



# Abstracts of the 4th International Forum on Disability Management: Berlin Congress Centre, September 22–24, 2008

## ***Breaking Down Barriers Together***

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### **A1: The Role of the State**

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#### **Norwegian Work Environment Acts — Are Legal Restrictions Breaking Down Barriers For People With Disabilities in Working Life?**

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In recent years Norway has experienced low unemployment rates (below 4% of the total labour force) and high labour demands. This situation distinguishes Norway from most other OECD countries and puts Norway in a favourable position with regard to enabling access to labour market participation for people with disabilities (OECD 2001). This paper discusses the implications of this situation and the reasoning and premises in the Norwegian legal framework and the work environment and how to include people with disabilities in the common labour market. Recent analysis of the situation for people with disabilities with a job shows that a majority report restrictions and problems of adaptation and accessibility in their jobs (SSB 2007). This makes it interesting to study if and how new restrictions imposed on employers and enterprises to break down barriers for employees with disabilities are put into effect and whether they are useful for employees with disabilities. The paper provides information about employees with a disability who make special claims in their jobs and enterprises for assessment and work adaptation. It is based on documentary sources of legal claims and court decisions about disabled workers making claims under the *Norwegian Working Act*. It analyses if and how these workers experience improvement regarding barriers in employment and working life in general. Legal acts and public regulations are often approached as instruments that have a positive effect on the situation for people with disabilities. But this paper discusses some of the challenges and implications of such regulations regarding entitlements for an accessible working life that includes workers with disabilities.

#### **The Development of Return-to-Work Programs in Hong Kong and Mainland China**

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In Hong Kong, work injury insurance is provided by private labor insurance companies and is governed by the employees' compensation ordinance, which has no mention on rehabilitation support nor occupational health prevention measures. Only recently has there been a voluntary rehabilitation scheme launched by the government to facilitate return to work of workers with a work injury. However, the role of government is unclear. In contrast, the development in Mainland China regarding work injury management is more progressive. Having work injury insurance as one of the insurance schemes of labor and social security system helps the government to have a better role in designing the policy framework in work injury management by facilitating the setting up of a return-to-work program in China. The Hong Kong Workers' Health Centre started to develop two different return-to-work programs in Hong Kong and in Mainland China under two different work injury insurance systems. The program in Hong Kong mainly focuses on the support of return to work by providing case management service in community and delivery retraining programs to workers with work injury. The program in Mainland China is a pilot program in collaboration with Guangdong Provincial Work Injury Rehabilitation Center. By using a case management model, occupational and social rehabilitation services are provided to workers with a work injury so as to facilitate their return to work and community inclusion. In comparing the situation in Hong Kong versus Mainland China, the role of government is critical to the success of facilitating the development of a return-to-work program. The experiences from Hong Kong and Mainland China have resulted in the conclusion that a comprehensive return-to-work program should comprise training in psychosocial adjustment after work injury, vocational counselling, job acquisition skill, and job placement support, using a case management model.

### Companies' Obligations and Practices in Return-to-Work Programs

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Legal obligation plays an important role for Return-to-Work. The ageing workforce is becoming a real problem in Germany. Age-related disability often emerges due to disease caused by working conditions. Unfortunately the employees bear the consequences and lose their jobs or retire early. Companies are responding poorly to this problem. This has led the government to pass a new law to addressing companies' responsibilities in this area. Since 2004 companies whose workers are unable to work for long periods are obliged to identify how the employees can return to work and retain their job. They are to also obliged to analyse how to prevent work-related disability in the future. Our study suggests that companies applying this new obligation will succeed in encouraging their employees to return to work and engage in prevention too.

### Return to Work: An Attempt for All Cases!

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This year the invalidity insurance in Switzerland has started with a new approach of early intervention in cases of high-risk of long-term absence due to health problems (especially mental health problems). The aim is to prevent new cases of long-term disability claimants by putting a strong focus on tailored measures for job retention. There will be information on how this approach is actually being put into action. At the same time we will discuss which possibilities are available to get those people back to work who are already receiving long-term disability benefits.

### Reintegration and Job Retention of Disabled People: Recommendations for Better Policy and Practice at a EU Level

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Disability and longstanding health problems are key factors in both unemployment and exclusion from the labour market in the European Union. In many countries policy and existing approaches tend to only focus on helping people with LSHP and disabilities to gain employment. However, a key challenge is to prevent workers, currently employed, who develop physical impairments or mental health problems from dropping out of the workforce. A transnational partnership 'RETAIN' was set up to develop new strategies and best practices to address the needs of individuals in the labour force who are suffering from mental health or physical health issues which are preventing them from taking full part in economic activity. The partnership existed out of Intro\_DM/Belgium, UK London Workforce Futures/Great Britain, Ex Aequo/Italy and ZORON/Poland. An important task of this partnership was to investigate policy development at country and EU level. To achieve this, the national policies of the four countries were compared on the basis of the Wynne and McAnaney tool. This resulted in transnational bottlenecks and policy recommendations on a EU level in order to improve the reintegration and job retention of

people with longstanding health problems and disabilities. More information about this project and the results can be found at [www.equal-retain.eu](http://www.equal-retain.eu)

### Successful Return and Retention of the US Department of Labor's Office of Disability Employment Policy (ODEP)

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Return to work is a complex process. Successful return and retention depends on the use of effective employment models tailored to the needs of the employer and the worker. The US Department of Labor's Office of Disability Employment Policy (ODEP) has tested an employment model showing promising results for adults and youth with significant disabilities, including those who are chronically homeless, in recovery from mental illness, and who have cognitive disabilities.

### Activity Compensation and Disability Management: Experiences From a New Benefit System in Sweden

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In 2003 new rules came into force in Sweden which concern the long-term reduction in working capacity. This was mainly brought about by the replacement of disability pension with two new benefits: activity compensation and sickness compensation. The former is granted to those between the ages of 19 and 29, who will be offered the possibility of participating in activities that can be assumed to have a positive effect on their medical conditions and physical and mental performance levels. In the southern part of Sweden at Scania a project was developed in order to study the experience from the work with the recipients of activity compensation. As part of the approach to develop new methods for the new benefit two coaches were engaged to work with the recipients. In this paper we present the results and experiences and also analyse the activity compensation as a social policy benefit system. In the project 64 cases have been finalised. More than 30% have got some kind of job or a place in different education programs. The study shows that even severely disabled young people are able to participate in different job-related activities if they have an appropriate support. The question is how to develop disability management in relation to a benefit system like activity compensation. Further analyses of the support and encouragement structure for both potential employers and employees must be undertaken.

### Social Welfare in Singapore and Sweden: Differences in Organisational Systems of Health Care, Social Security and Rehabilitation

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The aim of the presentation is to compare the health care, social security and rehabilitation systems in Singapore and Sweden, using a structure-functionalistic model in order to identify and examine if differences that exist between these systems can contribute to differences in the number of persons outside the labour market. It appears that Singapore has had greater success in attaining and maintaining a system of health promotion, which influences the three systems that we have examined. At the same time it would seem that the Swedish

welfare system provides greater security to those that are in need of health care, social security and rehabilitation. In Singapore the welfare system is limited both in its scope and in terms of who can use the services offered. The differences found are due to the differences in the countries' political, economic, social and cultural systems. Thus, the organisations, how they are structured and the goals of the investigated systems differ, and this has a direct effect on the number of persons that are outside the labour market in the respective countries.

### **Jobcoaching: A Good Practice Example From the Netherlands**

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The presentation describes a classical case of a Dutch employee. This man is 40 years old and suffered a severe depression. The case study explains his reintegration via a job coach. It includes a general explanation of the practice of reintegration in the Netherlands. This case started when the employee was 38 years old. He was competent and friendly and worked in the administration of a metalworking factory with 25 employees. One of his functions was account management. He always had his own office room. Because of an innovation and internal reorganisation he lost his workroom and had to learn new digital techniques such as computer accounting programs. One month after the reorganisation the employee got clinical symptoms such as headache, sleep disorders and depressive moods. His productivity at work dropped to half of what it was before. After another month he could no longer work and was sent on sick leave. A colleague advised him therefore to consult the occupational physician. The physician told the patient to consult his general practitioner on his clinical symptoms. This medical doctor diagnosed a severe depression, for which the worker was prescribed antidepressants. After 2 more months the medications did not show the necessary effect. So the patient was sent to a psychiatrist. His diagnosis was a light form of autism. The employee had had this chronic disease had from childhood, but it only became a work handicap after the reorganisation. The psychiatrist advised another medicine and suggested further therapy. However, these treatments did not work out well either. In the meantime the employee was away from work for more than 6 months, still receiving his salary. The Dutch answer to this problem? In the Netherlands an employer has to pay the salary for an ill employee for a period of 2 years. After 2 years of absence an employer can fire an employee with a disease. However, this employer had no interest in losing his very well-trained and reliable employee. Therefore he searched for an alternative solution and found it another month later. The solution was developed together with the employee, the occupational physician and the Dutch workers insurance institute. A job coach was seen as potential aid and the workers insurance approved this. The job coach was provided via a private occupational reintegration service. The employer had to finance half the costs and the other half was paid by the workers insurance institute. One of the tasks of a job coach is to teach the employee new or special work skills. Furthermore, the job coach advises the employer and the employers' colleagues how they can best deal with the employee's impairment. In the first week of the job re-entry of the employee the job coach was present at the workplace 2 hours a day. This was reduced stepwise by 30 minutes per week in a time span of 6 months. The result can be seen in an increase in working days and in the efficiency of work of the employee. The job coach solution leads to financial benefits for the employer and the wellbeing of

the employee. The employee will need a job coach for the rest of his working life, particularly when there is a new job innovation or internal reorganisation. Every day approximately 1000 job coaches help 20,000 employees to return to work. That is almost 0.25% of the total workforce in the Netherlands.

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## **A2: Ageing Employees**

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### **Healthy Working While Ageing! Enhancing Work Participation of the Older Employee With a Chronic Disease**

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In the Netherlands the ageing population and the more strict social security legislation is asking for measures to increase and extend work participation. These measures are necessary to maintain work participation and productivity of older employees, especially of those with a chronic disease. The aim of this project is to increase sustained work participation among employees of 45 years and older with and without a chronic disease, in their specific profession, work situation and sector (e.g., health care, education, services). In a cross-sectional study an inventory of facilitating and hindering factors with regard to the work situation is made, by means of administering a questionnaire among older employees ( $N > 6,000$ ). A comparison between employees with and without a chronic disease allows us to distinguish between facilitating and hindering factors caused by ageing itself or by a chronic disease. During the congress the first results of the inventory will be presented. Outcome measures are work participation, workability and subjective health. An overview of facilitating and/or hindering factors will be presented, providing information as to: (a) which problems older employees experience with and without a chronic disease in performing paid work; (b) which type of chronic diseases in particular affects work participation of older employees; (c) what kind of (which forms of) support older employees with a chronic disease are in need of. The results obtained from this study will offer guidelines to develop sector specific interventions that increase work participation of older employees with a chronic disease.

### **Increasing the Employability of Older Workers Through an Integrated Workplace Health Management**

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The ageing of the European workforce is a major challenge of the European policy and the employment policy in particular. Over the next few decades, countries will experience a steep increase in the share of elderly persons in the population and a large decline in the share of the population of prime working age. Integrated workplace health management — of which disability management is an important part — together with knowledge management, lifelong learning, career management and diversity management, offers strategies that human resources management can take to ensure that older workers can be retained in the workforce for longer. Within the framework of the Leonardo da Vinci Lifelong Learning Programme 2007–2013, a 2-years project named 'Ageing at Work'

(Workplace Health Management for Older Workers) was initiated. The project is being led by Prevent in Belgium and has partners in Greece, Ireland, the Netherlands and Poland. The project will produce and test a face-to-face training course as well as an integrated e-learning support environment on integrated workplace health management for older workers, with HR professionals as the major target audience. More information about this project and the results can be found at <http://www.ageingatwork.eu>

### **Workforce in an Ageing Society: Innovative Ways/Solutions in the Return-to-Work Process**

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*Thesis:* Incapacity at work is a risk which can affect everyone; however, the risk of early retirement due to a disability increases with age. Hence disability management must take action with preventive measures to enable employee's workability for as long as possible. As large enterprises have already implemented structures for reintegration to employment and preventive arrangements, mostly within a holistic health-management program, small and medium-sized enterprises have been unable to provide these structures, mostly due to a lack of resources. *Solution:* The national, scientifically evaluated project BEIVIG provides a platform and synergy effects for regional industrial communities. Regional industrial communities can be understood as a tie between member enterprises, the governmental institutions and the public. Furthermore it provides a forum for communication between the member enterprises. Communicational structures and resources and synergy effects can be used to implement return to work and provide preventive structures to small and medium-sized enterprises. Normally these established networks rarely go beyond simple informational networks where the exchange of information occurs as a focus on individual strategy. The main goal of the project BEIVIG is to work with these networks on the topic of disability management and let the network evolve into an innovative network where the development of collective strategies and the exchange of implicit knowledge about disability management can take place. Furthermore, the network of enterprises will be enlarged by return-to-work experts, cost units/sponsors and rehabilitation institutions. Therefore it is possible that the network can exist by itself and consequently sustainability can be guaranteed. BEIVIG will operate from 01/10/07–30/09/10 and is financed by the Federal Ministry of Work and Social Affairs. The implementation of a disability management structure in small and medium-sized enterprises (SME) is its basic function. In the first and second stage of the project the focus will be on building a management structure within one pilot regional industrial community in order to transfer return to work and preventive structures to the member enterprises. Later, three additional locations will adopt the practice-tested concept. The main aim is to generate a concept for a structure of disability management in SMEs which is transferable nationwide.

### **Vocational Rehabilitation at the End of the Worklife**

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In many developed countries, the expected age of retirement has traditionally been 65. This expected age was developed over a century ago when life expectancies were in the 40s. At almost double the life expectancy now, workers are finding that the retirement systems they access may be insufficient to financially support their remaining years; or retirement systems become burdened with increased numbers of retirees who are living longer and straining their reserves. Retirees may find that retirement was not what they expected and choose to re-enter the workforce. Whether it be from aging with a disability or from acquiring a disability through the aging process, vocational rehabilitation and disability management systems may find greater numbers of employees who possess what is termed as the 'common ground': aging and disability. This presentation will discuss vocational rehabilitation issues specific to employees engaged in remunerative activity at the end of their worklife, whether they have exited the labor market, are entering it for the first time, or reverse transitioned into it. Transitional and alternative work scenarios as well as (re)training will be addressed, as will other factors that may impact employment (e.g., living arrangements, transportation, and so on).

### **HealthyWork: A Mirror of a Strong Leadership, Corporate Culture and Economic Thinking Under the Aspect of the Demographic Change (Initial Research Obtained From the Segeberg Healthy Working Project)**

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*The project:* The ongoing research project serves the promotion, retention and improvement of employability, especially for small and medium-sized companies. The Segeberg network agency — one of six network agencies throughout Germany — is situated in a rural area. There are mainly smaller companies here. We have been working since October 2007 and have very quickly found a way of discussing the subject of healthy work with smaller and medium-sized companies. When contacted directly, the companies are very quickly very open as far as this subject is concerned. First and foremost, companies have their commercial success in view. Knowledge of business and human resources management coherences is not so established in small companies. It is often hard for them to know how to react to problems which result from an incapacity to work through sickness. Although the media increasingly focuses on the subject demographic change, the effects of this change often do not provide managerial staff and those responsible for human resources to reconsider their and the company's development from this point of view. If we make this problem the subject of discussions, the readiness to actively face the challenge grows. The retention of the profitability, the increased dealing with the attractiveness of the own company, and the subject of the health of the employees and then normally the first steps which are taken. The guiding function of the network agency is then more than a welcome assistance. Even those companies which already have good approaches to the dealing with the subject of



health work are pleased to take avail of the assistance provided by our network agency which then acts on behalf of the companies as a guide through the structured German system. Whereas at the beginning the acceptance and active cooperation with all the social insurance agencies, social partners, associations and other institutions and multipliers had to be developed within a process which was complex, it has been shown that these cooperations can be better organised if the network agency implement cooperation on the basis of a clear mandate. The Segeberg Network Agency has based its actions from the start on the premise that the case management instrument should be installed at the system level. Needs-based, solution and customer oriented — the entrepreneurs stipulate the need and focus of the services. The network agency incurs costs for the provision of resources in the form of highly qualified personnel and the corresponding organisational structures. Initial consultations often open the door to the required developments up to and including the securing of the employment of performance-changed employees and the securing of the employability. The project is currently financed from equalisation levies and the NewWork Quality (inqa) initiative and will continue to be so until September 31, 2009. We must therefore focus our work on the question of the standard financing of these network agencies. There is a demand for our work. The knowledge that there is only an awareness of this need in an initial consultation must be taken into account when clarifying the future standard financing of the network agency. The securing of employment is an essential company interest. The securing of employment also has a high value for society as a whole.

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### **A3: Psycho-Social Disorders**

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#### **Rehabilitation in Cases of Mental Disorders After Accidents**

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Mental problems have been observed in 20% of all victims of industrial accidents with a medium-grade injury. Disorders as long-term consequences occur in about 10% of affected persons. An early identification of patients with risk of mental disability is obtained from screening questionnaires during initial treatment after accidents in hospital. A suitable tool has been developed. Where the risk is high, the progress of the healing process should be monitored, or direct medical or psychological consultation provided, depending on the severity. The efficiency of behavioural therapeutic short-term therapy has been proved by a study undertaken by accident insurers. Early intervention significantly reduces the risk of posttraumatic disorder. Timely intervention can help avoid chronification.

