.

³²⁸ Social Code Book Nine - Rehabilitation and Participation of People with Disabilities (Sozialgesetzbuch Neuntes Buch – Rehabilitation und Teilhabe von Menschen mit Behinderungen), § 44 Gradual return to work (Stufenweise Wiedereingliederung), available at: https://www.gesetze-im-internet.de/sgb_9_2018/44.html. Social Code Book Five – Legal health insurance (Gesetzliche Krankenversicherung), § 74 Gradual return to work (Stufenweise Wiedereingliederung).

³²⁹ Schulz, I. L., Stefmann, R., Wegewitz, U., Bethge, M. 2022. The Current Practice of Gradual Return to Work in Germany:

A Qualitative Study Protocol, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8955514/>.

³³⁰ Deutsche Rentenversicherung, Übergangsgeld, available at: <https://www.deutsche-rentenversicherung.de/DRV/DE/Reha/Warum-Reha/uebergangsgeld.html>.

³³¹ See: https://www.deutsche-rentenversicherung.de/DRV/DE/Reha/Traeger/Bund/reha_berater.html.

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

- **Integration allowance** for disabled persons is a legal measure that targets employers who wish to lessen their own financial burden connected with the return to work of cancer patients and survivors (or other employees with a disability status) where additional equipment or retraining is required. This legal measure allows for the reimbursement of costs to the employer (up to 70% for a 24-month period), by providing the disabled person's certificate (see above).³³²
- **Disability pension** legally entitles insured persons to a pension due to a reduction in earning capacity until they reach retirement age if they are not able to work for a least three hours a day (or six hours a day for entitlement to half of the pension).³³³
- **Unemployment benefit I** serves specifically as a bridging means to secure a livelihood (i.e., make the transition to a disability pension) when the maximum period of entitlement to sickness benefit has expired and the person in question is still unable to work. It assumes the person is unable to work more than 15 hours a week for at least 6 months. The entitlement begins with a total of at least 12 months of compulsory insurance and then lasts for six months.³³⁴

In addition, there are many charities that put into place tools and measures specifically for cancer patients and survivors to better understand their rights when returning to work. This includes reintegration workshops organised by the charity **Leben nach Krebs!** (Life after Cancer), providing advice on career development, switching to self-employment or part-time work, how employers can support them, and if they are eligible for any funding.³³⁵ Another example is the support provided by the **Frauenselbsthilfe Krebs** (women's self help cancer), which accompanies women with cancer throughout and after their illness, helping them with their job search, their application for social benefits and aftercare.³³⁶ For further details, see section 4.3.2.7. Furthermore, **each Bundesland in Germany has its own Krebsgesellschaft** (cancer society) network which give people living with cancer and their relatives relevant details of charities that can help them during and after their illness, including return to work.³³⁷

Greece

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

In Greece there is currently no dedicated National Cancer Plan in place, although an update of the 2015 National Cancer Plan is foreseen for the coming year. Most of the legal measures mentioned below regarding specific provisions on employment, job retention and returning to work are related to persons with disabilities, which may include cancer patients.

Article 29 of Law 4808/2021 entitles employees who have completed 6 months of continuous or consecutive fixed-term employment contracts to a carer's leave, lasting up to 5 working days for each calendar year, for the care of a person who needs significant care or support for a serious medical reason (including cancer), which is confirmed by a medical decision.

Although not specifically targeted at cancer patients and survivors, the **Organisation of Welfare Benefits and Social Solidarity (OPEKA)** provides financial support to a variety of categories of disabled individuals, which could apply to those affected by cancer if they have a disability.

There are also a range of legislative provisions, under **Law 2643/1998**, that provide for rights for those considered to have a disability, in terms of access to work and access to additional annual leave.

Law 3528/2007 provides a range of rights for civil servants in terms of special paid leave, working time reduction, protections against dismissal, sick pay and the right to request remote working.

³³² Social Code Book Nine - Rehabilitation and Participation of People with Disabilities (Sozialgesetzbuch Neuntes Buch – Rehabilitation und Teilhabe von Menschen mit Behinderungen) - Part 3 - Special regulations on the participation of severely disabled persons (Severely Disabled Persons Rights) § 90, available at: https://www.gesetze-im-internet.de/sgb_3/_90.html.

³³³ Social Code (SGB) Sixth Book (VI) - Statutory pension insurance - § 43 pension due to reduced earning capacity, available at: https://www.gesetze-im-internet.de/sgb_6/_43.html.

³³⁴ See: <https://www.frauenselbsthilfe.de/infothek/geld-und-mehr/existenzsicherung/arbeitslosengeld1.html>.

³³⁵ See: <https://leben-nach-krebs.de/zinsa-workshops/>.

³³⁶ See: <https://www.frauenselbsthilfe.de/verband/was-wir-tun/aufgaben-und-ziele.html>.

³³⁷ See: <https://www.krebsgesellschaft.de/landeskrebsgesellschaften.html>.

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In terms of legislative measures specifically aimed at those affected by cancer, there is a legislative provision in place to assist with the job retention of parents whose child is a cancer patient. **Articles 43 and 44 of Law 4808/2021** grant employed parents a special parental leave, lasting 10 working days per year, to address the needs of their children (up to 18) with cancer.

In addition to these legislative provisions, a number of other initiatives are aimed at those affected by cancer specifically. **The Hellenic Association of Women with Breast Cancer Alma Zois** organised in June 2021 an online patient workshop on work reintegration after breast cancer. The workshop focused on the needs of women after breast cancer diagnosis in relation to work, as well as on obstacles related to labour issues and good practices, suggestions for smoother work reintegration, and facilitating factors. Further, a memorandum with the positions of Alma Zois and other relevant bodies was submitted to the Prime Minister in October 2021, highlighting the need for a comprehensive plan and legislation to facilitate job retention and return to work for patients with breast cancer.

More generally, a public service has been established in the past two years for unemployed individuals with a disability of $\geq 50\%$, which provides counselling services, including the provision of information regarding training, employment, and entrepreneurship issues, as well as personalised support to access the labour market.

Finally, a programme for reintegration into work aimed at people who have suffered brain damage and wish to return to the labour market ran from June to December 2023, with the support of Piraeus Bank within the framework of the EQUAL programme.

Hungary

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

In Hungary, cancer patients and survivors need to rely on general legal measures which are targeted at people with disabilities and/or reduced working capacity.

- **Article 66(7) of the Labour Code** is relevant for employees who are receiving rehabilitation treatment or rehabilitation benefits – including cancer patients and survivors – due to the employee's capacity related to medical reasons. It regulates protection against termination of employment, beyond the general protections, by restricting the grounds on which the employer can terminate employment on the basis of medical reasons.³³⁸
- **Government Decree No. 335/2009**³³⁹ establishes that if a person suffers from one of the serious illnesses listed by the Decree (including cancer), that person is entitled to a tax reduction.
- **The Equal Treatment Act** is also relevant for cancer patients and survivors as health is one of the grounds for anti-discrimination.³⁴⁰

Additional legislative amendments recently came into force:

- Firstly, **an amendment to the Labour Code** in relation to persons with reduced working capacity was passed in 2022 and came into force on 1 January 2023. Before the amendment, workers receiving a disability pension were considered to be pensioners rather than employees and therefore their employment relationship could be terminated without a valid reason with no entitlement to severance pay. The amendment removed this rule, and from now on there must be a valid reason for termination and refusal of severance pay (if eligible).

³³⁸ Labour Code, available at: <https://mta-pte.ajk.pte.hu/downloads/12-01.tv-en.pdf>.

³³⁹ 335/2009. (XII. 29.) Korm. Rendelet, <https://nit.hu/jogszabaly/2009-335-20-22>.

³⁴⁰ Act CXXV of 2003 on Equal Treatment, available at: [https://www.venice.coe.int/webforms/documents/default.aspx?pdffile=CDL-REF\(2021\)068-e](https://www.venice.coe.int/webforms/documents/default.aspx?pdffile=CDL-REF(2021)068-e).

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- **An amendment to Act CXCI of 2011** on allowances for persons with reduced working capacity was passed in 2020 and came into force on 1 January 2021.³⁴¹ Before this amendment, rehabilitation benefit and disability benefit had to be terminated if the person's pay exceeded 150% of the minimum wage in the previous 3 months. This pay limit was abolished from 2021, so presently there is no pay ceiling. The rehabilitation benefit is available for people with cancer if they comply with the detailed conditions for this benefit.

However, further to these measures, there are no initiatives specifically supporting job retention and return to work for cancer patients or survivors. The Hungarian National Cancer Control Programme³⁴², dating back to 2006 and still in force, does not mention anything in this regard.

Ireland

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

Ireland does not have a national framework for the reintegration or retention of cancer patients and survivors and no specific policies to support these groups were identified. Similarly, no national framework is in place for those living with chronic illness.³⁴³ Instead, social protection acts as the primary mechanism for support for the long-term and chronically ill, including cancer patients. This support takes the form of different types of benefits such as Illness Benefit and Invalidity Pension.

One specific type of benefit for the long-term and chronically ill, **Partial Capacity Benefit**, can be used to help support cancer patients retain their employment and return to work at a capacity level which suits their individual needs.³⁴⁴ This type of benefit allows those medically certified as unfit to work on a full-time basis to return to work while continuing to receive financial support. Only those who are already receiving Illness Benefit or Invalidity Pension are eligible, and payments are assessed on the basis of each individual's capacity to work.

There is also a national funding scheme to which employers can apply - the **Employee Retention Grant**.³⁴⁵ This grant aims to support employers to retain employees with an illness, condition or impairment which affects their ability to carry out their work tasks. The grant can be used to either 1) to support employers in identifying accommodation or training needs for the employee to stay in their current role; or 2) to fund the retraining of the employee to take up another position. Any private sector employer can apply for the grant, and it can be used to support employees at all levels and in any type of occupation.

In addition, legal measures exist to protect cancer patients from discrimination in the workplace via the **Employment Equality Acts 1998-2011**.³⁴⁶ Under this legislation, cancer patients and survivors are protected on grounds of disability. The law forbids people with illnesses such as cancer from being offered less favourable working conditions, being selected for redundancy, or being passed over for a promotion on the basis of currently having or previously having had cancer. The Acts further require employers to make reasonable accommodations for persons with illnesses and disabilities, thus providing a legal basis for accommodations to be made at the place of work for workers undergoing cancer treatment.

Also of note is that Ireland has recently introduced guaranteed paid sick leave, as of January 2023, with the **Sick Leave Act**.³⁴⁷ This Act provides for 3 paid sick days per year, an amount which is set to increase to 10 by 2026. Prior to this, paid sick leave arrangements remained at the discretion of the employer.

³⁴¹ See:

<https://net.jogtar.hu/jogszabaly?docid=A1100191.TV&searchUrl=/gyorskereso%3Fkeyword%3D2011.%2520%25C3%25A9vi%2520CXCI.%2520t%25C3%25B6rv%25C3%25A9ny.>

³⁴² See: http://www.epaac.eu/from_heidi_wiki/Hungary_National_Cancer_Control_Programme_English.pdf.

³⁴³ See: https://celsi.sk/media/datasource/National_Report_Ireland_merged.pdf.

³⁴⁴ See: <https://www.gov.ie/en/service/c79268-partial-capacity-benefit/>.

³⁴⁵ See: <https://www.citizensinformation.ie/en/employment/employment-and-disability/grants-to-retain-employees-with-disabilities/>.

³⁴⁶ See: <https://www.irishstatutebook.ie/eli/1998/act/21/enacted/en/html>.

³⁴⁷ See: https://www.workplacelrelations.ie/en/what_you_should_know/leave/sick-leave/.

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Nevertheless, for cancer patients, who are likely to have to take well over 3 days to manage their illness or symptoms, benefits provide the only means of retaining an income during long periods of illness.

