

TNO report

42022071.20

**Promoting Healthy Work for Employees with
Chronic Illness**

Appendix: Models of Good Practice

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Project name	ENWHP - Work Adapted for all. Move Europe
Project number	051.01877

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Contents

1	Austria – Social Coaching	III
2	Austria – Fit2Work	IV
3	Belguim – Disability management in Belgian companies	V
4	Belguim – Vocational rehabilitation	VI
5	Denmark – CSR and WHP	VII
6	Denmark – The way back	VIII
7	Denmark – The large Return-to-work project	IX
8	France – Strategic approach for sustaining people with chronic illnesses at work	X
9	France – Implementation of a website dedicated to work and chronic illness XI	
10	Germany – Disability Management	XII
11	Germany – Two model projects: Regional initiative and Integrative Counseling Network – Return-to-work	XIII
12	Germany – ‘BeReKo’-the company rehab concept	XIV
13	The Netherlands – Practice what you preach	XV
14	The Netherlands – Human rights policy as the basics for an inclusive policy for people with disabilities	XVI
15	The Netherlands – Qualified patient-coaches (who have experienced the disease themselves) to coach patients in return-to-work and reintegration XVII	
16	Romania – Social and professional integration of persons with disabilities (in particular HIV-pos)	XVIII
17	Scotland – Supporting Attendance at Work	XIX
18	Scotland – Occupational Health department interventions on attendance management and safety & risk management issues	XX
19	Scotland – ‘Good employment practices’	XXI
20	Slovakia – Centre of additional works and activities	XXII
21	Slovenia – Program for disabled and employees with chronic illness	XXIII
22	Slovenia – ‘Healthy for Success’ (Zdravje za Uspeh)	XXIV

1 Austria – Social Coaching

PH Work Part 2: AUSTRIA in-depth case description OÖGKK

Background information

1. Country and National Contact Office (NCO)

Austria – Christoph Heigl (OÖGKK)

2. Name and address of company (incl. contact details of informant) **(when the company is the main focus of the good practice)**

OÖGKK
Gruberstraße 77
Austria – 4020 Linz
Mrs. Steinbichler +43 57807 103523

3. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies **(when a service provider is the angle of approach)**

N/A

4. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities **(when a collective action project is the angle of approach)**

N/A

5. General information about the company of good practice

Website www.oegkk.at

Sector (NACE)¹ L75.12

Number of employees 1000

Description of main activities and relevant statistics:

OÖGKK employs a high number of people suffering from chronic illness. Therefore three main activities are offered to manage resulting challenges: return-to-work talks, evaluation and adaptation of the workplace. These measures are not only limited for people with physical disabilities but were also created for people with mental problems or employees who had stayed absent for a longer period of time due to long-time sickness.

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.
See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

General information on good practice

6. Title of the case: “Social Coaching at OÖGKK”

7. Summary

Aim:

- ◇ Preventing employees of disability and early retirement
- ◇ Reintegration after long-time sickness absence
- ◇ Encouraging the return to work of chronically ill employees

b) Specification of core activities and interventions (100 words)

- ◇ “Coaching-Conferences” including case management for people being affected by a high risk of losing their work ability
- ◇ Adaptation of the workspace
- ◇ Expert monitoring (work council, occupational health practitioner)
- ◇ return to work-talks

c) Why in your opinion is this a good practice? (100 words)

Please refer to some of the afore mentioned criteria for success:

- *focus on chronic illness*
- *Issue of self-management/self-determination*
- *any process and outcome data available*

8. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

OÖGKK started “Social Coaching” in 1999. Since then it has changed on a marginal basis. Nowadays the social coaching is very similar to case management.

9. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

People, who need professional coaching or an adaptation of their workspace due to a physical or mental disability (including drug addiction).

10. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker with disability (200 words)

ad 2) The work council (one of the chairmen of the work council suffers from a chronic illness aswell and therefore can be seen as an expert

concerning the topic) and the occupational health practitioner coordinate their activities to assist involved parties.

ad 3) workplace health promotion in general tries to avoid early retirement but WHP and measures challenging chronic illness are not matched.

Organisational aspects

11. Is there a stepwise approach in your case? Please describe the different steps.

1. Management contacts HR-Management
2. Affected person attends "Coaching-Conferences"
3. In cooperation with occupational health practitioner and psychologist solution strategies are tried to be found.

12. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

Employee, management, work council, occupational health practitioner, industrial psychologist (if necessary)

13. Who is primarily responsible for good practice within the company (role/function)?

management, work council, occupational health practitioner

14. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice?
(100 words)

In no way. Only internal services are involved.

15. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

In no way.

16. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

- ◇ work council chairman - suffers from a chronic illness and therefore can be seen as expert considering topic
- ◇ occupational health practitioner – university degree
- ◇ psychologist – university degree

17. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

-

18. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

-

Results

19. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

There are triennial opinion surveys. The questionnaire mainly inquires the subjective health condition and satisfaction with the workplace.

Please illustrate in relation to the following issues (50–100 words):

- How is the good practice monitored? What information is collected? (50 words)
- How is the good practice evaluated?
- Have the costs and benefits of the good practice been monitored?
- What were the results of the evaluation?

The analysis of the triennial survey shows that people suffering from chronic illness feel accepted and integrated at the OÖGKK. The costs and benefits have been estimated but not calculated exactly.

20. Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

No.

21. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

The OÖGKK fulfils the obligation of the BEinstG (law concerning employment of people with chronic illness) and therefore is not dedicated to pay a fee of 226 Euro per month.

22. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

No.

23. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

Austrian legislation primarily protects the people recognized as people being affected by physical handicaps. In the upcoming future the legislation has to be expanded on people with mental illnesses.

24. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed. What sort of information, material or support do you need to make such a campaign successful in your country? (150 words)

Monetary benefits should be acknowledged by evidence-based-studies.
A lot of information for companies.

2 Austria – Fit2Work

PH Work Part 2: AUSTRIA in-depth case description FIT 2 WORK

Background information

1. Country and National Contact Office (NCO)

Austria – Christoph Heigl (OÖGKK)

2. Name and address of company (incl. contact details of informant) **(when the company is the main focus of the good practice)**

N/A

3. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies **(when a service provider is the angle of approach)**

N/A

4. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities **(when a collective action project is the angle of approach)**

Fit2Work
Contributing Organisations:
Bundessozialamt / Federal ministry of social affairs and consumer protection (BSB)
Arbeitsmarktservice / Public employment service (AMS)
Pensionsversicherungsanstalt / Retirement insurance fund for employees (PVA)
Allgemeine Unfallversicherungsanstalt / Austrian social insurance for occupational risks (AUVA)

Bundessozialamt (BSB)
Babenbergerstraße 5
A-1010 Wien

Tel +43 (0) 5 99 88

5. General information about the company of good practice

Website <http://www.fit2work.at/home/>

Sector (NACE)¹ L75.12

Number of employees ~700 (Federal Ministry of Social Affairs and Consumer Protection)

Description of main activities and relevant statistics:

- Avoiding unemployment because of illness
- Retention of workability
- Preventing employees of disability
- Return to work after long-time sickness absence
- Support in finding alternative solutions
- Fit2Work is offered in Vienna, Lower Austria and Styria

General information on good practice

6. Title of the case: fit2work

7. Summary

a) Aims and objectives (100 words)

Fit2Work coaches people, whose work-ability is at risk because of illness or people, who have not been able to work for a long time and need help in returning to work or finding another workplace.

b) Specification of core activities and interventions (100 words)

- Analysis and diagnosis of the individual social circumstances and state of health
- Coaching (Re-education, Re-deployment, Funding)
- Case-management in cooperation with occupational health practitioner and psychologist
- Development of new perspectives
- Supporting affected people building up contacts with institutions and companies

c) Why in your opinion is this a good practice? (100 words)

Please refer to some of the afore mentioned criteria for success:

- *Is a specific approach and prominent strategy*
- *coordination with various stakeholders assured*
- *focus on chronic illness*
- *Is early intervention and case management*

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.
See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

- *Issue of self-management/self-determination*
- *Innovative aspects*
- *any process and outcome data available*

Fit2Work is – as it can be seen in Box 4 - a cooperation of many institutions. It focuses on people, who are absent from work due to chronic illness. Until 2013 fit2work will be offered in Austria. Up to now it has started in three federal states.

8. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

It was started in 2010. Reason for the program was the rising number of people who had retired due to chronic illnesses.

9. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

- people who are unemployed or absent from work because of sickness or a bad health condition
- workers

10. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker with disability (200 words)

- 4) fit2work is not an offer for companies but for workers. Workers with disability are compelled to contact fit2work on their own. In addition fit2work supports workers in finding solutions. Workers have to be proactive and make their own decisions, since the fit2work-coaches are supposed to serve as consultants only.
- 3) fit2work is not necessarily an early intervention because it depends on how fast affected employees contact the coaches.
- 2) Fit2work is a cooperation project of several important Austrian institutions. Therefore I suppose that the coordination between the institutions and agencies is commendable.
- 1) The setting of the activities of fit2work is not necessarily the workplace. In many cases a new workplace has to be found. Alternatively occupational health practitioners help to adopt the workplace.

Organisational aspects

11. Is there a stepwise approach in your case? Please describe the different steps.

Step 1: first contact and orientation

Step 2: case-management (individual problem solving)

- Coaching
- Physical examination and evaluation
- Mental examination and evaluation
- Exploration of fields of activity
- Profiling of a new “development-plan”

Fit2Work organises assistance and coordinates institutional offers.

Fit2 Work informs about health promoting activities, measures of rehabilitation and organises sponsorship for firms and companies.

Fit2Work offers psychotherapy and mental coaching.

12. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

Affected person, fit2work coaches, partner organisations, providers of the measures

13. Who is primarily responsible for good practice within the company (role/function)?

N/A

14. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice?
(100 words)

External service providers get active when fit2work contacts them.

15. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

N/A

16. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

Yes.

Most of the leading institutions are involved and there is a legal foundation. Fit2Work is legitimised by the “Work and Health Law”. Fit2Work coaches are social workers, psychologists or sociologists.

17. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

N/A

18. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

Workplace health promotion and employability promotion cannot be separated. Depending on the individual health condition of the affected there actually is an overlap of workplace health promotion activities and employability promotion measures. People with chronic illness can also take part in workplace promotion activities.

Results

19. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

No. The program has been started in 2010 and still is a pilot project.

Please illustrate in relation to the following issues (50–100 words):

- How is the good practice monitored? What information is collected? (50 words)
- How is the good practice evaluated?
- Have the costs and benefits of the good practice been monitored?
- What were the results of the evaluation?

Data of the participants of fit2work are collected. (demographic, socioeconomic items, activities and measures, health condition and outcome) Costs have not yet been estimated. Evaluation has not been conducted either.

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20. Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

N/A

21. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

<p>Fit2Work organises the funding of the offered activities. Public institutions therefore have a special budget. Some of the activities or measures pose a benefit to the companies.</p> <p>The main incentive within or benefits for the companies is the retention of the workability of the employees.</p>
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22. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

<p>There still is a lack of suitable jobs for persons with chronic illness. In addition to that many companies are in doubt that the employment of persons with chronic illness pays off. For instance they are afraid of high cost resulting from the adaptation of the workplace.</p>

23. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

<p>In this topic you may also go into the consequences of the economic crisis with respect to the employability of workers with a chronic illness.</p>
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<p>People with chronic illness are less competitive and have to evidence their workability and productivity much more than healthy workers. When there are fewer jobs, the competition gets even harder.</p>
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24. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed. What sort of information, material or support do you need to make such a campaign successful in your country? (150 words)

<p>Flyer, television advertising,</p>

3 Belgium – Disability management in Belgian companies

PH Work Part 2: in-depth case description BELGIUM

Belgium, Prevent

1. Name and address of company (incl. contact details of informant) **(when the company is the main focus of the good practice)**

Prevent, Gachardstraat 88, 1050 Brussel – Katrien Bruyninx

2. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies **(when a service provider is the angle of approach)**

3. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities **(when a collective action project is the angle of approach)**

4. General information about the company of good practice

Website www.prevent.be / www.disability-management.be

Sector (NACE)¹

Number of employees

Description of main activities and relevant statistics:

General information on good practice

5. Title of the case:Disability Management in Belgian companies.....

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.
See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

6. Summary

a) Aims and objectives (100 words)

Long-term health problems and/or functional limitations often lead to exclusion from the labour market. Research shows that less than 50% of the employees, absent for three up to six months, return to their own workplace (SILC, 2006). In a labour market where more people have to work longer, this provides us with an important social issue. Furthermore, on the organizational level, absenteeism and loss of trained workforce leads to an important financial cost and may threaten the continuity in the workplace. On the individual level, for many employees, next to the financial benefits, work is considered as a meaningful daytime activity, a source of social contacts and a place for self-development. Disability Management is internationally accepted as a method to facilitate the RTW process. The project aimed to guide companies in different sectors (healthcare, building & chemical industry) to implement a DM policy and from this experience, to develop guidelines for other companies.

b) Specification of core activities and interventions (100 words)

During a year, the project team guided several companies in different sectors to help them implement a DM policy. Furthermore, a study was conducted to clarify the legal framework in which a reintegration process takes place (on the individual level) but also to get an overview of the administrative, financial and practical support for companies that want to take action in this domain. Based on these company projects and on research 4 manuals were developed (1 for each sector and 1 general) to help other companies to set up a DM policy. The manuals provide general information but also offer guidance as well as examples, indicate pitfalls and success factors for each of the sectors.

c) Why in your opinion is this a good practice? (100 words)

Please refer to some of the afore mentioned criteria for success:

- *Is a specific approach and strategy prominent*
- *coordination with various stakeholders assured*
- *focus on chronic illness*
- *Is early intervention and case management*
- *Issue of self-management/self-determination*
- *Innovative aspects*
- *any process and outcome data available*

The manuals build on the DM approach that already has proven its effectiveness for retaining and the RTW of chronically ill employees or employees confronted with a long-term absence (Intro_DM, Prevent 2008). Furthermore, the contents are based on sector specific company practices: how do companies can integrate the DM approach into their daily practices taking into account specific situations, bottlenecks, opportunities, ...linked to their sector. The manual offers organizations a roadmap for implementing a systematic and structured approach pointing out the possibilities to overcome bottlenecks, to get into touch with various stakeholders, etc.

7. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

As in this the case in most European countries, in Belgium there is an increase of people in compensation systems because of long-term health problems or functional limitations. Figures from the annual report of the Social Security (INAMI, 2010) show that the number of primary sick days for working people in 2009 was about 25% higher than in 2005. This corresponds to an increase of the cost in benefits with 40% for the same period.

