

PROPOSAL 1: THE ADDED VALUE OF DISABILITY CASE MANAGEMENT IN OCCUPATIONAL REINTEGRATION

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DESCRIPTIVE ABSTRACT:

This field study investigates the perceptions of employees and other related stakeholders regarding the role of the Disability Case Manager in occupational reintegration routes.

TOPIC TRACK:

General – Success Stories, Case Studies, and Solutions for Stakeholders – Applied Empirical or Institutional Studies

EXTENDED ABSTRACT:

Long-standing health problems and disabilities are pointed out as the main causes of unemployment and exclusion from the labour market. Very often, these workers receive benefits for extended periods, and are consequently excluded from the job market. Investing in keeping these people at work and thus avoiding a permanent withdrawal from the job market, is therefore both an ethical and an economic necessity. The methodology Disability Management is on international level recognised to increase the employability of these employees, taking into account their possible work restrictions. Characteristic for this methodology is the two-fold approach: the coaching of employees who are threatened with a prolonged absence from the job market due to health problems or disabilities and the structural implementation of a reintegration policy within the company.

In order to introduce the methodology Disability Management in Belgium and to adapt it to the specific context, the Intro_DM project (Introduction in Disability Management) was launched (2005-2008). One of the goals of this project was the implementation and evaluation of the methodology Disability Case Management. A first step was the development and organisation of a training of Disability Case Managers (DCM's): 17 professionals out of various professions (vocational training, human resources, occupational accident insurance, ...) took part in a ten-day training. A roadmap, developed by researchers of Prevent and UCBO-Ugent and ACT-Desiron, provided guidance to the 17 professionals in the processes of reintegration / retention. After the training, the return to work pathways of 43 employees who were absent or threatened by a prolonged absence from the job market due to long-standing health problems or disabilities were coordinated by these trained DCM's on the basis of the taught methodology.

To investigate if the DCM is seen as an added value in the process of reintegration in the Belgian context, different research material was used: The DCM made a journal of each case in which they registered all actions taken per case. Next to this, by interviewing the different actors involved, the researchers could explore the various actions taken by the DCM, both in terms of content and procedure. The actors were also asked to their perception about the value of a coordinating actor in a process of reintegration/retention. Thirdly, semi-structured interviews took place with four focus groups of actors: occupational physicians, advising physicians of health insurances, rehabilitation centers and labour unions. Finally, the results were discussed with the group of partners and experts of the project Intro_DM.

At the end, 25 of the 43 employees (58%) returned to their own company after a process of reintegration that was coordinated by a DCM. Five employees (12%) were insufficiently recovered to return to the workplace. The results of two processes of reintegration / retention were at the end of the project research not yet clear. Eleven employees (26%) didn't return to their workplace, but got further support from professional organisations. The qualitative results of 43 cases show the added value of the DCM through its role in translating the legal framework into concrete reintegration advices, in stimulating collaboration within the network, and in synchronizing employees' competences and work demands.

1. Interpretation of the legal framework into practical advices concerning retention/reintegration

The interviewed actors confirmed that the DCM has an important role to play as interpreter of the legal framework into concrete advices concerning reintegration / retention. For the employee, the clarification of the financial consequences of returning or not returning at the workplace - also in a long-term perspective - is essential. Even when the process doesn't lead to re-employment, this clarification can signify the end of an uncertain situation in financial means. After all, a guaranteed income is one of the main reasons for persons to take up work again. Also for the employer it is important to have a clear view on the financial implications of re-employment. Some measures take away the possible negative consequences of re-employment. By elucidating this, the DCM can motivate the employer to cooperate fully in the process of reintegration. The economic factor can not be neglected in cases of a possible return to work, next to possible social and legal motives.

2. Stimulation of cooperation within the network

Another role for the DCM, indicated by the interviewed actors, is the stimulation of cooperation within the network. A lack of exchange of information between the different actors can lead to a prolongation of the absence and a lower rate of people going back to work. A reintegration process has more chance to be successful when everyone works together towards one defined goal. This requires a complex interaction between the different partners with their own visions and priorities. The DCM can get a view on the (im)possibilities of collaboration within the network and he can estimate which options are excluded or offer opportunities. The different actors involved in a return to work process, are interdependent and this is also true for the DCM. It is essential that the DCM clarifies these relations of dependence and speaks with the partners about their roles and responsibilities. The Disability Case Manager needs to master techniques to negotiate with and convince the different actors.

