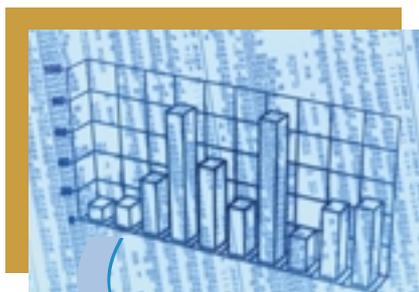


SYSTEMS AND PROGRAMMES

Occupational safety
and health and
employability
programmes, practices
and experiences



**Occupational
safety and health
and employability**
programmes, practices
and experiences



European Agency
for Safety and Health
at Work

A great deal of additional information on the European Union is available on the Internet. It can be accessed through the Europa server (<http://europa.eu.int>).

Cataloguing data can be found at the end of this publication.

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Table of contents

FOREWORD.....	5
SUMMARY.....	7
1. INTRODUCTION.....	23
2. OCCUPATIONAL SAFETY AND HEALTH AND EMPLOYABILITY: A CONCEPTUAL FRAMEWORK	27
3. THE CASE STUDIES	33
Part A Major prevention programmes, including specific groups at risk.....	35
A.1 Maintaining work ability - Työkyky-ohjelma	36
A.2 Maintaining work ability in SME's - Työkyky-ohjelma pk-yrityksissä.....	43
A.3 Maintaining work ability for older workers – Ikääntyvien Työkyky-ohjelma ..	48
A.4 Interest group agreements in risk sectors - Arbo convenanten	54
A.5 Labour market policy agreement in the care sector - Covenant Arbeidsmarktbeleid Zorgsector.....	63
A.6 Increasing safety consciousness - Tecnico della sicurezza negli ambienti di lavoro	69
A.7 Prevention in high-risk jobs by working in multi-disciplinary teams - Gemeente Groningen.....	75
Part B Rehabilitation of ill workers.....	81
B.1 Global assistance programme for ill physicians - Programa d'atenció integral al metge malat (PAIMM)	83
B.2 Back to work after brain injury - The Misa WAVE project	92
B.3 Preventing industrial accidents and occupational illnesses - Allgemeine Unfallsversicherung.....	97
B.4 Dealing with hand injuries of workers - Hand traumata	103
B.5 Civil litigation and return to work - The Workplace Safety Group	109
B.6 An employers' award on disability management - Kroon op het werk.....	114
B.7 Critical incident management: Managing Psychological trauma and return to work	120
B.8 Reintegrating ill-workers in a city council - Cidade de Almada.....	126
B.9 Rehabilitation policy at Novo Nordisk A/S - Novo Nordisk revalideringspolitik	133
B.10 A company agreement to promote the employment of disabled workers - SNCF.....	141
B.11 Rehabilitation strategies as a tool for the occupational physician	149

Part C Reintegration initiatives for longer term disabled people	153
C.1 Enabling people with disabilities to compete in the labour market - Access to work	154
C.2 Encouraging the integration of disabled workers - Passerelle 09	159
C.3 Assistance in retention and integration at work - Arbeitsassistentz	168
C.4 The Irish Epilepsy Association - Brainwave.....	175
C.5 Employment and rehabilitation services - Cooperacion empresarial ONCE: ..	182
Part D Workplace health promotion	189
D.1 Health at work in the National Health Service - HAWNHS.....	190
D.2 Workplace Health Promotion in bakeries - Gesunde Unternehmen und gesunde Beschäftigte im Bäckereigewerbe:	197
D.3 A regional health insurance fund - Allgemeine Ortskrankenkasse Rheinland	202
4. CONCLUSIONS.....	207

Annexes

ANNEX 1 ACKNOWLEDGEMENTS.....	213
ANNEX 2 BIBLIOGRAPHY	214

FOREWORD

According to Regulation 2063/94 of 18 July 1994 article 3.1h, the European Agency for Safety and Health at Work shall provide technical, scientific and economic information on methods and tools for implementing preventive activities.

In September 1999 the Agency hosted, jointly with the Finnish presidency of the European Union, an international conference on Occupational Safety and Health (OSH) and Employability. Having identified and discussed different aspects of the relationship between OSH and employability, the conference agreed on the importance of this link as a new element in European employment policy. Just over one year later, the OSH and Employability link was formally established with the publication of the European Union's Employment Guidelines 2001 in which safety and health at work is specifically included for the first time.

In the meantime and following a decision of its Administrative Board, the Agency has initiated a number of projects in order to provide political decision-makers, social partners and other interested groups with more detailed information on the link between OSH and employability.

This report gives an overview of the different types of initiatives in the Member States that aim to increase the employability of workers by using interventions deriving from the field of Occupational Safety and Health. Twenty-six case studies from 13 Member States highlight the potential role of Occupational Safety and Health to improve the employability of workers, including prevention programmes and programmes aimed at (re)integrating specific groups at work.

The Agency would like to thank Richard Wynne and Tara O'Brien (Work Research Centre) and Rob Grundemann (TNO Arbeid) and all other persons that participated in this study. Finally, the Agency would like to thank the members of its Thematic Network Group Systems and Programmes for their valuable comments and suggestions with respect to the project.

The European Agency for Safety and Health at Work

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SUMMARY

INTRODUCTION

Concept of employability has arisen within the context of EU employment policy

This project investigated the role that Occupational Safety and Health (OSH) plays in relation to initiatives to improve the employability of workers. The concept of employability has arisen within the context of European Union (EU) employment policy, where it is seen as one of the four key policy initiatives that Governments can take to boost levels of employment within national economies. At policy level it is primarily seen as a labour market intervention. Though there is no commonly accepted definition of the concept of employability, it is largely concerned with improving the knowledge and skills base of workers and unemployed people by means of further education and vocational training. The aim of these kinds of interventions is to assist workers to obtain or maintain employment.

A recent Communication from the European Commission on the Social Policy Agenda for the period 2000-2005, which emerged as an outcome of the Lisbon Summit, reinforces the role which worker employability can play in providing more and better quality jobs. In particular, it emphasises the need to promote the inclusion in the labour market of a number of under-represented groups, such as older workers (particularly men), people with disabilities and women of all ages. This renewed commitment to achieving these goals underlines the importance of the role of worker health, as older workers and people with disabilities are more likely to have health barriers that impede their progress towards full participation in the labour market and the taking up of gainful employment.

People with health problems see their employment opportunities reduced.

Current national and EU policy initiatives in the area of employability, however, do not explicitly mention worker health as an element of either the definition of employability or of policy initiatives themselves. Nevertheless, it is easy to understand how people with health problems that reduce their working capacity have lower levels of employability. Furthermore, any intervention that seeks to maintain or improve the health of workers can clearly have the effect, *inter alia*, of contributing to the employability of the worker.

OSH expertise can clearly contribute

Occupational safety and health is by no means the only field of expertise contributing to this issue. It can, however, contribute to improving the employability of workers especially if a broad definition of occupational safety and health is used. This definition would include issues such as workplace (re)design, maintenance of a healthy and safe work environment, training and retraining, assessment of work demands, medical diagnosis, health screening and assessment of functional capacities. Actors such as occupational physicians, ergonomists, inspectors or preventive occupational safety and

health services may deliver these ‘services’. These actors themselves can be located within a company, external organisations, labour inspectorates or consultancies.

A wide variety of organisations may have an interest in setting up programmes or practices with OSH and employability related aspects. These initiators can be found amongst public authorities at national or regional level, social partners at sector or regional level, private or public insurance organisations, the voluntary sector, companies and public employers such as municipalities. This study on employability includes 26 case studies from 13 member states covering different sorts of initiators. The cases are divided into 4 main categories:

- Major programmes that deal with health and safety hazards - thereby preventing occupation-related injury and illness. These programmes often focus on specific risk groups.
- Rehabilitation of workers - by providing services which adapt the workplace which help the ill or injured worker to recover from their complaints and reintegrate into the workplace.
- Reintegration initiatives for longer term disabled people.
- Workplace Health Promotion initiatives - which use the workplace as a setting to undertake activities aimed at improving the general health of the workforce, thus maintaining employability.

The cases are divided into 4 main categories

OVERVIEW OF THE CASE STUDIES

Part A Major prevention programmes including specific groups at risk

Maintenance of Work Ability

The first example of initiatives at national level is the programme on the Maintenance of Work Ability – Finland. This programme has been in place since 1992 and aims to prolong and improve the employability of the Finnish workforce through a series of measures designed to encourage collaboration between management and labour, while also emphasising individual responsibility. The maintenance of work ability (MWA) concept and policy was introduced as a set of measures to influence the trends towards early retirement and the high level of work related disabilities in the workforce. Legislation was changed, with MWA activities being added to the basic functions of occupational health services. In addition, more than 100 different programmes were undertaken.

MWA was introduced as a set of measures to influence the trends towards early retirement

In Occupational Health Services, MWA was introduced as a three-step model for health promotion, accident/injury prevention and rehabilitative actions. At the enterprise level, a 'triangle model' of implementation was developed, which described interventions targeted at individual health, environmental safety, and organisational function. The basic innovation of the MWA concept at the enterprise level was to encourage workplace actors (employees, employers, OSH, training) to collaborate in the development of work-related health and productivity.

Work ability in SMEs

In addition to the broad approach described above, Finland developed a specific initiative for the Maintenance of work ability in SMEs. It was designed to enable SMEs in Finland to become more competitive, particularly in the aftermath of joining the European Union. The programmes ranged from small projects (a health circle for 20 individual entrepreneurs) to large-scale projects (Small Workplace Programme of Finnish Institute of Occupational Health with more than 300 companies and 10,000 employees). The nature of the activities undertaken within the programme was derived from the MWA concept. These were directed at improving worker health, the work environment, work organisation and worker competence. The innovative aspect of applying MWA in SMEs (as is the case generally) is the effort to combine all of these aspects (more or less) to each individual project. However the complexity of the concept meant that there were often relatively slow to reach fruition - because multidisciplinary actions were required by MWA projects it took some time (about three years, 1995-1999) for the projects to reach their maximum potential.

Work ability of older workers

A further application of the MWA strategy in Finland targeted older workers. This programme, run under the national FinnAge programme, was developed in response to evidence that older workers were more likely to suffer health problems which led to early retirement. These health and other deficits (work ability) were addressed by means of activities in the OSH area, WHP activities and a range of organisational and personnel development activities. In addition, early rehabilitation methods were also encouraged. Evidence from a series of longitudinal studies indicated that deficits in work ability could be reversed, thereby allowing workers to remain at work longer.

Tecnico della sicurezza negli ambienti di lavoro

Another example of an initiative at national level is presented the case study on Tecnico della sicurezza negli ambienti di lavoro (Towards a greater safety consciousness through Occupational Safety Training) in Italy. A government-sponsored investigation into the increase of work accidents concluded that workplace culture was one of the most significant barriers to effective implementation of the OSH legislation. One of the measures proposed to facilitate a shift in culture towards greater safety consciousness amongst employers and the workforce was to train more experts in occupational safety

Designed to enable SMEs in Finland to become more competitive

A shift in culture towards greater safety consciousness

and health and workplace health promotion. These experts should be able to support the implementation of legislation through the direct input of knowledge on site.

In 1999, the Ministry of Education produced a number of guidelines for the creation of these new professionals who would be trained in accordance with EU requirements for funding through the European Social Fund. The Regions are permitted to organise their own courses as long as these remain in line with the national framework. The overall objective of these courses is to develop and spread the culture of health promotion and safety in the workplace throughout the regions. In the Umbrian region, for example, this will be accomplished by developing a core of experts who will each work within companies and thereby contribute to improved OSH standards and the maintenance of employability amongst the workforce. The knowledge base these experts will have acquired, when implemented within the company setting, should minimise the risk of injury to employees but also contribute to the retention of injured employees of the company and the rehabilitation of injured members of the workforce.

Arbo convenanten

An example of a governmental initiative at sector level is described in the case study on Arbo convenanten from the Netherlands. These are agreements between interest groups on Health and Safety at Work in sectors in which government and the social partners have accepted joint responsibility for promoting improvement in working conditions with specific high-risks. National targets linked to a specific timetable have been formulated for such work-related risks as lifting, work pressure, RSI, hazardous noise, exposure to solvents, allergenic substances and quartz. The aim is to reduce these by reaching agreements at sector level with employers and employees in those sectors where the risks arise most frequently. The objectives can consist of standards for exposure or the extent to which companies plan to take precautionary measures or measures at source according to either the present or future status of public information campaigns and tax breaks. Sector organisations often contribute to the financing of this initiative. Through the agreements, the Government is hoping to reach approximately 40% of the employees who work in high-risk environments. Employers and employees can also incorporate the agreement into their collective bargaining arrangements. It is anticipated that it will be possible to conclude at least 20 agreements within four years.

Convenant Arbeidsmarktbeleid Zorgsector 2000-2004

The use of agreements between interest groups is widely practised in the Netherlands. Another example at sector level, but this time initiated by the social partners, is described in a case study which focuses on a combination of labour market policy and occupational health and safety: Convenant Arbeidsmarktbeleid Zorgsector 2000-2004 (Labour Market Policy Agreement in the Care Sector 2000-2004).

In the 1990's, increasing labour market problems were identified in the care sector. These included a structural shortage of personnel, increasing rates of

National targets have been formulated for work-related risks such as lifting, work pressure, RSI

The competitive position of the health care sector in the labour market needed improvement

sickness absence and increasing numbers of disabled workers. The competitive position of the health care sector in the labour market needed improvement to meet the increasing needs for health care and service. These considerations resulted in a Labour Market Policy Agreement in 1998 that involved social partners, the three main health care sector funds, the Ministry of Public Health (VWS), the Dutch Care Federation (NZf), several sector organisations, the national employment agency and the unions in the care sector. A policy framework was developed with targets for the next four years.

The most important objective is to reduce the shortage of personnel each year by 2 percent and to establish a good balance between personnel demand and supply by the year 2003. A number of topics are identified in the policy framework 2000 – 2004. These include:

- Analysing the causes of the high sickness absence rates and developing a plan to approach the problem;
- Improving the opportunities for training, education and the terms of probation. This should lead to an increased participation by disabled, unemployed and foreign workers;
- Retaining existing personnel by means of career management, improved working environment, age-sensitive policy and using more flexible working times, better working schedules, and providing more possibilities for day-nursery and care leave;
- Adapting work organisation and the conditions of work should help to improve the image of the health care sector. A national campaign has been launched to stress the career possibilities and job satisfaction.

With multi-disciplinary teams, Groningen wanted to prevent early retirements and high sickness absence

Gemeente Groningen

An example of how a municipality can improve the employability of its workers is described in the case study of Gemeente Groningen (Prevention in high-risk jobs by working in multi-disciplinary teams in a city council) in the Netherlands. Groningen is a municipality in the northern part of the Netherlands and its Department of Public Works has about 250 employees, of which about 60 work in public spaces: working as gardeners, road-crews or maintaining traffic signs. The average age of these workers was more than 47 years. The road crews were the oldest group with an average age of more than 50. The road crew job is a particularly heavy physical job. In the past, there was little variation in the tasks associated with each job. The main problem seen in the group was that very few of the road crews made it to pensionable age (62 years). So, in addition to the normal problems with occupational safety and health, the Public Works Department was likely to face both diminishing working capacity among employees and a reduction in their workforce within a few years.

Groningen municipality wanted, through the establishment of multi-disciplinary teams, to prevent early retirements and high sickness absence figures, which resulted from a range of physical problems and low job satisfaction. Variation in tasks and more responsibility were indicated as important methods to achieve this objective. It was decided that the physical and mental workload of the public workers could only be lightened by

transforming them into multi-employable workers (combining heavy tasks with less heavy ones).

Evaluation of the initiative revealed that:

- Most workers are very satisfied about the broader scope of their work and the improved possibilities for mobility and their career.
- The absence rates due to physical causes have dropped in this period by about 10%. The total figure of sickness absence has dropped from 15% (1989) to 7% in 1999.
- Early retirements have fallen almost to zero since the initiative was undertaken.

Part B Rehabilitation of ill workers

Rehabilitation of ill workers usually implies the provision of services and/or adaptation of workplaces, which helps the ill or injured worker to recover from their complaints and reintegrate into the workplace. We can also follow the concept of who initiated the programme here, although we will find some different actors.

Programa d'atenció integral al metge malalt (PAIMM)

An example from the private sector at regional level can be found in the case of Programa d'atenció integral al metge malalt (PAIMM) (Global assistance programme for ill physicians) – Spain. Physicians, as is the case for the rest of general population, have illnesses that should be diagnosed and treated. Physicians, as an occupational grouping, have the 5th highest incidence of psychological morbidity in Spain. A professional body, the Consell de Col·legis de Metges de Catalunya (Council of Catalanian Medical Association) recognised that occupational stress was taking a toll on the profession as a whole and on individual members. Furthermore, patients were being exposed to what might be termed a secondary risk. Doctors were continuing to practice despite disabilities, which may impair their judgement and competence.

Patients were being exposed to a secondary risk

PAIMM is a programme that seeks to help doctors who suffer from psychological problems or addictive behaviours that can interfere with their professional practice. Experience demonstrates that early intervention can facilitate the doctor, even while in treatment, to maintain work activity. From 1999 to June 2000, PAIMM has opened 179 cases and, from these, has accepted 170. According to preliminary results, among the 72 doctors treated, 98% are stable or abstinent during the first 7 months post treatment (estimates in the USA report the rehabilitation rate at around 80% two years later).

Misa WAVE project

Another example of a private initiative is the Misa WAVE project: Back to work after brain injury from Sweden. In 1996 alone 68,750 people suffered a brain injury in Sweden. Legislation exists which confirms the right of those who incur

such an injury of a long-term nature to various forms of support and services from the local councils. However, there are only 1,000 adults in the whole country who receive support and services under the legislation although at least double that figure are believed to be entitled to support but are not taking up that right for various reasons. Misa, a private company that was previously operated by the Jarfalla Municipality, provides such opportunities. The WAVE project aims to help people with acquired brain injuries to return to working life with the aid of a Model of Supported Employment. The programme aims to support the participants in either gaining open employment or in the retention of their pre-injury job.

Allgemeine Unfallversicherung

If necessary, AUVA undertakes modifications or renovations to the workplace

Insurers providing cover against occupational accidents and diseases are often responsible for the rehabilitation of injured workers. This classical approach is described in the case study on Allgemeine Unfallversicherung (AUVA) (Prevention of Industrial Accidents and Occupational Illnesses) from Austria. If an employee suffers a workplace accident the employer is obliged to report this to AUVA. In-patient treatment can take place in one of the 7 AUVA hospitals or in any other hospital. In the majority of workplace accidents the employee is able to resume work duties directly after the completion of treatment. If this is not possible, the employee can be referred to one of the AUVA rehabilitation centres and receive further medical rehabilitation. Following completed medical rehabilitation every effort is made to re-engage the employee in the same job he or she worked in prior to the accident. If necessary, AUVA undertakes, where possible, modifications or renovations to the workplace. If the job is no longer available the employee must seek new employment him/herself and is supported by an AUVA "employment welfare officer".

If the rehabilitated worker can no longer be employed in his/her original job, possible alternative areas of employment are explored and the occupational functional capacities of the worker are assessed in either one of the AUVA establishments or a partner institution. If the person undergoing rehabilitation is deemed suitable, then a professional rehabilitation programme is begun. When completed, the employment welfare officer works together with the rehabilitated worker to find a suitable job. In this case any relevant modifications to the workplace are also undertaken and the company is supported by AUVA. In order to create an incentive for companies to employ rehabilitated employees, part of the salary costs can also be paid by AUVA. If no professional rehabilitation is possible an early retirement procedure is initiated.

Hand Traumata

An example of insurers dealing with rehabilitation for specific types is given in the case on Hand Traumata: Dealing with hand injuries of workers from Belgium. KBC, a Belgian banking and insurance company, took the initiative for starting a campaign on the prevention and treatment of hand injuries. The insurance activities of this group include providing cover for occupational accidents. An important reason for developing this initiative was that hand injuries constitute a major element of accident statistics. Another reason was the lack of needed facilities and personnel, such as hand surgeons and hand

clinics, which could provide the specialised treatment and rehabilitation needed for full recovery.

The campaign had two objectives. The first was to reduce the number of hand injuries. Therefore a campaign was launched to make the public aware that hand injuries can be prevented by taking the proper precautions and that hand injuries should be treated immediately. The second objective was to support the establishment of specialised 'hand injury centres' within existing hospitals to reduce the cases of temporary and permanent disability. Occupational health and safety services often give advice on workplace adaptation for the recovering worker on their return. Several hand centres have been created, which operate within existing hospitals and make specialised staff and equipment available. Until now, the majority of the treatment involved secondary surgery. This means that patients suffer from 'old' hand injuries with a permanent disability. These patients seek new treatment in order to improve their condition or even to fully recover. The results show that the new treatment have had positive results. However, the initiative has not yet resulted in the initial treatment of hand trauma immediately after the injury occurs within the Hand Centres.

Hand injuries should be treated immediately

The Workplace Safety Group: Civil litigation and return to work – Ireland

A final example of the role of an insurer, in this case in co-operation with social partners, can be found in the case study on Civil litigation and return to work from Ireland. It stresses the importance of returning to work as soon as possible after an occupational accident has occurred. In Ireland, a civil litigation system applies when an employee is injured through the fault of another, often leading to protracted and costly legal proceedings. Employers are obliged by law to buy insurance to cover themselves against damages resulting from occupational injuries or illness. In the event of injury or illness, employees obviously seek medical treatment but also, in many cases, seek compensation through the civil courts. The long drawn out legal procedure (often lasting years) usually means injured employees are not returned quickly to either normal or modified work, sometimes leading to a complete non-return to work, and the legal fees add to the employers' and the insurers' costs.

Legal procedure usually means injured employees are not quickly returned to work

There is therefore a tension between the occupational health and rehabilitation systems and the civil courts system. It is in the interest of employers to see an early return to work by employees, while it is in the interests of the legal system to seek monetary damages on behalf of the ill or injured worker. For the workers' part, they face a situation where they often don't know if their best interests lie in returning to work or in seeking financial compensation through the courts. It should be noted that the court awards for injuries in Ireland tend to be very high when compared to European levels. The key element in the decision for workers about whether they should return to work or go through the court system is that these options are generally mutually exclusive. Legal advice and experience indicates that the awards made to workers who have returned to work (even with some level of disability) are much lower when compared to workers who have not returned to work, even though they might have been able to do so. It is against this background that a joint initiative to

improve health and safety standards and to reduce the number of claims ending up in the courts was launched by Employers, Trade Unions and Insurers. Hence it was seen that it would serve insurers, employers and employees if an agreed system was put in place to ensure speedy treatment of injuries, including specialist treatment and rehabilitation. In essence, it pursues early rehabilitation of injured employees and the prevention of workplace hazards.

Kroon op het werk

An annual contest in which companies compete for the award of "Practitioner of the Year"

An example initiated by social partners, which aims to motivate employers to maintain ill workers in employment is given in the case study on Kroon op het werk (An employers' award on disability management) from the Netherlands.

In the Netherlands there used to be few 'incentives' for employers to be concerned with the integration and rehabilitation of disabled workers. When an employee became disabled, the social security system would take care of them, and provide financial benefits to the disabled worker. The employer had to bear only limited financial or economic consequences. Under new legislation, employers became more responsible for the prevention of sickness and disability on the one hand and rehabilitation on the other (e.g. a regulation that employers became financially liable for the first year of absence from work). In this context the 'Kroon op het werk' award was established. The 'Kroon op het werk' award is an annual contest in which companies with a leading position on Human Resource Management and social policy compete for the award of 'Practitioner of the Year' in relation to disability management.

The programme was first started in 1996 and the award has been adjudged over the years 1996, 1997, 1998 and 1999. The award aims to improve the image of disabled workers and their opportunities for employment by identifying best practice-examples which show that hiring and/or rehabilitating disabled workers doesn't necessarily carry a disadvantage for the employer and can even be profitable.

Critical Incident Management

Setting up appropriate structures to deal with the aftermath of such incidents

A very specific approach in dealing with the consequences of occupational accidents and diseases at sector level is described in the case on Critical Incident Management (Managing Psychological trauma and return to work) from Belgium. Petro-chemical industries developed a set of guidelines to create safer and healthier workplaces for workers employed in high-risk environments known as the 'Responsible Care' programme. Part of this concept involves providing training to appropriate management levels in a strategy to prevent psychological trauma from industrial accidents. However, human error and occasional technical failure cannot be totally prevented. In those circumstances, critical incidents (or even accidents) occur, which sometimes lead to considerable levels of psychological trauma and physical and material damage for those closely involved in these incidents. The 'Responsible Care' initiative responds to this need by setting up appropriate structures to deal with the aftermath of such incidents, and therefore represents a significant extension of traditional health and safety activities to encompass psychological issues and the rehabilitation of traumatised workers.

AMOCO Chemicals, now BP AMOCO, recognised a need to develop awareness amongst senior management and OSH and Human Resource personnel on the issue of managing psychological trauma in order to minimise the effects on the workforce. It provides the opportunity to practice specific skills in managing crisis and trauma arising from the occurrence of critical incidents.

Cidade de Almada

An example at municipality level of the rehabilitation of ill workers is found in the Almada City Council project from Portugal. Almada is a medium-sized town and currently employs 2,000 people. In 1989, Almada City Council and municipal Waterworks and Sanitation service (SMAS) decided to set up a joint occupational health and safety service, in anticipation of future legislation and regulations in this area. This workplace health policy aims to promote the health and wellbeing of the workforce, to improve the work environment and quality of products and services. The most important prompting factor for the project was the perceived high costs of absences from work, especially long-term sick leave due to work incapacity.

The project was supported by an in-company, interdisciplinary occupational health service and contained features such as joint labour-management involvement, an integrated approach to health at work and an assessment of disabled peoples' needs, expectations and skills. With regard to rehabilitation, over 400 disabled and largely unskilled employees have been eligible for the workplace reintegration programme and most of these are (or have been) involved actively in it. Improved health status, increased job satisfaction and morale, decreased sick leave and turnover, improved workability and financial gains for the employer are some of its outcomes.

An integrated approach to health at work

Novo Nordisk Revalideringspolitik

Initiatives to rehabilitate injured workers are not always carried out by institutions, and neither do they have the sole responsibility in this area. Companies themselves can also initiate activities. An example of how rehabilitation policy is carried out at company level is described in Novo Nordisk Revalideringspolitik (Rehabilitation Policy) from Denmark. Novo Nordisk is a world leader in insulin production and diabetes care and also manufactures and markets a variety of other pharmaceutical products. The total number of employees is more than 14,000, of which 9,500 are employed in Denmark. A Rehabilitation Policy has been in place at Novo Nordisk A/S (Denmark) since 1992. Within this policy, guidelines, roles and responsibilities are defined and the policy is an acknowledged part of running the business. The rehabilitation process often increase employability by adding competencies or remodelling the working environment. By January 1st 2000, 691 cases had been concluded and of those, 55% resulted in job retention, 39% received disability pension and 6% left Novo Nordisk before a solution was found.

The rehabilitation process must focus on sustainable solutions giving employees the best opportunities to return to work. The endpoint is not always inside Novo Nordisk. It is important to intervene as early as possible. Both manager and the employee have a responsibility to identify a potential rehabilitation situation as

It is of importance to intervene as early as possible

soon as possible, and subsequently establish contact with the social advisor, OSH or Human Resource Department. Many cases are solved in the employee's own department by getting an ordinary job with some individual adaptations. OSH expertise is almost always involved in the rehabilitation process.

SNCF

Another company example of rehabilitating ill workers can be found in the case study on SNCF (A Company agreement to promote the employment of disabled workers) from France. As an employer, the SNCF (French Railway Board) is subject to legal provisions, which stipulate that enterprises with over 20 employees are obliged to ensure that disabled people form at least 6% of their workforce. Enterprises can be partly exempted from this obligation by paying a contribution to a specialised disability organisation; by signing contracts with the supported employment sector; or by signing a company agreement enabling specific additional measures to be taken to promote the integration of disabled people in the enterprise. This latter approach - the company agreement - was selected by the SNCF senior management and trade union organisations. The agreement benefits different types of disabled people:

- Disabled people from within the enterprise, who would be rehabilitated when they become unfit for their job. These are the majority of cases;
- Disabled people from outside the enterprise,
- Disabled people working in the supported employment sector.

To attain the objectives set by the agreement, the enterprise develops operating plans. These include, for example, hiring disabled workers, an integration and training plan, a plan for adaptation to technological change, a plan for retention of people declared medically unfit. For each of these plans a projected budget is established and an annual quantitative and qualitative review is undertaken. Each year, a quantitative and qualitative centralised review is made of the results obtained, which is presented to the trade union organisations. The agreements signed since 1992 have been a success for the enterprise - the objectives set have not only been attained but have also exceeded.

Each year, a quantitative and qualitative centralised review is made

Many of the referrals come from the occupational health functions within companies

Part C Reintegration initiatives for longer term disabled people

Access to Work

Access to Work is a public initiative that aims to help the long term disabled to integrate into or remain in a work setting. It is a UK-wide, government operated programme which provides support to disabled people who are seeking work, including funding of adaptations and purchase of special equipment, based on the established needs of the individual applicants. The target groups are unemployed disabled people and employed disabled people at risk of becoming unemployed. The programme aims to enable them to compete on an equal footing with their non-disabled colleagues. It has been in operation since 1994.

This initiative is part of a larger movement within British Social Welfare policy towards the American model of 'Welfare to Work'.

The programme is targeted at adults with disabilities who present themselves to the Job-Centre. They may be unemployed or already in employment, or perhaps wishing to change jobs. In addition, disabled people who are already in work, but who may need any of the supports provided by the service are also a target group. Three-quarters of the recipients surveyed felt that the programme had had a positive impact on their efforts to secure or retain employment. Many of the referrals to the initiative come from the health and safety or occupational health functions within companies. There is a high incidence of musculo-skeletal injuries amongst participants in the initiative and OSH is of particular relevance in these cases. In the majority of cases included in the evaluation of the Access to Work programme, adaptations to the workplace and the purchase of special equipment to assist the employee were the main activities that needed to be undertaken in the workplace.

Passerelles 09

Integrating or reintegrating long-term disabled people at work is not only an activity to be undertaken by governmental organisations; social partners can also play a role. An example is given by Passerelles 09 (An employers programme in the Ariège department to encourage the integration of disabled workers) from France. Since 1992, the regional Employers' Union has initiated an action called Passerelles 09 to encourage the integration and rehabilitation of disabled workers. It was carried out in partnership with local actors, both public and private, and involves the promotion of enterprises' awareness of their obligations regarding the hiring of disabled employees and the aids from which they can benefit and supports available to maintain employees declared unfit for work in different jobs.

Carried out in partnership with local actors

Passerelles 09 was implemented with the assistance of and financing provided by the AGEFIPH (the association managing the fund for the integration of disabled people). It is clearly a successful operation because of the partnerships it has initiated, bringing down barriers between the various organisations involved, and allowing them to work together for greater efficiency. Passerelles 09 has created in the Ariège "department" a positive attitude to the integration of disabled workers, which has become commonplace among the partners.

Arbeitsassistenz

In addition to insurers, sector organisations or social partners, voluntary initiatives can also support specific groups. An example is described in the case study on Arbeitsassistenz (Assistance in retention and integration at work for Disabled People) from Austria. This initiative started with the Verein Miteinander organisation, founded 25 years ago by parents of children who were mentally, physically or multiply disabled. The organisation expanded its aims to include the integration of young disabled people into working life. Another organisation, Pro Mente also did early work on the idea of job assistance and carried out a pilot project with a partner in Lower Austria in 1992. After an evaluation was undertaken, job assistance became a permanent

feature. Before work assistance was introduced, RISS had also tried to find jobs for the blind and visually impaired, and had provided clients with training for this purpose. These work assistance organisations work together closely.

Sensitising employers and employees to the problems of the work assistance clients

The general aim of each initiative is to integrate clients into the labour market. If a client is in danger of losing a job, the aim is to maintain them in work. The Federal Social Welfare Office has defined clear objectives. Each work assistance worker must take care of 18 persons per year, and of these 30% must be placed. 75% of these placements must be in the primary labour market; the other placements can be in the secondary labour market. The placement is considered successful when the employment has lasted for six months or if someone in danger of losing their job is kept in employment for a further six months after the intervention of the work assistance worker.

The project sponsors have set a number of further aims. One of these is to raise awareness of employers and employees to the problems of the work assistance clients. This is achieved by giving presentations of their work to groups in adult education, trade unions and employer's associations. Public relations work is a further important element of their work - much work is accomplished through the media, using regional newspapers and trade newspapers.

Brainwave

Service to employers includes advice on OSH-related concerns

A similar example is Brainwave (The Irish Epilepsy Association) from Ireland. This Association was founded in 1967 as a members' organisation for people with epilepsy. It provides information, advice, counseling, aids, training and advocacy services. It is in regular contact with about 7,000 individuals in Ireland. Initial services are provided to any person with epilepsy regardless of membership of the association. These services aim at *inter alia* – pre-employment training to enable young people with epilepsy (PWEs) gain employment; and providing information and training for employers and fellow employees which leads to PWEs being accepted in, and remaining in the workplace. The service to employers includes advice on OSH-related concerns and how best to manage potential risks within the workplace. Brainwave is actively involved in informing employers about epilepsy. The association considers that many employers have outdated attitudes about the capabilities and appropriate work levels for people with epilepsy.

Corporación Empresarial ONCE

23% of people who have disabilities have acquired them as a consequence of job accidents

A final example of a private initiative for the long-term disabled is Corporación Empresarial ONCE (Organización Nacional de Ciegos) (Once Business Corporation) from Spain. ONCE was created in 1938 as a private association with their own financial resources and the aim of promoting the social integration of blind people and people with visual impairments. Their initial action was to establish a lottery as a source of income. ONCE also runs a group of companies that seek to create job opportunities for disabled people. They aim to cover labour market needs by promoting disabled people's employability, especially for those with visual problems. According to their data, 23% of people who have disabilities have acquired them as a consequence of job accidents. In situations where disability occurs during working life, ONCE will

assist the company in maintaining the person in their job position. Rehabilitation in this case may involve job re-organisation and or retraining.

In 1999, ONCE concluded an agreement with the Spanish Government and made a commitment to create 20,000 jobs for disabled people and to undertake 40,000 training actions for disabled people over the next 10 years.

Part D Workplace Health Promotion initiatives at the workplace

Health at Work in the National Health Service

Workplace Health promotion has a somewhat different approach to ensure the employability of workers. Its main point of intervention is not OSH although in many cases OSH is an important element taken into account. One example initiated by a public organisation is Health at Work in the National Health Service (HAWNHS) from the United Kingdom. This ten year initiative – starting in 1992 - was set up to enable the improvement of the health and well being of NHS employees through workplace health programmes, incorporating health and safety and occupational health issues as well as health promotion. The project also included goals in relation to Human Resource management in the NHS. 12 key action areas for health at work (HAW) were set out for attention by NHS management. The central goal was to make the NHS an exemplary employer in relation promoting to the health and wellbeing of staff, by explicitly addressing a broad range of staff health needs. The occupational health role was largely related to providing services to HAW programmes (e.g. health screening, health and safety activities) as HRM departments usually led the programmes. However, about 30% of the programme co-ordinators were based within OSH units, indicating that in some cases at least, the OSH units were proactive in relation to the programme.

To enable the improvement of the health and well being of NHS employees

Gesunde Unternehmen und gesunde Beschäftigte im Bäckereigewerbe

Another example of Workplace Health Promotion is given in the case of Gesunde Unternehmen und gesunde Beschäftigte im Bäckereigewerbe (Workplace Health Promotion in bakeries) - Germany. A sectoral organisation and a governmental organisation initiated this project. Bakeries and the baking sector in general are characterised by a large number of small establishments both in the production and the retail sector. This sector has a number of well-recognised health and safety risks, which while relatively easily controlled, but are difficult to influence because the necessary skills are in short supply within the bakeries themselves. This project addressed this problem through developing a training programme and network which focused not only on dealing with health and safety hazards, but also sought to improve the general health of employees, thereby integrating the methods of health and safety with those of workplace health promotion. The training programme was developed by the Federal Institute for Safety and Health and is delivered by network partners who offer training for bakeries.

This sector has a number of well-recognised health and safety risks

Many companies have a major interest in reducing direct costs of absence from work

Allgemeine Ortskrankenkasse Rheinland

A final example on Workplace Health Promotion by an insurance organisation is given in the case on Allgemeine Ortskrankenkasse Rheinland (Rheinland Regional Health Insurance Fund) – Germany. The Rheinland Insurance fund, like many other German Insurance funds, has been involved in what are termed workplace health promotion programmes for many years and stresses that all main stakeholders in the workplace benefit as a result of undertaking integrated corporate health promotion.

Employees can be motivated to participate if they are convinced that they will benefit by better individual health. Many companies have a major interest in reducing direct costs of absence from work. Indirect effects of corporate health promotion are, however, even more important. If efforts are successful, employees usually become more productive; for example, in terms of increased availability, and there is, therefore, less need for temporary workers, stand-ins, or hired labour replacing sick workers.

Insurance institutions also benefit. This includes both the health insurance funds and, to a lesser extent, the employers' liability insurance associations. Financially, corporate health promotion is worthwhile because the prevention of sickness or injury means less treatment costs.

Conclusions

In the Member States of the European Union there are many initiatives taking place that aim to improve the employability of the workforce. A substantial number of these focus explicitly on the role of workers' health. In this report 4 types of initiatives which focus on workers' health have been identified and cases are presented to illustrate each type:

- major prevention programmes, including programmes for specific groups at risk
- rehabilitation of ill workers
- reintegration of longer term disabled people
- workplace health promotion

The first type – major programmes including specific groups at risk - were mainly initiated by actors who's principle role concerns Occupational Safety and Health and the prevention of work-related accidents or diseases. All workplace injuries and ill health prevention activities are generally assumed to contribute implicitly to the employability of workers. Notwithstanding this, the cases described have been explicitly designed to improve employability through improvements to occupational safety and health.

In the other types of initiatives non-OSH organisations generally took the leading role and the typical organisations active in Occupational Safety and Health were less involved, although they sometimes had a supportive role. This more limited involvement however does not mean that the field of Occupational Safety and Health did not play a significant role. In many occasions OSH-experts were involved and applied their expertise and instruments including elements such as workplace redesign, health screening, assessment of functional capacities of workers, and assessment of work demands. So in this way it was shown how Occupational Safety and Health can be incorporated into broad based initiatives that focus on the role of workers health in employability.

1.



INTRODUCTION

This report gives an overview of different types of initiatives taking place in the Member States that aim to increase the employability of workers by using intervention deriving from the field of occupational safety and health (OSH). These include – amongst others – instruments, work methods, and expert knowledge (occupational physicians, safety experts, ergonomists, etc.). This highlights the potential role of occupational safety and health to improve the employability of workers is highlighted. It is interesting, however, that most of the initiatives stem from organisations other than OSH-organisations.

The initiatives described here are aimed at one or more of the following objectives:

- to prevent - specific categories of - workers that are at particular high risk becoming disabled or being “laid off” into pre-retirement schemes;
- to bring ill-workers back to work by providing special attention to issues related to occupational safety and health;
- to provide support by adapting workplaces to workers that are seriously hindered or disabled by their physical or cognitive capabilities;
- to improve workers health in general (so-called Workplace Health Promotion: WHP) and that include the improvement of the work environment as well.

The examples have been chosen to present a variety of different and notable initiatives aimed at one of the objectives listed above. It should however be kept in mind that the grouping is somewhat arbitrary as many initiatives had multiple aims.

Occupational safety and health is by no means the only or sole field of expertise or interest in contributing to the issue of workers' employability. OSH is however a field with information and expertise or competencies that clearly can contribute to the improvement of the employability of workers. This is in particular of importance against the background of the central role which employability plays in current EU policy-making in relation to increasing the employment in the Member States.

The recent Communication from the European Commission on the Social Policy Agenda for the period 2000-2005, which emerged as an outcome of the Lisbon Summit, reinforces the role which worker employability can play in providing more and better quality jobs. In particular, it emphasises the need to promote the inclusion in the labour market of a number of under-represented groups, such as older workers (particularly men), people with disabilities and women of all ages. This renewed commitment to achieving these goals underlines the importance of the role of worker health, as older workers and people with disabilities are more likely to have health barriers that impede their progress towards full participation in the labour market and the taking up of gainful employment. The initiatives described in this report therefore have an added relevance for current social policy debate within the EU.

Examples have been selected that have been initiated by a broad range of different organisations: national and regional authorities/municipalities, social partners, private and public insurance organisations, other interest organisations and companies.

Cases have been selected to try to demonstrate a wide range of different initiatives and to show what is taking place across the various Member States. However, no attempt was made to be exhaustive in this regard.

Contents of the report

A wide range of initiatives from all over Europe aimed at improving worker employability were identified as part of the project (over 50 initiatives were identified as possible cases for study). The widely varying scope and types of initiatives and the disparity of these initiatives presents a challenge to adequately describe and group them. A framework has been used to help to describe the key elements of the initiatives. A summary of the most important features is given at the start of each case description. The framework is made up of the following elements:

A framework has been used to help to describe the key elements of the initiatives

- Target groups — i.e. who is it aimed at. Four broad types of target groups are identified:
 - categories of workers that are at particular high risk of becoming disabled
 - ill-workers that aim to return back to work;
 - workers that currently are seriously impaired or disabled by their physical or cognitive capabilities;
 - and improving workers health in general by employer's initiatives (so-called Workplace Health Promotion).

The categories are not exclusive, and initiatives can be directed at more than one group.

- Stakeholder involvement — i.e. what types of organisations are involved in the initiative. The main interest here was to identify initiatives that involved a number of stakeholder groups, and special attention was paid to innovative collaborative initiatives between stakeholders.
- Activities — i.e. what are the nature of the activities. Examples of the kinds of activities which may take place include: adaptation of workplaces to workers characteristics; individualised guidance, education and training; awareness raising; service development; service integration; research; network building, policy development and policy integration.
- Target problem of the initiative — i.e. what is the problem that the initiative addresses. Examples of problems which may be addressed include: lack of integration of services; financial problems with existing services; specific illnesses or injuries; (re)integration of ill or disabled people into the workplace; workplace design and many others.
- Outcomes — i.e. what are the results of the initiative. Of interest here are assessments of success and failures associated with the initiative and any changes which might be made as a result. Both quantitative and qualitative assessments are of interest.
- The role of occupational safety and health — i.e. what role does OSH play in the initiative. Bearing in mind the broad range of OSH activities described earlier, we are interested here both in the actual role played by OSH, and in the role that they might potentially play in the initiative.

*The elements of the framework
are not mutually exclusive*

The elements of the framework are - as one can see - not mutually exclusive. There is some overlap between the elements. However, this should not be a major problem, since the dimensions of the framework are proposed largely for purposes of description rather than analysis. They should be viewed as an aid to understanding the main features of the selected initiatives, where the reader can easily identify initiatives of interest.

2.



OCCUPATIONAL SAFETY AND
HEALTH AND EMPLOYABILITY
– A CONCEPTUAL
FRAMEWORK

One of the four principal pillars of action

The concept of employability has arisen most recently within the current Employment policy framework of the European Commission. It was first mentioned in the Amsterdam Treaty as one of the four principal pillars of action in relation to reducing the high levels of unemployment in Europe. (The other three pillars of action are 'Entrepreneurship', 'Adaptability' and 'Equal Opportunities'). It was seen as a major action line which could influence the prospects for economic growth in Europe through transformation of the labour force into a more flexible, better educated and less socially excluded element in the economic process. Policy actions to improve employability therefore carry two main aims. Their central objective is to improve the prospects for the employment of workers by improving the education, training and whatever other attributes of the potential worker which may act as barriers to them participating fully in the labour market. Its second and resultant objective is to improve the prospects of economic growth through having a more enabled workforce.