Until recently, people with disabilities who didn't return to the workplace were labelled with medical diagnoses and diseases were linked to a physical pathology (Schults, 2008). Later research shows that the disabilities of the majority of employees that do not return to work can be explained by determinants unrelated to the initial medical health problem (Turner, Franklin & Turk, 2000; Waddell, Burton & Main, 2003). The persistence of the disability is mostly due to psychosocial and environmental factors. Examples are: the lack of a common vision shared by the stakeholders involved in the RTW process; fear of new working condition or psychological thresholds (Frank et al.)

On international level, Disability Management is accepted as an answer to the challenges that come along with disability and RTW (Franche, Cullen, Clarke, Irvin, Sinclair et al., 2005b; Piek & Reijenga, 2004; Russo & Innes, 2002; Shaw, Hong, Pransky & Loisel, 2008). The process in the workplace designed to facilitate the employment of persons with a disability through a coordinated effort and taking into account individual needs, work environment, enterprise needs and legal responsibilities (World Health Organization, 2001).

An effective disability management program incorporates several key concepts: early contact, early intervention, an interdisciplinary approach, intervention directed both at the worker and the workplace, labor-management collaboration and injury prevention and promotion.

The project DM@work based on company practices and that resulted in sector-specific practical guidelines, build upon a previous project on disability management (Intro_DM, Prevent 2008) that focused mainly on individual case management. One of the findings from this project was that companies are not prepared to cope with RTW questions. The DM@work answered this need by offering support and guidance for companies that are setting up a DM policy.

8. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

The target group are companies (especially in the above-mentioned sectors) and also their workers confronted with long-term illness or functional limitations.

9. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker with disability (200 words)

The step by step plan used during the project and explained in the manual starts with the need for a culture change. In the manual examples and tools are given to (1) get the management on board, to (2) establish a working group, to (3) determine a starting point and priorities, (4) to develop a manual on the company level, to (5) conduct and (6) to evaluate the policy.

Another important goal is to provide companies with information about and to get acquainted with professionals (who often are already in their network) who can support them in designing and developing a DM policy.

There is strong evidence that two factors significantly reduce the risk of long-term absence or getting permanently into disability schemes: the contact between care provider and the workplace; and an offer of changes in the work organization, tasks, workplace such as alternative jobs, reduced and/or flexible working hours, a gradual return, redesign of the workstation, or other efforts to temporarily reduce physical work demands (Australian Institute for Primary Care, 2006; Franche R., et al, 2004). Therefore there was given special attention towards these factors throughout the various steps in setting up a DM policy.

Organisational aspects

10. Is there a stepwise approach in your case? Please describe the different steps.

(1) get the management on board, to (2) establish a working group, to (3) determine a starting point and priorities, (4) to develop an reintegration manual on the company level, to (5) conduct and (6) evaluate the policy.

11. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

During dm@work several pilot projects were set up. These pilot projects in several companies of different sectors, the following roles were defined:

the chief of the employee is responsible for the overall strategy, support and guidance, including the strategy on absenteeism.

The employee has to play an active role in the return to work.

The occupational physician can contribute on retention and reintegration in consultation with the employer and employee. He will play an important role in the assessment of the capabilities and limitations of the employee.

The prevention advisor specialised in psychosocial strain can support the manager on how to stay in touch with an employee in long-term sick leave or can act as a negotiator between manager and employee or between the team and employee.

The prevention advisor specialised in ergonomics plays an important role in assessing and preventing work situations that cause physical strain.

The team in which the employee works has to be involved in the return to work process because their support is important in making the RTW a success story.

12. Who is primarily responsible for good practice within the company (role/function)?

13. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice? (100 words)

In every company the project team tried to get the different stakeholders involved. In individual cases the insurance company, the rehabilitation centre, the various physicians (treating, insurance, occupational) were contacted.

The role of disability case management was taken up by the external service for occupational safety and health

14. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

15. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

On the level of the individual cases there was clearly a need for a mentor, supporter of the process: disability case manager (dcm). The role/function of the DCM: translate legal knowledge into practical setting, support the job-matching process and establish communication in the network

16. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

The trade unions were involved in the development of the manual and in the implementation of the pilot projects in the different companies

17. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

Workplace health promotion offers a comprehensive approach combining individual and organisational interventions to promote the health of employees. This approach offers the possibility to situate job retention and rtw of chronically ill employees in a broad strategy starting with promoting health, preventing illness and rtw. Job retention and rtw often demand individual solutions for specific cases and situations, but they have to be embedded in a broad comprehensive approach. Workplace health promotion methodologies and strategies are suited for this purpose.

Results

18. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

The project was conducted with financial support of the ESF. The results were positively evaluated by ESF and the project was also rewarded with the ambassadorship of 2011.

Before conducting the project, a business case was made and approved by ESF
 During the project, interim reports needed to be written to show the progress of the project and the situation in terms of the intermediate goals.
 Afterwards, peers and experts evaluated the results (manuals) on usability, innovation and content.

19. Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

20. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

21. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

22. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

In this topic you may also go into the consequences of the economic crisis with respect to the employability of workers with a chronic illness.

23. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed. What sort of information, material or support do you need to make such a campaign successful in your country? (150 words)

4 Belgium – Vocational rehabilitation

PH Work Part 2 : in-depth case description BELGIUM

1. Country and National Contact Office (NCO)

Belgium, Prevent

2. Name and address of company (incl. contact details of informant) **(when the company is the main focus of the good practice)**

3. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies **(when a service provider is the angle of approach)**

Jessaziekenhuis, Campus Herk-de-Stad, contactpersoon Marc Michielsens

4. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities **(when a collective action project is the angle of approach)**

Campus Herk-de-Stad is part of the Jessaziekenhuis, a large hospital. The Campus focuses on rehabilitation.

5. General information about the company of good practice

Website www.jessazh.be

Sector (NACE)¹

Number of employees

Description of main activities and relevant statistics:

General information on good practice

6. Title of the case: 'Weerkerk'

7. Summary

a) Aims and objectives (100 words)

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.
See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

Long-term health problems and/or functional limitations often lead to exclusion from the labour market. Research shows that less than 50% of the employees, absent for three up to six months, return to their own workplace (SILC, 2006). If the period of absence continuous for more than one or two years the chances of returning decrease to respectively 20 and 10%. These results lead to the obvious conclusion that's early intervention is important in a RTW process. The aim of this project is to include vocational rehabilitation in the standard rehabilitation process.

b) Specification of core activities and interventions (100 words)

Adapt a step by step plan for vocational rehabilitation and integration into the standard rehabilitation protocol.

Train all staff (from maintenance personnel to management) to carry out the vision that work is an important part of rehabilitation

Train the paramedical staff to focus on workability during the rehabilitation process

Implement a Disability case manager that guides patients but also to expand the external network (with employers, other caregivers, insurance,...)

c) Why in your opinion is this a good practice? (100 words)

Please refer to some of the afore mentioned criteria for success:

- *Is a specific approach and strategy prominent*
- *coordination with various stakeholders assured*
- *focus on chronic illness*
- *Is early intervention and case management*
- *Issue of self-management/self-determination*
- *Innovative aspects*
- *any process and outcome data available*

The project aims to implement a step-by-step plan for vocational rehabilitation into the standard rehabilitation process. The target population in the rehabilitation centre are people with severe and long-term (sometimes permanent) health problems and/or functional limitations. The intention is to identify systematically for each patient the work capacities and to train them if possible. This way, early intervention is assured. One of the goals is to support patient to build a new future perspectives within the limitations of their current health situation: to help them focus on capacities instead of on medical diagnosis or limitations.

The project is still running.

8. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

Long-term health problems and/or functional limitations often lead to exclusion from the labour market. Research shows that less than 50% of the employees, absent for three up to six months, return to their own workplace (SILC, 2006). If the period of absence continuous for more than one or two years the chances of returning decrease to respectively 20 and 10%. In a labour market where more people have to work longer, this provides us with an important social issue. Furthermore, on the organizational level, absenteeism and loss of trained workforce leads to an important financial cost and may threaten the continuity in the workplace. On the individual level, for many employees, next to the financial benefits, work is considered as a meaningful daytime activity, a source of social contacts and a place for self-development.

Until recently, people with disabilities who didn't return to the workplace were labelled with medical diagnoses and diseases were linked to a

physical pathology. (Schults, 2008). In this way of reasoning, recovery automatically should lead to work resumption. Only those people, confronted with severe health problems or functional limitations, or people who pretend to be sick, couldn't return to the work place (Loisel, 2007). Later research shows that the disabilities of the majority of employees that do not return to work, can be explained by determinants unrelated to the initial medical health problem (Turner, Franklin & Turk, 2000; Waddell, Burton & Main, 2003). The persistence of the disability is mostly due to psychosocial and environmental factors. Examples are: the lack of a common vision shared by the stakeholders involved in the RTW process; fear of new working condition or psychological thresholds (Frank et al., 1998). This leads to the insight that rehabilitation centres that only focus on recovery can not succeed in reaching the final goal: regaining a life that approaches the premorbid one as close as possible. If we want people to return to their work places, we need to address all the psychological and environmental determinants in an early stage.

9. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

The target group are:

- staff of rehabilitation centre
- patients of rehabilitation centre

10. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker with disability (200 words)

Adapt a step by step plan for vocational rehabilitation and integration into the standard rehabilitation protocol: case management is implemented in the rehabilitation process so that the vocational rehabilitation is systematically conducted for every patient that enters the rehabilitation centre. Train all staff (from maintenance personnel to management) to carry out the vision that work is an important part of rehabilitation: there's a need for a change in attitude / mindset regarding RTW. Until recent, a lot of people believed that 'sick' people didn't need to be bothered with work related questions, activities,... There were a lot of misunderstandings about the 'benefits' of compensation systems and the risks of losing them when taking steps towards RTW.

Train the paramedical staff to focus on workability during the rehabilitation process: the staff was trained to focus on and train work abilities but also to guide their patients in the acceptance of their changed capacities and to translate them into new future possibilities.

Implement a Disability case manager that guides patients but also to expand the external network (with employers, other caregivers, insurance,...). Next to the individual guidance of the patients, the disability case managers most important task is to promote and coordinate the collaboration of professionals internal (medical and paramedical staff, social services,...) and external (employer, social security agents, insurance companies, occupational physician,..)

Organisational aspects

11. Is there a stepwise approach in your case? Please describe the different steps.

The following steps regarding RTW were included in the standard rehabilitation program:
(1) problem reporting, (2) clarify problems / assessment, (3) planning, (4) interventions, concrete treatment plan and monitoring, (5) follow up and evaluation

12. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

Medical staff rehabilitation centre
Paramedical staff rehabilitation centre
Social service rehabilitation centre
DCM (external)

13. Who is primarily responsible for good practice within the company (role/function)?

A multidisciplinary RTW team → development, implementation, follow up individual cases
DCM → follow up individual cases

14. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice?
(100 words)

On the individual level, but also in general, different services were contacted to join the project.
On the individual level, the external network depends: agents from the social security system, work insurance company, regional employment service, ...
The project also aims to reach these agents and their services in general by spreading information, organizing workshops, ... to improve the collaboration between the different services on macro level.

15. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

Employers, occupational physicians, general practitioners, ... are also contacted to collaborate in individual cases and umbrella networks are searched for to set up structural cooperation.

16. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

On the level of the individual cases there was clearly a need for a mentor, supporter of the process: DCM. The role/function of the DCM: translate legal knowledge into practical setting, support the job matching process and establish communication in the network. The rehabilitation centre

recruited an external DCM to support them with the setup of the program.

In addition, all the staff members were more or less educated, according to the role they will have to take on in the vocational rehabilitation program.

17. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

The first goal is to setup the vocational rehabilitation program in the rehabilitation centre, next the external stakeholders will be contacted to get feedback, to get an insight to their work context and the bottlenecks they experience (and the way an rehabilitation centre can (proactively) deal with these issues.

18. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

Workplace health promotion offers a comprehensive approach combining individual and organisational interventions to promote the health of employees. This approach offers the possibility to situate job retention and rtw of chronically ill employees in a broad strategy starting with promoting health, preventing illness and rtw. Job retention and rtw often demand individual solutions for specific cases and situations, but they have to be embedded in a broad comprehensive approach. Workplace health promotion methodologies and strategies are suited for this purpose.

Results

19. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

The project is conducted with financial support of the ESF. The project proposal and business case were approved. The project is still running.

Please illustrate in relation to the following issues (50–100 words):

- How is the good practice monitored? What information is collected? (50 words)
- How is the good practice evaluated?
- Have the costs and benefits of the good practice been monitored?
- What were the results of the evaluation?

The project is ongoing.

20. Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

21. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

22. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

23. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

In this topic you may also go into the consequences of the economic crisis with respect to the employability of workers with a chronic illness.

24. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed. What sort of information, material or support do you need to make such a campaign successful in your country? (150 words)

5 Denmark – CSR and WHP

PH Work Part 2 : DENMARK in-depth case description 1

Background information

1. Country and National Contact Office (NCO)

DENMARK
 Danish Healthy City Network
 Kurt Æbelø, kurt.abelo@fredericia.dk; +45 7210 7236
 Louise Elisabeth Madsen, louise.e.madsen@fredericia.dk, +45 2534 9426

2. Name and address of company (incl. contact details of informant) **(when the company is the main focus of the good practice)**

Grundfos A/S
Poul Due Jensens Vej 7
8850 Bjerringbro
Denmark
+45 8750 1400.
Informant: Projectmanager Arne Nygaard, anygaard@grundfos.com +45 2023 1211.

3. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies **(when a service provider is the angle of approach)**

N/A

4. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities **(when a collective action project is the angle of approach)**

N/A

5. General information about the company of good practice

Website www.grundfos.com & www.grundfos.dk

Sector (NACE)¹ 28.13 – Manufacture of other pumps and compressors

Number of employees More than 16,000 worldwide, 4,300 in Denmark

Description of main activities and relevant statistics:

An annual production of more than 16 million pump units makes Grundfos one of the world's leading pump manufacturers. Circulator pumps for heating and airconditioning as well as other centrifugal pumps for the industry, water supply, sewage and dosing are the main products. Today Grundfos is the world's largest manufacturer of circulators, covering app. 50% of the world market of these pumps.

In addition to pumps Grundfos produces standard and submersible motors as well as state-of-the-art electronics for monitoring and controlling pumps.

The Grundfos Group is represented by more than 80 companies in more than 55 countries. The main part of activities in the Danish Grundfos companies take place in the small town, Bjerringbro, where the company was established in 1945.