#### **Mental Health and Disability Management: A Multidimensional Approach**

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This presentation addresses strategies for reducing absence due to mental illness (with a particular focus on depression) in a large postsecondary institution. Our thesis was that in order to effectively address the emerging trend of higher incidences of mental illness, the focus of intervention must be on both on the individual and the institution. A multidimensional approach engaging multiple stakeholders and focusing beyond individual cases results in an effective disability management model. The

University of Toronto is the largest and most diverse university in Canada, with over 11,000 faculty and staff and 75,000 students from around the world. The university is situated in one of the most diverse cities of the world. It has as its vision to be a leader among the world's best public teaching and research universities and has a commitment to equity, diversity and excellence. The Human Resources and Equity portfolio plays an important role in enabling the university to fulfill these goals. Among its many responsibilities, Human Resources and Equity supports the recruitment and retention of faculty and staff who are representative of the diverse community in which we live, work and study, and the university has been recognised for its innovative work in these areas. The University of Toronto has been ranked as one of the Top 100 Employers in Canada for 3 consecutive years and as one of the Top 50 Employers in Toronto in 2007. The Office of the Vice President of Human Resources and Equity has made accessibility and diversity one of its key priorities. The low recruitment and retention rate of people with disabilities has been identified as a key area of concern. In addition, the enactment of provincial legislation that focused on enhanced accessibility for Ontarians with Disabilities provided the Vice-President with an opportunity to focus attention on the barriers associated with disability at the university. Mental health issues are an increasing major concern at the University of Toronto, as they are in corporations and institutions across North America (Canadian Business and Economic Roundtable on Mental Health). Available university data indicates that in 36% of long-term disability cases, mental illness is identified as the primary disabling condition. Sick leave statistics mirror this trend at the university. In an attempt to assist employees with mental illness and depression in particular, and to increase the university's capacity to retain employees who are struggling with mental illness in the workplace, a multidimensional approach was developed to ensure that all stakeholder perspectives and needs were identified and addressed. The multidimensional strategy has demonstrated to be most effective. Successful strategies involve six targeted but related initiatives. (1) *Employee Access to Specialized Treatment*: The University Health and Well-being Programs and Services manages the self-funded sick leave and disability absences for the university. This office identified the lack of accessible and available community services for employees suffering from depression and the extended treatment waiting times that were resulting in longer sick leave and disability absences. Based on research that suggested that accessing treatment quickly for depressed employees could cut absenteeism while improving workers' health (*Journal of the American Medical Association*, 2007), Health and Well-being Programs and Services negotiated a treatment provision contract with a community agency to facilitate faster and evidence-based treatment for employees diagnosed with depression. This has proven particularly effective for faculty members early in their career who are juggling demands in both their work and personal lives. (2) *Early Employee Contact and Support*: Health and Wellbeing Programs and Services staff introduced early contact of employees on sick leave. This early intervention allowed for immediate identification of medical and nonmedical issues and established early communication between the employer and the employee. Where indicated, workplace issues are identified and problemsolving possible workplace solutions are initiated. (3) *Stakeholder Participation and Solution Focused Strategies*: University-wide accommodation guidelines that itemise the roles, responsibilities, expectations and procedures were developed and disseminated throughout the university. Leadership teams focused on the critical importance of partnerships between labour and management, insurance provider and medical providers to facilitate successful

accommodation and return to work. Stakeholders were familiarised with the accommodation guidelines, principles and procedures. Central to the procedures was the creation of accommodation teams that worked cooperatively to facilitate individual return to work plans. The creation of a vehicle for ongoing communication targeted toward solution focused strategies increased the success of return-to-work plans and the implementation of accommodation where necessary. (4) *Strengthening Managers Capacity to Respond*: The University recognised the pivotal role that managers played in realising the ambition of the university to break down barriers to full participation of people with disabilities in the workplace. (Duxbury, 2006) The implementation of accommodation on a local level was the responsibility of the manager and the success of the accommodation often rested with the manager. Recognising this critical role, the university initiated a multipronged approach to provide education, support and guidance to managers throughout the university. Included in the strategy was the acknowledgement of the current reality increased workloads, fewer resources and managers need for optimum productivity from their employees. Any strategy to assist managers would need to address these current workplace realities of significant pressures and competing priorities. (5) *Academic Excellence and Mental Health — Public Education and Awareness*: The University of Toronto has positioned itself as one of the world's finest institutions of higher learning and research. In order to effect a 'culture change' it was critical that senior academic leadership demonstrate a commitment to an inclusive work environment that was flexible and supportive and encouraged the reintegration of employees returning to work from disability leave. It was also critical to educate the university academy that mental illness and academic excellence were not mutually exclusive. In addition, a recent university employee survey identified the lack of knowledge by employees of resources available. A series of initiatives, both web and community based, aimed at increasing university responsiveness to and understanding of issues related to mental health in the work and study environment have begun to shift the culture from one of viewing disability as a reason for absence to one of viewing disability as one factor to consider in building an inclusive work and study environment. *Conclusion*: The University of Toronto is unlikely to stem the tide of increasing disability claims based on mental illness. The increasingly alarming rate of mental illness is one that has captured the attention of all levels of government and is being examined on a federal level through a national commission (Mental Health Commission of Canada, 2007). However, the university recognises the critical role that an employer may play in managing disability costs, reducing absenteeism and increasing productivity and satisfaction if it engages a multidimensional approach involving the participation of senior management, managers, human resource personnel, employee representatives, health providers and employees. The exclusion of people with mental health challenges is as much a product of the workplace culture as it is the individual's commitment to returning to work. An approach that addresses both sides of the equation will result in effective solutions that maintain and return employees with mental health challenges to the workplace.

### **The Effect of Mental Disorders on Everyday Business and an Activity-Oriented Approach for Company Personnel**

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Mental disorders affect work habits, efficiency, communication skills and social habits of employees. If unexplainable changes of

behavior are noticed in an employee over a long period of time, an executive should talk to this employee. This lecture will give guidelines for this talk and an action-oriented approach for joint action at the workplace. It is important to provide an atmosphere of trust and reliance, clearly defined roles of everybody involved in the process and the protection of the personal limits of the persons and the company as well as knowledge about company internal sources and external possibilities of help and intervention.

### **Mental Health: The Emerging Crisis in Workplaces Around the World**

Henry G. Harder

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Liz R. Scott

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The World Health Organization identifies depression as the next major health issue facing the world. Mental health issues in general are the single fastest growing cause of absence from work. The economic impact is huge and the cost in human suffering is immeasurable. Workplaces have an important role to play in addressing mental health issues. This presentation will provide an overview of these issues and how they can be addressed in the workplace. Suggestions for creating healthier workplaces will be made. Participants will gain an understanding of mental health issues in general and more specifically the impact of these issues on the workplace. They will gain an understanding of the impact on society and workplaces of leaving these issues untreated and what can be done about them.

### **Trauma-Related Appraisals, PTSD Severity, and Work Potential in Injured Adults**

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The influence of trauma-related appraisals on potential to work following accidents has not been directly examined. In the related area of acute low back pain following injury, however, appraisals concerning pain and the importance of avoiding activities that may cause pain are reported as being the strongest predictors of sick leave outcome and among the most powerful predictors of return to work. It is argued that fear of pain and injury may be more disabling than pain itself. Similarly, negative appraisals are known to predict poor psychological and physical adjustment in medical conditions. This study examined the predictive value of trauma-related appraisals to perceived work potential in a sample of 69 (55% male) accidentally injured adults. It was predicted that beliefs about the meaning of trauma would be significantly associated with perceived work potential when previously determined predictors of work potential, age, education, pre-injury occupation, injury severity, time since injury, and PTSD symptom severity were controlled. Standardized measures, the Posttraumatic Cognitions Inventory, the PTSD Checklist and the Work Potential Profile, were used to document trauma-related appraisals, posttraumatic stress disorder (PTSD) symptom severity and work potential at approximately 8 months postaccident. Demographic information, and objective hospital data was used to document occupation, injury severity, and physical function. Hierarchical multiple regression was used to identify predictors of work capacity. As expected, occupation, physical function and posttraumatic stress severity were associated with work capacity. Also as expected, PTSD severity and trauma appraisals were correlated. However, appraisals were sig-

nificant predictors of work potential independent of PTSD severity. The finding that trauma-related appraisals independently predict risk of reduced work potential is important. It suggests that an intervention targeting trauma-related appraisals may minimise the risk of a reduction in work potential after accidental injury, particularly if such an intervention is introduced early in the recovery process. Targeting trauma-related appraisals may improve work potential after accidental injury, particularly if an intervention to challenge trauma-related appraisals is introduced early in rehabilitation before these have become well-rehearsed and habitual.

### Disability Management Prevents Bottlenecks Becoming Final Obstacles For Employees With Mental Health Issues

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The incidence of work-related health complaints attributed to stress is increasing. Stress is acknowledged to be a major cause of absenteeism and to result in substantial costs for the business and individual workers. Stress is implicated not only in psychological or emotional distress but also in diverse physical conditions including heart attack, ulcers and stroke. Disability Case Management can be used as an adequate methodology to approach employees with stress-related health problems in order to improve job retention and reintegration. Treating stress and depression-related conditions can be long-term, complex, and require multifaceted approaches because the causes may arise from the home environment, work environment, personal characteristics and genetic predispositions, or some combination of these. The Return-to-Work Coordinator can collaborate with managers and supervisors to eliminate or decrease factors causing stress in the workplace and to change a job temporarily or permanently so that it does not aggravate the employee's condition, and ideally provides a safe place to heal. They can assist the employee in finding or using strategies to deal with stressful workplace situations. They can educate coworkers about mental health issues so that they are likely to be supportive. Finally, RTWCs can support the worker in ongoing treatment and efforts to deal with nonwork conditions. More information is available on [www.introdm.be](http://www.introdm.be)

### Diagnosis and Therapy of Health Problems Related to Workplace Conflict

J.M. Herrmann and E. Schellhammer

Rehabilitation Clinic Glotterbad of the Reha-Center Baden-Württemberg, Glottertal, Germany

Corresponding to the definition of Leymann (1995) mobbing is understood as conflictual communication at the workplace between colleagues, especially between superior and subordinate employees. A person will be systematically attacked by one or more colleagues with the aim of excluding this person from the workplace. The diagnosis requires a detailed biopsychosocial interview, specific questions and questionnaires (e.g., professional mobbing), a physical examination and a social-medical investigation. The therapy consists of:

- the creation of a supportive relationship
- elaboration of a common bio-psychosocial understanding regarding the process of mobbing and the situations in which mobbing occurs and their consequences

- development of a principle understanding of conflicts.
- knowledge of the personal pain of conflicts and the style of coping, and the development of an outside perspective
- mobilisation of resources and concrete visions of solutions
- rehabilitation and reintegration in a social network
- general suggestions about participation in self-help groups and/or seeking medical and legal support.

The aim of the care for mobbing victims is not only the effective therapeutic support, but also the development of a conflict culture which makes possible a professional conflict-management and relationship competence which are necessary for successful leadership.

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## A4: Interactive Prevention

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### Disability Prevention/Return-to-Work

Nicole Lindo

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The Workplace Safety and Insurance Board's (WSIB) return-to-work (RTW) strategy, outlined in their 5-year plan called 'The Road to Zero: 2008-2012', calls for Ontario workplaces to have disability prevention/return-to-work (DP/RTW) programs that are integrated within their overall injury/illness prevention programs. The WSIB's partnership with the health and safety associations (HSAs) on delivering integrated prevention content — focused on injuries, illnesses and disabilities — is one of the priorities described in the WSIB's strategic approach to RTW. As a result, Ontario's HSAs are in the process of incorporating DP/RTW services into the programs they offer to the province's employers. Taking the lead is the Municipal Health and Safety Association of Ontario (MHSAO) to ensure all HSAs will integrate RTW education and programming to their prevention initiatives for which the HSAs are already known. The overall purpose of the DP/RTW project is to enhance the HSA's understanding of DP/RTW as part of integrated health and safety continuum and to reflect this understanding in their programs, products and services. This project will focus on ensuring alignment and integration of DP/RTW programs across the prevention system. An overall solution is the integration and alignment of the prevention system partners within the province of Ontario to provide a consistent message and program in DP/RTW. This will ensure all employers of Ontario are incorporating these programs into their overall health and safety programs. By doing so, the injured workers of Ontario lessen the impact of an injury on their life by continuing their contribution and participation to their workplace. For the employers of Ontario, an overall inclusive health and safety program, incorporating DP/RTW will lessen the impact of their production and operations, retention of valued staff and reduced financial impacts of staff turnover and levies and penalties for noncompliance. The DP/RTW project pilot is scheduled to begin in September 2008, with project evaluation to be completed by December 2008.

### **A Job Retention Program for Employees With a Chronic Illness. Is it Successful?**

Inge Varekamp and Frank van Dijk

Academic Medical Centre Amsterdam, Coronel Institute of Occupational Health, Amsterdam, The Netherlands

A growing number of people aged 16–65 have a chronic medical condition. If employed, many of them are hampered in performing job activities. Lack of work accommodation, insufficient social support at the workplace, persistent fatigue and emotional distress are mentioned by employees as factors which may lead to stress and unnecessary job loss. Notwithstanding social policy aimed at maintenance of workability or re-entering the labour market, those with chronic illnesses are far less often employed than others. We developed a training for employees with a chronic illness who experience difficulties in functioning or performing job activities. Seven 3-hour group sessions are combined with three individual counseling sessions. The group comprises eight participants and one trainer. The training aims at job retention by (1) exploring work related problems, (2) learning to communicate about illness and work with managerial staff and colleagues, (3) developing solutions. The effectiveness of this training is presently investigated in a randomised controlled trial design. Outcome measures are job retention, fatigue, pleasure at work, and work related self-efficacy. Until now attendants of the training are positive about the set-up and contents of the training (mean score 8,1). Further results will be presented.

### **Prevention Versus Return of Investment?**

Walter Gaber

Fraport AG, Frankfurt Airport Services Worldwide, Frankfurt/Main, Germany

Taking the example of the activities as part of interdisciplinary prevention, Fraport AG proves that a ROI is possible if continuous monitoring is ensured. The success will only be secured if these measures are actively supported group-wide by the executive management.

### **An Examination of Trends in No-Lost-time and Lost-time Claims in Ontario, 1991 to 2006**

Peter Smith

Population/Workforce studies group, Institute for Work & Health, Toronto, ON, Canada

In Ontario, Canada, the Workplace Safety & Insurance Board (WSIB) covers approximately 65% of the labour force for the health care and wage replacements costs associated with work-related injury and illnesses. Over the last 15 years there has been a 42% decline in the number of claims for injuries that require time away from work, past the day of the accident, reported to the WSIB. However, over the same time period there has only been a 4% reduction in injuries that require medical attention, but do not result in absences from work past the day of the injury (no-lost-time claims or medical-only claims). As a result, there are currently over twice the amount of no-lost-time claims (NLTCs) reported to the WSIB, than lost-time claims (LTCs). These trends send a mixed message concerning the prevention of workplace injuries in Ontario. On one hand, workplace injuries that required time off work decreased substantially. Conversely, workplace injuries that required medical attention, but did not result in time off work, hardly declined at all. There is also evidence that the number of no-lost-time claims (NLTCs) that require ongoing health care is increasing. This, along with other factors, has resulted in a 26% increase in the health care costs associated with NLTCs between 1991 and

2000, even after adjustment for inflation. It is estimated that the current annual health care costs associated with NLTCs in Ontario are well in excess of \$20 million. There are at least three possible explanations of why the declines in LTCs have not been replicated among NLTCs between 1991 and 2005: (1) over time there may have been changes in the types of injuries that occur at work, with a greater proportion of injuries that currently occur not requiring time off work past the day of injury; (2) there may currently be better accommodation from workplaces for employees with injuries of similar severity over time; allowing more workers who are injured to return to work the day after the injury occurs; or (3) changes may have taken place in workplace claim management processes, which have resulted in workers being encouraged to submit no-lost-time claims for injuries that were previously reported as lost-time claims. We will present analyses completed using routinely collected claim information from the Ontario WSIB from the years 1991 to 2006. This analysis is part of a larger project that will select and extract detailed injury information from approximately 10,000 no-lost-time claim reports submitted to the WSIB between 1991 and 2006. Questions which will be examined in this presentation included.

### **Return to Work With Orthopedic Disease: A Successful Project Between Company Health Insurance, Company, Rehabilitation Hospital and Pension Insurance**

Lutz Trowitzsch

Institut für Arbeits- und Sozialmedizin der Paracelsus-Klinik an der Gande, Bad Gandersheim

Bernhard Koch

SZST Salzgitter Service und Technik GmbH, Salzgitter, Germany

B. Leineweber

BKK Salzgitter, Germany

Classical measures of health promotion offers such as back training, nutrition consultation and discount entrance fees to fitness centers frequently reach their limits with chronic long-term illnesses. Hampered accessibility to offers of operational health promotion and pessimistic estimates of the functional capacity by the patient himself prevent reintegration of long-term invalids. Our cooperative project between rehabilitation hospital, company health insurance, company and pension insurance shows how job-specific testing leads the client to a realistic estimate of his functional capacity. Professional occupational rehabilitation related to the functional capacity, combined with an operational health promotion, can be adverted to the needs of the individual more effectively and shortens the time of invalidity. The cooperative project is placed into the context of an integrated health promotion concept.