There is an NGO initiative aimed at supporting return to work for cancer patients and survivors: the Marie Keating Foundation has published a guide booklet entitled *Back to Work After Cancer*,³⁴⁸ which offers information and advice to employers and employees about going back to work after cancer. Further, the Irish Cancer Society has issued a number of guidelines for employers on how to help employees who have been diagnosed with cancer, focusing on support following a cancer diagnosis, help after a breast cancer diagnosis and drawing up a cancer support plan.³⁴⁹

Prospective policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

A **National Cancer Strategy 2017-2026**³⁵⁰ is already in place with the specific goal of improving the quality of survivors' lives by **developing programmes to support them in their return to work**. The implementation report 2023 for the strategy³⁵¹ notes that under this goal, the Life And Cancer – Enhancing Survivorship (LACES) workshop, developed in collaboration with the Irish Cancer Society, was delivered online and in-person. LACES is an end of treatment workshop which provides information and signposting to services to help improve the quality of lives for cancer patients after active treatment has ended. In 2023, 48 sessions were delivered with a total of 146 attendees. However, no direct reference was made in this report specifically to return to work. Moreover, the Strategy does not provide a specific timeline or methodology for achieving this goal. Nonetheless, the potential for development of targeted programmes by 2026 remains.

Italy

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

Current initiatives aimed at fostering job retention and return to work for cancer patients and survivors include several legal and policy measures. Paragraph 3.11 on the Quality of life and social re-integration of cancer patients and survivors within the **National Oncological Plan 2023-2027**³⁵² highlights **the importance of cancer patients and survivors' return to work** and the need for measures that ensure flexibility to allow their reintegration into the workplace, although no specific interventions are outlined.

Relevant legal measures are part of the wider employment legislative framework in Italy for persons with disabilities and employees suffering from a long-term illness, which encompass cancer patients and their families. However, there is no nationwide mechanism in place specifically concerning measures aimed at job retention and return to work for cancer patients.

Relevant legal measures include:

- **Legislative framework for the rights at work of disabled people:** A range of laws provide for financial and non-financial support to those recognised as having invalidity or disabled status, including cancer patients and their carers. This relates to sick leave, relocation, night work, part-

³⁴⁸ See: https://www.mariekeating.ie/wp-content/uploads/2019/02/Marie_Keating_Back-To-Work_booklet_Final_web_single.pdf.

³⁴⁹ See: <https://www.cancer.ie/cancer-information-and-support/cancer-support/coping-with-cancer/information-for-patients/cancer-and-work/employer-guidelines-resources>.

³⁵⁰ See: <https://assets.gov.ie/9315/6f1592a09583421baa87de3a7e9cb619.pdf>.

³⁵¹ See: <https://assets.gov.ie/296249/39cb1733-4689-49c5-8e1d-c19b09493af3.pdf>.

³⁵² Ministry of Health. Piano Oncologico Nazionale: documento di pianificazione e indirizzo per la prevenzione e il contrasto del cancro ("National Oncological Plan: planning and guidance document for the prevention of and fight against cancer"), available at: https://www.salute.gov.it/imgs/C_17_pubblicazioni_3291_allegato.pdf.

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time work, coverage of medical bills and equipment and paid monthly leave, in addition to protection against discrimination.^{353 354 355}

- **The right to work:** this legal measure sets out the right of individuals who are recognised as having disabled status to be assigned work that is adequate and compatible with their reduced working capacity, ensuring synergy with their original tasks. Companies and public entities are obliged to employ a certain percentage of unemployed persons with disabilities (with invalidity recognised as 46% or higher) as part of their workforce through a compulsory quota system.³⁵⁶ Moreover, cancer patients and survivors who wish to return to work in their previous company after a sickness absence period have recognised disabled status if their invalidity is recognised as 60% or higher.
- **Flexibility in working patterns and conditions:** individuals who are recognised as having disabled status and workers who take care of a sick family member can request to be exempted from night work,³⁵⁷ to move from full-time to part-time work and to reverse to full-time according to their needs,³⁵⁸ as well as to relocate closer to their home.³⁵⁹
- **Sick leave:** paid sick leave can be granted to employees with illnesses that lead to frequent absences from work, including cancer, to undergo treatment for a maximum of 30 days a year. To be eligible, individuals must be recognised as having an invalidity status of 50% or higher.³⁶⁰

A number of policy interventions implemented by national associations against cancer and related organisations specifically target cancer patients and survivors, including women:

- **The TrasformAzione project:** since 2021, Europa Donna Italia offers guidance and training aimed at facilitating women who have been diagnosed with or have survived breast cancer or other oncological diseases in returning to work through its Talent Lab (e.g. CV and cover letter writing, digital skills). It also provides a forum for participants to discuss their needs and aspirations. The latest edition of the project began in May 2023.³⁶¹ For more details, see section 4.3.2.6.

³⁵³ Law 104/1992 Legge-quadro per l'assistenza, l'integrazione sociale e i diritti delle persone handicappate ("Legislative framework for the support, social inclusion and rights of the disabled"). Available from:

<https://www.gazzettaufficiale.it/eli/id/1992/02/17/092G0108/sq>.

³⁵⁴ According to the modalities outlined by the amendments introduced by Law 80/2006. 1992, available at:

<https://www.handylex.org/legge-9-marzo-2006-n-80/>.

³⁵⁵ Law 193/2023 Disposizioni per la prevenzione delle discriminazioni e la tutela dei diritti delle persone che sono state affette da malattie oncologiche ("Provisions for the prevention of discrimination and protection of the rights of individuals suffering from an oncological disease"), available at:

<https://def.finanze.it/DocTribFrontend/getAttoNormativoDetail.do?ACTION=getSommaro&id={1D8FECE5-163C-4AE3-900B-CF3B1FACFB4C}>.

³⁵⁶ Law 68/1999 Norme per il diritto al lavoro dei disabili ("Law on the right to work of the disabled"). 1999, available at:

<https://www.gazzettaufficiale.it/eli/id/1999/03/23/099G0123/sq>.

³⁵⁷ Law 66/2003 Attuazione delle direttive 93/104/CE e 2000/34/CE concernenti taluni aspetti dell'organizzazione dell'orario di lavoro ("Implementation of directives 93/104/CE and 2000/34/CE regarding working hours"). 2003,

available at: <https://www.gazzettaufficiale.it/eli/id/2003/04/14/003G0091/sq>.

³⁵⁸ Law 81/2015 Disciplina organica dei contratti di lavoro e revisione della normativa in tema di mansioni, a norma dell'articolo 1, comma 7, della legge 10 dicembre 2014, n. 183 ("Organic discipline of work contract and review of the norm related to work tasks, of art. 1/7 of Law 10 December 2014, n.183"). 2015, available at:

<https://www.gazzettaufficiale.it/eli/id/2015/06/24/15G00095/sq>.

³⁵⁹ Law 183/2010, Deleghe al Governo in materia di lavori usuranti, di riorganizzazione di enti, di congedi, aspettative e permessi, di ammortizzatori sociali, di servizi per l'impiego, di incentivi all'occupazione, di apprendistato, di occupazione femminile, nonché misure contro il lavoro sommerso e disposizioni in tema di lavoro pubblico e di controversie di lavoro ("Delegations to the Government regarding workers, reorganisation of entities, long-term absence, expectations and medical leave, social support, employment services, incentives to employment, apprenticeship, female employment, in addition to measures against undeclared work and provisions on public work and labour disputes"). 2010, available at:

<https://www.gazzettaufficiale.it/eli/id/2010/11/09/010G0209/sq>.

³⁶⁰ Law 119/2011, Attuazione dell'articolo 23 della legge 4 novembre 2010, n. 183, recante delega al Governo per il riordino della normativa in materia di congedi, aspettative e permessi ("Implementation of art. 23 of the Law of 4 November 2010, n.183, delegating the restructuring of the regulation in relation to absences, expectations and leave. 2011, available at: <https://www.normattiva.it/uri-res/N2Ls?urn:nir:stato:decreto:2011-07-18:119-art7vig>.

³⁶¹ TrasformAzione, vivere e lavorare con e dopo il tumore al seno. Il progetto che sostiene le donne nel loro ritorno al mondo del lavoro dopo la diagnosi di tumore al seno ("TransformAction, living and working with and after breast cancer. The project that supports women in their return to work after a breast cancer diagnosis"). Europa Donna Italia, 2022, available at: <https://europadonna.it/ambito/tumore-lavoro/progetti/tumore-e-lavoro-2022/>.

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- The **Return to Work**³⁶² and **Return to Work post COVID-19**³⁶³ projects: since 2021, the oncology rehabilitation association Onconauti has offered tailored support to workers who have been diagnosed with or survived cancer through measures aimed at fostering their wellbeing and increasing productivity (e.g. therapeutic yoga, physical activity, nutrition, psychological support, reflexology). It also provides advice to workers and companies for cancer patients and survivors' return to work within and beyond the COVID-19 context.
- **The PRO JOB initiative**, developed by AIMaC in 2012, is an innovative model aimed at improving the conditions and inclusion of cancer patients and survivors and raising awareness of corporate management to create optimal conditions for them in the workplace.³⁶⁴ The initiative offers tools and activities such as tailored guidance and confidential psychological support for workers who have been diagnosed with cancer and workers who care for sick family members. It also provides information materials and a dedicated helpline service for cancer patients, employees who care for a family member with cancer, and corporate managers, giving advice on all aspects concerning cancer and work. Ad-hoc advice and professional training is also provided to HR managers, line managers and employees through the establishment of the PRO JOB management team for patient management and re-integration, as well as in-company assessments to identify specific organisational needs and develop targeted interventions.³⁶⁵ Lastly, the solidarity network between Eni, social partners and local and regional authorities identifies regulatory solutions in favour of Eni workers who have been diagnosed with or survived cancer.³⁶⁶ The project aims to decrease unjustified absences from work and early retirement for health reasons and litigation on health issues, as well as increase the proper use of flexibility tools and ensure reconciliation of care and work time, reasonable accommodation and respect for diversity. Overall, the project is expected to increase productivity, promote social cohesion, and enhance cancer patient rights. The project was awarded the Sodalitas Social Innovation Award by the Sodalitas Foundation in the Italy Health category.³⁶⁷
- **The Legal Helpline (Linea Verde SOS LILT)** set up by the **Italian League Against Tumours (LILT)** offers legal and financial advice to cancer patients, informing them of their rights regarding the accreditation of disability status, part-time work, sick leave and long-term absences.
- Several organisations provide recommendations aimed at facilitating the job retention and return to work of cancer patients and survivors and improve their working conditions and quality of life. An information sheet has been developed by **AIMaC** for employers,³⁶⁸ and **recommendations** were developed by **Europa Donna Italia**³⁶⁹ and the **Studio Fava & Associates**³⁷⁰ legal office to support the job integration of female cancer patients who have been diagnosed with or survived breast cancer or other oncological diseases.

One local-level policy intervention was also identified. Established in 2018, the **UNAMANO Project** by Reggio Emilia's Local Health System in the Emilia Romagna Region, which represents the Italian experience promoted by a Local Health Authority, aims to bridge the perceived gap between the areas of healthcare and work and facilitate job retention and return to work for working-age individuals suffering

³⁶² Project Return to Work. Onconauti, 2021, available at: <https://www.reteoncologiaropi.it/wp-content/uploads/2021/01/Brochure-DEFINITIVA-1.pdf>.

³⁶³ Project "Return to Work post COVID19". A company-level welfare interventions aimed at supporting vulnerable workers, born from the experience of the Association Onconauti. Onconauti, 2021, available at: <https://www.reteoncologiaropi.it/wp-content/uploads/2021/01/RTW.pdf>.

³⁶⁴ PRO JOB - Lavorare durante e dopo il cancro: una risorsa per l'impresa e per i lavoratori ("PRO JOB - Working during and after cancer: a resource for companies and workers"). AIMaC, N/A, available at: <https://www.aimac.it/aimac-per-te/pro-job-risorse-impresa-lavoratori>.

³⁶⁵ Information provided by survey respondent.

³⁶⁶ Una rete solidale per attuare le norme a tutela dei lavoratori malati di cancro sui luoghi di lavoro ("A solidarity network to implement the norms protecting cancer patients in workplaces"). AIMaC, N/A, available at: <https://www.aimac.it/chi-siamo/progetti/una-rete-solidale-per-attuare-le-norme-a-tutela-dei-lavoratori-malati-di-cancro-sui-luoghi-di-lavoro>.

³⁶⁷ Information provided by survey respondent.

³⁶⁸ Lavoratori malati di tumore: 10 consigli al datore di lavoro ("Cancer patients workers: 10 recommendations for employers"). AIMaC, 2016, available at: <https://www.aimac.it/libretti-tumore/lavoratori-malati-tumore-consigli-datore-lavoro>.

³⁶⁹ Le proposte di Europa Donna Italia ("Europa Donna Italia's recommendations"). Europa Donna Italia, 2015, available at: https://europadonna.it/wp-content/uploads/2015/02/Proposte-di-intervento_ED11.pdf.