Grundfos was founded in 1945 by Poul Due Jensen. Niels Due Jensen, the son of Poul Due Jensen, became Group President in 1978 and from 2003 to 2011 he was Group Chairman. Today he is Chairman of The Poul Due Jensen Foundation. Today the Foundation owns 86.7 %, staff 2.0 % and the founder's family 11.3 % of the shares in Grundfos Holding A/S. (Cited from webpage: www.grundfos.com.)

General information on good practice

6. Title of the case: CSR and WHP at Grundfos in Denmark

7. Summary

a) Aims and objectives (100 words)

Grundfos' history of sustainability dates back to the establishment of the company in 1945. For example, they are committed to the UN Global Compact.

There is a long-standing commitment for inclusive labour market frameworks that ensure a sound business environment, welfare and integration.

Grundfos attaches great importance to staff's education to secure a highly qualified and motivated workforce. Staffs with potentials are appointed talents.

Grundfos' aim is to respect their values about their social responsibility. The objectives are:

- Minimum 3 % in Grundfos/Denmark are employed on special terms.

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.
See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

- To retain 65 % of the employees on sick leave.

b) Specification of core activities and interventions (100 words)

In order to retain employees with permanent restrictions in their working capacity, the company employs people on special terms. Employees are referred to a department established exactly for this purpose, the “CSR department”, through the company’s own social workers and also through social workers in the municipalities on the bases of a partnership-agreement.

Another task of the CSR department is to integrate vulnerable groups, fx persons with physical injuries that have been jobless for some time, from the surrounding municipalities and to train them in order go into a job on ordinary conditions. Testing for workability is done and in many cases jobs have to be tailored to the one person.

c) Why in your opinion is this a good practice? (100 words)

The company works systematically with retaining both own employees and persons referred from the municipalities. In return the municipalities make a number of experts available for the company. Also the trade unions are part of the set-up.

The company can easily follow up on long-term sick employees. They contact the sick employee and the line manager within 14 days and ensure optimal opportunities for return to work.

They encourage the sick employees to be active during sick leave for example at network meetings.

87 % of the employees on sick leave are retained. Participants’ reports greater quality of life.

8. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

The idea of Grundfos’ social responsibility started in 1968 by the founder of the company, Poul Due Jensen. He was a very socially engaged person and wanted to take a social responsibility. Therefore he made a special workshop in the company for vulnerable citizens. In the beginning there were four persons and now there are approx. 110 within the company. Grundfos was the first company in Denmark to train people in a special CSR department.

Later on the collaboration between company and municipalities developed. Partnerships were formed on a win-win-base. The core in the partnership agreements are a clear and distinct division of tasks between company and municipality and a set of procedures guiding the day-to-day cooperation.

On the bases of these practical experiences a set of tools and models have been developed. One is a four phase model that shows the steps

from referral to inclusion in training situations to evaluation and to integration in the workplace.

9. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

Yes.

The target group is a mix of former employees of the company on sick leave and persons on sickness benefits from the surrounding municipalities.

There may be various reasons for their presence. Some needs to be tested for their work ability, others are young people in difficult social and familial situations and others again have been receiving unemployment benefits for some time. People suffer both physical and mental illnesses, fx musculoskeletal diseases, strokes, they might have learning difficulties, ADHD (Attention Deficit Hyperactivity Disorder) or other mental disorders.

10. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker with disability (200 words)

1. Company culture WHP: The company has its own internal occupational health service focusing on the classical work environmental issues. Besides that, cafeterias in the company provide healthy food and there are gym's for all the employees. There is cooperation between the internal OSH and the CSR department.
2. Coordination: The employees referred through the social workers in the company and from municipalities. There are partnership agreements with six of the surrounding municipalities which mean that the company can draw on a number of professionals and therapists from the municipality, i.e. alcohol treatment and vocational rehabilitation.
3. Early intervention: Two social workers employed at Grundfos follow up on employees that have been sick for more than two weeks in order to ensure optimal return to work. Each week there is a networking event for the long-term sick employees with the purpose of motivating the employees to be as active as possible during sick leave. The meetings may include info on legislation, healthy diet and ergonomics. Once a month the union representative also takes part in the network meetings.
4. Self-management: It is a aim for Grundfos that the employees should be self-supporting and achieve a high quality of (working)life. They encourage them to be active during sick leave as mentioned above. When needed (maximum once a month) the sick employee will be invited to a round-table discussion together with the manager, the union representative and the social worker. The purpose of the discussion is to clarify the options to return to work and to ensure that all statutory conditions are complied.

Organisational aspects

11. Is there a stepwise approach in your case? Please describe the different steps.

Yes.

The steps are somewhat different depending on whether it is former employees of the company on sick leave or persons referred from the municipality, but the overall procedure is:

1. Referral: The person's interests, competences and experience is mapped and these are matched with company needs and abilities.
2. Inclusion: Development of a plan for training and work short term and long term. Training of vocational and other needs. Testing and training in actual work situations.
3. Evaluation and adjustments.
4. Integration into the workplace in a job on ordinary or on special terms.

12. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

In every case employer, line management, social workers and the team in the CSR department is involved. The team in the CSR department consists of two managers (of six workshops) that functions as case managers and contact persons, a number of workshop assistants that functions as mentors for the employee, and two social workers that functions as interfaces between the employee, the line manager and the public authorities.

Dependent on the case it might also involve professionals from the municipalities: Social workers, job consultants, alcohol consultants, doctors and vocational therapists.

13. Who is primarily responsible for good practice within the company (role/function)?

The primarily responsible is the managers in the CSR department. They work in cooperation with the social workers to motivate the employee to be active during sick leave and coordinate with the authorities in the municipality to make sure that the employee gets a plan and comply to the plan for his/her return to work.

14. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice? (100 words)

The municipalities are the authorities concerning benefits and measures like granting training and other support. Dependent on the case it might

also involve professionals from the municipalities: Social workers, job consultants, alcohol consultants, doctors and vocational therapists.

Other service providers are (state owned) schools for adult education on primary and secondary level.

Besides these, Grundfos also collaborate with voluntary organizations.

15. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

The trade unions (3F and Dansk Metal) are a part of the set-up. They are involved in different ways and always – if relevant – taken on board when new projects are starting up.

16. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

Yes, in general.

In general, the legislation is in place securing the economic situation of the employee. Legislative measures to return to work are also pretty much there. One problem though is that the municipalities both function as authorities and service providers and that the two functions are not properly working together. Sometimes they pursue different interests.

17. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

See item 15.

18. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

The WHP-programme (healthy canteens, fitness centre etc.) in the company is for all employees. The CSR department motivates employees on sick leave to be active and if relevant to train in the gym.

Results

19. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

There has been no systematic collection of evidence of the case other than evaluations have shown that Grundfos retains 87 % of the employees on sick leave. Also the company reports, that recruitment have become easier and the general view is that costs and benefits break even.

Please illustrate in relation to the following issues (50–100 words):

- How is the good practice monitored? What information is collected? (50 words)
- How is the good practice evaluated?
- Have the costs and benefits of the good practice been monitored?
- What were the results of the evaluation?

Outcomes of the good practice has been testified though a number of interviews with employees and stakeholders involved. On the bases of that a handbook on inclusion in companies has been written with the support of the Ministry of Social Affairs. The aim is to inspire other companies to take on their corporate social responsibility.

The interviews made for the handbook indicated that all people prefer to work rather than be idle. A job is not just important for the economy but it also enhances the feeling of independence and self-respect and creates networks and social relationships. The participants have achieved greater quality of life and they look brighter at the future.

20. Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

Yes, for all the employees there are training facilities and healthy diet.

21. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

Yes, but only special measures that applies to all and is general national legislation to prevent exclusion from the labor market:

- An employee is entitled to sick pay from day 1. The employer must pay for the first 21 days (and the municipality the rest) and he or she must invite the employee to a meeting to plan for returning to work. The municipality has the obligation to monitor each case of sick leave. Concerning chronic patients, the employer can get reimbursed for the first 21 days of sick leave.
- In order to strengthen and stimulate the opportunities of people with disabilities to get a job, they may be granted a (free of charge for the company) "personal assistance", which makes it possible to hire a person who can take over tasks that cannot be done by the disabled person.

- If you have limitations in your capacities to work, you may be offered vocational rehabilitation, which can consist of both job-related activities and financial help. Vocational rehabilitation is aimed at improving the person's ability to support him- or herself and the family.
- For persons with permanent restrictions in working capacity you may apply for employment on special conditions ("flex job"). Employers receive a subsidy from the municipality, which also can grant work tools and smaller adjustments to the workplace. Furthermore the municipality can grant a mentor to people who have major difficulties in keeping a job.
- GP's who write medical certificates are required to write, which tasks the employee can perform (fitnote) and not just what they cannot do on the job (sicknote).

(For more info. see Survey 1, item 4.)

22. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

Yes. Barriers are

- At busy times line managers will give a lower priority to these issues.
- Sometimes prejudices at shop floor are found.
- Sometimes it is hard to match the needs of the employees on special terms and the needs of the company, such as high qualifications and work pace.

23. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words) In this topic you may also go into the consequences of the economic crisis with respect to the employability of workers with a chronic illness.

Yes. The most important are:

- The sometimes prolonged casework in the municipalities causes frustration in the company and the persons waiting to get a decision made in their case. This may be due to the delays and difficulties in intersectoral cooperation within the sectors of the municipalities. Some cases seem complex, but more often it is the organisation of the municipalities and the case management that is complex.
- Alternating case workers may extend the process and make the process of developing a mutual understanding and practice start all over many times.

The consequence of the economic crisis is a decline in the company and therefore fewer orders are coming in. They have not dismissed any, but they are not taking as many new in.

24. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed. What sort of information, material or support do you need to make such a campaign successful in your country? (150 words)

The company reports, that

- It is important that companies develop a personnel policy in this field and that employees are involved in the process.
- It is also important to do away with the prejudice that it is difficult to get the kind of employees into the company.

6 Denmark – The way back

PH Work Part 2 : DENMARK in-depth case description 2

Background information

1. Country and National Contact Office (NCO)

DENMARK
 Danish Healthy City Network
 Kurt Æbelø, kurt.abelo@fredericia.dk; +45 7210 7236
 Louise Elisabeth Madsen, louise.e.madsen@fredericia.dk, +45 2534 9426

2. Name and address of company (incl. contact details of informant) **(when the company is the main focus of the good practice)**

**Huset Venture
 Stavtrupvej 32-34
 8260 Viby J
 Denmark.
 Informant: Managing director Niels Peter Jensen, Fejl! Hyperlinkreferencen er ugyldig.mail@husetventure.dk, +
 45 86 28 35 55**

3. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies **(when a service provider is the angle of approach)**

N/A

4. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities **(when a collective action project is the angle of approach)**

N/A

5. General information about the company of good practice

Website www.husetventure.dk

Sector (NACE)¹ 74.90 Other professional, scientific and technical activities n.e.c.

Number of employees 90

Description of main activities and relevant statistics:

Huset Venture (“The House of Venture”) is a unique so called “social-economic enterprise” with a high profile in social responsibility. The enterprise functions on ordinary market conditions. Additionally it is an umbrella organisation functioning as a nation centre for knowledge and competence regarding employment for people with reduced ability to work.

Huset Venture has a number of departments that offer jobs in trade, accounting service, marketing, printing, consultancy and innovation. At one location it also has a large trainee enterprise. 90 persons are employed and the company consist of four regional houses; North of Jutland, Mid Jutland, Zealand and South of Denmark, plus a few satellites.

General information on good practice

6. Title of the case: The socio-economic enterprise Huset Venture

7. Summary

a) Aims and objectives (100 words)

- The aim of the company is to create as many workplaces as possible for employed on special terms.
- They want the company to be economically sustainable without significant public funding. To do so the strategy is to establish various kinds of businesses via training and personal development courses.
- Huset Venture aims at seeing the resources and not the deficits in people.

b) Specification of core activities and interventions (100 words)

Huset Venture manage the good practise in two ways:

1. By employing people with reduced ability to work. They want to show that people with disabilities have a natural place on the labour market and can be a part of the community.
2. By having a business which is providing courses for people with reduced ability to work. They want to help other persons with disabilities into the labour market.

c) Why in your opinion is this a good practice? (100 words)

It is a good practise because they practice their “own medicine”: They offer courses for people with disabilities from outside of the company, and

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.
See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

they also employ with disabilities themselves.

A good coordination with various stakeholders is assured in the board of directors. Among others there are three politicians (from Parliament and from local level) and a representative of The Danish Confederation of Trade Unions (LO).

The idea in the company is to train people to return to work within the same job function as before they got sick and/or disabled. The employees find this more meaningful instead of having to change line of business due to an illness or a disability. The company on the other hand thinks that this is to take people more serious instead of trying to get them to make another choice of career after having been sick or become disabled.

8. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

The idea came from a group of students at a school for youngsters with physical disabilities. They were very dissatisfied because they could not get a job. Through the 1990s in cooperation with the school manager the group of students developed the idea of a company created for handicapped.

In 1999 the house became reality. In the beginning as a project, i.e. in the form of a sheltered workshop. Today it has developed into an enterprise, that's running on normal market terms.

Along the road the enterprise became more and more professional to such an extent that they unfortunately had to reject more and more job applicants. This was why in 2002 they were granted state funds for a project called "The way back" ("Vejen tilbage"), which should help people with special needs to clarify their potentials. "The way back" laid the foundation for a separate department specializing in clarification and training. At the same time municipalities started to refer unemployed persons with reduced workability to the project.

9. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

There are two target groups when it comes to persons with disabilities:

- Employees in the enterprise: 80-90 percent of the employees are in flex- and sheltered jobs. Many of the employees bring with them a great deal of experience and skills from earlier jobs, but they have had to slow down the tempo compared to earlier because of illness (physical or mental) or accident
- Attendants of courses in the enterprise: They are persons with reduced ability to work, they are out of a job and need some need help to get back to the labour market.

10. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker with disability (200 words)

Employees are looked upon as if they were working under ordinary terms. They get wage subsidies in different ways, but the point is that they only hire people if they have competences that qualify them for a vacant job.

The company does not focus on the disease or the deficiencies of the employee. The idea behind this is treat people as normal.

The same goes for the unemployed people attending courses. Here the focus is on resources and what you can do.

Organisational aspects

11. Is there a stepwise approach in your case? Please describe the different steps.

No.

12. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

Everybody in the company in the sense, that everybody is part of the case.