### **Ergonomical Programs Featured for the Building Trade**

Andrea Hauck, Joachim Hanse, Bernd Hartmann

AMD Arbeitsmedizinischer Dienst der BG BAU, Region 1, Germany

*Thesis:* Institutions for statutory accident insurance and prevention are offering job related programs as a substantial contribution for disability management. *Solution:* Statutory accident insurances function as compensation insurances on behalf of the employers. In order to prevent accidents and diseases they are busy with relevant subjects concerning nearly every aspect of work life, the principle being 'All from one source'. Part of the institution's task focuses on prevention and therapy. If necessary, full-scale treatments are offered to the employees,



up to occupational retraining. The aim is not to let this happen in the first place. Additionally, activity is needed because of our ageing society, and efforts in prevention are to be multiplied. Its focal points are avoidance of accidents and minimising occupational diseases. Therefore the statutory accident insurance in the building trade leads campaigns emphasising central topics, such as skin problems. Professional training courses are provided for members, for example, physiological and psychological stress. Programs like Prevention of Back Pain und RehaBau — Rehabilitation of Back Pain are aimed at apprentices and trained workers. Examples are shown during the speech.

### Prevention Policy as Trigger for the Development of Disability Management Policy

Marthe Verjans,<sup>1</sup> Katrien Bruyninx<sup>2</sup> and An Rommel<sup>1</sup>

<sup>1</sup> Prevent — Institute for Occupational Health Safety & ACT Desiron, Labour Consulting Team, Brussels, Belgium

<sup>2</sup> ACT-Désiron, Hasselt, Belgium

It is one thing to guarantee health and safety standards at work, yet quite another to deal with longer-term consequences of accidents and health problems that do happen — especially in terms of having an established legal framework and specific company policies to promote the reintegration of affected employees. After a research project which Prevent conducted, it became clear that in Belgium there is a compelling case for focusing attention upon the issue of return to work after an accident or illness. But can prevention policy be a trigger for the development of a Disability Management policy and which added value has DM? Employers have a general duty to ensure the safety and health of workers in every aspect related to work. Risk assessments are a core principle of an efficient prevention policy and enable employers to take the measures necessary to protect the safety and health of their workers. Risk assessment is the process of evaluating the risks to workers' safety and health from workplace hazards. It is a systematic examination of all aspects of work. In practice, the risk assessment is often based on the capacities of the 'average, healthy' worker. Disability Management however, starts with an evaluation of the specific job demands taking into account all physical, mental and organisational aspects of the job. This evaluation enables jobmatching and can be used as a basic in the RTW process in order to maximise the employability of the worker with a longstanding health problem or a disability. More information is available on [www.introdm.be](http://www.introdm.be)

### Individual Prevention for Employees With Skin Diseases in the Hairdresser Occupation

Ute Pohrt

Berufsgenossenschaft für Gesundheitsdienst und Wohlfahrtspflege (BGW), Grundlagen der Prävention und Rehabilitation, Fachbereich für Berufsdermatologie und Interventionsstrategien, Berlin, Germany

The Berufsgenossenschaft für Gesundheitsdienst und Wohlfahrtspflege (BGW), legal accident insurer for healing, care, social and beauty trades, has developed successful programs that can help prevent involuntary dropouts. Until into the 1990s, BGW was confronted with a dramatic rise in industrial skin disease statistics — mainly among hairdressers and employees in care trades. Most of those affected in these areas suffer from allergies due to chemicals or latex gloves; in addition, wet or moist hands make the skin permeable to irritating substances. Formerly, the only way out was costly retraining in a trade without these risks. BGW, therefore, developed programs for the affected occupations. Today, free seminars are available

everywhere and conducted with great success, in which therapy and prevention are closely related with each other. The seminars help affected persons cope with their problem to the extent that they can continue working in their trade provided they practise the hand care they have learned. Seven of 10 participants can continue their normal work after attending the seminar, without having to take special precautions. The BGW conducts these seminars in nine consultation and training centres (schu.ber.z) all over Germany. People with occupational skin problems can also get a dermatological check and specific advice in these centers. The success of the seminars is reflected in a 17% drop of the contribution to statutory accident insurance for hairdressers in 2008. The BGW contributions paid by almost 60,000 hairdresser's shops have been dropping since the 1990s. Last time the fee was cut by 25% in 2001. In the past few years, rehabilitation costs dropped from over 25 million Euro to 13 million Euro in 2006 and have been maintained at that low level since. More information on this topic is available at [HYPERLINK www.bgwonline.de](http://HYPERLINK www.bgwonline.de)

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## A4: Support of Abilities

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### Assessing Barriers to Work: Australia's Job Capacity Assessments

Nikki Brouwers

Interact Injury Management, Orange, Australia

How does a government successfully and consistently support workers with disabilities to move into employment? The Australian Government identified the need to assess income support recipients for their barriers to gaining work. These barriers were then used to make a timely referral to the correct employment provider. As a result the Job Capacity Assessment (JCA) was developed and commenced in July 2006. This paper analyses the past 18 months of results to identify its success in appropriately assessing client's work capacity and barriers to work. The introduction of JCAs into the disability market has consistently delivered assessments that identify barriers to work and the appropriate referral to agencies to overcome these barriers. In 2006–2007, 363,261 JCAs were completed at a total expenditure of \$104 million. All 1,650 assessors across 18 service providers are health professionals with 72% of all assessors being psychologists or social workers. The current results indicate that 83% of clients are referred to an employment or related service provider. The current complaint level is very low at 0.04%. In summary this government initiative is successfully connecting people with disabilities with the appropriate agency to assist them to overcome their barriers to work.

### Information as Support for Disability Management

Gisela Semmt

Institut der deutschen Wirtschaft Köln, REHADAT, Köln, Germany

For effective disability management information is needed from various specialist areas (e.g., law, medicine, ergonomics). Even well-trained disability managers aren't always updated in all these special fields. The Internet as a source of information offers a flood of information, however, the individual information is unstructured and frequently out of date and difficult to evaluate. The work of disability managers is eased by central and independent information systems on the Internet, (i.e., not targeted towards the sale of products or services). An example of this is REHADAT, which offers relevant information in a structured way and which is regularly updated. REHADAT is freely

accessible due to government aid from the German Federal Ministry of Labour and Social Affairs for all participants in disability management. REHADAT is already linked with information sources from different countries; for example, assistive product information. Additional cooperation is possible.

### **Australia's Job Access: A One-Stop Information Shop for all Matters Relating to the Employment of People With Disability**

Therese Campbell and Nicole Tuckwell  
WorkFocus/Job Access, Australia, Subiaco, Perth, Western Australia, Australia

The Australian workforce is changing. Our economy continues to grow but our population is ageing. Some industries are experiencing a tightening labour market and, without action now, Australia could face a potential shortfall of nearly 200,000 workers over the next few years. Employers are being encouraged to help address future staffing shortfalls through the employment of people who have traditionally been underrepresented in the workforce. People with disabilities have long represented a qualified but under-used part of the Australian workforce. People with a disability can have significant skills to offer a business, and also tend to have an immeasurable commitment to the organisation they work for with the potential to increase staff morale. However, there still remain challenges for people with disabilities to gain and maintain employment. The most immediate challenge for employing people with a disability is getting employers to hire them. Understanding the barriers to employment from the perspective of the employer is the first step towards promoting more favourable perceptions of individuals with disabilities in the workforce and increasing the willingness to hire them. Employers often do not understand, harbour false perceptions, are unaware of support services and incentives and can't see the potential benefits. With expert advice, education, financial support and assistance they quickly gain the confidence and ability to achieve a win-win outcome. JobAccess is a one-stop information shop for all matters relating to the employment of people with disability. An Australian Government initiative, JobAccess is an information and advice service which offers practical workplace solutions for people with a disability and their employers. JobAccess is a free service offering expert advice on matters relating to the employment of people with disability. It is run by Disability Employment Specialists WorkFocus Australia on behalf of the Australian Government. Job Access provides information specifically for employers, job seekers, employees with disability, their co-workers and providers of Australian Government employment services. JobAccess includes a comprehensive, easy-to-use web site and a free telephone information and advice service where employers, people with disability and service providers can access confidential expert advice on all disability employment related matters. The JobAccess team administers the Workplace Modification Scheme, which assists with the cost of workplace adjustments or solutions needed to accommodate a worker with a disability in a job. The Workplace Modifications Scheme pays for the costs involved in modifying the workplace or purchasing special or adaptive equipment for eligible employees with disability. The team also administers a new government initiative called the Auslan for Employment programme (AFE), which aims to maximise the ability and workplace independence of Deaf workers and to support strong employment growth and the improved productive performance of enterprises within Australia. The Auslan for Employment program provides initial assistance to encourage employers to employ a Deaf worker or to help existing Deaf workers to further support their workplace independence. Three levels of assis-

tance are available, and they include Auslan interpreter services, Deaf awareness training for co-workers, and Auslan course assistance for co-workers. The JobAccess website has information about the full range of Australian Government services for the employment of people with a disability. It also has step-by-step guides on recruitment, job searching, adjusting a workplace, understanding rights and responsibilities at work, disability information and more. In its second year JobAccess has now responded to over 20,000 enquiries and provided funding assistance for Workplace modifications or training to over 2,000 individuals with disability in employment. The unique model of service delivery developed by WorkFocus Australia provides an efficient and effective service to people with disability, employers and service providers and assists the government to achieve the key objectives of Welfare to Work strategy — increased workforce participation rates, increased employment rates and reduced welfare dependency rates.

### **The Model of the 'Taking Charge of the Disabled Injured Worker' at the Customer Point**

Giuseppe Ali  
Medical Manager responsible for 'Customer Point — Prosthetic Center', INAIL, in Lombardy, Milan, Italy

The INAIL (Italian Workers Compensation Authority)'s mission is the social protection of workers against the risk of accidents at work and occupational diseases. A new legislation (legislative decree 38 of 23-2-2000) has consolidated a remarkable expansion of the insurance protection for injured workers. So recently INAIL has new tasks about work safety and hygiene, working and social reintegration of injured workers, retraining projects and the removal of architectural barriers. The new legislation has also introduced the innovative concept regarding the 'taking charge' of the injured worker to provide a full covering about medical treatments, rehabilitation therapy, work reintegration and insurance benefits. The 'taking charge' of the injured worker is a complex and multidisciplinary function that involves several INAIL's professions: doctors, social assistants, engineers, orthopaedic technicians, psychologists and others. In this context the activity of the INAIL's Prosthetic Center, located in Budrio (Bologna), is a very important component. The INAIL's Prosthetic Center is an international structure of excellence where prosthetic and high technology devices for every type of worker disability are designed and made. To decentralise and improve the level of performance and the supplying of these devices in an Italian region with a high level of industrial production (about 20% of the whole home product) and a very high number of working accidents (on average 20,000 events per year), a Customer Point — Prosthetic Center was opened in Milan in 2005. Other Customer Points had already been opened some years earlier in Bari and Rome. The Customer Point — Prosthetic Center located in Milan is a highly specialised centre for the consultancy and supplying of medical devices to the injured workers living in the Lombardy region. Two nurses, two physiotherapists, two orthopaedic technicians, a rehabilitation expert doctor and a medical examiner are employed at the Prosthetic Center. Over 2 years the Customer Point took charge of 1,500 injured workers and has supplied more than 5,000 technical medical devices. Every worker is visited by a doctor and an orthopaedic technician in the first stages of treatment; they establish an individualised rehabilitative project for each type of disability; the rehabilitation therapy is performed both at the Prosthetic Center and in centres that are qualified and operating within the District Health System. The Prosthetic Center directly supplies the devices to the injured worker who needs them. Over a year ago

a 'Polispecialistic Medical Center of the Foot' was opened at the Customer Point. Here a team of specialist doctors and orthopaedic technicians carry out a consultation and directly supply orthopaedic footwear for each different type of walking disability. A centralised supply of urological aids for incontinence to all patients with this type of disability was set up almost a year ago. This is a big and ambitious experiment with over 600 patients across the whole region that ensures a specialist monitoring of the treatment of urinary incontinence. The Customer Point ensures the whole supply and the home delivery of the urological aids, with a significant economic cost saving. At the Customer Point a consulting engineering service is also active in planning changes to motorised vehicles in order to make them suitable to workers with severe physical limb disabilities. A collaborative experiment with the Galeazzi Orthopaedic Institute, located in Milan, which provides robot-assisted walking therapy using 'Lokomat' for people with severe neurological or orthopaedic conditions caused by spinal cord injuries, has been running for a few months. The author will communicate the results of each activity expounded in the report in the hall. *Conclusions:* The experiences of the past 2 years confirm the effectiveness of the organising model of the Customer Point — Prosthetic Center, with a rapid and effective 'taking charge' of injured workers. The activities carried out also suggest the advisability of a territorial spread of this model in order to support research and treatment performed by the Prosthetic Center in Budrio.

### **Barrier-Freedom When Using the Computer and the Internet for the Rehabilitation and Participation of the Disabled in Their Working Life**

Thomas Hänsgen

tjfbv e.V., Bundesweites Kompetenz- und Referenzzentrum 'barrierefrei kommunizieren!', Berlin, Germany

Using the computer and the Internet is increasingly becoming an important vocational qualification and opens new job opportunities for people with disabilities (e.g., after an accident). Preconditions for taking advantage of these on an equal footing is a barrier-free access to these media. This means among other things:

- giving advice to people with disabilities when choosing and using supporting technologies
- creating barrier-free and accessible online offers that inform about apprenticeships, jobs, and so on
- designing learning offers, such as e-Learning platforms, for professional development so that they can be used independently from disabilities.

These solutions for the job-related integration of people with disabilities are demonstrated in the presentation.

### **'Occupational Health' (www.eibe-projekt.de) Development and Implementation of Return-to-Work Programs in German Retraining Centres (EIBE)**

Harald Kaiser

iqpr, Munich, Reiner Eggerer, BFW, Nuremberg, Germany

*The project:* EIBE. Within the project EIBE processes for return-to-work coordination in 28 Vocational Advancement Centres have been developed, integrated in a management system and tested and proved in several cases. *Implementation of the project:* Apart from the contextual implementation in the form of a manual, scientifically relevant issues have to be discussed and conclusions shall be allowed to be drawn with respect to further

process steps. In the course of this action research the focus of our partners was drawn on the following four project issues:

1. Which target groups is a return-to-work coordination especially suitable for?
2. Which actors can operate within the scope of a return-to-work coordination and what are their tasks?
3. How can a return-to-work coordination be implemented with respect to content?
4. What are beneficial and hindering factors with regard to utilisation, implementation and realisation of a return-to-work coordination?

According to the law, the purpose of the return-to-work coordination is to overcome inability to work, prevent recurring inability to work and to save jobs. In § 84 SGB IX certain minimum standards have been recently defined that have to be met and that should serve as a guideline to employers. All remaining questions could be answered during the last two years' project work. A research report (BMAS, Forschungsbericht 372, ISSN 0174-4992 — www.bmas.de) covers both research findings and a broad range of aspects such as practical advices, directives on data protection and proposals for the conclusion of a works agreement. Among other things, the following legal issues are currently discussed:

- What constitutes a minimum configuration for a return to work coordination?
- When is an employee considered to be successfully reintegrated?
- Which obligations to cooperate do employees have?
- From when are days of inability to work counted from the beginning?
- How is the cooperation with external cooperation partners carried out?
- Which financing possibilities can be taken into consideration?

In order to gain further insights in the field of return to work coordination, the project EIBE will be continued until the end of 2008. Central topics of interest at the current project stage are:

- continued gathering of insights on the basis of actual integrational work
- enhancement and differentiation of the concept of data protection
- adaptation of teaching aids depending on the size and type of enterprises and on branches
- definition of criteria for a bonus and incentive system according to § 84 Abs. 3 SGB IX.

This presentation covers the relevant findings of the project from a scientific point of view and from the point of view of practical business orientation. Practical advice is also given which could be of use for companies worldwide.

### **The Method of Managed Integration, 'Inserimento Mirato' — An Italian Case Study**

Stefano La Porta

Centro Servizi Lavoro (CSL), Quartu Sant'Elena, Italy

This presentation talks about the Province of Cagliari's experience in implementing a system for the integration of workers with disabilities into the workforce, as decreed by the Italian Law No. 68 of 1999. At a first glance, people with disabilities and businesses appear to be incompatible. On the one hand there are people who are considered to be dependent on continuous care and assistance and generally not able to be

productive. On the other hand there are businesses with rising efficiency and productivity requirements, and operational methods that do not allow for personal disabilities. In Italy, Law 68 of 1999 entitled 'The right to employment of people with disabilities' requires all public and private enterprises to include one person affected by a disability for every 15 employees. The disabilities considered are physical, mental, sensory, or disability resulting from injury in the workplace or military service. The law defines 'inserimento mirato', which translates to 'managed integration', as being a number of technical procedures to assess people with disabilities and to analyse potential employers, and also policies to support the integration process, with solutions to problems related to the interaction of disabilities and work environments. The method of managed integration is a process of mediation implemented by the public service. It is made up of a number of consecutive actions aimed at people with disabilities and companies, and is structured as a set of activities whose purpose is to transform the remaining abilities into skills. The method is divided into three types of actions targeting people with disabilities and potential employers:

- a service that assigns a specialised consultant to follow each case, providing reception, information, guidance, and case-specific consultation, in cooperation with other public social services
- implementation of the procedures set out by Law 68, including an active labour policy, and a system for the assessment and analysis of people with disabilities and of companies, plus all the bureaucratic procedures required by the law
- mediation tools, including a whole series of mechanisms for the design and realisation of case-specific integration projects, where the person is matched to the most compatible company according to the results of the assessment procedure, and then supported throughout the integration process.

