



Deutsche Gesetzliche  
Unfallversicherung



4th International Forum on Disability Management

# **Abstracts/*Vortragskurzfassung***

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Breaking Down Barriers **Together**



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# Wednesday | 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

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**Dr. Jürgen 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 which are often more motivated and engaged than their non-disabled colleagues.

At this stage, employers are strongly engaged in disability management. 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 could upgrade the competitiveness. It enhances the motivation of employees and quality standards of a company.

By now, 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 and 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. Concerning special features and questions of disability management, small and medium sized enterprises are often overstrained. Besides 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.

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### Special challenges concerning implementation and certification of Disability Management processes at Ford

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**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 key to be successful.

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## Disability Management at Deutsche Post World Net

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**Walter Scheurle, Board Member for Personnel, Deutsche Post World Net, Germany**

In order to deliver a high quality of service, we need to be able to rely on our employees delivering a high quality of work. Consequently, our personnel policy rests on a base of equal opportunity, integration, motivation, engagement and customer orientation. Disability management is an integral part of this; it helps us actively enable employees with disabilities to have the same opportunities in the workplace as anyone else.

With this in mind, we concluded a works agreement in 2003 with the Deutsche Post AG General Works Council. The cited goals of the works agreement were to create opportunities for and secure the livelihood of persons with disabilities, as well as promoting their professional advancement.

Today, we can point to an average employment rate of 6.5% in Germany for persons with disabilities, bringing us significantly above mandated requirements.

As the foregoing indicates, an active level of disability management is a self-evident part of our personnel policy for Deutsche Post AG and, indeed, for the Group as a whole.

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## Relationship of rights to disability management

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**Anne Hawker, Ministry of Social Development, New Zealand**

March 3rd 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 a case 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

as everyone else. Again it seems that many of the concepts inherent in disability management such as effective communication; creating accommodations and enabling environments, 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 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 realising the 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.

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

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**Bernhard Grunewald, Chairman Association of Disability Councils within German Automotive Industry, Adam Opel GmbH, Chairman Combined Disability Council, Rüsselsheim, Germany**

Return-To-Work-programmes 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 aging workforce, the decline of legal possibilities for an early retirement and the increase of legal retirement age. Section 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 – and to get in action together with all employees being ill more than 6 weeks p.a. Listen to more than 4 years experience.

Disability management means a new kind of responsibility for a company, all involved representatives and actors. Playing a new and active role within our 'inside and outside' health system, we learn to implement and improve 'strength by networking' with all actors, including the employees. By means of disability management processes we learn to deal with aging workforce-problems, take more care about prevention strategies and improve ergonomic labour conditions.

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## What quality enterprises expect from Disability Managers?

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**Viateur Camiré, VP, Human Resources, ABitibiBowater Inc., Canada**

The development of professionals in disability management and return to work is an evolutionary trend mirroring other professional development taking place. The increasing employment of these professionals by organizations in all industrial sectors representing all sizes ranging from small to medium to large, reflects the increasing economic, legislative and social conditions in today's marketplace.

Enterprises today are confronted with global cost competitive pressures where disability related expenditures play an increasingly significant role accompanied by increased statutory obligations in the accommodation of persons with disabilities. Additionally, labour market trends indicate employers are faced with recruitment challenges, increased training costs and significantly high incidences of mental health issues. In order for employers and workers to be able to minimize the negative consequences of disabling conditions, it requires professionals who are experienced, skilled and knowledgeable in all aspects of return to work and disability management. Part of this spectrum also includes high quality educational opportunities and professional certification standards in this field.

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## Enterprises, employees and insurance institutions are in the same boat

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*Ingo Nürnberger, 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-breath activities based of the „over and done with“ type will not help. Small and medium-size companies often also need care and assistance for a longer time.

► This faces social insurance agencies with great challenges. Still, I am firmly convinced that it is correct that a social insurance carrier takes over more tasks to raise the awareness of companies to prevention and reintegration management, make them aware of necessary and possible action and act as “fingerposts”. Even though, longer-term assistance in this process and a 100 % inclusion of all employers in the consultation process will not be possible for the social insurance carrier. So we need new form of providing advice, forms that can initiate self-supporting processes. The companies and their partners are required to contribute actively to this process, organize learning and development processes on company level and beyond, e.g., in regional associations.