Seven main concepts of employability

The concept of employability has a long history, going back to the beginning of the 20th century (Gazier, 1999). In all of its current guises, the main thrust of the concept has been based on the realisation that lifelong employment cannot be guaranteed for the European labour force. Accordingly, employability policies, though difficult to define, are essentially labour market policies that seek to improve the chances of workers in obtaining and maintaining jobs. Gazier and Houseman (1999) identify seven main concepts of employability which have been used throughout this century. These are:

- Dichotomic employability (UK and USA 1900-1940);
- Socio-medical employability (International, 1950-present);
- Manpower policy employability (International, 1960-1985);
- Flow employability (France, 1966-1986);
- Labour market performance employability (International, 1970s – present);
- Initiative employability (International, end of the 1980s);
- Interactive employability (International, 1980s – present).

The details of each of these definitions need not be of concern here, as many of them are of historical importance. However, the concepts of socio-medical employability, because of its obvious relevance to the current project, and interactive employability, because of its current practice are of particular interest at present.

Before describing these two concepts of employability, it should be noted that the other concepts have evolved significantly over the years. Originating from the fields of economics and econometrics, the concept in latter years has come to have significant medical and human resource management implications. In addition, it has begun to move from an exclusive concern with macro labour market policies towards one that has implications at company level. Moreover, the passing years have seen a shift in emphasis from passive labour market strategies towards a more dynamic policy balance.

The concept of socio-medical employability is mainly focused on the problem of the rehabilitation of physically or mentally disabled workers. In this concept, enabling disabled people to work is the aim, and the methods which are used essentially consist of defining the gap which exists between the competencies of the individual and the demands of the work, and then identifying ways in which this gap can be bridged. The methods used here involve medical diagnoses and the use of measures of individual functional capacities and assessments of the physical and mental demands of work. They also involve active re-integration policies at workplace level, such as part-time working, light duties and retraining.

Interactive employability may be defined as 'the relative capacity of an individual to achieve meaningful employment given the interaction between individual characteristics and the labour market' (Canadian Labour Force Development Board, 1994, cited in Gazier, 1999). In practice this concept relates to macro-level labour market policy and it is currently the model which has been adopted by most Member State Governments. It emphasises individual initiative while at the same time targeting groups disadvantaged with respect to the labour market. Interventions encompassed by this approach include early preventive programmes (with regard to unemployment) for disadvantaged groups and the targeting of 'remedial' programmes at the long-term unemployed. What is notable here for current purposes is that health concerns are, although not always a priority of this approach, included.

At the core of many of these definitions is the realisation that for individuals to be 'employable', they must be adequately trained for the needs of the labour market, and they must be sufficiently flexible to take advantage of job opportunities which may arise. The concept of lifetime employment with the same employer has changed in modern labour markets. Now, workers are not expected to work with same employer until pensionable age but will probably work for many employers during the course of their working life. In this concept the employee is the manager of his own working life and career.

The Entrepreneurship Pillar of action implies investments in the development of expertise and skills. But a person's employability is not only determined by their capacities but also by their willingness to deploy these capacities elsewhere if required. This implies knowledge as to where these capacities are in demand or where they can be put to use (so-called job search skills). In this view employability is advantageous to both employees and employers. Harmonisation of the supply and demand of worker capacities means that employees can make full use of their capacities and in doing so achieve self-realisation.

Employers too have a stake in stimulating employee employability. There has been a recent shift in the nature of the employer's stake. In the early 1990's more employers began to invest in the employability of their personnel in order to make it possible for them to find other work. In this way they tried to encourage voluntary mobility and head off the need for redundancies and dismissals. Currently an opposite trend is apparent, with employers being more interested in retaining employees than losing them. Investing in the employability of employees now aims to increase flexible deployment within the

Employers are more interested in retaining employees

organisation. Moreover, such investments may have a binding quality: employees like to remain in organisations in which they can keep learning and where their market value is maintained or enhanced. In this way investment in personnel is also investment in the recruiting power of the organisation: the organisation is more attractive for potential new employees – which is an important advantage in today's competitive labour markets.

The vision of the 'employable' worker also implies a sufficient level of health and wellbeing to enable the worker to function effectively in the labour market. Their level of health should not disbar them from working and should also enable them to be proactive in coping with the demands of the labour market.

It is clear that the health status (defined in the broadest of terms) of the individual must play a central role in determining his or her level of employability. For example, statistics on disability rates throughout Europe indicate that as many as 10% of the labour force in some countries are classified as being medically unfit for work. In addition, unemployment rates of 70% among disabled people are common throughout Europe. In countries where social security systems make it less easy to be classified 'disabled', unemployment registers tend to contain many people who are in fact, work disabled. Disability or illness is obviously a key barrier to individuals becoming employed or maintaining themselves in employment.

In a more positive sense, a high level of health and wellbeing enables the individual to actively engage with existing employment or with new job opportunities, while there is also evidence that it helps protect against the demands of unemployment. People who are physically and mentally well are more likely to be able to cope with training opportunities and the demands of sustaining or identifying employment opportunities.

How then may Occupational Safety and Health contribute to improving and maintaining health?

It is clear then, that health is a vital element of the employability of an individual. How then may Occupational Safety and Health contribute to improving and maintaining health?

There are four main ways in which the activities of Occupational Safety and Health can influence the health of the worker, and thereby affect his or her health or employment status:

- It can give attention to health and safety hazards thereby preventing occupation-related injury and illness
- It can provide rehabilitation services which aim to help the ill or injured worker to recover from their complaints, adapt workplaces to enable work productively and reintegrate the disabled person back into the workplace
- It can provide rehabilitation services which aim to integrate disabled people into the workplace for the first time
- It can provide workplace health promotion services which use the workplace as a setting to undertake activities aimed at improving the general health of the workforce

The specific activities of occupational health services which may contribute to improving the health and wellbeing of workers and thereby their employability include:

- Medical diagnosis
- Health screening
- Assessment of functional capacities of workers
- Assessment of work demands
- Training and retraining
- Development of rehabilitation policy
- Maintenance of good, healthy and safe working environments
- Health promotion, e.g. risky behaviour modification, health education, development of health policy
- Workplace/workstation design.

Of course, groups other than occupational health services may undertake some of these activities. In practice, some of these functions have been associated with groups such as health promoters and organisations that cater for disability and rehabilitation. However, there are examples where many, if not all of these activities have been undertaken by occupational health services.

3.



THE CASE STUDIES

PART A	Major prevention programmes including specific groups at risk	35
PART B	Rehabilitation of ill workers	81
PART C	Reintegration activities of longer term disabled people	153
PART D	Workplace health promotion	189

INTRODUCTION

This Chapter describes the case studies that were selected for inclusion in the study. It aims to provide some commentary on the cases as well, mainly for the purposes of helping the reader to navigate their way through the detail of the cases. The case studies are presented according to the following structure:

- Title and origin of the initiative
- Short summary of the main features of the initiative
- Aims and objectives of the initiative
- Activities undertaken in the initiative
- Stakeholders involved in the initiative
- Results of the initiative
- Generalisability of the initiative
- Assessment of the initiative

Each case report is preceded by a short set of keywords

Each case report is preceded by a short set of keywords which are used to describe the initiators of the programme, the stakeholders involved, the target groups for the programme and the objective for the programme.

In all, there are 26 initiatives reported upon in this Chapter. In order to facilitate the reader they have been grouped into a number of categories according to the main organisations involved in establishing and implementing the initiative. In addition, they have been further grouped according to the main aims and activities of the initiative.

These are relatively loose groupings, and the assignment of initiatives to groups is somewhat arbitrary, since there are usually several organisational types involved in setting up initiatives, and many of the initiatives have multiple aims.

The categories used for organising the case study reports are:

Part A Major prevention programmes including specific groups at risk

Part B Rehabilitation of ill workers

Part C Reintegration activities of longer term disabled people

Part D Workplace health promotion

Part A



MAJOR PREVENTION
PROGRAMMES INCLUDING
SPECIFIC GROUPS AT RISK

A.1 MAINTAINING WORK ABILITY —TYÖKYKY-OHJELMA

- Finland
- national programme
- Occupational Health Service
- over 100 different programmes



Background

Based on an agreement between the central labour market parties in 1989, a national policy statement on maintenance of work ability (MWA) was formulated in 1992 by the Advisory Committee of the Occupational safety and health service in the Ministry of Social Affairs and Health (Husman and Lamberg 1999).

MWA concept was introduced as one a set of measures to influence the trends towards early retirement

The MWA concept and policy was introduced as one a set of measures to influence the trends towards early retirement and the high level of disabilities in the ageing work force in Finland. In this regard Finland has one of the oldest working populations in Europe and it also has one of the higher rates of work related disability.

The gravity of the situation (in financial and human terms) led to a collaborative national effort with a multidimensional approach being taken to the related issues of early retirement and work related disability. Legislation was changed, with MWA activities being added to the basic functions of occupational health services in a decree on employers responsibilities in occupational health (Ministry of Social Affairs and Health 1348/94, Council of State 950/94, Act on Occupational Health Services 743/78). Participation in MWA activities is now one of the occupational health and safety committee's duties (amendment 1086/94 to the Act on Supervision of Labour Protection 954/73).

Finland's 'Maintenance of Work Ability' programme, a national workplace health promotion initiative, has been in place since 1992 and aims to prolong and improve the employability of the Finnish workforce through a series of measures designed to encourage collaboration between management and labour, while also emphasising individual responsibility.

In addition to these legislative measures, a range of implementation initiatives were also undertaken. These included the Finnish programme under the European Social Fund between 1995 and 1999 included a special section (object 4.2.3) to financially support local MWA activities. About 100 different programs were started under the umbrella of ESF funding. The actors included training and rehabilitation institutions, occupational health and safety specialists and communities.

Three governmental initiatives in late 1990s and in early 2000s are also related to MWA concept. These are:

- The Finnish National Workplace Development Programme (1996-99 and 2000 -) aimed to boost productivity and the quality of working life by supporting the full use and development of staff know-how and innovation. Many of the supported projects consisted of applications of the MWA concept to local workplace level.
- The National Programme on Ageing Workers in 1998 - 2002 of the Ministry of Social Affairs and Health in co-operation with Ministry of Labour and Ministry of Education aims to develop new means to improve occupational safety and health and promote the working capacity of ageing employees.
- The National Programme for Wellbeing at Work in 2000 - 2002 by the Ministry of Labour with co-operation the Ministries of Social Affairs and Health and Education is part of the governmental programme in the year 2000. The programme aims to support workplaces to develop and adapt practices that will promote employees' and organisations' wellbeing and productivity.

Aims and objectives

The Maintenance of Work Ability programme in Finland is a far-reaching national policy. It aims to promote the health, wellbeing and skills base of the nation's workers through a comprehensive set of measures. These operate at all levels, from the national level down to the workplace, and are targeted at the individual and the work environment. It has widespread support throughout Finnish society and within workplaces. It has been defined as constituting:

“All measures that the employers, employees and co-operative organisations at the workplace take in a united effort to promote and support the work ability and functional capacity of all persons active in working life throughout their working careers.”

It aims to promote the health, wellbeing and skills base of the nation's workers

Activities

In occupational health services, MWA was introduced as a three-step model for health promotion, accident/injury prevention and rehabilitative actions. At the enterprise level a 'triangle model' of implementation was developed, which described interventions targeted at individual health, environmental safety, and organisational function. A fourth dimension of intervention has recently been introduced to the model (the 'competence' of the individual) to emphasise the importance of job related know-how and learning. The

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
✓ National / regional authorities	✓ Rehabilitation for ill or injured workers	✓ National or regional authorities	✓ Medical diagnosis
Municipalities	Rehabilitation for physically or cognitively impaired	Municipalities	✓ Health screening
Social partners	✓ Prevention in high risk situations	✓ Social partners	✓ Assessment functional capacities workers
Insurance organisations	✓ Workplace health promotion activities	✓ Insurance organisations	✓ Assessment work demands
Voluntary sector		Voluntary sector	✓ Training and retraining
Companies		✓ Companies	✓ Development of rehabilitation policy
		Vocational training organisation	✓ Maintenance safe and healthy work environment
		✓ OSH consultancies	✓ Health promotion
			✓ Workplace (re)design

basic innovation of the MWA concept at the enterprise level was to encourage workplace actors (employees, employers, OSH, training) to join together in participating in the development of work-related health and productivity.

The occupational pension insurance companies were very active in the marketing of MWA concept to their client organisations. Between the years 1995 and 1998 the Central Organisation of the Finnish Pension Insurance Institutions (TELA) organised a comprehensive and diversified training programme to promote MWA concepts and practices in workplace health services and in the workplaces themselves. A total of 23,000 people participated in the training, which comprised of seminars to workplace representatives (13,400 persons), health service personnel (5,000 physicians) and occupational health services (4,900 physicians, nurses, physiotherapists and psychologists). A new disability pension application form was also introduced in co-operation with the Social Insurance Institution (which is responsible for the assessment and treatment of disability) to include information about occupational safety and health, work ability, and the remaining resources and competencies and rehabilitation potentials of the applicant. In this way, the main actors in relation to dealing with workplace health problems (prevention, treatment and rehabilitation services, employers and employees) were involved this nation-wide initiative.

In addition to the provision of training, a number of supportive tools were produced to aid in the implementation of the MWA initiative. The main challenges of implementing MWA are to support employees, work teams and organisations to control workload and stress, to maintain competence and competitiveness, and to be sufficiently innovative and flexible to keep employees motivated and productive (Liira et al., 2000). The supporting tools include a document outlining the Finnish principles of MWA activities for an

ageing workforce in Europe, which was introduced in recent Finnish publication (Ilmarinen 1999), and a process model, developed by the Finnish Institute of Occupational Health (FIOH 1999), with a quality matrix for use in workplaces

Stakeholders

The MWA programme represents a good example of a collaborative approach to the specific issues of work and health as they are found in Finland. Originating in an agreement between employers and trade unions and the parties to the programme have since extended considerably to include:

- Ministries: Ministry of Social Affairs and Health, Ministry of Labour and Ministry of Education.
- The social partners: The Confederation of Finnish Industry and Employers (TT), The Employers Confederation of Service Industries in Finland (PT), The Central Organisation of Finnish Trade Unions (SAK), The Finnish Trade Union STTK.
- Insurance institutions: The Social Insurance Institution (KELA), the Central Organisation of the Finnish Pension Insurance Institutions (TELA), State Treasury, The Local Government Pensions Institution.
- Research institutions: The Finnish Institute of Occupational Health (FIOH).
- Most Finnish work places and all occupational safety and health service units (N = 1000).

Results

Recent research has shown that Occupational Health Services have expanded their activities in line with the MWA concept to include more health promotion and co-operation with workplaces. Moreover, the MWA concept has also helped workplaces to request health promotion services and programs from occupational health services. Furthermore, many occupational health and safety committees have extended their activities in line with the MWA concept, to become MWA groups, with a stronger and more active role played by human resource management and line management.

In 1998 the National Age programme funded a nation-wide telephone survey of MWA activities at company level (The First National MWA Barometer). A total of 991 workplaces, both private (commercial) and public sector, participated in the survey. Questions were asked about MWA activities such as, recognition of the term, understanding of its content, etc. Further questions were asked, which would indirectly assess the impact of the initiative, on topics such as health promotion, work environment improvement, organisational development and competence strengthening activities. The concept was very well known and accepted, particularly in workplaces with over 100 employees. Only in micro-enterprises (less than 5 employees) was the term not always known (only 50% recognised the concept). This can be attributed to the lack of time or financial resources available to smaller employers. Many workplaces and employers were active in planning and allocating resources to MWA activities, which they also considered be profitable. Activities were broadly

The MWA programme represents a good example of a collaborative approach to the specific issues of work and health as they are found in Finland

targeted; i.e. to occupational safety and health, work organisation and team functioning, competence and individual health. (Peltomäki et al. 1999).

The Finnish Institute of Occupational Health's programme also obtained positive results in its assessment of the impact of MWA activities on the organisational climate within the SME sector. However, while productivity and MWA activities increased parallel to each other, causative conclusions could not be made in such a short follow-up time (Huskonen et al. 2000).

The average age of taking pensions has risen by more than one year since the introduction of the MWA programme

At a higher level, the average age of taking pensions has risen by more than one year since the introduction of the MWA programme. This change is impossible to ascribe solely to the MWA activities (as other measures were also undertaken) but it is nevertheless felt that MWA had a positive influence on this measure.

Problems

Research undertaken into the MWA programme has revealed the following shortcomings:

- The MWA activities initiated by occupational health services are too often focused on the promotion of physical health only. This is largely because they tend to be the simplest to implement.
- The competence of health services in organisational development and process development is often limited.
- There is lack of external consultants and expertise in relation to organisational development (a central need in relation to improving the psychosocial work environment) but the demand for these services has increased over time and currently exceeds supply.
- Lack of know-how, connections to appropriate networks, resources and service providers in the MWA area has been a problem in less economically successful sectors and less well-resourced enterprises, especially SMEs.

Generalisability

There are a number of factors that influence the generalisability of the MWA initiative to other countries. Firstly, the MWA initiative is one of the largest and most comprehensive initiatives of its type anywhere in Europe. In addition, the set of circumstances which pertained in Finland in the early 1990's when the initiative was being put in place, dictated to some extent the form which the initiative would take, and may not be repeated elsewhere. Finally, the occupational health infrastructure and the philosophy of public and occupational health in Finland also influenced the form of the MWA initiative, and these factors may not be reproduced elsewhere.

Despite these background factors, there is a lot which may be learnt from the Finnish experience which may be of use to in trying to construct a similar initiative elsewhere. In particular, the efforts made to construct a collaborative approach were a key factor in its success. In addition, the major efforts made in awareness raising and in training for all interested parties were essential. Finally, it was evident that the Finnish Government committed major amounts

The MWA initiative is one of the largest and most comprehensive initiatives of its type anywhere in Europe

of resources to the initiative, both for implementation and for evaluation and for pilot programmes.

Assessment

This case describes in outline form one of the most ambitious attempts to address the issue of workplace health and employability yet undertaken in Europe. Originally conceived as a programme to combat early retirement and high rates of disability, it has now refocused its efforts on boosting the employability of workers and the productivity of enterprises while retaining its interest in employee health.

Among the more remarkable features of this programme are:

- This case shows a very clear relationship between its activities and the employability of workers. In the first instance, the concept of work ability, especially since it has been expanded to include the dimension of employee ‘competence’ is very close to standard definitions of employability. This makes the MWA programme one of the few to directly address the employability of workers. Secondly, the activities of the programme can have a direct effect on employability through its emphasis on both individual interventions and environmental interventions. Thirdly, the mix of interventions, where health, wellbeing (prevention, promotion and rehabilitation) and competence to work are addressed, means that there are likely to be immediate impacts on employability.
- Even though the MWA initiative is a national programme, the original idea emanated from an agreement between the employers and the trade unions. It therefore provides an example of a programme that stems from a real perceived need of workplaces and employees. In addition, it shows how co-operation between the social partners can lead to the implementation of a national level programme. Also noteworthy in the case of MWA is the fact that once the programme attracted the support of Government, all relevant stakeholders were involved in a comprehensive fashion. The intention of the programme is to change the fundamental nature of the health services offered to workplaces, and therefore there was a major need to involve and refocus all of the relevant parties.
- The concept of Maintenance of Work Ability is perhaps unique within the European Union, and it certainly provides the earliest example of a concept that is truly integrative and holistic. In emphasising the integration of prevention, treatment, promotion, rehabilitation and latterly the promotion of work competence, the concept (and increasingly the practice) of MWA stands as an excellent model for Occupational Health Services for improving the employability of workers. One of its strengths is the widespread support it enjoys throughout Finnish society and in workplaces.
- In this initiative, occupational health expertise is intimately involved in implementing the concept of MWA. At the policy level, the representatives of OSH (through the Finnish Institute of Occupational Health) have been involved in setting the parameters of the MWA initiative. In addition, they have been involved at the practice level both in being trained in the concept

The original idea emanated from an agreement between the employers and the trade unions

and in implementing it within workplaces. The extent of the support enjoyed by this policy has resulted in wide scale co-operation on different activities between many actors on all levels. The OSH administration, the OSH department of the Ministry for Labour and the OSH inspectorates, for example, also has an important role in this field and is a further factor contributing to the success of this policy and the activities it generates.

- One of the more noteworthy features of this programme, which has largely been confirmed by the evaluation research which has been undertaken, is the fact that the benefits of the programme have been spread among all of the stakeholders involved. For employees, the benefits have included improved health and wellbeing and increased employability; for employers there have been improvements in productivity and reductions in the costs of ill health; for insurers there has been the benefits of reduced claims; and for Government there has been an increase in retirement age. These benefits probably stem from the integrated nature of the concept with its emphasis on both individual and workplace factors, thereby creating benefits for both worker and workplace.
- The MWA initiative provides a good example of the use of a wide range of interventions to improve the health and wellbeing of workers and thereby their employability. In this initiative, national level actions were taken at policy and regulatory levels as well as in terms of improving the skills of service providers. At workplace level, interventions targeted at improving the health of the individual (health promotion), re-integrating the ill worker into the workplace following injury or illness have been complemented by a focus on improving the work environment (health and safety practice, job design etc.). In addition, there has been a recent emphasis on improving the job-related skills of workers, thereby improving employability. This variety of interventions has involved a range of professionals both within and outside of the workplace, including Occupational safety and health service and Human Resource Management personnel, as well as vocational training and organisational design personnel.

There has been a recent emphasis on improving the job-related skills of workers

A.2 MAINTAINING WORK ABILITY IN SMEs — TYÖKYKY-OHJELMA PK-YRITYKSISSÄ



TYÖSUOJELU



TYÖMINISTERIÖ



- Finland
- national programme
- SMEs more competitive
- European Social Fund

Background

The initiative was developed at the time when Finland joined European Union in 1995. At that time, the Finnish national market became more open to international competition. This economic change was forecast to threaten employment in and the viability of companies that functioned only in national markets, especially SMEs. At the same time Finland had experienced its deepest economic recession since the 1930s due to problems in international markets in Europe and the collapse of bilateral trade with Russia. Furthermore, the work force was ageing fast and the ageing effect was accelerated by the large 'baby-boom generation' born in 1945 - 1950.

The initiative was mainly based on the Finnish workplace health promotion model, the maintenance of work ability - concept. The MWA concept combines the functions of occupational health services, company based health and safety, organisational development and human resource development under the MWA label in a company. The MWA methodology used in this context is a form of health circle, which is a well known technique used in workplace health promotion in Central Europe and Germany in particular. In addition, other approaches such as competence building training programs and company based rehabilitation programs were applied in the initiative.

Economic change was forecast to threaten employment in and the viability of companies that functioned only in national markets, especially SMEs

This initiative was part of a larger national programme that aimed to maintain the employability of the Finnish workforce. This programme, 'Maintenance of Work Ability for SMEs' had a more specific focus, as indicated by the title of the programme and was designed to enable SMEs in Finland to become more competitive, particularly in the aftermath of joining the European Union.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
✓ National / regional authorities	Rehabilitation for ill or injured workers	✓ National or regional authorities	Medical diagnosis
Municipalities	Rehabilitation for physically or cognitively impaired	Municipalities	Health screening
Social partners	✓ Prevention in high risk situations	✓ Social partners	Assessment functional capacities workers
Insurance organisations	✓ Workplace health promotion activities	Insurance organisations	Assessment work demands
Voluntary sector		Voluntary sector	✓ Training and retraining
Companies		Companies	Development of rehabilitation policy
		✓ Vocational training organisation	✓ Maintenance safe and healthy work environment
		✓ OSH consultancies	✓ Health promotion
			✓ Workplace (re)design

In the Finnish national programme of the European Social Fund, a specific target (maintenance of work ability, target 4.2.3 in 1995-1999, target 3.4.2 in 2000 - 2006) offered financial support for institutions and organisations to arrange and organise activities, training and consultations in SMEs. From 1998 on municipalities were also qualified to apply for support for their MWA programs. Altogether about 100 separate programs were started during the period 1995 - 1999. The programs ranged from small ones (a health circle for 20 individual entrepreneurs) to large scale projects (Small Workplace Programme of Finnish Institute of Occupational Health with more than 300 companies and 10,000 employees).

The individual projects were co-ordinated by the Ministry of Labour and its local offices and the Ministry of Health and Social Affairs. Projects were organised by a project co-ordinator, who usually was the contact person to the individual SME during the project. Financial support was granted for needs-based health interventions (physical fitness, mental wellbeing, rehabilitation), work environment interventions (health and safety improvements, ergonomic improvements), workplace interventions (team building, leadership training, human factors balance sheet building) and educational interventions (applied computer skills, vocational skills training). (Needs based programmes imply the assessment of workplace and employee needs rather than providing expert-driven services to companies). The individual projects combined all of these types of interventions. In each SME the interventions were based on perceived needs and, as a result, there was considerable variation between individual enterprises in the type of interventions undertaken.

Aims and objectives

This initiative constituted a major project within the overall Maintenance of Work Ability initiative in Finland. The overall objective of the project was: to strengthen competitiveness of SMEs and improve employability of the

The overall objective of the project was to strengthen competitiveness of SMEs

workforce in SMEs.” This was to be achieved through the application of the Maintenance of Work Ability (MWA) programme within SMEs. The programme was applied throughout the country with the exception of Northern and Eastern Finland, which were excluded during the period 1995-1999.

Activities

The nature of the activities undertaken within the programme was derived from the MWA concept: these were directed at improving worker health, the work environment, work organisation and worker competence. In addition a fifth class, business focused activities, were commonly undertaken. The innovative aspect of applying MWA in SMEs (as is the case generally) is the effort to combine all of these aspects (more or less) to each individual project. However the complexity of the concept meant that there were often relatively slow to reach fruition - because multidisciplinary actions were required by MWA projects it took some time (about three years, 1995-1999) for the projects to reach their maximum potential.

The nature of the activities within individual SME depended on both the demand from SMEs and the ability and capacity of service providers to meet these demands. The emphasis was placed, however, on the demand side (the needs of a SME) because the projects had to meet the needs of individual enterprises (which had generally committed a remarkable level of resources to the project), basically about 30% of total costs in the form of working time). In addition, because of ESF funding (about 30%), the project co-ordinating institutes were able to subcontract the required services and thus make the programme more multidisciplinary than would otherwise have been possible.

Health focused activities were organised either by occupational health services or rehabilitation institutions (both agencies could act as project co-ordinators as could vocational and educational institutions). The promotion and testing of physical fitness, organising exercise facilities, promoting healthy lifestyles and stress management education, the organisation of health circles and organising individual and group rehabilitation in OSH or in rehabilitation institutions were all common activities.

Work ergonomics was the target of improvement in some of the projects. Organisational development (leadership training, process consultations and team building, organisational change consultation, organisational learning training etc.) activities were central in many projects.

In addition to health promotion, competence building was a central element in all programs (due to the fact that the ESF mainly finance training for employment; the MWA programme in the ESF context was conceptualised as an extension of vocational training). The topics of the training were mainly related to additional professional skills (computer skills, applied language skills) but some projects also provided training for certified vocational skills.

Individual projects related to several SMEs at once, most often 10 - 30 enterprises, and the content of the programs within individual SMEs varied more in volume than in content.

Stakeholders

The stakeholders involved in organising the initiative are the Ministry of Labour and its local offices and Ministry of Health and Social Affairs. The role of social partners (the Central Organisation of Finnish Trade Unions (SAK) and the Confederation of Finnish Industry and Employers (TT)) was important in the formulation of the MWA principles and policy. The role of Finnish Institute of Occupational Health was significant at the start of the initiative in formulating a model for the MWA programme under the framework of European Social Funds programs. In individual projects training centres, occupational safety and health service providers, research institutions and rehabilitation organisations have been active partners.

Results

It was possible to combine traditional business concerns with those of employee health

Several of the largest projects undertook self-evaluation of the effects of the program. Most satisfying and subjectively effective were those projects which could combine the needs of the management of SMEs (co-operation, information, consultation) and the competence and health needs of the employees. In addition, the programme demonstrated that it was possible to combine traditional business concerns (e.g. organisational development objectives) with those of employee health and employability (health promotion, rehabilitation, occupational health and safety, vocational development) in an acceptable and effective manner. This programme has reached the smallest firms in a very cost-effective way. With the help of this policy, occupational health and safety service providers have been able to reach out to even the remotest small firm in rural communities. Participation has probably been more engaging than in the national programme because participation by employer is voluntary.

Problems

The most successful projects occurred where both the management and the employees were truly multidisciplinary in their actions. However, the most successful cases seemed to be those which already before the programme had been dynamic and forward looking or where actively growing do to the boom in their industrial sector (e.g. in electronic subcontracting industry).

The complex accounting and management process of ESF funding also caused some problems especially in the beginning of the programme when the instructions and guidelines for projects changed. Also all those problems commonly encountered in other SME programs were found in this MWA programme. These included time pressures on the managers in the SMEs, shortage of resources and time for participation in development, dependence on market changes, the demands on project co-ordinators' time and the amount of patience needed to keep in contact with a large number of SMEs in the projects. Due to the project structure and its dependence on external funding, the continuity of the project and sustainability of the good practices could not be guaranteed in all cases.

Generalisability

The case is an example of combining national practice with European policies in relation to employment policy using a multifaceted concept (MWA). It entails co-operative actions between OSH, rehabilitation and adult education/training institutions on a regional basis (management is organised in the regional units of Ministry of Labour) to target national problems (an ageing work force with a lack of professional skills).

It entails co-operative actions between OSH, rehabilitation and adult education/training institutions on a regional basis

In its details the initiative is unique but in its principles and ideas generalisable. It is a good example of 'subsidiarity in employment policy in Europe'; a national application to European policy. In particular, the redirection of OSH experts/unit to collaborate with organisational development agencies to develop a multifaceted initiative directly targeting the employability of workers (and also the flexibility of companies) provides an example that might be followed in other countries.

Assessment

- Due to the competence focus, the programme has clear relationship to employability. In addition, the MWA concept also ensures that worker health and health related factors relating to the individual and the work environment are included.
- The project makes good use of the 'unique' national MWA concept and the possibilities provided by multinational ESF funding. The innovative part here is the combination of national MWA concept (in 1994, this was still a relatively new idea) with European Union structural fund - financing. The administrative innovation was somewhat risky (as was shown in the slow start of the program). Many actors in the training field were not familiar with the health promotion concept, while health promoters were not familiar with the reality of life within SMEs. At the start of the new funding period 2000 - 2006 the Ministry of Labour has received a huge amount of new applications for MWA projects which shows that this learning period has been needed.
- Both training institutions and OSH experts/units were obliged both to co-operate with each other to seek resources from regional 'centres of excellence' (because of the bureaucracy of ESF needs relatively large volumes and the content of the MWA multidisciplinary skills). In practice, this meant that OSH played a major role in the initiative. In addition, undertaking the projects has taught programme co-ordinators a lesson in relation to 'client orientation' as the participating companies had committed considerable time and resources to the project.

A.3 MAINTAINING WORK ABILITY FOR OLDER WORKERS — IKÄÄNTYVIEN TYÖKYKY-OHJELMA

- Finland
- older workers
- work ability
- skills development



FINNISH INSTITUTE OF OCCUPATIONAL HEALTH



Työsuojelurahasto

Arbetarskyddsfonden
The Finnish Work Environment Fund

Background

A national programme which aims to improve the quality of life for older people

The FinnAge programme is a national programme which aims to improve the quality of life for older people in Finland. As part of this programme an initiative which focuses on older workers has taken place. This case study reports on activities related to the workplace which seek to improve the health, wellbeing and workability of older workers.

Aims

The goal of the programme was to promote health and work ability of ageing workers. An attempt was also made to improve the quality and productivity of work by improving the resources of ageing workers. The programme also expected, that improving the situation of ageing workers would affect the quality of the workers “third age” following retirement.

The FinnAge programme set out to improve the health, wellbeing and work ability of workers over the age of 45. In doing so, it set out to use the concept of Maintenance of Work Ability and to adapt it to the needs of older workers. The programme involved stakeholders from the occupational health services, employers, trade unions and from the research community. Activities of the programme included development work on tools to make age sensitive interventions in the workplace and the full range of work ability interventions (OSH activities, health promotion, rehabilitation, professional training and leadership development). The project was judged to be a success, as general trends towards reductions in work ability could be reversed by appropriate age sensitive interventions.

Nature of the initiative

The FinnAge programme has a broad brief and addresses the problems associated with the ageing process as a whole. However, an element of the programme concerned initiatives to improve the work ability and health and wellbeing of older workers. This programme should also be seen as an element in the national Maintenance of Work Ability (MWA) programme.

This programme has its origins in a longitudinal research programme begun in the 1980's which had as its aim the prediction of disability amongst workers. This programme, carried out by the Finnish Institute of Occupational Health, has collected health and other information on cohorts of workers on three occasions up until the early 1990's.

Extensive results from this work have been published (see, for example, Tuomi et al 1997). Some of the main findings include:

- Early retirement from work was capable of being predicted using a measure called the 'Work Ability Index'
- Workers levels of work ability could be improved by appropriate interventions

The concept of work ability is related to, but not the same as that of employability. Employability, in most definitions, is largely concerned with developing the professionals skills of workers so that they are better able to compete on the labour market. Within the current project, it has been argued that this definition should also include the health of the worker, and the interventions which flow from that.

The concept of work ability is related to, but not the same as, that of employability

Work ability as a concept originally came from a concern with the health status of workers but came to include concerns with the level of work related skills which the worker possesses. In addition, the concept developed to include

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
✓ National / regional authorities	✓ Rehabilitation for ill or injured workers	✓ National or regional authorities	✓ Medical diagnosis
Municipalities	Rehabilitation for physically or cognitive impaired	✓ Municipalities	✓ Health screening
Social partners	✓ Prevention in high risk situations	Social partners	✓ Assessment functional capacities workers
Insurance organisations	✓ Workplace health promotion activities	Insurance organisations	✓ Assessment work demands
Voluntary sector		Voluntary sector	✓ Training and retraining
Companies		✓ Companies	✓ Development of rehabilitation policy
		Vocational training organisation	✓ Maintenance safe and healthy work environment
		✓ OSH consultancies	✓ Health promotion
			✓ Workplace (re)design

fitting the worker to the work environment. Interventions emanating from the work ability concept therefore include:

- Health and wellbeing interventions (health and safety, occupational health, health promotion, rehabilitation)
- Occupational skills development
- Organisational development (e.g. improvements in the work environment, leadership development)

These classes of intervention formed the principles of approach which underpins the FinnAge programme

The programme consisted of 25 separate projects during the period 1990-1996

The purpose of the programme was to test the theoretical models of the promotion of work ability in ageing workers and develop them further according to the experience gained in the project. The programme consisted of 25 separate projects during the period 1990-1996 which were co-ordinated by the Finnish Institute of Occupational Health.

The programme also had an educational purpose for young researchers who became familiar with research done on ageing and work. During the most active years almost 30 researchers from FIOH and different universities took part in the programme. The total contribution to the programme equalled 105 person years.

Activities

The initiative (1990-1996) consisted of 25 implementation and research projects targeted at a range of workers in a range of sectors. Following this initial programme, it was intended to mainstream the programme to all Finnish workplaces.

To support the implementation of the projects, a range of training and other materials were developed. These included:

- A handbook on ageing and work
- A handbook on improving work ability through exercise
- A handbook for promoting good working ability
- A report on employees attitudes towards early retirement and work
- A report on employers attitudes towards early retirement
- A guide on legislation in the area

The project focused on developing implementation projects in a wide range sectors

The project focused on developing implementation projects in a wide range sectors from the Industrial, State and Municipal sectors. These included the metal industry, the construction and clothing industries from the Industrial sector; firefighters, policemen, cleaners, vehicle inspectors, posts and teleservices and teachers from the State sector; and home care personnel, pie and rail fitters, health care personnel, IT specialists, and midwives from the Municipal sector.

Within each enterprise from these sectors a range of interventions were undertaken. These included:

- Training of key personnel in work ability maintenance
- Assessments of work ability and functional capacity
- Physical fitness programmes
- Vocational training programmes
- Adaptations to the work environment

The 25 individual projects essentially took the form of action research projects in which workplaces were supported by researchers in the implementation of MWA programmes.

Stakeholders

The stakeholders involved in the programme came from a wide range of organisations. These included:

- Finnish Institute of Occupational Health - These acted as the co-ordinators of the initiative and as researchers. In addition, they provided expertise in MWA.
- Universities - These mainly provided research expertise
- LEL - An Employment Pension Fund, i.e. a legally based pension insurance company for short term employers in construction, forest, farming and stevedoring businesses,
- KEVA is 'Kuntien eläkevakuutus' or the Local Government Pensions Institution, a legally based pension insurance company for the employers in municipalities (public sector),
- State organisations, municipalities, private companies - these were target companies for the initiative. Employers and trade unions were involved in the implementation process.

Results

Considerable effort was expended on documenting the results of the initiative. A wide range of sector specific and more general insights were obtained.

Perhaps the most significant general findings emerged from the attitudinal research element of the programme. These concerned the attitudes which both management and workers held towards older workers. So significant were these findings that a new dimension was added to the intervention model, that of age management. Principles of approach to dealing with older workers were elaborated, which included:

- Focusing on management and especially supervisors attitudes towards the effects of age on working capacity
- Implementing measures (information, training) which seek to change faulty or negative attitudes towards older workers

Other general findings concerned the conditions needed for successful implementation of programmes. These included:

Principles of approach to dealing with older workers were elaborated

- Unconditional commitment and support by management and supervisors to MWA programmes
- Commitment by workers
- Unconditional support by OHS personnel
- Tailoring interventions for different business cultures and individuals
- Indicators of change and measurability of results
- A fast feedback system for improvements
- Balance between different kinds of interventions were essential. Initially many of the interventions were focused on improving general health through increasing physical activity as these were amongst the easiest to organise. However, it is important to also include measures targeted improving the work environment, and to promoting access to training and promotion opportunities.
- Early rehabilitation interventions for disabled workers succeeded in dramatically reducing the costs of work disability pensions and succeeded in improving productivity considerably.

The longitudinal study between 1981 and 1992 provided some important insights into the factors which contribute to the development of work disability. These included:

- Work ability (on average) declined for all occupations and both sexes across the 11 year period. The proportion of workers with poor work ability was highest among the oldest workers
- Improvements in work ability were strongly related to increased satisfaction with supervisors, reducing monotonous and repetitive tasks and increased physical activity for all occupations and both sexes.
- Physical functional capacity reduced across all occupations, regardless of whether work was physically demanding or not. Reductions in physical work load and increases in physical activity are called for to halt this decline.
- Similar findings were found in relation to psychological work capacity. Better ergonomic integration of work requirements is needed.
- Interventions designed to increase work ability were effective across all occupations and both sexes

Interventions designed to increase work ability were effective across all occupations and both sexes

Problems

Among the main problems encountered in the initiative concerned the existence of unhelpful attitudes towards ageing and older workers. There was evidence that there were wide misconceptions about the capacities of older workers among all relevant stakeholders (workers and management). At minimum these were at the level of misinformation, but there was also evidence that prejudice and effective discrimination against older workers in relation to access to training and promotional opportunities existed. These problems led to the development of an 'Age Management' package within the programme.

Another issue which caused some problems concerned the balance between different type of interventions. In essence, the most common intervention undertaken related to increasing physical activity. It proved more difficult to

persuade employers to undertake interventions targeted at the work environment. This was at least partly due to the ease with which such interventions could be implemented. However, this problem was not unique to the FinnAge programme (it also was encountered in other areas of the MWA programme), and there was evidence from elsewhere that employers eventually took a more balanced approach.

It proved more difficult to persuade employers to undertake interventions targeted at the work environment

Generalisability

This initiative constituted one part of a national strategy for promoting the work ability of workers. Its focus on older workers means that it is in principle applicable to any economy or company with a high level of older workers. At company level, many of the lessons learnt, especially those in relation to attitudes towards older workers are applicable elsewhere. The emphasis of the programme on age management in the workplace, i.e. the proactive management of functional capacity of workers in relation to job requirements is also something which is more widely applicable.

Assessment

This case provides a good example of a national level programme which is designed to meet the health and work ability needs of older workers. It is a specific instance of a wider national programme designed to boost the workers employability and health. A significant feature of the programme concerned the emphasis placed on research, and the programme developed significant new knowledge in relation to how to deal with the issue of older workers and health.

Among the more significant features of this programme were:

- The role of Occupational Safety and Health - Occupational health services played a very significant role within the initiative. At the level of implementation, they were seen to play an essential role along with management and supervisory personnel. Their role mainly consisted of undertaking functional assessments of workers, in designing work environment related interventions and in rehabilitation related activities. In addition, they assisted in the research activities of the initiative.
- Relationship to employability - this initiative has a very clear relationship to improving the employability of workers. This exists not only at a conceptual level, but also in a very practical sense. The specific aim of the project was to improve both the health and wellbeing of workers and their work ability, i.e. to improve the fit between their capacities and the jobs they do.

Occupational health services played a very significant role within the initiative

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A.4 INTEREST GROUP AGREEMENTS IN RISK SECTORS — ARBO CONVENANTEN¹

- Netherlands
- national targets
- joint statement
- financial incentives



Background

The results of the first occupational safety and health monitoring programme (Arbobalans '98) revealed that the number of employees that run the risk of falling sick as a result of their work is still very high. This results in high absenteeism costs and high levels of occupational disability and medical consumption. Occupational safety and health must therefore be improved even further.

In their 'Joint Statement', issued during the collective tripartite autumn meeting, the Government and the social partners accepted joint responsibility for bringing about a further improvement in occupational safety and health.

The government and the social partners in the Netherlands have accepted joint responsibility for promoting improvement in working conditions in high-risk sectors. National targets have been formulated for such work-related risks as lifting, work pressure, RSI and hazardous noise. Also the number of people exposed to solvents, allergenic substances and quartz have been targeted for reduction. The Government wants to reduce these work-related risks by reaching agreements on health and safety at work with the employers and employees of those sectors in which these work-related risks arise most frequently. These agreements - called "Arbo convenanten" - supplement the existing policy measures, such as occupational safety and health regulations, financial incentives, public information campaigns and tax breaks. They enable sectors and individual firms to tailor occupational safety and health' policy to suit their specific needs.

¹ This case description is based on the brochure 'Covenants on health and safety at work, for improved working conditions in The Netherlands' of the Ministry of Social Affairs and Employment (2000).

Over the next few years the government wants fewer employees to:

- lift heavy weights;
- experience a high level of work pressure;
- run the risk of RSI (Repetitive Strain Injury);
- be exposed to hazardous noise;
- be exposed to solvents;
- be exposed to allergenic substances and
- be exposed to quartz.

Government and the social partners accepted joint responsibility for bringing about a further improvement

The Government has formulated national targets for some of these work-related risks. The targets will make it possible to measure and test the effectiveness of the policy.

The Government wants to reduce work-related risks by concluding agreements on health and safety at work: ‘arbo convenanten’. The State-Secretary for Social Affairs and Employment makes these agreements with the employers and employees of sectors in which the seven work-related risks arise most frequently. The agreements supplement existing policy measures, such as occupational safety and health regulations, financial incentives, public information campaigns and tax breaks. They enable sectors and individual firms to tailor occupational safety and health’ policy to suit their specific needs.

A well-drafted agreement contains clear elements that can be easily tested. The parties to it support its content and make every effort to implement it. The agreement offers a guarantee that the agreements will actually be complied with at company level.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
✓ National / regional authorities	✓ Rehabilitation for ill or injured workers	✓ National or regional authorities	Medical diagnosis
Municipalities	Rehabilitation for physically or cognitive impaired	Municipalities	Health screening
Social partners	✓ Prevention in high risk situations	✓ Social partners	Assessment functional capacities workers
Insurance organisations	Workplace health promotion activities	Insurance organisations	Assessment work demands
Voluntary sector		Voluntary sector	✓ Training and retraining
Companies		✓ Companies	✓ Development of rehabilitation policy
		Vocational training organisation	✓ Maintenance safe and healthy work environment
		✓ OSH consultancies	Health promotion
			✓ Workplace (re)design

An agreement always runs for a specific period

The objectives can consist of standards for exposure or the extent to which companies plan to take precautionary measures or measures at source according to either the present or future status of technology. The ultimate goal of the agreement is to reduce the number of employees who are exposed to a specific work-related risk. This number will, where possible, be specified as a percentage.

An agreement always runs for a specific period, i.e. the realisation of the agreements is linked to a specific timetable. The agreement contains agreements regarding the deadlines by which various parts of the plan of approach must be executed. Monitoring and progress checks are performed to determine whether the parties are complying with the agreements.