³⁷⁰ Per migliorare la qualità della vita delle lavoratrici pazienti oncologiche ("To improve women cancer patients' quality of life"). Europa Donna Italia, 2015, available at: https://europadonna.it/wp-content/uploads/2023/01/TRASFORMAZIONE_FAVA.pdf.

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from cancer, regardless of the type of diagnosis.³⁷¹ The design of the project as a global social healthcare pathway that is centred on the needs of the patients was based on literature describing the moderate effectiveness of multidisciplinary interventions to help cancer patients and survivors to return to work.³⁷² UNAMANO offers assistance in the form of information on rights in the workplace and advice about social security and care, provides social and healthcare support through personalised work rehabilitation and reintegration programmes and offers a counselling programme that includes professional training and information for those who have incurred debt or lost employment due to cancer.

Latvia

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

Two relevant measures in Latvia for people with cancer have been identified. While they make impact upon job retention and return to work, they are more targeted at reintegration into society in general.

- The **Government Regulations adopted on 19 December 2017** provide information on a state-funded psychosocial rehabilitation programme in general, as well as previous and planned activities covered by the programme.³⁷³ This psychosocial rehabilitation service for persons with oncological diseases and their relatives provides the person and one of their chosen relatives with information about the disease and opportunities to continue a full life, in order to promote the person's reintegration into society.
- The **psycho-emotional support office** aims at providing psycho-emotional support to people with an oncological disease and their relatives at any stage, immediately after diagnosis, during the diagnostic and treatment process, or during follow-up after treatment.³⁷⁴ The measure is provided by the psycho-emotional support office located in Riga Eastern Clinical University Hospital and is financed by the state. Although no specific support in relation to job retention or return to work is included in the measure, this can still be facilitated by the psycho-emotional support provided by the office.

More generally, the website of the Latvian State Employment Agency, Employment of disabled persons is managed by the Latvian State Employment Agency and financed by the ESF.³⁷⁵ Some of the measures presented on the website include support for the labour market inclusion of unemployed people with disabilities, including state subsidies for the salary of people with disabilities, grants for the payment of an unemployed person's work supervisor, a workplace adaptation grant, a paid health check, a grant for training an employee, and a range of other support.

³⁷¹ IL PROGETTO UNAMANO – sostegno di pazienti al lavoro (“The UNAMANO project – supporting cancer patients at work”). Azienda Usl di Reggio Emilia – IRCCS, 2021, available at: <https://www.ausl.re.it/l-progetto-unamano-a-sostegno-di-pazienti-al-lavoro>.

³⁷² Information provided by survey respondent.

³⁷³ Noteikumi par psihosociālās rehabilitācijas pakalpojumu personām ar onkoloģisku slimību un viņu tuviniekiem, available at: <https://likumi.lv/ta/id/296030-noteikumi-par-psihosocialas-rehabilitacijas-pakalpojumu-personam-ar-onkologisku-slimibu-un-vinu-gimenes-locekliem>.

³⁷⁴ Psihoemocionālā atbalsta kabinets, available at: <https://aslimnica.lv/pacientiem/psihoeemocionala-atbalsta-kabinets-pacientiem/>.

³⁷⁵ See: https://www.nva.gov.lv/lv/nva-atbalsts-bezdarbnieku-ar-invaliditati-ieklausanai-darba-tirgu?utm_source=https%3A%2F%2Fukc-excel.officeapps.live.com%2F.

Lithuania

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

In Lithuania, no policy interventions or legislative measures on job retention and return to work specifically targeting cancer patients and survivors were identified in this study. Since 2003, the **Law of the Republic of Lithuania on Equal Opportunities** serves as a general basis for equal treatment and forbids any sort of discrimination based on disability. The law sets out that employers have a duty to enable disabled people (including people who became disabled due to their cancer diagnosis) to work or study by adapting their working conditions accordingly. It also ensures that the employee cannot be discriminated against due to disability in the workplace³⁷⁶.

Employers rely mostly on the **Labour Code** (new version adopted in 2016) and provisions for disabled people to understand their obligations and the rights of their employees when they come back to work. Based on Article 26 of the Labour Code of the Republic of Lithuania, the employer must take measures to enable conditions for the disabled to get a job, work, pursue a career or study, including appropriate accommodation, if such measures do not disproportionately burden the employer's duties.³⁷⁷ The Labour Code also provides the right to terminate the employment contract due to disability if the employee cannot properly perform their work function due to illness or disability and they do not agree to be transferred to other vacant positions or jobs in that workplace that correspond to their health or when there are no such duties or work at that workplace³⁷⁸. Further provisions on occupational safety and health in Lithuania are regulated by the Law on Safety and Health at Work³⁷⁹.

In 2018-2019, the **Hygiene Institute** conducted a research project, Returning to work after cancer: subjective experience of employees, which resulted in recommendations³⁸⁰ to Lithuanian companies and organisational managers, human resource specialists and occupational health specialists who contribute to the smooth return to work of employees affected by cancer. However, this study has not initiated any change in legislation or labour regulations in Lithuania.

Luxembourg

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

General measures supporting job retention and return to work for chronically ill people/people on long-term sick leave are available in Luxembourg. Chronic diseases are generally defined as conditions that last one year or more, during which they necessitate ongoing medical attention, limit daily activities or both. Accordingly, chronic illnesses include cancer.

- The **Law on the maintenance of the employment contract and the gradual return to work in the event of long-term incapacity** allows progressive return to work for therapeutic reasons.³⁸¹ Among other things, the law allows an employee who has been unable to work for at least 1 month out of the 3 months preceding their request to resume their work. The measure helps to reorganise and reinforce the overall protection of cancer patients, specifically in the context of employment. It promotes social cohesion by supporting cancer patients during and after their disease.
- The **reclassification procedure** regulated by **Law of 24 July 2020** addresses employees who are incapable of performing their previous job following a prolonged illness or disability or

³⁷⁶ Lietuvos Respublikos Seimas. 2003. The Law of the Republic of Lithuania on Equal Opportunities. Valstybės žinios, 2003-12-05, Nr. 114-5115, Art.7.

³⁷⁷ Lietuvos Respublikos Seimas. 2016. Labour Code. XII-2603. TAR, 2016-09-19, Nr. 23709, Art. 26.

³⁷⁸ Lietuvos Respublikos Seimas. 2016. Labour Code. XII-2603. TAR, 2016-09-19, Nr. 23709, Art. 60.

³⁷⁹ Lietuvos Respublikos Seimas. 2015. Law on Safety and Health at Work. TAR, IX-1672.

³⁸⁰ Ivleva, V. Juškeliėnė, V. 2020. Return to work after the oncological illness methodological guidelines. Hygiene Institute, available at:

https://www.hi.lt/uploads/pdf/leidiniai/Rekomendacijos/2020/Rekom._Grizimas_i_darba_po_onkol._ligos.pdf.

³⁸¹ The law on the maintenance of the employment contract and the gradual return to work in the event of a long-term incapacity Law N° 703 of 10 August 2018, available at:

<https://legilux.public.lu/eli/etat/leg/loi/2018/08/10/a703/jo#intituleAct>.

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

incapacity, but who are not eligible for a disability pension from the Social Security Medical Board. These employees may apply for professional reclassification.³⁸² Given that the changes brought about by the Law had a direct impact on the rights of employees in terms of labour law and social security, the 'Chamber of Employees'³⁸³ issued a guidance document on the reclassification procedure in March 2022.³⁸⁴

- Lastly, the **Labour Code regulates the rights of workers with disabilities**. These workers are defined as workers whose employment capacity is diminished by more than 30%, thus including some cancer patients and survivors. In particular the Law of **1 August 2019**, which supplements the Code, creates an employment inclusion assistance activity for disabled employees and employees in external reclassification.³⁸⁵ This law introduced inclusion assistance to facilitate permanent occupational integration and the continued employment of workers with disability status or workers who are redeployed externally into the ordinary labour market.

In addition to the legislative measures mentioned above, a psychological support service, *Return to work*, is offered to public service employees.³⁸⁶ This measure concerns psychosocial help offered by the psychosocial department of the Luxembourgish government to public service employees and managers after a prolonged absence from the workplace (including due to cancer).

More specific measures specifically for cancer patients and survivors exist, but are smaller-scale measures.

- **Managing cancer at work** is an awareness-raising measure (i.e. a guidance document for employees).³⁸⁷ The guide was published in 2021 and explains and advises employees (cancer patients) about how to behave with employers and colleagues. It also advises on a strategy of how to start working after cancer (e.g. through a check list providing guidance on how to organise return to work after cancer). It has been noted that this tool is very informative for patients, but employers are still unaware of their obligations, hence its application is still difficult for employees.
- **The Charter Cancer@Work** is a company-based measure developed initially in France by the association Cancer@Work.³⁸⁸ Several Luxembourgish companies and national agencies have since signed the Cancer@Work Charter. They commit to implement concrete actions in favour of the inclusion and continued employment of their employees affected by cancer. There are different measures that companies aim to implement by signing the Charter, such as arranging special schedules, reducing travel time, or training their human resources teams. For more details, see section 4.3.2.2.
- **Groupe Sein**, a blog addressing people with breast cancer, provides on its website information on starting work again after cancer.³⁸⁹ It also organised a seminar to discuss the challenges associated with return to work.
- **Coaching for patients back-to-work** is a coaching project organised by the Cancer Foundation for cancer patients to assist them in returning to work.

³⁸² See: https://www.stradalex.lu/fr/slu_src_publ_leg_mema/toc/leg_lu_mema_202008_663/doc/mema_etat-leg-loi-2020-07-24-a663-jo.

³⁸³ The 'Salariatskummer' in Luxembourgish, is a professional chamber responsible for representing employees in the private sector in Luxembourg.

³⁸⁴ Chambre des salariés, 'La maladie et le reclassement professionnel du salarié', March 2022, available at : https://www.csl.lu/app/uploads/2022/03/maladie_reclassement_fr_2022_web.pdf.

³⁸⁵ Law of 1 August 2019 supplementing the Labour Code by creating an employment inclusion assistance activity for disabled employees and employees in external reclassification.

³⁸⁶ See: <https://fonction-publique.public.lu/fr/qualite-vie-travail/soutienadministrations/retourtravail.html>.

³⁸⁷ Gérer le cancer au travail, available at: <https://www.cancer.lu/fr/employe-comment-gerer-le-cancer-au-travail>.

³⁸⁸ See: <https://www.canceratwork.com/en/get-involved>.

³⁸⁹ Recommencer le travail après un cancer, available at: <http://www.cancerseinchl.lu/groupe-sein-chl/2019/2/25/recommencer-le-travail-apres-un-cancer>.

Malta

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

In Malta there are several measures specifically concerning job retention and return to work for people with long-term and chronic diseases, although not specifically addressed exclusively to cancer patients.

- The **manual on the procedure of the Medical Board**, in place since 2021, is a policy measure setting guidelines designed to assist directors and heads of department in the procedure to be followed when referring public employees for Medical Board reviews.³⁹⁰ Individuals have to provide medical certificates to the Social Security Department and subsequently, they can be reviewed by the Board. The Medical Board, which falls under the remit of the People & Standards Division, aims to encourage public employees to remain in employment, thus providing recommendations to support the employee in cases where they are about to start their unpaid sick leave entitlement or have disclosed a health condition and professional advice is required. This measure is applicable to chronically ill people or those on long-term sick leave, a category that also includes cancer patients.
- Alongside the manual described above, there is also a **manual on work-life balance measures** which permits individuals to donate vacation leave/time off to others. Employees can donate to the central fund or to a specific employee. Donated vacation leave/time off is used in situations such as when public employees are suffering from a serious and prolonged illness. Serious and prolonged illness can include cancer.³⁹¹
- The **Social Security Act Chapter** sets rules concerning the granting of sickness benefits and regulates the payment of contributory benefits.³⁹² Individuals undergoing therapy for cancer will be eligible for benefit payments from the first day. The benefit covers the entire treatment period, usually lasting one year from the start of the treatment. This period can be extended upon to medical advice.

There are also more **localised/company-specific measures** targeted at those with long-term illnesses (thus including cancer patients) in their return to the concerned entity.