Huset Venture is an independent organisation, but because it gets public funding you find politicians (one from local level and two from the national) in the board of directors together with one representative from The Danish Confederation of Trade Unions (LO).

13. Who is primarily responsible for good practice within the company (role/function)?

The CEO has the overall responsibility, but the managers of the six departments have the responsibility on a daily basis.

14. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice? (100 words)

Huset Venture does not have any external services providers but receives subsidies from The National Labour Market Authority.

15. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

Only as members of the board as mentioned in item 12.

16. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

Yes, they all have a lot of knowledge as a result of their professional background.

17. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

Only as member of the board as mentioned in item 12.

18. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

It is not linked.

On a general level, they maintain high standards regarding health and safety.

One limitation (with positive consequences health-wise) is that it is not possible to ask or pressure employees to work overtime or beyond their workabilities.

Results

19. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

Yes, but this was done some years ago, when it still was running as a project.

Now a job satisfaction survey is done twice a year.

Please illustrate in relation to the following issues (50–100 words):

- How is the good practice monitored? What information is collected? (50 words)
- How is the good practice evaluated?

- Have the costs and benefits of the good practice been monitored?
- What were the results of the evaluation?

Annual and quarterly reports are sent to The National Labour Market Authority.

They find that they could be better at documenting their practice and write down their experiences. They think that it is very difficult to find good methods for doing this.

It happens often that the company gets visitors who wish to get inspired by their experiences.

20. Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

No. In the enterprise a culture has developed that promotes solidarity, equality and acceptance and it has become a place where you can use all your skills and explore your full potentials.

21. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

No, the incentives from outside are incentives that exist for all companies in Denmark, i.e. wage subsidies and personal assistants granted by the municipality.

22. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

No, not as such. The only barriers for sustainable employability are those that stem from the reduced workability of the individual employee.

23. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words) In this topic you may also go into the consequences of the economic crisis with respect to the employability of workers with a chronic illness.

The only barrier that is mentioned is concerning tenders. In some cases, especially when the tender is fairly big, they cannot present the most competitive bid, because they cannot optimize the same way companies that only employ people on ordinary terms can do, due to the fact that Huset Venture cannot make employees work more or beyond their workability.

Partly because of the economic crisis there are fewer orders coming in.

24. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed. What sort of information, material or support do you need to make such a campaign successful in your country?.(150 words)

You need something that can make companies hire two or three disabled persons or persons with chronic diseases. They just need to try it, because this would be an eye-opener and it might get others to realize that disabled persons are more normal than you would think. And they do not take all the light duties away from those working on ordinary terms.

Huset Venture also thinks it would be profitable for a campaign to focus on social-economic enterprises and use them as role models.

7 Denmark – The large Return-to-work project

PH Work Part 2 : DENMARK in-depth case description 3

Background information

1. Country and National Contact Office (NCO)

DENMARK
 Danish Healthy City Network
 Kurt Æbelø, kurt.abelo@fredericia.dk; +45 7210 7236
 Louise Elisabeth Madsen, louise.e.madsen@fredericia.dk +45 2534 9426

2. Name and address of company (incl. contact details of informant) (**when the company is the main focus of the good practice**)

N/A

3. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies (**when a service provider is the angle of approach**)

N/A

4. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities (**when a collective action project is the angle of approach**)

The National Research Centre for the Working Environment, NRCWE (Det Nationale Forskningscenter for Arbejdsmiljø, NFA)
Lersø Parkallé 105
2100 København Ø
Denmark.
Informant: Project manager Glen Winzor, gwi@arbejdsmiljoforskning.dk, +45 39 16 53 72

5. General information about the company of good practice

Website www.arbejdsmiljoforskning.dk (Danish), <http://www.arbejdsmiljoforskning.dk/en> (English) & www.arbejdsmiljoforskning.dk/da/projekter/det-store-tta-projekt

Sector (NACE)¹ 72.20 Research and experimental development on social sciences and humanities

Number of employees 155

Description of main activities and relevant statistics:

The National Research Centre for the Working Environment (NRCWE) is a Danish government research institute under the Ministry of Employment. The mission of the NRCWE is to monitor, analyze and explore conditions in the working environment of importance to health, safety and work role functioning.

NRCWE serves as a knowledge base for the administrative and legislative work of the Ministry of Employment. Furthermore, NRCWE disseminates research based knowledge to the social partners, enterprises and working environment counselors, contributes to further education at the universities and serves as a gateway to working environment knowledge for enterprises through the Working Environment Information Centre.

General information on good practice

6. Title of the case: The Large Return-To-Work project

7. Summary

a) Aims and objectives (100 words)

The aim of the project is to decrease the long-term sick leave and enable a quick and sustainable return to work for citizens receiving sickness benefit.

The objectives are to:

- to gather experience about the RTW initiatives for long-term sick people with physical and mental health problems
- to gain knowledge about whether RTW model can be accommodated in the municipal structures

(The RTW-model consists in the training of and the intervention of RTW-coordinators and –teams (i.e. a psychologist and a person experienced in occupational physiology and rehabilitation) in collaboration with clinical units (i.e. a psychiatrist and a doctor in occupational health, social medicine or general medicine) and other key stakeholders with the purpose of returning to work of recipients of sickness benefit with complex or diffuse health problems and in many cases in risk of partial or total exclusion from the labour market.)

b) Specification of core activities and interventions (100 words)

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.
See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

Cases are referred from social workers in the jobcentres in the municipalities after eight weeks of sick leave at the latest. The RTW coordinator coordinates between relevant stakeholders, including employers, health authorities, the rest of the RTW-team and the clinical unit.

Another part is to coordinate in relation to the workplace, general practitioner, Unemployment Insurance Fund, professional organizations and other social and health actors.

The “programme theory” is that interdisciplinary case work, better coordination between specialists and other stakeholders and early intervention in the cases will enable sustainable RTW.

c) Why in your opinion is this a good practice? (100 words)

The RTW-project is a good practice because it is a large scale research driven implementation project conducted in 22 municipalities covering all regions in Denmark. The aim is to decrease the long-term sick-leave and make a quick and sustainable return to work for citizens receiving sickness benefit.

Early AND tailored intervention is tested to meet the needs of each participant.

The project is being evaluated and a status report suggests that participants were very satisfied with the project.

8. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

From 2004 to 2008 there was a dramatic increase in long-term sick leave in Denmark. It led to a broad political agreement on an action plan concerning sick leave following an agreement with the social partners in March 2008, and one of the initiatives in the action plan is the RTW-project.

It was particularly two comprehensive reviews of the scientific literature from The National Research Centre for the Working Environment that had a strong influence on the project: White paper on MSD and return to work, (NRCWE, 2008) and White paper on mental health, sickness absence and return to work (NRCWE, 2010).

Furthermore the RTW-project builds on emerging evidence from small studies in Denmark and abroad. Particularly three efforts showed to have a positive effect in relation to a timely return to work for people on sick leave. All of these efforts are addressed in the current RTW-project:

- Multidisciplinary clarification of the individual sick-leave case
- Better coordination between employers, health care, social system etc.
- Early and regular contact with employees during sickness absence

- Guidance by specially trained RTW coordinators

The project is therefore a large scale research driven implementation project conducted in 22 Danish municipalities covering all regions in Denmark. The project is funded by the Danish Prevention Fund (32.2 million EURO, 240 million DKK). In addition the Danish Ministry of Employment has granted 4,4 million EURO (32,5 million DKK) to finance the development, planning, administration, coordination and evaluation of the project.

9. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

The target group is working-age adults on long-term sick leave and at risk of losing their attachment to the labour market. They belong to the so-called match category 2 (citizens with a complex or diffuse health condition who cannot have an ordinary job to get out of the system of sickness benefit).

10. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker with disability (200 words)

The interventions are both on an organisational and individual level.

On the organisational level, the focus is collaboration between the job centre, the RTW-coordinators, the RTW-teams and the clinical units. The intervention consists of the following elements:

- Establishment of multidisciplinary RTW-organizations in sickness benefit offices
- Preparatory RTW-courses for all RTW-actors
- Case flow descriptions, tools and guides
- Process facilitation and follow-up sessions

At an individual level, the intervention consists of the following elements:

- Case management /RTW-coordination

- Multidisciplinary assessment
- Individualized, coordinated and graded intervention
- Education and counselling (self care, coping strategies)
- Ergonomic and psychological workplace assessments and modifications

An early intervention is managed by the RTW-coordinator after eight weeks of sick leave at the latest. The RTW-coordinators have received special supplementary training through the RTW-project to heighten their skills in managing the meeting with the citizens and coordination of the effort. A part of the coordination is to involve the cross-disciplinary team.

The RTW-team offers counseling and assistance for the persons on sick-leave both individually and in groups. The counseling can focus on handling pain and stress, physical exercises, psycho education etc.

Organisational aspects

11. Is there a stepwise approach in your case? Please describe the different steps.

The general approach of the program is:

1. Cross-disciplinary clarification of his/her functionality
2. Coordination between the employer, the health care system and the job centres
3. Counseling

The effort is tailored specifically to meet the need of each participant.

12. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

A total of 22 municipalities have been selected to participate in the project. As participants in the intervention project they have to set up a RTW-coordinator, a RTW-team, and a formal cooperation with a clinical unit.

The program is delivered by case managers, the RTW-coordinators, the RTW-teams (consisting of rehabilitation professionals from physical therapy and psychology) and a clinical unit consisting of a psychiatrist and one of the following medical specialties; occupational health, social medicine or general practice.

NRCWE has designed the project as part of its “research in action”-effort and has developed the tools and instruments for the RTW coordinator, the RTW-teams, and the clinical units. Training of the coordinators, teams and the clinical units took place in cooperation with external partners. Subsequently, the NRCWE carries out an evaluation of the processes and effects of the interventions.

13. Who is primarily responsible for good practice within the company (role/function)?

At NRCWE there is a project manager.

In the municipalities the RTW-coordinators are responsible.

14. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice? (100 words)

The municipalities have a choice in hiring competences for the RTW-team from external service providers or allocate their own specialists for the project.

The RTW-teams work together with other experts, e.g. management consultants, in most of the municipalities.

All the municipalities have bought in the expertise of the clinical unit from an outside provider (a company or a department at a hospital) except one municipality who has doctor themselves.

15. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

The stakeholders involved in the good practice are among others:

- Employers
- Family
- Trade Union
- General medical practitioner
- Union insurance system

16. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

This is not known at this stage. The project has not been evaluated yet.

17. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

The cooperation with the employers is very important in the project. The job centre has the obligation to contact the employee on sick-leave and the employer during the follow-up in the municipality.

In general, it is important for the sick employee to be in contact with the workplace during sick leave.

18. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

By now, there is no link – even though there could be one.

Results

19. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

No, not yet.

But a status report has been published in April 2011 describing the design of the evaluation. The report contained also interviews with the participants and the conclusion is that they were very satisfied with the project. (www.arbejdsmiljoforskning.dk/da/projekter/det-store-tta-projekt/-/media/Boeger-og-rapporter/FinalTTA-290411.pdf).

A full report is expected to be published in November 2012.

Please illustrate in relation to the following issues (50–100 words):

- How is the good practice monitored? What information is collected? (50 words)
- How is the good practice evaluated?
- Have the costs and benefits of the good practice been monitored?
- What were the results of the evaluation?

The evaluation will focus on:

- Effect evaluation of long-term sickness absence. The main outcomes of the project are measures for duration of sickness absence, RTW-status, work ability, health related quality of life, and psychological well-being. Earlier studies have primarily focused on physical

disorders, but this RTW-project will focus both on physical and mental health.

- Cost-benefit analyses will be conducted to assess the economic burdens and benefits of the RTW-intervention.
- Process evaluation in order to establish whether the model is workable in practise, and if it can be integrated and implemented in all municipalities.

Both the control and the intervention group receive a baseline questionnaire at inclusion, a six months follow-up questionnaire and are followed-up in a national register of social transfers including sickness benefits.

20. Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

N/A

21. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

NA/A

22. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

N/A

23. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words) In this topic you may also go into the consequences of the economic crisis with respect to the employability of workers with a chronic illness.

N/A

24. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed. What sort of information, material or support do you need to make such a campaign successful in your country? (150 words)

N/A

8 France – Strategic approach for sustaining people with chronic illnesses at work

PH Work Checklist : in-depth case description FRANCE - Company DELPEYRAT

Background information

1. Country and National Contact Office (NCO)

FRANCE – Isabelle BURENS (ANACT) and Dominique BARADAT (ARACT Aquitaine)

2. Name and address of company (incl. contact details of informant) **(when the company is the main focus of the good practice)**

DELPEYRAT - Zone Industrielle - Rue De Papin – 40 500 SAINT SEVER - Tél.: + 33 5 58 05 33 30
Contact : Monsieur Patrick Leclerc – HR manager – 47000 Agen - p.leclercq@delpeyrat.fr

3. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies **(when a service provider is the angle of approach)**

N/A

4. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities **(when a collective action project is the angle of approach)**

N/A

5. General information about the company of good practice

Website <http://www.delpeyrat.com>
Sector (NACE)¹ C10.1.3 - Production of meat and poultry meat products
Number of employees 2 000

Description of main activities and relevant statistics:

Delpeyrat is part of the food-processing industry. This company was created in 1890 and is well-known for manufacturing and selling “foies gras” and typical delicatessen from the southwest of France. Delpeyrat proposes more than 200 references which are sold through hypermarkets. It

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.
See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

employs 2 000 people working on 10 different sites, divided into 4 sectors : Foies gras, Catering, Delicatessen, Logistics/storage platforms. The site on which the project was developed is in Saint Sever, and employs 850 workers.

General information on good practice

6. Title of the case: Implementation within the Delpeyrat Group of a strategic and innovative approach aiming at sustaining at work people with chronic illnesses

7. Summary

a) Aims and objectives (100 words)

Beyond sustaining at work people with a chronic disease, this initiative had 3 main objectives :

- Contribute to improve working conditions for all workers, whether they have or not a chronic pathology,
- Maintain professional skills within the company,
- Reduce absenteeism

What was at stake was to move from an individual approach (mostly as a matter of urgency) to a collective handling of those issues.

b) Specification of core activities and interventions (100 words)

The implementation of this strategic and innovative approach was made through :

- Developing the company awareness towards the stakes (financial, organizational...) of sustaining at work people with a chronic disease
- Analyzing the existing practices inside the company (with a focus on 3 individual cases for which a 'diagnosis' was made)
- Connecting and involving various stakeholders inside and outside the company, and having them build together a specific approach,
- Providing methodological material, as well as practical and concrete information on chronic illnesses,
- Focusing on the importance of anticipating incapacities
- Communicating both inside and outside the company (with specific tools such as a customized version of the <http://www.maladie-chronique-travail.eu> website for example)
- Extending the approach to other aspects of health at work within the company (psychosocial risk factors, professional gestures,...)

c) Why in your opinion is this a good practice? (100 words)

This initiative really focuses on chronic illnesses and the way they impact on work. It uses the "based on work" approach, which is very specific and innovative: it aims at avoiding the implementation of working means based on wrong representations of the activity that could create difficulties for both the worker with a chronic disease and the company.