Aims and objectives

The Government has set national targets for lifting, work pressure, RSI and hazardous noise. These figures indicate in percentage and absolute terms by how much the number of workers that are confronted with a particular work-related risk must fall:

- the total number of employees who regularly lift heavy weights must be reduced by 30% or 390,000 people within 7 years;
- the number of people with a high level of work pressure must fall by 10% or 170,000 within 5 years;
- the number of VDU workers with RSI must be reduced by 10% or 100,000 people by 2001;
- the number of employees that work unprotected in environments with a hazardous noise level must be reduced by 170,000 within 5 years

For solvents, allergenic substances and quartz no targets have been set because, as yet, no nationally representative data is available. The size of the risk group is therefore merely an estimate.

Work pressure

The Statistics Netherlands data for 1996 and 1997 reveal that 1.7 million employees are regularly subjected to high levels of work pressure. International comparative research shows that work pressure in the Netherlands is higher than it is elsewhere in Europe. In addition, work pressure has risen more steeply than it has in other European countries. In the Netherlands working pace, in particular, is extremely fast. 58% of employees are confronted with this problem compared with 42% in the rest of Europe. And this number is growing rapidly. Other forms of work pressure include large workloads, tight deadlines, structural overtime, an imposed working pace, not being able to choose when to take breaks or days off, troublesome customers, aggressive management styles and coping with high task requirements.

Work pressure and conflicts at and through work often lead to stress and absenteeism through psychological ailments. 23% of employees who suffer from high work pressure report that they can no longer cope with their work. Over 30% of those who have a psychological complaint end up drawing benefit under the Disability Benefit Act. Some of these complaints have been caused by work. The costs associated with psychological occupational disease are estimated at 5,000 million NLG a year. At the end of 1997 the social partners in the joint Industrial Labour Council concluded agreements to tackle high work pressure. The target of the agreements is that the number of people confronted with a high level of work pressure must fall by 10% or 170,000 within 5 years.

The national targets for noise, lifting, work pressure and RSI differ from one another. The target figure is higher if companies can easily implement the measures and if the measures are proving effective, even if only in the long term. If measures require large investments then the implementation period will be longer. These targets are borne in mind when deciding how to tackle the various risks.

Through the agreements the Government is hoping to reach approximately 40% of the employees who work in high-risk environments². It's anticipated that the actual impact will be greater than this because it's assumed that the agreements will have an exemplary effect.

Employers and employees can also incorporate the agreement into their collective bargaining agreements. In most high-risk sectors more than one collective bargaining agreement has been concluded. In some sectors, therefore, the Government and industry will conclude more than one agreement. It is anticipated that it will be possible to conclude at least 20 agreements within four years.

Employers and employees can also incorporate the agreement into their collective bargaining agreements

RSI

Repetitive Strain Injury (RSI) is a collective label for chronic and non-chronic complaints of the hands, wrists, arms, shoulders and neck. There are two factors that can cause these complaints at work: a static position (of the upper body) and repetitive movements (of the arms and hands). In particular, people who work for long periods at VDUs can develop these complaints. The Labour Inspectorate discovered that 56% of the VDU-users interviewed suffer from RSI at work. The first Government of Dutch Premier Wim Kok therefore decided to pursue an intensive policy aimed at counteracting RSI. The number of VDU workers with RSI complaints must be reduced by 10%, or 100,000 people, by 2001. To

² The following criteria were used to select high-risk sectors:

- 40% of the workers in this sector are exposed to the work-related risk in question, or
- A minimum of 50,000 people work in the sector.

achieve this goal the Government is launching an information campaign. This is being run alongside the concluding of agreements with high-risk businesses, such as the banking & insurance sector, computer services and IT companies. Apart from people who work at a VDU cashiers, hairdressers, cooks, assembly line workers and employees in the fish and meat processing industries can also develop RSI. Because, as yet, insufficient data is available about these groups the national targets will be decided later.

Organisation

In principle agreements on health and safety at work, are concluded in a number of steps. These steps can be grouped into three phases. Phase 1 ends with the signing of a letter of intent and phase 2 with the signing of an agreement, while phase 3 consists of the actual implementation and evaluation. The entire process will normally take 2 to 4 years.

In order to maintain momentum, the guiding principle is that a letter of intent will be signed within three months of the start of discussions and that an agreement will be established within one year.

Hazardous noise

More than half a million people in the Netherlands regularly work in conditions with a hazardous level of noise. The Statistics Netherlands data for 1996 reveal that approximately 60% (340,000) of these employees do not wear any hearing protection or do not do so consistently. This means that in the Netherlands each year an estimated 2,000+ employees run a serious risk of hearing damage. A target has been set to reduce the number of employees working unprotected in environments with hazardous noise must be reduced by approximately 170,000 within 5 years. To achieve this goal the use of PPEs (Personal Protective Equipment, i.e. the wearing of hearing protectors) is compulsory in the case of a noise level above 85 decibels. In addition, agreements have been concluded with high-risk sectors, such as the wood, paper and metals industries. The aim of these agreements is to reduce the gap between the noise level that is still acceptable from a health perspective (80 decibels) and the statutory requirement (115 decibels). The covenants should also ensure that employers reduce the noise generated by the equipment on and with which their employees have to work.

In the first phase the parties investigate whether there is a sufficient basis of support for an agreement

In the first phase the parties investigate whether there is a sufficient basis of support for an agreement. They then set objectives and compile lists of the remaining obstacles and of the wishes of the various partners and investigate whether these wishes are mutually compatible. This process finds expression in a letter of intent, which is a sort of preliminary agreement. In this document the

parties state that they wish to draft a agreement specifying the objectives and the list of activities they will undertake. The letter of intent also contains the terms and targets that they want to include in the agreement.

In the second phase a sectoral supervisory committee ('branchebegeleidingscommissie', BBC) is set up, made up of representatives of Government, employers and employees. This Committee elaborates the terms of the agreement and drafts a plan of approach, which is an integral part of the agreement.

In order to be able to draw up a satisfactory agreement the supervisory committee must know how many employees are exposed to a particular occupational hazard. Also important are the status of current and future technology and the extent to which this is currently being used in the sector concerned. To establish this, research will be required which an external research institute will conduct. The BBC can be supported during this phase by an external project bureau. At the end of this phase, employers, employees from the sector and the State-Secretary for Social Affairs and Employment will sign the agreement.

The third phase comprises the implementation and evaluation. The agreement will be executed in accordance with the plan of approach linked to it. Statistics Netherlands, the Labour Inspectorate and, if necessary, an external institute will test the progress and the interim results. In the light of this testing the Supervisory committee will evaluate whether the agreement is being executed and implemented according to plan and/or has produced satisfactory results.

Target groups and stakeholders

The parties - the sector and the Government - accept responsibility for fulfilling agreements regarding the preparation, execution and financing of the agreement. Every agreement contains agreements regarding the (gradual) application of the latest available technology and the supervision of compliance with these agreements by the Labour Inspectorate. The agreements make allowance for what is economically feasible in the sector concerned. Part of the agreements can be in the form of standards that are published by the Government as a policy rule. The Government can subsidise the development and use of innovative working resources and methods via pilot projects. Ways of doing this include the Technology & Society programme of the Ministry of Economic Affairs and the FARBO free depreciation scheme.

Agreements usually also contain specific structural provisions for improving health & safety policy in the relevant sector. For this purpose the parties can decide, in collaboration with the POSHS (Private Occupational Health and Safety Service, the 'Arbodienst'), to set up a platform for knowledge and information or a similar facility. The Government can grant a once-only starter subsidy for such a facility. This arrangement also applies to the establishment of a sectoral health & safety fund or a health & safety subsidy scheme, with a possible link to an R&D fund.

The parties accept responsibility for fulfilling agreements regarding the preparation, execution and financing of the agreement

Lifting

23% of employees or 1.3 million people regularly lift more than is good for their health. The Statistics Netherlands data for 1996 and 1997 reveal that half of these employees regularly lift more than 25 kilos and over 250,000 employees more than 40 kilos. 40% of the people who lift regularly have health problems. Lifting too much too frequently can lead to back complaints, one of the major causes of absenteeism through occupational disease and occupational disability. People who have suffered back complaints through lifting often never recover, or only partially. They are therefore unable to return to their former occupation and another job is often hard to find. This type of occupational disease costs Dutch society thousands of millions of guilders each year.

People who regularly lift too much are to be found working primarily in the building trade, industrial sectors and the care & welfare sector, but also in agriculture, cleaning firms and in food stores and delicatessens. Employees who lift too much often only start experiencing health problems after several years have gone by. Financial incentives aimed at reducing absenteeism through occupational disease and occupational disability offer little consolation to the present generation of employees. For lifting the following figure has been set: the total number of employees who regularly lift heavy weights must be reduced 30% or 390,000 people within 7 years. The Government wants to achieve this figure largely by concluding agreements with the high-risk sectors. This will demand a tailored approach per sector.

When it comes to financing, the basic assumption is that the parties to the agreements should in principle make an equal contribution, though this does not need to apply to all parts of the programme to the same extent. In principle, the Government finances the costs of research into the latest available technology, monitoring and evaluation, the external project bureau that is supporting the sector advisory committee and the direct costs associated with realising and implementing the agreement. The sector contributes to the financing of the other agreements in the agreement.

A framework subsidy scheme has been developed for Government financing of agreements. In each agreement the Government and the business sector specify exactly who will finance what. They also enter into agreements on how they will deploy people. The level of the financial contribution expected from the sectors depends, among other things, on the expenses that implementing the plan of approach will involve and the financial burden that the sector in question is capable of bearing.

Since the start of the project in January 1999 22 letters of intent and 6 agreements have been concluded, covering over 2 million employees

Results

At present more than 50 agreements are in various stages of preparation. Since the start of the project in January 1999 22 letters of intent and 6 agreements have been concluded, covering over 2 million employees. The objectives of

these agreements vary considerably. The agreements in domiciliary care and day nurseries contain - for physical stress - sector-specific lifting standards that will eventually be laid down in policy rules. The agreements concluded in the educational sphere are aimed at major reintegration projects. The agreement in the hotel and catering sector contains a quantitative target of reducing work pressure by 10%, as well as a plan of approach and specific measures tailored to its achievement.

The agreements on health and safety at work enable customised work to be undertaken in this important area: employers and employees can conclude agreements that are tailored to the specific needs of a particular sector. The willingness among both employers and employees to conclude an agreement is high, as is also evidenced by the fact that 15 sectors of commerce and industry have, on their own initiative, put themselves forward as candidates for an agreement on health and safety at work.

Generalisability

There are a number of factors that influence the generalisability of the covenants on health and safety at work. Firstly, the initiative is very large in scale. The covenant project involves activities within a large number of sectors and co-operation in all these sectors between unions and employer's organisations and the government. A second factor is that the approach fits seamlessly into the 'consensus' culture of Dutch society which is characterised by a network of institutions with representation of the social partners (employers and employees) and the government, who try to solve social problems together. Finally it is part of a long-term policy directed at the improvement of occupational safety and health and the reduction of absenteeism, disability and work-related risks which started with discussions between then government and the social partners in the late eighties and involved many changes in laws and regulations in the nineties.

Regardless of these aspects there is a lot which may be learnt from this Dutch experience and may be used in other countries to start similar initiatives. For example the joint responsibility of the key parties for improvement of occupational safety and health and reduction of the main work-related risks is a feature which could be replicated elsewhere. The targets which have been set at national and sectoral level and which give clear objectives for the workplace activities also provide examples for elsewhere. Other lessons which can be learnt include the monitoring and evaluation procedures included in the covenants which focuses both on outcome and process evaluation, and the link which has been made between investments in occupational safety and health and benefits in the field of social security.

Assessment

This initiative has been started to increase workplace activities to reduce work-related risks and to make these activities more effective. It is a part of a broader programme to reduce absenteeism and the disability in the Netherlands. It is a very ambitious initiative with challenging targets for reducing the numbers of workers confronted with work-related risks.

In line with the consensus culture in the Netherlands the 'arbo-covenants' are a mutual responsibility

In line with the consensus culture in the Netherlands the 'arbo-covenants' are a mutual responsibility of the social partners and the government. In most sectors one can build on existing networks which already have been focused on occupational safety and health. On the other hand it means integrating all different perspectives and interests, which can take some time before overall consensus is reached.

Other issues include:

- Improvement of occupational safety and health and reduction of work-related risks have a direct effect on the employability of the workers in that it prevents workers from dropping out of their work as a result of diseases caused by their work situation. The risks identified are responsible for an important part of long-term absenteeism and disability in the Netherlands. For example one third of the annual increase in absenteeism is related to mental disorders and equal part to musculo-skeletal diseases.
- On the national level of this initiative, occupational health services (or arbodiensten) play no specific role. This could be different at the sector level and probably will be different at the company level. In the brochure of the ministry of Social Affairs about the covenants, Arbodiensten are only mentioned as a potential partner in the development of platforms for knowledge and information on the sector level. But they could also play a role in the development of activities directed at specific work-related risks on this level. In some sectors arbodiensten already have special contracts with the social partners in the sector. Finally arbodiensten could play a supporting role at the implementation of activities at company level.

A.5 LABOUR MARKET POLICY AGREEMENT IN THE CARE SECTOR — CONVENANT ARBEIDSMARKTBELEID ZORGSECTOR



- The Netherlands
- national level
- implementation regional level
- agreements between social partners

Background

In the 1990's increasing labour market problems were identified in the care sector in the Netherlands. These included a structural shortage of personnel, increasing rates of sickness absence and increasing numbers of disabled workers. In addition, the competitive position of the care sector in the labour market needed improvement, in order to meet the increasing needs for care and service, following from:

The 'Labour market Policy Agreement in the Care Sector' is an agreement between social partners, government and other stakeholders. The parties involved have agreed to the maximum extent possible to work towards the implementation of the accords, making use of all means they have available to them. The 'Labour market Policy Agreement Care Sector' is an initiative at national level, which must be implemented at the regional level. At the regional level the stress is on co-operation with other care sectors (different sectors, same labour market, and co-operation with intermediary organisations (i.e. employment agencies). The Labour market Policy Agreement Care Sector is not mandatory. It cannot be enforced on the basis of legislation. The initiative is mainly concerned with improving the labour market. Because shortage of personnel is a current problem and will remain so in the coming decade, it focuses on employability in a broad sense. This means for example, that specific attention is paid to preventive possibilities in the sense of occupational safety and health and to labour market mobility.

The competitive position of the care sector in the labour market needed improve

- Demographic developments in the general population (a growing number of older people);
- Administrative developments (long term agreements and collective labour agreements);
- Infrastructure developments (regionalisation of care);
- Developments in the content of care, such as a shift from intramural care to extramural care.

These considerations led in 1998 to an initiative involving interested parties throughout the Netherlands resulting in a Labour Market Policy Agreement. These were the social partners, the three main care sector funds, the Ministry of Public Health (VWS), the Dutch Care Federation (NZf), several sectoral organisations, the national employment agency and the unions in the care sector. On the basis of this agreement a policy framework was developed with targets for the next four years (2000 – 2004).

Aims and objectives

The general aims of the project are:

- An integrated approach to labour market problems in the care sectors;
- A structural improvement of the labour market mechanism in the care sectors;
- To combat unemployment, especially for specific target groups (e.g. women, disabled, the long-term unemployed).

The most important and more immediate objective of the Labour Market Policy Agreement and the policy framework 2000 - 2004 is to reduce shortage of personnel each year by 2 percent. The goal is to have a good balance between personnel demand and supply by the year 2003.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
✓ National / regional authorities	Rehabilitation for ill or injured workers	✓ National or regional authorities	Medical diagnosis
Municipalities	Rehabilitation for physically or cognitive impaired	Municipalities	Health screening
✓ Social partners	✓ Prevention in high risk situations	✓ Social partners	Assessment functional capacities workers
Insurance organisations	✓ Workplace health promotion activities	Insurance organisations	Assessment work demands
Voluntary sector		Voluntary sector	✓ Training and retraining
Companies		✓ Companies	Development of rehabilitation policy
		Vocational training organisation	✓ Maintenance safe and healthy work environment
		✓ OSH consultancies	Health promotion
			✓ Workplace (re)design

In order to implement this policy, six main topics are identified in the policy framework 2000 – 2004:

1. Analysis of the causes of the relatively high sickness absence rates should lead to an adequate plan for approaching the problem. A start has already been made with the improvement of supports and services for ill people and preventive OSH-policy;
2. Improving the opportunities for training, education, terms of probation etc. should lead to an increased participation of disabled, unemployed and foreign workers.
3. Existing personnel must be retained by means of career management, improved working circumstances, age-sensitive policy and functional differentiation. Conditions of work can be improved by means of a more flexible use of working times, better working schedules, extension of possibilities for day-nursery and care leave.
4. Adapting work organisation and the conditions of work should help to improve the image of the care sector. A national campaign has been launched to stress the range of career possibilities and the job satisfaction to be had in care sectors.
5. Regional and effective planning of personnel has to be improved, with the help of existing and new (IT) instruments. More centres for mobility between jobs, transfer and gaining working experience should be established.
6. A more detailed analysis of the labour market is to be implemented.

Topics 1, 3 and 4 especially are closely related to improvement of occupational safety and health and subsequently to prevention of illness and retirement from the labour force

With regard to the improvement of occupational safety and health, the Ministry of Social Affairs (SZW) also pursues a policy to make policy agreements with sectors of trade and industry. Recently SZW entered into two policy agreements in the care sector: a policy agreement on a shared approach to reduce physical and mental workload in the home care sector and an agreement concerning workload and rehabilitation in the sector for mental care. There is, however, no direct link between these two “OSH-agreements” and the Labour market Policy Agreement.

Organisation

The premises of the Labour Market Policy Agreement are:

- The social partners – employers and unions – are primarily responsible for labour market policy, for employability and for training and development; the role of the government mainly is stimulating and facilitating. This involvement of several relevant stakeholders has already been incorporated in an agreement of 1990.
- The structure and arrangements of the Collective Labour Agreements should lead the labour market policy, employment policy and training and development policy of the sectoral funds that intend to co-operate.

The most important objective is to reduce shortage of personnel each year by 2 percent

- Given an unbalanced labour market situation with a poor match between demand and supply, adequate employment services of high quality are absolutely necessary.

Through structured negotiation at national level, the parties involved come to 'agreements for more than one year' on a combined input of effort and methods, focused on:

Through structured negotiation at national level, the parties involved come to 'agreements for more than one year'

- an integral approach to labour market problems in the field of hospitals, nursing-homes, service-homes, healthcare etc. that does justice to the specific problems in each care sector;
- a structural improvement of the balance between lasting availability of sufficient regular and qualitative right jobs (demand) and a lasting availability of labour potential attuned to this demand (supply).
- reducing unemployment, especially for specific target groups such as women re-entering the labour market, disabled workers, foreign workers and long term unemployed.

Issues, which were discussed at the time of the negotiation of this labour market policy agreement, were:

- research and monitoring of the labour market
- regional strategic planning of personnel and policy development
- labour market communication and information (image)
- target group policy
- mobility/employability
- connection between education, labour market and developments regarding the contents of care
- nursing
- occupational safety and health

Some examples of projects proposed (and implemented) in this context:

Concerning mobility:

Regional 'transfer points' were established to organise the streaming (in, through and out) of personnel within care organisations, by matching vacancies with care personnel that want or need to change. Involved are employers, regional employment services and social security organisations. These organisations co-operate in order to improve the prevention of drop-out and the rehabilitation of disabled workers.

Reducing workload and employability:

In the Academic Hospital in Groningen, subsidised jobs were created for poorly educated people. These people received a short training course to take over some non-nursing tasks or tasks for which nurses were over-qualified. For example, a shopping service for the personnel and the patients was set up. For the nursing personnel it means reduced workload, which is indicated as one of the main causes of absence and drop-out.

Definitive proposals for projects are put forward in the preceding year, together with a financial plan and a discussion of its relevance for the labour market policy agreement objectives. The emphasis of the approach must be at the regional level, as the parties involved stimulate and facilitate co-operation at regional level. The starting point for the regional approach are the existing regional structures though new structures may also be developed in line with national policy. The Labour market Policy Agreement runs for an indefinite period.

Plans may be reviewed twice a year or more often, if the parties agree. There is also an annual evaluation in order to assess to what degree agreements have been met and objectives have been reached. When the targets have not been met, the parties take action to make changes in the plan where necessary.

Successes and problems

So far, no quantitative figures on the programme are available. However, qualitative information suggest the following successes:

- A policy framework for the years 2000 – 2004.
- An annual plan for the year 2000.
- A periodic newsletter.
- The intention of the three sector funds to fuse. This will contribute to efficiency and the implementation of integrated policy.
- The foundation of a centre for expertise (ZARA) dealing with sickness absence, disability, occupational safety and health and rehabilitation in care sectors.
- A regulation that provides a new framework for Training and education policy in the year 2000, that includes possibilities for subsidies for training.
- A national campaign has been launched to improve the image of working in the care sectors.
- Establishment of a standard measurement for sickness absence in the care sectors.

At this stage of the project, it is hard to monitor how well things are translated to and integrated at the operational level. For example, it is not very clear yet, what are the efforts of Human Resource managers and departments in Care organisations. This will be a point of interest for the evaluation.

Target group and stakeholders

The Labour Market Policy Agreement applies to both employers and employees within the 'Care sector' and thus can impact on many different target groups; the specific beneficiary being dependent on the separate projects/activities that form the agreement.

The main stakeholders, each of whom has signed the Labour Market Policy agreement, are:

- Ministry of Public Health (VWS)
- Social Partners
- Sector Funds (AWO, AWOB, AWOZ)
- Trade Unions

- National Employment Services
- Dutch Care Federation
- Sectoral parties concerned

Generalisability

The concept behind the initiative is, in principle, transferable to any country, though national regulatory differences must be taken into account. For example, similar problems with the supply of nursing personnel in the Dublin area have led to a more limited version of this programme being agreed between 6 of the largest hospitals.

Assessment

This initiative is most definitely a labour market initiative in terms of its objectives, which aims to increase the supply of appropriate labour into the care sector. However, from the point of view of the current project, the fact that the initiative integrates some classic labour market measures with a range of workplace health related interventions is of most interest. Significant issues here include:

- There is an obvious effort within this initiative to improve the employability of workers, both through the use of targeted training (a typical labour market intervention) and through the efforts to target a range of marginalised groups, including disabled people.
- This initiative took a comprehensive approach to involving all of the relevant stakeholders in its organisation. Moreover, the initiative was mainly based on the establishment of a collective agreement between the stakeholders, with appropriate monitoring and evaluation procedures, thereby allowing for the operation of the agreement to be made as effective as possible.
- Even if the involvement of OSH expertise is not explicit, there is an implicit role relating to the improvement of occupational safety and health and work organisation and to the integration of disadvantaged groups in the labour market (including the disabled) at the level of the individual organisation.
- This initiative integrated a wide range of measures (both labour market oriented and workplace design and workplace health related, e.g. absenteeism control measures) into its activities. In doing so, it provides an example of how a multifaceted intervention can be designed to address a complex problem. In this case, chronic labour shortages in the care sector were addressed by trying to improve the supply of labour and by trying to make jobs in the sector more satisfying for those who worked in them. As a result, the health of workers in the sector should also be improved.

This initiative integrated a wide range of measures into its activities

A.6 INCREASING SAFETY CONSCIOUSNESS — TECNICO DELLA SICUREZZA NEGLI AMBIENTI DI LAVORO



Regione Umbria

- Italy
- occupational injuries
- training of experts
- workplace culture

Background

The price that Italy pays every year as a result of occupational injuries and illness is quite high. Although it does not have the highest incidence of workplace injury or mortality in the EU, the rate is still higher than the EU average. According to 1994 Eurostat data, Italy had 4,641 reported accidents per 100,000 workers (EU average: 4,539 per 100,000) and 5.3 fatal accidents per 100,000 workers (3.9 was the EU average). In the last five years the number of occupational injuries never fell below 840,000 in Italy, while last year 872,092 injuries were registered and the numbers for the first six months of this year (2000) have already shown an increase of approximately 5%.

The rate of occupational injuries continues to rise in Italy despite the introduction of additional legislation that gives statutory force to various EU directives on occupational health and safety. A government-sponsored investigation into this increase concluded that workplace culture was one of the most significant barriers to effective implementation of the legislation. One of the measures proposed to facilitate a shift in culture towards greater safety consciousness amongst employers and the workforce was the development and introduction of courses to train experts in occupational safety and health and workplace health promotion. It is intended that these experts will be able to support the implementation of this legislation through the direct input of knowledge on site. This case describes one of these courses.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
✓ National / regional authorities	Rehabilitation for ill or injured workers	✓ National or regional authorities	Medical diagnosis
Municipalities	Rehabilitation for physically or cognitive impaired	Municipalities	Health screening
✓ Social partners	✓ Prevention in high risk situations	✓ Social partners	Assessment functional capacities workers
Insurance organisations	✓ Workplace health promotion activities	Insurance organisations	Assessment work demands
Voluntary sector		Voluntary sector	✓ Training and retraining
Companies		✓ Companies	✓ Development of rehabilitation policy
		✓ Vocational training organisation	✓ Maintenance safe and healthy work environment
		✓ OSH consultancies	✓ Health promotion
			Workplace (re)design

In 1994, the Italian government enacted Law 626 in response to eight EU directives on health and safety issues. Amongst other measures it included a requirement that workers' safety representatives be elected within companies. Some experts anticipated an improvement in the workplace accident rate in Italy following the introduction of this legislation; however, this was not the case. Consequently, the Minister of Health (who is responsible for workplace health) dedicated part of the National Health Plan (NHP) 1998-2000 to addressing this problem. At the same time, the Ministry of Labour and the Ministry of Health brought together a working group of experts representing all the stakeholders involved (occupational physicians, trade unions, employers' organisations, etc.) to study the situation. The group's objective was to explore the reasons why Law 626 had not produced the desired results and to investigate what should be done to improve the situation.

The experts identified several obstacles to the effective implementation of Law 626

After more than a year of work, this group of experts produced a common document, which was presented to a national conference on workplace safety held in Genoa in December 1999³. This document clearly illustrates the problem of occupational injuries (high incidence of accidents, cost to the Exchequer, etc.) and the importance of promoting health and safety in the workplace. The experts identified several obstacles to the effective implementation of Law 626, including cultural barriers, and workplace culture in particular.

One solution to the problems associated with workplace culture in Italy, which the Working Group identified, is to create awareness of the importance of occupational health and safety issues amongst the next generation of employees. This is being achieved by incorporating health promotion and safety skills training into existing courses offered by the professional schools⁴.

³ CARTA 2000. Safety at Work; 3-5 December 1999

⁴ These are vocational training schools, catering for students under 18 years of age.

While this will prove of benefit in the long-term, and assist in the reduction of occupational injuries in Italy, the Working Group also recognised that more immediate measures needed to be put in place.

One such measure is the introduction of courses specially designed to produce professionally qualified experts in Workplace Health Promotion and Occupational Safety and Health. In 1999, the Ministry of Education produced a number of guidelines for the creation of these new professionals who would be trained in accordance with E.U. requirements for funding through the European Social Fund. These guidelines have been accepted and approved by each of the Regions who are permitted to organise their own courses as long as these remain in line with the national framework. The course described here is based on this policy and attempts to address some of the problems identified by the working group in a practical way.

Objectives

The overall objective of this course is to develop and spread the culture of health promotion and safety in the workplace throughout the Umbrian region. This will be accomplished by developing a core of experts who will each work within companies and thereby contribute to improved OSH standards and the maintenance of employability amongst the workforce. The knowledge base these experts will have acquired, when implemented within the company setting, should minimise the risk of injury to employees but also contribute to the retention of injured employees of the company and the rehabilitation of injured members of the workforce.

Activities - The Training Course

Active collaboration between the European Union, the Region of Umbria, the Province of Terni, the University of Perugia, ASL (the Local Health Agency) and the major companies based in the area, has made it possible to organise this course. It is quite innovative in the context of previous initiatives on OSH and WHP in Italy and the development of the course represents a significant first step to creating the foundations on which future initiatives combining OSH with an employability focus might be built.

The development of people with the expertise to contribute to OSH within companies is considered a pre-requisite for the successful implementation of more advanced OSH and employability initiatives. The specific aims of the course are to increase participants' academic qualifications, which will in turn improve their ability to access or retain employment, especially of a more secure nature. The course is targeted at the unemployed (as a means of re-integrating them into the work force through training/re-training), employees, and new entrants to the labour market; i.e., young people searching for a first job.

A budget of 180,000 – 200,000 Euros is available to the course. Approximately 35 experts are involved in the delivery of the 16 modules, which comprise the course, and various administrative personnel also provide practical support. The course is organised into three semesters; 2000 contact hours in total of which, 30% is allocated to work experience within companies located in the region. Students take classes from all sixteen modules during each semester. These

The development of people with the expertise to contribute to OSH within companies is considered a pre-requisite

modules address various aspects of the theory and practice of OSH and WHP. In keeping with many other EU funded courses, the course also includes modules on foreign languages and computer skills.

The course modules are as follows:

- Legislation, safety plans and criteria to apply them correctly;
- Health promotion, quality, safety and environment;
- Quality systems e.g., ISO 9000;
- Principals of biology and ecology;
- Essential characteristics of safety systems: prevention and protection from risks;
- Safety objectives in Public Administration; e.g., with regard to building design, etc.
- Fire protection systems, territorial planning and hygiene;
- Risk assessment;
- Industrial relations and safety systems;
- Health control systems;
- Waste Management systems, including hazardous waste disposal;
- Stage/Work Experience;
- Foreign language;
- Computer skills;
- Manual Handling/Load movements in workplace;
- Biological and carcinogenic agents – risk management measures.

Stakeholders

In order to provide the students with a comprehensive package of information, suitable methods, relevant tools and appropriate practical experience the teachers come from the following stakeholders in the initiative:

- the University of Perugia,
- the High school system⁵,
- Provincial government,
- OSH consultants,
- INAIL ('Istituto Nazionale Assicurazione Infortuni sul Lavoro' - National Board for Insurance against Accidents in Industrial Work),
- Enterprises,
- Trade Unions, such as CGIL
- Miscellaneous other experts.

Results

This course is the first of its kind in the Umbrian Region and commenced in January of this year; hence no evaluation of the success or otherwise of the

⁵ Secondary level schools with a vocational training orientation.

initiative has yet been undertaken. Nevertheless, some observations can be made and some tentative conclusions drawn.

At the level of the course itself, the positive response to its development can be gauged by the high demand for places on the course. Originally there were only 25 places; however, the number available was raised to 30 because of the degree of interest in the course. This demand seems to reflect an increased awareness amongst employers and some members of the labour force of a need for such professionals. Furthermore, the participants themselves have demonstrated a high degree of commitment to the programme, so much so that, almost half way through the course, no one has withdrawn.

In the wider context of occupational safety and health, course participants may already be contributing to increase awareness of OSH issues within the organisations where they are completing their work experience. However, effecting change in existing organisational culture to reduce the incidence of occupational injury, which this initiative hopes to achieve, is unlikely to be accomplished on the basis of this course alone. Thus this course should be viewed as part of a wider strategy, which may eventually achieve the desired results.

Participants who complete the course may be most successful in effecting change within their organisations if other measures are also successful. One of these, the introduction of health and safety training into vocational schools (mentioned in the introduction) should also have an impact. According to recent figures, occupational injuries are particularly common in agriculture and the building industry⁶. High (vocational) school graduates are the principal source of labour for these sectors so the introduction of training at that level, and the consequent increase in awareness should contribute to a reduction in injuries here. In addition, the government has introduced a number of related measures to reform INAIL (National Board for Insurance against Accidents in Industrial Work) and will reduce the workplace accident premium paid by employers by 5% (down from approximately⁷ 11.46%). However, “calculation of the premium will now take account of the number of accidents in the firm concerned and its compliance with safety rules”⁸, thereby introducing a financial incentive for companies to improve their safety performance.

Participants who complete the course may be most successful in effecting change within their organisations if other measures are also successful

Conclusion

Tax reform resulting in employers being presented with both incentives and penalties to improve OSH, combined with greater appreciation of the issues amongst sections of the labour force⁹ should both contribute to the introduction of OSH awareness to organisational culture. While these measures will impact at the top and the bottom of the organisation, the creation of a pool

⁶ 'Workplace Accidents Increase'

⁷ Lower rates apply to the South of Italy and to certain sectors. Source: 'Italy: Tax Reform: A Boost for the Equity Market', Riccardo Barbieri

⁸ Source: 'Workplace Accidents Increase'

⁹ As a result of the introduction of OSH as an integral part of courses in Italian High Schools (vocational schools).

of OSH professionals will act throughout the organisation. The combined effect should enable the OSH professionals produced by the course described here to act effectively, to implement measures which will maintain the employability of existing employees and result in an overall reduction in the incidence of occupational injury.

Assessment

This training initiative is innovative in a number of ways. Firstly, it combines the approaches of OSH and workplace health promotion in a single training course, something which happens on relatively rare occasions throughout Europe. In doing so it uses a holistic approach to worker health and safety, seeking to address both occupational and non-occupational influences on health.

Secondly, the training course has amongst its target groups the unemployed, thereby directly boosting the employability of these trainees.

Thirdly, the course makes an explicit attempt to address workplace safety issues through safety culture, rather than focusing on regulation alone. This aspect of workplace safety does not always feature in such training courses.

In relation to the main concerns of this project employability and OSH, the following observations may be made:

- This initiative relates to improving the employability of workers in two ways. The first and most direct way is through training people for work as OSH professionals, thereby improving their job prospects. The fact that unemployed people are deliberately targeted for intake on the course makes this link very clear. The second way in which employability is boosted is indirect, i.e. through the activities of the trainees when they qualify. Here the potential for boosting employability is large, as they can potentially reach large numbers of workers through their accident prevention and health promotion activities.
- OSH organisations played a key role in this initiative both as contributors to the development and implementation of the training course and also in relation to accepting and employing the graduates from the training programme. In doing so, OSH organisations themselves were rejuvenated both in terms of personnel and innovative ideas that are taught on the course.

It combines the approaches of OSH and workplace health promotion in a single training course

A.7 PREVENTION IN HIGH-RISK JOBS BY WORKING IN MULTI-DISCIPLINARY TEAMS — GEMEENTE GRONINGEN



- The Netherlands
- prevention of early retirement
- public sector
- task enlargement

Background

Groningen is a municipality in the northern part of Holland with more than 171,000 inhabitants. The Groningen Department of Public Works has about 250 employees, of which about 60 work in public spaces: working as gardeners, road-crews or maintaining traffic signs. The road crew job is a particularly heavy physical job. In the past, there was little variation in the tasks associated with each job.

The average age of these workers was more than 47 years. The road crews were the oldest group with an average age of more than 50. The main problem seen in the group was that very few of the road crews made it to pensionable age

Very few of the road crews made it to pensionable age

The municipality of Groningen implemented a local level initiative concerned with improving occupational safety and health and organisation (especially with regard to the quality and sustainability of work) in order to prevent people from needing to take early retirement or developing work-related illnesses. Under the programme, public sector workers started to operate in multi-disciplinary teams of all-rounders. The initiative can be characterised as task enlargement, but actually it is more than that. It is also about improvement of working circumstances, the lightening of physical labour, improving career possibilities and improving the image of the worker and the type of work.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
National / regional authorities	✓ Rehabilitation for ill or injured workers	National or regional authorities	Medical diagnosis
✓ Municipalities	Rehabilitation for physically or cognitive impaired	✓ Municipalities	Health screening
Social partners	Prevention in high risk situations	✓ Social partners	Assessment functional capacities workers
Insurance organisations	✓ Workplace health promotion activities	Insurance organisations	Assessment work demands
Voluntary sector		Voluntary sector	✓ Training and retraining
Companies		Companies	Development of rehabilitation policy
		Vocational training organisation	Maintenance safe and healthy work environment
		OSH consultancies	Health promotion
			✓ Workplace (re)design

(62 years). So, in addition to the normal problems with occupational safety and health, the Public Works Department was likely to face both diminishing working capacity among employees and a reduction in their workforce within a few years.

A problem of a different order was that there was debate about the standards of maintenance of roads, green spaces and traffic signs. Residents of the city were dissatisfied with backlogs in maintenance and damages as a result of vandalism. The Department was confronted with a growing number of complaints and was unable to adequately solve the maintenance problems. It was felt that there was a need to both improve the image and performance of the Public Works Department and the occupational circumstances of the workers at the same time.

Multi-disciplinary teams of workers able to do more than one job were established

Given this context, in 1990, multi-disciplinary teams of workers able to do more than one job were established. These teams would work quite independently and with more responsibility. Each team became responsible for the maintenance of roads, traffic signs and green spaces in specific areas of Groningen.

Aims and objectives

Aim was to prevent early retirements and high sickness absence figures

With the establishment of multi-disciplinary teams, the municipality Groningen wanted to attain two main objectives. The first and most important aim was to prevent early retirements and high sickness absence figures, which resulted from a range of physical problems and low job satisfaction. Variation in tasks and more responsibility were indicated as important methods to achieve this objective. It was decided that physical and mental workload of the public

workers could only be lightened by transforming them into multi-employable workers (combining heavy tasks with less heavy tasks).

Secondly, Groningen wanted to improve the performance and the image of the Department of Public Works and its workers. Making a team responsible for the maintenance of roads, traffic signs (and other street furniture) and green spaces in specific areas of Groningen, would contribute to a closer relationship between neighbourhood residents and the workers. The ambition was also to make it policy to solve all maintenance problems and repair damages within 24 hours of being informed.

Organisation

After the responsibilities of the workers and their work targets were described (1990), the management of the Public Works department decided to establish multi-disciplinary teams of all-rounders without a preparation period of retraining. Given the age and previous levels of education of the public workers, retraining (education for a new job; back to school) was considered not to be the right 'tool' for learning new skills.

Instead, the workers began to work in the multi-disciplinary teams - they were expected to exchange experiences and teach each other the specific skills of their professions on the job. For a period of about half a year, the public workers had the opportunity to exchange experience and train each other. At the same time, all workers received practical training in communication skills to improve their teamwork and the communication with the residents.

All of the workers received the same new job description - district maintenance employee. As a consequence adaptations in the conditions of employment were necessary. The road crews (that were) lost extra bonuses to which they had previously been entitled. However, it was calculated that this loss would not be significant, because the total salary they would earn up to their pensionable age would be higher. Even if they retired early, they retained the right to work part-time, without affecting their pension.

In 1996, the multi-disciplinary teams took on their present form, which means that it was fully accepted and integrated in the working processes of the department of Public Works. It also meant that in the period 1990-1996 the project was frequently evaluated and that adaptations to the programme were made where necessary. One of the most important adaptations was the decision to plan actions and set priorities at a central level. The independence given by these arrangements for increased responsibilities turned out to be too much for some teams.

Target groups and stakeholders

The main stakeholders in the project on the employer side were the management of the Public Works department and the HRM-department. Their main responsibility was to create opportunities, decide on responsibilities and find financial solutions. They also are responsible for monitoring the implementation and the sustainability of the changes in the organisation of work. The works council and collective labour agreement negotiators, as

The workers are the key players in making the project a success

representatives of the workers themselves, played an important role in creating the conditions for change.

The target groups in the initiative are the workers – in fact they are the key players in making the project a success. Much depended on the workers' commitment to task enlargement and their willingness to share expertise and take opportunities to improve their employability at their department as well as elsewhere.

Results

Evaluation of the initiative revealed the following results:

- Most workers are very satisfied about the broader scope of their work and the improved possibilities for mobility and their career.
- The absence rates due to physical causes have dropped in this period by about 10%. The total figure of sickness absence has dropped from 15% (1989) to 7% in 1999.
- The Department has experienced an almost complete reduction of early retirements since the initiative was undertaken. It has to be noted however, that changes in legislation (which included a more rigid control of disability criteria) were also probably of influence in this success.
- The also resulted in improved relationships between public workers and the residents.

An unforeseen negative finding was that there was a small rise in the rate of psychological causes of absence, which has partly been ascribed to the problems of some workers with the changes in their work.

Financial aspects

The whole project was undertaken as part of a reorganisation of parts of the Public Works department. Finance was part of the total budget of the department.

From the beginning it was clear that the benefits would exceed the costs, because reducing the sickness absence figures and the number of disabled workers would lower the employer's insurance premiums enormously. (Under Dutch legislation, employers are liable to fund the longest period of absence from work in Europe – they purchase insurance against this risk). In the longer term this would make a difference of millions of Euros per year. Sixty people are involved in the initiative with an average age of 47 years. Most workers would not be able to continue working until the pensionable age of 62 years. This programme enables them to remain in the workplace, which is, at the maximum, a saving 50,000 Euros per person per year, or a total of 3 million Euros per annum.

Generalisability

The idea is that the initiative is transferable to any municipality (also internationally). The concept has been copied more than once in the

*An almost complete reduction
of early retirements*

Netherlands, including the Municipality of Amsterdam. The fact that the initiative was sustainable over a long time period argues well for its generalisability to other contexts.

Assessment

This initiative focused on a low skilled group of manual workers working in the public sector. It sought to use the techniques of job enlargement to achieve a number of objectives relating to both workplace health issues and organisational development. Some of the more notable features of the initiative included:

- This initiative provides an example of how multiple objectives (which might seem to be conflicting or unrelated to each other) can be achieved using what are essentially occupational health related techniques. Providing workers with more varied jobs and occupational safety and health resulted in greater job satisfaction, reduced health problems and increased organisational efficiency.
- This project contributed to the improved employability of workers in at least two ways. Firstly, it improved the health of the workers concerned – significant improvements were noted over time. In addition, by improving the skill base of the workers, they had become more employable on the open labour market (even if as older, public sector workers, they were unlikely to take up option).
- The kinds of interventions made are within the ambit of occupational safety and health expertise. However, preventive OSH services did not play any specific role in the organisation of this project.

More varied jobs resulted in greater job satisfaction

Part B

REHABILITATION OF ILL
WORKERS

B.1 GLOBAL ASSISTANCE PROGRAMME FOR ILL PHYSICIANS — PROGRAMA D'ATENCIÓ INTEGRAL AL METGE MALALT (PAIMM)



Generalitat de Catalunya
Departament de Sanitat
i Seguretat Social



CONSELL DE COL·LEGIS DE METGES
DE CATALUNYA

- Spain
- sector initiative
- regional initiative
- physicians

Background

Physicians, as is the case for the rest of general population, have illnesses that should be diagnosed and treated. However, the nature of this profession, and the pressures attendant to working within it result in physicians being at risk of psychological ill health. Physicians, as an occupational grouping, have the 5th highest incidence of psychological morbidity in Spain; 30% of physicians suffer from burn-out; 28% present with severe psychological symptoms; and they have three times more cirrhosis of the liver and liver cancer than average. Furthermore, 7 out of 10 physicians have symptoms related to stress and the risk of suicide for doctors under stress is 21%. In addition, it is estimated that between 10% and 12% of doctors can experience psychological illness or an addiction to alcohol or other drugs.

When a doctor is in this situation, he or she is more likely to make errors from which negligence claims may result, and working climates and relationships may deteriorate. Many ill doctors are not conscious that these problems may

Physicians have the 5th highest incidence of psychological morbidity in Spain; 30% of physicians suffer from burn-out; 28% present with severe psychological symptoms

This case is based on the recognition by a professional body, the Consell de Col·legis de Metges de Catalunya (Council of Catalan Medical Association), that occupational stress was taking a toll on the profession as a whole and its members. Furthermore, their clients or patients were being exposed to what might be called a secondary risk. Doctors were continuing to practice despite stress-related disabilities, which impaired their judgement and competence, and were not obtaining appropriate treatment themselves.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
✓ National / regional authorities	✓ Rehabilitation for ill or injured workers	✓ National or regional authorities	✓ Medical diagnosis
Municipalities	Rehabilitation for physically or cognitive impaired	Municipalities	✓ Health screening
Social partners	✓ Prevention in high risk situations	Social partners	✓ Assessment functional capacities workers
Insurance organisations	✓ Workplace health promotion activities	Insurance organisations	✓ Assessment work demands
Voluntary sector		Voluntary sector	Training and retraining
✓ Companies		✓ Companies	✓ Development of rehabilitation policy
		Vocational training organisation	Maintenance safe and healthy work environment
		✓ OSH consultancies	✓ Health promotion
			✓ Workplace (re)design

exist and they are reluctant to seek help. Others, even when aware of problems, try to cope with their limitations, without seeking external help.