3. Job matching

The third role the DCM can take in a process of reintegration and which is seen as important by the other actors involved, is the formulation of advices about the practical realization of the processes which guide the return to work. Principally the striking of an optimal balance between the demands of the job and the capacity of the worker is crucial in this. This exercise is difficult for the actors as they often lack sufficient information to find a durable solution. Employees haven't always an idea about the different options existing in the company concerning job accommodation and about the willingness of the employer to undertake action in this frame. The DCM can clarify these uncertainties. The employer and occupational physician have an overview of the different functions and tasks existing in the company. However, employers are indicating that it is not easy to find solutions at the workplace. Employers often find it hard to broaden their perspective to look beyond the restrictions of the employee, caused by long standing health problems or disabilities and to focus on the capacities of the employee involved. The lack of understanding about the specific job demands in the curative sector on the one hand and the negative perception of the workers' capacities on the other hand, impede the return to work process. The DCM can collect information in the curative sector, or can stimulate the contact between the curative sector and the workplace. On the other hand, the DCM can inform the curative sector and the consultant physician (health insurance) about the job demands.

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PROPOSAL 2: A TAILOR-MADE DM POLICY THROUGH THE INVOLVEMENT OF SEVERAL STAKEHOLDERS

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DESCRIPTIVE ABSTRACT:

The project DM@Work shows the necessity of the collaboration between several stakeholders in order to implement a tailor-made Disability Management policy.

TOPIC TRACK:

Employer – Innovative Programs in Workplace Health & Safety: An Employer Perspective - Applied Empirical or Institutional Studies

EXTENDED ABSTRACT:

Belgian employers have initially a positive attitude towards employees returning to work after an occupational accident. In order to expand this positive attitude to all workers with long-term health problems or disabilities, employers need to be encouraged to take responsibility. Awareness-raising actions focusing on the advantages which come from investing in people at work therefore need to be organised. The methodology Disability Management is on international level recognised in this field. Characteristic for DM is the two-fold approach: the coaching of employees who are threatened with a prolonged absence from the job market due to health problems or disabilities and the structural implementation of a reintegration policy within the company.

In order to introduce and implement a structured approach on company level in the field of jobretention and reintegration of workers with long-standing health problems and disabilities, companies need specific tools, which take into account the characteristics of their sector and company in order. These tools will be developed during the project DM@Work (April 2009-November 2010) for four sectors: construction sector, chemical sector, health sector and public sector. The European Social Fund is the main financial partner of the project DM@Work. The project is coordinated by Prevent. Prevent forms together with ACT Désiron the core group. Other partners are the occupational health and safety services Idewe, Adhesia and Mensura. The social partners support the project: the trade unions ABVV, ACV, ACLVB, and the employer organisations the Belgian Federation of Enterprises and UNIZO, the organisation for small and medium enterprises. The project can also rely on the expertise of the specialists who put into practice the Flemish policy about equal labour participation and diversity.

The DM@Work project has following focus points:

1. Harmonising the human resources management and health and safety policy

The development and establishment of a Disability Management policy needs to happen in agreement with the actions taken in other policy fields such as ergonomics, diversity and absenteeism policy. These actions can be fully part of a systematic approach of retention and reintegration. They need to be inventoried and harmonised, so the human resources management and health and safety policy becomes streamlined and by this can serve as a framework for a Disability Management policy. A condition to achieve this, is the full collaboration between the actors of these two fields. A first step in this collaboration can be the establishment of a socio-medical team, consisting of HRM and the health and safety service.

2. Principal role for the health and safety services

The occupational health and safety experts could play an important role in the introduction and implementation of a company policy on the issue of reintegration and retention. Currently, these experts do not have enough active involvement in this area. To be able to fulfil this role in an optimal manner, it is essential for the work of the health and safety services to be underpinned by the realisation that job retention and reintegration are inseparable from occupational welfare policy.

With the new project DM@Work, tools will be developed by and offered to health and safety services, so they can take up a crucial role in the development of a systematic approach concerning reintegration and retention of employees who are confronted with long-term health problems and/or functional limitations. These tools are standard procedures for sickness and reintegration, roles and responsibilities of the different actors involved, a database with analysis of risks, jobs, tasks, possibilities of workplace accommodations, a communication strategy to develop support for the theme of reintegration in the whole company, a return-on-investment instrument, arguments how to achieve the involvement of the whole company and Disability Case Management.

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