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### **Prevention, Rehabilitation and Compensation of Occupational Injuries – Hong Kong’s Experience**

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**Mr. Wah-shing TANG, Executive Director,**  
*Occupational Safety and Health Council,*  
*Hong Kong SAR, China*  
**Mr. Kai-ming LEE, SBS, JP, Chairman,**  
**Occupational Safety and Health Council,**  
*Hong Kong SAR, China*

The Occupational Safety and Health Council (OSHC) has been making enormous efforts in promoting safety and health at work through promotion, training, consultancy services, research development and information dissemination. Through the concerned efforts of all parties concerned, including employers, employees, contractors, safety practitioners and the Government, Hong Kong’s safety performance has been improving markedly since 1998, with the number and rate of occupational accidents falling steadily.

Needless to say, any work accident inevitably results in an all-lose situation. In Hong Kong, we adopt the no-fault principle in our employees’ compensation system. Compensation is payable for injuries or deaths caused by accidents arising out of and in the course of employment. To ensure that employers are able to meet their compensation liabilities, they are compulsorily required to take out employees’ compensation insurance in the private market.

In 2005, 46,620 employees’ compensation cases (including 208 fatal cases) were settled. On average, each work accident resulted in a compensation payout of HK\$21,918 (US\$2,810) and productivity loss of about 37 workdays. Nevertheless, claims experience in the employees’ compensation continued to improve, with the net claims incurred ratio (i.e. net claims incurred as a percentage of earned premiums) fell from 142.3 % in 1999 to 71.0% in 2005. Reflecting the general saving in claim costs, the underwriting result had also improved from an underwriting loss of HK\$1,370 million in 1999 to a loss of HK\$136.4 million in 2005.

The significantly decreasing trend of accident rate and net claims incurred ratio since 1998 can be explained by a number of contributing factors. First of all, the insurance industry always plays a significant role in encouraging preventive measures through incentive programs. In recognition of the importance of rehabilitation and early return to work, OSHC partners with the Hong Kong Federation of Insurers (HKFI) and the Labour Department to promote the occupational rehabilitation program for injured workers. Various promotional campaigns on encouraging good occupational safety and health practices have also been launched for the high-risk construction and catering industries.

Other contributing factors include the Pay for Safety Scheme and the Independent Safety Audit Scheme introduced by the Government and OSHC. It provides incentive

for contractors to set up efficient safety management systems and at the same time enhance their standard of safety performance. Various partnership schemes introduced by OSHC for the small and medium enterprises also encourage them to implement safety and health programmes so as to enhance their productivity and competitiveness.

In Hong Kong, premium pricing level for employees' compensation insurance by and large reflects the safety record of individual trades and industries. The premium cost required of an employer is very often based directly upon his occupational accident record and claims experience. Employers with an unsatisfactory safety performance pay more for their insurance, and may encounter difficulty in obtaining insurance cover. Therefore, employers of high risk industries will choose to do more in their accident prevention programs and implement more safety measures so as to ask for a more favourable premium price in the coming years or rebate of certain amount of the existing premium.

To further promoting the concept of occupational rehabilitation, we have organized an "International Symposium on Occupational Rehabilitation and Compensation" together with HKFI. As increasingly more organizations in Hong Kong decide that they must address the principles of Corporate Social Responsibility (CSR), the Council will promote the CSR concept that is in line with international standards of best practices in occupational safety and health. It is encouraging to note that, through the collective efforts of all parties, Hong Kong's safety performance has improved significantly over the years. We will continue to do our best to improve our safety and health performance. Working in partnership with our stakeholders, the Council will continue to put in best efforts to further enhance the standards of OSH in Hong Kong.

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

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*Debra Ruh, TecAccess, Rockville VA, USA*

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 aging 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 organizations 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 analyze 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

# Wednesday | C1: Physicians

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## Non-Medical Approach to Disability Management & Return to Work

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**Piotr S. Baranowski, M. Rehab., M. Psych., C.C.R.C., R.R.P.,** *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 alternative 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.