The project management required the involvement of both stakeholders inside and outside the company (Human Resources, production manager,

maintenance manager, healthcare professionals,...), and led them to work together. Although it was quite difficult in the first place to make such different people, having such different skills, to share their points of view, they finally agreed on the fact that solutions had to be built together. A special attention was paid to manage a high level of coordination between all those various stakeholders. Specific communication means (like interactive access points to a dedicated website) had to be structured, and it contributed to question the whole communication strategy of the Delpeyrat Group.

8. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

Inside the Delpeyrat Group, several layoffs had to be made regarding incapacity of workers with a chronic illness. As the company faced difficulties to find individual solutions, “strain less” jobs were cut. Delpeyrat then called on the expertness of ARACT Aquitaine to take into account the human factor in their way to approach these fundamental issues. ARACT Aquitaine designed a specific action to train managerial staff to integrate the human factor within their practices. The company management strongly showed its willingness to implement a different approach towards workers with a chronic illness, and to sustain them at work. The main guidelines of the project were defined, a project manager was nominated, and a workgroup was constituted. 3 individual cases of people working with a chronic disease were analyzed, as well as the general situation regarding the health status of all the employees on one site (Saint Sever). This led to the implementation of a concerted approach including every stakeholder, depending on their role. Specific communication means, like a customized version of a dedicated website, or interactive access points, were developed in order to communicate largely on this project within the Delpeyrat Group. The company management then decided to broaden the scope of the workgroup activities to the general issue of health at the workplace, following the example of the good practice based on sustaining at work employees with a chronic illness.

9. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

Yes.

It is composed of the various actors implicated in the process, both inside and outside the company : management and HR, occupational nurses, occupational doctors, production manager, maintenance manager, Health and Safety Committees, healthcare professionals. To a certain extent, the good practice also targets employees (whether they suffer from a chronic illness or not). On a broader scale, the project aims at encouraging a large community of enterprises to ‘follow the leaders’.

10. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker with disability (200 words)

1) company culture, health promotion at the workplace :

The whole process had to take into account the company culture, as it is based on traditional values. Solutions were built on a collective approach, and this concerted action reflected the specificities of the Group (its trades, its history, its demographic profile,...). Communication means were adapted to the Delpeyrat strategy (customized website including video testimonials of the referent actors, written commitment of the

Group President, organization of a festive evening gathering financial and institutional partners,...).

2) coordination between professionals/agencies : through the project, a large number of methodological information regarding project managing, and particularly coordination between stakeholders (both inside and outside the company), were given.

3) early intervention and case management : the main aim of the project was to enable the company to anticipate the handling of individual cases by early intervention. Up-streaming actions were strongly encouraged and were identified as a condition to the global success of the project.

4) self-management of the worker with disability : the project was based on the analyze of 3 individual cases of workers suffering from a chronic disease. They took an active part in setting up the working hypotheses of the impact of chronic illnesses on work within the Delpeyrat Group.

On the customized website of Delpeyrat, the worker with disability can find texts and videos giving concrete information, and ways to become a key actor in the coordination process.

Organisational aspects

11. Is there a stepwise approach in your case? Please describe the different steps.

The different steps of the approach were :

- Implementation by the ARACT Aquitaine of a specific action to train Delpeyrat managerial staff on these issues,
- Strong willingness of the company management to build a specific approach on the question of sustaining at work employees suffering from a chronic pathology,
- Individual “diagnosis” to put forward hypotheses
- Structural organization of the project (identification of a project manager, constitution of a workgroup)
- Structural organisation of a specific approach, based on both methodological material and the company culture,
- Elaboration of a dedicated communication strategy,
- Identification of ‘referents’ on the site of Saint Sever,
- Enlargement of the activities of the workgroup to a global approach regarding ‘health at work’ issues (psychosocial risk factors e.g)

12. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

The participation of a large number of people was required: HR manager for the Delpeyrat Group, HR manager for the site of Saint Sever, Poultry Processing manager, Production manager, Logistic director, occupational nurse, Occupational Health and Safety Advisor, and ARACT Aquitaine.

13. Who is primarily responsible for good practice within the company (role/function)?

It is the HR manager on one of the Delpeyrat sites. He was the project manager, and therefore had to coordinate stakeholders, coordinate actions, act as a go-between between the workgroup and the company management, and between the actors both inside and outside the company.

14. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice?
(100 words)

External service providers were involved in the project through an active participation into the workgroup (to share knowledge, validate the contents, appear on videos,...). Occupational doctors, patient organizations, ergonomists, public service for sustaining at work disabled people (Sameth), ARACT Aquitaine... were committed at different levels.

15. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

16. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

Yes.

17. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

The board of directors of ARACT Aquitaine is composed of an equal number of members from employers organisations and labour unions. Social partners were therefore strongly associated to the project guidance. They also played a role in the communication that was organized around the project.

18. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

The project enabled to focus on the ways to improve working conditions, and on workplace health promotion through multidisciplinary and participatory approaches of working situations. At first, the project was focused on the employability promotion of workers with a chronic disease. But subsequently, actions were implemented at a larger scale :

- on professional risks within the poultry processing,
- on psychosocial risk factors,
- on prevention aspects regarding professional gestures

Results

19. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

Yes.

The 3 individual 'diagnosis' have been evaluated :

- One of the workers concerned still works within the company (at first on a job that had to be adapted but afterwards this worker was able to get the initial job back without any specific fittings). This worker meets the HR manager every 3 months.
- Another of these workers received a vocational training and has been hired in another company thanks to the new skills
- The last one was a cook and has received support from Delpeyrat to set up his own restaurant.

Communication tools (website, written commitments, interactive access points...) were evaluated through costs monitoring.

Please illustrate in relation to the following issues (50–100 words):

- How is the good practice monitored? What information is collected? (50 words)
- How is the good practice evaluated?
- Have the costs and benefits of the good practice been monitored?
- What were the results of the evaluation?

The HR manager and the occupational nurse are in charge of the evaluation. They created specific dashboards to monitor skills and disciplines.

20. Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

Yes. Workers with chronic illnesses can use flexible working hours, flexible organisations of work, self-management of working hours,... Technical fittings, such as specific lightings e.g, can be made. Ergonomics can be called for, when specific fittings are required.

21. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

N/A

22. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

Within the company, the barriers which were identified were :

- Wrong representations of both illness and/or activity,
- Invisibility of chronic pathologies on the workplace,
- Taboo aspect of the illness,
- Individual willingness of both management staff and workers suffering from a pathology.

23. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

Outside the company, the barriers which were identified were :

- Difficulties to mobilize occupational physicians on collective approaches and multidisciplinary groups
- Difficulties to mobilize social partners on those issues
- French legislation protects the people recognized as people with disabilities or people who had occupational accidents or occupational diseases, but there is nothing concerning ill people (with no link with work) at work.

24. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed. What sort of information, material or support do you need to make such a campaign successful in your country? (150 words)

We will need examples of european practices, will need updated guidelines (we already have guidelines printed in 2008), flyers.
We will also need financial support, and a better knowledge of the existing networks of actors implicated in promoting sustainable employability for workers with a chronic disease.

9 France – Implementation of a website dedicated to work and chronic illness

PH Work Part 2 Good Practice: Example in-depth case description (NCO FRANCE)

Background information

1. Country and National Contact Office (NCO)

FRANCE – Isabelle BURENS (ANACT) and Dominique BARADAT (ARACT Aquitaine)

2. Name and address of company (incl. contact details of informant) **(when the company is the main focus of the good practice)**

N/A

3. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies **(when a service provider is the angle of approach)**

N/A

4. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities **(when a collective action project is the angle of approach)**

ARACT Aquitaine – 202 rue d’Ornano – 33000 Bordeaux FRANCE –
Contact : Mrs Dominique BARADAT - +33 5 56 79 63 30 / +33 6 81 20 74 04 – d.baradat@anact.fr

5. General information about the company of good practice

It’s a Regional Association for improving working conditions

Website http://www.aquitaine.aract.fr/presentation_eng.php

<http://www.maladie-chronique-travail.eu>

Sector (NACE)¹ Q88 - Social work activities

Number of employees ...12.....

Description of main activities and relevant statistics:

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.

See: http://ec.europa.eu/competition/mergers/cases/index/nace_all.html

The purpose of the association is to integrate the issue of working conditions as one of the keys for the achievement of economic, technological, demographic and social changes.

The Aract Aquitaine intervenes in the following topics:

Age management throughout working life , Better integrating economic and organizational changes , Developing steps towards the union of institutions, expertise and qualifications , Promoting health in the area of work and warning about occupational risks.

General information on good practice

6. Title of the case: **Implementation of a website dedicated to sustaining at work people with chronic illnesses**
(<http://www.maladie-chronique-travail.eu>)

7. Summary

a) Aims and objectives (100 words)

3 main objectives for this website :

- Provide relevant information on 6 chronic evolutionary pathologies (HIV, cancer, hepatitis C, diabetes, multiple sclerosis) and their impact on every aspect of work (individual, collective, organizational, absenteeism,...)
- Provide methodological contents to move from an individual approach to a collective one, through a project management including every stakeholder (the worker with a chronic disease, his/her colleagues, human resources managers, social partners, healthcare professionals,...)
- Promote the “based on work” approach which recommends to consider the person with a chronic disease as a common worker

b) Specification of core activities and interventions (100 words)

The website aims at providing information towards as many actors as possible (the worker with chronic disease, colleagues, human resources managers, social partners, healthcare professionals, patient organisations, social services, ergonomics...). The information given concerns both chronic diseases, job retention and actors who should be involved in the process.

It can be general information, as well as practical, or testimonials using video media.

The website aims at being a real working tool for both HR and healthcare professionals in the process of retaining workers with a chronic illness. They can get methodological and practical material to work with.

Specific information for private sector, as well as for public sector, is available.

The website is based on the assumption that the organization of work can be strongly discriminating for workers with evolutionary pathologies.

c) Why in your opinion is this a good practice? (100 words)

It is the first website in France dedicated to chronic illnesses and their impact on work. Many other websites provide information on chronic diseases, but they hardly mention impacts on work. None of them details, or even mentions, the complete network of actors that should be involved in the project management. In this way, the website is very innovative.

The website promotes the “based on work” approach, which is very specific: it aims at avoiding the implementation of working means based on wrong representations of the activity that could create difficulties for both the worker with a chronic disease and the company.

The website can be used as a tool to facilitate dialogue and initiatives between various stakeholders.

In addition, the site has been adapted to be accessible to persons with disabilities. It is designed on the basis of a playful interface (touch screen) which makes it easy to use.

Finally, the website can be customized for any company upon request : adaptations are then made to consider the company culture, its specific approach regarding job retention for workers with a chronic disease, and to mention the specific actors involved in the process.

8. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

At first, it had been pointed out that patient organisations and patients themselves (30 patients) were not satisfied with the available means to make companies aware of the issues and challenges of job retention for workers with chronic pathologies. In order to observe and evaluate the real situation within companies, Aract Aquitaine, with the help of ergonomists, has analyzed 12 concrete working situations in 12 companies (private sector). This initiative took place in 2008 and was part of a UE funded project (Equal program), in which both ARACT Aquitaine and AIDES (organization against AIDS) were involved. The results of this project led to the production of a guidebook and a website (in its first version), which aimed at updating knowledge on chronic diseases, and at sensitise various stakeholders.

In 2009, a new UE funded project (with transnational partnerships) enabled to implement a DVD based on the website. As a matter of fact, few web connections were made, and it seemed like the website remained unknown for most actors interested in improving the working conditions of chronically ill workers.

From 2010, ARACT Aquitaine decided to focus on the development of the website, by making technical improvements, adding videos, updating, multiplying and diversifying information,... A steering committee including social partners, healthcare professionals, university members, patient organisations, social assistance, local government... has been associated throughout the evolution of the website. Substantial financial resources were necessary to develop the website, and were supported by funders at various levels (national, regional, European,...). Between the 1st of January and the 30th of June 2011, 6 700 connections on the website were registered, which is a tremendous increase compared to the few which had been made on the website when it still was in its first version.

9. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

Yes : the website is primarily dedicated to companies (management and HR, and employees, whether they suffer from a chronic illness or not), to healthcare professionals, patients organization and to any stakeholder involved in sustaining people at work.

10. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker

1) company culture, health promotion at the workplace : since 2010, the website can be customized for companies upon request. This customization has to convey the company culture, its values, and to use its graphics,... When customized, the website describes the specific approach of each company regarding job retention for workers with a chronic disease, and mentions the specific stakeholders for each company and the way to contact them. The customized version of the website can evolve into an intranet or, as it has been recently experienced in one company, into interactive access points.

2) coordination between professionals/agencies : the website provides much information on project managing, particularly on roles and assignments of every actor, which aims at facilitate the global coordination of the process.

3) early intervention and case management : detailed information on pathologies, on roles and functions of the various stakeholders,... contributes to anticipate the handling of individual cases.

4) self-management of the worker with disability : the contents of the website have been built with the help of 30 workers suffering from a chronic disease. They took an active part in setting up the working hypotheses of the impact of chronic illnesses on work. Moreover, they share their own life experiences through texts and videos on line. Workers with a chronic disease can therefore find on the website helpful and concrete information, and put this knowledge to good use for becoming a key actor in the coordination process.

Organisational aspects

11. Is there a stepwise approach in your case? Please describe the different steps.

The website promotes the methodical stepwise approach, particularly by stressing the fact that all relevant actors should be part of the process.

12. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

The participation of a large number of people was required to create the website : patient organisations (particularly AIDES and La Ligue contre le Cancer, which are French organisations respectively dedicated to AIDS and Cancer), healthcare professionals, social assistance, ergonomists, social partners (both employers organisations and labour unions), and coordinated by ARACT Aquitaine. To implement the website within companies, the involvement of the company management (mostly HRM) and of employee representatives is necessary.

13. Who is primarily responsible for good practice within the company (role/function) ?

ARACT Aquitaine is first responsible for implementing the website. It is meant to become the property of ANACT/ARACT.

14. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice?