The PAIMM programme was created by the Consell de Col·legis de Metges de Catalunya (Council of Catalanian Medical Association), in association with the Departament de Sanitat i Seguretat Social de la Generalitat de Catalunya (Health and Social Security Department of Catalanian Government), in response to this problem. Its objective is to guarantee the general population the best possible medical practice.

PAIMM is a programme that seeks to help doctors who suffer from psychological problems or addictive behaviours which can interfere with their professional practice. Experience demonstrates that early intervention can facilitate the doctor, even while in treatment, to maintain work activity. The programme is oriented towards providing medical assistance and rehabilitation in order to ensure the maintenance of good medical practice. The main reason for creating this programme stems from the fact that, in general, doctors don't seek assistance from general health services. The reasons for this behaviour are related to the stigmatisation of these illnesses, to the fear of being recognised and, therefore, the fear of losing face and prestige and work.

PAIMM is a pioneer programme in Europe, but it has antecedents in the USA, Canada, Australia and New Zealand. Experiences in those countries have shown that this type of programme obtains better results than those undertaken with the general population, with both a lower level of abandonment of treatment and a higher percentage of rehabilitation.

An agreement was signed to provide free assistance for ill doctors who are members of the Collegiate in Catalonia.

An agreement was signed in 1998 between the Health and Social Security Department and the Council of Catalanian Medical Association (CCMA) to provide free assistance for ill doctors who are members of the Collegiate in

Catalonia. The programme is financed to the amount of almost half a million Euros (493,000 euros) each year (for a 3 year period) by the Catalanian Government (la Generalitat de Catalunya) through the Catalanian Health Service. It is managed by the Medical Association of Barcelona (MAB) which covers non-health related interventions and the structural and functional expenses of the programme. For the interventions provided by other groups the petitioner covers all expenses.

The main characteristics of the programme are:

- Confidentiality: the name of the ill doctor is changed, the doctor can use an exclusive and direct phone line, inviolability of the mail; hidden location of services.
- Free assistance for doctors who are members of the Catalanian Collegiate.
- Development of a service outside of the general health system; dedicated to ill doctors and highly specialised in dual pathology which includes: Primary care service (4 days a week, 4 psychiatrists, 3 psychologists); and Hospital care service (8 single rooms till 15; 5 psychiatrists, 3 psychologists and 5 nurses)
- Facilitation of complementary activities during the treatment.
- Examining the financial coverage during treatment.
- Provision of legal support.

PAIMM functions through the following agencies:

- A Co-ordinator belonging to the CCMA, who is in charge of facilitating access to the programme; assuring homogeneous procedures; clearly separating disciplinary and treatment issues and guaranteeing confidentiality. The Co-ordinator centralises all information on the formal reporting of cases and refers to the PAIMM programme doctors who would benefit from treatment.
- A Managing Director belonging to the MAB who manages the budget and who makes suggestions for improving the programme.
- A Clinical Unit, which is responsible for providing medical and psychological assistance to ill and sick doctors.

Aims and objectives

The main aims and objectives of PAIMM are to provide medical assistance and rehabilitation to doctors who have psychological and/or addictive behaviours that can interfere with their professional activities. Furthermore, the initiative aims to protect the general population covered by these doctors; to extend the service to other health professionals and to maintain and promote mental health among these professionals preventing psychological conditions and their consequences.

Objectives of PAIMM are to provide medical assistance and rehabilitation to doctors who have psychological and/or addictive behaviours

The conditions covered by this programme are:

- Drug and alcohol addiction
- Severe psychological problems such as severe depression.

Clinical assistance includes diagnosis, pharmaceutical and psychological treatments (both individual or collective). In addition, doctors admitted to hospital can benefit at their own expense from sauna, massages, videos, short PC courses; and they also have access to a gymnasium with a trainer, table-tennis, library, TV etc.

The specific functions of PAIMM are:

- To receive and consider all the requests for assistance from ill doctors, independent of origin.
- To facilitate medical and psychological assistance to all ill doctors who have signed the treatment agreement.
- To obtain, when the PAIMM co-ordinator requires it, evaluation of sick doctors' cognitive, behavioural and functional abilities.
- To inform the co-ordinator if there are factors that could limited or restrict the medical practice of the doctor.
- To evaluate the information in a global manner in order to inform Medical Associations about the financial, occupational, social and legal situation of all cases.
- To assess Medical Associations in the development of awareness campaigns for doctors.
- To promote the development of training actions addressed to top management of health organisations about the detection and treatment of ill doctors.
- To promote the implementation of awareness campaigns about alcohol and other drugs among doctors.
- To market PAIMM among Primary Care, hospitals and health care professionals in order to enhance the use of the programme.

PAIMM services began in November 1998 for ambulatory care and March 1999 for hospitalisation services.

At present, the target group of the initiative are ill doctors, mainly in Catalunya (for free assistance) but also in the rest of Spain. PAIMM is seeking an agreement between Health Authorities (an national level and in the autonomous regions), Medical Professional Associations and the PAIMM itself. The aim of this agreement will be the promotion of common preventive strategies and programmes; the provision of clinical and specialised assistance in each area and hospitalisation in the clinical unit of PAIMM in Barcelona.

Moreover, PAIMM wishes to extend this programme to Portugal, the south of France and parts of Italy in order to cover around 150,000-200,000 doctors which is the number that could make this initiative sustainable.

Nature of the initiative

PAIMM is a collaborative intervention, which should involve the Professional Medical Association within an area, its regional council and local Health authorities. For the intervention programme itself, the following phases of the procedure can be identified:

- Beginning of action
- Psychological report
- Proposal of a treatment
- Signature of a treatment contract
- Return to work
- Beginning of action

Information about cases can arrive to PAIMM in three different ways:

- Individual and voluntary request for treatment
- Referrals from others (colleagues, bosses, civil authorities, familiars, friends)
- Formal reporting to the Medical Association

Psychological report

This is carried out by a specialist from the Clinical Unit and classified using DSM-IV and ICD-10 classifications. If there is confirmation of an addiction or mental disorder, the clinical unit will inform the PAIMM Co-ordinator about diagnosis, level of impairment, work repercussions and the prognosis of treatment and possible rehabilitation.

Treatment proposal

The Co-ordinator informs the ill doctor about the treatment plan and any restrictions of his or her medical practice.

Treatment contract

The commitment of the doctor to be treated is formalised by a contract where the doctor agrees to follow the treatment, not to consume drugs or alcohol and submit to a range of possible control measures. The contract specifies the length of the treatment, limitations in the medical practice depending on the workplace, and the possibility of having his or her license to practice taking away.

Return to work

In general, doctors can return to work within 15-20 days of treatment and abstinence in recent cases and within 30-40 days in chronic cases. It is then planned to monitor progress, and, if necessary, to facilitate training to help the doctor change medical activity. Sometimes, a change of workplace is proposed, depending on the working climate within the doctor's original employment.

Results

From 1999 to June 2000, PAIMM has opened 179 cases and, from these, has accepted 170. According to preliminary results, among the 72 doctors treated, 98% are stable or abstinent during the first 7 months post treatment (estimates in the USA report the rehabilitation rate at around 80% two years later). In 1999, 99 doctors were assisted (90 in Catalonia: i.e. a rate of 3.2 per 1000 of all members; which constitutes 91% of all cases). Of these, 66% were referred voluntarily and the rest by confidential communication; 46% had psychological problems, 32% had alcohol related problems and 22% had others drug

According to preliminary results, among the 72 doctors treated, 98% are stable or abstinent during the first 7 months post treatment

problems. 81% were men and 19% were women. 71% were between 36 and 55 years old. 33% required hospitalisation.

In the first half year 2000, 65 physicians took part in the programme (44 in Catalonia; i.e. 83.1% of all cases). 98.5% were self-referred and the rest were referred by confidential communication. 43.1% had psychological problems, 35.4% had alcohol related problems and 21.5% had others drug problems. 64.6% were men and 35.4% were women. 80.1% were between 36 and 55 years old. 55.4% required hospitalisation. The results for ambulatory care and hospitalisation are shown in the two Tables below.

Ambulatory care			
	CATALUNYA	SPAIN	TOTAL
First visit	56	10	66
Consecutive visits	624	27	651
Individual psychotherapy	36	6	42
Individual psychotherapy + activity	120	0	120
Group psychotherapy	49	0	49
Informs	6	0	6

Hospitalisation			
	CATALUNYA	SPAIN	TOTAL
Admittance	27	9	36
Re-admittance	7	2	9
Hospitalisation index	61.4	81.8	55.4
Days of permanence	1087	149	1236
Mean	40.3	16.6	34.3
Individual psychotherapy			330
Group psychotherapy			76

Successes and problems

In qualitative terms, the programme researchers list the following factors as contributing to the success and difficulties encountered by the programme:

Difficulties

- Fear of being recognised as doctors who have failed
- Fear of stigmatisation
- Fear of losing credibility with colleagues and patients.
- Treatment and self-control prepotency.

- Lack of confidentiality of public services.
- Concealment of the problem by colleagues or familiars.
- Inadequacy of public psychiatric hospitals.
- Financial difficulties in relation to private treatments.
- Fear of losing their jobs
- Fear of being disqualified for medical practice.

Success factors

- Confidentiality
- The provision of a separate and specific programmes for doctors
- Promoting the active participation of Medical Associations in monitoring the profession for ill doctors.
- Using the treatment contract as an agreement between the ill physician, the doctor responsible for performing the treatment and the Medical Association.
- Obtaining public budget for financing the programmes
- Giving specialised and specific treatments to ill doctors which include intense and frequent medical and psychological ambulatory care; periodical analytical controls and frequent and sometimes long hospitalisation.

Relationship and relevance to employability

On one hand, we regard the possibility to create a network of specific units or, at least, programs not only for sick physicians, but also for health professionals in general, like nurses, pharmacists and dentists, with mental illnesses and/or addictive behaviours. These units are very special because those clients know illness, symptoms and treatments very well. The team must be composed of different professionals, very specialised, with a great experience in this field.

On the other hand, the action of this programme contributes to maintain the posts of these sick physicians or other health professionals, obviously when they assume their condition and accept the treatment. In many PAIMM cases, employees are involved in confidential communication and they ask PAIMM about effective solutions to resolve these problems. Often PAIMM includes employees in the therapeutic contracts, assuring confidentiality, treatment compliance and work place maintenance.

In general, trade unions not only accept the programme but also view it as a good initiative of the Catalan Official Colleges of Physicians with the support of the Catalan Government. The union members referred several cases to PAIMM, who were admitted, because union members consider the PAIMM as a positive solution.

Trade unions not only accept the programme but also view it as a good initiative

Role of occupational safety and health

One of the most important tasks is to prevent, treat and recover the health of its client groups. In this sense, PAIMM tries to facilitate early intervention for ill physicians by ensuring they ask for help as soon as possible at their nearest

health services and, if these services belong to their own centre or organisation, all the better.

PAIMM and different OSH organisations have organised seminars and training sessions for their professionals in order to improve communications and the relationships necessary for helping ill physicians get better.

OSH organisations could be an excellent point to attend to ill physicians needs and to refer more severe cases to PAIMM with confidentiality. In addition, OSH organisations offer an ideal service to prevent these kinds of problems, by implementing information services and health educational sessions aimed at health professionals.

Generalisability

This initiative is an example of a collaborative project between professional bodies and health authorities to provide, what is essentially a new occupational safety and health service targeted at a specific set of problems which are to be found within an identified high risk group. There is some evidence that the health problems described constitute a recognised set of outcomes among physicians across Europe. The fact that the initiative is based on previous initiatives outside Europe gives good reason to believe that it can be generalised further to other national settings, and even to other health problems within the risk group. Indeed, plans already exist to extend the initiative to include other countries in the North-West Mediterranean area.

Assessment

This initiative is a large-scale programme targeting a specific set of occupation-related health problems within a specific at-risk group. Among its more notable features are:

- In essence this initiative involves the establishment of new service to combat occupation-related psychological and addiction problems amongst the medical profession. It consists of developing a package of appropriate services, which though they already exist within the general public health services, have not been used heretofore by the target group.
- The initiative undertook a collaborative approach involving the regional health authorities and the professional bodies. This appears to have been very important both in establishing the service and in publicising it once it had been started.
- Conventional preventive occupational health services do not appear to have been involved to any great extent in this initiative. Instead, the initiative consisted of setting up a combination of Employee Assistance Programme type services, a set of in-patient and outpatient treatment services and rehabilitation services. This may be because the kinds of health outcomes focused on by the programme do not have a clear and unambiguous relationship to workplace factors. However, there is a clear potential for preventive occupational health services to become involved in this type of initiative, at least at company level, where they could be involved in referral of doctors showing signs of strain to specialised programmes such as PAIMM.

- There is no doubt that the major psychological problems and addictions, which are the focus of PAIMM, can be severely disabling to any worker. In occupations where the consequences of mistakes are high, such as in medicine, the potential effects of under-performance by the doctor must be added to the effects on the doctors themselves. In this context, the emphasis of the project on returning doctors to fitness for work makes an obvious contribution to their employability. In addition, the fact that retraining is available when appropriate makes further case for linking the project to employability.

B.2 BACK TO WORK AFTER BRAIN INJURY — THE MISA WAVE PROJECT

-
- Sweden
 - employment and job retention
 - acquired brain injury
-



Background

In 1996 alone 68,750 people suffered a brain injury in Sweden, according to “Hjarnkraft”, an interest group for people with ABI (Acquired Brain Injury). Legislation exists which confirms the right of those who incur such an injury of a long-term nature to various forms of support and services from the local councils. However, there are only 1,000 adults in the whole country who receive support and services under the legislation but at least double that figure are believed to be entitled to support but are not taking up that right for various reasons. Furthermore, ‘daily activity’ is a statutory right (ISFS 1993) for people with certain types of disability in Sweden. Misa, a private company that was previously operated by the Jarfalla Municipality, provides such opportunities. It

The Misa WAVE Project is part of a trans-national project, involving organisations from Sweden, Ireland, France, and the Netherlands. The initiative, whose theme was ‘Employment and Job Retention’, was targeted specifically at adults of working age with an acquired brain injury (excluding dementia and congenital brain injury). The EU’s Employment Community Initiative - Horizon (Disabled) (1995-1997) part funded the project. Although the method of service delivery varied between the project partners, the principles governing delivery were based on the ‘Model of Supported Employment’. Inevitably such support involves liaison with the employer and assistance in addressing OSH issues which arise from the retention of an employee with additional needs and for whom special provision may need to be made. However, the primary focus of this initiative is on employability, specifically retention. Links to OSH issues are implicit.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
National / regional authorities	✓ Rehabilitation for ill or injured workers	National or regional authorities	✓ Medical diagnosis
Municipalities	Rehabilitation for physically or cognitive impaired	✓ Municipalities	✓ Health screening
Social partners	Prevention in high risk situations	✓ Social partners	✓ Assessment functional capacities workers
Insurance organisations	Workplace health promotion activities	Insurance organisations	✓ Assessment work demands
✓ Voluntary sector		✓ Voluntary sector	✓ Training and retraining
Companies		Companies	Development of rehabilitation policy
		✓ Vocational training organisation	Maintenance safe and healthy work environment
		OSH consultancies	Health promotion
			✓ Workplace (re)design

works with 65 people who are autistic, learning disabled or who have an acquired brain injury (ABI). There are four different units within the company, one of which, established in 1996, deals specifically with acquired brain injury.

In early 1996, Misa’s Brain Injury Unit was established and subsequently Misa was contacted by the Swedish EU Programmes Office to participate in a transnational project funded by the EU’s Employment Horizon (Disabled) Community Initiative. Agencies from three other European countries are involved, Ireland (the lead partners), France and the Netherlands. Misa’s entry into the partnership was rather late ¹⁰– half way through the project’s lifetime - and this is reflected in the results Misa had achieved at the time of the evaluation.

The main reason the project was undertaken stemmed from the fact that people with ABI were grouped together with people with learning disabilities in daily activity programmes. There was growing awareness amongst professionals in Sweden that such approaches were inappropriate. Two of the participants in Misa’s centres who had ABI had also identified this as a problem for them and advocated a programme that better suited their needs. Their main goal was to gain meaningful employment or to retain their existing employment.

The main reason the project was undertaken stemmed from the fact that people with ABI were grouped together with people with learning disabilities

Aims and objectives

The WAVE project aims to help people with ABI to return to working life with the aid of the Model for Supported Employment. The programme aims to support the participants in either gaining open employment or in the retention of their pre-injury job. The WAVE project has been divided into 2 phases, the

¹⁰ A UK organisation had been involved but withdrew.

first of which has focussed on setting up the new (brain injury) unit, selecting the participants and the employment and training of programme staff. The second phase deals with finding employment opportunities for the participants.

Organisation

This initiative operates within the Jarfalla region and is targeted at adults with a moderate to severe acquired brain injury who wish to return to employment. Individuals with mild brain injury are serviced by other state organisations. Participants on the WAVE programme have already undergone an intensive period of rehabilitation, which included various treatments and therapies. However, the main focus of this rehabilitation is not around vocational issues and the participants have found this frustrating as it has not facilitated them to return to work. The theme of their rehabilitation had been about training and acquiring new skills, whereas the theme of the WAVE project is employment and job retention.

The Model of Supported Employment is used as a support structure as it seems to meet the needs of people with ABI (Acquired Brain Injury) in their return to work. This model is defined as:

“Competitive work in integrated work settings for individuals with severe handicaps for whom competitive employment has not traditionally occurred, or for individuals for whom competitive employment has been interrupted or intermittent as a result of a severe disability, and who because of their handicap, need ongoing support services to perform such work.”¹¹

The WAVE project took a holistic approach

The WAVE project took a holistic approach to service provision and recognised the need to take account of the individual's life as a whole in planning service provision. Thus, in addition to training in the necessary vocational skills, attention was paid to the domestic circumstances background and leisure activities of the participant. This holistic approach was agreed by all partners in the transnational project to be essential for ensuring the best possible outcomes.

Participants in the WAVE project undergo a series of evaluations and assessments to enable the Project staff develop an 'Individual Programme Plan'. These include medical information obtained following the injury, evaluation of the participants abilities and competencies using, for example, occupational therapy assessment instruments, the individual's self-assessment and the evaluation of others in the participant's social sphere (family, friends, employers, co-workers, health care professionals, etc).

The aim of these plans is twofold - they provide the client with an ABI with an integrated record of their treatment and rehabilitation, and they also provide for the sometimes disparate staff involved, an integrated record of the clients progress and the types of intervention which have been made. Furthermore the assessments on functional competencies included in, for example, the occupational therapy assessment instruments, will facilitate an evaluation of

¹¹ Quoted in Headway's Social & Vocational Rehabilitation in Acquired Brain Injury; A European Perspective, 1997, p.6.

what adaptations to the workplace are required to enable successful re-integration of the person with an acquired brain injury.

Stakeholders

Apart from Misa itself, there are 8 principle stakeholders who co-operate in the WAVE Project. These include:

- Two interest organisations for people with ABI (including Hjärnkraft, an interest group for people with acquired brain injury),
- Two Trade Business Associations,
- The Labour Market Institute
- The Rehabilitation Centre for ABI
- The Employment Agency for Young Disabled
- The Jarfalla Municipality.

These stakeholders have come together to support the project in relation to the provision of expertise and support, public relations and to help the clients of the project acquire or maintain employment.

Results

At the time of the evaluation, Misa had not yet progressed to phase 3 of the Model of Supported Employment – the provision of support in the workplace - as none of the participants had secured employment. Misa's late entry into the WAVE project has had implications for them in terms of the results obtained at the time of the evaluation. While other projects had achieved definite progression for their clients (into open employment for example), Misa had not yet achieved these returns although they had been able to place people on a short term/work experience basis. Furthermore, the nature of their target group (people with moderate to severe brain injury) also makes re-integration/retention, more difficult.

Although the Model for supported Employment is familiar throughout Sweden, only a number of select organisations actually employ it. Misa has taken the initiative to start a national organisation for Supported Employment in Sweden (SFSE), which will promote the ethos that all people have the right to be part of a normal working environment.

Results from other countries, which were part of the project but were further advanced than Misa, were very encouraging. For example, in Ireland 70% of the project's clients returned to some level of paid employment with a further 10% entering further education. This is a remarkable success rate for people with disabilities of this type and severity - it should be noted that unemployment rates in excess of 70% are typically seen amongst disabled groups.

In Ireland 70% of the project's clients returned to some level of paid employment with a further 10% entering further education

In addition, the project produced a Handbook on Supported Employment, developed with trans-national partners, which aims to support employers in the reintegration of employees with ABI.

The role of occupational safety and health

Occupational safety and health organisations played no formal role in the project. However, there is no doubt that there are significant areas in which OSH expertise could play a role. This largely relates to the activities of assessing the capacity of the employee to work and in making adaptation to the workplace and to work itself to take account of the special needs of the employee.

Relationship to employability

The activities of the Wave project have a clear link to promoting the employability of people with ABI. They do so in a number of ways - the medical rehabilitation activities contribute getting the client fit for work, the training and retraining activities upgrade skills, and the job placement activities actively facilitate the reintegration of the client into either a former or a new workplace.

Assessment

This case is remarkable in a number of ways. These include:

- The fact that the target group for this initiative (people with moderate to severe brain injuries) are among the more difficult cases for rehabilitation makes the success of the overall project remarkable. The methods used - the Model of Supported Employment, the Individual Programme Plan and the combination of services assembled to serve the clients of the project all made a contribution to this success.
- Though OSH experts did not play a major role in this initiative, there are clear opportunities for them to play a significant, if delimited role in similar initiatives. The specialist services for medical rehabilitation do not fall within the remit of OSH, but the workplace based role of assessment of the individual and of the work environment and the nature of the job are all areas in which OSH could contribute. In addition, OSH experts could play a role in monitoring the progress of employees with ABI who have returned to work.

This case is an archetypical example of how rehabilitation can contribute to promoting the employability of even the more severely impaired employees. Its retraining activities, medical rehabilitation elements and job placement features all contribute to improving the employability of one of more difficult target groups for employment.

B.3 PREVENTING INDUSTRIAL ACCIDENTS AND OCCUPATIONAL ILLNESSES — ALLGEMEINE UNFALLSVERSICHERUNG



-
- Austria
 - re-establish abilities of disabled
 - co-operation with preventive OSH service
-

Background

In principle, employers in Austria are obliged to provide for the welfare of employees. Workplaces, work procedures and the use of work methods and materials should be designed in such a way as to prevent the occurrence of accidents in the workplace and occupational illnesses. However, should they arise despite such measures, the employer is largely responsible, otherwise the employee may be guilty of negligence. In the event of negligence on the part of the employer, the employer can face legal consequences. From a civil rights perspective, the employer is obliged to pay compensation (damages, pension etc). Similar to other industrialised countries, the possible civil consequences in

In its current form, the Industrial Accident Insurance (AUVA - Allgemeine Unfallversicherung) has, amongst other requirements, been legally contracted since 1954 to help prevent accidents and occupational illnesses in the workplace. If persons suffer as a result of an accident in the workplace or an occupational illness, the AUVA is responsible for the treatment and, if need be, for the medical, occupational and social rehabilitation of the employee. The primary objective is to re-establish the abilities of the disabled person, in order that they may be reintegrated on a permanent basis, and in the most appropriate manner, into economic, professional and social life. The AUVA co-operates closely with the preventive OSH service in the area of prevention of accidents in the workplace and occupational illness. Occasionally the preventive OSH service is called upon for support by AUVA when integrating the person for rehabilitation into the work process.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
National / regional authorities	✓ Rehabilitation for ill or injured workers	✓ National or regional authorities	✓ Medical diagnosis
Municipalities	✓ Rehabilitation for physically or cognitive impaired	Municipalities	Health screening
Social partners	✓ Prevention in high risk situations	✓ Social partners	✓ Assessment functional capacities workers
✓ Insurance organisations	Workplace health promotion activities	✓ Insurance organisations	✓ Assessment work demands
Voluntary sector		Voluntary sector	✓ Training and retraining
Companies		Companies	✓ Development of rehabilitation policy
		Vocational training organisation	✓ Maintenance safe and healthy work environment
		✓ OSH consultancies	Health promotion
			✓ Workplace (re)design

the course of a third party settlement are assigned to the insurance companies.¹²

The legal basis and the organisation of the legal accident insurance have changed several times during the course of its existence. After 1945, the AUVA was entrusted with the prevention of workplace accidents and occupational illnesses when the General Social Insurance Law came into effect in 1954. In this connection AUVA is also responsible for the treatment and rehabilitation of employees who have been victims of workplace accidents or occupational illness.

Activities

In the majority of workplace accidents the employee is able to assume work duties directly after completion of treatment.

If an employee suffers a workplace accident the employer is obliged to report this to the AUVA. Workplace accidents can also be reported via the hospital or the doctor treating the injured worker. In-patient treatment can take place in one of the 7 AUVA hospitals or in any other hospital. Out-patient treatment can be in the out-patients department of hospitals or with a General Practitioner. In the majority of workplace accidents the employee is able to assume work duties directly after completion of treatment. In cases where this is not possible, the employee in question can, as a rule, be referred to one of the AUVA rehabilitation centres and receive medical rehabilitation.

Subsequent to completed medical rehabilitation, every effort is made to engage the employee in the same job he or she worked in prior to the accident. If necessary, the

¹² In 1883 a corresponding bill was introduced by Parliament. The "Bill relevant to employee accident and health insurance" was introduced in December 1887 effective from 1 January 1888.

AUVA undertakes, where possible, modifications or renovations to the workplace. If the job is no longer available the employee must seek new employment him/herself and is supported by an AUVA “employment welfare officer”.

In order to create an incentive for companies to employ rehabilitated employees, part of the salary costs can also be paid by the AUVA. If the rehabilitated worker can no longer be engaged in his/her original job possible alternative areas of employment are tested for in one of the AUVA establishments or a partner institution. If the person undergoing rehabilitation is deemed suitable then a professional rehabilitation programme is begun. If this (e.g. retraining measures) is successfully completed the employment welfare officer works together with the rehabilitated worker in order to find a suitable job. In this case also any relevant modifications to the workplace are undertaken and the company is supported by the AUVA. If no professional rehabilitation is possible a retirement procedure is initiated.

In the case of an imminent or manifest occupational illness this should be reported to the AUVA by the physician treating the employee. If the illness diagnosed by the doctor is included on the list of occupational illnesses and if the employee concerned is active in the workplace in which the occupational illness occurred, then an examination is undertaken in one of the AUVA establishments in order to assess the causes. This means that tests are carried out to establish whether or not the illness reported and the work practice are causally related. If a causal relationship is established between the two then medical and occupational rehabilitation measures analogous to the accidents are undertaken. If no obvious occupational illness arises, but the ailment is likely to develop then measures for professional rehabilitation are implemented.

Objectives and responsibilities

In addition to accident treatment, the treatment of occupational illnesses and the implementation of medical and professional rehabilitation measures, the AUVA also has a range of further responsibilities and objectives. The AUVA is responsible for social rehabilitation if this is necessary in the course of a workplace accident or occupational illness. Social rehabilitation in this context is usually only considered in relation to technical aspects, e.g. the creation of an obstacle-free apartment if the person rehabilitated is wheelchair bound. In the case of an employee sustaining physical injuries as a result of a workplace accident or occupational ailment then the AUVA is obliged to provide the following services (apart from the accident treatment and rehabilitation described above):

The AUVA is responsible for social rehabilitation

- Financial assistance for the insured and family, if no other income replacement exists;
- Provision of replacement limbs, orthopaedic aids and other aids;
- In the case of diminished fitness for employment, under certain conditions the granting of a disability pension is possible;
- In the transition to another occupational activity, a ‘transitional’ pension can be granted under certain conditions;
- If no pension arises then other financial services are possible under certain conditions;

- Allowances for widows and widowers are granted if such persons are not entitled to a widows/widowers pension after the death of their spouse as a result of a workplace accident or occupational illness;
- Under certain conditions a payment is possible if the insured is impaired in the sense of physical integrity (e.g. a permanent physical disfigurement);
- In the event of death of the insured party as a result of a workplace accident or occupational illness the bereaved family are due a partial reimbursement of funeral costs and under certain conditions are due pension payments.

Understandably, the prevention of accidents in the workplace and occupational illnesses forms an essential part of the AUVA area of responsibility. This is undertaken by means of consultations with employers, employees and works committee members. Further measures in the area of prevention are:

- the provision of information in the form of posters and brochures;
- the provision of specialist events for safety engineers;
- a variety of factory-based projects in the areas of accident prevention and health promotion;
- education and training measures for safety delegates
- the provision of obligatory 8-week training courses for safety engineers.

The AUVA employs approximately 70 safety engineers and 10 occupational physicians and also has contracts with 80 safety engineers and 120 occupational physicians who support small companies in the area of awareness and statutory employee protection.

Stakeholders and target groups

The most important stakeholder is the Federal Ministry for Social Security and the Elderly which acts as the supervisory authority. Close co-operation exists with the social health insurance companies because reciprocal support obligations between the AUVA and the health insurance companies exist. General Practitioners and hospitals are also important contacts as they report workplace accidents and occupational illnesses. In this context, the termination of reporting contracts with the hospitals is problematic because this has somewhat weakened the “discipline of reporting”. Pension insurers are also significant partners as they are responsible for rehabilitated persons who can no longer be reintegrated into the workplace. Representatives for the interests of employers, employees and disabled persons have a stakeholder role as they are represented in the self governing body of the AUVA and can introduce the interests of their respective clients. Close co-operation exists with the professional further training establishments who provide retraining, and also with the Labour Market Service (formerly the Labour Office), whose help in the obtaining of suitable jobs is essential. Finally, factories, and in particular large sites are stakeholders because there is very close co-operation in the area of accident prevention.

The target group of the AUVA in the prevention area is 3,922.000 workers. According to the ASVG of insured employees in Austria this figure constitutes 92% of all employees¹³. In addition there are 1,167,500 pupils and students

¹³ All of the statistics provided in the report refer to the year 1998.

insured against accidents. Smaller target groups, (in the sense of measures which have been taken) are employees who have suffered a workplace accident, or who currently suffer from an occupational illness or who can anticipate an illness occurring. A particular emphasis on accident prevention is made in the “building and construction industry”, and hairdressers and bakers form a specific target group within occupational illnesses.

Results

Unfortunately, the AUVA does not have a systematic record of how many rehabilitation cases were reintegrated into their former occupation; how many had to take on a new occupational field; and how many went into retirement. The number of measures taken and applications made is simply recorded. In 1998 a total of 1.740 occupational rehabilitation measures were granted and 19 refused. In the area of social rehabilitation (apartment and car modifications, mobility training courses, driving licence applications) 186 measures were granted and 12 refused. 4.539 applications were made for places in rehabilitation centres and of these, 4.189 were granted and 350 refused or withdrawn. The consultants of the AUVA consider that a qualitative evaluation of the rehabilitation cases would be very desirable but personnel resources do not enable this at present.

Within the field of occupational illnesses there has been an increase in the number of prophylaxis cases in recent times.¹⁴ This can be traced back on the one hand to the need for an increased safety awareness, a greater level of health awareness amongst employees and also to the use of dangerous work materials. There are problems in the rehabilitation of persons with head injuries. As there is only one facility available for treatment and rehabilitation, family members have to take into consideration long journeys. In addition, the rehabilitation capacity for persons with such injuries is on the whole quite low. Although the AUVA currently has sufficient financial resources to fulfil its duties, there are shortages in relation to social rehabilitation. When it comes to the renovation of an apartment, the promotion of mobility by modifying cars and the provision of assistance for everyday life, no effort and cost is spared. However, a social and psychological care in the sense of case management is lacking. In summary, this means that although the professional service of the experts is excellent, an equally essential support in the sense of self-help for persons undergoing rehabilitation is largely lacking.

Role of occupational safety and health

In addition to their normal duties, physicians and safety engineers employed by companies are entrusted with the prevention of workplace accidents and occupational illness and are, therefore, important contacts of the AUVA. The AUVA supports the preventive services in the fulfilment of their duties by providing further training programmes and information materials.

The Occupational Physician and related professions are involved in the adaptation and modification of the workplace when the rehabilitated person is being re-integrated into the work process. According to the AUVA experts who were asked, this co-operation between the preventive services and the AUVA

The AUVA supports the preventive services in the fulfilment of their duties

¹⁴ This means that if the job remains unchanged, occupational illness can be expected.

could be intensified and improved. For example, the AUVA could increase its range of services to the preventive services (advice and information materials). The preventive services, for their part, could make an important contribution by dealing with disabled and physically impaired employees in a more relaxed and normal manner. Employees and managers have to recognise that impaired and disabled employees can offer, not less valuable skills, but simply different skills. According to expert opinion in this context, the law in relation to attitudes towards disabled persons (Behinderteneinstellungsgesetz) is counter-productive because so many special measures have been added on to the law and as a result this deters company management from employing disabled persons.

Financial considerations

The total expenditure for the AUVA in 1998 was 820 million Euro. Of this, 48.5 million Euro was sent on rehabilitation measures; 9 million Euro was spent on replacement limbs and aids; 260 million Euro on accident treatment and 34 million Euro was spent on accident prevention and First Aid for workplace accidents.

Personnel

The AUVA employed 4.758 employees up to 31.12.1998. A classification of the employees according to the individual fields of work is not possible. In any event, of the 4.758 employees 2.612 were employed in the 7 accident and emergency hospitals and 832 were employed in the 4 rehabilitation centres.

Generalisability

As similar insurance systems already exist in Europe, the initiative can be assumed to be relatively easily generalisable. However, the integration of preventive workplace based activities with extensive rehabilitation and reintegration actions can be modelled under other systems also.

Assessment

This initiative provides an example of how organisations which insure against occupational accidents and illnesses can become involved both in prevention activities and in rehabilitation and reintegration activities. The AUVA, with nationwide responsibilities for providing insurance cover for occupational illness accidents have engaged in a range of activities to support preventive actions within enterprises, which might be expected of insurers. However, their activities in the area of rehabilitation, retraining, the provision of technical aids and workplace adaptation are all good examples of how rehabilitation may be organised.

- OSH experts, especially occupational physicians play a major role in rehabilitation initiatives organised by the AUVA. In particular, they appear to be largely responsible for managing the workplace based aspects of rehabilitation and reintegration. They provide a concrete example of how OSH experts may become involved in these activities.
- The activities of this initiative have a clear relationship to improving the employability of ill or disabled workers. The focus of the initiative on both prevention and rehabilitation means that two of the three possible avenues of influence on health are addressed. There is clearly the provision of some form of integrated services within this initiative.

B.4 DEALING WITH HAND INJURIES OF WORKERS — HAND TRAUMATA



-
- Belgium
 - information campaign
 - specialised treatment centres
 - insurance company
-

Background

KBC, a Belgian banking and insurance company, took the initiative for starting a campaign on the prevention of hand injuries. The insurance activities of this group include providing cover for occupational accidents. In Belgium, this insurance is arranged through the private sector, though employers have the legal obligation to provide insurance cover for their employees. Therefore, the compensation of the victims of occupational accidents is not paid for by the Social Security System, but by private insurance companies.

An important reason for developing this initiative on the prevention of hand injuries was the fact that this kind of injury constitutes a major element of accident statistics. Figures show that accidents at home or at the workplace often result in injuries to hands and fingers.

Another reason was the lack of necessary facilities and personnel, such as hand surgeons and hand clinics, that could provide the specialised treatment and

This kind of injury constitutes a major element of accident statistics

This initiative was undertaken in the wake of rising concern about the cost, in human and economic terms, of Repetitive Strain (Carpal Tunnel Syndrome) and other hand injuries. A comprehensive information campaign to raise awareness of the cost of hand injuries, the development of early intervention strategies and the establishment of specialised hand treatment centres were integral to this Initiative of one major insurance company.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
National / regional authorities	✓ Rehabilitation for ill or injured workers	✓ National or regional authorities	✓ Medical diagnosis
Municipalities	Rehabilitation for physically or cognitive impaired	Municipalities	✓ Health screening
Social partners	✓ Prevention in high risk situations	Social partners	✓ Assessment functional capacities workers
✓ Insurance organisations	✓ Workplace health promotion activities	✓ Insurance organisations	✓ Assessment work demands
Voluntary sector		Voluntary sector	✓ Training and retraining
Companies		Companies	Development of rehabilitation policy
		Vocational training organisation	✓ Maintenance safe and healthy work environment
		✓ OSH consultancies	✓ Health promotion
			✓ Workplace (re)design

rehabilitation needed for full recovery. Compensation for the costs involved in providing care at the appropriate rates is required as well.

Aims and objectives

The campaign had several objectives. The first objective was to reduce the number of hand injuries. Therefore a campaign was launched in order to make the public aware of two facts:

- hand injuries can be prevented by taking the proper precautions
- hand injuries have to be taken seriously; they are to be treated immediately

The second objective was to support the establishment of specialised 'hand injury centers' within existing hospitals. The final objective was to reduce the cases of temporary and permanent disability. This should lead to a reduction of the costs of compensation and thus to a financial benefit for the insurance company. On the other hand, fewer hand accidents and a better treatment of the accidents that do occur, imply less human and economic damage for the victims, for their workplace as well as for society at large.

Target groups

The target group for the initiative is the Belgian public and specifically workers. Because the statistics show that the most severe occupational accidents occur in the printing and woodwork industry, the campaign was directed to the employers and employees in these industrial sectors.

Because the initiative was undertaken by an insurance company, their first target group were the policy holders. Therefore the initiative was also focused

on intermediaries such as insurance brokers, claims assessors, risk assessors, as they are directly linked to the policy holders.

An important part of the initiative was aimed at medical care staff. Specific target groups for these aspects are:

- general practitioners
- emergency services
- occupational health services
- hand surgeons

Nature of the initiative

Belgian statistics show that accidents involving the hands make up to one third of the total number of occupational accidents¹⁵. More detailed analysis¹⁶ shows that most occupational accidents occur in the construction sector. The most severe accidents (most number of days lost; highest costs) occur in the printing and woodwork industry. The job activities in these two sectors make the hands extremely vulnerable.

The most severe accidents occur in the printing and woodwork industry

Domestic accidents¹⁷ also make up one third of the total number of accidents. These are mostly caused by falls and result in cuts.

The initiative is based on two pillars of action. The first was an awareness campaign, the second was aimed at the implementation of a system of treatment and compensation.

Two brochures, one promotional spot on television and one poster supported the awareness campaign. The television spot focused on the seriousness of hand injuries and the need to seek immediate and specialised care. The spot made reference to the newly established Hand Centers, KBC and the (availability of a) brochure. It was broadcast on national television.

The first brochure was aimed at the general public. The brochure describes the risks for hand injuries and is illustrated with graphics on the number and causes of accidents. It also mentions the precautions that can be taken to prevent these injuries and the importance of specialised treatment by the Hand Centers. The brochure was mainly distributed by brokers and banks to the policy-holders.

The second brochure was targeted at employers (and employees). It outlines the extent of occupational accidents concerning the hands. It also emphasises the legal obligations of employers to ensure safe occupational safety and health. It details the legislation on machine safety and collective protective equipment. This brochure was sent out to the firms (policy holders of occupational accidents insurance). KBC consultants also supported the campaign towards industry. The consultants visited firms in the woodwork and printing industry to give tailor-made advice on the prevention of hand injuries in these sectors. PREVENT, the institute on occupational safety and health, also supported the awareness

¹⁵ 28% of the accidents involves hands and fingers, based on national statistics of occupational accidents.

¹⁶ based on the figures of the KBC insurance group

¹⁷ based on EHLASS figures

campaign towards the industry. For that reason, PREVENT used its channels to inform its public of the campaign. Finally, the poster was used as a visual aid to support the campaign.

To provide for specialised treatment, KBC supported the creation of Hand Centers

In order to provide for specialised treatment, KBC supported the creation of Hand Centers. The Hand Centers were to be created within existing hospitals and needed to meet certain requirements in terms of staff and equipment. An independent association (VZW Handcentra) supervises this system.

KBC's objective was that all the victims with hand injuries should be treated in one of the Hand Centers. KBC guarantees a full refund for these victims, including higher compensation for hand surgeons.

Stakeholders

As mentioned above, the initiative mainly involved a private insurer. It also involves hospitals and medical staff. The national institute of occupational safety and health, PREVENT was asked to support the campaign and to try to involve all the other private insurance companies. PREVENT maintains good relations with all insurance companies (occupational accidents) and was thus able to put the initiative and the KBC-approach on the agenda of the meetings with the insurance companies.

Companies and health and safety practitioners are involved in putting the preventive methods into practice and to take into account and implement the possibilities of specialised treatment in case of an accident.

Results

As a result of the initiative, several hand centers have been created. They operate within existing hospitals and make available specialised staff and equipment. Until now, the majority of the treatment involved secondary surgery. This means that the patients are suffering from 'old' hand injuries with a permanent disability. These patients seek new treatment in order to improve their condition or even to fully recover. The results show that the new treatment has positive results. For instance, in many cases the mobility of injured fingers could be improved. This proves that with proper care permanent disability can be prevented. Unfortunately, there are no figures available at present to support these conclusions.

The results show that the new treatment has positive results

Successes and problems

The first success of the initiative was the obvious improvement in awareness with regard to the importance of hand injuries.

A second outcome of the project was the creation of several Hand Centres. These centres also encountered some problems: competition arose between hospitals with and those without Hand Centres, the Federation of Medical Practitioners warned against the 'limitation of free choice'.

Correct initial diagnosis and treatment is essential

However, the initiative didn't result, as it aimed to do, in initial treatment of hand injuries occurring within the Hand Centres. Instead, the situation is much as before, with hand injuries receive first of all non-specialised treatment'. Only when serious permanent problems are diagnosed, do the specialised Hand

Centers become involved. However, correct initial diagnosis and treatment is essential. So, in future the project should be supported by an additional awareness campaign for general practitioners, emergency services and occupational health practices.

Relationship and relevance to employability

The description of the initiative clearly shows that this system can lead to positive results for all the parties concerned.

- The victim, because he/she receives better treatment and is likely to avoid a permanent disability.
- The employer, because the employee returns sooner to work.
- The surgeons, because they receive better compensation for his work.
- The insurance company, because the costs will be reduced.

Role of occupational safety and health

The role of the preventive occupational health and safety services is rather limited. Their role lies mainly in the prevention of hand injuries and in a better guidance of the victim. In addition, they are involved in promoting awareness of the Hand Centres and providing assistance and advice on workplace adaptation for the recovering worker on their return.

Generalisability

The possibility of generalising from the project to other countries should be based on an understanding of the Belgian context. Unlike most other Europe countries, occupational accidents are insured by private insurance companies in Belgium. So, the system can't be copied identically but has to be adapted. In most countries, the Social Security System, would need to take over the role of the private insurer. A significant element of the generalisability of the initiative can be linked to the original way in which a win-win situation for all the different parties involved with hand injuries was constructed (see pt. 9).

Assessment

This case illustrates a number of interesting aspects, especially in relation to how it was organised. The main noteworthy elements are:

- This initiative was organised by the private occupational health insurance sector in response to a specific class of injuries for which they faced high levels of claims. A notable aspect of this context is that many of the injuries, which they insured against, occurred outside of the workplace. Collaboration was a feature of the initiative, with the assistance of the State Health and Safety Agency being enlisted, as well as employers, emergency services and occupational health services.
- This initiative included only a peripheral role for preventive occupational safety and health services – they were mainly involved in raising awareness about the initiative and in the provision of preventive services. In fact, public health services (general practitioners, emergency services, and surgeons) were more directly involved. However, the case provides an example of the

This initiative took great care in ensuring that all relevant stakeholders had real and identifiable incentives to take part in the initiative

kind of initiative that might be undertaken by occupational health services acting as a group. The building of coalitions of support amongst groups of stakeholders to provide better services and to upgrade infrastructure could, in principle, be taken in relation to any workplace health issue, and could be led by preventive occupational safety and health services.