Utilizing "iceberg phenomenon", the MVP Model proposes an effective strategy for analyzing 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, etc. 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.

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## The role of occupational physicians in Rehabilitation and Return to Work

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**Dr. Erich Knülle,** *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 got special training in such clinics initiated by Occupational Physicians. The specific work place 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.

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## Occupational physician: the pivot in a return to work process?

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**Marthe Verjans,** *Prevent Research Center, Brussels, Belgium*

In Belgium, the return to work process is complicated due to a complex legislation 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. This broad network of actors is by no one directed and the legislation isn't stimulating collaboration. Generally, this makes that in return to work processes too much time is lost.

Prevent and ACT introduced the Disability Management methodology in Belgium. About 50 reintegration cases were running, in which trained DCM were assisting employees with LSHP/disabilities. The different actors involved were interviewed. Focus groups (occupational physicians/OP, medical advisers of social health insurance and rehabilitation centres) were organised to discuss roles and legislation. According to the results, the OP should act as an important key person in the return to work processes. Main findings are:

The OP has the information to make recommendations towards more health and safety at work

With the right policy in companies, the OP is the first in the company to notice that there are problems. By consequence he is the first to undertake or to direct certain actions.

A return to work process is a process between the employee and employer. The OP is well placed to interfere, on the right moment, in this relation.

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## Physicians' role in the workers' compensation system; examining inter-system practices and processes contributing to claim complexity and duration

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**Dr. Agnieszka Kosny<sup>1</sup>, Dr. Ellen MacEachen<sup>1,2</sup>, Ms. Sue Ferrier<sup>1</sup>, Ms. Lori Chambers<sup>1</sup>**

1) Institute for Work and Health, Toronto, Ontario

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### Background

Physicians play an important role in Canadian workers' compensation systems. They are typically involved in the legitimization 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, etc.) 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.

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## Clinicians Play a Role in State Policy Regarding Disability in Social Security

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**Gross, E. Lyle, MD**, *University of Otago, Faculty of Medicine, ISIS Rehabilitation, Dunedin, New Zealand, Adjunct Professor, University of British Columbia, Canada*

Due in part to retiring “baby boomers” and an imbalance between those contributing and those drawing on social security, many pension plans are unsustainable.

State solutions to ensuring the long-term viability of the welfare safety net, include raising the age of retirement, privatization in part or in whole or cost containment strategies through de-insuring some clinical conditions.

In a Pay-As-You-Go system, increasing the base of contributors is critical to the sustainability of the system; however raising the age of retirement has been shown to result in only 2-3 months gain in contributions. Additionally there is a direct relationship between age and disability and it is critical that the definition of disability is clear.

Physicians are the gatekeepers for most medical insurance plans and as a result the first report of injury and or illness is documented with the clinician. Also, ongoing disability requires regular medicals and reporting from physicians to adjudicators

who in-turn balance the medical information (medical test) with the policy definition (legal test).

The definition of disability however remains challenging to all clinicians yet is the benchmark to receiving benefits. The OECD and other organizations assert the need for government to re-examine the definition of disability; given the direct relationship between aging (as mentioned), economic fluctuations, and multiple other complex factors.

Governments struggle with disability terminology and while the WHO has addressed the term, the literature is replete with examples of multiple factors contributing to disability and there is a need to define disability in the medical insurance context.

Solving the challenges of a sustainable social security system requires a seamless approach to the assessment of the health of workers, beginning with submission of medical information to adjudication. It is critical to the long term viability of social net that any system of disability management integrates disability insurance policy, unemployment, welfare benefits, educational (vocational) programs and health care benefits along with frontline providers of rehabilitation services.

Clinicians, academics, policy setters, economists and governing officials clearly need to work together in order to ensure that state disability policy achieves the desired result through pragmatic systems and consistency when applying the medical test and legal test in adjudicating disability.

This paper clarifies the definition of disability in the medical insurance milieu, the role of clinicians in policy setting and examines the seamless approach (irrespective of the state program) when adjudicating disability in the context of the medical and legal test.