- The **suspension of studies at the University of Malta**.³⁹³ If a student has been unwell for a period of time, they may request a suspension of studies which is a complete break from work for a period of up to one year. This applies to both postgraduate and doctoral students.
- Mitigating circumstance measures at the **Busy Bee Training Institute**.³⁹⁴ This educational institution specialising in providing courses in the food and beverage industry has a mitigating circumstance policy to support students who have issues related to medical problems such as long-term sickness, including hospitalisation.
- In most **collective agreements** there is the possibility to bank sick days not used during the previous three years in cases of serious illness.

Finally, and relevant specifically to cancer patients and survivors, the **National Cancer Plan for the Maltese Islands (2017-2021)** includes the assessment of the adaptation of working conditions for any patient returning to their previous work.³⁹⁵ The Plan highlights the importance of safeguarding the working lives of cancer survivors, their employability, competencies and capacity to work, as well as their motivation to work and when necessary, support with learning new skills. The Plan acknowledges the possibility of providing patients/survivors with flexible working hours, but it does not set out specific initiatives.

³⁹⁰ Manual on the procedure of the Medical Board, available at: <https://publicservice.gov.mt/en/people/ESP/Documents/Medical%20Board/MANUAL%20ON%20THE%20PROCEDURE%20OF%20THE%20MEDICAL%20BOARD%20with%20Links.pdf>.

³⁹¹ Manual on work-life balance, available at: https://publicservice.gov.mt/en/Documents/Public%20Service%20Management%20Code/PSMC%20Manuals/Manual_on_Work-Life_Balance_Measures.pdf.

³⁹² Social Security Act, available at: <https://legislation.mt/eli/cap/318/eng/pdf>.

³⁹³ See: <https://www.um.edu.mt/media/um/docs/faculties/educ/med/SuspensionofStudiesGuidelines2023.pdf>.

³⁹⁴ See: <https://busybee.com.mt/bbti/policies-and-procedures/>.

³⁹⁵ See: https://health.gov.mt/wp-content/uploads/2023/04/The_National_Cancer_Plan_for_the_Maltese_Islands_2017%E2%80%932021_EN.pdf.

Netherlands

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

In the Netherlands two legal Acts are in place for all employees who are ill, including those with cancer.

- **The Permanent Incapacity Benefit (Restrictions) Act** ³⁹⁶ has been in force since 2001. Under this Act, both the employer and the employee share responsibility for rehabilitating a sick employee. The employer is obliged to take specific steps, such as maintaining a reintegration dossier, within a designated timeframe when an employee falls ill. These steps are meant to ensure that the employee can return to work as soon as reasonably possible. The employee may return to their original position, assume another suitable position within the organisation, or even find a position with another employer.
- The employer is required to take several steps including: a) maintaining a reintegration dossier; b) conducting regular progress meetings; c) seeking assessment from a company doctor to determine the employee's capabilities and completing the UWV's (Employee Insurance Agency) problem analysis; d) collaboratively drawing up a plan of action, and e) if feasible, making adjustments to the employee's tasks, working hours, workstation, or working conditions.
- According to the Act, all employees have the right to receive good independent guidance in the event of illness from a company doctor. The company doctor advises both the employer and the employee during the reintegration process. In the case of cancer, a company doctor oncology consultant (BACO) can be consulted. A BACO is a company doctor with specialised knowledge and experience in the field of cancer and work. The costs of consulting a BACO are not covered by health insurance and employees may discuss the possibility of the employer covering these costs. Additionally, a clinical occupational physician (KAG) is a type of BACO who works in a hospital setting.
- If an employee's absence is expected to exceed a year, arrangements may be made for an appointment with an occupational health expert to assess the capabilities of the employee and/or for the engagement of a reintegration coach.
- The UWV plays an important role in reviewing the process. Throughout the reintegration process, the employer is required to provide employees with a permanent or fixed-term contract with a minimum of 70% of their previous salary and holiday allowance.
- **Work and Income (Capacity for Work) Act** ³⁹⁷ (WIA), which has been in effect since 2006, offers benefits to employees who, despite all reintegration efforts, remain incapacitated for work at a level of 35% or more after two years. Depending on their capabilities, the employee might receive an income provision scheme for **fully occupational disabled persons payment** (IVA) or **Return to Work (partially disabled persons) payment**. For those receiving a WGA, there is an obligation of (partial) return to work in the future. The employee is responsible for their own reintegration and the UWV will establish agreements with the employee about their reintegration process.
- **Occupational healthcare for self-employed persons:** In 2019, the Dutch government mandated self-employed individuals to obtain occupational disability insurance for income protection. Unlike those in paid positions, self-employed individuals do not automatically have access to occupational healthcare. A pilot study by the National Institute for Health and Environment (RIVM) will assess self-employed experiences of accessing occupational healthcare through contracted disability insurance, emphasising the need for diverse stakeholder input to build strong support.³⁹⁸

Given this legal context, there are many company-based reintegration specialists to support cancer patients and survivors, as well as their employers, in their efforts to return to work or retain their jobs after illness. The most relevant are listed below (non- exhaustive list):

³⁹⁶ Wet verbetering poortwachter, available at: <https://wetten.overheid.nl/BWBR0013063/2008-11-01>.

³⁹⁷ Wet werk en inkomen naar arbeidsvermogen, available at: <https://wetten.overheid.nl/BWBR0019057/2023-01-01>.

³⁹⁸ Pees S, Bosma E, Van Oostrom S, Proper K. (2022). *Arbeidsgerelateerde zorg voor zzp'ers. Opzet voor een pilot*. Rijksinstituut voor Volksgezondheid en Milieu (RIVM), available at: <https://rivm.openrepository.com/handle/10029/626431>.

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

- **Re-turn**³⁹⁹: Re-turn is a company-based initiative to provide support, advice and guidance for anyone (employers, employees and entrepreneurs) who has questions on returning to work or beginning another job with cancer. Additionally, Re-turn provides guidance in preparation for a new job and provides analysis of the chances of a successful reintegration for cancer patients and survivors, including the need for support. Its activities are financed through employers, the Employee Insurance Agency (UWV) and non-life insurance companies. For more details about Re-turn, see section 4.3.2.3.
- **oPuce**⁴⁰⁰: oPuce is a company-based platform for work and cancer. oPuce works closely with its Business Network of large companies, focusing on the employment market and corporate social responsibility to identify existing job opportunities and best practices in employing people with a history of cancer. Additionally, oPuce aims to address cancer-related employment challenges at the political and societal level. However, despite its early efforts, the platform is not widely known. For more details about oPuce, see section 4.3.2.4.
- **Stap Nu**⁴⁰¹: Stap Nu is a company-based reintegration agency specialised in cancer and work, chronic illness and work and COVID and Work. They are experienced in the field of recovery support, absence support and reintegration.

In addition, there are a number of national-level initiatives focusing on the support of cancer patients/survivors as well as their employers in terms of return to work and/or job retention following illness.

- **The Work & Cancer Knowledge Centre**⁴⁰² provides information for anyone involved in the reintegration of cancer patients and survivors. Among other things, it provides an overview/map aiming to provide support for cancer patients and survivors regarding work-related questions, which can be consulted at any time. Second, it provides an information sheet⁴⁰³ that aims to facilitate conversations about cancer at the workplace. The layout of this sheet follows the different stages of the disease to make it easier for employers and employees to start the conversation at any time during reintegration. The initiators of the Work and Cancer Knowledge Centre are Care in Company, Re-turn, and Stap Nu.
- **The Taskforce Cancer Survivorship Care**⁴⁰⁴: The Taskforce is a partnership in which healthcare professionals, researchers, policy makers and patient organisations join forces and expertise to enable appropriate care for cancer patients and survivors. The taskforce has developed a National Action Plan on Cancer & Life (2020)⁴⁰⁵ and identified four themes for which separate working groups have been established, including work and return to work. This working group (including representatives from Re-turn, Stap Nu) seeks to better connect the fields of work and health.

In addition, there are many (online) tools for cancer patients and survivors to better understand their rights, develop their own reintegration plan and help to start their return to work conversation.

- **My Reintegration Plan**⁴⁰⁶ is an online learning tool that helps sick employees to manage their reintegration. The tool enables employees to develop a better understanding of what is expected of them and of their employers in the reintegration process. Additionally, it helps with determining the reasons why an employee cannot (fully) execute their assigned tasks and what measures can be taken to solve this problem.
- **The work and cancer discussion aid** (since 2019): This is a brochure designed for both employees and employers to facilitate conversations about cancer in the workplace. The layout of the brochure follows the various stages of the disease from diagnosis. Each phase explains what might happen and how employees and employers can discuss being ill, whether or not to continue working, potential adjustments to the job, and reintegration. In order for the discussion

³⁹⁹ Re-turn, available at: <https://re-turn.nl/>.

⁴⁰⁰ oPuce, available at: <https://opuce.nl/>.

⁴⁰¹ Stap Nu, available at: <https://www.stap.nu/>.

⁴⁰² Kenniscentrum Werk & Kanker, available at: <https://www.kenniscentrumwerkenkanker.nl/>.

⁴⁰³ Kenniscentrum Werk & Kanker (2022), 'Overzichtskaart werk en kanker', available at: <https://kenniscentrumwerkenkanker.nl/images/pdf/Overzichtskaart%20werk%20en%20kanker%20definitief.pdf>.

⁴⁰⁴ Taskforce Cancer Survivorship Care, available at: <https://taskforcecancersurvivorshipcare.nl/>.

⁴⁰⁵ Taskforce Cancer Survivorship Care (2020), 'Nationaal Actieplan Kanker & Leven', available at: https://taskforcecancersurvivorshipcare.nl/wp-content/uploads/2020/05/NAP_2020_def.pdf.

⁴⁰⁶ Samen Bouwen aan Participatie, 'Mijn re-integratieplan', available at: <https://samenbouwenaanparticipatie.nl/studietool-2/>.

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aid to be used as effectively as possible, nurses and oncologists can a workshop in which they learn when to give the brochure to the patient and how the patient can best use it⁴⁰⁷.

- **The guideline Cancer and Work⁴⁰⁸** (since 2019): This guideline has been developed for insurance doctors and other occupational health and safety professionals but specifically for occupational physicians, aiming to preserve and facilitate return to work for individuals dealing with cancer. The necessity for such a guideline was pressing due to inadequate knowledge among medical professionals, including occupational physicians, as well as employers, managers, and employees. This lack of knowledge often results in incorrect decisions or misconceptions regarding possibilities for work, resumption of work, and sustainable employability. Consequently, the labour force participation of individuals treated for or recovering from cancer falls short of their actual capabilities, leading to the unnecessary loss of human capital.
- **Survey map cancer at work⁴⁰⁹** (since 2022): This survey map is an initiative from Kenniscentrumwerkenkanker.nl to create a map to unlock existing information and resources in the topic of cancer and work for patients. This tool has been created in collaboration with various experts in the field and is widely used.

Poland

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

In Poland, current policy interventions in the area of employment of cancer patients and survivors predominantly concentrate on the health and welfare aspects of care for cancer patients and survivors. Specifically, the focus is on physical and psychological rehabilitation and providing financial support through pensions for those unable to work, rather than employment promotion, facilitating workplace accommodation, vocational training or employers' education and incentives. For example, the National Oncology Strategy 2020-2030⁴¹⁰ is a comprehensive policy measure targeting cancer patients and survivors, introduced in 2020. It does not explicitly include measures for job retention or re-entry into the workforce, concentrating instead on enhancing access to healthcare services, cancer prevention and medical rehabilitation.

Companies may offer support to employees dealing with prolonged illness; however, these initiatives are generally ad-hoc and individualised rather than being part of a structured programme.⁴¹¹ Other policies and legislation that may support cancer patients and survivors in job retention and re-entry into the labour market (without being explicitly focused on this group, but rather disabled or sick people more generally) include:

- **National Action Plan for Employment for 2023⁴¹²** is a policy measure and its Specific Objective 4 focuses on enhancing employment quality and levels for persons with disabilities and those inactive due to illness. This goal is supported by a competition launched in August 2020, financed by ESF funds.
- The **Act of June 25, 1999 on Benefits from Social Insurance in Case of Sickness and Maternity⁴¹³** is a legal measure that outlines the duration for which an insured individual is entitled to a salary (sick leave) and sickness benefit, capping it at 182 days.

⁴⁰⁷ NFK (n.d.), 'Workshop 'Hoe gebruik ik de gesprekshulp?', available at: https://nfk.nl/media/1/Downloads/Flyer-Workshop-Hoe-gebruik-ik-de-gesprekshulp_Final-2021.pdf.