- This initiative took great care in ensuring that all relevant stakeholders had real and identifiable incentives to take part in the initiative. For the service providers, there were better rates of remuneration, for the employers, there were reductions in absenteeism costs and for employees, there was the prospect of better treatment and reduced financial costs associated with injury. The case therefore provides a model example of how initiatives can be structured to the benefit of all.
- This case focused on establishing an infrastructure and treatment service for a specific at-risk group, which are to be found in a number of industrial sectors. Its main emphasis is on rehabilitation, i.e. the early intervention with treatment in the case of hand injuries occurring either within or outside of the workplace. (It therefore has a clear relationship to boosting the employability of workers, both through its early intervention aspects (promoting early rehabilitation) and by its treatment of long standing injuries, resulting in decreasing the functional loss of affected workers.)
- This initiative combined a range of different elements in the programme. These included the techniques of health promotion (mass media health advertising), the provision of incentives to the main parties involved, the establishment of specialised treatment centres (infrastructure development) and network building for awareness-raising purposes. This multidisciplinary approach is a good example of how programmes to encourage new behaviour might be designed.

B.5 CIVIL LITIGATION AND RETURN TO WORK — THE WORKPLACE SAFETY GROUP



WORKPLACE
SAFETY GROUP

Background

In Ireland a civil litigation system applies where an employee (or indeed any person) is injured through the fault of another. This often leads to protracted and costly legal proceedings. Employers are obliged by law to buy insurance cover (employers liability insurance) to cover themselves against damages resulting from occupational injuries or illness. In the event of injury or illness, employees obviously seek medical treatment, but they also in many cases seek compensation through the civil courts.

The long drawn out legal procedure (often lasting years) usually means injured employees are not quickly returned to either normal or modified work sometimes leading to a complete non return to work, and the legal fees add to the employers and the insurers costs.

There is therefore a tension between the occupational health and rehabilitation systems and the civil courts system. It is in the interest of employers to see an early return to work of employees, while it is in the interests of the legal system to seek monetary damages on behalf of the ill or injured worker. For the workers' part,

In Ireland a civil litigation system applies where an employee (or indeed any person) is injured through the fault of another. The long drawn out legal procedure means injured employees are not quickly returned to either normal or modified work sometimes leading to non return to work. Speedy treatment of injuries, including specialist treatment and rehabilitation, is of crucial importance.

- Ireland
- legal procedures
- speedy treatment of injuries
- social partners

It is in the interest of employers to see an early return to work of employees, while it is in the interests of the legal system to seek monetary damages on behalf of the ill or injured worker

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
National / regional authorities	✓ Rehabilitation for ill or injured workers	✓ National or regional authorities	✓ Medical diagnosis
Municipalities	Rehabilitation for physically or cognitive impaired	Municipalities	✓ Health screening
✓ Social partners	✓ Prevention in high risk situations	✓ Social partners	✓ Assessment functional capacities workers
✓ Insurance organisations	✓ Workplace health promotion activities	✓ Insurance organisations	✓ Assessment work demands
Voluntary sector		Voluntary sector	✓ Training and retraining
Companies		✓ Companies	✓ Development of rehabilitation policy
		Vocational training organisation	✓ Maintenance safe and healthy work environment
		OSH consultancies	✓ Health promotion
			✓ Workplace (re)design

they face a situation where they often don't know if their best interests lie in returning to work or in seeking financial compensation through the courts. (It should be noted that the court awards for injuries in Ireland tend to be very high when compared to European levels). The key element in the decision for workers about whether they should return to work or go through the court system is that these options are generally mutually exclusive. Legal advice and experience indicates that the awards made to workers who have returned to work (even with some level of disability) are much lower when compared to workers who have not returned to work, even though they might have been able to do so.

It was against this background that a joint initiative to improve health and safety standards and to reduce the number of claims which ended up in the courts was launched by Employers, Trade Unions and Insurers. The Workplace Safety Group.

Aims and objectives

Faulty health and safety systems are the prime cause of the workplace accidents. However, when accidents occur, employees may lose out on career opportunities apart from being injured. In addition, if it is proved that they were responsible for "contributory negligence" in the accident, they will be at financial loss (from reduced compensation payments) as well. From the employers and the insurers perspectives, the financial and other benefits of preventing accidents and encouraging early return to work are also quite clear.

Hence it was seen that it would serve insurers, employers and employees if an agreed system was put in place to prevent injuries and also to ensure speedy treatment of injuries, including specialist treatment and rehabilitation (often delayed in the Irish health service system). In essence it pursues early rehabilitation of injured employees and the prevention of workplace hazards. It does not pursue the employment of those who are not in the workforce by

It would serve insurers, employers and employees if an agreed system was put in place to prevent injuries and also to ensure speedy treatment of injuries

reason of existing disability. The initiative, which commenced early 1998, is mainly resourced by the main employer organisation with support from the other stakeholders. The system is organised with support (including telephone advice) from all of the stakeholders

The main aims of the programme are:

- To improve standards of health and safety practice
- To reduce accident rates
- To encourage early return to work following occupational injuries
- To reduce the costs of accidents by establishing an alternative compensation system to the civil courts

Activities

The main factor that prompted the initiative was the adversarial nature of the Irish legal system, which led to high costs and a slow return to work. The initial meetings of the stakeholders led to a "Voluntary code of Safe Working and Accident prevention". This guideline is short and consists of two parts:

- A list of agreed priority actions for addressing health and safety in the workplace in a non-adversarial climate targeted at:
 - (a) Employers
 - (b) Employees
 - (c) A statement of support from the Irish Insurance Federation
- A Flow Chart Model which addresses the following three issues:
 - (a) Immediate action (First aid immediate medical treatment) where an accident has resulted in injury;
 - (b) Rehabilitation and early return to work;
 - (c) Agreed ways of compensating employees which need not necessarily involve the complex legal system.

A Workplace Safety Group, involving representatives of Employers, Trade Unions and Insurers was set up to oversee the project. The activities of the Workplace Safety Group have also led to the production of guidelines for "Safe working and accident prevention" which is for use by employers and trade unions at any workplace interested in using the system. The group:

- Has produced a guideline for use by Employers and Employees at enterprise level entitled "Safe Working and Accident Prevention"
- Meets on a regular basis to ensure the implementation of the guidelines
- Carries out occasional surveys to monitor implementation of the guidelines
- Organises seminars to bring the guidelines to the attention of Employers and Employees

Stakeholders and target groups

The main stakeholders are the Irish Employers representative organisation IBEC (Irish Business Employer Confederation) and the Irish Congress of Trade Unions (ICTU). These organisations are closely supported by the representative body for Irish insurance companies, the Irish Insurance Federation (IIF). The other stakeholders are the Department of Enterprise Trade and Employment which is the Ministry with responsibility for Employment affairs as well as being the parent department of the other stakeholder, the Health and Safety Authority, which enforces and promotes workplace health and safety.

The target groups are employers, trade unions and insurance companies at national, regional, sectoral and workplace level.

Results

An initial survey of employers undertaken by IBEC provides some insight into how the initiative is working

It is still quite early to assess whether the initiative has been successful or not, as it only began in early 1998. However, an initial survey of employers undertaken by IBEC provides some insight into how the initiative is working. There is an intention to continue with monitoring activities on a periodic basis. Initial results from the late 1999 survey indicate:

Questionnaires were sent to 57 companies who had shown some interest in the scheme during the course of the first 18 months of the initiative. Of these, 31 companies had considered adopting the 'Voluntary code of Safe Working and Accident prevention'. 13 of the 24 companies which reported that they had not considered doing so, gave the main reasons for this situation as being related to lack of support from management within companies or from insurers or that they had found the system difficult to operate.

On the other hand, companies which had adopted the code found the experience to be positive (24 of the 31 adopting companies reported this to be the case).

Role of occupational safety and health

Occupational health and safety experts have a role to play in this initiative. The safety services, at workplace level, are involved in facilitating and implementing the workplace Health and Safety Management Systems agreed between Employers and Employees. Where there are Occupational Health Professionals (Occupational Physicians and Occupational Health Nurses) operating within the company, (this is not legally required in Ireland) they will advise on early rehabilitation.

Generalisability

This case is targeted at all Irish workplaces and has met with success in some. However, the initiative is peculiar to the Irish civil liability legal system and would only be applicable, possibly, in the United Kingdom, or in other countries where an adversarial system applies to occupational injuries. The broad approach and the preventive and rehabilitative aspects of the initiative could perhaps be applied in other countries of the E.U.

Assessment

This initiative consists of an agreed approach to dealing with occupational injuries and their costs between the major stakeholders in the workplace. Though it has arisen in a quite specific context, i.e. a legal system and culture which makes it attractive to go to court to settle the consequences of occupational accidents, there are a number of elements to the initiative which are of interest in the current context:

- This initiative, when successful, makes a very clear contribution to boosting the employability of workers. When it succeeds in preventing illness or injury cases from going to court, it generally also succeeds in promoting the re-integration of the worker into the workplace. In addition, the major focus of the initiative on improving standards of health and safety practice gives the initiative a preventive emphasis, thereby maintaining workers within the workplace.
- Occupational safety and health organisations and experts did not play an explicit role in this initiative at the national level. However, preventive occupational safety and health services at company level do play a role, especially in relation to improving standards of health and safety, and also in relation to providing advice that is consistent with the initiative.
- It was notable that all of the major stakeholders in workplace health were included in this initiative with the exception of one – the legal profession. It is generally held that the current situation with its emphasis on taking legal redress operates mainly in the interests of the legal system, and perhaps it also operates in the interest (at least financially) of the workers. The difficulties that the initiative has experienced may stem mainly from this issue, whereby financial compensation is still often seen as a preferable alternative to a return to work.

When it succeeds in preventing illness or injury cases from going to court, it generally also succeeds in promoting the re-integration of the worker into the workplace

B.6 AN EMPLOYERS' AWARD ON DISABILITY MANAGEMENT — KROON OP HET WERK

- Netherlands
- national programme
- expert jury
- annual contest



Background

'Kroon op het werk' was originally established as an employer's award in 1996 by the NCCZ (Dutch National Committee for Chronically ill People). The award focuses on identifying best practice in the area of disability management within the context of OSH-policy.

The award aims to raise awareness of and improve the image of disabled workers and to enhance their opportunities for employment. The best practice-

The 'Kroon op het werk' award is a national programme that focuses on the target groups of disabled workers and chronically ill people. It is an annual contest in which companies with a leading position on Human Resource Management and social policy voluntarily compete for the award of 'Practitioner of the Year' in relation to disability management. The programme was developed in response to high and rising levels of work disability in the Netherlands and to assist ill or disabled people with finding and maintaining jobs. There is a strong link with OSH-management in this initiative. The project focuses on initiatives for reintegrating ill, disabled or injured workers back to the workplace. Rehabilitation in this case refers both to medical rehabilitation of individual workers and adaptations of workplaces and working processes. An expert jury composed of the main stakeholders in the rehabilitation process judges the competing companies. The programme was first started in 1996 and the award has been adjudged over the years 1996, 1997, 1998 and 1999.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
✓ National / regional authorities	✓ Rehabilitation for ill or injured workers	✓ National or regional authorities	✓ Medical diagnosis
Municipalities	✓ Rehabilitation for physically or cognitive impaired	Municipalities	✓ Health screening
Social partners	Prevention in high risk situations	✓ Social partners	✓ Assessment functional capacities workers
Insurance organisations	Workplace health promotion activities	Insurance organisations	✓ Assessment work demands
Voluntary sector		✓ Voluntary sector	✓ Training and retraining
Companies		Companies	✓ Development of rehabilitation policy
		Vocational training organisation	✓ Maintenance safe and healthy work environment
		OSH consultancies	✓ Health promotion
			✓ Workplace (re)design

examples show that contracting and/or rehabilitation of disabled employees doesn't necessarily mean a disadvantage for the employer and that it can even be profitable for the employer. It therefore focuses on both the recently disabled worker and those who have been disabled for longer periods.

The initiative was developed because it was found that too many people in the Netherlands who were willing and able to work but couldn't find or keep a suitable job because of a disability. At the same time the number of people drawing sickness benefit because of a disability was high and growing.

In 1999 the initiative was taken over by TNO Work and Employment (TNO) at the request of the Ministry of Social Affairs. TNO integrated the award into a 3-year program, called 'Strong Motive for Work', and succeeded in involving an important employers and labour' organisation (STAR) in the project. They then founded a new Committee 'People with Disabilities and Work'. This committee is responsible for the organisation and management of the project. TNO acts as Secretary to the Committee, which also has members from several of the major stakeholders in the area.

For running the project in the year 1999 – 2000, TNO established a jury for the award and enlisted the services of an institute for research and a PR-agency to assist in running the award. The jury, presided over by the secretary of state of the Ministry of Social Affairs, is composed of representatives of:

- the trade unions
- employers from several labour market sectors
- a leading journal on personnel management
- WOCZ – organisation of chronically ill people
- the work council

Professionals from the institute for research work with the jury offering support. The project obtained a subsidy of € 155.000 from the Ministry of Social Affairs.

Aims and objectives

In the Netherlands there used to be few 'incentives' for employers to be concerned with the integration and rehabilitation of disabled workers. When an employee became disabled, the social security system would take care of, and provide financial benefits to the disabled worker. The employer had to bear only limited financial or economic consequences.

By means of new legislation employers became more responsible for prevention of sickness and disability

In the 1990's it became clear that the authorities would not and could not no longer take primary responsibility for disabled workers. By means of new legislation employers became more responsible for prevention of sickness and disability on the one hand and rehabilitation on the other. (Amongst its main provisions was a regulation that employers became financially liable for the first year of absence from work). In this context the 'Kroon op het werk' award was established.

The award aims to improve the image of disabled workers and their opportunities for employment by identifying best practice-examples which show that hiring and/or rehabilitating disabled workers doesn't necessarily carry a disadvantage for the employer. The award wants to make it clear that facilitating disabled workers is not a matter of charity, and that it can even be profitable for the employer.

The objectives of the project are:

- To establish and extend a network of companies in which knowledge and experience about disability management can be studied and elaborated.
- To promote and stimulate disability management (prevention and rehabilitation) in Dutch companies.

Organisation

An important stage of the project concerns the recruitment and selection of competing organisations. The contest is undertaken on a voluntary basis, whereby companies enter the competition on their own initiative. Three methods of recruitment are used:

- Direct approaches to labour market sectors by TNO and others;
- Mailing 400 companies with a known history of disability management: distributing a promotional video about best practices on disability management together with information about the award;
- Direct calling candidates;
- Mailing a questionnaire to the responding organisations.

The next stage is the selection stage. The first selection is based on the questionnaire. On the basis of the questionnaire 10 companies are selected for the next stage in the competition. The second selection is based on an elaboration of a range of issues outlined in the questionnaire responses. The research institute involved visits the companies to obtain this information. After this stage, five remaining companies will be nominated for the award. The jury bases the third and final selection on company-visits.

The project runs for about 8 months, starting with the recruitment of companies and finishing with presenting the award. Starting in 2000, the participants will be informed about developments concerning the award and the covering programme 'a strong motive for work' by means of a newsletter and a website. The toughest problem encountered is the recruitment of (new) companies for the contest. Within three years, it is envisaged that companies should enter on their own initiative. At present, however, the organisers' main effort involves recruiting organisations for the contest. This is why the involvement and support of a leading employer's organisation is absolutely necessary to ensure that sufficient numbers of companies take part in the award.

Stakeholders and target groups

The award is a national programme that needs to have a certain prestige if it is to achieve its aims. It is therefore important to have involved stakeholders representing the major players, i.e. government, employers and employees.

The stakeholders involved are:

- the Ministry of Social Affairs, which supports, stimulates and subsidises the initiative
- Sectoral organisations and leading independent companies, which are represented in the jury
- Employers organisations, which support the award especially during the recruitment stage
- Trade Unions, which are represented on the jury
- WOCZ (a patients' interest group), which are represented on the jury
- Works councils and Rehabilitation organisations, which are represented in the jury

The direct target groups are the employers. Indirectly, the group that take most benefit from the award are disabled people.

Results

At the national level the main result is that a network of over 200 companies working on disability management and the employment of disabled workers has been established. Transferable knowledge and stimulating examples of disability management has been identified and the project has created successfully spin-offs in thinking about the employment of disabled people:

- Projects have started to identify factors contributing to the success and failure for rehabilitation;
- There is a strong need for (training programmes for) qualified disability managers

In the same period, the project has developed an adequate instrument for evaluating the state of the art on disability management in organisations and all sorts of promotional materials. Every year there is more publicity for the award and it's winners.

The award is a national programme that needs to have a certain prestige if it is to achieve its aims.

At company level many interesting and successful initiatives have been taken concerning contracting and the rehabilitation of disabled workers. Among the measures used have been the adaptations of work places and working processes. Thanks to the award these initiatives achieve a lot of attention and publicity, which is a necessary condition for making these examples transferable.

Example

A representative example is a transport company (Ewals Cargo Care Transport BV), working with disabled workers such as drivers with injuries of the back and even a deaf-mute truck driver. In this case it turned out that it was feasible to employ disabled workers with the help of technical solutions and organisational solutions. Examples of technical solutions used are seats, fully adapted to the physical benefits of the drivers and a long distance (satellite) text-based communication system for a deaf-mute driver. An example of an organisational solution in this case is the use of a driver's planner, taking into account the personal situation of each driver, next to a cargo planner (most transport companies make only use of a cargo planner). Using these measures, the company succeeded in reducing its sickness absence rate from 13% to 2.5% in the period 1997-1999. This transport company won the award in 1999 and can be seen as an excellent example of promoting the employability using the possibilities of disabled workers, especially within the transport sector.

Generalisability

It is clear that the idea behind this initiative is transferable to any country. Indeed, the use of competitions to identify best practice as a promotional tool has been tried in a range of areas relating to workplace health (e.g. workplace health promotion). A version of this initiative has been initiated in Canada. Two elements are of special interest in relation to transferring it to other countries:

- the questionnaire must be translated and adapted to the specific situation of a country;
- there must be an independent party, acceptable for all stakeholders, to initiate and co-ordinate the project;
- a transparent and independent evaluation process must be established.

Assessment

This initiative took place at a time in the Netherlands when a more positive environment had developed as a result of legislative changes during the 1990's, which in turn facilitated the success of the award. Even allowing for this background, the concept of developing national awards to promote improved practice in the health arena has been well tried and tested, and offers a useful way to deal with issues such as disabled or chronically ill workers.

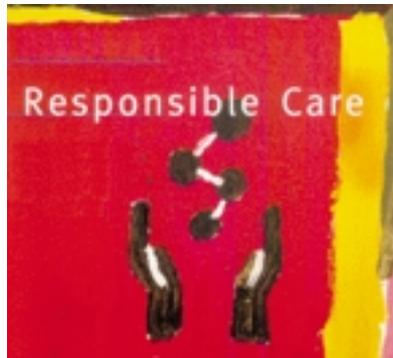
Among the more notable features of this initiative were:

The concept of developing national awards to promote improved practice in the health arena has been well tried and tested, and offers a useful way to deal with issues such as disabled or chronically ill worker

- Great care was taken to ensure that all relevant stakeholders were involved in the initiative. Of particular importance perhaps were the representatives of the relevant Ministry, which indicated significant political support for the project, and of the employers, which played an important role in ensuring that companies took part in the initiative.
- This initiative has a clear relationship with boosting the employability of workers, since it focuses on (re) integrating chronically ill or disabled workers into workplaces. With its emphasis on the adaptation of workplaces as well as individually focused rehabilitation measures, the award programme provides a good example of how employability of workers may be increased. In addition, the initiative illustrates how workers with longer-term disabilities may be integrated into the workplace.
- Occupational safety and health organisations did not play a major role in this initiative at the level of its operation. However, it is likely that they do play a role within individual companies, where they may be involved in the assessment of workplaces and individuals for purposes of re-integrating them into the workplace. It is notable, however, that there was no formal involvement, suggesting that they are not perceived as major stakeholders in the process.

B.7 CRITICAL INCIDENT MANAGEMENT: MANAGING PSYCHOLOGICAL TRAUMA AND RETURN TO WORK

-
- Belgium
 - responsible care
 - company level
 - investment in safety
-



Background

AMOCO Chemicals, now BP AMOCO, in line with developed practice in the US, recognised a need to develop awareness amongst senior management and OSH and HR personnel on the issue of managing psychological trauma in order to minimise the effects on the workforce. This occurs in the workforce following exposure to critical incidents and accidents which result from the high risk environment in which they work. This is an industry-wide problem and the BP AMOCO programme described below is one example of how a specific company has implemented aspects of the 'Responsible Care' initiative.

A lot of resources are invested within the industry to implement the highest safety standards possible, as the human, organisational and financial consequences of accidents can be immense. Companies have responded by

The Petro-chemical industries around Europe, and the rest of the world developed a set of guidelines to create safer and healthier workplaces for workers employed in high-risk environments. This initiative, undertaken in Europe by CEFIC, the European Federation of Petro-chemical industries, is known as 'Responsible Care'. Part of the 'Responsible Care' concept involves providing training to appropriate management levels in a strategy for preventing human trauma from industrial accidents. Where it is not possible to contain the longer-term consequences of the impact of trauma through a co-ordinated and well-structured approach, the initiative addresses the specific psychological needs of the workforce when they have been exposed to the dangers of their working environment.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
National / regional authorities	✓ Rehabilitation for ill or injured workers	National or regional authorities	Medical diagnosis
Municipalities	Rehabilitation for physically or cognitive impaired	Municipalities	Health screening
Social partners	✓ Prevention in high risk situations	Social partners	Assessment functional capacities workers
Insurance organisations	✓ Workplace health promotion activities	Insurance organisations	Assessment work demands
Voluntary sector		Voluntary sector	✓ Training and retraining
✓ Companies		✓ Companies	✓ Development of rehabilitation policy
		Vocational training organisation	✓ Maintenance safe and healthy work environment
		OSH consultancies	Health promotion
			Workplace (re)design

making very significant investments in the technical aspects of maintaining and improving safety in their installations. Further strict guidelines and requirements are in place regarding only allowing employees on site who comply with the criteria for ‘Fitness for Duty’.

Despite all such efforts, human error and occasional technical failure cannot be totally prevented. In those circumstances, critical incidents (or even accidents) occur, which sometimes lead to considerable levels of psychological trauma and physical and material damage for those closely involved in these incidents. The ‘Responsible Care’ initiative responds to this need by setting up appropriate structures to deal with aftermath of such incidents, and therefore represents a significant extension of traditional health and safety activities to encompass psychological issues and rehabilitation of traumatised workers.

Aims and objectives

The objective of the case was to develop an effective training procedure to educate senior management and line management together with HR and OSH units (medical department, company doctor, occupational nurse etc.) within the company. The purpose of this training programme was to educate them about the potential dangers of the working environment and the consequences of any incident for all of the parties involved.

The training procedure contained two major components. Firstly, it provided an opportunity, based on a real case simulation, to assess the effectiveness and the appropriateness of the necessary policies and procedures the company has developed to contain the risk attached to the specific environments which employees work in. Secondly, it gave opportunity to practice specific skills in managing crisis and trauma arising from the occurrence of critical incidents. A

An effective training procedure to educate senior management and line management

particular focus related to dealing with individuals who have experienced a traumatic situation both in the short and long term. Further specific attention was given to how to talk with third parties (family) in cases of a fatal accident.

The company had taken previous steps at their headquarters in the US regarding appropriate procedures and policies to handle critical incidents when they occur. Through the training procedure the Belgian sites of the company had an opportunity to implement this overall company strategy. The activities in one location are described here. This occurred shortly after the training session has been assessed for compliance with the global company procedures and policies.

Senior management and OSH staff were given an opportunity to become more familiar with the strategy of 'debriefing'. This was not just a theoretical exercise, as all trainees had the opportunity to practice newly learnt skills through active involvement in real-life simulations.

Stakeholders and target groups

The stakeholders for this training were clearly the HR and OSH structures of the organisation, as well as senior and line management. All of these parties play an active role in the prevention of long-term impacts of traumatic incidents on the workforce.

The target groups for the initiative were twofold - members of the senior management team and line management who are directly involved with the operators on site. Both of these groups had an expressed need to learn more about how to apply existing rules and regulations and also to get first hand experience through the simulation exercise of how to manage crisis situations and how to deal with the human factor implications.

Last but not least, the entire workforce is a potential (indirect) target group, as such training benefits them because of more targeted and effective management of any circumstance arising from a critical incident.

The prevention of any incidents is the main objective of health and safety policy and practice, but as incidents can not always be prevented in reality, an adequate and appropriate way of handling all of the effects of incidents of the greatest importance for all parties involved.

Results

A structured approach to the problem of traumatic incidents together with a set of tools (contained in a detailed workbook) was provided to all participants in the training. Based on the documentation in the workbook, participants were able to review and test the different elements of existing policies and procedures in the company previously. New policies and procedures were developed in line with the recommendations of the 'Responsible Care' criteria established by the industry.

As a result of the training sessions, several elements of policy were identified which needed some updating. All information available within the organisation related to the management of critical incidents needs ongoing and constant update reviews. In a crisis it is key to have absolutely accurate and updated information available. There is no room at all to 'create' strategy in the midst

Participants were able to review and test the different elements of existing policies and procedures in the company previously

of a crisis. All necessary routines and procedures and a clear distribution of tasks is vital for the appropriate management of such circumstances.

Another result was the realisation that dealing with people exposed to a traumatic event requires particular skills and calls for ongoing training and awareness. In more critical circumstances it is recognised that site management need to be able to call upon external professional assistance.

Financial aspects

There is a technical component to the cost of the prevention of critical incidents as it is critically important to have the necessary technical infrastructure for crisis management in place and well maintained. Depending on the significance of a particular site, the organisation might make significant investment in the necessary technical equipment. In the case of multiple sites within a geographical region, they may establish one central structure from where critical incidents can be managed, with a lesser structural requirement in the different local sites.

The other significant cost factor is to invest in ongoing and regular training to keep senior and line management continuously ready to be able to manage any circumstances arising from a critical incident.

A third cost element is the ongoing availability of external professional services to be called upon in case of a real situation arising.

Role of occupational safety and health

OSH experts have a key role in maintaining the awareness of senior management of the significance of proper critical incident management procedures, and of the need to have a sufficient number of direct line managers appropriately trained. Furthermore, OSH experts will have an ongoing role in keeping their own level of competence in this area up to date, including all knowledge and skills in relation to all necessary procedures and policies.

In this case the HR and OSH functions took the initiative to bring together the different stakeholders and target groups and to assure regular update training for them.

Generalisability

The strategy and initiative described above can and should be made available in much broader ways not only within Petro-chemical industries but also in all other workplaces where employees can be exposed to critical incidents resulting long term emotional trauma. The lack of appropriate management of such trauma can cause the exposed parties to endure long term damage and incapacity to function within their work. It is a well established fact that early intervention and appropriately developed prevention strategies significantly contribute to lower absence from work, decreased long term consequences of endured trauma and better and fuller recovery.

OSH experts have a key role in maintaining the awareness of senior management of the significance of proper critical incident management procedures

Assessment

This case describes a training activity within the larger context of the 'Responsible Care' programme. It has a number of dimensions, which illustrate the contribution of traumatic incident training to promoting the employability of workers, and the potential role which OSH experts might play. These include:

- It is well known that workers in many industries are at risk of being exposed to traumatic accidents which may result in the development of extreme psychological reactions, including post traumatic stress disorder. The consequences of such outcomes are severe, with long term absenteeism often resulting and workers being unable to return to the former work. Despite this knowledge, many companies (and industries) may not have taken a comprehensive approach to dealing with the issue. In this case, BP AMOCO have implemented a strategy which involves providing the necessary infrastructure and skills to key staff who are likely to have to deal with the aftermath of traumatic incidents. The role of the in-house preventive OSH services here is central – they must ensure that there is a sufficient reservoir of skills (including within the OSH service) to deal with the issue at all times. This represents a major extension of traditional OSH activities, with emphasis being placed on preparing the company at large to deal with the risk and within an area where they do not often operate – psychological ill health.
- One of the features of this case is that it provides an example of how one element of an industry wide initiative has been implemented. The Responsible Care initiative, which has been taken up by the petrochemical industry, aims to improve the standards in health and safety and environmental health. The kinds of activities, which are included in this programme, relate both to traditional types of activities and to more innovative ones. For example, the programme seeks to integrate good practice in environmental health and occupational health and safety, and it seeks to promote industry wide good practice. In the current context, this represents a good example of an initiative organised by employers to improve standards in a high-risk industry by taking innovative approaches to all dimensions of health and safety issues.
- The main thrust of the activities in this case were to improve the skills and knowledge of non health and safety professionals in dealing with the aftermath of traumatic incidents. This dimension of the case shows how occupational health services can extend their reach in an area which is notoriously difficult to deal with, and with which occupational health at large has been relatively slow to engage. It therefore provides an example, through the use of specialist training, of how effective systems and skills can be established within a company.
- One of the more striking elements of this case is its emphasis on early intervention for the victims of traumatic accidents. Early intervention is one of the founding principles of good rehabilitation practice, as it offers the possibility of preventing injuries or illnesses becoming a chronic problem, thereby offering the possibility of an early return to work for the disabled

worker. In addition, research has shown that early intervention is essential to a good prognosis for people suffering psychological trauma.

- The activities of this case contributes to boosting the employability of workers in at least two ways. Firstly, by establishing systems and procedures for dealing with psychological trauma in advance of accidents occurring, it integrates a preventive element into the ongoing OSH procedures within the company. Secondly, by providing for early intervention and treatment in the event of such accidents occurring, it contributes significantly to the rehabilitation of workers who have been traumatised by accidents.

B.8 REINTEGRATING ILL WORKERS IN A CITY COUNCIL — CIDADE DE ALMADA

-
- Portugal
 - municipality
 - ensuring equal opportunities
-



Background

In 1991, Portuguese Government and Social Partners signed an agreement on Occupational Safety and Health in order to implement the European Framework Directive (Directive 89/391). As a result, a new Occupational Health and Safety Act was enacted. Great emphasis has been given to rehabilitation and reintegration of disabled workers. However, there are very few examples of workplace initiatives at present, either in the public or private sector.

According to an ongoing national survey on corporate health policy, less than 20% of the 2,000 largest Portuguese companies have reported the existence of treatment and rehabilitation programmes concerning occupational diseases and accidents and/or work-related diseases, like back pain. However, about 12% of the active labour force in Portugal (16-65 years old) are in receipt of a disability pension scheme (1995).

This comprehensive workplace health programme is aimed at promoting the health and wellbeing of the workforce, improving the work environment and the quality of products and services, increasing equity in health and health care and ensuring equal opportunities for all employees. Since 1989 over 400 disabled and largely unskilled employees have been eligible to benefit from its workplace and reintegration programme, and most of them are (or have been) involved actively in it, with clear benefits for the employees and the employer. Almada Municipality probably offers the best Portuguese example of a proactive, flexible, participatory, cost-effective and integrated injury and disability management system at workplace.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
National / regional authorities	✓ Rehabilitation for ill or injured workers	National or regional authorities	✓ Medical diagnosis
✓ Municipalities	Rehabilitation for physically or cognitive impaired	✓ Municipalities	Health screening
Social partners	Prevention in high risk situations	✓ Social partners	✓ Assessment functional capacities workers
Insurance organisations	✓ Workplace health promotion activities	Insurance organisations	✓ Assessment work demands
Voluntary sector		Voluntary sector	✓ Training and retraining
Companies		Companies	✓ Development of rehabilitation policy
		Vocational training organisation	Maintenance safe and healthy work environment
		OSH consultancies	Health promotion
			Workplace (re)design

More recently, the Portuguese government have been encouraging employers and unions to improve the working environment in order to prevent and to reduce the work-related diseases and injuries. This will increase competitiveness and ensure sustainable development without social exclusion in the context of economic globalisation and of changing patterns of work, technology, skills, employment, demography, workforce, labour market, organisational structures and processes, and management styles.

Corporate health policy still tends to focus on the more traditional Occupational Health and Safety issues, like prevention of occupational diseases and accidents. The most common preventive activities are periodic health screening, risk appraisal and the improvement of safety tools and behaviour at workplace, rather than the implementation of work environment-oriented measures.

Corporate health policy still tends to focus on the more traditional Occupational Health and Safety issues, like prevention of occupational diseases and accidents.

The Almada project - background

Almada is a medium-sized town, located at the southern edge of the Tagus River estuary. It is part of the Setubal region, the most important industrial area of Portugal. The city council currently employs 2,000 people, the large majority of whom are male, blue collar, older workers. The unionisation rate is high (65%).

In 1989, Almada City Council and Municipal Waterworks and Sanitation (SMAS) decided to set up a joint occupational health and safety service, in anticipation of future legislation and regulations in this area. At that time, their Health, Safety and Quality of Working Life project was an innovation, at least in the context of the Portuguese public administration. Health policy, aiming to improve health, wellbeing, safety, working environment and quality of life, is part of Almada City council mission (“to build up a city for its citizens”). The

occupational safety and health team currently carries out more than forty activities and programmes.

The absenteeism and reintegration policy is part of this pioneering project, which is based on the following innovative principles:

- An integrated approach to health at work;
- A multidisciplinary health team (e.g., occupational medicine, family medicine, occupational health nursing, ergonomics, occupational and clinical psychology, psychiatric, industrial hygiene and safety, occupational social service, marketing & communication);
- The involvement of management and employees' representatives (including Workers' Council, and Occupational Safety, Health and Wellbeing Joint Commission);
- A written health policy as part of the Corporate Social Welfare plan (including health insurance plans);
- A specific health budget;
- The adoption of workplace health promotion concept and methodology (using a project management approach: marketing; needs, expectations and preferences assessment, planning, implementation, evaluation, monitoring and follow-up).

Aims and objectives

This comprehensive workplace health policy aims to promote the health and wellbeing of the workforce

This comprehensive workplace health policy, which is a part of the local authority's corporate health and social welfare policy since 1989, aims to promote the health and wellbeing of the workforce. Furthermore, it aims to improve the work environment and quality of products and services, to increase equity in health and health care, and ensure equal opportunities for all employees.

The most important prompting factor for the project was the perceived high costs of absences from work, especially long-term sick-leave due to work incapacity. These costs are both economic and social, including poor motivation and job satisfaction (with negative effects at home and at workplace), low productivity, lack of healthy and skilled workforce, poor quality of services delivered to community, public image, financial costs, and so on. There is also a turnover problem among the blue-collar workers, especially those working in the largest department (the Environmental one) (about one third of the employees).

Activities

This is more than a classical medical rehabilitation and workplace reintegration programme delivered for workers with impairments due to injury, illness or disease. Technically supported by the in-company interdisciplinary occupational health service, its most important features are:

- The joint labour-management involvement
- The integrated approach to health at work

- The assessment of disabled people needs, expectations and skills
- The cost-effective problem solving and decision taking process
- The evaluation, monitoring and follow-up of reintegration measures

It is therefore a truly integrated and comprehensive workplace health programme, combining health and safety, health promotion and rehabilitation.

With regard to rehabilitation, over 400 disabled and largely unskilled employees have been eligible for the workplace reintegration programme and most of these are (or have been) involved actively in it. Improved health status, increased job satisfaction and morale, decreased sick leave and turnover, bottom line management and work team empowerment, improved workability and employability and financial gains for the employer are some of its main successful outcomes.

The project team includes a general practitioner, an occupational physician, an occupational social worker, a psychologist and an ergonomist. This team looks at the whole process of becoming, being absent from work, recovering and returning to work. They are conscious of the influence of both workplace and private life factors in this process. The disabled workers play an important active role; they are the key people in the process. The occupational health team members play roles as an expert, advocate and change facilitator.

The main actions taken to address the causes of employee absenteeism through ill health and disability include:

- Procedural activities e.g. medical certificates are to be issued by the occupational health team's medical doctors; there is no direct financial incentive or penalty for ill workers
- Person-oriented preventive activities e.g., surgery facilities; periodic health screening; voluntary flu, hepatitis and other vaccinations; safety training; health education and information; stress management; psychosocial counselling; prevention and treatment of back pain; prevention and treatment of work-related alcohol problems
- Working environment-oriented preventive activities e.g. improving lifting, VDU work and other ergonomic modifications; noise reduction, ventilation, light, climate control and other improvements of physical working environment; systematic investigation of all work accidents with or without incapacity, in order to know their aetiology and to prevent them in the future; encouraging participation and consultation; setting up the Workplace Wellbeing, Health and Safety joint commission; improving the design of workstations; training on human resources management, targeted at the middle and bottom managers
- Reintegration activities e.g. examination of functional deficits, assessment of job preferences, situations, increasing the flexibility of the work environment and conditions

In the beginning the programme was more person oriented due to financial, demographic, organisational and societal constraints. These constraints included low levels of technology, mainly unskilled and ageing workers, a

Over 400 disabled and largely unskilled employees have been eligible for the workplace reintegration programme

The occupational health team members play roles as an expert, advocate and change facilitator

poorly paid workforce with poor working and living conditions and behaviour with health risks (drinking, smoking, nutrition problems).

Up until 1995, the approach to absenteeism was largely top-down, occupational health services playing the leading role (initial idea, designing, planning, implementation, evaluation and follow-up). Participation of middle and bottom management was encouraged but there was some communication problems, in spite of strong commitment from the Mayor, the other elected members of City Council and the top executive management. Now the approach is more flexible, integrated and participatory, requiring joint labour-management involvement. Workers' health needs but also their expectancies, preferences and skills are currently identified and assessed using a number of techniques. These include, analysis of absenteeism data, interviews with short and long-term absentees, their colleagues and supervisors, a health status questionnaire, periodic health screenings, periodic reports (including a corporate social audit), monitoring and follow-up of reintegration measures.

The stakeholders involved in the initiative include the City Council (as employers), trade union representatives and the occupational health team

Stakeholders and target groups

The stakeholders who have been involved in the initiative include the City Council (as employers), trade union representatives, and the occupational health team. The target group for the initiative extends to the entire workforce, especially in relation to preventive measures and health promotion measures. However, the target groups for the rehabilitation and reintegration measures are workers who are long term absent.

Results

Almost 400 workers participated in the reintegration programme. In 50 cases re-adopted their previous jobs by means of training and/or improvements in occupational safety and health. In about 100 cases a new job was offered. The large majority of these workers are male, blue collar, ageing and with low levels of education. About 50% of people reported more job satisfaction after workplace re-integration.

The most recent evaluation results are not available as yet, but more than 50% of those who have participated in the reintegration programme have responded to the (self-completion) questionnaire (1999). According to the first evaluation, which was carried out in 1994, 103 long-term sick workers have been reintegrated:

- The large majority (n=86) were males, blue collars, ageing, with low level of education;
- Long-term sick-leave was due mainly to injury or disability;
- About 50% of the sample reported more job satisfaction after workplace reintegration;
- There was a reduction of absenteeism from 25% to 15% for this group (in the period 1990-1992);
- The total number of lost working days has decreased from 6,358 to 3,792;
- Alternative work has been given to 71 former long-term sick-cases;

- Decrease in overall percentage absenteeism represents, in the period of 1990-1992, a financial gain of over 114,000 Euro;
- In 1994, the direct costs of absenteeism (only wages paid to the sick-leavers) were about 800,000 Euro, much higher than the occupational safety and health service budget.

Generalisability

This initiative is in theory generalisable to almost any large-scale establishment, be it in either the public or private sector. However, there were a number of factors that were deemed to be essential to enabling the project to take place. These included:

- Political support from the City Council governing board and executive management
- The resources available (human, technical and financial)
- Involvement of workers' representatives and management (including HRM)

However, there were also some barriers, common to other Portuguese local authorities, to establishing and maintaining the programme:

- Blue collar workers have poor living and occupational safety and health
- Low level of general health
- Low level of literacy, low status and poor pay
- Public administration culture and rules
- Lack of consumer-oriented organisational culture
- Legal and statutory constraints affecting Human Resource management and development;
- Lack of financial and other incentives to motivate staff;
- A lot of health programmes are very time-consuming to provide, and sometimes are not perceived to be cost-effective by City Council officials.

There were also some barriers

Assessment

This case essentially describes a comprehensive reorganisation of occupational health services within a municipality. Services were extended beyond traditional concerns to include a significant element of workplace health promotion and rehabilitation and re-integration into the workplace for disabled workers. The significance of this development resides in when it took place (before the implementation of the Framework Directive) and in the integrative approach it has taken. Among the more interesting features of the case are:

- The role played by occupational safety and health experts has been central to the success of the Almada Council initiative. They have been involved in the development and implementation of the project, and their wide range of activities (more than 40 in all) provides a good indicator of the centrality of their role. However, it should be noted that the range of activities that they undertake has been extended considerably beyond the traditional ones of many occupational health services. These additional activities include health

promotion and rehabilitation, and they have also taken pains to work in a genuinely collaborative way with both internal and external agencies. In this way, they provide a very good example of what a genuinely integrated occupational health service might look like.

- There are multiple elements of this initiative, which contribute to boosting the employability of workers. Firstly, there are a range of activities which directly impact on the health status of employees – prevention of occupational accident and disease promotion of general health and wellbeing and a range of rehabilitation measures to overcome disability. In addition, within the disability programme, there is an emphasis on training and retraining where necessary. The activities combine and integrate to maximise the influence of the programme on the employability of workers.
- The stakeholders in this initiative were largely internal to the municipality and consisted of management, labour and OSH representatives. Each played an important role, initially in the negotiations which set up the initiative, and then in relation to its ongoing operation. It was notable that the OSH team played the role of facilitators as well as experts within the programme of activities.
- The model of health used in this initiative was comprehensive and broad – including elements of occupational safety and health, health promotion, and rehabilitation of ill or injured workers. In addition, the methods used to implement this model were diverse (drawing on many disciplines) and encouraged participation, involving recipients of services in their planning and a range of external agencies in their delivery.

B.9 REHABILITATION POLICY AT NOVO NORDISK A/S — NOVO NORDISK REVALIDERINGSPOLITIK¹⁸



- Denmark
- large company
- round table method
- internal stakeholders

Background

Novo Nordisk is a world leader in insulin production and diabetes care and also manufactures and markets a variety of other pharmaceutical products. Furthermore, the company is the world's largest producer of industrial enzyme products. Headquartered in Denmark, Novo Nordisk has companies and information offices in more than 60 countries. The total number of employees is more than 14,000, of which 9,500 are employed in Denmark.

A Rehabilitation Policy has been in practice at Novo Nordisk A/S (Denmark) since 1992. Within this, guidelines, roles and responsibilities are defined and the policy is recognised as part of running the business. In most cases, the 'Round Table' method is used to establish plans and to make the necessary follow up, vis-à-vis implementation. The rehabilitation process and the solution often increase the employability of an employee with impaired health, either by adding competencies or remodelling the occupational safety and health. By Jan 1st 2000, 691 cases have been concluded of those 55% have resulted in job retention, 39% have received disability pension and 6% left Novo Nordisk before a solution was found.

¹⁸ In Danish, rehabilitation is translated as 'revalidering', which etymologically means 'to gain value'; a phrase that has a particular significance to those involved in the rehabilitation programme in Novo-Nordisk.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
National / regional authorities	✓ Rehabilitation for ill or injured workers	National or regional authorities	Medical diagnosis
Municipalities	Rehabilitation for physically or cognitive impaired	Municipalities	Health screening
Social partners	✓ Prevention in high risk situations	✓ Social partners	✓ Assessment functional capacities workers
Insurance organisations	✓ Workplace health promotion activities	Insurance organisations	✓ Assessment work demands
Voluntary sector		✓ Voluntary sector	✓ Training and retraining
✓ Companies		✓ Companies	✓ Development of rehabilitation policy
		Vocational training organisation	✓ Maintenance safe and healthy work environment
		✓ OSH consultancies	✓ Health promotion
			✓ Workplace (re)design

When the initiative was planned and initiated in 1991-92, neither Danish legislation nor general labour market agreements addressed any specific employer obligations to take part in the rehabilitation process. In recent years, several legislative and other initiatives have been taken by Government and the Social Partners to involve enterprises more directly in rehabilitation. However, the employer still does not have a formal responsibility to retain employees with impaired health in the enterprise. Employees can be laid off within a period from a few days to several months depending on which labour market agreement applies.