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

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**Christine A. Reynolds, Shannon L. Wagner,**  
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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 valu-

able 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 optimizing collaboration with the family physician, were revealed and these will be presented during this lecture session.

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## Disability management of stress response syndromes: Early identification of risk and protective factors

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**PD Dr. med. Dipl.-Psych. Robert Bering,**  
*Zentrum für Psychotraumatologie, Krankenhaus Maria-Hilf GmbH, Krefeld, Germany*

Stress response syndromes (SRS) are a serious problem in occupational medicine. For this the identification of risk factors for SRS are helpful to guideline the interventions in disability management. We have a three step approach. First, we take a look on meta-analysis that have identified risk factors for SRS such as post traumatic and adjustment disorders. Second, we summarize the results of different field studies for the identification of risk factors for the development of SRS after bank hold ups, peace missions, and criminal offence. Third, we refer to positive and negative factors for psychotherapy outcome in treatment of SRS. In short our results show that heaviness of the critical incidents, pre-traumatisation, dissociation and lack of social support are the main variables that predict the symptom load of SRS. Our clinical studies show that predictors for negative therapy outcome are desire of retirement, psychiatric co-morbidity, lacking of social support, interruption of therapy, distrust in therapy and lack of acceptance by authorities. We conclude that the knowledge of these risk factors of SRS is of main importance for occupational medicine and disability management.

# Wednesday | C2: Rehabilitation Services

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## The changing market of return-to-work service providers in the Netherlands

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**Dr. F.A. (Femke) Reijenga, Drs. T.J. (Theo) Veerman, Dr. M.C.M. (Monique) Aerts, AStri, Leiden, The Netherlands**

The Dutch Council for Work & Income (RWI) is monitoring the market of return-to-work service providers. Every 2 years an analysis of this market is made in order to improve the services (and their output: resulting in more jobs for – among others – people with disabilities). This market is changing rapidly, due to changes in legislation, in the (demand and/or supply of the) labour market in general, in changes in the population making use of this services and in the kind of providers and the quality of the services they offer.

In order to innovate this market and to formulate specific recommendations in the 2008 analysis the RWI decided to conduct a special study on the supply side of this market. The study has to give an up to date and complete overview of the activities of the return to work service providers. The results of this study will be presented in the spring of 2008. The study reflects on recent developments in the supply side of the return to work market. Special attention is paid to (opportunities for) innovation and three specific themes:

- ▶ the combination of return to work and new citizenships-activities
- ▶ the efforts for the employment of people with disabilities
- ▶ the way return to work service providers deal with the demand of employers.

The study will be (has been) done among all (about 3000) return to work service providers in the Netherlands.

In a presentation on the results of this study we will focus on the recommendations to improve the services of return to work service providers and increase the effectiveness and quality of these services. So return to work service providers will be able to help more people with disabilities to find a suitable job.

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## Analysis on the Structure of Employment Network for People with Disabilities Depending on the Level of Cooperation among Service Providing Institutions and its Activation Strategy

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**Eona Kim (Senior Researcher), Employment Development Institute, Korea Employment Promotion Agency for the Disabled, Research Department, Seongnamshi, South Korea**

In 2004 Korea Employment Promotion Agency for the Disabled (KEPAD) began the employment network program for people with disabilities in order to provide a more comprehensive and effective service to the disabled in the local community. Through coordination and collaboration among institutions, the employment network program reduced competitive relations among local institutions and overlapping of tasks. The employment network program resulted in numerous agreements with relevant institutions. However, a scientific analysis of the entire network structure and collaboration pattern of institutions has not yet been conducted. Based on this need, this paper utilized the network analysis and measured the density and the centrality of employment network

for the disabled according to 6 collaboration levels. The institutions are limited to the ones located in Seoul. The 6 levels of collaborations are accumulations of information and data, intake and refer of clients, periodic discussions and workshops, sharing material/human resources, official contract, and operation of co-projects.

According to the results, a difference of network structure existed at each level. Each network formed sub-network depending on the closeness of the institutions (based on community, service target, type of institution and disability).