⁴⁰⁸ NVAB (2019), 'Richtlijn Kanker en Werk' available at: https://nvab-online.nl/sites/default/files/bestanden-webpaginas/RL_Kanker_en_werk_2019.pdf.

⁴⁰⁹ See: <https://kenniscentrumwerkenkanker.nl/images/pdf/Overzichtskaart%20werk%20en%20kanker%20definitief.pdf>.

⁴¹⁰ See: <https://orka.sejm.gov.pl/Druki8ka.nsf/0/66E76C1879666533C12583B500498EBO/%24File/3266.pdf>.

⁴¹¹ Choroba? Pracuję z nią! campaign (2018), Choroby przewlekłe a polscy pracodawcy report, available at: https://www.pracujeznia.pl/upload/file/Raport_choroby_przewlekłe_a_Polscy_pracodawcy.pdf.

⁴¹² See: <https://www.gov.pl/web/rodzina/krajowy-plan-dzialan-na-rzecz-zatrudnienia2>.

⁴¹³ See: <https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU20050310267/U/D20050267Lj.pdf>.

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

- The **Act of August 27, 1997, on Vocational and Social Rehabilitation and Employment of Disabled Persons**⁴¹⁴ is a legal measure that targets those who are unable to return to work due to health conditions, including cancer. The Act allows these individuals to apply for a disability certificate, granting them access to various levels of financial assistance and specific employment programmes for individuals with disabilities. By having a legally recognised disability, individuals can access support in terms of reasonable workplace accommodation and wage subsidies funded by the State Fund for the Rehabilitation of Persons with Disabilities (see below).
- The **Act of 26 June 1974 Labour Code**⁴¹⁵ contains anti-discrimination provisions for employees with disabilities. Specifically, Article 113 prohibits various forms of discrimination, including those based on disability, but does not address discrimination based on health or illness.
- The **State Fund for the Rehabilitation of Persons with Disabilities (PFRON)**⁴¹⁶ provides multifaceted programmes, interventions and schemes focused on improving the job market situation of (legally recognised) persons with disabilities. These include wage subsidies for employees,⁴¹⁷ reimbursement of employer costs in terms of training a disabled employee,⁴¹⁸ reimbursement of employers for the cost of equipping workplaces (reasonable accommodation),⁴¹⁹ subsidy for employing a support person for an employee with a disability,⁴²⁰ internships, training and career guidance (provided by local employment offices),⁴²¹ financing (through competitions) and organising a range of initiatives.⁴²²
- The project **Development and pilot implementation of a comprehensive rehabilitation model enabling resumption or return to work**⁴²³ was a project led by PFRON. The European Union and the national budget funded this conceptual, system-based project. Aimed at comprehensive rehabilitation, including job-related aspects, it sought to facilitate the social or professional re-engagement of individuals affected by injury, illness, or congenital or developmental disabilities. The project ran from 2018 to 2023.
- The **Development of Professional Potential of Persons with Disabilities**⁴²⁴ is a policy measure and grant scheme launched in 2021 by the Ministry of Family, Labour, and Social Policy, financed by the ESF. This policy measure aimed to enhance employment opportunities for individuals with disabilities. Under the programme, NGOs and employment agencies could apply for co-funding to facilitate projects dedicated to employment advancement. The goal was for 10,000 people with disabilities to be supported. These projects were scheduled to run until September 2023.

In terms of more localised measures to support cancer patients and survivors specifically with job retention and return to work, these include:

- **Rehabilitation of oncology patients aged 18-64**, from the Wielkopolska region, implemented by OPEN S.A. between 2021 and 2023⁴²⁵ was implemented by the Centre for Cancer Prevention and Epidemiology,⁴²⁶ and project partners included the Social Foundation People for People and the Magdalena Górská – Doś Medical Rehabilitation Facility. The project was co-financed by ESF funds and was implemented based on the provisions of the programme authored by the

⁴¹⁴ See: <https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU19971230776/U/D19970776Lj.pdf>.

⁴¹⁵ See: <https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU19740240141/U/D19740141Lj.pdf>.

⁴¹⁶ See: <https://www.pfron.org.pl/o-funduszu/>.

⁴¹⁷ See: <https://www.pfron.org.pl/pracodawcy/dofinansowanie-wynagrodzen/>.

⁴¹⁸ See: <https://www.pfron.org.pl/pracodawcy/szkolenia-i-staze-pracownikow/>.

⁴¹⁹ See: <https://www.pfron.org.pl/pracodawcy/adaptacja-stanowisk-pracy/>.

⁴²⁰ See: <https://www.pfron.org.pl/pracodawcy/zatrudnienie-pracownika-wspomagajacego/>.

⁴²¹ See: <https://www.pfron.org.pl/osoby-niepelnosprawne/aktywizacja-zawodowa/>.

⁴²² See: <https://www.pfron.org.pl/o-funduszu/programy-i-zadania-pfron/programy-i-zadania-real/>;
<https://www.pfron.org.pl/o-funduszu/projekty/>.

⁴²³ See: <https://rehabilitacjakompleksowa.pfron.org.pl/>.

⁴²⁴ See: [1.5 Rozwój potencjału zawodowego osób z niepełnosprawnościami / 1.5.1 Rozwój potencjału zawodowego osób z niepełnosprawnościami – Ministerstwo Rodziny, Pracy i Polityki Społecznej - Ministerstwo Funduszy i Polityki Regionalnej \(power.gov.pl\)](https://www.gov.pl/web/ministerstwo-rodziny-pracy-i-polityki-spolecznej/15-rozwoj-potencjalu-zawodowego-osob-z-niepelnosprawnosciami).

⁴²⁵ See: [Rehabilitacja pacjentów onkologicznych w wieku 18-64 lata, z terenu Wielkopolski, realizowana przez OPEN S.A. w latach 2021-2023 | Kohesio \(europa.eu\)](https://www.europa.eu/en/rehabilitation-of-oncology-patients-aged-18-64-years-in-the-wielkopolska-region).

⁴²⁶ Ośrodek Profilaktyki i Epidemiologii Nowotworów is a SPZOZ, or an Independent Public Healthcare Institution, that is a non-entrepreneurial legal entity in the healthcare sector, established by governmental or local government bodies, or educational institutions in medical sciences. It operates with autonomy, providing healthcare services primarily funded by the National Health Fund, but can also offer services outside the universal health insurance system for a fee.

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

Marshal's Office of the Wielkopolska Voivodeship.⁴²⁷ Its aim was to enhance the employment prospects of individuals at risk of becoming inactive due to cancer by improving the physical and psychological wellbeing of at least 30% of the participants, as well as supporting 200 individuals from the patient's immediate surroundings.⁴²⁸ The programme offered physical rehabilitation, psychological and nutritional education and support.⁴²⁹

- **The Rak'n'Roll (Cancer'n'Roll) Foundation**⁴³⁰ offers continuous vocational support through counselling sessions designed to help cancer patients and survivors navigate the labour market. The sessions aid in establishing action plans to assist in securing new employment following an absence due to illness.

Portugal

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

No specific measures targeting return to work or job retention for cancer survivors in Portugal were identified by this study. The rights of cancer patients are protected by a series of legislative measures that provide people with disabilities with certain rights and protections, thus also including cancer patients as applicable.⁴³¹ These rights include:

- Recognition of **severely disabled status or equivalent** (AMIMU): this legal measure grants higher protection against dismissal, support at the workplace, exemption from overtime, discounts on medical supplies, medical costs and tax benefits and other benefits for individuals who are recognised as having a degree of disability of up to 60%. A certificate of permanent or temporary disability can be requested from a specialist doctor and is assessed by a Disability Assessment Board which bases its judgement on the National Table of Disabilities. This table establishes the criteria for assessing the degree of disability and serves as a reference for all types of disability.
- **Sickness benefit**: cancer patients have the right to sickness benefit during their treatment. This benefit cannot be combined with other sources of compensation for loss of work (e.g. social insertion benefit) and has a variable length of 1,095 days for employees and 365 days for independent workers.
- **Disability pensions**: cancer patients benefit from the same support systems as other people with disabilities, including access to a disability pension and access to an early retirement plan.
- **Specific labour protection – the Portuguese Labour Code** (Lei n.º 93/2019) establishes specific protection measures for workers with disabilities or chronic illnesses, including active cancer-related illnesses undergoing treatment. For example, they cannot be put on working time reduction programmes (e.g. time banking systems), they cannot be forced to work between 8pm and 7am and cannot be forced to work overtime.
- **Incentives for employers** – employers who hire people with a certificate of disability of up to 80% have access to a reduction on their contributions to the social security system for each long-term contract signed. Employers also have access to additional funds and/or specialised material for employing people with disabilities and they earn the right to receive an *Inclusive Employer Brand* which rewards employers and self-employed workers who provide support to this category of workers by employing them.

⁴²⁷ The Marshal's Office announced an open call for proposals to implement the "Rehabilitation Programme for Oncological Patients aged 18-64 from the Wielkopolska Voivodeship," and Open won the grant for its execution.

⁴²⁸ The final report does not provide the answer, if this objective was realised, see: [RAPORT EFEKTYWNOŚCI reh_OPEN_2.pdf \(rehabilitacja-open.pl\)](#).

⁴²⁹ See: [RAPORT EFEKTYWNOŚCI reh_OPEN_2.pdf \(rehabilitacja-open.pl\)](#).

⁴³⁰ See: <https://www.raknroll.pl/co-robimy/programy/poraku/wsparcie-zawodowe/>.

⁴³¹ Lei n.º 93/2019, de 4 de setembro, available at:

https://www.pgdlisboa.pt/leis/lei_mostra_articulado.php?nid=3165&tabela=leis&ficha=1&pagina=1&so_miolo=.

Changes to the **Labour Code**^{432,433} also established some legal rights for carers of people with long-term illnesses, such as cancer. Spouses and other family members (up to 4 degrees of separation) can claim the status of Informal Carer, which puts them into a specific worker category (**Worker Carer**), provides them with specific protections against dismissal and the possibility of flexible working hours or teleworking. This status also does not prevent them from receiving remuneration for the care they provide or from their job. If they are receiving unemployment benefit, they are treated in the same way as a paid professional carer.

Romania

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

No measures specifically aimed at job retention or return to work for cancer patients and survivors in Romania were identified by this study. However, the general legislative measures that are in place which do not refer specifically to cancer patients and survivors, but which may include them) are listed below.

- **Law No. 448 of 6 December 2006 on the protection and promotion of the rights of disabled persons**,⁴³⁴ Article 2, offers protection to those who, due to a physical, mental or sensorial disability, do not have the ability to carry out normal day-to-day activities. Article 6 provides that disabled persons benefit from rights to adaptation of the workplace, professional orientation and reorientation. Article 72 states that any disabled person wanting to integrate or reintegrate into the labour market has free access to professional evaluation and orientation, as well as workshops, irrespective of their age, type and degree of disability. However, evidence from the survey conducted for this study indicates that in many cases, the measures for reorientation and free professional counselling are not put into practice.
- **Law No. 158 of 17 November 2005 on leave and allowances of social health insurance**⁴³⁵ is a legal measure that applies to the chronically ill. This measure relates to return to work after long-term illnesses, including an individual recovery programme for return to work, financial support to cover treatment, sufficient sick leave (up to 1.5 years with full salary) and the right to return to the same job after recovery. The Law was updated in February 2022⁴³⁶ with two new provisions: 1) sick leave and allowances for cancer carers and 2) provisions enabling cancer patients to transfer allowances to other countries depending on residency. However, evidence from the survey conducted for this study indicates that individual recovery programmes for RTW and financial support to cover treatment specifically are not always put into practice.
- **Ordinance No. 137 of 31 August 2000 on preventing and sanctioning all forms of discrimination**⁴³⁷ stipulates the principle of equality among citizens, with the right to work, to freely choose an occupation, to fair and satisfactory working conditions, to equal pay for equal work, and to fair and satisfactory wages. It refers to discrimination on grounds including disability and non-contagious chronic diseases, thus including cancer patients. However, survey responses indicate that in many cases, the purpose of this ordinance is not implemented in practice. Additionally, it does not explicitly stipulate protection against unemployment, and only refers to the right to return to the previous position of employment.