The work carried out by the Province of Cagliari demonstrates the potential and complexity of the managed integration method deriving from the application of Law 68. It shows that successful integration of people with disabilities into the workforce can be obtained with careful attention to the mediation process between people with disabilities and employers, resulting in a process that has the ability to achieve the integration of people with any disability into all productive organisations.

### **Mature-Aged Workers, From Survival to Revival: Vocational Rehabilitation Strategies That Work**

Pat McAlpine

National Manager Professional Practice, National Service Delivery, CRS, Australia

In the face of Australia's ageing population and consequent future employment trends, the development of effective strategies to assist mature aged job seekers with a disability find work is a high priority for government. What strategies are effective in overcoming obstacles to raising labour force participation rates? With growing numbers of people leaving the labour market permanently as a result of a persistent health problem and limited numbers of people with reduced work capacity actually working, an evidence base is required to better understand which employment service programmes work for whom and which types of interventions are most cost effective. CRS Australia as the primary provider of vocational rehabilitation services in Australia is responding by working with unprecedented numbers of mature age job seekers with a disability to identify and match work capacities with real and sustainable employment outcomes. This paper describes some recent changes in approach to vocational rehabilitation within the context of the Australian government's Welfare to Work reform,

including the move towards evaluating a person's remaining work capacity rather than their disability. The continuum of employment services that differentiates the needs of job-seekers with disabilities serves many broad policy imperatives however pilots of our interventions with groups of people at risk of social isolation and poor self efficacy demonstrate that successful employment service provision requires flexible servicing, supported referral pathways and strong ongoing links with local communities. A framework for effective vocational rehabilitation for mature aged job seekers with a disability is outlined and acknowledges the importance of allied health qualifications and skills to ensure effective, evidence based practice and the achievement of safe, durable and quality employment outcomes for job seekers with disabilities. Finally, as part of CRS Australia's commitment to research, innovation and the development of an evidence base for specific interventions, the presentation will describe our partnership with Swinburne University to explore the potential value of the Work Ability Index in Australia.

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## **A6: Disability Management and Back Pain**

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### **Validation of a Risk Factor-Based Intervention Strategy Model Using Data from the Readiness for Return-to-Work Cohort Study**

Ivan A. Steenstra, S.A. Ibrahim, G.S. Pransky, R.L. Franche, S. Hogg-Johnson and W.S. Shaw  
Institute for Work and Health, Toronto, Canada

Low back pain (LBP) is a common and in some cases disabling condition. It is often characterised by recurrences and co-morbidity. Until recently patients presenting with nonspecific LBP have generally been regarded as a homogeneous population. Evidence is emerging that meaningful subgroups can be identified. *Methods:* The present study was conducted within the Readiness for Return to Work Cohort Study, a prospective study of Ontario workers with a back or upper extremity MSK disorder, who filed a Workplace Safety and Insurance Board lost-time injury claim. This study focuses on the 442 low back pain claimants in the cohort. Since our aim was to develop clusters of risk factors for returning to work, for workers currently off work due to acute low back pain, we designated those workers ( $n = 252$ ) who had already returned to work at baseline questionnaire as the low-risk group. A subgroup analysis was performed on those 183 workers that were still off work at the time of the baseline interview. The latent class analysis (LCA) method groups subjects together who share similar characteristics. Groups were classified based on the following characteristics: fear avoidance, physical dysfunction, high physical demands, poor employer response, and mood symptoms. *Results:* Comparing the group of workers that have not returned to work with the group of workers that have returned to work, shows that pain, functional status, heavy work score, people oriented culture and disability management are associated with work status at baseline. A more people-oriented culture is associated with not having returned to work. Results from the LCA show 3 classes. Class 1 can be characterised as workers with an adverse workplace situation. Class 2 can be characterized as a group of workers with a pain problem, but not a workplace problem. Class 3 can be characterized as 'Overwhelmed', since workers in this class have the most negative values on every scale, with a very high score on the CES-D. *Conclusion:* This study seems to confirm the model by Shaw et



al. Different groups of workers can be identified to better refer workers to appropriate care or workplace intervention. A possible intervention approach should be tested in a randomised controlled trial to provide evidence whether it is actually better than current care.

### **JobRehab — A Job-Orientated Rehabilitation Program for Workers of the Automobile and Logistic Industries**

Monika Schwarze

Coordination Centre Applied Rehabilitation Research, Department for Rehabilitation Medicine, Hannover Medical University, Carl-Neuberg-Str. 1, Hannover, Germany

Nina Ristel, Michael Spallek, Ingra-A. Manecke, Christoph Gutenbrunner and JobRehab working group Volkswagen Nutzfahrzeuge Hannover, Hannover (Dr Teumer, Dr Spallek), German Postal Services, Hannover-Braunschweig (Dr Manecke), Bad Eilsen Rehab-Centre (Dr Daalman), Bad Pyrmont Rehab-Centre (Dr Kasproski), Hannover Health-Centre (Dr Busche), Out Patient Rehab Centre Braunschweig (Mr Jacobs), Department for Rehabilitation Medicine, Hannover Medical University (Prof. Gutenbrunner), German Pension Insurance Braunschweig-Hannover (Dr Moesch, Mr. Rodewald, Mrs Eisenhauer), the health insurance company German BKK (Mr Cordes, Mrs Noll), Coordination Centre Applied Rehabilitation research Hannover Medical University (Dr Schwarze, Prof. Gutenbrunner), Department for Occupational Medicine, Hannover Medical University (Prof. Wrbitzky, Dr Rebe)

*Background:* It is known that in patients with low back pain rehabilitation in close cooperation with industrial medicine is more effective than rehabilitation alone. In Germany the lack of cooperation between rehabilitation measures and the industrial medical services has been criticised repeatedly. In this regard a return to work due to musculoskeletal disorders is more successful when intervention starts early, a multidisciplinary approach is realised and occupational/company and rehabilitation physicians and facilities work together (Waddell & Burton 2000; Muller-Fahrnow et al. 2005). 'JobRehab' implements legal requirements to establish workplace health promotion as soon as possible and is based upon results of international studies. Therefore the project was implemented to develop a job-orientated rehabilitation program for workers suffering from complaints of the musculo-skeletal system. Special aims were the exchange of information between the industrial health centres and the rehabilitation departments, a tailored to patients requirements intervention and the participation of the workers at their own ones' free will. Within the project there has been a systematic preparation, an implementation process as well as an evaluation of the outcome. *Concept of JobRehab:* The agreed concept comprises the following elements:

- Improved communication between industrial health services and rehabilitation departments (the individual assessment of the workplace is directly send to the rehab centre) and vice versa (the evaluation of the rehab doctor is focused on the performance at the given workplace)
- Orientation of the interventions at the special needs of the given workplace and the functional deficits and potentials of the worker (workplace-orientated evaluation and deficit-orientated functional training)
- Tailored to patients requirements rehabilitation programs were developed and applied according to the individual needs of the patients (level 1: 1-week outpatient rehabilitation program; level 2a: 3-weeks outpatients rehabilitation program; level 2b: 3-weeks inpatient rehabilitation program) participation of the workers at their own ones' free will (advertising the projects in the factories)

- Education of all players in the process (physicians, therapists, administrators) and others.

*Material and methods:* The program has been developed in a working group including all relevant players in workers' rehabilitation programs as well as scientific institutions (see below). These are a car factory, a logistic company, ambulatory and inpatient rehabilitation departments, as well as the pension and health insurances responsible for the factories or region. The departments for Rehabilitation Research and Occupational Medicine of Hannover Medical University were involved too. The agreed concept was implemented in January 2007. Implementation has evaluated the communication between the industrial health centres, the rehabilitation departments and the insurance companies, as well as the health outcomes that the workers/patients received from a vocational rehabilitation program. Occupational ( $n = 83$ ) and rehabilitation physicians ( $n = 87$ ) were asked to complete a questionnaire on time management, quality of the collaboration and relevance of the exchanged information. Baseline and follow-up data of the patients were collected, resulting in 89 complete responses. Pain disability index (PDI) and a questionnaire on back related functioning (FFbH-R) were used. *Results:* Most of the rehabilitation physicians indicate workplace-related information from occupational physicians as medium (37.9%) and high (44.8%) relevance for rehabilitation therapy. Only 17.2% answered that the information was of low relevance. On the other side occupational physicians rated the importance of further recommendations from the rehab physicians concerning reintegrating the worker as very important (59%) important (35%) or not important at all (6%). The majority of the patients considered the cooperation between company and rehabilitation clinic as very good (43.2%) and medium (49.4%). The proportion of workplace related therapy elements reported 72.3% of the patient as just right, 24.7% said it was not enough and only 1.2% noticed it was too much. The patients reported significant benefits [improvements] in back-related functional capacity and substantial reduction in pain-related conditions at work at the end of the rehabilitation. *Discussion and conclusion:* The results show that the communication between rehabilitation centres and industrial health centres can be optimised. The exchange of information is useful both for rehabilitation doctors and the industrial health services. The participants give very positive ratings. For patients with less severe complaints an intensive short intervention is effective too. (The efficacy of the program in terms of sick leave and productivity will be evaluated after the implementation phase in second trial).

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### **Plenary Session Services in and for Enterprises: Insurers and Service Providers**

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#### **People Don't Outsource Themselves: Key Issues in Preserving Jobs**

Stefan, Ritler  
IVSK, Switzerland

The postwar generation is heading for retirement. Most baby boomers are now well into their 50s, and the low birthrate of the century just past is insufficient to meet the manpower demands of the current labour market. The intergenerational contract is under threat. Today's workers have ever higher expectations not only for their retirement but also for the years leading up to it. The economy, labour market and social security systems are out of sync. The burden of dealing with this

situation falls disproportionately to ageing and less healthy workers. Society expects employees to extend their working life. But that means people must be willing and able to work. Chronic work-related stress even at a young age can seriously impact health in later stages of life (see Gognalons-Nicolet et al. 2004). Here is where the employers come in. So-called corporate social responsibility (CSR) has a critical role to play both in assuring access of individuals to the labour market and in the sustainable economic success of a company. Based on these considerations, corporate personnel policy should embrace the concept of age diversity. This approach promotes stability, security, and the health and welfare of employees. It is also an investment in human capital. 'Maintaining a high level of productivity in later working years depends on organisational policies that are conducive to the health of employees' (Höpflinger, 2007). Social security is essential in a changing labour market. But we must let go of our expectations that government will fulfill all our needs (Vollkaskomentalität). Government social security policy is no more than a set of regulations. The greater the benefits, the greater the incentives for workers and employers to take advantage of the system. The continuing volatility of the employment market and the present demographic trends highlight the importance of individual responsibility.

### California Workers' Compensation Disability Management Reforms

Christine Baker

California Workers' Compensation, United States of America

This presentation will discuss recent reforms involving the California workers' compensation disability management system. Christine Baker is the executive officer of the Commission on Health and Safety and Workers' Compensation (CHSWC), a labor management body that has the responsibility for monitoring the health and safety and workers' compensations systems in California. Christine will provide a brief overview of the California workers' compensation system and then will describe the situation before reforms. Preliminary results will be presented, as well as a brief discussion of ongoing measurements and ongoing challenges.

### Workplace Disability Management and Work Injury Rehabilitation Policy in Mainland China

Tang Dan, Xu Yanwen and Luo Xiaoyuan

Guangdong Provincial Work Injury Rehabilitation Center, Guangzhou, China

'Workplace disability management' is quite a new concept in mainland China, particularly in the field of work injury rehabilitation. The result of prolonged absence from the workplace leading to lower income levels and productivity for workers with injuries and higher claim costs for their employers is calling the governmental attention to this situation in the recent years. A series of correlative regulations and clauses of work injury rehabilitation have been issued to secure the rights of receiving medical rehabilitation and occupational rehabilitation services for those workers suffering from work related injuries and eventually return to work safely. The present paper aims to describe the work injury rehabilitation policy in mainland China and share some experiences we obtained in a trial workplace disability management model operated in the Guangdong Provincial Work Injury Rehabilitation Center in the past 2 years. The collaboration and intervention between-government, hospital, employer and workers with injuries is the core impact for workplace disability management, which

should be further enhanced in the future, particularly in work injury rehabilitation policy.

### Disabled Women and the Congo: Another War Within a War

Huguette Tshifunda

JRadio /TV PUISSANCE, Kinshasa, DRC Congo

Disabled women in the Democratic Republic of Congo (DRC) tend to be multiply discriminated and to experience multiple poverty, despite the progressive constitution and efforts of affirmative action. The purpose of this paper is to present the struggle of inclusion in regard to employment for disabled people in the DRC, thus to suggest some strategies for facilitating inclusive practices. *Background:* The DRC is a vast country with a territory of appreciatively 2,345,000 km<sup>2</sup> and immense economic resources. It shares borders with nine countries in the central region of Africa and has a history of great hospitality. Since 1995, the DRC has been subjected to political and economical instability. On the one hand armed groups are fighting the government, and on the other hand people are rising against themselves, trying to survive hunger and starvation. In both cases, many people have lost their lives, while others through torture, physical abuse, injuries, accidents, rape, mining, have become physically and mentally disabled. Hence, in 2001 Oxfam's observation about the consequences of the continuous militias war against the government, and especially with the needs of the broken and wounded people, Oxfam describes the DRC as 'a forgotten emergency' in the sight of the international community, and thus 'Africa's first world war'. In spite of all its mineral wealth, the DRC is counted among the poorest countries on the planet, being ranked 167 out of 177 countries. *Fact:* In the DRC, as in other African countries affected by war and poverty, about 80 to 90% of disabled people are unemployed due to social and cultural discrimination. The majority of disabled people are considered to be unproductive and useless, and they are excluded from the national workforce for being wrongly accused to be under curse, yet bearing its consequences. They are therefore not considered as potential members of the workforce in the community and are paying the price in every area, including in the workplace. This being the case for all disabled people, it is suggested that for women, the situation is worse. Women in Congo account for more than half of the country's population — some 52% — and make a considerable contribution to the country's economy. Unfortunately, their activities are limited to subsistence farming, they receive no welfare, and are not entitled to bank credit. Those who manage to enter the labour market through education still face discrimination with regard to the recruitment and promotion process and do not receive decent wages as they are mainly conceived as rebel housewives. To emphasise the African women disability issue, in Congo, to be a woman with a disability is to have a double curse. One has to look at the assumption that asserts that in most of developed countries the official unemployment rate for persons with disabilities of working age is at least twice that for those who have no disability. The African situation for women is worse and needs a special attention. They have currently nobody to advocate for their cause, and have thus been abandoned to their own fate. They are largely unaware of their rights and generally do not appear before courts for fear of repudiation, divorce or sorcery. *Recommendations:* Following are some strategies to consider in order facilitating inclusive practices in employment for disabled people.

- International pressure be put on the Congolese government as a 2002 Antipersonnel Landmine treaty signatory for more effort to assist the victims of the antipersonnel landmine and facilitate their social and economical reintegration.
- Fair cooperation between government bodies, unions and employers for a more inclusive employment policy.
- Implementation of the insurance policy in Congo to secure employers and encourage them in recruiting people with disabilities.
- Financial support to the few existing NGOs specialised in training and helping disabled people to return to work by promoting professional training courses and management for young adult with disabilities, to assure their social integration in the active societies.
- Mass media education and motivational campaign on disability focusing on community awareness about disabled people, their families, their communities and addressing the difficulties they are facing and simple measures of self-care and rehabilitation.
- Rehabilitation of the health system: adequate medical centres in rural regions are needed for early identification of disability (There are only 2056 doctors in the DRC for a population of nearly 62 million, in which women and children are the most affected by physical disability).

### The Most Important Criteria for Successful Reintegration

Willi Morger

Swiss National Accident Insurance Fund (Suva), Switzerland

Results will be presented of the New Case Management program of Suva, Switzerland's most important accident insurer. The high satisfaction among accident victims and the remarkable reduction of costs by more than one-third. As a result of the conference of the European Forum of Accident Insurers in Lucerne in June 2007 about 'the European Ways Back to Work' the five basic principles for a successful 'back-to-work-strategy' will be presented:

- principle of confidence
- principle of speedy action
- principle of subtle organisation of the rehabilitation process
- principle of a multidisciplinary approach
- principle of proactive investment.

The original role of an insurer was to pay out monetary benefits for compensation based on past events. Rehabilitation points the way into the future and is the ultimate contribution that personal insurers can offer.

### 'Can you really handle it?'

Maria-Elisabeth Hagel

48132 Munster, Germany

As a result of a severe accident I got to know what it implies to suddenly lose my own habitual life. This rather dramatic turn of events changes everything in the life of a human being. Working conditions and employment opportunities are modified, as is one's relationship with partner and family members. In this extremely difficult situation every employee requires the help of a professional disability manager for a successful pooling of interests. Stereotypical statements do not help to clarify the

social dilemmas. It is important to give the handicapped employee the feeling that other human beings have belief in his/her own abilities. This should be the first principle of the social welfare economy. The introduction of a return-to-work process prevents a loss of welfare. The maxim 'Nehmen laedere' [do not damage or hurt anyone] will become increasingly important in the future.