Historically Novo Nordisk has had a more or less formal practice of rehabilitation

Historically Novo Nordisk has had a more or less formal practice of rehabilitation and the current Rehabilitation Policy was established in order to formalise existing practise¹⁹. The initiative started as a project, which after a short period has become an integrated part of Human Resource policy. Since the start of the programme in 1992 until the present day, a Rehabilitation Team (Rehab Team) has been monitoring – not supervising, as it has no managerial power - how the policy has been implemented and the results/outcome of the policy. The Rehab Team has members from HRM, OSH and the Social Advisory unit. Thus, the team represents a professional socio-medical and HR expertise which in combination contains competencies to give the company recommendations both in specific cases relating to an employee and on general issues of rehabilitation. Delimitation to other policies is also, a part of the job of the Rehab Team.

The Rehab Team is an independent body, reporting to the Corporate Management level on an annual basis. The integrity of the Rehab Team is

¹⁹ Rehabilitation has taken place during most of Novo-Nordisk's 75 years long history - but only systematically, as an official policy, since 1991.

important – it is generally recognised that rehabilitation is not an object of negotiation between the company and the unions. It is of central importance that both the Social Advisors and OSH observe professional secrecy, respecting the consent of employee. This means that no case can be opened as a rehabilitation case without this consent.

No earmarked resources have been allocated to the project and no formal cost-benefit analysis has been performed. It has some years back been assessed that the internal professional resources equivalents 3-4 full time academics on yearly basis. This estimate does not include efforts made by the local business unit or the external stakeholders' resources and does not include expenses for sick leave, training costs etc. It is assumed that the costs are balanced by retaining experienced employees in the business and by the more immaterial concepts such as positive attitudes and good internal and external image. In short, job retention and rehabilitation are recognised as part of running the business.

Job retention and rehabilitation are recognised as part of running the business

Aims, objectives and target group

The present Rehabilitation Policy (1992) is a corporate policy, which, in short, states that:

“Employees of Novo Nordisk, who, due to impaired health are unable to maintain their present job, should if possible remain as employees of Novo Nordisk.”

The overall target for the Rehabilitation Policy is, “to create sustainable solutions giving the employees the best possibilities to maintain their work ability and remain at work”.

The target group is all employees of Novo Nordisk in Denmark but there are certain exceptions, e.g. the case is subsequent to severe misconduct or the case proves not to be a health matter. If the employee in question has not performed adequately before the disease started and the well-documented corrective actions have not resulted in better performance, then the rehabilitation process will focus on solutions outside Novo Nordisk.

Nature of the initiative

Establishing the initiative

When the initiative was launched it was to formalise and generalise existing practise and to ensure a professional way of managing complicated cases and issues. Both the rehabilitation process and the outcome are important. The company and the employee can both gain from being active in the process – the company exhibits a positive attitude towards employees and can retain valuable experience, while the employee has the possibility of remaining in employment or in receiving support to establish another platform in life.

To get started, a few, but important initiatives were undertaken. Strong support from the Corporate Executive Officer was already present and the support of the local trade unions was obtained. The Human Resource Department supervised and supported their colleagues when cases were identified, and the Policy and the methods to solve cases were introduced in management training.

After the first year the results were presented in the company paper 'Dialogue'. Hereafter, the Policy, the methods and the results have been reported in a yearly Rehab-report. Introduction to the Policy, description of the procedure and examples of solutions is also available for all on the Novo Nordisk IntraWeb.

The rehabilitation process

The rehabilitation process must focus on sustainable solutions

The rehabilitation process must focus on sustainable solutions giving employees the best opportunities to return to work. The endpoint is not always inside Novo Nordisk. It is of major importance to intervene in a case as early as possible. Both the manager and the employee have a responsibility to identify a potential rehabilitation-situation as soon as possible, and subsequently establish contact with the social advisor, OSH or Human Resource Department.

The goal is to identify a solution for the case inside the department or organisationally as close to it as possible taking into consideration that the solution also has to be sustainable. The insecurity which arises as a result of delays in decision-making or the implementation of plans is viewed as undesirable and harmful by the team in Novo-Nordisk and efforts are made to limit such delays. Clear targets and deadlines, follow up and, if needed personal support, are agreed, thereby facilitating the process and making it transparent for all parties.

A precondition for a successful process is the identification of the relevant stakeholders and a clear distribution of their roles and responsibilities. In most cases the main stakeholders meet around 'the Round Table' for starting the case and to agree on plans (concerning stakeholders, see below) and if needed they meet regularly following up on the case. In uncomplicated cases where the time horizon and prognosis are known the process is less formal and if the manager involved is particularly rehab-experienced the professional support might be brief.

Stakeholders

Internal stakeholders – roles and responsibilities

The following internal stakeholders and their responsibilities are involved in the process:

- Employee – In due time to inform e.g. manager, OSH or Social Advisor if he wishes actions to be taken. To keep in touch with the workplace when on sick leave.
- Manager or director – To inform employees about the Policy and whom to contact. To be observant for early signs of disease or severe stress. Try to make adjustments in the job and to ensure that the internal financial resources to solve the case are available. To ensure that colleagues of the employee are properly informed in due time about the situation and how to act. To keep in touch in an ethical way when the employee is on sick leave.
- Human Resource Department – to co-ordinate the process internally and to ensure appropriate follow up. To interpret the intentions of the Rehab Policy and apply it to process of the specific case.

- Social Advisor – to ensure a professional social approach to the case and to co-ordinate with the Social Welfare Department and the Health Insurance Company. Counselling the employee in question on personal, social and economical matters related to the situation.
- Occupational safety and health service – to ensure a professional occupational health approach to the case and to co-ordinate with the Health Care System. Giving advice on how to remodel the job under the actual circumstances.
- Local Labour Unions – play a supportive role for the employee and a role in helping the employee contact with e.g. OSH.
- Safety Representative – occasionally has a role in helping the employee contact e.g. OSH.
- Colleagues – a central role as observers of early signs of impairment and as support in both process and the final solution. Without the acceptance and support of work-mates no solution will be effective. To keep in touch with the employee when on sick leave.

External stakeholders – roles and responsibilities

- Social Welfare Department – has to investigate and follow up long-term absenteeism. It has the authority to make decisions according to the legislation and to make grants or reimbursements following the rehabilitation process and the solution. In some cases they are present at ‘the Round Table’ and at follow up meetings.
- Insurance Company – all employees in Novo Nordisk has a mandatory pension scheme in an insurance company. Contributions from the fund are supplementary to the public grants given not only in retirement cases but also in cases of retraining and education. Thus the employee may get reasonable compensation making living easier, and is encouraged and gets support to go through with a rehabilitation plan
- The employees General Practitioner - and Consultants and Hospitals – cooperate with OSH to establish the medical basis on which OSH is counselling the parties.
- Special Projects and Institutes – concerned with e.g. rehabilitation of citizens with brain damage can support on their field of expertise

Results

A formal evaluation has been discussed – but never been carried out. Less formally the Rehab Team has collected general experiences and has performed thorough case reviews to improve the rehabilitation process and the solutions. A wide range of data has been monitored, but only a few will be presented below. Only serious cases where professional efforts are needed to achieve a solution are recorded.

Solutions

Many cases are solved in the employee’s own department getting an ordinary job with some individual adaptations. In some cases the best solution is partial or total external retraining or education and if the preconditions are present it

Many cases are solved in the employee’s own department

is a satisfactory solution personally and professionally as you compensate for the impairment and gain value – increasing employability.

Due to new legislation it is easier to create jobs with an individual workload – “flex-jobs”. The preconditions are quite similar to those leading to disability pension but if a combination of an appropriate job and a suitable employee with a permanent impairment is present, it is possible to make an agreement between the local Social Welfare Department, the employee and the company. A “flexijob” is partly financed by the state. Generally, in Denmark the implementation of “flex-jobs” has been slow due to insufficient (economically insecure) legislation (steps to improvements have been taken). In Novo Nordisk, however, it has been a most wanted tool to solve cases where the working ability is considerably reduced, other rehabilitating efforts not possible and early retirement not yet actual. All disabled people retained in the workplace earn ordinary wages – the company receives the reimbursement, if any. In some cases disability pension is the only solution left, but that conclusion needs thorough assessment of possible treatment and rehabilitation – every reasonable possibility to return to work has to be excluded.

Data

In total 691 cases have been concluded and 729 opened since 1992. In 1999 76 new cases were opened and 77 concluded. It is the lowest number since 1993, probably due to many disability pensions in the mid nineties and more cases solved locally by rehab-experienced managers without involving OSH expertise, Human Resource Departments or Social Advisor. About 60% of cases are women and 40% men.

In an average year approximately 1% of all employees is affected. The relatively high proportion of female employees is interpreted as a result of the pattern of the diseases, because in nearly half of the cases it refers to musculo-skeletal disorders where women generally are over represented. It also reflects the pattern of absenteeism in the company.

In 1992-99 55% of the cases resulted in job retention, 39% in disability pension and in 6% of the cases the employee left the company before a solution was found or no solution was possible. The average age of those retained is 44 years and among the retired 54 years.

Due to the revised legislation in 1998 the number of employees who use their remaining work ability has grown. During the period 1992-99 in average 8% of cases were solved in this way whereas in 1999 the percentage is 17%. Partial or total external retraining or education has taken place in 5% of the cases in the period 1992-99; in 1999 the percentage is 9%.

Informal results

The users of the Rehab Policy are mainly blue-collar workers and lab technicians. Even though academics account for a large number of the employees of Novo Nordisk, only few cases are recorded and are often caused by serious conditions (stroke, tumours etc.). Academic staff normally have more control over their work, more and flexible competencies, i.e. their employability

is better and they often cope without professional support.

Psychiatric conditions and conditions following brain damage are recognised as cases which need special attention because the employees behaviour is altered. In some cases of return to work, the case is closely followed and supervised by an external qualified (neuro) psychologist which is of value for both the employee, the manager and the colleagues.

When remodelling a job, it is important that the job creates value for both the employee and the company. It must only in an investigating phase contain easy elements from colleague's jobs – these elements must be given back when the investigating phase is over and knowledge of the employees limits gained. If easy elements are permanently removed, it may create negative attitudes among colleagues and might increase their workload – placing their health at risk.

When remodelling a job, it is important that the job creates value for both the employee and the company

Successes and problems

Attention should be drawn to a potential conflict between traditional managerial focus on vocational qualifications, flexibility and working performance and what one might call the human challenge of the Rehabilitation Policy. In other words managers will often prefer employees who demonstrate full working capacity. The mission is to unite the two points of view in a coherent way of management.

The rehabilitation process is sometimes delayed due to waiting lists for medical care etc. and prolonged decision time of authorities – it is a challenge to transform the waiting time to an active period.

It is important to uphold the balance between being exposed and being integrated with the risk that nobody remembers that special considerations must be taken. Some dislike the protected situation, while for others it is of inestimable importance to obtain an identity as part of working life.

Some dislike the protected situation, while for others it is of inestimable importance to obtain an identity as part of working life

Each case contains an ethical challenge that must be met – but it is not always easy. The outcome of the case is not the only measure of success - the process it self is also important. An evaluation should focus on these questions.

Relationship and relevance to employability

Even though the aims in the legislation in recent years are similar to the aims of the Rehabilitation Policy, there are no formal links. Without having used the phrase employability one of the consequences of the rehabilitation process is to make the employee more employable – either by retraining/education or by changing the job circumstances.

Role of occupational safety and health

OSH expertise is almost always involved and is always available to the rehabilitation process. It is an advantage having OSH expertise involved as it usually combines the socio-medical approach with a thorough knowledge of occupational safety and health. At Novo Nordisk, OSH knowledge is always available in the workplace. OSH experts must observe professional secrecy that gives the employee the opportunity to discuss his situation openly and receive

OSH expertise is almost always involved

professional advice relevant for both his personal situation and as it is seen in a company context. Each case is also analysed for occupational hazards or other barriers. It might also result in general preventive actions.

Generalisability

Analysing generalisability outside of the Danish situation is difficult, but assuming a similar legislative base in other countries, the following insights may be useful.

The OSH-system has the potential to build bridges between enterprises and rest of the society in cases of rehabilitation if the preventive OSH service is staffed with the relevant professionals who can communicate with the Health Care System, the enterprises, the employees and other stakeholders.

The attitude of the enterprise is crucial. It is of major importance that the enterprise takes the ownership for the Rehab Policy and how it is put in to practice. Basically, rehabilitation is a matter between employer and employee and other stakeholders can only guide and support. It is an advantage if the solution is directly connected to the enterprise, but if it not, it is not a barrier if the enterprise wants the activity to be carried out. In this situation, the stakeholders can also be identified, the same methods can be applied, co-operation established and roles and responsibilities described.

The attitude of the enterprise is crucial

Assessment

This case provides an excellent example of how a comprehensive rehabilitation policy might operate within a company, and gives real insight regarding how the methods and philosophy of rehabilitation may be integrated into the company operations. Some of the more important insights include:

- Unlike some of the other cases focusing on rehabilitation, the preventive OSH services play a central role in the process of rehabilitation within Novo Nordisk. They are involved in assessing impairment, drawing up rehabilitation plans, monitoring, adapting the work environment, interfacing with external agencies and with internal management. In addition, they act in collaboration with other specialised services. In other words, they provide a full range of rehabilitation related services and could act as an exemplary model for the role.
- The manner in which the Rehab policy was established and implemented might also serve as an example to all companies. The emphasis placed on gaining agreement and support from all stakeholders, the establishment of a strong policy and services, the extensive training supplied to line management, the granting of independence to the service and many other features all stand as examples of best practice in the area.
- The initiative played a very obvious role in boosting the employability of workers who had suffered impairment. Its activities in relation to treatment, re-integration, workplace adaptation and retraining (if necessary) all contribute in a direct way to employability.

B.10 A COMPANY AGREEMENT TO PROMOTE THE EMPLOYMENT OF DISABLED WORKERS — SNCF



- France
- company agreement
- social integration and personal development

Background

As employer, the SNCF (French Railway Board) is subject to the provisions of the Act of 10 July 1987 in favour of the integration of disabled workers. Under this Act it is, *inter alia*, obligatory for enterprises with over 20 employees to have at least 6% of their workforce classified as being disabled. Enterprises can be partly exempted from this obligation:

- by paying a contribution to a specialised disability organisation;
- by signing contracts with the supported employment sector;
- or by signing a company-wide agreement enabling specific additional measures to be taken to promote the integration of disabled people in the enterprise.

It is this latter approach - the company-wide agreement - that was selected by the SNCF senior management and trade union organisations.

Since 1992, the employment of disabled workers and the rehabilitation of employees who have become unfit during their career have been covered by agreements between senior management and all the trade union organisations in the enterprise. Conducted by a Central Task Force within SNCF, this action testifies to the enterprise's commitment to the integration of handicapped people. Since its inception, it has enabled the hiring of 455 disabled workers and the retention and/or rehabilitation of 2391 employees who had become unfit.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
National / regional authorities	✓ Rehabilitation for ill or injured workers	National or regional authorities	Medical diagnosis
Municipalities	✓ Rehabilitation for physically or cognitive impaired	Municipalities	Health screening
Social partners	Prevention in high risk situations	Social partners	✓ Assessment functional capacities workers
Insurance organisations	Workplace health promotion activities	Insurance organisations	✓ Assessment work demands
Voluntary sector		Voluntary sector	✓ Training and retraining
✓ Companies		✓ Companies	✓ Development of rehabilitation policy
		Vocational training organisation	Maintenance safe and healthy work environment
		OSH consultancies	Health promotion
			✓ Workplace (re)design

The agreement was adopted because it helps improve social dialogue within the enterprise

Apart from the fact that it enables the enterprise to fulfil its legal obligations with respect to the employment of disabled workers, the agreement was adopted in preference to the other possible approaches, because it:

- enables the SNCF to manifest clearly, both internally and externally, its determination to take part in the fight against social exclusion;
- promotes the development of action plans in line with the corporate strategy, and
- it helps improve social dialogue within the enterprise.

To date, three agreements have already been signed. The first two covered the period from 1993 to 1998; the third, which is currently applied, is valid for the period 1999 to 2001, and an additional clause, moreover, was included in June 2000.

Aims, objectives and target groups

The agreement signed for the period 1999-2001 is, like the previous two, based on a policy of active, joint participation in social progress and the fight against social exclusion, and of job enrichment for the men and women making up the enterprise.

Following on from past achievements, the ambition of the new agreement is to give new momentum to the social integration and personal development of the disabled through their integration or retention in employment. In this perspective, it gives priority to the following objectives:

- to hire disabled people, with the aid of decentralised information and organisation;
- to succeed with integration on the human and material levels;
- to develop and adapt training actions in favour of the disabled;

The ambition of the new agreement is to give new momentum to the social integration of the disabled

- to search, preventively, for cases of unfitness, whether temporary or permanent, and for possibilities for adaptation of the work position held;
- to undertake systematically the rehabilitation of workers who become unfit for their job, since the prevention policy applied by the Enterprise cannot completely prevent cases of unfitness from occurring;
- to make sure that the disabled are taken into account in plans for training and adaptation to technological change and that their access to information is facilitated;
- to drive new actions based on the experiments performed;
- to prepare disabled people outside the Enterprise to exercise a trade by contributing to their training, especially by offering them courses within the enterprise;
- to entrust work to the certified supported employment sector, while endeavouring to diversify the work, and look for new forms of partnership with this sector.

By the various actions it provides for, the agreement therefore benefits a broad target of disabled people:

- disabled people from within the enterprise, who should be rehabilitated when they become unfit for their job;
- disabled people from outside the enterprise, who could be either recruited or received for courses;
- disabled people working in the supported employment sector.

Nature of the action

To attain the objectives set by the agreement, the enterprise works out operating plans; for each of these plans a projected budget is established, and an annual quantitative and qualitative review is made.

- Plan for hiring in the ordinary work environment - The SNCF has set itself the objective of recruiting at least 340 disabled workers during the period of the 1999-2001 agreement. To achieve this objective, each region and central department should recruit a number of disabled workers equal to at least 5% of the number of recruits to be hired during the three years of the agreement (for jobs which are not excluded), with a minimum of four disabled workers for each entity. Recruitment is performed at all training levels, in all the schools, without giving priority to the less severe disabilities.
- Integration and training plan - Integration involves several stages, each of which must be carried out successfully: recruitment, induction, vocational adaptation training, integration follow-up, social aids, and preparation for evaluation in the enterprise. We should emphasise here the importance of induction, which requires attentive preparation, especially by management staff. This preparation strongly involves the OH physician; it should also take into account ergonomics as of the work station design stage, and involve the Committee for Health, Safety and Work Conditions (CHSCT). Information provided to future colleagues and to the disabled worker is also important for

The SNCF has set itself the objective of recruiting at least 340 disabled workers during the period of the 1999-2001 agreement

the success of induction. After recalling that training is a right for all employees of the enterprise, the agreement recommends working out a personalised training programme for each case of hiring, rehabilitation or retraining of disabled staff.

- Plan for adaptation to technological change - A plan for adaptation of workstations (fitting out, purchase of appropriate equipment, etc.) and premises (chiefly accessibility) is worked out at the level of each plant; it is appended to the CHSCT prevention programme. Retraining of staff who have become unfit for their job and those already disabled and who can no longer hold their position following technological change is systematically aimed at. This involves comparing, on the one hand, the physical, sensory or psychological malfunctions resulting from their disability and, on the other hand, the requirements of the various work stations. Telecommuting could be considered whenever this solution will promote the integration of certain disabled people; but attention should be paid to the problem of isolation.
- Plan for retention of people declared medically unfit - The search for rehabilitation of any employee declared unfit is an obligation for the enterprise, but the firm agrees to do everything possible to search for and put in place all possible arrangements to retain the employee in his or her position.

The agreement also provides for the establishment of a communication plan to increase knowledge within the enterprise of the implications of integration of disabled workers. Note in particular, that a specific module for promoting awareness of application of the agreement now forms part of the training of CHSCT presidents.

Stakeholders

The correct operation of the system put in place implies the involvement of all components of the enterprise: senior management, the human resources department, physicians, psychologists, ergonomists, social workers, and staff representative bodies, chief among them the CHSCT. Three units in the enterprise, however, play a decisive role:

- The Central Task Force for integration of disabled workers is responsible for the coordination and follow-up of the enterprise's policy with regard to disabled people. Reporting to the Human Resources Department, this task force (which employs 1.5 people full-time) has a network of correspondents in each region or central department, and local correspondents in each plant. These correspondents are responsible, at their respective levels, for implementation of the agreement.
- The Medical Department is involved in all stages of the integration and rehabilitation of disabled workers, in close co-operation with the other players in the enterprise: plant manager, ergonomist, psychologist, vocational guidance officer, integration correspondent, social worker, members of the CHSCT and trades union organisations. In particular, it is the occupational physician who evaluates capabilities and compares them with the requirements of the job position to be held, takes part in searching for

positions in which disabled workers could be employed, proposes possible adaptations and determines the person's employment restrictions.

- The Social Action Department, and in particular the social worker and the social and family economics advisor, informs and advises the disabled worker on his or her rights and the material support from which he (she) can benefit with respect to housing, transport and acquisition of special apparatus. It is truly attentive to the disabled worker to learn of all the difficulties faced, far beyond his (her) life at work.

Results

Since the signature of the first agreement in 1992, and for each of the objectives set by the agreement, figures can be presented.

Period	Recruitment of disabled workers	Rehabilitation of staff who have become unfit	Disabled trainees received
1993-95	122	1078	380
1996-98	220	983	436
1999	113	330	182

Each year, a quantitative and qualitative centralised review is made of the results obtained, which is presented to the trade union organisations.

Success and problems

Clearly, the agreements signed since 1992 are a success for the enterprise, to the extent that the objectives set have been not only attained but even exceeded. Beyond the mere figures, the policy adopted must be credited with success in making people with disabilities "commonplace" within the enterprise. Thanks, in particular, to the communication programmes carried out, the employees have started to become aware of the problems related to disability, and this can lead to greater awareness of other problems of society, such as ageing of the population for example.

The main difficulties mentioned are due to:

- *The nature of the jobs performed at the SNCF.* In most cases, the jobs are physically difficult ones requiring definite physical capabilities. In these circumstances, it is not easy to match the capabilities of the candidates for integration and the jobs available.
- *A certain corporate culture.* To be precise, because the jobs in the enterprise are tough, disabilities do not form part of the "railway worker's world", even though the number of job injuries is not insignificant. In this context, the integration of disabled workers does not appear to be a topic arousing great interest.
- *The size of the enterprise.* The SNCF employs 175,000 people, in 340 plants organised in 23 regional branches.

- Given both this “fragmentation” and the multitude of hierarchic levels within the enterprise, it was not easy to promote awareness among the personnel, and especially the management staff, of the implications of integration of disabled workers. Moreover, to maintain the effort over time, one has to be dealing with highly motivated people who agree to become involved beyond their strictly occupational commitment.

Perception of these successes and difficulties

A survey carried out in 1997 on the populations concerned illustrated the fact that the firm’s action in favour of integration of the disabled was perceived more favourably by the disabled workers who had hired than by employees who had rehabilitated as a result of unfitness. The latter group expressed the feeling that the enterprise made fewer efforts for their rehabilitation than for the integration of disabled people. For their part, the disabled employees hired wanted better support and better follow-up after recruitment, to achieve better integration into the enterprise. These two opinions were taken into account in working out the agreement covering the period 1999-2001.

Links with employability

All parts of the agreement signed between senior management and the trade union organisations contribute to developing the employability of disabled workers: whether it be the recruitment of people with disabilities, the induction of trainees, the retention at the work station or rehabilitation of employees who have become unfit, or again the close ties developed with the supported employment sector. The training actions for adaptation to the job (designed to integrate the worker in his or her first job), and the longer-term actions necessary to develop an occupational project also help reinforce the employability of disabled people. The same is true for the necessary adaptation of work stations (fitting out, purchase of appropriate equipment, etc.) and premises (chiefly accessibility).

Role of occupational safety and health

The integration of a disabled employee often requires adaptation of the workstation; the same is often true for the rehabilitation of an employee who has become unfit. To succeed with this adaptation, the design of the workstation, or even the work organisation, has to be re-examined. This approach can have beneficial effects for all employees occupying the same type of station.

The integration of a disabled employee often requires adaptation of the workstation

As an example, fitting out the workshop for overhauling and cleaning of brake units (parts which weigh between 5 and 30 kg) can be mentioned. To enable people suffering from lumbar or dorsal complaints to work in this workshop, installing girders lightened handling work. This arrangement made it possible to retain three people suffering from conditions restricting the carrying and handling of heavy loads and two others who suffered from tendonitis in their jobs. It also contributed to a general improvement of work conditions and the prevention of risks of repetitive strain injuries for all the workshop personnel.

Fitting out of stations, whether performed for the hiring of a disabled employee or the rehabilitation of an employee who has become unfit involves, in addition to the worker concerned and his or her managers, all the people and bodies responsible for questions of occupational health and safety in the enterprise:

- Physician: plays mainly a counselling role. The physician evaluates the capabilities of the worker and the restrictions due to his or her disability, and suggests particular fitting-out arrangements;
- Ergonomist: is responsible for adapting the work station; this can range from advising on for the purchase of appropriate equipment through to redefinition of the work station;
- CHSCT: it must give its opinion on any fitting out of a work station, from the viewpoint of employee safety and work conditions.

Generalisability

In France, about one hundred enterprises, mainly large ones, have developed similar contractual policies in favour of the integration of disabled workers. The company-wide agreement has a twofold advantage, making it possible to “stick to” the strategy of the enterprise while involving all the social partners.

Assessment

The SNCF initiative provides an excellent example of how national policies on the employment of disabled workers can be implemented at company level. Like many EU countries, France operates a quota system with regard to the employment of people with disabilities. Also like many countries, there are exemptions which can be made through the paying of financial levies and the buying in of services from supported employment establishments. What is noteworthy about the SNCF initiative is the vigorous way in which they pursue all three policy actions open to them – rehabilitation of employees who become disabled, the employment of longer term disabled people and the support of sheltered employment establishments. Among the other noteworthy aspects of his initiative were:

- This initiative clearly boosts the employability of workers through its rehabilitation programmes and its training and workplace adaptation activities. In particular, the efforts to employ longer term disabled people clearly provides a boost to the employability of this category of workers.
- OSH personnel and activities are centrally involved in this initiative, unlike some other examples of company policies for the rehabilitation of disabled people. In particular, they are involved in the assessment of functional capacities, the adaptation of workstations and work organisation and the monitoring of the integration of disabled people in the workplace. This initiative provides a good example of how OSH personnel and OSH activities can be involved to the full extent of their capacities in implementing rehabilitation policies.
- This initiative provides a prime example of how rehabilitation and disability policies can be managed. In particular, the operationalisation of national policies at company level in the SNCF case is exemplary. The agreements

Noteworthy about the SNCF initiative is the vigorous way in which they pursue: rehabilitation of employees who become disabled, the employment of longer term disabled people and the support of sheltered employment establishments

signed between management and the trade union organisations at SNCF since 1992 have undeniably given a new momentum and scope to actions in favour of the integration of disabled people. It is true that, before 1992, SNCF rehabilitated personnel who had become unfit, but such rehabilitation was not covered by an approach so formally expressed and contractual as that in force today. Above all, SNCF had no overall policy in favour of the disabled, and in particular no plan for hiring such people. Among the success factors of the new policy, the following should be mentioned:

- the clearly asserted determination of the enterprise, expressed via operational action plans;
- the strong involvement of the Central Task Force (responsible for the co-ordination and follow-up of actions);
- the significant resources assigned to the various action plans;
- routine follow-up of actions by the signatories of the agreement.

B.11 REHABILITATION STRATEGIES AS A TOOL FOR THE OCCUPATIONAL PHYSICIAN

Bundesanstalt für Arbeitsschutz und Arbeitsmedizin (BAuA)

- Germany
- Occupational physicians
- changes in age structure
- R&D study

Background

Imminent changes in the age structure of the German workforce with an expected shift towards higher age are likely to be accompanied by an ever increasing proportion of workers with age-related impairment and reduced work ability. These changes may also result in higher rates of accidents. At the same time changes in the organisational structure of enterprises will offer less employment opportunities for disabled people. Also, prolonged rehabilitation processes often lack focus and do not result in reintegration despite of considerable, but uncoordinated efforts on all sides, but rather in discouragement of workers, early retirement or unemployment. These consequences pose clearly an unwanted burden to the injured or aging workers

Prolonged rehabilitation processes often lack focus

The project is aimed at the application of a standardized assessment procedure (comparison of the ability profile of the person to be rehabilitated with the requirements of the workplace) at the interfaces between workplace and rehabilitation clinic to create clear target specifications on initiation of the rehabilitation procedure and to measure the success of the rehabilitation. It is intended to develop and test sector-specific, out-patient and partially in-patient rehabilitation concepts, including a study of their efficiency. The derivation of guidelines for all physicians involved (home, workplace, rehabilitation center) is intended. Improved employability of disabled persons is expected to result. The study is in process, completion is planned for May 2001.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
✓ National / regional authorities	✓ Rehabilitation for ill or injured workers	National or regional authorities	Medical diagnosis
Municipalities	Rehabilitation for physically or cognitive impaired	Municipalities	Health screening
Social partners	Prevention in high risk situations	Social partners	✓ Assessment functional capacities workers
Insurance organisations	Workplace health promotion activities	✓ Insurance organisations	✓ Assessment work demands
Voluntary sector		Voluntary sector	Training and retraining
Companies		✓ Companies	✓ Development of rehabilitation policy
		Vocational training organisation	Maintenance safe and healthy work environment
		✓ OSH consultancies	Health promotion
			✓ Workplace (re)design

who often suffers only a minor and temporary impairment, and also to the social system.

In addition, more effective case management of accidents and diseases with a major impact on general morbidity, which result in extended sickness absenteeism or early retirement deserve special attention. This is especially true for conditions with a good potential for intervention by prevention or early rehabilitation.

Under current OSH legislation, the occupational physician contracted to an enterprise must to consult the employer on all questions related to changes in job assignment, integration or reintegration of temporarily or permanently impaired employees. This regulation is binding for both employer and contracted physician, and could provide a key position for establishing efficient rehabilitation management practice.

For this purpose, the following features, some of them peculiarities of the German health care system, some of which are more generally applicable, have to be taken into account:

- A major prerequisite for the successful integration of disabled people is close correspondence of residual abilities and job requirements. This is best ensured by validated assessment instruments.
- A further prerequisite is a close and transparent collaboration between all parties involved, including the insured person.

The German rehabilitation system involves many partners – general health care (family doctor), occupational health care (company physician / occupational health service), medical specialist in rehabilitation center, physiotherapist, occupational therapist, various insurance funds with responsibility for rehabilitation and compensation, accident insurance funds and illness funds –

Partners need to be brought into closer contact and need a common "language"

who do not necessarily cooperate or even exchange information, since there is little administrative basis for such an interaction. These partners need to be brought into closer contact and need a common “language” for cooperation towards a common goal, i.e. early reintegration into the work environment.

Other requirements on instruments and models for rehabilitation include:

- Rehabilitation models which take account of proximity to the workplace and the time of causal event (e.g. accident) should be developed and favoured. Neighborhood rehabilitation would not only save costs, but would also promote exchange of information on patient and work requirements between medical specialists and possibly prevent (to some extent at least) alienation, de-motivation and retreat of the disabled person
- More cost-effective models such as rehabilitation strategies focussing on recurrent events in certain sectors (e.g. hair dressers, hospital staff) should be considered and developed.

Activities

These observations led to the development of an R&D study which sought to meet the following aims and objectives:

- Definition of problem areas and development of strategies and instruments to offer general acceptable solutions for all partners
- Model-type creation of a rehabilitation network, consisting of all stakeholders
- Development (resp. adaptation to practical need) and validation of instruments such as assessment tools and of procedures and tools for establishing a transparent, effective and efficient information flow between occupational physician, rehabilitation specialist and all other partners, as needed, on a permanent basis (not as a sporadic event)
- Development of criteria for effective and efficient rehabilitation, and evaluation of intervention (rehabilitation)
- Development and testing of rehabilitation concepts with workplace proximity, specifically for the disease groups mentioned before
- Development and testing of rehabilitation concepts, focussing on sectors or job categories with a high proportion of the disease groups mentioned before
- Derivation of generally accepted instruments and procedures, that would allow the formulation of recommendations or guidelines for rehabilitation in general and also for specific areas (types of disease / impairment; job / sector)

So far, no results are available as yet from this initiative, but they are expected in May 2001.

Stakeholders

The project is essentially a research and development one, which does not involve stakeholders directly. However, the products of the project are intended for use by all health services involved in the rehabilitation of ill or injured workers, both

This initiative addresses a problem that is more or less common to all disability/welfare systems across the EU

internal to and external to the workplace. In addition, to these health services, public and private insurers are among the target groups of the project.

Assessment

This initiative addresses a problem that is more or less common to all disability/welfare systems across the EU. This problem relates to the disjointed nature of services relating to the rehabilitation of workers who become ill or disabled. There are two elements to the discontinuity of service of importance here:

- Communications between various elements of the public health and insurance system tend to be poor
- Communications between health and welfare services external to and internal to the workplace

The project addresses these problems in two main ways. Firstly, it is seeking to develop models of collaboration between the main stakeholders so as to improve upon current levels of communications. Secondly, it is seeking to develop a standardised set of tools which may be used by all of the services concerned in rehabilitation and which will ultimately benefit the disabled worker.

This project is a forward-looking one, which aims to transform the current procedures and measures used in rehabilitation. As it is still under development, it is too early to say how successful it may be. However, if the project meets its aims, then it is possible that some tentative assessments of its impact.

- The project will support improved employability of workers through the development of improved tools for rehabilitation. Perhaps more importantly, if the project succeeds in improving collaboration between the various health services involved in the process of rehabilitation, it will result in faster and more efficient reintegration of workers into the workplace, thereby improving their employability.

The role of OSH professionals in relation to the assessment of impairment and the adaptation of workplaces to the needs of the disabled person is at the heart of this project. Though OSH professionals are not the only ones involved, they will ultimately be the end users of the products to emerge from the project.

Part C



REINTEGRATION OF LONGER
TERM DISABLED PEOPLE

C.1

ENABLING PEOPLE WITH DISABILITIES TO COMPETE IN THE LABOUR MARKET — ACCESS TO WORK

- United Kingdom
- British Social Welfare Policy
- Employment service



Background

Access to Work is a programme run by the Employment Service (ES), a division of the Department for Education and Employment (DfEE). It is designed to provide support to people with disabilities to help them obtain or retain employment. It was introduced in 1994 and modified in 1996 and brought together a series of separate programmes, which individually funded the purchase of special equipment, the adaptation workplaces or provided help with the cost of travel to work. The purpose of the initiative was to enable people with disabilities to compete on equal terms in the labour market with their non-disabled colleagues.

‘Access to Work’ is a UK-wide, government operated programme which provides practical support to disabled people who are seeking work, including funding of adaptations and purchase of special equipment, based on the established needs of the individual applicants. The target groups of this initiative are unemployed disabled people and employed disabled people at risk of becoming unemployed. The programme aims to enable them to compete on an equal footing with their non-disabled colleagues. It has been in operation since 1994 and was modified in 1996 to incorporate a requirement for an employer’s contribution to the cost involved. The UK Government, specifically the Employment Service within the Department for Education and Employment is the lead group and there are numerous other stakeholders (based on a broad definition of this term) who benefit from or contribute to the success of the programme.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
✓ National / regional authorities	✓ Rehabilitation for ill or injured workers	✓ National or regional authorities	✓ Medical diagnosis
Municipalities	✓ Rehabilitation for physically or cognitive impaired	Municipalities	✓ Health screening
Social partners	Prevention in high risk situations	Social partners	✓ Assessment functional capacities workers
Insurance organisations	Workplace health promotion activities	Insurance organisations	✓ Assessment work demands
Voluntary sector		Voluntary sector	✓ Training and retraining
Companies		✓ Companies	✓ Development of rehabilitation policy
		✓ Vocational training organisation	✓ Maintenance safe and healthy work environment
		✓ OSH consultancies	Health promotion
			✓ Workplace (re)design

This initiative is part of a larger movement, within British Social Welfare policy, towards the American model of ‘Welfare to Work’. (This refers to a concern ensure that people on Disability registers do not become long-term recipients of Government aid. The principle underlying the policy is that all benefits should be subject to the individual becoming involved or trying to become involved in the labour market). One of the issues is the high cost to the State of the Long Term Absent combined with a need to maximise labour market efficiency despite the fact that Britain is not experiencing labour shortages.

Aims and Objectives

The programme aims to enable people with disabilities to compete on an equal footing with their non-disabled counterparts and thereby facilitate their access to or retention in employment. It does so through integrating a range of previously separate public subsidy schemes and services.

Organisation

Various people within the UK Employment Service are involved in delivering this programme. These include ‘Jobcentre’ personnel (what used to be called ‘Employment Exchanges’), Disability Employment Advisors, and Placement, Assessment and Counselling Teams. The services provided by these agents include:

- Job notification (notification of vacancies)
- Assessment of training needs
- Assessment of skills and (dis)abilities
- Job placement services
- Employment counselling

- Assessment of the need for technical aids

Referrals to the Access to Work Service are made by employers, 'Jobcentre' staff, disability organisations and rehabilitation institutes as well as by the individuals themselves. Each applicant is assessed to establish the level of support required and the types of jobs that are suitable and any training needs which may exist. The most common type is the provision of special aids and equipment (2/3 of cases). In 30% of cases, the employee's working hours are reduced.

In addition, rehabilitation agencies, health and safety practices/consultancies are involved at a local level

This initiative operates throughout the UK but administration is performed regionally.

Stakeholders and target groups

The programme is targeted at adults with disabilities who present themselves to the Jobcentre. They may either be in employment or who are unemployed. In addition, disabled people who are already in work, but who may need any of the supports provided by the service are also a target group for the initiative.

The initiative is government funded and they are the principal stakeholders. However, various voluntary organisations that represent people with disabilities in general or people with specific disabilities such as the Royal National Institute for the Blind could be considered stakeholders as they promote the programme to their members. No other relevant stakeholders appear to be involved, e.g., Trade Unions, Employers Organisations, etc. However, the programme could not operate without the co-operation of individual employers. In addition, rehabilitation agencies, health and safety practices/consultancies are undoubtedly involved at a local level, as individual action plans are drawn up for each applicant and their needs and the nature of assistance each require would necessitate the involvement of these bodies.

Results

Two studies have been carried out to review the operation of this initiative, (the first published in 1996 and the second published in 1998). One of the principal changes in the operation of the programme took place when the scheme was modified in 1996 and resulted in employers being required to contribute to the costs involved in employing someone with a disability. The second evaluation found that the experience of all those involved and the day to day operation of the programme had undergone some shifts in the intervening period. There was some indication that 'Access to Work' was impacting on new sections of the disabled population and that it was becoming increasingly useful as a means of facilitating the entry of unemployed people with disabilities into employment.

The Employment Service has begun to avail of technical consultants (such as OSH consultants) to a greater extent than was the case, and Disability Employment Advisors (DEAs), who operate the programme within the Employment Service, have reported greater ease in contacting these consultants than in the previous evaluation.

However, where employers are involved in purchasing, the DEAs and others in the ES expressed concerns about their (employers) lack of expertise in making the appropriate purchase. While active marketing of the programme by the Employment Service appears to have diminished, employers are increasingly a source of initial information to applicants and referrals from this source are also growing. In fact, one in six employers said they would not have retained the disabled employee without the intervention of the Access to Work initiative, double that of the previous evaluation. This response was most common amongst small establishments (less than 10 employees) and charitable organisations.

Three-quarters of the recipients surveyed felt that the programme had had a positive impact on their efforts to secure or retain employment. Over 80% of employers said that the 'Access to Work' intervention had led to improved morale and efficiency among the recipients and three-quarters felt that the support had contributed to the overall productivity of the workplace.

Three-quarters felt that the support had contributed to the overall productivity of the workplace

Over 60% of employers who had made a financial contribution said they would have been willing to make a greater contribution (usually double what they actually contributed), which may be a reflection of the positive effect of the programme on productivity and morale within workplaces.

Relationship and relevance to employability

This initiative is primarily concerned with improving the employability of disabled people. It aims to facilitate the retention of ill/injured employees, to enable the long term absent to return to work (rehabilitation) and to assist people with disabilities to access the labour market, perhaps for the first time (integration).

Role of occupational safety and health

Many of the referrals to the initiative come from the health and safety or occupational health functions within companies. There is a high incidence of musculo-skeletal injuries amongst participants in the initiative and OSH will be of particular relevance in these cases. In the majority of cases included in the evaluation of the Access to Work programme, adaptations to the workplace and the purchase of special equipment to assist the employee were the main activities that needed to be undertaken in the work place. These are activities in which OSH experts would be involved.

There is a high incidence of musculo-skeletal injuries amongst participants

Assessment

This initiative is an example of a high level change in Government policy which sought to integrate and improve services for disabled people in relation to improving access to work. Taking place against the background of a broader policy shift in relation to social welfare recipients, the initiative was operationalised through the national Employment service by integrating a number of previously existing schemes and services and making them available in a seamless way. Among the more important features of this case are:

- This case clearly impacts the employability of disabled people through its emphasis of providing technical assistance and job placement services for disabled people. In addition, it effectively provides a certain level of rehabilitation through referrals to training services and the development of what are often termed 'personal care plans' for individual cases.
- This initiative was developed by and intended for implementation by the public sector employment services, and did not have OSH related activities in mind during this process. However, OSH related activities do play a role in relation to referral to the service, and they may also be involved implementing the recommendations of the 'Access to Work' (AtW) programme within companies. In either case, the range of activities provided by AtW provide a model to OSH of the kinds of supports which may be needed when dealing with individual cases of work related disability.
- This case provides an illustration of how health concerns may be integrated into a labour market strategy (in fact, the 'Welfare to Work' idea is fairly typical of many 'pure' employability strategies). It therefore demonstrates a potential role for the range of workplace related health services within the broader context of employment and labour market strategy.

C.2 ENCOURAGING THE INTEGRATION OF DISABLED WORKERS — PASSERELLES 09



- France
- encourage integration and rehabilitation
- partnership

Background

The action carried out by Passerelles 09 is based on the legislation in force in France to promote the employment of disabled people, and in particular:

- The Act of 10 July 1987 to encourage the integration of disabled workers;
- The Act of 31 December 1992 on keeping disabled people in their job or at a new work station.

The first of these acts obliges enterprises with more than 20 employees should employ a quota of 6% of disabled workers in their workforce. Enterprises can accomplish this obligation:

Since 1992, the Ariège-Pyrénées Employers' Union has initiated in the Ariège Department (administrative region), an action called Passerelles 09 ("Footbridges 09"), to encourage the integration and rehabilitation of disabled workers. This action, carried out in partnership with numerous local players, both public and private, involves two aspects:

- information – promotion of enterprises' awareness of their obligations regarding the hiring of disabled employees and the aids from which they can benefit
- supports to maintain employees declared unfit for work in different jobs

Since its launching, Passerelles 09 has enabled more than 70 disabled workers to be hired and 145 unfit employees to be kept in their job or relocated to a new, more appropriate work role within the company.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
National / regional authorities	✓ Rehabilitation for ill or injured workers	✓ National or regional authorities	Medical diagnosis
Municipalities	✓ Rehabilitation for physically or cognitive impaired	Municipalities	Health screening
✓ Social partners	Prevention in high risk situations	✓ Social partners	✓ Assessment functional capacities workers
Insurance organisations	Workplace health promotion activities	✓ Insurance organisations	✓ Assessment work demands
Voluntary sector		Voluntary sector	✓ Training and retraining
Companies		✓ Companies	✓ Development of rehabilitation policy
		Vocational training organisation	Maintenance safe and healthy work environment
		OSH consultancies	Health promotion
			✓ Workplace (re)design

- by hiring disabled people;
- by signing subcontracting agreements with sheltered workshops or centres for aid through work;
- by paying an annual contribution to the Management Fund for integration of the disabled.

The Act of 1992, for its part, made it obligatory for the employer to place in a new position or lay off within a deadline of one month employees recognised as unfit by the occupational physician.

The Ariège-Pyrénées employers' union has set itself the task of promoting and co-ordinating all actions which could encourage the full application of these two laws

In launching the Passerelles 09 operation, the Ariège-Pyrénées employers' union has set itself the task of promoting and co-ordinating all actions which could encourage the full application of these two laws. They have done so because they are convinced of the value of the social role (alongside the economic role of the enterprise) that should be played by the enterprise.