External service providers were involved in designing the website through :

- an active participation into the regional steering committee (to define the political and strategic guidance of the project)
- an active participation into the project working groups (to share knowledge, validate the contents, appear on videos,...)
- updating information and promoting the website.

15. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

Institutional social partners, and funders (particularly local government) were involved in the project through taking part in the steering committee.

16. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

N/A

17. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

The boards of directors of both ARACT and ANACT are composed of an equal number of members from employers organisations and labour unions. Social partners were therefore strongly associated to the project guidance. They took part in the steering committee. Within companies which experimented the process, social partners were involved into the management of individual cases.

18. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

It's linked in the way the web site insists on promoting working conditions also suitable for people with chronic illnesses, so it's focused on aspects of work environment and organization and stakeholders cooperation.

Results

19. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

Not yet, although since 2011, it is technically possible to count the number of connections made on the website.

- How is the good practice monitored? What information is collected? (50 words)

- How is the good practice evaluated?
- Have the costs and benefits of the good practice been monitored?
- What were the results of the evaluation ?

It has not been evaluated yet, and it is monitored through :

- The number of connections made on the website
- The number of companies who want to implement the process
- The amount of new information added on the site
- The number of updates made on the site, and their frequency

20. Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

The number of companies involved in the process is at present not significant enough to observe such tendencies.

21. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

N/A

22. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

N/A

23. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

The main difficulty is that the French legislation protects the people recognized as people with disabilities or people who had occupational accidents or occupational diseases, but there is nothing concerning ill people (with no link with work) at work.

24. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed.

25. What sort of information, material or support do you need to make such a campaign successful in your country ?.(150 words)

We will need examples of european practices, will need updated guidelines (we already have guidelines printed in 2008), flyers.

10 Germany – Disability Management

PH Work Part 2 : in-depth case description

Case Study Template for Good Practice

As was already mentioned in the introduction paper there are 3 ways of finding and describing good practices:

1. To get in touch directly with **employers or companies** which are known for their efforts to promote job retention and the return to work of workers with chronic illnesses with special attention to those initiatives consisting in workplace health promotion strategies/activities. It may well be the case that there are only a few companies that explicitly pay attention to this subject.
2. To approach prominent vocational **rehabilitation service providers** which in close cooperation with companies contribute to high-standard re-integration policies for people with a chronic illness. The good practice may be described from both perspectives: company and service provider.
3. To describe interesting **projects or collective initiatives** of collaborating stakeholders (like patient/consumer organisations, insurance agencies, information campaigns, demonstration projects, award schemes for company good practice etc.). Of course the focus in these good practice studies is more on the aspects of the added value and societal impact of these initiatives, than on individual company practice.

It would be helpful to our research when you will include at least two of these three types of good practice.

Background information

1. Country and National Contact Office (NCO)

Germany, BKK-Bundesverband

2. Name and address of company (incl. contact details of informant) (**when the company is the main focus of the good practice**)

Ford Werke GmbH
Henry-Ford-Straße 1
50735 Köln
Markus Zimmermann Gesundheitsdienst (mzimme53@ford.com)

3. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies **(when a service provider is the angle of approach)**

N/A

4. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities **(when a collective action project is the angle of approach)**

N/A

5. General information about the company of good practice

Website <http://www.ford.de>

Sector (NACE)¹ automobile industry

Number of employees worldwide 164.000, within Germany 24000

Description of main activities and relevant statistics:

The Ford Motor Company is one of the oldest car maker in the world. The American automobile manufacturers produced cars and trucks and SUVs in addition to (Sport Utility Vehicle). Even in racing, the Group is engaged with his own team. Production began in the early 20th Century (1913) with the first Ford Model T and extends today in the field of cars at the Ford and Lincoln brands (luxury segment). The activities are divided into the divisions Vehicles, Parts, Accessories & Owner Services, Ford Credit and Global Merchandise.

General information on good practice

6. Title of the case: example FORD

7. Summary

a) Aims and objectives (100 words)

The primary goal of the Disability Management by FORD is the permanent preservation of the employability of all employees in order to fight against the demographic change and to increase the stands in a competitive environment.

Due to the fact of Disability Management by FORD interdisciplinary teams, consisting of operational managers, a representative of the Human Resources, the Severely Handicapped representative or occupational health professional and a member of the central Disability care management, consult employees with medical and physical or mental problems.

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.
See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

The teams care as much about non-medical problems, as well as about medical problems with the claim that all persons within the company get re-integrated while work in value-adding activities.

This target is not specifically orientated on gender, age or disability, but the existing capabilities in direct comparison with specific job requirements filtered by using standardized instruments are important.

If the employability is compromised by disease or as a result of an accident, it is common to do everything in time to restore or stabilize the health of the affected employee.

The "diversity" - approach allows Ford to understand the differences of every employee as an opportunity for the company. This also applies to his dealings with employees which are going through a performance change sense of their work force. Most people associate with "disability" a visible restriction, such as a wheelchair. The diversity approach of Ford considered a disability from a much wider perspective: It's about the prevention of disabilities and the integration of employees with visible and invisible disabilities. All operators must carry the responsibility, with the support of the company's Disability Officer.

b) Specification of core activities and interventions (100 words)

As described gender, age or disability are not relevant factors for Disability Management, more important are the existing capabilities in direct comparison with specific job requirements, found while using standardized instruments. The Disability Management in the company has the task of finding the right job for each affected employee. Therefore the first step is to identify the employee competencies. Afterwards the competencies can be compared with job requirements. Subsequently, the requirement can be adjusted and if it is necessary the needed skills can be trained. Thanks to the establishment of the profile comparing system named IMBA (Integration of people with disabilities into the workplace) and the foundation of 19 integration teams, with clearly defined tasks and responsibilities and the consensus of all social partners, return-to-work as a process within FORD was already installed even before the §84 paragraph 2. SGB IX was put into place.

The establishment of a central Disability management position that reports directly to the European top management is responsible for the operation itself and underlines the importance and the understanding of a healthy employee.

Thanks to the IMBA-system all efforts are geared individually and can be added through close communication with doctors, an external, well-functioning network (German Pension Insurance, Health Insurance Fund, Office integration, etc.) and connected hospitals, to find individual solutions, which are non-bureaucratic, timely and realistic.

c) Why in your opinion is this a good practice? (100 words)

Please refer to some of the aforementioned criteria for success:

Is a specific approach and strategy prominent: The specific approach and strategy can be described in following keywords; consensus of the social partners, top-down process, defined roles and responsibilities, the fixation of processes in a document signed by top - management, SHE representatives and works council and always updated manual.

coordination with various stakeholders assured: In our process they are the most important stakeholders, the agreements between the social partners contribute to this claim.

focus on chronic illness: Because the approach is characterized by the individual needs, there is no specific focus. Neither age nor sex, national origin and or actuality or chronicity are inclusion or exclusion criteria for the respective offers of help.

Is early intervention and case management: As early as possible, even work-force changes without absenteeism or illness being diagnosed

lead to the inclusion of a "case" into integration team. The "intervention" accompanies the "case" from the beginning till solution and will pick it up again if needed.

Issue of self-management/self-determination: all the help and support requires the consent of the interested party (employee) and is so helping people help themselves

Innovative aspects: Individual ability-oriented approach (according to ICF (International Classification of Functioning, Disability and Health)), transfer of responsibility to operational managers, consideration of non-medical aspects through multidisciplinary teams.

any process and outcome data available: process and outcome data are presented regularly at conferences and congresses and has been made available in various publications.

8. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

The project with pilot character began in a part of the company in 2000 and set out on the basis of win-win situation. The initial integration of 300 employees within 2 years, pointed out the significant economic benefits. A successful audit according to international standard 2006 (IDMSC) stressed the consensus, processes, structure and sustainability of the established processes and commitment of those charged with these tasks. Even the economic turbulence of recent years have cast no doubts doing the right is important for future of the company and the future of their employees.

9. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

There is nothing like a target group, the process is open to everyone

10. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker with disability (200 words)

The company was honored several times as the "Employer of Choice" and has been priced as well for the outstanding diversity-program. Health promotion in the workplace is a matter self-evidence. Ergonomics teams assess and improve workplaces in all areas of employment even prior installation or continually in the planning phase.

Close cooperation between health services, human resources, SHE representatives and the responsible management of the operational manager are installed.

Priority in all measures has been given to the individuality of the Ford employees and their right to self-determination. Since 2003, the Ford GmbH as the first company in Europe has a trained "Disability manager". In 2006, the Ford GmbH - also as the first company in Europe – was certified according to internationally accepted quality standards for their pioneering disability management. In 2004, the Disability Management Team won the special prize "Healthier work until retirement", which is presented by industry organizations, social partners, insurance companies and the Ministry of Economy and the community of North Rhine-Westphalia.

Organisational aspects

11. Is there a stepwise approach in your case? Please describe the different steps.

As already described, there is a management manual which is jointly prepared and signed by all social partners. This management manual for disability management is updated regularly. Thus, the approach always follows a very individual process

12. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

All internal partners as previously described and external networks structured with organizations of the public health and social security system. With regular round tables between occupational physician, the Statutory Health Insurance, the German Pension Fund and the Medical Service of Health Insurances the assistance is structured.

13. Who is primarily responsible for good practice within the company (role/function)?

The responsibility is held by company manager accountable for return-to-work at Ford, he is supported by all partners and specialists

14. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice? (100 words)

In addition to the regular held "round table" support is provided through integration services, rehabilitation consultants (professional association and German pension insurance). In special cases, support is provided by centers for vocational training.

15. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

Not at all, because External stakeholders do not take into account the individual help approach of Ford.

16. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

As previously described, the entire process is geared towards sustainability and therefore it will be understood and lived that way. Powers and responsibilities are set, adjusted and are always updated. This for Ford has not only a certified system, but the relevant staff is educated by experts to become disability managers. Thus, the competence of those involved in the sense of sustainability employability is guaranteed.

17. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

Consensus among the social partners is fundamental success factor.

18. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

Company integration management (return-to-work) and workplace health promotion are inseparable from each other and are closely interlinked

within all relevant parties concerning the described processes.

Results

19. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

Customer satisfaction surveys of reintegrated employees and their supervisors are carried out regularly and are assessed by relevant management, as well as the involved strategic parties. Furthermore Ford developed a cost approach on the basis of relevant data. Thus, it was determined that the cost of the bridge and replacement of a temporarily vacant position can be fixed with approximately 60,000 €. The recognized tangible costs such as sick pay in absenteeism, bridging by overtime or temporary personnel training and supervision of temporary workers, finding adequate permanent replacement, interviews, decision making, training and familiarization of the new force and additional personnel administration nearly covered by the this figure, the intangible costs, were identified as: lack of experience, expertise and know-how, possible non-profitability of investment in education and training, lost continuous loyalty to the company and possible loss of orders and customers. With 500 employees throughout the company, for health reasons can no longer do their work, this makes 30 million from €. To reduce this, Ford uses the remaining abilities and potential of its employees and saves costs. After all, almost half of the 500 employees could return to 100 percent while being integrated.

Please illustrate in relation to the following issues (50–100 words):

- How is the good practice monitored? What information is collected? (50 words)
- How is the good practice evaluated?
- Have the costs and benefits of the good practice been monitored?
- What were the results of the evaluation?

Please see above, it was described several times

20. Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

Ford-Fit as a fitness Studio, a large recreational organization, part time, job sharing, telecommuting. Cost sharing of individual preventive measures with BKK (Statutory Health Insurance)

21. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

Through a special rehabilitation procedure and WeB rehab the German Pension Fund Rheinland supports the entrepreneurial measures to maintain employment skills. For more than 100 employees per year the German Pension Fund Rheinland approved stays in rehabilitation facilities to

counteract against chronicity and to improve skills again.

22. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

Especially in the normal production there are not an infinite number of jobs that are suitable for people with more severe loss of their abilities. However, unless the affected persons accept help, to help themselves there is always the possibility to find appropriate solutions

23. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

In a company that consciously perceives its social responsibility and is aware of the economic advantage generated by promoting a successful health management such obstacles and boundaries are hardly visible.

24. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed. What sort of information, material or support do you need to make such a campaign successful in your country? (150 words)

Excellent knowledge about the insights and numbers, and the presence of effective processes shows that national or even international campaigns are unnecessary.

11 Germany – Two model projects: Regional initiative and Integrative Counseling Network – Return-to-work

PH Work Part 2 : in-depth case description

Case Study Template for Good Practice

As was already mentioned in the introduction paper there are 3 ways of finding and describing good practices:

1. To get in touch directly with **employers or companies** which are known for their efforts to promote job retention and the return to work of workers with chronic illnesses with special attention to those initiatives consisting in workplace health promotion strategies/activities. It may well be the case that there are only a few companies that explicitly pay attention to this subject.
2. To approach prominent vocational **rehabilitation service providers** which in close cooperation with companies contribute to high-standard re-integration policies for people with a chronic illness. The good practice may be described from both perspectives: company and service provider.
3. To describe interesting **projects or collective initiatives** of collaborating stakeholders (like patient/consumer organisations, insurance agencies, information campaigns, demonstration projects, award schemes for company good practice etc.). Of course the focus in these good practice studies is more on the aspects of the added value and societal impact of these initiatives, than on individual company practice.

It would be helpful to our research when you will include at least two of these three types of good practice.

Background information

1. Country and National Contact Office (NCO)

Germany, BKK-Bundesverband

2. Name and address of company (incl. contact details of informant) (**when the company is the main focus of the good practice**)

N/A

3. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies **(when a service provider is the angle of approach)**

N/A

4. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities **(when a collective action project is the angle of approach)**

Deutsche Rentenversicherung Bund, Ruhrstraße 2, 10709 Berlin (Thomas Keck +49251 238-0)

5. General information about the company of good practice
 Website <http://www.deutsche-rentenversicherung-bund.de>
 Sector (NACE)¹ federal authority
 Number of employees 15000
 Description of main activities and relevant statistics:

The German Pension Fund is the largest carrier of the German Pension Insurance. It is headquartered in Berlin and Brandenburg, locations are: Gera, Stralsund and Würzburg.

15,000 employees take care of 25 million insured people, 8 million pensioners as well as 3 million employers in Germany and abroad. They are working on pension clarifying matters, insurance accounts; perform the refund of contributions and payment options.

Every month there are 1 million applications and inquiries. Of the 58 000 pension claims 90% are approved, and there are 10,000 requests from family courts to balance supply answers. As a modern management and organization, the German Pension Fund works highly cost effective. The administrative costs of the company amounted to just 1.6% of revenue.