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## B1: Production

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### The Professional Life of a Disability Manager at Ford of Europe: Insights into Strategic Work and Daily Business

Petra Zink

Manufacturing Ford of Europe, Ford Werke GmbH, Disability Management, Cologne, Germany

Traditional and old-fashioned health management systems have to be completely redesigned, because nothing is less productive than making more efficient what is waste at all. Employability and improvement of employee attendance in a highly competitive and rapidly changing business environment is one of the biggest challenges in the upcoming future. The most efficient tool to deal with it is to implement an integral & sustainable cross-functional team approach concept. Thereby employees with medical problems and downgrading of physical or mental performance will be reintegrated into value-adding jobs. The breakthrough mindset initiating a paradigm shift is to point out abilities instead of medical restrictions that have an associated negative perspective. To be successful it is mandatory to have an early prevention system focusing on employees' abilities matched with workplace requirements.

### Developing an Approach to Accommodation and Integration in a High Technology Industry

Nancy Gowan

Gowan Health Consultants, Health and Disability Management, Wallacetown, Canada

Global high technology companies must compete for talented and skilled employees. With an average growth need of 1,500 employees per year globally, the challenge was set to meet the skill base need and ensure retention of talented and skilled employees. This lecture will outline the process and models used to develop a comprehensive accommodation program for a global high technology company. The company of 7000 employees has been able to recruit and retain individuals with varying abilities and disabilities through creative and collaborative efforts in the organisation. This lecture will share the innovative strategies and models used to ensure an inclusive workplace. As well, the organisation has developed a competitive and recognised approach to wellness, health and safety and work-life balance. This program will focus on how any organisation can use the comprehensive models and practices to develop a leading edge approach to all of these areas to ensure a competitive advantage in the marketplace. This lecture will share the innovative strategies and models used to ensure an inclusive workplace. As well the organization has developed a competitive and recognized approach to wellness, health and safety and work life balance. This program will focus on how any organization can use the comprehensive models and practices to develop a leading edge approach to all of these areas to ensure a competitive advantage in the marketplace.

### Reha/Case Management Support Out of the Specialist Clinic Enzensberg in the Return-to-Work Management of Medium-Sized Engineering Companies

Gisela Riedl

Fachärztin für Arbeitsmedizin u. CDMP, Dipl. soz. päd./ Soz. arb.

Joachim Maier

(CDMP), Dipl. Sozialwirtin Kathrin Schlechter, Fachklinik Enzensberg, Bereich Reha/Case Management Support, Hopfen am See, Germany

*Results of the recent study of a survey of the regional engineering industry:* Companies have an increasing need for return-to-work (RTW) programs because of socio-demographic trends and increasing competitive pressure. At present companies are creating programs and structures for RTW management. Companies are interested in cooperating with experienced external providers of suitable services. Based on a project with the AUDI AG in linking medical and vocational rehabilitation, the specialist clinic Enzensberg has wide-ranging experience in supporting the rehab management of (insurance) companies in cases of complicated disease or injury course. This work falls within the competence of the department 'Reha/Case Management Support' with the incorporated 'Driving Ability Center Allgäu' and experience in RTW programs at the clinic. The clinic supports interested companies with service offers (seminars and elaboration of programs) in establishing RTW management, evaluating the functional capacity of workers (including IWS = Isernhagen Work Systems), cooperating with company doctors concerning the work space of affected workers, and providing information about social legislation and (financial) support for the company.

### Disability Metrics – The Importance of Measuring and Monitoring

Tony Middlebrook

Executive Director, NSW Claims, Employers Mutual Ltd., Sydney, Australia

Liz Scott

Principal, Organizational Solutions Inc, Burlington, Ontario, Canada

*Thesis:* This session will cover the topic of the importance and value of standardised disability management metrics. It will examine the current metrics that exist in the disability management field and their usefulness as tools to evaluate the program and benchmark the program against others. Metrics will be reviewed from the perspective of quantitative and qualitative. The quantitative aspects will focus on the financial and data aspects of measurement and the qualitative will focus on the core program elements of an effective disability management program. Real-life examples including data and case studies will be used to demonstrate the applicability of these tools. *Solutions:* This topic is very relevant to the field of disability management. Companies allocate significant portions of operational expenses to hiring, training, and retaining human resources, which are required to achieve business objectives. Companies spend billions on illness and injury each year. It is clear that companies need to carefully address how disability management efforts are linked to the bottom line and with creating and implementing a healthy and productive workplace. Disability management is intended to achieve certain objectives, the accurate measurement of these outcomes is essential to ensure the achievement of business objectives.

### Operational Aftercare, an Effective Internal Re-entry Management for Chronically Ill Collaborators in the Automobile Industry Under Specific Examination of Cost-Benefit Aspects

Corinna Welser and Hans Steiner

Universität Karlsruhe, Institut für Sport und Sportwissenschaft, Germany

In relation to the demographic development and consequent to rise of chronically ill workforces in companies a special program for workplace health promotion was developed and implemented. This program aims to reduce the number of days of inability to work, increase the overall state of health, working ability and physical work capacity of employees. 157 chronically ill employees were given the opportunity to participate in a 12-week program. Within the scope of this study the days of inability to work and hence the cost-benefit analysis, indices about overall state of health, work ability and health variables as endurance, power or movement were evaluated. Based on this information the intervention effect was analysed.

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### B2: Service for Small and Medium-Sized Enterprises

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#### Gatekeeper Centers in the Netherlands: Self-Regulation by Employers Vs. Role of the State and Service Providers

Pim Piek and Wouter van Ginkel

TNO — Quality of Life, TNO — Work and Employment, Hoofddorp, The Netherlands

In the Netherlands the so-called *Gatekeeper Act* regulates that the employer has to continue paying the salary of the employee during the first 2 years of sickness absence or (temporary) disability. During this 2 years the employer and the employee must cooperate in the return-to-work process of the employee. For both the employer and the employee incentives were created by means of legal measures to 'enforce' the cooperation of both parties. If there are no possibilities for the employee to return to work at his own employer, they are obliged to help find a place to work with another employer. Service providers are entitled to support this return-to-(other) work process. As a result of this act the call upon the disability benefit system dropped enormously. However, return-to-work is not always successful, especially for the real severe cases, when no suitable work seems to be available. In these cases it is experienced that calling in professional service providers was of no use and just a waste of money and time. After 2 years of working on return-to-work without success, the situation can change dramatically. The employee can be fired with little or no chance finding other work and even without rights in the disability benefit system. Of course, this situation was very unsatisfactory. Many employers were also unsatisfied about the effectiveness of professional service providers and disappointed in the support and information by the state institutions. In several regions in the Netherlands employers started working together in exchanging people that were not able to return to their own work. They established so called gatekeeper centres that succeed where the professional service providers failed: finding new suitable jobs within a regional network of colleagues and employers. Though still in an experimental stage and further developing, the gatekeeper centres are successful and employers' network in other regions are willing to copy this successful approach. The gatekeeper centers are a very interesting form of self-regulation, especially (but certainly not exclusively) for small and medium



enterprises. Moreover, in the longer term it is not just of interest for return-to-work of disabled workers but it also has great possibilities to enhance proactive mobility on the labour market. The Dutch government is enthusiastic about the gatekeeper centres and the initiative of the employers. They are not expected to regulate this private organisation, but rather have decided to stimulate the establishment of about 28 centres over the Netherlands. The Minister has asked the Dutch Employers Forum on Health Management to provide services with financial support to help new regional gatekeeper networks to get started. The goal is to establish a fully self-supporting network of gatekeeper centers. In an open space session after the presentation we will discuss the possibilities, possible barriers and hopefully similar initiatives with the participants of the conference.

### **Occupational Health ([www.gesundearbeit.net](http://www.gesundearbeit.net)) – Service Points Throughout Germany to Improve Employability in Small Companies**

Harald Kaiser

iqpr, Munchen, Germany

*The project:* The purpose of the current research project is to promote, ensure and improve the ability to work, especially for small and medium-sized enterprises. As an approach to the project 'Gesunde Arbeit' the installation of six network centres (Segeberg, Dresden, Cologne, Munich, Munster, Nuremberg) is considered across the entire federal republic. These centres constitute the above mentioned point of contact for mainly small and medium-sized enterprises for all issues relating to the topic 'Arbeit und Gesundheit' ['Work and Health']. Following enquiries, these centres offer direct help by giving advice or by consulting a suitable partner in order to help resolve a problem. This also includes all activities from the field of disability management, return to work and return-to-work coordination. Partners from all the health services are the basis of a service network that is set up and expanded and operates in a quick and customer-oriented way while assuring quality. The network centre therefore acts in most cases as a pilot for enterprises. In order for such a centre to operate well, the active cooperation and acceptance by all social insurance agencies, social partners, associations and many more institutions and intermediaries is essential. Existing cooperative ventures, which practical experience has shown to be effective, should not be changed; the service is primarily aimed at enterprises that have not been involved so far, that wish to get support and that are aware of their social responsibility — and not simply because a law requires them to do so. It is important for long-term success to make sure at an early stage that these networks and services are implemented sustainably. The sustained funding of these centres and the maintenance of the networks are tasks to be performed in all regions. With the help of a systemic approach a need-oriented cooperation between many partners — including the legally responsible institutions — has to be ensured with the goal of supporting SMEs. The dialogue between agencies of prevention and rehabilitation, network centres of Gesunde Arbeit, and experts in the networks and enterprises plays a decisive role. Need-oriented, solution-oriented and customer-oriented — entrepreneurs determine the need for and key aspects of services. Among other things, this will yield implementation models by network centres of Gesunde Arbeit, catalogues of benefits of the network centres and networks, cost benefit-augmentations for social insurance agencies, benefit providers and enterprises, quality standards for network centres and service providers as well as regional financing models. Gesunde Arbeit will make an important contribution to a sustained improvement of employability with regard to the practical field of

operation. The project activities in the term from October 1, 2007 to September 31, 2009 are financed by funds of the equalisation levy and the Initiative Neue Qualität der Arbeit (inqa). On the homepage [www.gesunde-arbeit.net](http://www.gesunde-arbeit.net) you will find further information about the approach to the project, about the regions and the regions' offers.

### **Work Integration Management: BGM's Offer of Service for Small and Medium-Sized Enterprises**

Evelyn Jurs

Berufsgenossenschaft Metall Nord Sud, Bezirksverwaltung Hamburg, Germany

The introduction of section 84 (2) of the German Code of Social Law [Sozialgesetzbuch] (SGB) Book IX signifies a great challenge for small and medium sized enterprises. BGM advises on the work integration management and supports its member companies specifically during the implementation. In this, its disability managers are ideal contact persons for the enterprises. With their special knowledge and skills they answer the question of the measures necessary for keeping the employment at an early stage. As coordinator, BGM institutes all necessary measures for the medical and professional rehabilitation and coordinates these closely with all parties involved in the process. For the motor vehicle industry, among other things a network consisting of employees of BGM, IKK Nord and the Deutsche Rentenversicherung (German Pension Fund) were founded. The goal is the initiation and support of company health promotion and management processes for main topics of the motor vehicle industry in Schleswig-Holstein for operations of up to 20 employees.

### **The Irish Workplace Safety Code and Disability Management**

Frank Cunneen

Irish Workplace Safety Initiative (WSI), Dublin 2, Ireland

First, it is unique in having been developed, managed and funded totally by the Irish Social Partners — employers and employees. The member organisations are: The Irish Business and Employers Confederation (IBEC) the main (general) employers organisation, the Construction Industry Federation (CIF) the building industry employers, the Irish Congress of Trade Unions (ICTU) and the Insurance Industry Federation (IIF) representing the insurance industry. The Code is also endorsed and supported by these Government Departments and Agencies: Department of Enterprise, Trade and Employment (DETE), the Health & Safety Authority of Ireland (HSA), the Irish Training Authority (FAS) and the Personal Injuries Assessment Board (PIAB) — the State organisation concerned with injury compensation. Second, it is unique that it includes in an integrated way, all aspects and stages in occupational injury from

- prevention of accidents if at all possible
- intervention as soon as possible to help the injured person towards recovery
- retention of the injured worker in the workplace.

Risk assessment recommendations and a detailed guide on helping the injured worker back to the workplace are also a feature of the Code. Details from [www.wsi.ie](http://www.wsi.ie)

### **B3: Disability Management in the Service Sector**

#### **In-Company Integration at Deutsche Bahn AG: Qualified Support Right From the Start**

Nicola Stein-Gresitza

Deutsche Bahn AG, DB JobService GmbH, Soziale Grundsätze/  
Eingliederungsmanagement, Berlin, Germany

*Situation:* The involvement of independent integration managers at an early stage improves the integration of staff in the company. *Solution:* Certified disability managers support the integration of staff with a changed level of performance in the many establishments of Deutsche Bahn. They are based all over Germany under uniform management and support the regional establishments of the Group. If a new employment opportunity for an employee has to be found for reasons of health, the integration manager will assist him/her from the very start. He/she will coordinate the integration team consisting of executive manager, HR specialist, representation of interests, and company medical officer and will include further partners, as and when required. In-company integration management is the first phase of a multi-stage integration procedure. If it is not possible to create an employment opportunity in the employee's present organisation, the next step will be to seek employment on a group-wide basis.

#### **The Changing Role of Employment Guidance Services for People With Disabilities**

Donal McAnaney and Richard Wynne

Work Research Centre, Dublin, Ireland Rob Anderson, European Foundation  
for the Improvement Living and Working Conditions, Dublin, Ireland

The number of people on long-term disability benefits in Europe is rising and this group is particularly at risk of social exclusion. Although many of these people would like to return to work, very few actually do so. Though there are many contributory factors to this situation, a major set of causes relates to the nature of the services available to both the individual and the employer. In practice, these services can be ill-focused, too generic, not integrated and focused mostly on the individual with few services available for the employer. A recent study of employment guidance services in 16 EU countries points to many new examples of the integration of services, a refocusing on the specific needs of the individual and the provision of services for employers. These innovations point to the future in terms of strengthening the links between stakeholders, fine-tuning the responsiveness of services and improving the success of return-to-work programs.

#### **Blind People Can Do Anything, But Not in My Company: Employer Attitudes Towards Employing Blind and Vision Impaired People**

Chris Inglis

Divisional Manager, Royal New Zealand Foundation of the Blind, Auckland,  
New Zealand

International research on employer attitudes toward employing disabled people has failed to examine in depth why some disability types are less favoured as employees. However, some generic disability research has indicated that blind and vision impaired people are in the less favoured groups of people employers are willing to hire. Research has not addressed why this is the case. This paper describes the methodology, and

results of a study undertaken firstly, to see whether (in New Zealand) blind and vision impaired people were less favoured in comparison with other disability groups as potential employees and secondly, to determine employer attitudes and perceptions towards employing blind people and how or why these attitudes influence employers in overlooking the blind and vision impaired when employing staff. One hundred and two employers (from sample of 200) participated in a telephone survey and of those, six were interviewed again in an in-depth face-to-face interview. First, employers were surveyed using the Employer Hiring Practices and Perceptions Survey (EHPPS, Gilbride, Stensrud, Ehlers, Evans & Peterson, 2000) to measure which disability groups were perceived to be more employable than others. Second, the Attitudes Towards Blind Persons scale (ATBP) was used to measure attitudes towards blind people in employment, a modified instrument combining aspects of the Attitudes Towards Disabled and Attitudes to Blindness scales (cited in Antonak and Livneh, 1998). The results of the research were congruent with earlier findings (Gilbride et al., 2000) showing that, of all disability groups, blindness and persons with moderate or severe intellectual handicap were perceived as hardest to employ. Second, and surprisingly, the attitudes of employers towards blind and vision impaired people were generally positive. This paradoxical result of 'blind people are great workers and can do nearly anything but not this job at my workplace' is discussed in this paper. The research also found employers had three main concerns regarding employing blind people; safety on the job, productivity concerns and the costs associated with workplace adaptations. The study highlighted particular jobs that employers felt blind people could not undertake. These included machinery operators and labourers. This is in contrast to many other possible occupations, especially clerical and professional occupations. When variables (age, gender, education level or whether individuals had previous contact with people with disabilities) were considered as possible influences on attitudes or hiring decisions, there was little that 55 could be linked to attitudes. This is different from previous studies which identified that, of all the variables, previous contact with people with disabilities directly influences attitudes positively. The paper concludes by considering the study's implications concerning the personal attitudes of employers, barriers to employing blind and vision impaired people and how potential hiring practices (employers' potential behaviour) can be changed to match employers' apparent positive attitudes towards blind and vision impaired people. Several recommendations are made, including work experience programs, the need for education programmes in schools, media campaigns and cultivating positive media relationships, workplace training and education, employer mentoring programmes, the development of appropriate government policies and strategies.

#### **Disability Management in Swiss Companies**

Thomas Geisen

Hochschule für Soziale Arbeit der Fachhochschule Nordwestschweiz, Institut  
Integration und Partizipation, Olten, Switzerland

Companies can reduce the rate of absenteeism amongst staff and improve the quota of re-integration significantly by implementing disability management. Adopting a top-down structure and commitment by company management are core issues for its successful implementation. Economic factors such as profitability and productivity as well as an organisation's corporate culture are seen as important reasons for companies to introduce disability management. The implementation of disability management is not formulaic and company-specific solutions are preferable. It is necessary for different company stakeholders

to participate in order to achieve the successful development, implementation and execution of disability management. In Swiss companies, employees are rarely involved in such processes at any stage, which is an indication that there is much room to improve the way in which disability management is dealt with.