Passerelles 09 was implemented with the assistance of and financing provided by the association managing the fund for integration of disabled people (AGEFIPH).

An official representative and an assistant work full-time for "Passerelles 09". Their role is to inform the enterprises in the region ("department") of the whole system, help them choose the appropriate solution for their situation, and co-ordinate the action of the various partners. In addition to the Ariège-Pyrénées employers' union, Passerelles 09 involves six other organisations, both public and private, which make their personnel or resources available to help with integration or rehabilitation projects.

Aims and objectives

The primary objective of Passerelles 09 is to inform and promote awareness among the enterprises in the Ariège Department of the legislation in force

regarding the integration of disabled workers and the rehabilitation of employees who are declared unfit for work. This action has two essential aims:

- To help the enterprises accomplish their role in society by integrating disabled workers into their workforce or through rehabilitation of unfit employees;
- To provide enterprises with the best conditions to enable them to hire disabled people or retain them in their jobs.

The action targets the enterprises established in the Ariège Department, especially those employing over 20 employees (since it is they who are concerned by the obligation to hire disabled workers). The ultimate beneficiaries of the action are the disabled workers who find a job and the employees retained in their old jobs or who work or in a new position.

Nature of the action

The Passerelles 09 project dates back to 1992. At that time, there was a lot of debate in France about the “entreprise citoyenne” (“citizen firm”), which means that the role of the enterprise is not merely to produce wealth, but that it should also take an interest in the life of the society which surrounds it. There is one category of the public which faces particular difficulties for employment in society: disabled workers.

Passerelles 09 was initially set up informally through contacts with the main partners, AGEFIPH, EPSR and DDERFP. The founding act was the first Passerelles 09 agreement signed between these partners in 1993.

The official representative of Passerelles 09 has several tasks:

- To contact the enterprises in the “department” to inform them of the legislation in force and the Passerelles 09 system;
- To study, in collaboration with each enterprise which volunteers (for integration of disabled workers), or which is obliged to do so (for job retention and rehabilitation of unfit employees), all the legal provisions and to find the most suitable solution for each case;
- To implement this solution using state aids and the subsidies of the AGEFIPH;
- To provide follow-up and permanent assistance to the enterprise and to the disabled worker who has been integrated into the workforce.

In short, the aim is to identify enterprises, convince them to commit themselves to the integration or rehabilitation of disabled workers, prepare dossiers (especially for subsidies) and follow up project implementation.

Passerelles 09 is also involved in undertaking new projects in order to meet or exceed its original aims. For example, in 1999 it set up a sponsorship network for young people aged less than 26. The idea is to establish a relationship between disabled young people who are having difficulties searching for a job, and corporate managers who will guide them in their efforts to obtain a job. This innovative experimental operation, termed “Réseau Parrainage TH”, involves mobilising enterprises with over 20 employees which have not reached their quota of disabled workers. The sponsoring corporate manager agrees to guide a young disabled job-seeker to help him in his efforts at integration.

Finally, to improve the knowledge of its objectives and reactions by both corporate managers and the general public, Passerelles 09 also implements communication actions:

- organisation of conference on the subject of integration of disabled workers in the enterprise;
- organisation of a presentation of trophies known as the “Trophées Passerelles” to recognise salute and reward actions which have enabled the integration of disabled workers, either by recruitment, job retention or rehabilitation of employees recognised as unfit.

Stakeholders

Alongside the Ariège-Pyrénées employers’ union that initiated the operation, Passerelles 09 involves six partners who have complementary missions and means.

- Association pour la Gestion du Fonds pour l’Intégration Professionnelle des Personnes Handicapées: AGEFIPH - This is the organisation which manages the fund for the integration of disabled people (collecting the contributions of enterprises with over 20 employees not employing at least 6% of disabled people). Founded as a result of the Act of 10 July 1987, AGEFIPH makes its technical and financial resources available to actions and programmes which aim to integrate or retain jobs for disabled people in an ordinary work environment. Thus, it supports and partly finances Passerelles 09 and its various corporate actions.
- Direction Départementale du Travail et de l’Emploi: DDTE - The DDTE is an organisation independent of the state which monitors compliance with and the application of labour legislation and implements the employment and training policy decided by the government. In the Ariège, it has put in place the departmental programme for integration of disabled workers (which includes “Passerelles 09”). In addition to the validation and legal recognition of the project, DDTE can be an occasional financial partner for particular actions of Passerelles 09 (conferences, training courses, etc.).
- Equipe de Préparation du Travail et de l’Emploi: EPSR - The EPSR is an organisation approved by the Direction Départementale du Travail, de l’Emploi et de la Formation Professionnelle. Its missions are as follows:
 - Preparation, assistance for and follow-up of disabled people throughout their efforts to achieve integration or rehabilitation.
 - Placement of disabled workers in enterprises, together with implementation of technical and financial measures to facilitate hiring.
 - Counselling for enterprises faced with the question of hiring a disabled worker.
- Agence Nationale pour l’Emploi: ANPE - National Employment Bureau ANPE brings enterprises and job-seekers together, assisting them both and helping improve the labour market by looking for a match between the positions offered and the applicants. Disabled workers, who are job applicants like any others, receive the same attention from the ANPE’s staff.

Passerelles 09 involves six partners who have complementary missions and means

- The Industrial Medicine Department in the Ariège - The role of this organisation is to perform medical monitoring of the employees of enterprises in the Ariège, in accordance with the approval given by the Ministry of Labour. To this should be added a role of prevention and counselling for employers and employees. The Industrial Medicine Department, in its “early detection” role, facilitates contact between the employee and the Passerelles 09 representative.
- Caisse Régionale d’Assurance Maladie Midi-Pyrénées (regional health insurance fund) — The CRAM takes part in the Passerelles 09 approach via its social service in the Ariège. The role of this service is the “prevention of vocational de-integration and the rehabilitation of disabled workers. The social service intervenes at two levels:
 - notification of situations to Passerelles 09 after agreement of the insured (social security);
 - social assistance for the person over the entire path to integration.

Results

For each of the objectives set by “Passerelles 09”, figures can be presented:

For each of the objectives set by “Passerelles 09”, figures can be presented:

Integration of disabled people

Year	Number of enterprises contacted	Job offers obtained	Disabled workers hired
1992/1993	350	71	26
1993	410	80	No reply
1994	149	25	No reply
1995	55	33	10
1996	135	35	5
1997	150	40	7
1998	135	56	6
1999	135	43	17

Job retention and rehabilitation

Year	Number of cases monitored	Number of employees retained in their jobs and/or were rehabilitated
1994	41	13
1995	81	24
1996	68	22
1997	85	29
1998	77	28
1999	79	29

Sponsorship of young disabled workers

This experiment, launched in 1999, can hardly be evaluated from a quantitative viewpoint. However, it can be noted that during this first year, 10 sponsor/sponsored pairs were formed. The objective set for 2000 is the creation of 20 pairs.

Successes and problems encountered

Success of "Passerelles 09"

Passerelles 09 is a successful operation because of the partnerships it has initiated, bringing down barriers between the various organisations involved, and allowing them all to work together for greater efficiency.

Passerelles 09 has created in the Ariège "department" a favourable attitude to the integration of disabled workers, which has become commonplace among the partners. The skills of the successive representatives of Passerelles 09 contributed a real value to this action.

Difficulties encountered

The main difficulties are due to the reluctance of certain enterprises of over 20 employees that hire no disabled workers. Such firms are still fairly numerous in Ariège.

Another difficulty is the lack of a specific role at the ANPE in relation to for this subject of integration of disabled workers. ANPE tends to disseminate job offers in a general manner without any targeting of disabled workers.

Perception of these difficulties and successes

The enterprises and the disabled workers are satisfied to have available to them a service such as "Passerelles 09", which, however, does not want to be regarded as a social assistance service.

Disabled employees appreciate the role of intermediary played by Passerelles 09 with regard to their employer, especially in cases of declaration of unfitness for work.

The occupational physicians appreciate having a technical and legal service at their disposal, which takes charge of the dossier on the side of both the enterprise and the employee recognised as unfit.

The enterprises are not always aware of the savings that Passerelles 09 achieves for them by arranging a work station (to retain on the job a worker who has become unfit) or by hiring (which allows them to reach their quota of disabled employees, and thus be exempted from paying a contribution to the AGEPIPH). It is for this reason, moreover, that the Passerelles 09 awards were created in 1999, to reward enterprises which hire disabled workers or retain them in their jobs.

Passerelles 09 is a successful operation because of the partnerships it has initiated

Relationship and relevance with employability

The Act of 10 July 1987 provided that enterprises of over 20 employees must employ a quota of 6% of disabled workers. It must be observed that few of the enterprises subject to this obligation comply with this recruitment percentage; most prefer to fulfil their obligation by paying an annual contribution to the AGEFIPH.

By making the enterprises more aware of the question of the integration of disabled people and by helping them in their efforts, Passerelles 09 embodies the spirit of the law, by encouraging the vocational and social integration of disabled people.

The link between Passerelles 09 and the employability of disabled workers is even clearer as regards retention at the work station or rehabilitation of unfit employees, since this involves reintegrating sick or injured workers at their work station or finding another vocational activity for them.

Role of occupational safety and health

The interventions by Passerelles 09 for rehabilitation or job retention of employees declared unfit are an opportunity to alert the employer concerning the risks present in his enterprise. When an employee has encountered a particular problem, which has caused him to become unfit, this problem may be due to poor adaptation of the work station or workshop and may concern other employees.

The interventions by Passerelles 09 are an opportunity to alert the employer concerning the risks present in his enterprise

Three examples can illustrate this approach:

- The health and social sector (ambulance staff; domestic helpers, etc.) which is expanding rapidly — It is well known that carrying heavy loads results in back problems after some years. Numerous cases of unfit workers can alert the employer to this risk. Solutions can be found, especially through training in “work gestures and postures”.
- Large retail chains — The checkout staff in large retail stores frequently develop musculoskeletal disorders (carpal tunnel syndrome) due to the repetitive actions performed by them. These complaints can lead to unfitnes; job retention may be possible by adapting the work station (ergonomic seat, electric platform to reduce repetitive action). The improvements thus provided could benefit all checkout staff.
- Industrial handling — The purchase of a fork-lift truck adapted for an unfit employee can be an opportunity to undertake thinking on improvement of work conditions for the firm’s other employees. Arrangement of the work station is preceded by an ergonomic study to identify the difficulties of the station and propose measures to overcome them.

It can be concluded that the measures taken to retain an unfit employee in the job or obtain his rehabilitation have a beneficial effect not only on the employability of the person concerned, but can also have a positive impact on the work conditions of the firm’s other employees. Aware of the importance of the prevention of occupational risks, the Ariège-Pyrénées employers’ union,

moreover, organises training sessions reserved for corporate managers to provide them with the information and methodological tools needed to implement prevention systems.

Generalisability

Actions such as Passerelles 09 exist in other French “departments”, but are far less structured with regard to the services provided and the partnerships involved. The principle of Passerelles 09 has been adopted in other departments in the Midi-Pyrénées region and similar projects apparently exist in northern France.

The closeness of this “department” to Spain has made it possible in the past to establish exchanges between enterprises, especially in the province of Aragon. Note, too, special contacts with Andorra and Catalonia, via the Ariège Chamber of Commerce and Industry.

Conclusions

By launching the Passerelles 09 project, the Ariège-Pyrénées employers’ union was intervening in an area of activity in which they had in theory no direct interest. However, their role was decisive, especially with regard to obtaining an introduction to enterprises.

Among the factors contributing to the success of the project are:

- the “turnkey” service provided for enterprises and disabled workers;
- the speed of dissemination of information and the processing of files;
- the pooled multiple skills provided to the employer according to the “One-Stop Shop” principle;
- the permanence of the action over time;
- the specific support of the AGEFIPH for this action.

The success of Passerelles 09 is also due to the fact that Ariège is a small “department” in which “everyone knows one another” and which has a large number of Centres for Aid through Work, which are well known to the local enterprises; this therefore made these enterprises very receptive to the idea of integration of disabled workers.

Passerelles 09 has succeeded in joining together partners who, *a priori*, were not used to working together, and in mobilising enterprises of less than 20 employees (which have no obligation to hire disabled workers); in that, it is a exemplary action.

Assessment

This case provides an example of how two of the main types of rehabilitation and re-integration may be organised at a regional level. In particular, it shows how legislation and policy in relation to disability may be implemented in a collaborative and effective way. Among its most notable features are:

- The main stakeholders in this case comprised the employers, disability agencies, the occupational safety and health organisations, the labour market agency, and the health insurance fund. Unusually, these agencies acted not only as part of a supportive network, but also in a concerted manner, where each agency fulfilled an important operational role.
- OSH activities played an important role in this initiative. Firstly, the occupational health functions are an important and integral part of the network of organisations which have come together to form the initiative. Secondly, the occupational health functions are involved delivering services to companies in relation to both re-integration and rehabilitation. Finally, and this makes an interesting justification for undertaking the rehabilitation and re-integration processes, mainstream occupational health and safety appeared to be improved through these processes – examining and adapting the workplace to the needs of disabled workers may bring to light hitherto unknown hazards.
- This initiative clearly demonstrates how OSH — related activities can contribute to improving the employability of workers. In particular, three classes of activity make a positive contribution – rehabilitating disabled people into the workplace, re-integrating workers who have become disabled and the improvement of OSH standards and activities through the activities of these first two processes. Each of these activities contributes to improving the health and wellbeing of workers, thereby improving their employability.

C.3

ASSISTANCE IN RETENTION AND INTEGRATION AT WORK — ARBEITSASSISTENZ

- Austria
- federal social welfare
- European Social Fund



Background

The 'Verein Miteinander' organisation was founded 25 years ago by parents of children who were mentally, physically or multiply disabled. Its aim was to integrate disabled children in normal schools. As the children grew up, the organisation expanded its aims to include the integration of the young disabled people into working life. The organisation proposed a project in 1989 and they applied to the Federal Social Welfare Office for finance for the project. As no funds were granted, the concept could only be implemented in a relatively modest way. Further applications for funding were also unsuccessful. The organisation, "Pro Mente" also did early work on the idea of job assistance and carried out a pilot project with a partner in Lower Austria in 1992. After an evaluation²⁰ was undertaken, job assistance became a permanent feature. Before

Work assistance is an initiative, which has been systematically carried out since 1996, and has the task of integrating people with specific disabilities and illnesses into the labour market and ensuring their retention at their place of work. In Upper Austria, work assistance is carried out by four institutions, which represent people with various types of disabilities. These are 'Pro Mente', (mental or psychosocial disabilities); the Clinic for the Deaf (deaf or over 50% hearing-impaired); Verein Miteinander (Together Association), for mentally, physically or multiply handicapped people; and also the Association for the Rehabilitation and Integration of the Blind and Visually Impaired (RISS) (visual impairment or late-onset blindness). OSH expertise plays a subsidiary role in the programme.

²⁰ Walter Blumberger, Ingrid Gsaxner and Christina Heilbrunner: Evaluierung des Modellprojektes Arbeitsassistentz in Oberösterreich und Niederösterreich, Linz 1994

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
✓ National / regional authorities	✓ Rehabilitation for ill or injured workers	✓ National or regional authorities	✓ Medical diagnosis
Municipalities	✓ Rehabilitation for physically or cognitive impaired	Municipalities	Health screening
Social partners	Prevention in high risk situations	Social partners	✓ Assessment functional capacities workers
Insurance organisations	Workplace health promotion activities	Insurance organisations	✓ Assessment work demands
✓ Voluntary sector		✓ Voluntary sector	✓ Training and retraining
Companies		✓ Companies	Development of rehabilitation policy
		Vocational training organisation	Maintenance safe and healthy work environment
		✓ OSH consultancies	Health promotion
			✓ Workplace (re)design

work assistance was introduced, RISS had also tried to find jobs for the blind and visually impaired, and had provided clients with EDP training for this purpose.

In 1995, when funds from the EU Social Fund became available in Austria, the provincial offices of the Federal Social Welfare Department were given the task of supporting work assistance projects in each province²¹. In Upper Austria, the Federal Social Welfare Office asked Verein Miteinander, the association for mental and social health. ‘Pro Mente’, the ‘Rehabilitation and Integration of Visually impaired and Blind Persons association’ (RISS) and to the Clinic for the Deaf at the Hospital of the Brothers of Mercy to submit projects. All of these organisations had experience in the integration and retention of the disabled in the labour market when dealing with individual cases. Work assistance is now a part of the National Labour Plan and has been embodied in the Disabled Employment Act. This means provides national funding should financial support from the EU be reduced.

The Federal Ministry for Social Security and the Elderly is responsible for work assistance, and it is this organisation which devolved the implementation of the scheme to the federal social welfare offices²². A committee has been set up in the ministry to decide on funding issues. Members of this committee include representatives of the War Victims’ Association, Associations for the Disabled, the Trade Unions, Employers’ Associations, the Provinces and the Ministry of Finance, and is chaired by the Ministry for Social Security and the Elderly. The models described below are based on the example of Upper Austria.

The projects are developed by the people who submit them. The federal social authorities have a monitoring role, but no influence is exerted on the project design. Monitoring takes place on a half-yearly basis.

²¹ Austria is a federal state with nine provinces

²² The ministry is the authority in charge of the federal social welfare offices

The general aim of each project is to integrate clients into the labour market

Aims and objectives

The general aim of each project is to integrate clients into the labour market. If a client is in danger of losing a job, the aim is to maintain them in work. The Federal Social Welfare Office has defined clear objectives. Each work assistance worker must take care of 18 persons per year, and of these 30% must be placed. 75% of these placements must be in the primary labour market, the other placements can be in the secondary labour market²³. The placement is considered successful when the employment has lasted for six months or if someone in danger of losing their job is kept in employment for a further six months after the intervention of the work assistance worker.

The project sponsors have set themselves a number of further aims. One of these is the sensitising of employers and employees to the problems of the work assistance clients. This is achieved by giving presentations of their work to groups in adult education, trade unions and employer's associations. Public relations work is a further important element of their work - much work is done in the media, using regional newspapers and trade newspapers. The four work assistance organisations work together closely. The work done in the area of prevention is of special importance, as many problems would not arise if the handicapped employee received the right care at the right time. In order to develop multipliers for job support, Pro Mente has organised two training courses ('Competence in Counselling and Placement' and 'Colleagues as Sponsors at Work').

The project owners find it important to move clients away from sheltered employment and into the labour market. For those who cannot be placed, training courses are provided or rehabilitation measures are undertaken. However, neither of these measures is counted as successful work assistance. The special situation of physically handicapped, blind or deaf young people is not catered for by the various vocational training systems, so work assistance endeavours to have vocational training adapted to their requirements.

The job support assistants not only support their clients for integration in the labour market, they also provide more comprehensive support. The immediate environment of the client must be suitable, before they can be placed in a job - the financial situation of the client must be regularised (debt transference or out-of-court settlement to avoid confiscation of wages), therapy and family counselling may be carried out, accommodation found, leisure time activities organised. Solving the problems often necessitates a comprehensive analysis, which can take up to three months. The aim here is to enable the client to be independent as soon as possible. Work assistance sees itself as a clearing-house, which provides its clients with the best possible solution in the shortest possible time.

Stakeholders and target groups

The client groups are people with mental or psychosocial disorders, the deaf and those with a hearing impairment of over 50%, mentally, physically or

²³ This means jobs in 'sheltered' employment

multiply disabled persons, and the blind and those with visual impairments. It should be mentioned that people awaiting placement are expected to search actively for a job using normal channels such as newspapers and the labour market service. Their Job Support Assistant prepares them for and accompanies them to the interview.

More and more management personnel suffering from stress are among those with mental or psychosocial disorders. The number of single mothers is also increasing. Generally, the problems of the clients are becoming more complex and it is becoming more time-consuming to care for them. Illnesses and health problems are becoming more complex and the average age of the clients is rising as more and more applications for early retirement are being rejected by the pension insurance institutions.

More and more management personnel suffering from stress are among those with mental or psychosocial disorders

Important stakeholders in the programmes are the Labour Market Service and the Provincial Administration who not only finance the projects but also direct clients to them who could be reintegrated in the labour market by means of work assistance. The Federal Social Welfare Department has a similar function, as it is not only a principal but also directs disabled persons to the relevant work assistance association when they are in danger of losing their job. Other important partners are specialists in neurology and psychiatry, ENT and ophthalmology who can refer patients to the relevant work assistance organisation. The work assistance workers keep in regular contact with the organisations representing the interests of their clients (e.g. the Association for the Blind) as well as with self-help groups.

The most important partners of the work assistance scheme are companies, as only they can employ or retain disabled people. It is no accident that the motto of work assistance is 'People at the centre - business as a partner'. Another relevant partner is the 'We-work' organisation, funded by the Social Welfare Department, the Provincial Administration (Authorities) and the European Social Fund, which canvasses for companies which are willing to employ disabled people under the work assistance scheme. The work assistance workers keep close in contact with the management, employees and their representatives in order to deal with possible prejudice in advance, to promote understanding of the circumstances of the person concerned and to adapt the work environment. The support of an occupational physician and safety engineer is needed for this.

The most important partners of the work assistance scheme are companies

The Chamber of Commerce and the Chamber of Labour²⁴ are important contacts because they can bring the concerns of work assistance to the groups they represent. They are also prepared to give their active support concerning the changes in vocational training already mentioned. There is good contact with the provincial School Supervisor on this issue. Vocational training institutes²⁵ are further partners for training, continuing vocational training and retraining.

²⁴ The Chamber of Commerce and the Chamber of Labour have the status of public institutions and are the legal representatives of the interests of the employers and the employees respectively

²⁵ Institute for Vocational Training and Institute for Economic Development

Results

The Department of Social Welfare is pleased with the success of the project and recognises the efforts of the work assistance workers. They regularly take on more than the 18 clients required and the placement quota is also often exceeded. In the opinion of the responsible official, there is generally permanent integration of the client. Cost benefit analyses are considered positive and it would be desirable to have enough funding to finance a comprehensive expansion of the project. In the opinion of the Federal Social Welfare Department, the project would be even more effective if the work assistance workers could take enterprises needs more into account, as they currently focus on client requirements. Interviews with the work assistance workers revealed that one indicator of success of the project was that clients often contacted them, even after quite some time, to thank them for their care, which had not only brought them a job but had also helped to stabilise their personal and social circumstances. Companies, too, often give positive feedback and are prepared to take on further persons which work assistance wants to place.

The project sponsors, however, see more problems. There is not enough financial support from the public authorities, making it impossible to provide comprehensive care for all in need. They criticise the fact that enterprises can 'buy themselves free' from the obligation to employ disabled persons by paying a relatively low fee. They also criticise the lack of after-care for the clients (in crisis situations, for example). There is no evaluation from the project sponsors or from the Federal Social Welfare Department. An evaluation has been carried out in several scientific studies²⁶, one of which was requested by the Ministry for Social Assurance and Generations.²⁷ The results of this study indicated that between the four sponsoring organisations, 83 people were placed in employment in 1997, 63 in 1998 and 91 in 1999, while 38 were retained in jobs in 1997, 20 in 1998 and 60 in 1999.

About 42.5% of the funds necessary to carry out work assistance come from the European Social Fund, and the rest is provided by the Federal Social Welfare Department, the province of Upper Austria and the Labour Market Service. In the case of RISS, a sum equal to 10% of the funds allocated is provided by capital resources. Funding for the four organisations has increased annually, with budgets rising from 690,000 euros in 1998 to 872,000 euros in 2000.

On 1 July 2000 there were 25 people in full or part time employment with work assistance. Eighteen of them were work assistance workers. The staff of 'We-work' (4 employees) are indirectly attached to the project.

Role of occupational safety and health

Discussions with project sponsors and the Federal Social Welfare Department revealed that systematic participation of OSH experts arose only in the context

²⁶ Richard Paulik, Karl Matzeder, Volker Brand and Roland Wahler: Arbeitsassistentz und berufliche Integration in Bayern und in Oberösterreich, Linz 1999; Alexandra Thaller-Lamplmair: Berufliche Integration behinderter Menschen. Arbeitsassistentz – ein Weg in den ersten Arbeitsmarkt?, Linz 2000

²⁷ Walter Blumberger: Entwicklung und Perspektiven der Arbeitsassistentz in Österreich, Linz 2000

of the job interview. Co-operation with these experts was considered to be potentially helpful. At present occupational physicians or safety engineers are only contacted if workplace adaptation is needed. The possibility and advantages of co-operation has apparently not yet been recognised by either the work assistance or OSH experts. There even seems to be some reluctance to contact representatives of the OSH organisations. Only 'Pro Mente' has built up contacts to a company that offers OSH to other companies.

However, the OSH area already makes a positive contribution to the integration and retention in the disabled workers, but this depends on the engagement of the OSH representative and the active integration of OSH knowledge by the work assistance worker, and is therefore somewhat random. Systematic inclusion of OSH expertise in the client-oriented adaptation of workplaces is missing. In the occupational medical care of the client and in health and safety questions the OSH experts must cater for the special needs related to the client's disability, and also help with the social integration of the client. To achieve this, the Federal Social Welfare Department, as principal, should discuss this possibility with the work assistance groups and should require them to work together with the OSH experts²⁸.

Work assistance should also be integrated into the training of occupational physicians and safety engineers. The tasks and the concerns of work assistance might also be presented to the Austrian Society for Occupational Medicine and the General Accident Insurance Institute²⁹ at their annual conference. Since work assistance has already been embodied in the Act for the Employment of the Disabled, it should also be embodied in the Industrial Safety Act in order to provide a legal basis for co-operation.

Generalisability

As work assistance is carried out in several EU countries in either the same form or a similar one, the general use of this instrument for the occupational integration of the disabled and their retention at the workplace is possible.

Assessment

This initiative provides an example of a programme for the integration and retention of disabled people into the workforce. It originates from four disability organisations who have collaborated with one another to provide a job placement service for their clients. There are a number of features of this initiative, which are worthy of comment:

- OSH experts in this initiative played a rather limited if useful role in relation to easing the passage of disabled workers into the workplace. Their role was confined, where it was exercised at all, to the adaptation of the work environment for disabled people entering the workplace. In this regard, their role may not be untypical for initiatives, which are led by Disability agencies,

Systematic inclusion of OSH expertise in the client-oriented adaptation of workplaces is missing

OSH experts in this initiative played a rather limited if useful role

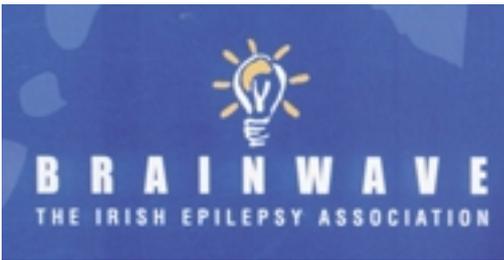
²⁸ The work assistance workers use checklists and guidelines etc. when working on cases. These should contain references to contact with the OSH

²⁹ Responsible for the training of safety engineers and safety officers

where the links between these organisations and workplace actors tends to be relatively weak. However, where OSH experts were active, the initiative illustrates how they can play a useful and necessary part in the integration of disabled people into the workplace.

- A significant feature of this project concerns the considerable numbers of people with a wide range of disabilities who are consistently being placed in jobs on the open labour market. There is a strong ethos within the projects that employment on the open labour market is the sole criterion of success, rather than focusing on sheltered employment as an option.
- There is a very clear relationship between this project's activities and the promotion of the employability of disabled workers. The measures that the project takes, essentially the organisation of training and job placement, contribute directly to making disabled people more attractive on the labour market.

C.4 THE IRISH EPILEPSY ASSOCIATION — BRAINWAVE



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- Ireland
 - national voluntary organisation
 - European Social Fund
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Background

Brainwave, the Irish Epilepsy Association Brainwave was founded in 1967. This is an Irish national voluntarily organised body, which works for all people with epilepsy (PWE), their families and their carers. It is a members' organisation for people with epilepsy. It provides information, advice, counselling, aids, training and advocacy services. Brainwave points to the ongoing stigma of epilepsy in Ireland as a significant social barrier for members. It is also critical of the lack of specialist services, including neurology, epilepsy specialist centres, and epilepsy specialist nurses for PWEs. At present, there is no epilepsy centre in the country whereas most European countries have had centres for over 100 years. (It should be noted however, that voluntary organisations such as Brainwave play a much more significant role in service provision than in the case in many EU countries).

The Irish Epilepsy Association Brainwave was founded in 1967. It is a members' organisation for people with epilepsy. It provides information, advice, counselling, aids, training and advocacy services. It is in regular contact with about 7,000 individuals in Ireland. Initial services are provided to any person with epilepsy regardless of membership of the association. These services aim at inter alia – pre-employment training to enable young people with epilepsy (PWEs) into employment, information and training for employers and fellow employees which leads to PWEs being accepted in, and remaining in the workplace. The service to employers includes advice on OSH-related concerns and how best to manage potential risks within the workplace.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
National / regional authorities	✓ Rehabilitation for ill or injured workers	National or regional authorities	✓ Medical diagnosis
Municipalities	Rehabilitation for physically or cognitive impaired	Municipalities	✓ Health screening
Social partners	Prevention in high risk situations	Social partners	✓ Assessment functional capacities workers
Insurance organisations	Workplace health promotion activities	Insurance organisations	✓ Assessment work demands
✓ Voluntary sector		✓ Voluntary sector	✓ Training and retraining
Companies		Companies	Development of rehabilitation policy
		Vocational training organisation	Maintenance safe and healthy work environment
		OSH consultancies	Health promotion
			✓ Workplace (re)design

In the past 10 years it has seen significant growth and now has offices in almost all of Ireland's 8 Health Board areas. It has also developed a number of vocational pre-employment training courses with funding from the European Social Fund. Brainwave is in regular contact with about 7,000 individuals in Ireland, of whom many are or were paid up members of the association. Initial services are provided to any person with epilepsy regardless of membership of the association.

Brainwave receives about 100,000 euros per annum through the European Social Fund. In 1998 it also received funding from 7 of the 8 regional health authorities in Ireland - to the amount of approximately 85,000 euros. Its Community Employment (CE) scheme was worth about 90,000 euros per annum although this has been hugely reduced this year. Brainwave relies on fundraising and charitable donations for approximately 290,000 euros per annum.

Brainwave spends about 280,000 euros on directly employed staff. Its social work services cost almost 63,000 euros. Its volunteer programme costs about 19,000 euros per annum. Its research and development activities cost almost 63,000 euros per annum. Fundraising development and administration costs were 110,000 euros in 1998.

Brainwave has a total of 20 directly employed staff. 3 of these are administrative and 3 are fundraisers. A number of staff work part-time. In all, 14 staff members have relevant or necessary qualifications. Brainwave has about 60 volunteers, who fundraise for the association throughout the country. It also has a committee of about 25 volunteers who organise the Horse Show Ball, a fund raising activity.

Aims and objectives

The Association was founded to assist PWEs who had difficulty in understanding their condition, the services available and, especially, in gaining access to jobs. A great deal of Brainwave's work is aimed at supporting PWEs

in their daily lives and in coping with their condition. It has specific employment objectives in that it provides vocational services.

Brainwave is actively involved in informing employers about epilepsy. The association considers that many employers have outdated attitudes about the capabilities and appropriate work levels for people with epilepsy. Brainwave operates 2 pre-employment courses for people with epilepsy. One is at Griffith College in Dublin and has 14 places. The other is in the Institute for Technology, Sligo, (on the west coast) which also has 14 places. Both courses include a work experience component. Brainwave conducts an extensive and intensive selection procedure which includes preliminary interviews, open days, use of a sampler course all of which lead to final selection for the courses. Brainwave also assists in job placement after the course is completed.

Their specific aims are:

- To support PWEs in their daily lives
- To prepare PWEs for entering the labour market
- To support PWEs in the process of entering the workplace, including liaising with prospective employers and advising on potential hazards and risk management.

Stakeholders and target groups

Stakeholders are those with a particular interest in Epilepsy as a disability. Brainwave is a company limited by guarantee. The board comprises of 11 members with epilepsy, or the parents of children with epilepsy and 5 medical specialists. Board membership rotates annually. The board meets 13 times per year. There are no upper or lower age limits on membership. Other stakeholders include the Health Boards (involved in funding), the Community Employment (C.E.) scheme and FAS (the Irish national training agency). The national rehabilitation agency is in the course of re-organisation at the moment but will presumably be involved.

The target groups for this initiative are:

- Young PWEs who require training for employment;
- Teachers, employers and health professionals who require training in the area of preventing seizures and appropriate first aid in the event of seizures;
- Brainwave currently has a major project with instructors from the national workplace skills training organisation (known as FAS). This will train the instructors in relevant occupational safety and health issues for PWE.

Activities

Brainwave undertakes a number of activities on behalf of PWEs, which are relevant in the current context. These include:

- Public awareness campaigns
- Community Employment scheme
- Pre-employment training for PWEs
- Job placement services for PWEs
- Design and delivery of a training programme on behalf of FAS, the national workplace skills training organisation, in OSH issues for people with epilepsy

Brainwave is actively involved in informing employers about epilepsy

It has run a number of public awareness campaigns

Public awareness

Brainwave aims to address any information deficit that continues to misinform people about Epilepsy. To that end, it has run a number of public awareness campaigns, including poster campaigns, to inform the public about epilepsy. During the annual ‘Rose’ week (a fund raising and awareness week), the association uses the surrounding publicity to provide information about the condition to the general public and to employers.

Brainwave has also produced information for employers on epilepsy in the workplace. In 1998 as part of its horizon project it produced an employer’s guide to epilepsy together with four other European countries. The guide was divided into 3 sections, the first with general information about epilepsy and the nature of the condition, the second dealing with specific workplace issues and concerns, and the third concerned with legislation and frequently asked questions. The basic content was as follows:

Employing someone with Epilepsy – Part 1	Epilepsy in the Workplace: finding the most suitable employee for the job – Part 2	Support for Employers
<ul style="list-style-type: none"> • About Epilepsy: What it is • Why is epilepsy a hidden disability? • Are there different forms of epilepsy? • What happens during a seizure? • What are the causes of epilepsy? • Treatment First Aid 	<ul style="list-style-type: none"> • Recruitment and selection • Job Performance and Sick leave • Risk and safety precautions • Insurance and pensions issues • Job restrictions 	<ul style="list-style-type: none"> • Frequently Asked Questions • Legislation

Brainwave’s national office disseminates information by post, telephone and e-mail. This information covers a wide range of issues including common sense advice on how to assist a person who is having a seizure. Each of the 7 community resource officers in the regional Health Authorities provides information on request.

Community Employment scheme

The Community Employment scheme is a nation-wide programme, which aims to the assist long-term unemployed into the labour market. Originating in the early-1990s, it was intended that participants in the scheme would receive work experience largely in the voluntary and community sectors for limited periods of time so that they would be facilitated in moving on to the open labour market. (The scheme was generally confined to these sectors in order to prevent competition on the basis of low wages with the openly traded sectors).

Many voluntary organisations participated in this scheme and those concerned with health issues often employed people with disabilities in which their organisation had an interest. Brainwave is one such organisation - they have consistently employed PWEs on this scheme, with a view ultimately to helping them to gain access to the open labour market. Brainwave’s involvement with

the CE scheme has fluctuated, with between 2 and CE workers working with the association. In order to maintain the scheme, they have recently joined with the Asthma Association to maintain a cohort of seven.

Brainwave has found the structure and operation of the CE scheme to have certain rigidities in relation to people with disabilities, particularly with regard to training and the length of time a person may remain on the scheme. The criteria for CE have recently been altered and an age restriction has been put in place. Now most CE participants must be over 35, but the long-term unemployed group is still not accessing this work route. Increasingly, people with disabilities are using CE as the part-time nature of the scheme is most suitable for them. Despite its difficulties, the scheme has provided the association with options to carry out tasks that would otherwise not be done, and to enable people to enter the open labour market.

Pre-employment training

There has been an historical division of disability-focused training from the mainstream. This form of training was previously co-ordinated by the national Rehabilitation Board (NRB), which has disbanded since June 2000 the NRB. A new structure based on the principle of mainstreaming is emerging. While many people with epilepsy will not need specialised training, for those who do, it has proven to be worthwhile.

Brainwave offers two types of pre-employment training, 'Training for Success' and 'Planning My Future', to PWE. Fourteen places are allocated per programme; however, with the current buoyant employment market it is increasing difficult to fill these places. The course content is varied and includes personal, vocational, safety & health training, and general skills training.

Outline of course content for both 'Training for Success' and 'Planning My Future'

- Living and working with epilepsy
- Assertiveness and Interpersonal Skills
- Job Seeking Skills
- Career Planning and Preparation
- Computer Literacy
- Quality Work Experience
- Literacy Skills
- Drama and Communications
- Health and Fitness/Stress Management
- Visual Art
- First Aid

Job placement services

Job placements or work experience placements are co-ordinated by the training staff (either Manager or facilitators). They assist the students in arranging the job placement and provide ongoing support including, extending insurance to

the place of work, providing the employer with information on epilepsy, acting as a facilitator if necessary where issues arise. All placements are supervised with the Manager/facilitator visiting the students in the workplace to monitor their development. If during the course of the job placement they meet with an OSH professional, they will address any concerns that may arise. However, this would be very rare.

Results

Brainwave undertook the required Horizon project evaluations in 1997 and had an internal organisational evaluation in 1998. The results of these are not published. It appears that placement rates on their training schemes have been good.

Brainwave has obviously had a great deal of success with its vocational initiatives. It seems that funding is available through CE and FAS. Problems encountered are mainly in the area of ignorance on the part of employers. In discussion it seemed that this ignorance can also extend to medical advice given by doctors to employers.

Placement rates on the Community Employment scheme, i.e. the success rate with which participants move on to employment in organisations operating on the open labour market is high - with about 85% moving on to open employment. This rate is relatively high in relation to CE schemes in other organisations, and it is perhaps also a reflection of the high economic growth rates in Ireland in the past 5 years or so.

Role of occupational safety and health

OSH organisations play no formal role in this initiative, either with regard to the services supplied by Brainwave, or within organisations in which PWEs are placed. This may be in part due to the fact that preventive OSH services play no obligatory role in Irish workplaces and also because the services provided by Brainwave (and other similar organisations), in effect adopt the role which OSH might play. For example, information about the impairments of epilepsy, the impacts these impairments might have on working life and the work environment are made available to prospective employers by Brainwave.

In the future, if preventive Occupational Safety and Health Services are to play a more active role, they would need to be properly trained in the needs and risk factors attached to PWEs. Some jobs may need modification but this is rare. Knowledge of Epilepsy and its relationship to work is particularly important for occupational physicians. In 1999/2000 Brainwave researched and produced an information pack for doctors. They have found that doctors are one of the key areas for education. *Shedding Light on Epilepsy*, is an information pack for doctors has been distributed to all doctors in the Midlands and Eastern Regional Health Authority areas. It is hoped that the remaining health boards will adopt this pack in 2000. While targeted mainly at General Practitioners, this information pack should be of use to occupational physicians and other OSH experts.

Generalisability

Organisations similar to Brainwave already exist in most European countries. The initiative is therefore generalisable in principle, but the details of the activities undertaken and especially their funding would probably vary between countries. In countries where the infrastructure for preventive OSH services is stronger, many of the functions which Brainwave have undertaken could probably be done by preventive OSH services, i.e., evaluation of the workplace, risk management, training and information provision within the workplace, etc. However, the broader role of Brainwave could not be usurped, as it serves a wider range of functions to its members than enabling them to access the labour market.

Many of the functions which Brainwave have undertaken could probably be done by OSH services

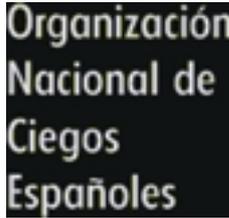
Assessment

This initiative arose within a voluntary sector Disability organisation, which provides a full range of services related to the integration of their client group into the open labour market. There are a number of features of this case which are of interest in the current context:

- The use of existing labour market schemes, such as the Community Employment scheme, together with using vocational training resources provides a useful model for organisations operating in the voluntary sector. Brainwave, while they have set up some services themselves, has creatively used these sources of funding and expertise to further the interests of their client group.
- The role of OSH is not obvious in this case, for the reasons outlined above. However, the activities of Brainwave in relation to the provision of medical and rehabilitation information to employers, points to areas in which OSH expertise could play a useful role.
- There is a clear relationship between the activities of Brainwave and increasing the employability of their clients. In fact, all of their workplace related activities are targeted at this end, i.e. facilitating the employment of PWEs through training, work experience and job placement.

C.5 EMPLOYMENT AND REHABILITATION SERVICES — CORPORACION EMPRESARIAL ONCE

- Spain
- employment services
- rehabilitation services
- congenital impairments
- acquired impairments



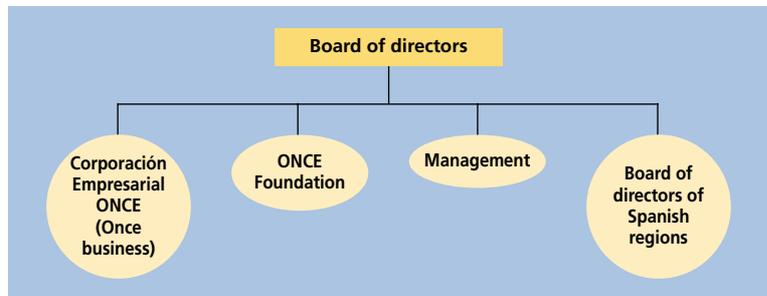
Background

ONCE was created in 1938 with the clear aim of promoting the social integration of blind people and people with visual problems. Their initial action was to establish a lottery as a source of income. Since 1984 this lottery has become increasingly popular with the Spanish public and it represents an important financing source for ONCE.

ONCE runs a group of companies which seek to create job opportunities for disabled people. They aim to cover labour market needs by promoting disabled people's employability, especially for those with visual problems. ONCE is a private association with their own financial sources.

In 1999 ONCE reached an agreement with the Spanish Government. Under this agreement, ONCE became more autonomous and they made a commitment to create 20,000 jobs for disabled people and to undertake 40,000 training actions for disabled people over the next 10 years.

The organisation of ONCE is described below in the following graphic:



ONCE made a commitment to create 20,000 jobs for disabled people

This case provides an example of how organisations for disabled people (in this case, ONCE, the Spanish national organisation for the Visually Impaired) provide employment and rehabilitation services for their clientele. It began as an organisation which sought to improve the situation for the visually impaired, and has since extended its activities into the workplace. It deals both with people with congenital impairments and those with an acquired impairment.

Aims and objectives

The main aim of the ONCE Business Corporation is to create job opportunities for blind people, people with visual problems and other disabilities. ONCE is open to any disabled person who has problems in becoming socially integrated. They seek to and are creating job opportunities through a group of companies belonging to different sectors:

- Building sector
- Insurance company
- Tourism (hotels; travel agencies)
- Real state
- Services business (gardening; cleaning; security; temporary job agencies;...)

They also have international relations with U.K. (Remploy Ltd.) and Sweden (Samhall AB), which are similar organisations dealing with the disabled. They are very active in establishing relations with similar agencies in other Member States in order to disseminate their employment policies throughout the European Union and to obtain assistance from European funds to finance their interventions.

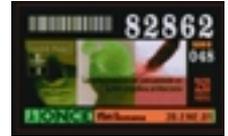
Target groups

The target group in this initiative are blind people and people with visual problems. Disability could have arisen either congenitally or as a result of an accident later in life. ONCE also provides assistance to people with other disabilities but their main target group are people with visual disabilities. ONCE is a national organisation and operates throughout Spain.

Activities

Job opportunities for disabled people generally and for those with visual problems in particular are limited. Recognising this reality, ONCE decided to create a network of companies called CEOSA, which is a group of companies interested in promoting employability and employment among disabled people. As mentioned earlier, ONCE also address the needs of people who have lost their vision during the course of their work. According to their data, 23% of people who have disabilities have acquired them as a consequence of job accidents.

In situations where disability occurs during working life, ONCE will assist the company in maintaining the person in their job position. Rehabilitation in this case may involve job re-organisation and or retraining.