⁴³² Lei n.º 100/2019, available at:

https://www.pgdlisboa.pt/leis/lei_mostra_articulado.php?nid=3144&tabela=leis&ficha=1&pagina=1.

⁴³³ Lei n.º 13/2023, available at: <https://diariodarepublica.pt/dr/detalhe/lei/13-2023-211340863>.

⁴³⁴ Available at: https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/11/Romania_Law-no.-4482006-Regarding-the-Protection-and-Promotion-of-the-Rights-of-Disabled-Persons.pdf.

⁴³⁵ ORDONANȚĂ DE URGENȚĂ nr.158 din 17 noiembrie 2005 privind concediile și indemnizațiile de asigurări sociale de sănătate, available at: https://www.cdep.ro/pls/legis/legis_pck.htm_act_text?id=68149.

⁴³⁶ See: <https://legislatie.just.ro/Public/DetaliiDocumentAfis/251682>.

⁴³⁷ Available at: https://ec.europa.eu/migrant-integration/sites/default/files/2015-01/docl_45215_3117300.pdf.

Slovakia

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

In Slovakia, measures that cancer patients and survivors can rely on are those supporting job retention and return to work for people with recognised disabilities or reduced work capacity more generally, as long as they are eligible for formal disability status.

- The **Labour Code** regulates the right to material security in case of incapacity for work based on social security regulations. Article 8 of the Code obliges employers, for employees with disabilities, to provide working conditions that enable them to apply and develop their skills for work.⁴³⁸
- The **Employment Services Act** regulates the employment of citizens with disabilities. The employer has particular obligations, for example, the need to ensure suitable conditions for the performance of work for citizens with disabilities, to carry out training and job preparation and to pay special attention to improving their qualifications.⁴³⁹

If a cancer patient does not have formal disability status, they can be supported by the sickness benefit system based on the **Social Insurance Act**.⁴⁴⁰ Social insurance can take the form of a sickness benefit, in case of temporary incapacity to work due to illness, or of disability insurance, in the event of reduced ability to work as a result of the insured person's long-term adverse health condition. It should be noted that Annex 4 of the Social Insurance Act recognises cancer as a disability that causes a decrease in the ability to perform such activity.⁴⁴¹ The duration of the temporary incapacity for work is a maximum of 52 weeks. The expiration of this period is not a reason to terminate the temporary incapacity for work, as long as the adverse health condition continues, but the insured person is no longer entitled to sickness benefits, although they may have a right to disability benefits. The **League Against Cancer** has published a guide for cancer patients, developed in cooperation with the Health Insurance Union, helping patients to navigate the social and healthcare systems.⁴⁴²

No targeted measures related to job retention or return to work of cancer patients or survivors exist in Slovakia. The **National oncology programme of the Slovak Republic - Strategic plan for the years 2018-2020** only includes the general objective to provide social and work counselling to patients after cancer so as to facilitate their integration into normal life.⁴⁴³ However, it does not provide nor indicate specific practical measures to achieve this. Furthermore, the updated National plan for 2021-2025 no longer contains such an objective.

Slovenia

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

Cancer patients and survivors in Slovenia are covered by general legislative measures and policy interventions targeting people who are ill or who have a disability. People with disabilities have the right to vocational rehabilitation under the **Pension and Disability Insurance Act, Articles 70 to 80**.⁴⁴⁴ The right to vocational rehabilitation is part of the pension and disability insurance covering all people who meet statutory insurance requirements (insured persons), are employed and pay the compulsory insurance as part of their income. It is limited by the degree of disability, which is determined by appointed medical doctors. Provided that they are recognised as such, cancer patients and survivors are included

⁴³⁸ ZÁKONNÍK PRÁCE, available at: <https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2001/311/>.

⁴³⁹ ZÁKON zo 4. decembra 2003 o službách zamestnanosti a o zmene a doplnení niektorých zákonov, available at: <https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2004/5/>.

⁴⁴⁰ ZÁKON z 30. októbra 2003 o sociálnom poistení, available at: <https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2003/461/>.

⁴⁴¹ See: https://www.slov-lex.sk/pravne-predpisy/prilohy/SK/ZZ/2003/461/20231001_5563581-2.pdf.

⁴⁴² See: <https://www.union.sk/sprievodca-onkologickeho-pacienta/>.

⁴⁴³ Národný onkologický program Slovenskej republiky Strategický plán na roky 2018–2020, available at: <https://www.noisk.sk/files/2019/2019-12-16-narodny-onkologicky-program.pdf>.

⁴⁴⁴ See: <http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6280>.

within this category. The Pension and Disability Insurance Act sets out the conditions for the acquisition of the right, as well as the obligations for adaptation of the workplace.

Information on the right to vocational rehabilitation is also available on the website of the Pension and Disability Insurance Institution⁴⁴⁵, which provides general information on how to implement the right. Furthermore, specific employment rehabilitation programmes are run by the **Centre for Vocational Rehabilitation** in Ljubljana.⁴⁴⁶ The programmes are based on a rehabilitation doctrine that takes into account the requirements of teamwork and the active role of users and connection with all stakeholders. There are no specific programmes for cancer patients and survivors, but individual assessments are conducted so as to have tailor-made programmes for each individual.

Looking at cancer-specific measures concerning job retention and return to work, the **National Cancer Control Programme 2022-2026** has a section on comprehensive rehabilitation of cancer patients, which has a direct reference to early vocational rehabilitation and return to work for cancer patients.⁴⁴⁷ Vocational rehabilitation is recognised as allowing a quicker and more successful return to the labour market. However, it is currently not adequately regulated. The programme defines three concrete goals in this regard that build upon the pilot project of patients with breast cancer, with stepwise implementation of comprehensive rehabilitation to all cancer patients in all institutions treating cancer patients. Specifically, goal 3, entitled *National coordination of integrated rehabilitation for cancer patients*, envisages among its action points a preparation of a proposal for necessary changes in the field of early vocational rehabilitation, with the main objective of ensuring that the personal physician will be able to appoint its patients while on sick leave directly to a specialist in occupational medicine, transport and sport. There is however no further information on how the proposal is intended to be adopted.

Despite the lack of specific interventions supporting job retention and return to work for cancer patients and survivors, some relevant studies have been conducted:

- A **pilot study on individualised comprehensive rehabilitation of breast cancer** patients was conducted between 2019 and 2022.⁴⁴⁸ Its final report illustrates the influence of different measures on quality of life of patients and on sick leave or ability to work after a breast cancer diagnosis. The duration of sick leave related to breast cancer can be quite long. As shown in the study, women with breast cancer would return to work earlier if the law allowed adaptations for their health condition.. Comprehensive rehabilitation measures are continuing to be carried out in the institutions that were involved in the pilot project. Currently, efforts are being made to provide these services at national level.
- Pilot research on **individualised comprehensive rehabilitation of patients with colorectal cancer** has also been carried out between 2022 and 2024⁴⁴⁹. This is an ongoing pilot study of comprehensive rehabilitation of patients with colorectal cancer, which also includes vocational rehabilitation. One of its aims is to study return to work and disability connected to a cancer diagnosis.
- A specific study on **cancer patients' return to work after vocational rehabilitation** was carried out in 2017.⁴⁵⁰ The report of the study presents the results of retrospective analysis (data collected between 2011 and 2016) of returning to work and disability appraisal of patients with cancer after being involved in vocational rehabilitation. Results show that a low percentage of cancer patients are involved in vocational rehabilitation programmes, while 2/3 of included patients aged 50 or more have retired due to disability, and the majority of patients have not worked full-time after treatment.

⁴⁴⁵ See: <https://www.zpiz.si/cms/content2019/pravica-do-poklicne-rehabilitacije>.

⁴⁴⁶ See: <https://www.uri-soca.si/en/centre-for-vocational-rehabilitation/>.

⁴⁴⁷ See: https://www.onko-i.si/fileadmin/user_upload/Drzavni_program_obvladovanja_raka_2022-2026.pdf.

⁴⁴⁸ See: https://www.onko-i.si/fileadmin/user_upload/Zakljucno_porocilo_OREH_2023_FIN.pdf.

⁴⁴⁹ See: <https://www.onko-i.si/eng/sectors/research-and-education/programs-projects-and-studies/programs-and-projects/projekt/pilot-research-on-individualized-comprehensive-rehabilitation-of-patients-with-colorectal-cancer-2022-2024>.

⁴⁵⁰ See: <https://repozitorij.upr.si/Dokument.php?id=16084&lang=slv>.

Spain

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

The Spanish health system is decentralised, with autonomous communities managing and providing healthcare services in their regions. This leads to regional strategies against cancer (as detailed below), following the **Cancer Strategy of the National Health System**⁴⁵¹. This strategy includes return to work as a priority for action but does not set out measures in this respect, as it is a guideline for action against cancer. The strategy's Objective 30.1 includes an information measure and calls for a study to be carried out on the impact of cancer on the occupational, psychological and social environment of people with cancer and their families.

Regional measures specifically targeting cancer patients and survivors include:

- A Collaboration Protocol between the Andalusian Employment Service Agency and the Spanish Association Against Cancer⁴⁵² in the field of Vocational Guidance (2018)⁴⁵³: since 2018, a policy document has been in place establishing a collaboration agreement between the Andalusian Employment Service Agency and the Spanish Association Against Cancer (AECC) to improve the labour market situation of all types of cancer patients, survivors and their families through re-skilling and up-skilling.
- A Procedure for Adaptation to Work due to Breast Cancer for Employees of the Junta de Extremadura (Regional Government of Extremadura) (2020/21)⁴⁵⁴: this regional policy measure, in place since 2022 and based on Spanish law 31/1995 on Occupational Risk Prevention, supports female employees returning to work after breast cancer, assessing fitness, adjusting jobs, and recognising occupational risks. The target group is female breast cancer patients and survivors. No mention of other types of cancer affecting women is made.
- **Cooperation in cancer prevention (Euskadi) (2021)**⁴⁵⁵: this cooperation agreement between ONCE and AECC aims to raise awareness of healthy lifestyle habits and labour insertion for people affected by cancer in the Basque Autonomous Community. Adopted in 2021, the measure focuses on those with disabilities, whose vulnerability is heightened due to their condition.
- **1st Cancer and Employment Barometer in Catalonia, 2022 (2022)**⁴⁵⁶: The Catalan Federation against Cancer (FECEC) publishes data on the social and health situation of the working population in Catalonia, among which some are cancer patients, highlighting the role of companies in reintegration and job retention. This quantitative document is expected to drive future measures in this field.

⁴⁵¹ Ministry of Health of the Government of Spain (2021), *Cancer Strategy of the National Health System*, available at: https://www.sanidad.gob.es/organizacion/sns/planCalidadSNS/pdf/ESTRATEGIA_EN_CANCER_DEL_SNS.pdf.

⁴⁵² Spanish Association Against Cancer.

⁴⁵³ Agencia Servicio Andaluz de Empleo & AECC. (2018). *Protocolo de Colaboración entre la Agencia Servicio Andaluz de Empleo y la AECC en materia de Orientación Profesional*, available at: https://www.juntadeandalucia.es/sites/default/files/2020-05/180226%20PROTOCOLO%20FIRMADO_SAE_AECC_Censurado.pdf.

⁴⁵⁴ Junta de Extremadura. (2022). *Procedimiento de Adaptación al Trabajo por Cáncer de Mama para Trabajadora de la Junta de Extremadura*, available at: http://ssprl.juntaex.es/ssprl/c/document_library/get_file?uuid=7368d28f-17dd-4311-b939-ba22da59082a&groupId=10156.

⁴⁵⁵ ONCE & AECC. (2021). La ONCE y la Asociación Contra el Cáncer (AECC) abren en Euskadi una vía de cooperación en la prevención del cáncer. *Portal ONCE*, available at: <https://portal.once.es/empleo/publicaciones/asi-somos/asi-somos-1/asi-somos-no-269/politica-social/la-once-y-la-asociacion-contra-el-cancer-aecc-se-unen-en-euskadi-para-cooperar-en-la-prevencion-del-cancer>.

⁴⁵⁶ Federació Catalana d'Entitats contra el Càncer (FECEC). (2022). 1er Baròmetre Càncer i Treball a Catalunya, 2022. At FECEC, available at: <https://xarxanet.org/biblioteca/1er-barometre-cancer-i-treball-catalunya-2022>.