### **Supervisory Qualities During Employees' Long-Term Sick Leave. A Norwegian Case-study in 19 Companies**

Randi W Aas, Kjersti L Ellingsen, Preben Lindøe and Anders Moller

International Research Institute of Stavanger, IRIS, Dep. Work, Health and Welfare, Stavanger, Norway

*Introduction:* Supervisors have a core role to play in facilitating the safe and effective return to work (RTW) of employees on long-term sick leave. Previous studies have revealed that the risk of long-term sick leave increases with lower social support from the supervisor and lower management quality. The aim of this study was to elucidate leadership qualities that are valued in the RTW process of employees. *Methods:* The study formed part of the Rogaland RTW study, and was designed as a qualitative case study that included interviews with subordinates ( $n = 30$ ) on long-term sick leave ( $> 8$  weeks) and their supervisors ( $n = 28$ ) from 19 companies. The informants represented a heterogeneous sample regarding diagnoses, types of occupations, positions, company sector, branches, and sizes. Qualitative and quantitative content analysis of the transcripts obtained during interviews identified leadership qualities. *Results:* Three-hundred-and-forty-five descriptions of leadership qualities were identified, which were categorized into 78 distinct leadership qualities and 7 leadership types. The five most valued leadership qualities were 'ability to make contact', 'being considerate', 'being understanding', 'being empathic', and 'being appreciative'. The three most valued leadership types were the Protector, Problem-Solver, and Contact-Maker. While the subordinates gave more descriptions to the Encourager, Recognizer and Protector types, the supervisors described the Responsibility-Maker and Problem-Solver most often. The most often reported combination of types was the Protector and Problem-Solver, reported by 54% of the informants, while the most common three-types-combination was the Protector, Problem-Solver & Contact-Maker reported by 37% of the informants. *Conclusions:* This study revealed that there is a wide spectrum of valued leadership qualities, with those reported as being valuable differing between employees and supervisors.

### **Obtaining and Sustaining Result Through Effective Disability Management**

Tony Middlebrook

Employers Mutual Ltd., Australia, Liz R. Scott PhD, Organizational Solutions Inc., Burlington, Ontario, Canada

Disability management programs need to be designed to achieve sustainable results. The current research in the field provides guidance that contributes to the theoretical development of programs. This session will examine how to translate that theory into knowledge. Using experience gained through years of participation in the field the speakers will relay the proven practical techniques that make disability management programs a success in actual workplaces. Specific practical case studies will be used to demonstrate how disability management can produce successful results. Companies want to know what works and that it has been proven to reduce the human and financial results on a sustainable basis in workplaces like their own. Companies spend billions on illness and injury each year.

It is clear that companies need to carefully address how disability management efforts are implemented in a cost effective manner and help sustain a healthy and productive workplace.

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## **B4: Public Sector**

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### **Developing Disability Management for Employees Experiencing Occupational Stress in an Australian Public Service Organisation**

Christine Randall, Nicholas Buys and Elizabeth Kendall  
Griffith University, School of Human Services,  
Research Centre for Clinical & Community Practice Innovation, Australia

Employers have used occupational rehabilitation with variable success in reducing the costs of injury. Disability management is internationally accepted as an effective model of rehabilitation. However, there is a lack of evidence about its implementation in Australian organisations. To promote disability management in a sustainable way, changes must be negotiated and accepted by consensus among members of that organisation. In line with this principle, Participatory Action Research (PAR) is used to facilitate the organisation to develop its own solutions, actively involving members of the organisation in the development and implementation of an occupational rehabilitation system. This presentation outlines the process of developing an effective disability management system for people experiencing occupational stress in a large Australian public service organisation using the PAR approach. The results of this implementation process are outlined, including the role of PAR in facilitating this change.

### **Employee Integration Management (BEM) at the University Hospital of Cologne**

Irmgard Henseler-Plum

Universitätsklinik Köln, Geschäftsbereich Personal und Recht, Betriebliches Eingliederungsmanagement BEM, Germany

A permanent group concerned with implementation of the BEM system at the University Hospital of Cologne was established in late 2005. The Integration Team is composed of representatives from the Human Resources Department and works councils, the disabled employees' representative, the equal opportunity officer, corporate social counsellors and the members of the corporate medical service. The Board of Directors allocated a budget for the implementation of BEM. A special coordination office was set up in 2007. The coordinator (a nurse with a degree in social work) earned certification as a disability manager (CDMP). The Integration Team continues to support the work of the coordinator and team meetings are held at regular intervals. In response to strong demand, the BEM staff at the University Hospital of Cologne was strengthened through the addition of a half-time position effective 15 October 2007. The University Hospital of Cologne has 6,757 employees (as of 2007). BEM measures were carried out for 179 employees in 2007. According to current plans, all employees of the University Hospital of Cologne will be supported by the BEM system. 544 employees are eligible for BEM support. Implementation of the BEM system at the University Hospital of Cologne is expected to result in a reduction of this number. BEM represents an additional corporate benefit which will enhance job satisfaction among employees of the University Hospital of Cologne. The goal of the BEM system at the University Hospital of Cologne is prevention for everyone. Our motto is 'BEM — responsibility for our employees'.

### Disability Management Practices in the Ontario Long-Term Care Sector

C.A. Mustard,<sup>1,2</sup> I. Steenstra,<sup>1</sup> P. Smith,<sup>1,2</sup> B. Amick,<sup>1,4</sup> and C. Kalcevic<sup>1</sup>

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Disability management practices that support early and safe return-to-work involve the adoption of formal policies and procedures within workplaces to ensure the quality of disability management outcomes. In the province of Ontario, there are approximately 60,000 health care workers in 700 licensed facilities providing long-term residential care to approximately 75,000 elderly residents. Workers in this sector are exposed to high biomechanical demands arising from care-giving tasks. The annual rate of compensation claims in this sector is in the range of 9.0 per 100 full-time equivalent workers. Approximately one-half of these claims result in lost-work days. Over the period 2000–2006, many long-term care facilities have disability management practices that encourage modified work arrangements. In this presentation, we describe variation in disability management practices in the institutional long-term care sector in the Canadian province of Ontario, reporting information from a representative sample of 32 facilities for the two consecutive years 2005 and 2006. A total of 28,747 days of disability attributed to work-related conditions were experienced by 3,271 full-time equivalent staff in 2005 (28,034 days in 2006). Average total disability days were 992 per 100 full-time equivalent staff in 2005 and 889 per 100 full-time equivalent staff in 2006. Disability compensation expenditures, measured as wage replacement benefits received by disabled workers, were estimated to be \$72,332 per 100 full-time equivalent staff in 2005 and \$64,619 per 100 full-time equivalent staff in 2006. On average, approximately 60% of all disability days were managed by modified duty arrangements and the proportion of total disability days managed by modified duty arrangements for each facility was moderately correlated between the two observation years. Across facilities, there was some evidence that modified duty was associated with a lower burden of disability. In both 2005 and 2006, the mean compensation claim rate for each facility was correlated with disability compensation expenditures per 100 full-time equivalent staff. In this sample, there was no evidence that modified duty arrangements were associated with lower disability compensation expenditures.

### School to Work Transition in South Australia — an early intervention approach

Craig Harrison

Barkuma Incorporated, Adelaide, Australia

In Australia, people with disabilities have lower participation rates in education, training and employment. School leavers with disabilities are at increased risk of being unemployed and developing on-going attachment to the Welfare system. The lack of educational and training opportunities is directly related to poor employment outcomes and lower quality of life for people with disabilities. Communities also are disadvantaged as a result of the reduced capacity for people with a disability to contribute to the economic and social life of their communities. A Case Management approach to the coordination of transition pathways, clarity around the roles of service providers within these pathways and collaborative approaches to transition planning and delivery are critical elements for the successful transition of school leavers. A coordinated Disability Transition

Program has been established across the South Australian capitol city, Adelaide, that provides:

- individualised case management and support for students and their parents provided by coordinators who are experienced in disability and labour market issues and processes
- access to employment preparation training and career guidance, particularly confidence-building and motivational aspects
- access to industry-specific vocational training and structured work placements with individualised support as required;
- linkage to Disability Employment Agencies or Business Service agencies to provide job seeking assistance and ongoing employment support.

Coordination of the initiative rests with a specialist disability employment agency. This approach has ensured a focus upon achieving employment outcomes remains central to the initiative rather than upon the processes of the individual stakeholders.

### Motivation to Rehabilitate Public Service Employees – Crucial for the Success of Disability Management

Regina Knöpfel

Verw.-Betriebswirtin (VWA), Knöpfel Life Consulting AG, Uitikon Waldegg, Switzerland

There are different cases which can lead to a short-, mid- or long-term employment drop-out for health reasons. In the public service, the situation is often exacerbated by both comfortable financial provisions in case of illness and lacking adequate occupational alternatives. Depending upon disease pattern or consequences of an accident, remaining physical or mental resources are usually soon clarified. However, decisive for a successful vocational reintegration is also the level of motivation of the person concerned allowing for his or her overall situation. On the basis of prediction factors you will be shown how to judge a person's overall state of motivation applying straightforward tools and instruments. Moreover, you will be introduced to operational guidance geared towards public service disability management.

### A Risk Management Strategy for Improved Management of Psychological Injury

Susan M. Yates

Suncorp Risk Services, Sydney, Australia

As a result of escalating claim numbers and costs for psychological injuries claims within the New South Wales (NSW) public sector, the NSW Treasury Managed Fund gave approval to Suncorp Risk Services to undertake further research into the causes and remedies for stress claims. The TMF Stress Strategy: A Risk Management Strategy for Improved Management of Psychological Injury is the result of extensive research, review and piloting of initiatives to improve:

- the identification and proactive management of organisational drivers to psychological injuries
- claim management and post incident management or return to work of psychological injury claimants.

Information underpinning the Strategy included:

- the analysis of 100 claims to identify key causal factors of psychological injury claims
- review of employer-managed return-to-work processes to identify internal and external barriers to return to work.



- development of a survey tool to assist agencies to evaluate the effectiveness of their rehabilitation programs for employees with psychological injury.
- piloting of a Psychological Injury Mediation Model for claims where workplace conflict is an identified contributing factor.

The Strategy recommendations culminated in the release of 'LeadingWell' to promote a response to psychological injury that focuses on the effective management of human resources issues. The LeadingWell Psychological Injury Strategy was developed jointly with the Public Sector OHS & IM branch of WorkCover NSW and is sponsored by the Department of Premier and Cabinet. The aim of LeadingWell is to provide guidance to public sector agencies to make improvements in leadership performance and promote:

- proactive management of the organisational factors that can give rise to psychological injuries
- post-incident counselling
- claims management
- return to work.

The LeadingWell strategy is supported by an Action Plan that outlines strategic and operational activities to be undertaken by stakeholders.

### Prevention Continuum in Ontario

Bill Blackborow

Municipal Health & Safety Association of Ontario, Mississauga ONT, Canada

Among the three pillars of the prevention system in Ontario are the Workplace Safety and Insurance Board (WSIB), the Ministry of Labour and the Health and Safety Association. As a contributing prevention system partner in the WSIB's Road to Zero: Prevention Strategy for Workplace Health and Safety in Ontario — 2008–2012 the Municipal Health and Safety Association (MHSA) is incorporated as a Designated Safe Workplace Association, operating under and funded through the Prevention Division of the WSIB. Our offices are located throughout Ontario, and our mandate is to provide services and training programs to Schedule 1 and 2 municipal and allied government agencies employers and their more than 250,000 employees, including First Nations Lands, Conservation Authorities, Housing Authorities, Police, Fire and Paramedics in the province of Ontario. As the prevention continuum continues to evolve in Ontario, MHSA has aligned itself in initial stages, including but not limited to:

- *Primary Prevention Activities*, a process whereby it has been identified that an employer wants to ensure they have a healthy and safe workplace. The HSA is the primary contact during this phase of the continuum, as it is related to their primary area of expertise — primary prevention.
- *Workplace Development Activities*. The employer, management, employees and labour (if appropriate), need to establish the following in order to ensure their health and safety workplace environment: Engagement strategy, Education, Compliance, Creating a safety climate/culture, Inspection, Hazard removal, Joint Occupational Health and Safety Committee, RTW Committee.

The HSA is the primary contact during this phase of the continuum, as it is related to their primary area of expertise — primary prevention. However, during this phase they will act as the knowledge broker to ensure the employer receives all tools necessary to develop the appropriate programs. *Continuing along the Prevention Continuum:*

- *Responding to Injury Activities*: The employer will conduct an accident/incident investigation, as per the training received from the HSA. During this phase of the continuum, WSIB staff are the primary contact as it relates to post accident and claims management activities — secondary prevention.
- *Return to Work Activities*: During this phase, the employer will be able to demonstrate their commitment to their employees' health and wellness as it is an important intersect between the prevention principles and practice, disability prevention and then return to work. The WSIB is the primary contact during this phase as the injured worker is moving through the claims management process.

### Law on the Regulation Concerning Military Servicemen Staying in Service After Accidents on Deployment

Michael Saalfeld

Ministerialrat, Personnel, Social Services and Central Affairs Directorate, Federal Ministry of Defense, Germany

Bundeswehr missions abroad or those of other Federal Ministries (e.g., the German Federal Agency for Technical Relief) entail particular dangers to the personnel. Therefore, the lawgivers have — for the last time in 2004 — considerably improved the treatment and care of severe impairments to health suffered during such missions. Nevertheless, the persons concerned in many cases do not wish to retire from work completely, however, their chances on the job market would be limited because of their health impairments. This can be remedied by the Law Concerning Servicemen Staying in Service after Accidents on Deployment. In accordance with this law, military personnel who are injured during special missions abroad and have completed a phase of medical rehabilitation and, if necessary, a phase of professional qualification are entitled to stay in service as career soldiers or civil servants or employees of the Federal Government if their earning capacity is reduced by at least 50% due to the accident and they have successfully passed a probationary period of 6 months. There is a similar entitlement for civil servants and employees.

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### B5: Disability Management and Cancer

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#### Beyond the Disease: The Health, Productivity and Employability of Cancer Survivors, a Quality of Work Life Study

Kristin Tugman

Unum, Portland, United States of America

This presentation illustrates the impact of treatment and survivorship on the health, productivity and employability of the cancer survivor. The program focuses on the work outcomes of individuals with either breast, prostate or colorectal cancer. Focus was to determine the key clinical, financial, vocational and emotional milestones from cancer diagnosis through a resumption of work; determine the internal and external factors that influence lost time during cancer treatment and a successful resumption of work following cancer treatment; demonstrate the effective application of a disease/disability management product and services that promote the health, productivity and employability of the cancer survivor. *Expected outcomes*: Improve the understanding by clinical and vocational specialists, disability benefit specialists, healthcare providers and employers of the cancer survivors': (1) employment options, (2) family dynamics,

(3) work motivation and (4) work disruptions due to the cancer treatment; profile the high-risk factors leading to excessive lost time, reduced employment opportunities and the cost of cancer care for survivors; illustrate a program model that enhances productivity and employment strategies in connection with a supportive benefit design, claims, disability/disease management process and a measurable return on investment. The data analysis included the following – All Unum US LTD and STD cancer claims (2001–2005) (est. 17,000 STD claims–8,000 LTD claims) in the target groups were analyzed in relation to return to work (RTW) success (dependent variable) cross-tabulated with a menu of independent variables (e.g., claim duration/cost, age, gender, etc.) and tested for statistical significance. A logistic regression analysis was completed to determine the relative influence a particular variable had on return to work outcomes. *Outcomes indicated:* cancer claims incidence is growing; cancer survivorship is increasing, cancer survivorship has well-defined costs that may be mitigated. Timely return to productivity may be one of the most critical strategies. There are clear patterns of factors leading to RTW success. The ‘constellation of RTW predictors’ can be incorporated into a series of applied services and products that would appear to protect the productivity and mitigate the impact of the disease of the cancer survivor. Chemo-brain and cancer-related fatigue were defined to be key productivity barriers. Development of corporate strategies to accommodate key productivity barriers are illustrated, along with benefit products or employee benefit packages that can mitigate the reported economic gap experienced by the growing number of cancer survivors. Preparation of disability management professionals and human resource managers to support safe and timely RTW for individuals going through or following cancer treatment in collaboration with disease management partners and healthcare providers.

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## **B6: Role and Offers of the Social Security Institutions Relating to DM – Using Germany as a Model**

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### **German Social Security and Disability Management**

Erika Huxhold

Ministry of Labour and Social Affairs, Berlin, Germany

In Germany the welfare state principle is one of the defining elements of the constitutional order, next to the rule of law, federalism and the democratic system. Social security is the major expression of such welfare state principle. Social security aims at covering risks such as sickness, long-term care, unemployment, work accidents and old age and at minimising negative social impacts deriving therefrom. The ‘five pillars’ of social security are pension insurance, health insurance, unemployment insurance, work accident insurance and long-term care insurance. The individual branches of social security are not state-run entities, but self-administered institutions that organise — under state supervision — the self-help of the solidary ‘risk-community’ of the persons covered by social security. Disability Management has been transformed into German statutory law as the obligation of employers to offer employees that have been absent from work for a certain period of time a Betriebliches Eingliederungsmanagement [re-integration management]. One of the major challenges regarding the successful implementation of such reintegration management consists of organising a cooperative process between the different branches of social security to identify the support that can be offered to the employees in each individual case.