In addition, in each level of network the hub institution and broker institution was identified emphasizing the importance of their roles. In regards to centrality, the role of KEPAD branch offices were identified. These results are significant in that they provide a strategic map to operate the employment network for people with disabilities effectively. We also suggest to establish disability employment network governance on the basis of this network map.

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

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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 minimize harm to injured workers/clients. This lecture compares Codes and standards from various countries (e.g., USA, UK, Australia, etc.) and international organizations (e.g., International Labor Organization) and identifies topics that appear universal across several themes (loyalty to: 1) client, 2) rehabilitation team, 3) family, 4) society, 5) organization, 6) profession, and 7) other). It offers a framework for a universal Code that guides rehabilitation/disability provider practice.

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## Case management in a retraining center (BFW) in Munich – a successful model for applied disability management during the return-to-work process

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**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 disability management. New requirements like significant increase of psychological diseases had to be faced and, consequently, solved.

Thus, the BFW Munich is well prepared for further social and economic tasks.

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## **Bulldozers on the Loose – Or, how we at Malt/Harms deal with barriers**

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**Martina Krohn, Christiane Harms,**  
*Malt/Harms Fachdienst für berufliche  
Integration, Bremen, Germany*

Barriers are part of our daily bread, in a way barriers give us our daily bread. As a small rehabilitation service, dealing principally with occupational rehab, we encounter manifold and manifold barriers some of them not visible at first glance. Working closely with our job seeking clients we come across their limitations first. These may be “real” or “imagined”, in other words: we may see them as well or we may have to hear about them as there are no imagined barriers without real consequences. If a client does not believe in getting a (second) chance there is little hope for her or him to stand corrected. Employers on the other hand are confined to their views as well: they don’t want what they need, but all they can get! Thus often leaving disabled applicants without a chance because they can “only do the job”.

The solution lies in a change of perception, a “new” awareness for needs and for what is needed. At the same time we could do with a higher regard for the fact that we all are human and that none of us is perfect.

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## **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**

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**B. Nguyễn, S. Fröschen,** *Rehazentrum  
reaktiv/ASR I 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.

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### Changes in Perceived Importance of Rehabilitation Counsellor Core Competencies across a Ten Year Period (1996 to 2006)

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**Associate Professor Herbert Biggs, Katrina Clarry, Dr Zoe Pearce, Queensland University of Technology, School of Psychology and Counselling, Carseldine Queensland, 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.

# Wednesday | C3: People with disabilities

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## Removing Barriers to Gaining Employment

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**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 in 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 minimize 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 minimizing 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.

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## Factors influencing the success of Disability Management: self-assessment and personal information given by the individual concerned

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**Eckehard Froese, VBG, 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.

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## Remploy – Return to Work Service

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**Mark Burrett, Hannelie Parsloe, Tom Cumming, Remploy Ltd., Melksham, Wiltshire, United Kingdom**

Remploy has a very clear and important vision. To enable thousands of disabled people, people with a health condition and those who face complex barriers to employment to gain and retain sustainable and rewarding employment – by giving them the specialist support they need. We believe

that work is a key element of independent living and that everyone has skills and abilities. We work with people to help them to develop and make the most of those abilities.

By putting ability first and working in partnership with Government agencies such as Jobcentre Plus, national and local employers and other partners, we can achieve our vision.

Through our UK Branch network, last year we helped over 6,600 disabled people to achieve employment. We did this by working closely with employers to identify their needs and then working with individuals to help them become more employable by developing their skills to gain those local jobs.

Through our strong links with national and local employers we are able to offer real and sustainable opportunities in a wide range of environments, from retail and administration to warehousing, catering and cleaning. By 2012, we aim to support 20,000 people into sustainable employment every year. In addition to employment services, Remploy also employs disabled people within its own manufacturing and service businesses. These provide products and services to world class standards of quality, reliability and service. We work with a large number of organisations from global multinationals such as a Ford and Unilever, through to national governments and local authorities.