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

- **Lanza Sueños Project (2023)**^{457, 458, 459, 460}, developed by a regional association of women cancer survivors and patients (**Supernenas**), this project promotes the inclusion of oncology patients in Municipal Employment Plans to facilitate their integration into the labour market. This is done by means of giving two extra points on the total score in the civil service competitive examinations to people with cancer. The City Councils of Alcazar de San Juan and Campo de Criptana joined the project in 2023, and there are plans to expand nationally.

Other measures specifically targeting cancer patients and survivors include:

- The **Comprehensive Plan of Care for Long-term Cancer Survivors (2013)**⁴⁶¹ is a network publication by the Spanish Society of Medical Oncology (SEOM). While the plan does not focus on any specific category of vulnerable worker, the document focuses mainly on the monitoring of survivors and makes recommendations for actions.
- An **online workshop on return to employment and professional development after cancer**, given by the **Spanish Association Against Cancer (AECC)** (2021). This workshop, available online, is led by professionals with experience in the field, who share key insights on how to tackle the job search process after cancer, as well as essential tools to facilitate this reintegration.
- An **Information brochure: How to return to work after cancer** (UGT, General Workers Union). The trade union UGT also offers information and support to those workers who are cancer patients or survivors. The brochure provides information on how to reintegrate into the workforce. It also calls for the adoption of measures, such as the necessity of including reintegration programmes into company policies and negotiating them through collective agreements.
- **Return to work after breast cancer diagnosis: Enablers and barriers**. This study, published by the **National Institute for Safety and Health at Work (INSST)**,⁴⁶² focuses on identifying the enabling factors and barriers to RTW of female workers after experiencing breast cancer. This study presents a series of conclusions and recommendations that can contribute to facilitating the return to work and therefore to a better quality of life.

More general measures, which may include cancer patients and survivors but are not specifically aimed at them, include:

- **Incorpora Programme** (La Caixa) (2016)⁴⁶³, in force since 2016, is a social responsibility programme promoting the integration of vulnerable individuals into the labour market. These include individuals with disabilities, people who are long-term unemployed, victims of gender-based violence, and young individuals at risk of exclusion. Although not cancer-specific, the programme offers counselling and labour intermediation to individuals at risk of social exclusion, thus facilitating their access to the workforce. Therefore, cancer patients and survivors, due to the difficulties they face in RTW situations, could be covered by the programme.

⁴⁵⁷ Ayuntamiento de Alcázar de San Juan. (2023). El Ayuntamiento de Alcázar de San Juan se suma al proyecto "Lanza sueños" de Las Supernenas. *alcazardesanjuan.es*. available at: <https://alcazardesanjuan.es/el-ayuntamiento-de-alcazar-de-san-juan-se-suma-al-proyecto-lanza-suenos-de-las-supernenas/>

⁴⁵⁸ Castilla-La Mancha Media. (2023). *Plan de empleo para personas que han superado cáncer* [Video]. YouTube, available at: <https://www.youtube.com/watch?v=AQpMNLtN7MM>

⁴⁵⁹ Castilla-La Mancha Media. (2023). Campo de Criptana incluirá en sus planes de empleo una baremación mayor para pacientes oncológicos. *CCM Noticias*, available at: <https://www.cmmedia.es/noticias/castilla-la-mancha/ciudad-real/campo-criptana-incluire-planes-empleo-pacientes-oncologicos.html>

⁴⁶⁰ Montse Jiménez, *es la promotora de «Lanza Sueños»*. (s. f.). ONDACERO, available at: https://www.ondacero.es/emisoras/castilla-la-mancha/alcazar-de-san-juan/audios-podcast/mas-de-uno/montse-jimenez-promotora-lanza-suenos_2023031664136df87262e50001ae62ca.html

⁴⁶¹ Spanish Society of Medical Oncology (SEOM) (2013). *Comprehensive Plan of Care for Long-term Cancer Survivors*, available at: https://www.seom.org/seomcms/images/stories/recursos/PLAN_INTEGRAL_LARGO_SUPERVIVIENTE.pdf.

⁴⁶² National Institute for Safety and Health at Work. (2023). *Retorno al Trabajo tras Diagnóstico de Cáncer de Mama*, available at: <https://www.insst.es/documents/94886/5326464/Retorno+al+trabajo+tras+diagn%C3%B3stico+de+c%C3%A1ncer+de+mama+Factores+facilitadores+y+barreras+2023.pdf/c080c270-9cf5-c503-f48b-48954f3c194e?t=1697647631904>.

⁴⁶³ Obra Social La Caixa & AVEDIS DONABEDIAN (University Institute-UAB) (2016). *Modelo Incorpora de Integración Sociolaboral*, available at: <https://incorpora.fundacionlacaixa.org/metodo-incorpora>.

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- **Protocol for returning to work after long-term sick leave in SMEs in the Community of Madrid (2020/21)**⁴⁶⁴: this 2020 non-binding protocol outlines guidelines for employee return after long-term sick leave, emphasising active communication, skill adaptation, and continuous monitoring, proposing the Danish RTW model for Spain. It focuses on people who have been out of work for a long period of time and specifically addresses sick leave.

Prospective policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

The following measures are categorised as prospective due to their ongoing nature:

- **Spanish Strategy of Safety and Health at Work, 2023-2027 (2023)**⁴⁶⁵: The Spanish Ministry of Labour and Social Economy published this Resolution in April 2023, aiming to create safe work environments, combat occupational cancer, enhance employability, and promote post-cancer reintegration. This measure has been passed, but due to its recent approval only a few measures have been implemented so far, thus being mostly prospective in nature. The strategy targets all workers, including chronically ill people and cancer patients, and includes women as a vulnerable group.
- **Accompaniment Plan for Workers with Cancer and Their Employers**: This plan will emerge as a result of the collaboration between the Spanish Association Against Cancer and the Council of Psychology of Spain.⁴⁶⁶
- **Modification of the Workers' Statute: in light of the recent preliminary ruling from the Court of Justice of the European Union (CJEU)**, the Workers' Statute will have to be modified to comply with EU law, notably Article 5 of Council Directive 2000/78/EC.⁴⁶⁷ The CJEU ruled that the Spanish Worker's Statute breached EU law⁴⁶⁸ in stating that an employment contract can be terminated 'in the event of the death, permanent incapacity requiring the assistance of a third party or total or absolute permanent incapacity of the worker',⁴⁶⁹ as the Statute did not first require the employer 'to make or maintain reasonable accommodation in order to enable that worker to keep his or her job'.⁴⁷⁰

Sweden

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

Healthcare in Sweden is decentralised – responsibility lies with the regional councils and, in some cases, local councils or municipal governments.

Evidence suggests that there is no specific strategy for job retention and return to work for cancer patients and survivors. Examples of general policy include:

⁴⁶⁴ Comunidad de Madrid & Universidad Internacional de La Rioja. (2020). *Protocolo de reincorporación al puesto de trabajo tras una baja laboral de larga duración en PYMES de la Comunidad de Madrid*, available at: <http://www.madrid.org/bvirtual/BVCM050301.pdf>

⁴⁶⁵ Resolución de 20 de abril de 2023, de la Secretaría de Estado de Empleo y Economía Social, por la que se publica el Acuerdo del Consejo de Ministros de 14 de marzo de 2023, por el que se aprueba la Estrategia Española de Seguridad y Salud en el Trabajo 2023-2027. (2023). At *BOE* (BOE-A-2023-10283), available at: https://www.boe.es/diario_boe/txt.php?id=BOE-A-2023-10283

⁴⁶⁶ Please note that this measure was mentioned by survey respondents, but not referenced. The national experts for Spain carried out additional desk research, however additional information could not be identified.

⁴⁶⁷ Court of Justice of the European Union, Case C-631/22, Judgement of 18 January 2024, available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A62022CJ0631>.

⁴⁶⁸ Article 5 of Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation.

⁴⁶⁹ Article 49 of the Estatuto de los Trabajadores (Workers' Statute) of 23 October 2015.

⁴⁷⁰ Case C-631/22, para. 54.

- With origins going back to the 1950s, financial support during sick leave, in the form of sick pay, usually begins after two weeks of paid leave from the employer. At this stage, the patient has the option to apply for sick pay, which can be up to 80% of salary. This compensation is provided by the Social Insurance Fund but is contingent on ongoing assessments to determine whether the patient's health condition prevents them from working. A key challenge is that the Fund conducts independent evaluations of a patient's health and work ability, from those conducted by the patient's doctor. This may create inaccurate assessments, particularly as the administrators at the social insurance agency do not interact directly with the patient.⁴⁷¹ For cancer patients, it is possible to receive sick pay for up to one year while undergoing treatment, but this is dependent on the assessment made by the social insurance agency regarding the patient's ability to return to work after treatment. Beyond the initial year, the likelihood of retaining the compensation diminishes.
- Employers have a legal responsibility for **work-related rehabilitation following illness**, which includes measures such as adaptation, job training, and rehabilitation to help employees maintain or regain their ability to work. Generally, employers need to provide salary for the first two weeks along with reporting to the social insurance agency. Employers must also keep themselves informed about the illness, and if it extends beyond 60 days, they must create a return to work plan.⁴⁷² In certain cases, employers may need to adapt the working environment for returning patients, including those who are returning after recovering from cancer.
- **Employment-oriented rehabilitation**, a term used widely by public agencies, consists of support offered by the Public Employment Service. This includes information on different ways of applying for work and support such as vocational training, validation, internships, vocational and preparatory courses.
- Under Swedish law, if an individual works at a workplace covered by a **collective agreement**, they will receive compensation in the form of sick pay from their employer as specified by the agreement. This means that when adding up the sick pay from the employer and the sick pay from the Social Insurance Agency during sick days 15-90, these employees will receive a total of almost 90% of their salary.

In terms of measures and resources specifically targeting cancer patients and survivors:

- Building upon the national cancer strategy developed in 2009, the Swedish Government released **comprehensive long-term guidance for national cancer care** in 2018. This guidance notably prioritised the rehabilitation of cancer patients, stressing the importance of assessing each patient's rehabilitation needs alongside diagnosis. Furthermore, it mandated the creation of personalised cancer rehabilitation plans for patients as necessary,⁴⁷³ supported by insights from the national cancer registry.
- **Swedish Healthcare** has produced a resource that provides information on the support and help a patient needs when returning to work after a cancer-related illness.⁴⁷⁴ In a video, it gives information about how to get help from a rehabilitation coordinator who would be in contact with, for example, employers or authorities such as the Social Insurance Agency or the Public Employment Service. Among other recommendations, it is suggested that the cancer patient visits their employer from time to time, if possible, to facilitate a future return to work, and accept offers from the Public Employment Service to discuss possible employment prospects.

⁴⁷¹ Stakeholder consultation survey.

⁴⁷² See: <https://www.arbetsgivarverket.se/arbetsgivarguiden/rehabilitering/>.

⁴⁷³ See: https://www.1177.se/langsiktig-inriktning-pa-det-nationella-arbetet-med-cancervarden-s2018_03084_fs.pdf (regeringen.se).

⁴⁷⁴ See: <https://www.1177.se/Vastmanland/sjukdomar--besvar/cancer/att-leva-med-cancer/rehabilitering-under-och-efter-cancer/film-atergang-till-arbete-efter-cancersjukdom/>.

Iceland

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

In Iceland, people with cancer who wish to return to work after or during treatment or are in a reduced capacity during the illness are included within the category of individuals with reduced work capacity. The following general legal measures are available in order to support the employment of these categories of workers:

- The **Act on employment-related vocational rehabilitation and the activities of vocational rehabilitation funds (Act no. 60/2012)**⁴⁷⁵ establishes a framework around vocational rehabilitation funds. The goal of the funds is to decrease the probability that employees lose their jobs due to incapacity and sickness, by increasing their activities, promoting vocational rehabilitation and other interventions. The Act defines the establishment of the vocational rehabilitation funds, their operations as well as other administrative matters, such as how the financial support is funded, and the rights of individuals to vocational rehabilitation.
- This Act also regulates the activities of the **Vocational Rehabilitation Fund (VIRK)**.⁴⁷⁶ This fund was established in 2008 by the social partners, but it is regulated by Act no. 60/2012. Currently, it receives financial support from the state and pension funds. Individuals now have a legal right to rehabilitation provided by the fund and therefore the measure can be considered a legal one, although it can also be considered a social partner policy measure. The fund, which has operations all around Iceland, has consultants who help individuals return to the workforce through various means. The individuals may, for example, receive training or education or then work in certain jobs on a temporary or part-time basis to begin with. Individuals can also get support in receiving rehabilitative support, for example with help of physical therapists or psychologists.
- The **Act on Social Assistance (Act no. 99/2007)** provides for financial assistance for vocational rehabilitation.⁴⁷⁷ The main goal of the measure is to financially support individuals with reduced work capacity following illness or accidents, during their return to work and vocational rehabilitation. The support can be both through the individual's pension fund or via TR, the Social Insurance Administration. The measure has created a sub-system, making health care workers responsible for rehabilitation plans for individuals who are either not seeking sufficient rehabilitation measures (in regard to their stated medical problems) or not able to use rehabilitation services due to sickness. Furthermore, in order to receive the financial assistance, cancer patients have to show that they are participating in the rehabilitation. This does not always appear straightforward as many cancer patients are not always able to participate in rehabilitation activities due to their status, reaction to treatment or other factors. Finally, another critical point is that the pension is often provided for a short period of time for an illness that is most often long-term (12 months or longer).