Disability could have arisen either congenitally or as a result of an accident later in life

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
National / regional authorities	✓ Rehabilitation for ill or injured workers	✓ National or regional authorities	Medical diagnosis
Municipalities	✓ Rehabilitation for physically or cognitive impaired	Municipalities	Health screening
Social partners	Prevention in high risk situations	Social partners	✓ Assessment functional capacities workers
Insurance organisations	Workplace health promotion activities	Insurance organisations	✓ Assessment work demands
✓ Voluntary sector		✓ Voluntary sector	✓ Training and retraining
Companies		✓ Companies	Development of rehabilitation policy
		Vocational training organisation	Maintenance safe and healthy work environment
		OSH consultancies	Health promotion
			✓ Workplace (re)design

The CEOSA workforce are all members of ONCE. However, CEOSA can also hire able-bodied people depending on the needs of the job. ONCE runs more than 300 centres around Spain. Membership of ONCE depends on diagnosis by an ophthalmologist in relation to having visual acuity of less than 0.1 (1/10 in Wecker's measure) or diminution of the field of vision in 10 grades. People with this level of disability are entitled to free membership of ONCE. The number of members in December 1999 was 58,132 people - 29,689 men and 28,433 women.

ONCE supports the employment of disabled people in many ways

ONCE supports the employment of disabled people in many ways. Firstly, many visually impaired people are directly employed as lottery ticket sellers. However, they also make efforts to secure employment for visually impaired and other disabled people in companies operating in the open market. The tasks here are essentially those of job placement and follow-up support of the individual and company to ensure that the employment position proceeds satisfactorily.

ONCE have been involved in a number of trans-European initiatives to improve the services they offer. One such initiative, undertaken in 1999 by ONCE Corp. FUNDOSA (Spain), REHAB Group (Ireland), Remploy Ltd. (U.K) and Samhall AB (Sweden) developed an employment guide for company managers. Its aim was to raise awareness about the possibilities of employing disabled people and to support them in the measures necessary to integrate them into the workforce. It was intended that this guide was relevant suitable for people for both recently acquired and long-standing disabilities. The kinds of reasons put forward for employing people with disabilities are outlined in the Box below.

Reason for employing people with disabilities

- Maintaining Human Resources. When workers acquire a disability during the course of their working life, it is better (from the company's point of view) to rehabilitate them, rather than face the costs of replacement (e.g. training, adaptation, recruitment)
- Disabled People are at least as good workers as the able bodied: Research has shown that many disabled workers are as efficient as the able-bodied. The key element here is providing sufficient training and where required, assistive aids. These functions are undertaken by providers such as ONCE, FUNDOSA, REMPLOY, Ltd., SAMHALL AB.
- Compliance with legislation: Spanish national legislation (in common with many other Member States) operates a 'quota' system with regard to employment for disabled people. In addition, Spanish legislation also debars discrimination against disabled people.
- Financial Advantages: Disability regulations provide financial incentives to companies if they hire disabled people.
- Eligibility for tendering procedures: Non-compliance with disability legislation by companies means that they are at a disadvantage when applying for public tenders.
- To develop specific products for the disabled
- The improve companies public image

Stakeholders

ONCE has good relations with the Spanish Government. In 1999, ONCE made an agreement with the Government which gave it more autonomy and stability. In return they committed to create 20,000 jobs for disabled people and to provide 40,000 training places to promote employability among disabled people and to adjust job characteristics to employee needs over the next 10 years.

The Spanish Government ratified measures to promote the hiring of disabled people. They provide incentives to companies who provide open employment contracts to disabled people. In addition, if a company wants to hire a person with visual problems ONCE pays for the specific modifications that can be necessary to adapt the person to the job position.

Other important stakeholders involved are private companies (see previous section) and other Spanish and European organisations like FUNDOSA, REMPLOY, Ltd., SAMHALL AB.

Results

As of December 31st 1999, ONCE employed 23,000 lottery ticket sellers and 5,100 non sellers in the lottery organisation. The ONCE Foundation employed 7,300 people, while the ONCE business Corporation employed a further 15,200 people.

Once Business Corporation STAFF (December 1999)

Companies	Total staff	Staff Structure	Disabled staff	% disabled workers	Once members	Other disabled people	% members/ total	% members/ structure	% other disabled/ total
Centro Corporativo	52	50	24	46,15%	20	4	38,46%	40%	7,69%
CEOSER	66	66	21	31,82%	17	4	25,76%	25,76%	6,06%
Clinica Fisioterapica	3	2	3	100%	2	1	66,67%	100%	33,33%
Primur	96	31	7	7,29%	4	3	4,17%	12,9%	3,13%
Viajes 2000	40	13	9	22,50%	8	1	20%	61,54%	2,50%
Grupo Seguros	56	25	41	73,21%	23	18	41,07%	92%	32,14%
Grupo Inmobiliario	38	35	10	26,32%	7	3	18,42%	20%	7,89%
Grupa Contruccion	1.601	492	52	3,25%	21	31	1,31%	4,27%	1,94%
Grupo Pilsa	6.556	173	1.172	17,88%	35	1.137	0,53%	20,23%	17,34%
Grupo Vinsa	5.151	190	51	0,99%	10	41	0,19%	5,26%	0,80%
Grupo Alimentario	109	29	8	7,34%	2	6	1,83%	6,9%	5,5%
Grupo Hotelero	319	45	29	9,09%	22	7	6,9%	48,89%	2,19%
Total staff	14.087	1.151	1.427	10,13%	171	1.256	1,21%	14,86%	8,92%

Notes

Clinica Fisioterapia: Physiotherapy

Primur: Urban furniture

Viajes 2000: travel agency

Grupo seguros: Insurance company

Grupo inmobiliario: real state agent

Grupo construcción: Construction Company

Pilsa: cleaning; environment; gardening,....

Vinsa: Security

Grupo alimentario: food business

Grupo hotelero: Hotels' net

Successes and problems

The main success of the project is the fact that so many disabled people are socially integrated by means of obtaining a job that allows them to maintain themselves and fulfil their lives. Moreover, ONCE helps people by giving them a sense of personal worth and social support.

On the other hand the main problems concern people's prejudices about disabled people's capabilities. In addition, there is no strong tradition in Spain in re-employing people who have suffered an accident in their jobs. It is very important to keep on doing awareness campaigns in order combat prejudice. In addition, it is important for ONCE to maintain the process of collaboration with Government. There is a need in Spain for regulations which oblige companies to undertake rehabilitation and re-integration following occupational accidents.

Relationship to employability

One of the main barriers is the lack of tradition of seeing disabled people as part of the workforce

The main problems concern people's prejudices about disabled people's capabilities

ONCE's work in training and job placement is substantial. However, much of this is sheltered employment and there is a need to further extend their placement programmes into the open labour market. One of the main barriers to achieving this goal is the lack of tradition of seeing disabled people as part of the workforce. The same thing happens with those people who are disabled because of a job accident. Employers tend to regard these people as no longer able-bodied and workers tend to see themselves in the same way. Previous initiatives in this regard have not succeeded.

Role of occupational safety and health

There is no direct role in the ONCE case by OSH organisations or functions. However, they may be involved within individual companies in relation to assessing disabled employees capabilities and in making modifications to jobs or the working environment.

Generalisability

This initiative is only one example of many with regard to the job placement activities of Disabled People's Organisations. Similar initiatives are running elsewhere, some of whom act in collaboration with ONCE, e.g. Samhall (Sweden).

Assessment

This case provides a good example of the activities of a Disabled Peoples Organisation in relation to generating employment for their membership. It outlines their activities in relation to the preparation of their client groups for working life, the extensive infrastructure of sheltered employment they run in a number of sectors and their job placement programme in the open labour market.

- This initiative has a major impact on the employability of its client group. In a society where there are acknowledged barriers to the employment of disabled people, both among employers and the disabled people themselves, the achievement of the goal of employment for so many represents a major success in boosting employability of and proving the employment capacity of disabled people.
- preventive OSH services played no formal role in this initiative, though it is quite possible that they were involved at the level of individual companies in the process of adapting workplaces and work content to the capacities of the ONCE client group.
- ONCE is obviously a very large and visible organisation within the Spanish economy. It is of a size and importance to enable to reach agreements with the Governments in relation to service provision for its client group. It therefore has good relationships at official level with the Social partners. In addition, it seems to adopt the approach of building up networks of companies which can help it further its aims.

Part D



WORKPLACE HEALTH
PROMOTION

D.1 HEALTH AT WORK IN THE NATIONAL HEALTH SERVICE — HAWNHS

- United Kingdom
- promotion programme
- large organisation



Background

This project, (HAWNHS) was an initiative from the NHS Executive (NHSE) with the objective of developing the NHS as an exemplary employer in relation to enhancing the health and wellbeing of staff. The (then) Health Education Authority (HEA) was commissioned to facilitate the programme. The programme had distant origins in the 1986 Ottawa Charter, which highlighted settings such as the workplace, as a vehicle for health promotion. Its more recent origins are found in the increasing concern for the health of staff working in the NHS and the British government's 1992 health strategy, "The Health of the Nation".

A 'laboratory' for the development of methods and tools

The decision to focus on the National Health Service as a model for undertaking workplace health promotion (WHP) was taken largely on pragmatic grounds. The HEA were charged with developing programmes for WHP in England and they recognised the need for a number of initiatives, such as establishing quality criteria for WHP, promoting WHP in a range of workplace settings and sectors, raising awareness about the possible

This report describes a project of the United Kingdom Health Development Agency (HAD), previously known as the Health Education Authority (HEA). It is concerned with the implementation of a nationwide health promotion programme within the National Health Service workplace. It represents one of the largest and earliest programmes of its type anywhere in Europe, and it has been extensively evaluated. It offers a good example of how workplace health promotion can be integrated into the operations of an organisation, and it highlights the potential role of OSH in implementing such programmes.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
National / regional authorities	Rehabilitation for ill or injured workers	National or regional authorities	Medical diagnosis
Municipalities	Rehabilitation for physically or cognitive impaired	Municipalities	Health screening
Social partners	Prevention in high risk situations	Social partners	Assessment functional capacities workers
Insurance organisations	✓ Workplace health promotion activities	Insurance organisations	Assessment work demands
Voluntary sector		Voluntary sector	✓ Training and retraining
✓ Companies		✓ Companies	Development of rehabilitation policy
		Vocational training organisation	✓ Maintenance safe and healthy work environment
		OSH consultancies	✓ Health promotion
			✓ Workplace (re)design

advantages of WHP and so on. In this context, there was a need to have a ‘flagship’ project which could simultaneously serve a publicity function and could also act as a ‘laboratory’ for the development of methods and tools for WHP. The NHS was chosen as a setting for this flagship project because of its size, its access and the fact that there were good working relationships between the HEA and the NHS.

Aims and objectives

This ten year initiative – starting in 1992 -was set up to enable the improvement of the health and well being of NHS employees through workplace health programmes, incorporating health and safety and occupational health issues as well as health promotion. As it was “multi-faceted” the project objectives also included goals in relation to Human Resource management in the NHS. 12 key action areas for health at work (HAW) were set out for attention by NHS management.

These 12 aims represent an interesting combination of health related, environment related and human resource related objectives. They therefore have direct implications for improving the employability of NHS employees.

The central goal of ‘Health at Work in the National Health Service’ (HAWNHS) is to make the NHS an exemplary employer in relation to the health and wellbeing of staff, which explicitly addresses a broad range of staff health needs. Although not an initial objective of the project, it now pursues the aim of improving the health of the organisation rather than concentrating on policies that focus solely on the health of individuals. This means that the project seeks to influence organisational policies and practices, the work environment in its broadest sense, as well as using measures that focus on altering individual behaviour.

It now pursues the aim of improving the health of the organisation rather than concentrating on policies that focus solely on the health of individuals

12 Key Action Areas for Health At Work

- General communication of Health At Work (HAW) issues to employees.
- Health, hygiene and safety
- Smoking
- Health screening
- Management practices and monitoring systems
- Training strategy
- Healthy eating/nutrition
- Alcohol awareness
- Physical exercise/fitness
- Stress reduction/employee support
- Sexual health matters, e.g., awareness of HIV and sexually transmitted diseases.
- 'Green' practices

A further objective has been an ongoing research programme to evaluate the implementation of workplace health programmes in a total of 14 selected NHS Trusts.

Stakeholders and target groups

The National Health Service (NHS) is one of the largest single employers in the European Union and, although confined to the health care sector, this project effects a large number of employees. 'Health at Work in the NHS' covered NHS Trusts throughout the United Kingdom, hence the project is both national and regional. The prime target for change was NHS management rather than directly targeting individuals. (However in measuring HAWNHS penetration it was clear that individual employees had a positive view of it in the more successful Trusts). It is clear from the ongoing research that the level of management response (i.e. commitment at the top) is a key factor in successful implementation of 'Health at Work in the National Health Service'.

The following is a list of stakeholders in the HAWNHS project:

- Department of Health
- NHS Executive
- Various levels of NHS management (Trusts, Authorities, Hospitals etc.)
- A range of "core" professional workers including doctors, nurses, and "PAMs" (professions allied to medicine)
- "Peripheral" staff (now usually contracted but some still directly employed)
- NHS trade unions
- The Health Development Agency

Activities

As part of the project, a 'Framework for Action' was developed. This framework sets out the approach which is to be taken to developing a WHP programme within a given workplace. The framework addresses the following issues:

- Establishing a programme
- Auditing current health and safety, HRM and health promotion activities
- Assessing workplace health needs
- Designing a plan of activities
- Integrating health concerns into management practice
- Implementing health activities
- Monitoring and evaluation

Results

A number of research teams were commissioned to evaluate the project at various stages in the project which commenced in 1994 and culminated in the publication of four books in 1999. These incorporated the results of the research into the ongoing operations of the project with the aim of increasing the effectiveness of implementing Health at Work strategies in a number of Health Trusts (the present regional operating units of the NHS). Among the results of this work was the development of a guide on good practice for project managers (including “Indicators of good practice” an organisational self-assessment tool).

The first of three studies was a detailed case study of pilot projects in two Trusts which was further evaluated by a follow-up investigation. The second study undertook a broad assessment of and mapping of the workplace health programme implementation in 12 Trusts. The third was a staff impact study across all 14 Trusts comparing the “integrated” versus the “marginal” approach. (This refers to the centrality of the HAWNHS strategy in the management operations of the Trusts).

The research set out to answer the following questions;

- What does it take to make workplace health “work”?
- How can successful learning be passed on to other organisations within and outside the NHS?
- How can the benefits of successful workplace health initiatives be sustained?
- How can individual NHS Trusts determine how they are doing at reaching the objective of becoming a “health sustaining Trust”?
- How can individual NHS Trusts determine what they are learning about themselves from the process?

The goals of the HAWNHS programme were set in relation to a multifaceted concept of health at work, incorporating elements from health promotion, health and safety, occupational health, and human resource management. Participating trusts were expected to demonstrate activity and progress in all of these areas when applying the concept.

The evaluation of the initiative largely focused on process issues, but data was collected on a range of self-reported measures of programme activity and success. Naturally, progress on these indices varied somewhat between sites, but in many sites significant progress was reported. For example, the evaluations in one trust revealed that staff and managers thought that progress had been made in the previous year in relation to the following issues: (Figures are approximate)

The goals of the HAWNHS programme were set in relation to a multifaceted concept of health at work

Activity area	Managers	Staff
Training strategy	5	18
Absence and turnover	50	35
Health and safety	100	50
Green practices	20	50
Health Screening	15	80
Sexual health matters	20	12
Mental health	50	23
Physical activity	10	5
Alcohol	21	12
Healthy eating	25	20
Smoking	18	18
Health at Work strategy	21	12
Total	30	20

These figures, which are not untypical of other Trusts, indicate that significant numbers of both staff and management could perceive progress in relation to a number of the programmes goals. There were often large discrepancies in perception between the two sides (which also was not untypical), which essentially reflect organisational issues. Interestingly, staff in this Trust rated staff safety measures, OSH related measures and increased availability of information as being the most satisfactory activities to have resulted from the initiative.

Qualitative results from the research showed that key factors for success in implementing HAWNHS successfully were:

- a shared vision of what HAW meant to the particular NHS Trust
- senior management commitment in the Trust
- proper HAW management arrangements (a co-ordinator with sufficient seniority and direct access to the Trust's Board and a committee with sufficient staff input which met on a regular basis)

Quantitative (and qualitative) research looked at "typologies" of 'Health At Work in the NHS' implementation and used staff response that showed that integrated typology was more successful than the marginal typology. The marginal Trust is one where HAW activity was limited and ad hoc with little priority given to it by the Trust. The integrated Trust was one where awareness and action related to health at work are fully integrated within, and supported by the management processes and overall objectives of the Trust and there was a strong relationship between organisational and personal health.

Key factors most commonly recognised as encouraging HAW activity were

- Effective HAW management, for example, a coherent HAW strategy and effective leadership
- Committed Trust management
- Good communication and explicit valuing of staff and other processes leading to good employer/staff relations
- Factors hindering HAW activity were
- Lack of commitment to, and low priority for, HAW
- Staffing problems such as lack of time, staff shortages and workload
- HAW management which lacked objectives, lost momentum and emphasised legislation

However, perhaps the key results were that management now accepts that workplace health is essentially an organisational issue involving active planning and management, rather than just a question of providing isolated health-related activities.

Relationship and relevance to employability

Although the concept of employability was not current when the Health At Work in the NHS (HAWNHS) project was initiated it is clearly implicit in the approach which it takes to integrating health and safety practice, occupational health and health promotion. In addition, the emphasis given to a number of HRM objectives such as training and workplace adaptation indicates that the project addressed many of the elements of the employability concept, even if this was not an explicit objective. The absence of a rehabilitation element is perhaps understandable, given that the project was largely concerned with health promotion and occupational health and safety. Rehabilitation does take place within the NHS, but it was not conceived to be part of this project.

Role of occupational safety and health

It is clear that the majority of the original objectives were perceived as being mainly Health promotion processes, though there were key objectives in relation to health and safety, occupational health and HR management also. The occupational health role was largely related to providing services to HAW programmes (e.g. health screening, health and safety activities) as HRM departments usually led the programmes. However, about 30% of the programme co-ordinators were based within OSH units, indicating that in some cases at least, the OSH units were proactive in relation to the programme.

The occupational health role was largely related to providing services to HAW programmes

Generalisability

The lessons learned from HAWNHS could be applied in any large enterprises, (and with some adaptations, small ones also). In particular, the project provides valuable lessons in relation to how large scale workplace health projects might be designed and implemented. The lessons learnt from identifying facilitating and constraining factors at the organisational level are applicable to any large

scale project implementation. Likewise the targeting of high level management as a means to achieve project goals is applicable in all countries.

Assessment

The HAWNHS initiative was conceived of in the early 1990's as one of the most ambitious workplace health promotion projects of the day. Originally thought of as a pilot project, it was transformed from a project solely concerned with altering individual level health behaviours to one that took on a more balanced approach. The reoriented initiative focussed additionally on altering the work environment and on undertaking organisational change at the policy and management level to support its health objectives. Like many workplace health projects, it became aware that it must take management concerns on board, as well as health concerns, in order to be successful.

There are a number of notable features of the project with regard to how the project operated and developed which may provide lessons for projects concerned with improving individual employability through workplace health measures. These include:

- The stakeholders in this programme were largely internal to the NHS, but a notable feature of the roles played by them was the prominent role of HRM departments. If the goal of workplace health activity of any kind is to be integrated into organisational life, then the HAW project was probably a major success.
- This project placed considerable emphasis on ensuring the integration of the programme into organisational operations. This slightly unusual focus yielded results, whereby anecdotal evidence indicates that the HAW programmes have continued beyond the life of the project where they were well embedded into the work-site.
- preventive OSH services did not always play a central role in the HAW projects, but OSH organisations were involved in providing health and safety services to them in all cases. Generally, it was perceived that OSH experts or units were slow to take the lead in HAW projects.
- The HAWNHS initiative contributes to promoting the employability of workers in a number of ways. Firstly, by undertaking health promotion interventions it is contributing to maintaining or improving the health and wellbeing of workers. Secondly, the organisational and personnel development measures undertaken in many of the sites contribute to boosting the skill levels of workers, thereby promoting their employability.
- This initiative illustrates how workplace health promotion can make a positive contribution to the health and wellbeing of workers, and thereby improve their levels of employability. In particular, combining interventions from the areas of workplace health promotion, organisational and personnel development and occupational health and safety provides a model of integrated workplace health services which could be repeated elsewhere.

D.2

WORKPLACE HEALTH PROMOTION IN BAKERIES — GESUNDE UNTERNEHMEN UND GESUNDE BESCHÄFTIGTE IM BÄCKEREIGEWERBE



- Germany
- sector specific issues
- network partners

Background

Bakeries and the baking sector in general are characterised by a large number of small establishments both in the production and the retail sector. This sector has a number of well recognised health and safety risks, which while relatively easily controlled, are difficult to influence because the necessary skills are in short supply within the bakeries themselves.

The project addressed this problem through developing a training programme and network which focused not only on dealing with health and safety hazards, but also sought to improve the general health of employees, thereby integrating the methods of health and safety with those of workplace health promotion. The training programme was developed by the Federal Institute for Safety and Health and will be delivered by these network partners which offering training for bakeries.

The project sought to improve the general health of employees, thereby integrating the methods of health and safety with those of workplace health promotion

Aims and objectives

The main objective of the project was to develop and test the following products within a network of work and health professionals and under their assistance:

This is an account of a sector initiative that was undertaken in Germany and which aims to target employees in a particular industry – the Bakery trade. The aim of the initiative was to create awareness amongst bakery employees and provide them with training to acquire the skills necessary to minimise their exposure to health risks associated with their occupation. Primarily this initiative involved workplace health promotion.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
✓ National / regional authorities	Rehabilitation for ill or injured workers	✓ National or regional authorities	Medical diagnosis
Municipalities	Rehabilitation for physically or cognitive impaired	Municipalities	Health screening
✓ Social partners	✓ Prevention in high risk situations	✓ Social partners	Assessment functional capacities workers
Insurance organisations	✓ Workplace health promotion activities	Insurance organisations	Assessment work demands
Voluntary sector		Voluntary sector	✓ Training and retraining
✓ Companies		✓ Companies	Development of rehabilitation policy
		Vocational training organisation	✓ Maintenance safe and healthy work environment
		✓ OSH consultancies	✓ Health promotion
			Workplace (re)design

- A set of lectures on work and health for young bakers during their professional training (apprentices) and for master bakers
- A workbook on health and work in the bakery trade which provides information on health hazards and risks and their control
- A report on sickness leave in the bakery trade
- Various checklists for self assessing potential risks.

All of these products have been developed to enable employers cope with the main problems of work and health which have been identified by interpreting the usual set of instruments (sickness-leave-data, questionnaires to employers, employees and apprentices, discussion panels and expert interviews).

In addition to developing these products, the effectiveness and the efficiency of the network in which the whole project was integrated was also to be evaluated.

Nature of the initiative

Instruments and practical support for owners of small enterprises (bakery craftshops in the Berlin-Brandenburg region) have been developed within a network of occupational health and safety professionals. These aimed to enable employers to improve on current occupational health and safety practice in their workshops. There are 1089 enterprises with approximately 14,000 employees in the region. Integrated into these activities, were a set of lectures for young bakers to be delivered during initial training. In addition, training was also developed for existing owners, which was to be delivered during their ongoing professional training. Both of these training courses were evaluated and tested during the project. The OSH organisations of the region have been involved directly in this development process.

The results of using the tools developed in the project reflect the fact that participants were asked to make an individual assessment and characterisation of their problems of work and health in the bakery trade. The following range of problems (or non-problems) have been identified and discussed within the network.

- Sickness leave (a severe problem for small enterprises at times) does not appear to cause a problem for employers or employees. Moreover, accidents and occupational diseases do not count as problems that must be solved with any priority.
- Employers (65 have taken part) are more than sceptical towards any work and health institution or regulation. The vast majority are only willing to act on their own view of the problem, and after they have identified problems as being crucial for the financial welfare of the enterprise and/or the welfare of the personnel.
- Employees (204 have taken part) mainly identify workplace problems in relation to poor and/or unjust work organisation, seemingly unjust staff-management, disadvantageous working time and ambiguity of work tasks.
- More than one third of the employees reported poorer level of health at the time of the study when compared with their health condition 12 months ago. They also report a weakened work capacity.
- Nearly 40 percent of the apprentices (306 have taken part) are very dissatisfied with their situation and willing to take up a different job.

Following these results, effort was put in designing instruments which:

- inform employers on a general level of the effects of poor occupational safety and health on health, wellbeing and productivity since current knowledge in this field amongst employers was not as sufficient as is required to cope with the problems they reported
- integrate the employer's views of the problem as far as possible into the instruments to facilitate more easily any action that may solve a financial or operational problem of the enterprise and simultaneously, a health problem of the employees.

Stakeholders

Many different stakeholders have been involved in this project: employers (bakery guild), social partners such as the Trade Unions, Labour Inspection Units, researchers, safety and health practitioners, among others. Each of these has contributed knowledge, skills, expertise and their own particular perspective to understanding and addressing the problem of ill-health in this industry.

Results

The situation found in the bakery trade is somewhat paradoxical. On the one hand, though apprentices report heavy and serious health hazards, diseases, low work satisfaction and a more or less depressed vision of their own future, they show little inclination to improve matters. Many studies show that many

Though apprentices report heavy and serious health hazards, diseases, low work satisfaction and a more or less depressed vision of their own future, they show little inclination to improve matters

young people tend to prefer risky behavior and do not take into account any long-term perspective. This attitude (which in part, may reflect a very realistic assessment of their situation) cannot be overcome by a single institution or with a single course of action. Without people in this situation having real prospects on the labour markets (which is essential for any realistic perspective) different approaches to education and professional training would seem to be necessary to modify this perceived status of relative hopelessness.

This vicious circle is by no means specific to the bakery trade and its apprentices. It would appear to be becoming a more general problem in young people with only a basic education.

The network of OSH professionals have developed instruments and practical support for owners of small enterprises, which aimed at enabling the employers to improve occupational health and safety practice in their workshops. In tandem with these activities, training for young bakers and ongoing owners have also been developed and tested. These instruments will be published and distributed by the BAuA. These products have been tested and evaluated. The project itself was finalised October 1999.

Problems

Health promotion for apprentices should not to be reduced to behavioural approaches and to the classical items of occupational health and safety. As outlined above, such education needs to be placed within a positive framework of employment opportunity, as the studies have found non-compliance with health and safety protocols to be a reflection of perceived employment stagnation and apathy. Additionally it should also take account of:

- the financial situation in which the activities take place (or should take place),
- it should stress the fact that apprentices are part of the human resources factor of the whole enterprise.

In presenting the training courses, no 'spectacular' methods have been used; the researchers made use of the facilities which were at hand for the normal lectures of the schools. This approach made it possible for every single school in Berlin and Brandenburg to use modules of the whole course without any further efforts. For most of the schools these courses are ready for use.

Assessment

This initiative is an example of developing a targeted approach to dealing with the occupational health and general health problems within a specific sector. The principal intervention instrument used was training, both at introductory levels for new entrants to the sector and for people already working in the sector. The effects have been evaluated. Points of interest in the current context include:

- The project is focused on providing health and safety training and information on general health issues to existing workers and new entrants to the bakery trade. In doing so, it contributed to the employability of workers through by seeking to improve general health and by providing safer and healthier workplaces.

- Occupational safety and health organisations, in particular the training element of these, played a major role in this project. In effect they (the Federal Institute for Safety & Health) led the project, and were involved in all stages of its planning and implementation.
- One notable feature of the project concerns its problem oriented focus - the project delivered training and support tools on the basis of an analysis of the needs of both employers and employees, rather than on the sole basis of expertise. This approach probably contributed significantly to the success of the project.
- This project seemed to involve all relevant stakeholders in developing and implementing the project. However, it is notable that particular care was taken to involve employees as well as employers, with the result that multiple (if conflicting) views on the nature of the problems to be addressed were obtained.

D.3 A REGIONAL HEALTH INSURANCE FUND — ALLGEMEINE ORTSKRANKENKASSE RHEINLAND

- Germany
- region
- insurance company initiative



Background

The Rheinland Insurance fund, like many other German Insurance funds, has been involved in what is termed workplace health promotion programmes for many years. This case study provides an example of some typical activities undertaken by such funds.

In Germany there is good social support for workers who are incapacitated. However, incapacity for work frequently results in a drop in income, a fact often overlooked in the health policy debate. Also, many undertakings have made 'work pacts', whose objectives include achieving a particular level of sickness-related absenteeism. In this way, corporate health policy can play a significant part in preserving company sites and safeguarding jobs.

There is a range of benefits that can accrue to the main stakeholders in the workplace as a result of undertaking integrated corporate health promotion. Benefits can be seen for:

- Employees
- Employers
- Insurance organisations

Employees can be motivated to participate in corporate health promotion schemes if they can be convinced of the benefits that will accrue to them. Thus

There is a range of benefits that can accrue to the main stakeholders

'Win-Win' strategies are a tried and tested method of resolving conflicts in private and working life. Seeking benefits for both sides brings advantages for both and increases the motivation to achieve particular solutions. Both employees and employers derive demonstrable benefits from corporate health promotion. However, what is often overlooked is the fact that a third party also benefits from this, namely the insurance institution. This 'win-win-win' strategy is illustrated here through the example of the Rheinland Regional Health Insurance Fund.

Initiator	Type of initiative	Stakeholders	Type of OSH-related intervention
National / regional authorities	Rehabilitation for ill or injured workers	National or regional authorities	Medical diagnosis
Municipalities	Rehabilitation for physically or cognitive impaired	Municipalities	Health screening
Social partners	Prevention in high risk situations	Social partners	Assessment functional capacities workers
✓ Insurance organisations	✓ Workplace health promotion activities	✓ Insurance organisations	✓ Assessment work demands
Voluntary sector		Voluntary sector	Training and retraining
Companies		✓ Companies	Development of rehabilitation policy
		Vocational training organisation	✓ Maintenance safe and healthy work environment
		✓ OSH consultancies	✓ Health promotion
			✓ Workplace (re)design

the employees working in undertakings must be made aware of corporate health promotion.

In everything that is done, the benefits for employees should be to the fore. These include:

- Promotion of individual health and efficiency;
- Protection of their capacity for work;
- Protection against disability;
- Safeguarding of their income in full;
- Safeguarding of jobs;
- And, as the sum of these, well being in the workplace.

The benefits for the employer are obvious. However, here the emphasis is often exclusively on the cost savings relating to continued wage payments. Many companies see the main interest of corporate health promotion as lying primarily in the direct costs of absence from work.

The indirect effects of corporate health promotion are even more important than these direct savings. If efforts to promote wellbeing in the workplace are successful, employees usually become more productive. This is apparent in terms of their increased availability: there are fewer temporary workers, stand-ins, or hired labour replacing sick workers. Very often there is less expenditure on the overtime that has to be done by healthy workers on behalf of their sick colleagues.

The indirect effects of corporate health promotion are even more important than these direct savings

It is easy to overlook the problems lying beneath the surface. Often the rate of incapacity for work is only the tip of the iceberg, concealing such problems as frustration, lack of motivation, going through the motions, stress, bullying,

addiction, depression, management weaknesses, poor attitude, absenteeism, debts, lack of communication, personal problems, staff turnover, sabotage and even theft. This is why it is wrong to set out to use pressure as the only means of resolving the sick leave problem. This only pushes more of the problems below the surface, so that an element of the problem that was previously visible now becomes invisible.

Insurance institutions also benefit from corporate health promotion. This includes both the health insurance funds and, to a lesser extent, the employers' liability insurance associations. Financially, corporate health promotion is worthwhile because the prevention of sickness means that no treatment cost of any kind ensue. Payment of sickness benefit is also avoided as a result of health promotion and activities to raise safety awareness, resulting in fewer accidents.

Activities

German insurance funds hold data on sickness claims from companies which enable them to analyse patterns in causes of absence at regional, sectoral and right down to company level. As a result, they are in a position to collaborate with companies in identifying specific illness problems they have and to design preventive and remedial programmes which are targeted to real workplace health problems. In essence, they undertake a detailed needs analysis based on morbidity data and design programmes accordingly.

These programmes may include activities from a range of health disciplines. Often they would involve some element of health and safety activity, workplace health promotion to deal with general health problems and may also involve an element of rehabilitation.

When corporate health promotion was initiated in the Rheinland, a pilot project was conducted in the Gummersbach area. Prior to this campaign, Gummersbach ranked 4th of 27 Local Health Insurance Funds in terms of the level of sickness benefit payments it made annually. As a result of the project, three years later, Gummersbach had dropped to 24th place and had saved millions of Euros in sickness benefit.

A health insurance fund rather than a sickness insurance fund

Incapacity for work also results in insurance premiums penalties for employees and this can be avoided by means of prevention. Lastly, image also plays a part: the regional Health insurance fund call itself a *health* insurance fund rather than a *sickness* insurance fund. Naturally, corporate health promotion serves to support this image building.

An illustration of the activities of the programme is provided in the box below.

Stakeholders

The main stakeholders in this initiative are the employers and the Insurance Fund. Employees are also a beneficiary of the initiative and therefore also constitute both a stakeholder and a target group. Other groups which may be involved include OSH professionals and organisations and Works Councils within enterprises.

The Brühl Ironworks

The Brühl Ironworks is a foundry producing engine blocks for many German cars. After corporate health promotion was set up in 1994, the overall level of sickness related absenteeism dropped from around 12% to a current level of some 6%. This example also shows how the curve eventually levels off. In the end, corporate health promotion led to the point that reflects the company's natural level of sickness-related absenteeism at which further corporate health promotion measures can exert virtually no influence. A significant part was played in this positive result by the reduction in the level of sick leave due to musculo-skeletal disorders. This was reduced from 1,306 days per 100 employees per annum to a current total of only 600 days. An achievement like this is particularly gratifying in a foundry, where the work puts a lot of strain on the back as it means that the corporate health promotion initiative can actually be seen to be affecting individual workers. Now people can no longer say of the Brühl Ironworks that, 'if you work here, you'll do your back in.'. In 1993, over 3% of the company's turnover was devoted to continued wage payments. The figure is now at 1.5%, which constitutes a saving of some 2 million Euro per year. In this company, a sustained improvement in the health of employees has been achieved. The company itself has made considerable savings in respect of continued wage payments and has at the same time increased productivity. The local health insurance fund has made substantial savings in the form of lower insurance costs and sickness benefit. Thus all three parties involved have benefited; employees, employers and the local Health Insurance Fund.

Role of occupational safety and health

OSH interventions generally play an important role in Insurance Fund sponsored programmes. Depending on the nature of the health problems identified, activities relating to health and safety improvements, ergonomics interventions, work design programmes and others may be implemented in these programmes. In addition, health promotion programmes addressing general health may also be implemented.

These activities may be implemented directly by OSH organisations or by other professionals. In addition, the use of Health Circles (i.e. worker led, but professionally supported groups which aim to improve occupational safety and health from a safety and health perspective) is relatively common in these programmes.

Relationship to employability

This initiative's activities bear a clear relationship to improving the employability of workers. In particular, the mix of both health and safety activity and

The mix of both health and safety activity and workplace health promotion actions serves to both prevent health deterioration due to workplace causes and to improve the general health levels of workers

workplace health promotion actions serves to both prevent health deterioration due to workplace causes and to improve the general health levels of workers. The problem focused nature of the activities (they are based on a needs analysis) also means that specific health risks are being addressed, and the success of these initiatives indicates in quantitative terms the impact on employability.

Generalisability

The model of intervention used in the initiative is in theory applicable to any workplace for which good information on the health causes of absence are available and in which sufficient numbers of people work. The basis of the intervention which is designed is an analysis of the health and safety and general health causes absence from work. An intervention package which targets the causes of ill health is the designed.

Insurance organisations, which routinely hold this kind of data are in an especially good position to use this model regardless of the national context they operate in.

Assessment

This initiative describes an approach to dealing with worker ill health which is quite common among the Sickness Insurance Funds in Germany. It adopts a problem solving approach to the issue, with tailored solutions being designed for specific workplace. This problem solving approach is widely applicable elsewhere. Among the more notable features of the initiative are:

- The employability of workers is boosted through two main lines of action – the improvement of health and safety practice within enterprises, thereby preventing damage to health, and the implementation of workplace health promotion procedures, which seek to improve the general health of the worker.
- OSH interventions by OSH personnel can be an integral part of the interventions which are carried out under this initiative. The precise role depends on the nature of the health problems being addressed, but the mix of activities often includes modification of the work environment and the improvement of health and safety practice.

4.



CONCLUSIONS

CONCLUSIONS

Drawing conclusions from a set of case studies can be difficult to do, especially in a context where new concepts are used, as is the case in the current project. Accordingly, this Chapter seeks to identify commonalities between the cases and to point to lessons that may be learnt from them where this is possible.

Types of action undertaken

In broad terms, four types of actions were undertaken in the cases. These were:

- Major prevention programmes including specific groups at risk
- Rehabilitation for ill workers
- Reintegration for longer term disabled people
- Workplace health promotion

These four types of activity correspond to the four main ways in which health can be maintained or improved thereby boosting the employability of the individual:

Projects of this type could be found at all levels to policy making down to the operational level within companies.

Major prevention programmes including specific groups at risk refers to interventions which seek to prevent injury or illness occurring in the first instance, thereby maintaining the employability of the worker. Many initiatives undertook interventions of this type, even if they were often mixed in with other types of interventions. Projects of this type could be found at all levels to policy making down to the operational level within companies. Examples include the work ability programmes undertaken in Finland and the risk sector agreement approach in the Netherlands. It also includes the municipality Groningen initiative, which focused on older manual workers.

Rehabilitation for ill workers refers to interventions which are aimed at maintaining the link between the workplace and worker who becomes ill or injured, either as a result of occupational factors or factors outside of the workplace. In these cases, companies tend to have strong rehabilitation policies, and they have strong links to proactive rehabilitation services. Often workplaces have to be redesigned. From the company's perspective, these initiatives help reduce long-term absenteeism and contribute to maintaining valuable skills within the workforce. From the rehabilitation organisations' perspective, they help maintain people in work and so prevent them becoming long-term disability pension claimants. Examples of this kind of initiative include Novo-Nordisk in Denmark, the PAIMM initiative from Spain, the Social Accident Insurance Fund initiative from Austria and Almada City Council in Portugal.

Reintegration of longer term disabled people concerns interventions for people who have sometimes never been in the workplace or have had their links with former workplaces severed as a result of their disability. In many cases, the client group has been disabled for a long time, and includes people with congenital disabilities. These initiatives usually focus on providing vocational training to

the client group, equipping their workplace with assistive aids or redesign of the workplace, and providing advice and guidance to prospective and existing employers. The challenge faced by most of these initiatives is to make enduring links with the workplace, as these links may never have existed for many clients or have long been broken for others. Examples of this kind initiative include BrainWave in Ireland, MISA Wave in Sweden, ONCE in Spain, Passarells from France and the Work Assistance Programmes in Austria.

The challenge faced by most of these initiatives is to make enduring links with the workplace

Workplace health promotion activities refers to projects where the aim is to use the workplace as a setting for targeting the general health of workers, thereby maintaining or improving the health, wellbeing and employability of workers. The initiatives described in this category were not standalone activities - generally they were integrated with other workplace health activities. For example, the HAWNHS initiative in the UK and the project in German bakeries had links with occupational health and safety.

Kinds of organisation initiating the projects

Six types of organisation initiated the wide range of projects that were described. These were:

- public authorities at national or regional level
- social partners including sector and regional level
- private or public insurance organisations
- voluntary sector
- public employers such as municipalities
- companies

One of the aims of this report was to identify projects with a broad input. Most of the cases were initiated by social partners or other representative organisations (e.g. employers, trade unions), statutory agencies (e.g. health and safety agencies, health promotion agencies), Government Ministries (e.g. Labour or Health Ministries) or sector and voluntary organisations/NGOs (disability organisations, rehabilitation organisations). Some cases were selected at the level of individual companies or local authorities (e.g. SNCF, Novo-Nordisk, Almada City Council) in order to illustrate what good practice looks like at the operational level.

In many of the cases there is no single initiating organisation. Most projects involved many stakeholders in both their design and operation. These stakeholders came from all areas of the economy and the social and health sector. Most initiatives involved representatives of employers and trade unions at minimum, while others involved public and private sector insurers, the health care sector, occupational health organisations, interest groups, rehabilitation organisations, sector organisations and others in line with the aims of the initiative.

In many of the cases there is no single initiating organisation.

One clear trend that emerged from the vast majority of cases concerned the level of co-operation and collaboration between organizations that took place.

Almost all cases showed high levels of involvement and commitment between the main stakeholders.

The scale of the problems addressed by the initiatives also appeared to influence the level of involvement by stakeholders and to some the degree, the scale of the project itself. For example, the Finnish maintenance of Work Ability programme was developed (or perhaps redirected) to help address a multifaceted problem which threatened the financial stability of the Government, i.e. the combination of early retirements from the work place and the high levels of claims for disability pensions. (There were other major economic pressures on the Government at the time). What resulted was perhaps the largest and most comprehensive programme of all, which effectively reorganised and re-trained large elements of the public health and occupational health system.

The role of what might be termed intermediary organisations, i.e. representative organisations for business, professional services, insurers, regional organisations etc. was generally confined to being supportive of the initiative. Apart from some of the insurance related initiatives and the PAIMM project in Spain, they were involved mainly as multipliers of the initiative, i.e. they had the role of communicating the initiative to their memberships and of endorsing the project. Generally, the lead organisations for the projects came from statutory organisations or from employer's organisations and trade unions.

The role of occupational safety and health in the projects

Many different types of intervention were undertaken within the projects. It is difficult to describe all of these interventions, as there were a very large number of them. However, the main types of intervention were:

- Workplace (re)design
- Medical diagnosis
- Health screening
- Assessment functional capacities workers
- Assessment work demands
- Training and retraining
- Development of rehabilitation policy
- Maintenance safe and healthy work environment

Occupational health organisations played an important role in many of the initiatives.

Occupational health organisations played an important role in many of the initiatives. As can be seen from the items in the list above, most of these could be described as OSH activities. However, it was notable that where these kinds of activity were undertaken in the initiatives, they were not always provided by OSH organisations, but by OSH experts working in other types of organisations.

Perhaps the best example of a central role being played by OSH organisations comes from the two cases from Finland concerning MWA. Here OSH expertise was involved at every level from the development of policy, the implementation

of the necessary changes to implement policy and the delivery of new MWA services into enterprises.

Other good examples of OSH involvement come from the Critical Incident management case from Belgium, where in-house preventive OSH services were involved with developing and maintaining post traumatic stress services, and from the Novo-Nordisk case in Denmark, where a company based preventive OSH service played a major role in the implementation of rehabilitation policy.

Perhaps the issue that the case study reports highlight most clearly is the potential role of OSH organisations/experts in maintaining or improving the employability of workers. The kinds of activities which OSH experts typically undertake, have wide applicability in relation to improving the general health and wellbeing of workers and to the (re)integration of disabled or ill workers into the workplace. The challenge is to apply these activities and skills more widely, especially in relation to the rehabilitation issue, if their impact on the employability of workers is to be maximised.

The impact of the initiatives on employability

Summarising, all of the cases examined in this study impacted, in various ways, upon the employability of workers. Any action which were taken to either improve, prevent or repair damage to health; which encouraged re-integration into the workforce or which improved work design and the work environment, affected employability of workers in a positive manner.

It is clear from this study that OSH can play a significant role in improving the health of workers and thereby improving their employability. Though they are not the only interest group with the aim of improving workers health, their pivotal role within the enterprise places them in a unique position to improve OSH practice, promote general health and facilitate rehabilitation.

OSH can play a significant role in improving the health of workers and thereby improving their employability

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Members of the Thematic Network Group Systems and Programmes

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Annex 2

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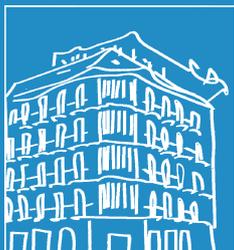
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In order to encourage improvements, especially in the working environment, as regards the protection of the safety and health of workers as provided for in the Treaty and successive action programmes concerning health and safety at the workplace, the aim of the Agency shall be to provide the Community bodies, the Member States and those involved in the field with the technical, scientific and economic information of use in the field of safety and health at work.

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European Agency
for Safety and Health
at Work

Gran Via 33, E-48009 Bilbao, Spain
Tel. +34 944 794 360; Fax: +34 944 794 383
Email: Information@osha.eu.int

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