### **Return to Work**

Return to Work is an innovative new service designed to assist people with a health condition or disability who are in employment but experiencing difficulty at work or are absent. By working closely with employers including line managers and where appropriate human resource or occupational health the service provides guidance and support to overcome barriers either to maintaining employment or returning to the workplace. By focusing on early intervention and putting in place the correct support mecha-

nisms it enables employers to retain the skills, knowledge and benefits of a productive workforce. Return to Work offers a comprehensive and cost-effective solution, designed to address the vocational, physical, psychological or social aspects of disability, injury or illness in the workplace.

We have over 60 years experience of working with disabled people and we share this experience with employers who see the value of recruiting and retaining a skilled and diverse workforce.

### **Our Staff**

Remploy's Return to Work Vocational Rehabilitation Consultants (VRC) are capable of dealing with referrals covering the whole of the UK. Each VRC received very specific vocational training which linked in with the Standards of the Vocational Rehabilitation Association of the UK. Within the team we have a wide variety of experience including Occupational Therapy, Human Resources and Occupational Psychology as well as market specific experience.

### **Return to Work Services**

We are able to provide assistance and support to employers and employees in several ways, dependent on the circumstances. More information about Remploy Return to Work Service is available at [www.remploy.co.uk](http://www.remploy.co.uk)

**Return to Work Assessment:** This is a telephone based assessment which provides all parties with information relative to the issues raised and recommendations, with prospective costs, as to how these might be resolved; helping the employee to retain and sustain their job or find re-deployment options within the organisation.

**Workback:** A 4 week retention programme; providing solutions to resolve work related barriers, contact is made face to face with employer and employee. This service is particularly appropriate where the employee is

not at work (long term sick) or having difficulties to retain / sustain their current job.

### **Condition Information and Support Service:**

A modular (telephone based) and generic service providing holistic support for individuals with ongoing health difficulties at work to help them to remain in employment.

Modules can include the following topics:

- ▶ Pain level assessment and guidance
- ▶ Depression and Anxiety assessment and guidance
- ▶ Identifying stressors and relaxation techniques
- ▶ Specific condition information and signposting
- ▶ Healthy living and daily routine, advice and signposting

**Work Trials:** Work Trials with employers where employee carries out duties voluntarily to aid assessment of skills, motivation and suitability of job

**Initial Vocational Assessment:** Profile to identify transferable skills, training needs and barriers to help identify realistic job goals based on local employment market and potential of individual.

**Job Search:** A 4 weeks job searching support; CV preparation, application forms, motivational support and addressing confidence issues.

### **Outcomes, success and case study**

In Return to Work we believe that sustainability in employment is crucial to a successful outcome and we measure sustainability of our clients up to 12 months. A return to work, re-deployment or finding employment is successes that we measure ourselves against. We had a 71% retention outcome last year with a 91% positive outcome; where we supported the individual to find an outcome that was positive to the referrer or the individual. Sharing of a case study to

demonstrate the Return to Work service offered by Remploy.

### **Dyslexia Vocational Evaluation**

Our Recruitment services provide support and training to prepare people for employment and offers practical advice and guidance during the job seeking process. We work very closely with many of the UK's top employers to understand their recruitment needs and address the demands of the labour market.

Through our Specialist Services we focus on enabling disabled people, who would otherwise be far from employment and independence, to identify their transferable skills, and build on their potential helping them to find employment and then supporting as required once in or back to work to ensure this goal is sustained.

Within Specialist Services, we have been focusing and developing the **Dyslexia Vocational Evaluation** service. This is a unique evaluation in which an individual customer's dyslexia traits are identified leading to recommendations which both helps existing employees by identifying reasonable adjustments and coping strategies that would assist them in their current role, by informing candidates looking for work, and by focusing on job goals that best suit the type of dyslexia concluded within the screening.

Remploy believe we have identified a huge gap of support needed for the adult groups who currently claim Incapacity Benefit. Through limited research that Remploy has done, recent Government studies suggest that over 40% of candidates with disability claiming Incapacity Benefit have dyslexia, and may not know it, and could very well be a secondary disability. There are many organisations in the UK that provide support with regards to dyslexia but mainly geared up for conducting assessments to identify educational needs and not focused on the vocational aspect to retain or achieve sustainable employment.