In terms of policy interventions specifically aimed at cancer patients and survivors, the Icelandic Cancer Society and the Confederation of Icelandic Enterprise signed a deal in 2021 concerning the education of Icelandic companies about on cancer prevention and on the steps to take if an employee has been diagnosed with cancer.⁴⁷⁸ The Cancer Society's Counselling Service offers free counselling to everyone. This agreement also aims to encourage people in the labour market to seek support when dealing with cancer.

⁴⁷⁵ Lög um atvinnutengda starfsendurhæfingu og starfsemi starfsendurhæfingarsjóða, <https://www.althingi.is/lagas/nuna/2012060.html>.

⁴⁷⁶ VIRK, available at: <https://www.virk.is/is>.

⁴⁷⁷ Lög um félagslega aðstoð, available at: <https://www.althingi.is/lagas/nuna/2007099.html>.

⁴⁷⁸ See: <https://www.krabb.is/starfsemi/frettir-og-tilkynningar/fraedsia-og-radgjof-til-fyrirtaekja-a-islandi>.

Liechtenstein

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

In Liechtenstein, there are few policy interventions targeted directly at return to work for cancer patients and survivors. Measures under Liechtenstein social insurance law⁴⁷⁹ related to unemployment and disability benefits are the most substantial interventions in place that also cover the needs of cancer patients and survivors.

The two key legislative measures are:

- The **Disability Pension** in Liechtenstein is a legal measure that targets those people who are incapacitated to work for a short period of time or disabled (including cancer patients and survivors). It entitles these people to receive financial compensation provided they meet the eligibility criteria. In addition to financial compensation where a person is unable to work, under this measure there are several integration and professional integration measures available if a person wishes to keep working to some degree. For example, this may include vocational counselling, coverage of additional costs due to disability for work or training, retraining for a new job if necessary, and also capital assistance to start or expand self-employment and to finance disability-related operational changes. There is also the possibility to suspend the disability pension if the beneficiary regains the capacity to work again for a period of time (they can reapply for the pension again within three years).⁴⁸⁰
- **Unemployment Benefit (ALV)** is a legal measure that specifically targets unemployed people and helps them to access financial services. With regard to people who have to stop working due to illness that causes incapacity to work, the person in question can report this to the Office of Economic Affairs, submitting a medical certificate within 5 working days in order to receive a daily unemployment allowance. This allowance increases to 30 days following the start of incapacity to work. Following the 30 days, the sickness benefit must be covered by the person's insurance company.⁴⁸¹ This can help cancer patients make the transition from working to being on sick leave by giving them a month to register or notify their health insurer to take over the financial compensation following their initial diagnosis if they have to stop working immediately.

In addition to these, an additional service is available for companies to facilitate the return to work of their employees following a significant illness, which can include cancer patients. This is a service provided by the Concordia insurance company through **Accompanied Return to Work: Case Management**.⁴⁸² The service targets people with long-term illnesses returning to work, which can also be applied to cancer patients. Concordia uses case workers to work with individuals after long-term illness to reintegrate them into their workplace, working with the employer, line manager, doctor and social insurance company to coordinate this reintegration to the financial benefit of the employer, as well as ensuring a speedy and sustainable return to work and the correct receipt of insurance benefits. The aim of this measure is to avoid a one size fits all approach to cancer survivors returning to work, allowing for tailoring to individual needs.

Norway

Current policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

Some general measures are available in Norway to support individuals who become injured or ill, including individuals diagnosed with cancer. In particular, Norwegian law provides for forms of economic assistance.

⁴⁷⁹ European Commission (2022). Liechtenstein, available at: <https://ec.europa.eu/social/main.jsp?catId=1118&langId=en>.

⁴⁸⁰ Liechtensteinische AHV-IV-FAK, 2023. *Berufliche Massnahmen*, available at: <https://www.ahv.li/leistungen/iv/berufliche-massnahmen>.

⁴⁸¹ Liechtensteinische Landesverwaltung, 2023. *Arbeitslosenentschädigung (ALE)*, available at: <https://www.llv.li/de/privatpersonen/beruf-und-arbeitsplatz/arbeitsplatzverlust-und-suche/arbeitslosenentschaedigung>.

⁴⁸² Concordia, 2023. *Begleitete Rückkehr zur Arbeit: Case Management*, available at: <https://www.concordia.li/de/firmenkunden/betriebliches-gesundheitsmanagement/case-management.html>.

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- The **National Insurance Act, Chapter 8** establishes the right to sick pay covering full income for 52 weeks of full or partial sick leave.⁴⁸³ To receive this allowance the individual must have been in work for at least four weeks immediately before they become unable to work. The Labour and Welfare Administration must assess as early as possible whether work-oriented measures should be implemented. There is also an obligation for the employee to participate in dialogue meetings with the employer and the Labour and Welfare Administration. Employers cannot terminate the work contract with patients during the first year of sick leave.⁴⁸⁴
- Forms of economic assistance are also available for employers of individuals who become injured or ill. The **Regulations relating to labour market measures** provide for the right of an employer to receive a grant covering additional expenses related to the necessary assessment of functional capacity or need for accommodation in the specific workplace.⁴⁸⁵ Under these regulations the Norwegian Labour and Welfare Administration also covers part of the employee's salary. The goal is to help people to find or keep a permanent job. The wage supplement is intended to compensate employers for employing an individual who is not as productive as other employees.
- The **Regulations relating to grants for expert assistance** establish the possibility of a grant to involve an expert to assess the situation at the workplace and assist employers and employees to see new opportunities. The expert must submit a report proposing measures to return to the same job or to another job with the same or another employer.⁴⁸⁶
- The Norwegian Labour and Welfare Administration provides individuals with disabilities with a **work-oriented guidance service** on what is needed to participate in work, by assessing educational and work opportunities, current measures and tools.⁴⁸⁷ Those with a permanent disability are entitled to benefits for aids and adaptation of the physical environment at the workplace, and support to complete training. This includes various measures, most with a basis in the National Insurance Act, and may include reading and secretarial assistance, taxi transportation, adaptation of computer equipment and specially designed software.

In terms of policy measures to promote better health at work, the **Health and Work Recover Faster** scheme is an employment-oriented treatment service provided by the specialist health service to promote better health and work capacity and improve job coping skills and quality of life.⁴⁸⁸ A previous version of this policy measure, **Rapid-Return to Work**, in place since 2009, was described in a scientific study on female cancer patients in Norway: 106 female cancer patients completed a 7-week programme seeking to improve work ability and health-related quality of life (HRQOL).⁴⁸⁹

There are also some specific measures for cancer patients and survivors:

- **Package progress home for patients with cancer** is an initiative provided by the Norwegian Directorate of Health, specifically targeted at patients with cancer and intended to provide general advice and recommendations. It provides help to ensure good structure and logistics in the health service as well as ensure security and predictability for people living with cancer or after treatment. This includes work-related aspects.⁴⁹⁰
- A **mentorship programme for cancer survivors**, set up by a private company, Kreftkompasset, is also available.⁴⁹¹ The programme involves an individual from the private sector acting as a mentor for a cancer patient who has undergone cancer treatment. The mentor

⁴⁸³ Lov om folketrygd (folketrygdloven) LOV-1997-02-28-19 kap. 8, available at:

https://lovdata.no/dokument/NL/lov/1997-02-28-19/KAPITTEL_5-4#KAPITTEL_5-4

⁴⁸⁴ Kap 11A, available at: https://lovdata.no/dokument/NL/lov/1997-02-28-19/KAPITTEL_5-8#KAPITTEL_5-8.

⁴⁸⁵ Forskrift om arbeidsmarkedstiltak (tiltaksforskriften), Forskrift om arbeidsmarkedstiltak (tiltaksforskriften) FOR-2015-12-11-1598 kap. 11, available at: https://lovdata.no/dokument/SF/forskrift/2015-12-11-1598/KAPITTEL_11#%C2%A711-2

⁴⁸⁶ Forskrift om tilskudd til ekspertbistand, Forskrift om tilskudd til ekspertbistand FOR-2019-08-29-1105, available at: <https://lovdata.no/nav/forskrift/2019-08-29-1105?q=Forskrift%20om%20tilskudd%20til%20ekspertbistand>.

⁴⁸⁷ NAV. Arbeid og utdanning, available at: <https://www.nav.no/no/person/hjelpemidler/hjelpemidler-og-tilrettelegging/tilrettelegging/arbeid-og-utdanning>.

⁴⁸⁸ HelseNorge. Health and Work, available at: <https://www.helsenorge.no/en/health-services/health-and-work/>.

⁴⁸⁹ Thorsen et al. SpringerPlus (2016) 5:1009. DOI 10.1186/s40064-016-2663-x, available at:

<https://springerplus.springeropen.com/articles/10.1186/s40064-016-2663-x>

⁴⁹⁰ Helsedirektoratet. Pakkeforløp hjem for pasienter med kreft, available at: <https://www.helsedirektoratet.no/nasjonale-forlop/hjem-for-pasienter-med-kreft>.

⁴⁹¹ Kreftkompasset. Mentorskapsprogram for kreftoverlevende, available at: <https://wwwment.kreftkompasset.no/generell-informasjon>.

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offers support with the challenges the cancer patient faces in their working life, such as finding a job or retaining their current job.

- The **Norwegian Cancer Society** offers cancer patients assistance with work-related issues, both through **a dedicated page on its website and through one-to-one conversations**. The webpage (About work and studies with cancer) provides useful information for both employees and students with cancer and employers/colleagues who interact with a cancer patient.⁴⁹² As a cooperation between Norwegian public hospitals and the Norwegian Cancer Society, there are care centres that provide drop-in services for cancer patients. For work-related issues they offer legal services and advisors that can help to identify available social services. Many municipalities have a cancer coordinator⁴⁹³ and patients do not need a referral to contact them. They can offer advice on available services, coordinate these services, talk to schools/kindergartens, as well as offer advice on how to manage the return to work.

Prospective policy interventions in the fields of public health, employment and social protection on job retention and return to work for cancer patients and survivors

The draft **National Cancer Strategy for 2024-2028** also covers work-related aspects.⁴⁹⁴ A specific aim of this is to increase the number of cancer patients of working age who retain their connection to working life. It is stated in the draft strategy that about 17,000 people of working age are diagnosed with cancer each year, and research carried out by the Norwegian Cancer Society's user panel has shown that amongst those who worked (part-time or full-time) before receiving a cancer diagnosis, 66% returned to work after treatment. According to unpublished data from Oslo Economics, a third of these reduced their working hours. It is stated that solutions must be established to enable more cancer patients to work during and after they have completed cancer treatment. However, the plan is still at draft stage and no concrete measures have yet been put into place. The Norwegian Directorate of Health notes on its website that responses to a consultation exercise on the Strategy are still being processed.⁴⁹⁵

⁴⁹² See: <https://kreftforeningen.no/rad-og-rettigheter/arbeid-og-utdanning/>.

⁴⁹³ See: <https://kreftforeningen.no/tilbud/kreftkoordinator-i-kommunen/>.

⁴⁹⁴ Helsedirektoratet. Nasjonal kreftstrategi 2024-2028, available at: <https://www.helsedirektoratet.no/horinger/nasjonal-kreftstrategi-2024-2028#omstrategien>.

⁴⁹⁵ See: <https://www.helsedirektoratet.no/horinger/nasjonal-kreftstrategi-2024-2028#omstrategien>.

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