General information on good practice

6. Title of the case: example based on a model project of the German Pension Fund

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.
 See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

7. Summary

a) Aims and objectives (100 words)

The presented supra-company example consists of two steps. First step was the "Regional Initiative – return-to-work" (running time 01.04.2006 - 31.03.2007) and the second step was the "Integrative Counseling Network - return-to-work" (runtime 01.09.2008 - 31.08 .2010). The German Pension Fund had made the decision to investigate, how the support of employers, in the establishment and implementation of company integration management (return-to-work) must be designed specifically.

The German Pension Fund focused during the project "Regional Initiative – return-to-work" on employers and asked them about their experiences, needs and estimations in the focus of return-to-work. The "Regional Initiative" involved home and specialist doctors to tailor solutions for employers and their workers for reintegration into working life.

Project contents were doctor's surveys, patient surveys and public relations in a selected model region (Berlin / Brandenburg). Target was to create an outreach and low-threshold consulting service for employers and employees, which was supplemented with concrete offers of help and special information for practicing and specialists doctors as well as business and company doctors.

Within the frame of the project "Integrative Counseling Network – return-to-work" the goal was to build up and establish the counseling network founded while running the "Regional Initiative" in Berlin and Brandenburg as a model for entire Germany, and to develop the competence of the Common Service Centers as a well-educated network partner. In Germany there are 475 Common Service Centers, which are directed by the health insurances, accident insurances, public integration offices, unemployment agencies, German Pension Fund and / or communities.

So the project tried to develop the Common Service Centers for rehabilitation into centers of excellence with the focus on return-to-work. So their main task would be helping with integration through individual counseling of employees, social medical assessments, socio-medical counseling / assessment process for private carriers, rehabilitation facilities and improvement of the cooperation between private and public carriers. So in Germany this are: institutes for vocational training, health insurances, accident insurances, public integration offices.

The main aims are: building up a functioning counseling network, to improve the coordination between all the mentioned partners and improving the condition for employees with and without chronic illnesses.

b) Specification of core activities and interventions (100 words)

The measures taken to implement the objectives in the individual projects were:

"Regional Initiative – return-to-work"

Employer Advisory: There were constant contacts for employers and employees to participants of the German Federal Pension Fund within the model region. These visited on periodic and / or event based opportunities employers and workers which are located in model region. They informed the employer about the possibilities of introducing a corporate-return-to-work program, its benefits and about the possible charge free assistance given by the German Pension Fund while implementing such a program. Due to the fact of a concrete case, in which consulting and inte-

gration needs were requested the consultants delivered a contact to the rehab center Seehof even on a short time base. They also helped in determining the appropriate rehabilitation support. As part of the employer contacts the German Federal Pension Fund were performing standardized interviews, where points like awareness, acceptability and dissemination of company integration management, the most common problems in case of return-to-work as well as the need of advices were stressed.

The “medical rehabilitation consultation service” (Konsiliarservice):

The German Pension Fund has tested a medical rehabilitation consultation service for general practitioners in the rehab center Seehof. The service provided a technical coordination between all stakeholders regarding the disease, supporting the resulting interference ability and participatory action-oriented compensation. Moreover it delivered an expert advice system for GP’s or specialist doctors and employees in terms of return-to-work with the focus on occupational health aspects.

Socio-medical case conference:

The German Pension Fund has also developed and tested a socio-medical case conference for the diagnosis of ability disorders, based on the "International Classification of Functioning, Disability and Health "(ICF), located in the rehab center in Teltow Seehof. The case conference also includes an assessment process that will help to clarify the medical requirements and the needs of vocational rehabilitation.

"Integrative Counseling Network – return-to-work"

During the project period (till August 2010) the project staff of the German Federal Pension Fund did consult in 172 individual cases within companies needing assistance while doing return-to-work. Of the 172 employees which were supervised, by the end of August 2010 a total number of 37 employees (25.1%) could be reintegrated. There absenteeism was approximately 15 month (476 days of illness). Another aim of the project was, to continue, promote, develop and enhance a free of costs network for return-to-work and while doing so to integrate the 26 joint service centres for rehabilitation (Servicestellen für Rehabilitation), the socially-support for medical practitioners and other important partners. Important to know is that the service centres for rehabilitation are not only ruled by representatives of the German Federal Pension Fund but also by different cooperation between health insurances, accident insurances.

c) Why in your opinion is this a good practice? (100 words)

First of all both presented projects follows an innovative approach, for the first time a carrier (German Pension Fund) tried to build up a functioning, efficient and robust advice network for return-to-work in a model region, consistent of all supra-company players important for return-to-work. In addition to that the projects collected various data relating to knowledge about the current situation in Germany, focusing on return-to-work. The German Pension Fund involved the in the legislation mentioned (§ 84 paragraph 2 social security code IV) player and provided them with important related information as well as the possibilities of interdisciplinary cooperation.

Both employees and employers had come through a proactive information policy in the favor to actively address and to contact at any time with any questions professionals, helping them to gather information or assist while implementing return-to-work, as well as using the charge free network. Regarding the innovative aspect of the project is the main target group SMEs and their difficulties to mention. Accordingly to the project, the cooperation of the representatives is backed up, in different businesses a case management introduced and the self-management / self-determination has been strengthened. To present a further positive aspect the individual results reports provide a wide range of extensive numbers and useful information.

8. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

It is noted that return-to work is mainly an issue of big business and despite the legal requirement of § 84 paragraph 2 social security code IV (valid since 2004) the topic has not arrived in small and medium enterprises. In both projects, the good practice can be seen in the aspects of good cooperation and the information policy embedded in a functioning network. So just small and medium businesses are reminded of their legal obligation, beyond that the network provided the possibility initiate the return-to-work and to complete it successfully while having competent and well educated partners.

9. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

The target group of both projects has been manifested through the choice of the model region, and was employers which are according to § 84 paragraph 2 social security code IV legal responsible for return-to-work in their enterprises. In the well-defined catchment area are more than 300 employers with about 5,000 employees from all industries and sectors (private services, wholesale and retail trade, manufacturing, public administration) and different sizes situated.

10. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker with disability (200 words)

The main action and activities in both projects were mainly in the construction of a functioning, free advice network (building up supra-company infrastructure).

The employer should be given the opportunity, according to their corporate culture and their health promotion to initiate or perform a working return-to-work process. The competent partners were at the one hand a mediator between different professionals and service providers or carriers and on the other hand suppliers of important information. In addition to that the "service centres for rehabilitation" were reconstructed to competence centers. These are in the rehabilitation system of the Federal Republic of Germany first contact points for an intermodal, comprehensive, impartial advice and support, particularly for disabled or disability threatened people.

Organisational aspects

11. Is there a stepwise approach in your case? Please describe the different steps.

The gradual rapprochement between the various stakeholders can be assessed from two aspects:

1. Employer and employee

This aspect is already manifested through common practice procedures of return-to-work thus the two projects also reflected that. Common practice in enterprises is to break the return-to-work process down in seven stages: data analysis (absenteeism time analysis), initial contact (by phone, in person, by letter), information meeting (first meeting), integration meeting (case discussion), planning return-to-work actions, perform the actions and sustainability the action (impact test). Important for the approach are the point initial contact, conversation and information/integration discussion. The "Case Manager" in the presented projects, takes therefore the leadership of the return-to-work-process and mediates between employers and employees.

2. Employers and External

The German Pension Fund takes over the gradual approach between the internal and external stakeholders, for example the employer and the insurance funds, to ensure a common action in terms of the employees.

12. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

To speak in general, the participants differ from company to company, depending on the individuality of the return-to-work process. In this inter-company example all actors are identified: employees, employers, industrial and or human resource council. SHE representative if necessary, operating-/ personal- / or company doctor and rehabilitation provider and carrier (e.g. Integration Offices) and the joint service points.

13. Who is primarily responsible for good practice within the company (role/function)?

This varies, depending on the shaping in the enterprise. However, it should be a person of trust, which has only personal decision-making power in the broadest sense and which has the necessary know-how to features a successful return-to-work process.

14. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice? (100 words)

The involved parties in our supra-companies examples (health insurances, accident insurance, communities, German Pension Fund) are service providers and stakeholders at the same time. The way of coordination can be described as; improving information flow such as data sharing and improving coordination. The different parties are connected through the service centers in form of competent consultants. They should do both give information as well as coordinate the flow of information and help in the case of carry out or implement return-to-work. There also have been case conferences with key decision makers in specific cases.

15. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

See like described in question 14

16. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

The action taken by the described players in the model region can be seen as adequate and competent. But regarding the whole situation in Germany, there is space for improvement concerning the qualifications of the personnel and the coordination / information between the main players (the players in the common service centers).

17. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

The social partners are involved in the board of directors of the mentioned players in the field (social insurances etc.)

18. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

In an ideal case, the return-to-work process would not take place and be finished on a supra-company level, but be included in a well prepared, educated and health driven companies, see our company example.

Results

19. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

Yes, there has been an evaluation of documents and a survey of the persons involved. (process and outcome evaluation)

Please illustrate in relation to the following issues (50–100 words):

- How is the good practice monitored? What information is collected? (50 words)
- How is the good practice evaluated?
- Have the costs and benefits of the good practice been monitored?
- What were the results of the evaluation?

During the project period (till August 2010) the project staff of the German Federal Pension Fund did consult in 172 individual cases within companies needing assistance while doing return-to-work. Of the 172 employees who were supervised, by the end of August 2010 a total number of 37 employees (25.1%) could be reintegrated. There absenteeism was approximately 15 month before the successful reintegration (476 days of illness).

The project shows that during the period of running the percentage of employers claiming the counseling of the common services centers improved from 9,6 % to 34,5 %.

Due to the survey the employers evaluated the incentives as an important fact of supporting for return-to-work.

The experiences of the project resulted in a in a quality criteria report and guideline for return-to-work.

20. Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

In this project there have been no incentives for employees or companies.

21. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

Due to the fact of no incentives within the companies there has been as well no incentives from the outside, but the law provided for return-to-work or better prevention (§ 84 social security code IV, especially paragraph 3), the rehabilitation provider and the integration offices are committed to establish a bonus system, but so far it does not excites, only in certain cases some institution granted "special benefits" in form of small budget money.

22. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

N/A

23. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

N/A

24. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed. What sort of information, material or support do you need to make such a campaign successful in your country?.(150 words)

N/A

12 Germany – ‘BeReKo’-the company rehab concept

PH Work Part 2 : in-depth case description

Case Study Template for Good Practice

As was already mentioned in the introduction paper there are 3 ways of finding and describing good practices:

1. To get in touch directly with **employers or companies** which are known for their efforts to promote job retention and the return to work of workers with chronic illnesses with special attention to those initiatives consisting in workplace health promotion strategies/activities. It may well be the case that there are only a few companies that explicitly pay attention to this subject.
2. To approach prominent vocational **rehabilitation service providers** which in close cooperation with companies contribute to high-standard re-integration policies for people with a chronic illness. The good practice may be described from both perspectives: company and service provider.
3. To describe interesting **projects or collective initiatives** of collaborating stakeholders (like patient/consumer organisations, insurance agencies, information campaigns, demonstration projects, award schemes for company good practice etc.). Of course the focus in these good practice studies is more on the aspects of the added value and societal impact of these initiatives, than on individual company practice.

It would be helpful to our research when you will include at least two of these three types of good practice.

Background information

1. Country and National Contact Office (NCO)

Germany, BKK-Bundesverband

2. Name and address of company (incl. contact details of informant) (**when the company is the main focus of the good practice**)

Salzgitter AG, Eisenhüttenstraße 99, 38239 Salzgitter

3. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies **(when a service provider is the angle of approach)**

N/A

4. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities **(when a collective action project is the angle of approach)**

Salzgitter AG, Eisenhüttenstraße 99, 38239 Salzgitter
Abt. Personal- und Sozialpolitik
Bernd Marquardt

5. General information about the company of good practice

Website www.salzgitter-ag.de

Sector (NACE)¹ steel and technology

Number of employees ca. 25000

Description of main activities and relevant statistics:

Salzgitter AG is one of the most tradition-rich German corporations. The focus of the business is on steel and technology. Through sustained internal and external growth, the company has become one of the leading steel and technology companies in Europe - with external sales in 2010 of over € 8 billion, a capacity of around 8 million tons of crude steel and 25,000 employees. The Group encompasses nearly 200 national and international subsidiaries and affiliates, and is divided into divisions like Steel, Trading, Tubes, services and technology. The Salzgitter AG is a member of the MDAX index of the German Stock Exchange.

General information on good practice

6. Title of the case: example based on Salzgitter AG

Concept „BeReKo“, das Betriebliche Rehakonzept of the Salzgitter AG (the company rehab concept)

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.
See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

7. Summary

a) Aims and objectives (100 words)

The project "BeReKo" is a modular set up concept for prevention, for rapid recovery and rehabilitation for groups with musculoskeletal disease and mental illnesses within the Salzgitter Group. It is characterized by its clear focus on the biggest problems in the workforce, a systems approach for networking with all relevant internal and external experts. The focus lies on the reintegration, especially at the common workplaces combined with a rigorous case management for each individual.

b) Specification of core activities and interventions (100 words)

The measures taken to implement the objectives in the individual projects were:

The concept "BeReKo" is a cooperative project of Salzgitter AG, the BKK Salzgitter, the German pension insurance Brunswick / Hanover and other stakeholders with the goal of prompt, comprehensive, job-related and goal-directed care and providing ill or vulnerable people with musculoskeletal - as well as mental illness with the right measures. The significance of the increase of the primarily rehabilitative measures in addition to our comprehensive range of preventive measures will be taken into account here.

The action plan is comprehensive and includes among others an extensive job description, various tests such as EFL testing (Test for Evaluation of functional capacity for estimation of fitness for work and vocational rehabilitation), Pact-Test and David test for testing muscular and skeletal disorders.

In Total nearly 20 different actions are offered, depending on the severity of the disease (see Appendix). All measures can be used individually or in combination. The BKK Salzgitter and occupational health service are deciding if an action is needed and justified.

c) Why in your opinion is this a good practice? (100 words)

Please refer to some of the afore mentioned criteria for success:

- The concept involves all employees.
- The smooth cooperation of all stakeholders.
- The focus is on musculoskeletal and mental disorders. An expansion to other disease groups is in preparation.
- The intervention takes place in field of muscle and skeleton illnesses:

a) at an early stage for people with mild symptoms

b) for employees, which are already feeling a substantial pressure and which have also already working days losses

c) for employees with high absenteeism and a threatened work power loss.

For all three groups, there are specific modules of preventing other maybe upcoming diseases and for rapid recovery for full rehabilitation (see Appendix).