Remploy believe that with the Dyslexia Vocational Evaluation service that they are running will help to fill a huge gap in the UK adult dyslexic population by keeping people employed or helping them find employment.

### Key Activities

Dyslexia traits are identified by a qualified evaluator and then used to recommend work adaptations or most suited job goal.

3 part assessment:

- ▶ Factual questionnaire (Vinegrad)
- ▶ Qualitative interview
- ▶ Computer evaluation completed by the Remploy evaluator

Production of final summary report that highlights the following:

- ▶ Support needed with completion of job application forms etc.
- ▶ Recommendations of job types and goals to meet individual need
- ▶ Work place adaptation advice (Reasonable Adjustments)
- ▶ Overcoming barriers in the workplace support

### Staff

The evaluation is delivered by a qualified evaluator who will work with the customer to ensure that they understand the screening details and recommendations made. Remploy have now trained 30 Employment Advisers to deliver the Dyslexia Vocational Evaluation across the UK with another 30 to be trained in the next Quarter. They are qualified to a Btec Level 3 in Dyslexia Awareness, Recognition and Analysis.

### Outcomes

- ▶ Screening results and summary report including:
  - Evidence based recommendation for suitable job roles.
  - Essential workplace adaptation requirements.

- ▶ Removal/reduction of barriers to work, or in work.
- ▶ Can identify if a full psychological assessment is needed.
- ▶ Improvement in customers':
  - workplace abilities
  - confidence
  - self esteem

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## Representatives of the disabled employees and their educational needs

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*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.

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## Confidence as a critical factor and quality feature in Disability Management

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*Johannes Magin, Unternehmensberatung Johannes Magin, Undorf, Germany*

Disability management is more likely to be successful, if employers and employees have confidence in each other and develop solutions corporately. By acting according

to the rules of consensual based disability management employers can contribute to the confidence building. Maybe the most important aspect of disability management is to search consensual based solutions instead of forcing their point.

Touchstones therefore are:

- ▶ to strictly respect that all concerned personnel is participating absolutely voluntarily in disability management
- ▶ the necessity to inform employees in detail about targets and measures of disability management
- ▶ to carefully keep privacy
- ▶ and to let concerned personnel take part in making decisions and realizing the measures.

In this contribution I will focus on the effects of several features of the disability management process on the mutual trust of employer and concerned employee.

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## Finding Employers to employ people with a disability

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**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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## Return to work – are there real chances for SCI persons?

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**Exner, G., Richarz, P., Hirschfeld, S., Hamburg, Germany**

### **Aim:**

Most of plegic wheelchair users have problems of vocational reintegration. After discharge from the hospital they are totally engaged preparing their social settlements with the help of relatives and insurances. Organizing new conditions of vocational facilities in Germany is part of the support by the Workmen's Compensation Insurances and the public job centres. The rate of success is very low by different reasons. Aim of this paper is to analyze these reasons.

### **Method:**

Comprehensive Care of SCI persons is including life-long control. Check-ups and treatment of complications in the hospital give the possibility to look for the follow-up of these persons. So we can analyze which sort of reasons exclude vocational reintegration looking for disabilities following the SCI itself or by other origin.

### **Results:**

There are no big numbers of statistical outcome concerning vocational reintegration. In the maximum 30 % can be reintegrated. This depends on the one side on physical conditions of the SCI persons. On the other side there are a lot of people failing by reasons of other origin concerning the social and vocational systems. This will be demonstrated.

### **Conclusions:**

There is a big need for support by self-help institutions. The DRS could be one of the supporters.

# Wednesday | C4: Insurance Companies

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

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**Kari Häkkinen, Ph.D., Head of EB Risk Management, 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 incidents – that is Workers' Compensation, Travel, Leisure Time and Corporate Health Care insurances.

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 to minimize 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' comp. and Employee benefits is introduced here.

The presentation package was developed with the purpose to illustrate 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 top 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 the use of the 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 by Nordic co-operation, jointly by Risk Management and Workers' Comp/EB underwriting units.

