

Context

- Incentive programs can provide monetary and non-monetary resources to encourage return to work among workers who have experienced a period of disability.
- Identifying the different features of incentive programs, their effectiveness, and how they can be leveraged is important to understand how to support successful return to work after a period of disability and support long-term employment opportunities.
- This rapid evidence profile provides an overview of relevant evidence syntheses and primary studies as well as experiences from other countries and Canada about the features and impacts incentive programs that support return to work after a period of disability.

Question

- What are the features and impacts of incentive programs for return to work after a period of disability?

High-level summary of key findings

- We identified three evidence syntheses and 11 single studies, which were included based on their focus on understanding the features and impacts of incentive programs for return to work after a period of disability.
- Working-age persons with disabilities are an untapped workforce for many industries and there is a clear need to facilitate employment and job retention for workers returning to work after a disability.
- Non-financial incentives were found to hold considerable value in initiating return to work and were identified as being able to harness intrinsic and extrinsic drivers for a worker to foster a sense of purpose, belonging, satisfaction, appreciation, trust, and autonomy, and provide opportunities for learning and growth.
- Financial incentives for return to work were identified as being able to break the disability insurance cycle that has traditionally provided little incentive for recipients to experiment with returning to work and increasing labour force participation, work capacity, and income.
- We identified several financial and non-financial incentive programs to support workers returning to work after a period of disability and their employers in select countries and Canadian provinces and territories.

Rapid Evidence Profile

Examining the features and impacts of incentive programs for return to work after a period of disability

20 December 2023

[MHF product code: REP 60]

+ Global evidence drawn upon



Evidence syntheses selected based on relevance, quality, and recency of search

+ Forms of domestic evidence used (= Canadian)



Evaluation



Qualitative insights

* Additional notable features

This is part of a series of four rapid evidence profiles focused on employment topics, with the others focused on: 1) the impact of worker engagement and participation in creating psychological health and safety at work; 2) views and experiences with workplace-injury remediation and its impact on return-to-work timelines; and 3) features and impacts of models of care to facilitate a successful return to work following a mental-health injury claim.

- Programs we identified in Australia, New Zealand, Finland, and the U.K. financially support people returning to work after a period of having a health condition or disability by paying a certain percentage of their previous income and covering the costs of support workers, equipment, and other health services.
- We also identified government-managed compensation boards in nearly every Canadian province that provide financial supports for people returning to work after an injury, illness, or health condition.
- Non-financial supports, such as training, education, and counselling, are also provided to people returning to work after a disability through government organizations in most of the jurisdictions.

Framework to organize what we looked for

- Type of worker
 - Full-time
 - Part-time
 - Occasional/casual
- Type of injury
 - Physical injury
 - Mental-health injury
- Nature of injury
 - Life-threatening
 - Serious
 - Acute
 - Long-term
 - Minor
 - Acute
 - Long-term
- Nature of leave from work
 - Short-term
 - Long-term
- Stage of return to work
 - Recovery
 - Transition
 - Return to work
- Nature of incentive program
 - Financial incentives
 - Non-financial incentives
- Eligibility for incentive program

Box 1: Approach and supporting materials

We identified evidence addressing the question by searching Health Systems Evidence and Social Systems Evidence for evidence syntheses, and PubMed, PsychInfo, and Web of Science for single studies. All searches were conducted on 13 November 2023. The search strategies used are included in Appendix 1. In contrast to synthesis methods that provide an in-depth understanding of the evidence, this profile focuses on providing an overview and key insights from relevant documents. We also hand searched government and stakeholder websites of Canadian provinces and territories and seven countries (Australia, New Zealand, Denmark, Finland, Norway, Sweden, United Kingdom) to identify any guidelines or guidance relevant to the question.

We searched for full evidence syntheses (or synthesis-derived products such as overviews of evidence syntheses) and protocols for evidence syntheses.

We appraised the methodological quality of evidence syntheses that were deemed to be highly relevant using AMSTAR. AMSTAR rates overall quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. The AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to evidence syntheses pertaining to delivery, financial, or governance arrangements within health systems or to broader social systems.

A separate appendix document includes:

- 1) methodological details (Appendix 1)
- 2) details about each identified synthesis (Appendix 2)
- 3) details about each identified single study (Appendix 3)
- 4) programs and guidelines identified through a jurisdictional scan of select countries and Canadian provinces and territories (Appendices 4 and 5)
- 5) documents that were excluded in the final stages of review (Appendix 6).

This rapid evidence profile was prepared in the equivalent of three days with a ‘full court press’ by all involved staff.