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## **Plenary Session: Consensus Between Stakeholders – Confidence and Cooperation**

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### **Vocational Rehabilitation and Disability Management: A Common Task for Companies, Employees and Rehabilitation Providers**

Jurgen Wuttke

BDA Bundesvereinigung der Deutschen Arbeitgeberverbände, Haus der Deutschen Wirtschaft, Berlin, Germany

Participation and reintegration of disabled persons in working life is an important task for German employers. The figure of around 900.000 seriously disabled employees confirms the various activities and efforts made by employers in this area. To be disabled does not mean being less powerful or underperforming; on the contrary, when disabled employees are deployed at a suitable workplace and in the appropriate way, they are valuable staff members who are often more motivated and engaged than their nondisabled colleagues. At this stage, employers are strongly engaged in disability management. To maintain and enhance the employees’ health is in the companies’ own best interest. Therefore, it is a priority objective to avoid working accidents, to reduce occupational diseases and to avert work related sources of danger. Even if disability is caused later in professional life, it is in the company’s interest to keep the knowledge and personal experience of this employee. Configuring healthy and performance-enhancing working conditions can upgrade competitiveness and enhance the motivation of employees and quality standards of a company. German employers can look back on a successful tradition in implementing and promoting occupational health and safety measures. However, against the background of demographic development, more undertakings will attach importance to the subject of disability management. Major enterprises, with their varied experience in disability management, are well prepared to face these new challenges, rather than small- and medium-sized enterprises. As far as special features and questions of disability management are concerned, small- and medium-sized enterprises are often overstrained. As well as voluntary initiatives and cooperation with other companies they need advice and assistance from external service providers. Hence it is very important that these services are provided.

### **Special Challenges Concerning Implementation and Certification of Disability Management Processes at Ford**

Rainer Ludwig

Ford-Werke GmbH, Cologne, Germany

The biggest strategic challenge is to achieve target agreements between executive board and social partners and to set up conditional frameworks to gain a common understanding within the company. Traditional role patterns of different departments and functions have to be reconsidered with a view to optimized organizational structures, new approaches and improved communication processes by implementing cross-functional teams. The biggest challenge concerning case management is to overcome resistance of persons affected to participate and to create a sound and trustful atmosphere. To solve conflicts together as one team and to find consensus on each single case with a maximum benefit for employees and the company is the key to success.

## Relationship of Rights to Disability Management

Anne Hawker

Ministry of Social Development, New Zealand

March 3, 2008, saw the ratification of the UN Convention on the Rights of People with disabilities, a significant event for the Disability community. This change provides the disability community with a legal binding tool to ensure realisation of their dreams and aspirations. The principles inherent in the Convention are consistent with the aspirations in disability management:

- Equality of opportunity
- Accessibility
- Equality between men and women
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

The challenge that we have is to examine the impact if any on disability management. In the changing environment does the term 'disability management' do justice to the concepts inherent within it? Or is it a case of a rose by any other name? Does a rights approach change any of the relationships especially in terms of power relationships in the rehabilitation process? The concepts have evolved over time and had a significant leadership role in shaping the development of effective communication and creating real partnerships in the workforce to create a win-win situation for all. The other area of challenge is the relevance of disability management to much of the disability community where work because of a range of societal and cultural reasons has not been an option. Yet the challenge of the introduction of the UN Convention is ensure that all people have the opportunity to open employment and once in employment the same opportunities Wednesday as everyone else. Again, it seems that many of the concepts inherent in disability management, such as effective communication, creating accommodation and enabling environments, and building effective partnerships, are relevant to people who have never entered the workforce. The challenge exists about how to integrate management and rights to enable many very disabilities to reach their full potential. This is an important challenge for us to take, not only for the present generation, but those young people who have had the opportunity to be an integral part of society through a mainstreamed education system. One of the opportunities that this brings with it is the ability to not only work on the supply side but also on the demand side of the equation by creating a disability-confident employment sector. There are opportunities to work with other existing organisations — such as the UK Disability Forum — to create a well- rounded and complete system approach to the realisation of employment aspirations of all people with disabilities, now and in the future. Employment is an important tool in allowing many people, especially in developing countries, to escape the poverty trap, and enable countries to realise their goals set in Millennium Goals for the alleviation of poverty.

## Return-To-Work-Strategies in the German Automotive Industry

Bernhard Grunewald

Chairman Association of Disability Councils within German Automotive Industry

Adam Opel

GmbH, Chairman Combined Disability Council, Russelsheim, Germany

Return-to-work programs and processes are part of a changing prevention-, health and integration-management within the

German Automotive Industry. Confronted with worldwide competition and market problems, all automotive companies look for successful ways to keep up high productivity and a low absence rate in spite of their ageing workforce, the decline of legal possibilities for an early retirement and the increase of legal retirement age. Sections 83 and 84 in the revised Social Code Book IX oblige companies and representatives to negotiate and sign agreements on prevention and integration management ('Betriebliches Eingliederungsmanagement'). This new legal instrument helps to develop a framework for preventing long-term disability. Disability management means a new kind of responsibility for a company, and all those involved. Playing a new and active role within our 'inside and outside' health system, we learn to implement and improve 'strength by networking' with all participants, including the employees. By means of the disability management processes we learn to deal with ageing workforce problems, take more care about prevention strategies and improve ergonomic labour conditions.

## Enterprises, Employees and Insurance Institutions are in the Same Boat

Ingo Nurnberger

Deutscher Gewerkschaftsbund — Bundesvorstand — Bereich Sozialpolitik, Berlin, Germany

We should not allow ourselves to follow daydreams. The conflict of interests, including the unequal distribution of power and freedom of scope which are and will remain a typical feature of industrial democracy — even of a hedged, socially controlled and shaped market economy that we have — do not bypass the question of whether working conditions are designed in a way commensurable with age and health and the importance that is attached to the reintegration of workers with a health handicap. There can be no doubt: I am convinced of the cost benefit of prevention and return-to-work processes even if the real situation on the production floor often is a completely different one. Companies do not think in terms of national economy, their main concern usually is to provide solutions to problems immediately and they often do not have either time and resources or the capability of really becoming active in this field. What does all this mean?

- We cannot and will not forego any statutory regulations which make it incumbent upon employers to undertake prevention and manage reintegration.
- We cannot waive either control or sanction. We do not have any major defects in legislation and we do not lack knowledge. We have a lack of implementation. And the implementation of a law is not made easier if the government capacity to monitor the application of safety and labour protection legislation is constantly being cut back.
- It is not sufficient for return-to-work processes or, in plain terms, corporate reintegration management, to apply short-term strategies. Return-to-work processes and corporate reintegration management require that employees should be integrated — with their knowledge of working conditions, health impairments and their own resources to cope with problems. This will work only if employers take trust in the processes related with this, and this — as a rule — is the case where reintegration management is made a part of the corporate culture.
- Large companies and groups can, if they are willing, initiate long-term processes and provide the required internal structures. SMEs, which provide the largest group of employers and many jobs in Germany, find this much more difficult or virtually impossible in some cases — even if they take great

interest in the health of their employees. They must rely on external advice to a large extent. The following also applies to small firms: Short-term activities based on the 'over and done with' type will not help. Small- and medium-size companies often also need care and assistance for a longer time.

- The social insurance agencies face great challenges. Yet I am convinced that a social insurance carriers should work harder to raise the awareness of companies about prevention and reintegration management, and make them aware of necessary and possible action and act as 'fingerposts', even though long-term assistance in this process and a 100% inclusion of all employers in the consultation process will not be possible. We need new way of providing advice, with forms that can initiate self-supporting processes. The companies and their partners need to contribute actively to this process, and organise learning and development processes at the company level and beyond, for example, in regional associations.

### **Making the Case for Accessibility: New Directions, New Possibilities**

Debra Ruh

TecAccess, Rockville VA, United States of America

Technology is accessible if it can be used just as effectively by people with disabilities as it can by those without. Many people are surprised to learn just how much of the world's population is affected by a disability, and how valuable accessible design is to government, private industry, and educational institutions. To understand the impact one has to look no further than the World Health Organization, which indicates that people with disabilities are the world's fastest growing minority group. With the world's population ageing and the likelihood of developing a disability or other mobility limitations increasing with age, the growth in the number of people with disabilities can be expected to rise dramatically. An inclusive and universal design approach to technology is critical to organisations wishing to serve the disabled population, and to tap into the many possibilities now made available through advancements in assistive technology. The purpose of this workshop is to review current and pending Worldwide Electronic and Information Technology (E&IT). Accessibility trends, regulation, standards and guidelines and understand their impact on the end user. The objective is to identify and analyse significant issues, risks and opportunities and to develop recommendations to assist E&IT decision makers in planning and positioning so that to take advantage of opportunities. This paper will provide a baseline for monitoring trends in each of these areas and a repository of legislation, regulation, standards, guidelines and best practices to guide E&IT researches in making decisions with regard to the accessibility of E&IT products, programs, services and information. *Keywords:* Accessibility, usability, assistive technology, best practices, guidelines.

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## **C1: Physicians**

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### **Nonmedical Approach to Disability Management and Return to Work**

Piotr S. Baranowski

ReSolutions Consulting, Disability Management Programs & Services, Halifax, Nova Scotia, Canada

The presentation briefly explores pros and cons of the traditional (medically-focused) protocol for addressing disability management and return to work issues then offers an alterna-

tive approach based on a broader analysis of an individual's life context. The three-dimensional screen, also described as the 'MVP Model', takes into consideration medical, vocational and personal aspects of individual circumstances leading to a health-related absence and perhaps a long-term disability claim. Using the 'iceberg phenomenon', the MVP Model proposes an effective strategy for analysing conscious and unconscious choices and decisions made by individuals when facing a disabling condition. The presentation reviews research data shedding light on a number of variables influencing the outcome of a medical intervention, including early intervention, self-conditioning for negative outcomes, the common myth of complete recovery, hurt versus harm, healthcare/treatment providers' bias, and so on. The issue of secondary gains is also discussed. When exploring job accommodation and return to work planning, the presentation favours a functional approach over a diagnosis driven one. The role of a healthcare provider is therefore described as partnership in a multidisciplinary team context, rather than as a leader or a sole authority, which used to be the case in more traditional structures.

### **The Role of Occupational Physicians in Rehabilitation and Return to Work**

Erich Knulle

Ford Werke GmbH Köln, Gesundheitsdienst, Cologne, Germany

Employability is a precious gift for employees, employers and the society. There is a fundamental task for all parties to detect early signs of impairments influencing productivity and to find individual solutions. The disability management process within Ford of Germany includes a very successful cooperation with rehabilitation clinics and the Deutsche Rentenversicherung. In the past 4 years Ford employees have had special training in such clinics, initiated by occupational physicians. The specific workplace requirements are therefore part of the process to implement the health conditions. Long-term medical leaves are shortened, the return-to-work time is speeded up and productivity ameliorated.

### **Occupational Physician: The Pivot in a Return-to-Work Process?**

Marthe Verjans (Prevent), Katrien Bruyninx (ACT-Desiron), and An Rommel (Prevent)

Prevent- Institute for Occupational Health Safety & ACT Desiron, Labour Consulting Team, Brussels, Belgium

In Belgium, the return to work process is complicated due to a complex legislative framework with a range of stimuli that are unknown and asking plenty of administrative steps and a lot of different actors who are/should be involved in the process. Employee and employer are both responsible for the reintegration process. However, they often lack the necessary knowledge and experience to realise the process within the network of intermediaries and the legal framework. Therefore, Prevent and ACT introduced the Disability Management methodology in Belgium. About 50 reintegration cases were followed, in which trained Disability Case Managers were assisting employees with longstanding health problems or disabilities. The different actors involved in the cases were interviewed. Focus groups (occupational physicians/OP, medical advisers of social health insurance and rehabilitation centres) were organised to discuss roles of the different actors and the legislation. According to these results:

- the OP facilitates the communication with the workplace as he translates the medical issues into (dis)abilities



- the OP is an expert in the occupational safety and health legislation with regard to the specific company (sector, size, and so on)
- the OP facilitates the communication with the medical experts
- the OP acts as a confidant at the workplace.

Therefore, there can be concluded that the OP should act as an important key person in the return to work processes. More information is available on [www.introdm.be](http://www.introdm.be)

### **The Physicians' Role in the Workers' Compensation System: Examining Intersystem Practices and Processes Contributing to Claim Complexity and Duration**

Agnieszka Kosny,<sup>1</sup> Ellen MacEachen,<sup>1,2</sup> Sue Ferrier<sup>1</sup> and Lori Chambers<sup>1</sup>

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**Background:** Physicians play an important role in Canadian workers' compensation systems. They are typically involved in the legitimisation of work-related injury, are required to provide information about the nature and extent of the injury to compensation boards, give recommendations about return-to-work capability, and provide treatment for injury or disease. This study examined problems that occur at the interface between physicians, injured workers and the compensation board that may complicate and prolong workers' compensation claims. **Methods:** Qualitative methods offer a picture of how health care related issues can lead to particular roadblocks as workers move through the compensation system. Twenty-one interviews were conducted with services providers (general practitioners, occupational health specialists, legal representatives) who work directly with injured workers; 14 interviews were conducted with peer helpers who were injured workers themselves and helped other injured workers with their claims; 34 interviews were conducted with injured workers from a variety of locations across the province. Questions focused on experiences, practices and policies that may have contributed to claim duration and complexity. **Results:** This study identified the physician as a key player in the compensation system, in injured workers' recovery, and return to-work. We identified three problems occurring at the nexus between the health care and compensation system that complicated workers' progression through the system and prolonged claims: the problem of access included geographic barriers to appropriate and timely care, as well as access issues related to workers' 'claimant status'; the problem of knowledge had to do with how diagnostic doubt and conflicting medical opinions fit poorly with compensation system expectations and requirements, leading to delays and complications; and finally the problem of communication and understanding related to workers' and physicians' incomplete and poor understanding of compensation system requirements. **Interpretation:** Continued discussion is needed between compensation system parties to find better ways to serve injured worker health care needs and facilitate a smooth relationship between the compensation board and health care providers. This study points to the necessity of clearer communication between all compensation system parties and the need to lessen the administrative burden of working with the compensation system.

### **The Role of the Physician in Disability Management: Family Physicians' Experience, Frustrations and Solutions in Collaborating with Stakeholders**

Christine A. Reynolds and Shannon L. Wagner

University of Northern British Columbia, Health Sciences — Disability Management Program, Prince George, BC, Canada

The physician plays a critical role in managing disability and facilitating return to work for patients. Although, historically return to work decision making has often been the sole responsibility of the physician, the shift now is away from the physicians making return to work determinations in isolation and towards a collaborative approach to disability management (DM) issues. Unfortunately, despite policy guidelines regarding the ideal function of the family physician in DM, discrepancies exist between the proposed ideal role, and physicians' actual practice. This lecture will present research that aimed to explore the views and perspectives of Canadian family physicians in regards to fulfilling their role in DM — specifically, an examination of the discrepancies between physicians' practice in DM and their Canadian Medical Association (CMA) Guidelines, with special attention to physicians' experience in collaborating with key stakeholders. Data collected from physician interviews revealed that in accordance with previous literature, physicians' practice does not typically emulate CMA policy and that physicians cite several reasons for this discrepancy. This qualitative research, exploring the physician's perspective of their role as a DM stakeholder, highlighted a multitude of frustrations encountered by physicians when interacting with other parties in DM as well as physician preferences and recommendations for improvement. This provided valuable insight into barriers, as well as facilitating factors, for physicians in the fulfillment of their DM role. As a result, practical recommendations for the DM community in terms of optimising collaboration with the family physician, were revealed and these will be presented during this lecture session.

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## **C2: Rehabilitation Services**

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### **An International Comparison of Rehabilitation Case Manager Ethics and Standards**

Mary Barros-Bailey

Intermountain Vocational Services, Inc., United States of America

Jodi L. Saunders

CRC – University of Iowa, United States of America

Nicholas Buys

Griffith University, Australia

Gail Kovacs

KMG Health Partners, United Kingdom

Codes of ethics and professional standards set expectations for behaviors and competencies for those serving the rehabilitation needs of people with injuries and disabilities. They represent a profession's recognition of responsibility toward their clients, and the public. The lack of effective codes of ethics has led to/can lead to distrust of the client, employer, industry, or public regarding the profession; consequently, affecting the effectiveness of the professional to facilitate effective rehabilitation of the injured employee, or employee with a disability. It is critical that we compare Codes of Ethics in different countries to identify those universal principles that can guide effective service delivery and minimise harm to injured workers/clients.

## ABSTRACTS

This lecture compares Codes and standards from various countries (e.g., United States, United Kingdom, Australia, and so on) and international organisations (e.g., International Labor Organization) and identifies topics that appear universal across several themes; for example, loyalty to (1) client, (2) rehabilitation team, (3) family, (4) society, (5) organisation, (6) profession, and (7) other). It offers a framework for a universal Code that guides rehabilitation/disability provider practice.

### **Case Management in a Retraining Centre (BFW) in Munich: A Successful Model for Applied Disability Management During the Return-to-Work Process**

Jochen Kunert

Case-Management, CDMP, Berufsförderungswerk Munich, Germany

The Berufsförderungswerk Munich (BFW), a vocational training centre, has been certificated since 2007 according to CBDMA. More than 2500 persons profited from its work-related and health advisory service. Customers were health insurances as well as the German social pension fund and companies like the municipal services of Munich and the city of Munich. The intent is to achieve an enduring reintegration of the persons concerned. The interests of companies and customers are considered. Specific support for KMU, which have no specialists for the return-to-work process, is required. *Advantages of case management:* Little bureaucracy, high individuality, cost benefit (e.g., saving of wage adjustment, leasing of human resources). Gain of image, increase of efficiency and handling of individual cases are adjustable and stable models for practising disabilitymanagement. New requirements like significant increase of psychological diseases had to be faced and, consequently, solved. Thus, the BFWMunich is well prepared for further social and economic tasks.