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## Why do some people return to work while others don't? "The Toxic Dose" of social mechanisms

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**E. MacEachen, A. Kosny, S. Ferrier, 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 paralyzing ‘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.

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### **Disability Management – More Efficient Dialogue between Insurance Companies and Service Providers**

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**Reinhard Kemptner**, *Berufsgenossenschaft Nahrungsmittel und Gaststätten, Mannheim, Germany*

The use of the so-called “Weller Table” by all the people responsible 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.

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### **Work Disability research. Getting the information to those who need it through a new Web- based resource**

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**Alan Clayton, Dr. 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 ten years. A considerable amount of research in work disability has been undertaken over the last ten 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 to Work Knowledge Base is a web based project to translate landmark RTW research 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 to Work 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 – eg 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)

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

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

<sup>1</sup> *Institute for Work & Health, Toronto, Ontario, Canada*

<sup>2</sup> *Department of Economics, McMaster University, Hamilton, Ontario, Canada*

<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 synthesized 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 multi-sector 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.

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.

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### **Company-oriented rehabilitation and integration instead of classroom-and-workshop-rehabilitation**

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**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
  - Decentralization
  - Demand-orientation
  - Goal-orientation
  - Self-responsibility
  - Attitudes concerning support
4. Economic goals (high integration-rates) versus social goals?

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### **Educating the customer – An initiative to enhance employers’ awareness of effective DM services**

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**Donal McAnaney, Qual Quant, Leonie Lynch & 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.

# Wednesday | C5: Qualification of experts and audit – implementing the products of NIDMAR worldwide

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## Disability management excellence initiative

### Promoting excellence in return to work/disability management for British Columbia employers

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**Wolfgang Zimmermann**, NIDMAR, Canada

#### Initiative Goals and Objectives

- ▶ To have BC employers adopt international best practice benchmark standards in return to work/disability management (RTW/DM).  
These standards are under the auspices of the International Disability Management Standards Council (IDMSC) consisting of the Consensus Based Disability Management Audit (CBDMA) or the Workplace Disability Management Assessment (WDMA) (please refer to descriptions on page 3 of this document) as well as the professional RTW/DM certifications, (CRTWC-CDMP) having been developed as a collaborative effort with nine major countries under the auspices of the International Labour Organization (ILO), a UN sub-organization, and now licensed in 13 countries including the Government of Canada as its RTW/DM standard.
- ▶ To reduce the number of individuals with disabling conditions entering the social security system.
- ▶ To reduce the socio-economic impact of disabilities on BC employers, workers and society at large.

#### Specific Outcomes

- ▶ To increase the competitive position of BC's businesses through cost reduction and increased productivity and labour force capacity.
- ▶ To maximize employer attachment for individuals who have acquired a disabling condition and are at risk of job loss.
- ▶ To increase the labour force participation of people with disabilities by one percent (approximately five percent of the workforce is on long term disability (LTD); effective RTW/DM programs are targeted to directly reduce this by one percent, resulting in a 30%-40% labour force increase of persons with disabilities).
- ▶ To provide a proactive response to address major current labour market issues including:
  - escalating incidence of mental health-cases,
  - aging workforce, and
  - reduced labourforce availability in many sectors.
- ▶ To measure increases in attitudinal workplace acceptance of persons with disabilities.
- ▶ To deliver tangible results, social and economic.

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## Disability Management in Germany – An investment in the future

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**Oliver Fröhlike**, German Social Accident Insurance, Department Disability Management, Germany

Disability Management in Germany is very successful. About six hundred 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 twenty five percent of all CDMP 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 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 for the Audit. 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 the enterprise Ford and some associations of retraining centres have got the Audit.

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## Qualification programme for Disability Managers at the University in Lucerne – Social Affairs

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**Roland Woodtly**, Hochschule Luzern – Soziale Arbeit, Lucerne, Switzerland

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## Disability Managers' Association for quality assurance

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**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 know-how and skills of Disability Management Practitioner (CDMP) in Germany.
- ▶ VDIMA e.V. supports the exchange of experiences and the specialized knowledge between the specialist in Disability Management