- Who assesses eligibility
- Nature of eligibility
- Outcomes
 - Return-to-work timeline
 - Injury-related outcomes
 - Worker satisfaction
 - Costs related to incentive program
 - Productivity

What we found

We identified 14 evidence documents relevant to the question. This includes three evidence syntheses and 11 single studies, of which all but four single studies were deemed to be highly relevant.

Key findings from evidence syntheses and single studies

Incentive programs for return to work were predominately categorized as financial or non-financial. The available literature mostly focused on the delivery of incentive programs and their features.

Non-financial incentives

In terms of non-financial incentive programs for return to work, job accommodations were noted as an incentive for workers to return to work after a disability. The most frequently reported accommodations that encouraged workers to return were as follows:(1)

- modification of job responsibilities
 - reassigning jobs
 - modifying job duties
 - controlling work pace or order
 - job sharing
- change of workplace policy
 - allowing more remote and hybrid work opportunities
 - flexible leave
 - extended health benefits
 - flexible HR policies
- supportive personnel provision
 - arranging for co-workers to assist where needed
 - using paid personal assistants, job coaches, readers, interpreters, or support animals
- flexible scheduling
 - modifying work hours
 - break schedule and work schedule
 - providing additional training time or training refreshers
 - adjusting arrival and departure times
- assistive technology
 - includes a wide range of equipment used to mitigate workplace barriers and maximize productivity
 - high- and low-tech devices and tools, such as keyboards, computer mice, monitors, software, cognitive-assisted applications, lifting and carrying aids, environmental sound machines, recorded directives, and electronic organizers.

Motivational interviewing was also identified as incentivizing workers to return to work. This process is grounded in the core elements of engaging, focusing, evoking, and planning where practitioners: 1) establish a trustful relationship with their client; 2) determine the focus of the consult (i.e., the desired behaviour change) and through conversational techniques (e.g., affirmations, summaries, reflections) evoke and reinforce client motivation; and 3) guide the client in coming up with a structured action plan. Motivational interviewing was found to increase autonomy, relatedness, and competence amongst workers and stimulated their engagement regarding return to work after a disability.(2; 3)

Other proactive features of incentive programs included prevocational training focused on health, motivation, and well-being, communication and acceptance between employers and employees, built-in supports within the workplace, development services, and collective decision-making.(4-11)

A single study also reported the differences between private and government-funded providers in Australia to help workers engage in return-to-work incentive programs. This study found that the Australian Government Disability Employment Service providers spent greater amounts of time undertaking engagement, assessment and planning, and emotional/motivational support actions compared to private providers.(12)

Financial incentives

Two single studies found that disabled workers eligible for disability insurance have considerable capacity to return to work but end up being trapped in a cycle in which these disability insurance schemes disincentivize return to work despite being paid considerably less.(13; 14) Financial incentives provided by workplaces to rejoin were found to be able to counteract this effect and increase disposable income amongst workers and reduce program costs. Social reforms aimed at reducing disability scheme inflow has been shown to be effective in Netherlands and Finland. This includes financial incentives for the employers to get disabled employees back to work, such as long duration of sick pay, experience-rated premiums, and reimbursement of disability pensions. Such approaches were found to enable employers to invest in health prevention to support disabled workers back into their jobs.(14)

Gaps in existing evidence syntheses and single studies

There were considerable gaps present in the literature in relation to the organizing framework above. Overall, there was a lack of understanding about how workers can be effectively engaged to participate in incentive programs for return to work. Furthermore, limited insights were identified about how other providers such as vocational specialists, healthcare practitioners, and employers can become involved in this process. The included studies also presented a lack of financial reporting and in-depth research regarding cost effectiveness of return-to-work incentive programs. Lastly, many countries have their own policies and regulations for return-to-work incentives and not all of them can be generalized to other contexts.

Key findings from the jurisdictional scan of available incentive programs for return to work after a period of disability

Financial incentive programs in selected countries

We identified programs in New Zealand, Finland, and the U.K. that financially support people returning to work after a period of having a health condition or disability. The [New Zealand Income Insurance Scheme \(NZIIS\)](#) provides claimants who are returning to occasional or part-time work with [up to 20% of previous income](#) with no impact on insurance payments while those participating in training or rehabilitation programs can receive financial support for up to six months, with the option for an extension of up to 12 months. Workers with disabilities are also supported with job-seeking through [Workbridge](#), a free employment service that administers government funding and conducts work placements, and the [Workwise Employment Agency](#) that assists people with mental

health conditions with returning to work. In Finland, the Social Insurance Institution, [Kela](#), provides [vocational rehabilitation allowance](#) to people who had only been working for a short time before an illness or injury that is equal to the amount of the worker's disability pension plus 33 percent. [Access to Work](#) is a grant-based government program in the U.K. that supports people with disabilities to remain in work by paying 100% of approved costs for support workers, specialist equipment, travel, and mental-health support services, with an annual cap of £60,700. [Reasonable adjustments](#) for costs must be covered by employers.