### **Workplace-Specific Rehabilitation and the Meaning of Coaching: Integrated Occupational Exercise Within the Medical Rehabilitation. An Approved and Established Method of Rehabilitation in Traumatology and Neurology**

B. Nguyễn and S. Fröschen

Rehazentrum reaktiv/ASR | ZENTRALE Köln, ASR II Mannheim, Germany

Th. Tiling

Klinik für Unfallchirurgie, Orthopädie und Sporttraumatologie, Krankenhaus Merheim, Germany

Is the workplace-specific rehabilitation (ASR), when integrated in the medical rehabilitation process, a reasonable complement to the common concepts of rehabilitation? Does the use of coaching as an individual treatment explain the success of this particular form of rehabilitation? During March 2003 and March 2006 there have been 329 patients rehabilitated in the ASR-Centre Cologne. The analysis of the patient files in retrospect provides the following picture: The patients were unable to work for on average 284 days, most of them had passed through one or more common methods of rehabilitation and failed in returning to work. With the help of the ASR, 223 patients were able to return into their old jobs, this complies with a quotation of 68%. 74 patients who were already considered for an occupational reorientation could return to the job they had done before the accident. Patients who could return successfully into their old jobs, received on average 29 days of treatment, these who could not, only achieved 18 rehabilitation units. Coaching is a meaningful element of the ASR, as every patient is asked to define the direction of his rehabilitation by himself because he is the expert of his occupational and private

needs. So we have a change in paradigm: the patient role turns from a treated position to an active acting one. Maybe this change means the effectiveness and acceptance of the established method. Meanwhile the ASR is accepted by patients, employers as well as accident insurance providers. Networking with several workers compensation insurances is taking place already. The ASR is a reasonable complement to the common medical rehabilitation and is on evidence effective and efficient.

### **Changes in Perceived Importance of Rehabilitation Counsellor Core Competencies Across a Ten-Year Period From 1996 to 2006**

Herbert Biggs, Katrina Clarry and Zoe Pearce

Queensland University of Technology, School of Psychology and Counselling, Australia

Much research has been conducted to identify and define the specific competencies used by, and important to, the profession of rehabilitation counselling. However, little consensus exists between studies regarding a consistent set of core competencies. Arguments have been advanced for the importance of ongoing research which regularly specifies and measures core competencies, as this formative feedback is invaluable in focusing and guiding the rehabilitation counselling profession. The present study had a number of aims. First, the study aimed to identify which core competencies current rehabilitation counsellors perceive as important to effective practice. The second aim was to contrast and compare archival data collected from a sample of rehabilitation counsellors in 1996 (Biggs, 1999) to that from the current study which was comprised of a sample of those in the profession in 2006. It was anticipated that in doing this, changes that have occurred across the profession over the preceding 10 years would be made apparent. In particular, the researchers were interested in examining similarities and differences between the two samples in terms of the core competencies that were important in 1996 versus those in 2006. Additionally, it was important to demographically compare the characteristics of the samples to identify changes in the profile of the 2006 rehabilitation counsellor relative to that of the 1996 professional. The analyses revealed that vocational counselling, personal counselling and professional practice were significantly more important in 2006 than they were in 1996. These findings are explored in some depth, particularly in relation to contemporary working environments. On the contrary, case management is considered no more or less important. The reduction in value of case management by current rehabilitation counsellors is discussed in response to the shift from this focus to disability management over the period of the study. Demographic changes included a significant rise in education standards of rehabilitation counsellors and a significant increase in females in the profession. Both issues are discussed in detail.

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## **C3: People With Disabilities**

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### **Removing Barriers to Gaining Employment**

Thomas Bryan

Employment Services Manager, Royal New Zealand Foundation of the Blind, Wellington, New Zealand

Employment is something many of us take for granted. It's a right and fulfils many personal needs. However, in the world of blind people it is not perceived as something that is easily obtained. Aspirations and expectations are generally low

amongst most blind job seekers. What are the barriers blind job-seekers face and what can we as employers do to minimise them? This session looks at some of the barriers that face blind workers and job-seekers today. Blind and vision-impaired workers today face a number of additional barriers that most workers never have to face. For example:

- How do I search for a job? How do I get to my first interview?
- How do I convince an employer that I am not a workplace liability or an employee 'time bomb' just waiting to go off?

This presentation will outline the barriers (both real and perceived) for potential employees who are blind and/or vision-impaired. New Zealand research on how employers feel about employing blind people will be used to illustrate these barriers. This session will give participants an opportunity to share their organisations' work towards removing and minimising the barriers that blind job seekers face. Lastly, this presentation will also outline initiatives for increasing the numbers of blind and vision-impaired workers in the New Zealand workforce.

### **Factors Influencing the Success of Disability Management: Self-Assessment and Personal Information Given by the Individual Concerned**

Eckehard Froese  
VGB, Hamburg, Germany

The success of rehabilitation and disability management depends to a large extent on systematic consideration of all the circumstances that may have a positive or negative effect on the return-to-work process. So in each phase of the process we have to ensure that none of the relevant information is lost and that the individual concerned is activated as the subject of this process. The VGB, a statutory employers' liability insurance association, has designed its procedure in accident cases to include self-assessment by the injured persons and their personal information systematically, from the start, so that they become a success factor in disability management. This applies especially to contextual factors and the planning, conduct and quality assurance of the medical treatment given in response to individual needs.

### **Representatives of the Disabled Employees and Their Educational Needs**

Dörte Bernhard  
Universität Köln, Lehrstuhl für Arbeit und Berufliche Rehabilitation, Cologne, Germany

Obstacles to the integration of disabled workers can be overcome by representatives' education. A successful integration of people with disabilities at worksite depends on the knowledge of the representatives. Research shows that they not only play a crucial part in the integration process but also that education and training issues are a matter of concern. The law gives special power to the representatives of the disabled employees which entails new tasks and responsibilities. Educational needs can be assumed. This review study focuses on obstacles to the integration with respect to the role of the representatives. It outlines their educational needs and gives recommendations for the content of training courses.

### **Finding Employers to Employ People With a Disability**

Keith Martin  
Epic Employment Service Inc., Windsor, Australia

It is generally felt that organisations assisting people with a disability back into the workforce will have difficulty finding suitable employers willing to employ. Our organisation currently has practices in place where we have often more jobs than disabled clients to fill these roles. The lecture will share the processes we follow to ensure clients with a disability find suitable employment and supported adequately to sustain this employment.

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## **C4: Insurance Companies**

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### **Employee Benefits: The Nordic Approach in Managing the Total Cost of Risk**

Kari Häkkinen  
If P&C Insurance Ltd, Risk Management, Espoo, Finland

Employee Benefits (EB) is the combination of the lines of corporate insurance business where the employer ensures that the employee is covered for all circumstances — that is, workers compensation, travel, leisure time and corporate healthcare insurance. Workers compensation is the compulsory insurance cover operated by private insurance carriers in Denmark, Finland and Norway. More recently, the voluntary EB products, especially Corporate Health Care (CHC) and business travel have constituted considerable growth for industrial insurance lines of business. The overall service concept integrated with insurance can provide a considerable support for the client to improve the management of the cost of risk. The cost of risk is a classic risk management concept, with the purpose of minimising the costs of the specific risks of loss to which an entity is exposed. The cost of risk is a sum of the costs in loss prevention, insurance premiums, losses incurred, and the cost of administration. The framework to apply the cost of risk concept in workers compensation and employee benefits is introduced here. The presentation package was developed with the purpose of illustrating the potential of the EB-related risk management services for the industrial clients in managing the total cost of risk. Workers compensation costs constitute only the tip of the iceberg, the hidden costs due to disability and sickness absence are the major cost drivers for clients. By improving health and safety management and loss control of accidents and ill-health, major cost savings can be realised. By using an overall service approach, including the loss prevention as well as return-to-work services, the clients can significantly reduce their costs — not only in workers compensation, but also in reducing sickness absence and improving their health and safety management systems. The material can be used in a workshop context as a motivator and a tool for further discussions with clients as well as brokers. It has been prepared with Nordic cooperation, jointly by Risk Management and Workers Comp/EB underwriting units.

### **Why Do Some People Return to Work While Others Don't? 'The Toxic Dose' of Social Mechanisms**

E. MacEachen, A. Kosny, S. Ferrier and L. Chambers  
Institute for Work & Health, Toronto, Canada

A problem for some workers compensation systems is that costs are increasing, with workers remaining on benefits for longer periods of time. Studies have looked at fiscal incentives and individual worker factors, but few have examined this problem from

a social perspective. This paper reports on findings of a study that explored system problems associated with extended workers' compensation claims and how return to work situations become problematic. In-depth, in-person interviews were conducted with 48 injured workers with extended workers' compensation claims, and 21 related service providers in Ontario, Canada. A grounded theory analysis identified repeated themes and consistent concepts. Findings point to return-to-work failures resulting from a cumulative constellation of process-related problems related to miscommunications, impracticable evidence rules, and unbalanced power relations. Problems that might individually be manageable added up to become a paralysing 'toxic dose'. This study points to return to work problems located in social mechanisms, indicating the need for a system focus that extends beyond prognostic factors or incentives.

### **Disability Management: More Efficient Dialogue Between Insurance Companies and Service Providers**

Reinhard Kemptner

Berufsgenossenschaft Nahrungsmittel und Gaststätten, Mannheim, Germany

The use of the so-called 'Weller Table' by people at the DGUV shows how efficient rehabilitation management is possible with the help of a database-supported, learning, medical experts table. Between 1999 and 2006 the average time off work for 'managed accidents at work' could be reduced by about 25%. The position in 2006 corresponded to a reduction of accident-related time off work of 1.9 m days and saved the economy costs of €950 m.

### **Work Disability Research: Getting the Information to Those Who Need it Through a New Web-Based Resource**

Alan Clayton and Mary Wyatt

ResWorks, The Foundation for Research into Injury and Illness in the Workplace Inc., Melbourne, Australia

The management of work disability has advanced a great deal over the last 10 years. A considerable amount of research in work disability has been undertaken over the last 10 years and this research can help bring about further improvements in return to work outcomes. However the research can be hard to find, difficult to read, and challenging to implement. The Return toWork Knowledge Base is a web based project to translate landmark RTWresearch into transparent information. The information 'translates' the best worldwide evidence into a format that is practical and useable, and has the information available to all those with an interest. The Return toWork Knowledge Base has been developed by ResWorks, a small not for profit in Australia. The development of the Knowledge Base has been guided by an Advisory Committee made up of employee, employer, treating practitioners, and insurers. Focus groups of the various stakeholders clarified the needs of those who the site and the information and shaped the website development. The subject matter covers the following topics:

- negative consequences of being off work (morbidity and mortality)
- benefits of early intervention and return to work
- positive influence of treating practitioners giving advice on return to work
- specific treatment models that reduce disability — for example, advice on back pain
- risk factors for longer term disability

- effect of positive workplace culture on occupational health and return to work
- workplace intervention research

This presentation will introduce the Knowledge Base Project, the website, how the website and information can be used most effectively, and provide an overview of the content. (The Knowledge Base Project is a project funded by the Victorian WorkCover Authority Return-to-Work Fund.)

### **A Systematic Review of Disability Management Interventions With Economic Evaluations**

Emile Tompa,<sup>1,2,3</sup> Claire de Oliveira,<sup>1,2</sup> Roman Dolinschi<sup>1</sup> and Emma Irvin<sup>1</sup>

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<sup>3</sup> Department of Public Health Sciences, University of Toronto, Toronto, Ontario, Canada

We undertook a systematic literature review of disability management interventions to answer the question: 'What is the credible evidence that incremental investment in disability management interventions is worth undertaking?' We identified studies through searches in journal databases and requests to content experts. After assessing the quality of studies that met content requirements, we employed a best-evidence synthesis approach. Studies were stratified across several dimensions for evidence synthesis, with industry as the core stratification criterion. We identified 17 disability management interventions with economic analyses, of which 8 were of high or medium quality. We found strong evidence supporting the economic merits of multi-sector disability management interventions, but could not make a positive statement about the remaining five industry clusters with studies. For stratification by intervention components, we found moderate evidence for interventions that included an education component, moderate evidence for those with physiotherapy, limited evidence for those with a behavioural component, and moderate evidence for those with a work/vocational rehabilitation component. For stratification by intervention features, we found moderate evidence for interventions that included a work accommodation offer, contact between health care provider and workplace, early contact with worker by workplace, ergonomic work site visits, and for interventions with a return-to-work coordinator. Previous reviews have synthesised the evidence on effectiveness [1] and process [3] of disability management interventions. What is missing is an understanding of the strength of evidence on their financial merits. This systematic review begins to fill this gap in the literature. The research question we posed was, 'what is the credible evidence that incremental investment in disability management interventions is worth undertaking?' The substantive findings based on industry are as follows: while there is strong evidence in support of the financial merits of disability management interventions in multisector initiatives, there is insufficient evidence in other industries. The multisector interventions were primarily systems-level initiatives, hence the reason why they served multiple industries. Most of the economic analyses took a system, insurer, or public sector perspective. Given the complexity of many disability management programs, which often involve the coordination of various specialities from outside a firm, it appears reasonable that they would be managed at the system level where economies of scale may be had. 93 Our findings are of value to workplace parties, OHS practitioners, and policy-makers who are interested in knowing not only if disability management interventions are effective, but also if they are worth undertaking based on their financial benefits. The findings are also of value to OHS researchers who might seek to fill some



of the gaps in the intervention evaluation literature by including economic analyses in their evaluations and strive to improve the quality of economic evaluation in this literature.

### **Company-Oriented Rehabilitation and Integration Instead of Classroom and Workshop Rehabilitation**

Rolf Salo

SALO Holding AG, Hamburg, Germany

1. The 'traditional' classroom-and-workshop rehabilitation.
2. The SALO rehabilitation and integration concept.
3. Comparison
  - Company-orientation
  - Regional-labour-market-orientation
  - Decentralisation
  - Demand-orientation
  - Goal-orientation
  - Self-responsibility
  - Attitudes concerning support.
4. Economic goals (high integration-rates) versus social goals?

### **Educating the Customer: An Initiative to Enhance Employers' Awareness of Effective DM Services**

Donal McAnaney, Qual Quant, Leonie Lynch and Richard Wynne

Work Research Centre, Dublin, Ireland

A functioning market in rehabilitation and DM services requires that both the supply and demand sides of the equation operate with equal efficiency. This is clearly not the case in many EU member states. While medical and vocational rehabilitation services exist which seek to rehabilitate people who develop an illness or a disability, these are almost exclusively focused on the individual's rather the employer's requirements. Many are also solely focused on those who have already lost their jobs. Research indicates a chronic lack of services oriented towards employers needs in most EU countries. This is partly due to ineffective demand on the part of employers for high quality and relevant DM services. Many employers do not see rehabilitation service as being relevant to their needs. This is partly because they lack the necessary range of skills, knowledge and policies as well as the willingness to either retain in employment ill or disabled. They often lack awareness of the benefits of services which concentrate on preventing the breakdown of the employment relationship. This presentation will provide an overview of work in progress in the Reintegrate project, which is supported by the European Commission and takes place over two years (2008–2009). The project seeks to address the demand side of the market equation by improving the knowledge and awareness of employers in terms of an appreciation of what constitute effective DM services and providing them with the tools to identify the most relevant services them. Specifically, the project builds on international experience to develop a self-assessment tool for employers to help them identify the strengths and weaknesses of their current practice, a training course designed to enhance their understanding of the contribution that DM can make to their HR and Business Strategies and an e-learning environment to support more effective decision making.

## **C5: Qualification of Experts and Audit: Implementing the Products of NIDMAR Worldwide**

### **Disability Management in Germany: An Investment in the Future**

Oliver Fröhlike

German Social Accident Insurance, Department Disability Management, Germany

Disability management in Germany is very successful. About 600 certified disability management professionals demonstrate, that reintegration of people with health impairments in Germany is a contemporary and important topic. The benefits are obvious: companies gain valuable knowledge, individuals maintain their standard of living and the burden on social systems is eased. About 25% of all CDMPs are working in enterprises and the rest for enterprises as service providers. Actors in enterprises are company physicians, severely disabled persons representatives and others. The professional background of service providers for enterprises differs from that of the social accident insurances, other social insurances, private insurances, company occupational physicians and others. In the training and qualifying examination the German Social Accident Insurance has got many contractual partners in Germany, an important factor of our success:

- Association of retraining centres
- Health Insurance for handicrafts
- Academy of the Federation of German Trade Unions
- Academy of the German Employers Association
- General Re Insurance.

The University of Social Work in Lucerne, Switzerland, and the Vocational Retraining Centre in Linz, Austria, are associate partners too. All organisations will achieve the common purpose to advertise for the return to work process in form of implantation, monitoring and evaluation, last but not least, to increase the quality of the examination. In 2008 we will offer various programs for occupational physicians, social workers and companies. But it's not so easy to convince German enterprises about the Audit. In making the first move to establish an Audit they have to invest money and time. At the moment managers don't see any benefits and so they are very reserved. Only Ford and some associations of retraining centres use the Audit.

### **Disability Managers' Association for Quality Assurance**

Gustav Pruss

VDiMa, Berlin, Germany

VDiMA e.V. is a sponsor and mentor for the adaption of disability management to the German legal and social system. VDiMA e.V. promotes the science and knowledge about the spreading of quality in knowhow and skills of Disability Management Practitioner (CDMP) in Germany. VDiMA e.V. supports the exchange of experiences and the specialised knowledge between the specialist in disability management.