In Australia, financial incentives are provided for employers to help people who have been injured at work to return to employment if they are unable to return to their pre-injury employer. The [Re-employment Incentive Scheme for Employers \(RISE\)](#) offers reimbursement of up to 100% of gross wages for businesses who employ people with a work injury during the first four weeks of employment and 50% of gross wages after this period for up to 22 weeks of employment. The [JobCover placement program](#) offers businesses incentive payments for up to 12 months, protection against costs for changes occurring to the worker as a result of their existing injury for up to two years, and an exemption from workers compensation premium calculation of the worker's wages for up to two years.

Non-financial incentive programs in select countries

In several of the jurisdictions, we found that non-financial supports, such as training and counselling, are provided to people returning to work after a disability through government organizations. [The New Zealand Income Insurance Scheme \(NZIIS\)](#) connects people looking for work with training or rehabilitation programs through case managers who consider their cultural and personal needs. In Denmark, [back-to-work schemes](#) of the Nordic Council provide workers with access to job assessments, training, and education programs, and flexi-jobs, while in Sweden, [return-to-work assistance](#) in the form of counselling and coaching is provided through the [Job Security Councils](#) and the [Public Employment Service](#). [Kela](#), the Social Insurance Institution of Finland, also provides work counselling, work try-outs, training, and occupational health assistance through [vocational rehabilitation](#) (for those who had short-term employment) and [Kiila rehabilitation](#) (for those with longer employment histories). Lastly, Employment New Zealand provides [tips](#) for employers on ways of retaining employees with disabilities, including flexible working arrangements, disability awareness training, reasonable accommodations, staff appreciation, networking with employment and disability organizations, training, mentorship, disability policy development networks, and organizational disability evaluations and plans.

Financial incentive programs in Canadian provinces and territories

We identified provincially managed compensation boards in nearly every Canadian province that provide financial supports for people returning to work after an injury, illness or health condition. In British Columbia, [WorkSafeBC](#) insurance operates as a no-fault system by safeguarding employers and offering automatic benefits to every worker in B.C. for work-related injuries, illnesses, or diseases, with benefits and services provided for compensation, recovery support, rehabilitation, and a safe return to work. Similar workers' compensation boards (WCBs) operate in [Alberta](#), [Saskatchewan](#), [Manitoba](#), [Ontario](#), [Quebec](#), [New Brunswick](#), [Nova Scotia](#), [Newfoundland and Labrador](#), and [Northwest Territories](#). In particular, we found that WCB Alberta has [a training-on-the-job \(TOJ\) program](#) that reimburses employers bringing a new employee who is no longer able to go back to their regular job after an injury with a percentage of the worker's salary while they are being trained. In addition, the Workplace Safety and Insurance Board ([WSIB](#)) of Ontario offers a [drug benefit program](#) that subsidizes the cost of prescription drugs for work-related injuries and illness. In Quebec, after the worker's period of absence is approved by the provincial compensation board, [CNESST](#), financial support is provided to the employer for the worker's wages as they gradually return to work for a maximum of eight weeks, after which an [income replacement indemnity](#) may be provided to the worker for up to one year if they are unable to do their job. The CNESST also provides [guidance for employers on temporary assignments](#) and relevant wages and benefits that consist of a reduction in the number of tasks, adjustment of the workload, pace or work intensity, or another job in the existing company with the consent of the attending health professional.

In terms of non-financial incentive programs, we found that WorkSafeBC offers [vocational rehabilitation services](#) and [Return to Work Consultation and Education Services](#) (RTW CES) that offers skills training, education, and resources centred around finding employment and enhancing return-to-work outcomes in the workplace. The WCBs in [Alberta](#) and [Saskatchewan](#) facilitate return-to-work planning and healthcare services, arrange special medical appointments, and provide customer care for injured workers, while the [return-to-work program](#) facilitated by the WCB of Manitoba supports the reintegration of employees into their workplace by assigning a [WCB adjudicator/case manager](#) to develop and monitor the return-to-work plan, help to arrange wage loss payments, and authorize ongoing treatment. We also identified a return-to-work program of the WSIB in Ontario founded on the “[Better at Work](#)” principle that guides the process of an integrated return to suitable work with the support of an adjudicator, a case manager, a nurse consultant, and a return-to-work specialist. Lastly, the Working to Well programs in [Nova Scotia](#) and [New Brunswick](#) and the early and safe return to work ([ESRTW](#)) process of WorkplaceNL (Newfoundland and Labrador) provide tools and resources for employers to better accommodate employees returning to work.

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