If an employees is listed under a) there will be an intervention as soon as possible. To accomplish this, different ways of screening will be used. Employees with mental illnesses are either selected by the health insurance or medical service. Then immediately a diagnostic consultation takes place at a psychotherapy clinic (max. 2 x 2.5 h). In a direct connection further measures going to be initiated, such as an inpatient or outpatient therapy.

In acute cases, immediate admission to the Medical School of Hannover is possible.

For every action taken there is a case management. All employees involved in this project are accompanies during the entire process even from BKK Salzgitter or the medical service. Between all the actors there is a periodic reconciliation on the questions how to proceed furthermore. All activities take place in quick succession, so there is no waiting time.

The interfaces between the different actors are clearly defined and unambiguous; there are no friction losses or delays.

- All activities are voluntary.
- Privacy is guaranteed.
- The innovative approach is:
 - The narrow and broad networking of the different actors within and outside the enterprise (eg health insurance, German Pension Fund, rehabilitation clinics, etc.), resource losses are avoided.
 - The stringent case management from start to completion.
 - The focus on return to work (all measures taken are workplace-based)
 - Every individual modules is evaluated.

The performance-related success factors are trust and cooperation among the health care providers. Examples are the BKK Salzgitter and German Pension Fund Braunschweig / Hannover. Both are working together without fear of contact and work hand in hand. This is an unique example in Germany.

8. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

With the realignment of the corporate health management (singular) measures put to the test and usually ended. After extensive surveys, the focus was put on the biggest problem areas in the company. It was important that every action has been coordinated and were inserted into a systemic concept. There were not only offered concrete help, but the approach was rather to offer a comprehensive system with different measures. It quickly became clear that there is not sufficient intern solution to provide the best care. Therefore, all relevant internal and external stakeholders have been involved as early as possible and agreed to match all measures with each other.

9. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

Target group in this project are employees with muscular and skeletal disorders, because 1/3 of all sick leave days are allocated to this group. The second focus is on mental illnesses.

10. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker with disability (200 words)

Basis of the corporate health management is the, through the Executive Board of Salzgitter AG stated target: That all employees should be able to work healthy, motivated and value-adding until retirement. The promotion and preservation of health of employees is a fundamental part of the corporate culture.
For answering points 2 and 3, see section "good practice".

Organisational aspects

11. Is there a stepwise approach in your case? Please describe the different steps.

All participants have the goal of fast recovery and reintegration. That was and is the prerequisite for successful establishment and implementation of the project. Because of the responsibilities and interfaces could be adapted relatively quickly. Since then, the work processes are running and there are no frictional losses.

12. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

Involved institutions are:

Salzgitter AG, represented by the Occupational Health Service (including 11 physicians) and the Department of Human Resources and Social Policy of Salzgitter AG (Holding),
the BKK Salzgitter,
the German Pension Brunswick / Hanover,
the Hanover Medical School,
the Paracelsus clinic at the grace with the Institute for Occupational and social Medicine, and its own rehab clinic,
the Outpatient rehabilitation Center Brunswick,
the psychotherapy clinic at the Technical University of Brunswick,
the rehabilitation center of the Upper Harz Mountains and the company DanTrim, which operates the company's fitness center.

13. Who is primarily responsible for good practice within the company (role/function)?

The main responsibility lies at the occupational health service and the BKK are Salzgitter.

14. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice? (100 words)

See above

15. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

Apart from the listed participants are no other stakeholders involved.

16. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

The participation in the project as an actor of course requires a professional qualification.

Everyone involved, whether the occupational health services, the health insurance, pension insurance, rehabilitation clinics, psychotherapy and other outpatient facilities are trained specialists.

17. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

The company social partners are fully informed and involved in the establishment of the measures. Essential aspects were the voluntariness of the measures, confidentiality, the compliance of all data protection regulations and the focus on rehabilitation on the old workplaces.

18. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

The described package of activities is also offered to employees with chronic diseases. The aim of all measures is the ability to work regardless of which disease is present

Results

19. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

All measures are evaluated. For example due to the present of the module "Occupational therapy training" the sick days fell by muscular and skeletal disorders from an average of 28 days / year (a year before the action) to an average of 10 days / year (one year after intervention). In the area of mental illness, there can be observed, that the related lost days are halved. However, because some modules have been established only a few months ago, reliable evaluation results are not yet available for all modules.
For the project Mental illnesses a comprehensive scientific evaluation is in the pipeline.

Please illustrate in relation to the following issues (50–100 words):

- How is the good practice monitored? What information is collected? (50 words)
- How is the good practice evaluated?
- Have the costs and benefits of the good practice been monitored?
- What were the results of the evaluation?

For the individual case management there are named contacts in all the participating organizations. Through regularly scheduled meetings of all stakeholders, a comprehensive exchange of information is guaranteed. At the same time, these meetings serve to provide a optimization for the relevant measures.
A cost-benefit evaluation is installed individually as wells as cumulative. This includes a continuously evaluation of all measures. Results are flagged up above.

20. Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

All employees have the opportunity to use the company fitness center, in particular the special (and exclusive) courses for people with chronic diseases. This offer is not part of the project described, but an additional offer in the overall context of corporate health management of the Salzgitter Group.

21. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

Not in the context with the described project.

22. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

Not so far. All work power limited staff and is a job offered. The goal is to complete rehabilitation with a return to the old job. If this is not possible, an adequate alternative employment is offered. It is ensured that the existing qualifications of the employee only as far as possible, is given further consideration.

23. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

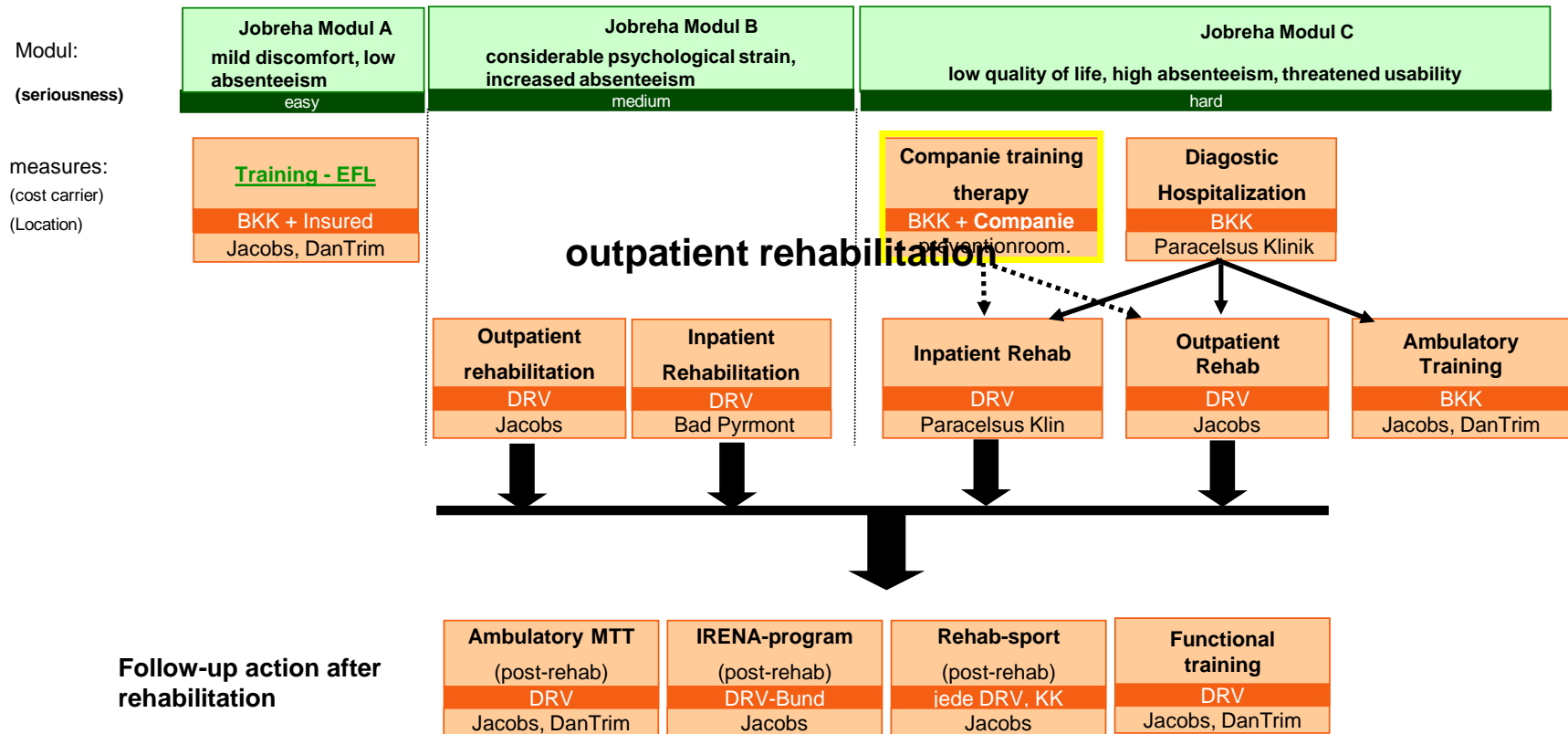
no

24. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed. What sort of information, material or support do you need to make such a campaign successful in your country?. (150 words)

N/A

Appendix: scheme of possible measures:

Concept BeReKo



Cooperation between



13 The Netherlands – Practice what you preach

PH Work Checklist : NETHERLANDS 1

It would be helpful to our research when you will include at least two of these three types of good practice.

Background information

1. Country and National Contact Office (NCO)

The Netherlands
TNO

2. Name and address of company (incl. contact details of informant) (**when the company is the main focus of the good practice**)

Drukkerij Wedding, Nobelstraat 16, 3843 CG Harderwijk. The Netherlands. Tel. 0341 41250
Director Carin Wormsbecher; carin@drukkerijwedding.nl

3. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies (**when a service provider is the angle of approach**)

4. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities (**when a collective action project is the angle of approach**)

5. General information about the company of good practice

Website: www.drukkerijwedding.nl

(NACE)¹ 22.2 : Printing and service activities related to printing

Number of employees checken

Description of main activities and relevant statistics:

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.
See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

General information on good practice

6. Title of the case: 'Practice what you preach'

7. Summary

a) Aims and objectives (100 words)

b) Specification of core activities and interventions (100 words)

The director of the company developed a policy to create a diverse workforce in which every member of the employees is responsible for the success of the company. Sharing responsibilities makes everybody part of the family that is called Drukkerij Wedding and motivates colleagues to have be happy and make better results as a team. This team is a diverse team, including people with disabilities.

c) Why in your opinion is this a good practice? (100 words)

Personal experiences in the past and at present of the director are translated into a happier divers workforce including people with disabilities. It is seen as a natural development and create better chances to survive as a team, even in difficult economic times like now.

8. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

As an adolescent Carin Wormsbecher always wanted to be entrepreneur. As wife of the owner she was book keeper and intermediate between employees and management. During this period there was no real HR policy. Lots of things went wrong and no one learned from his or her mistakes. After her husband died she was forced to step into a management position because there were no buyers.. The first thing she changed was using her hart and getting people involved. The first year the company doubled its profit. After a year she had a burn out. There had not been no time to think. Already the employees were part of the solution in keeping the company going. In time responsibilities were put in to the hands fo employees so they could really learn from there mistakes (including the director). And that is what happened.

Coming back she transformed her own experiences into changing the company and starting hiring people with a distants to the labour market. It started with a boy that had good skills, Becoming a full colour printer was his dream. Later on he appeared to be border liner. The first period it turned out very well, but later he got more and more aggressive. Had to get treatment, got back on a therapeutically basis and finally had to resign after working 6 years for Wedding. He thanked everybody for offering him the opportunity. In the future the company choose to work more with physically disabled people who are better able to work independently. The company learned and learns a lot by working with disabled people. To make it possible for an blind employee to work, things had to be very tidy in the office. She does not work at Wedding anymore, but things are still organised better.

9. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

No. Skills and using your abilities are essential to hire and fire people.

10. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker with disability (200 words)

The company works with an inclusive diversity policy. It also gives Wedding a more competitive position on the printing market. Not the disability is leading, but the way employees manage to deal with it. An assistant to the manager was forced to leave the company after attempts to sexual harassment. The fact that in the same time he appeared not necessary anymore to keep the company going fitted in the vision that as little as necessary management should be present. Instead it also saved the company€ 75.000. The company policy shows that everyone knows what his or hers extra values are. This also goes for employees with disabilities. The company promote sports, less smoking, less alcohol, better food and relaxing. The director tries to make a good example in every aspect herself.

Organisational aspects

11. Is there a stepwise approach in your case? Please describe the different steps.

No

12. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

All employees including the director.

13. Who is primarily responsible for good practice within the company (role/function)?

The director.

14. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice? (100 words)

No. The company works together with the governmental, social services and rehab organisations to employ people with a disability. Part of a person's salary has to be paid by the government when someone can not be fully productive. Part by the company. For example: a young women is diagnosed as Wajong (at a young aged becoming disabled person and having a government allowance) with a kidney problem. She could work only partly. If the company would have to pay the full salary for a less productive employee it would not have been possible to hire her.

15. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

No need.

16. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

xxx

17. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

No role for the trade unions, although the director had good discussions with the trade unions and keeps on popping the question why they seem to always see the employers as opponents. It is important for everyone that the sector remains in business. The same time the protection of the employees is very strong. It costs the company €100.000 to end a contract, even when the employee agreed to be responsible for being fired himself. You have to pay, even when the company is going threw a difficult period and the owner had to sell her house, not to be forced to loan

money from the Bank ? All financial figures are open to everybody working at Wedding. Transparency meets responsibilities. We are in it together. Necessary investments, like equipment to prevent back injuries, are discussed with everybody and decided democratically. If necessary the director takes a final decision.

18. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

The health policy of the company and the vision on responsibilities of the employees, also contributing in learning how to work as a team and how to include people with a distances to the labour market. It resulted in an improved relationship with clients, a higher profit in the first years and hopefully surviving in difficult economic times en winning several awards.

Results

19. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

No

Please illustrate in relation to the following issues (50–100 words):

- How is the good practice monitored? What information is collected? (50 words)
- How is the good practice evaluated?
- Have the costs and benefits of the good practice been monitored?
- What were the results of the evaluation?

xxx

20. Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

xxx

21. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

Not necessary. It comes from within the company as a way of life.

22. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

There are no barriers within the company.

23. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

At the moment the company is not hiring, because of the economic situation. The company is finding new possibilities in the declining market of Printing and service activities related to printing, concerning printing jobs for internet companies that find it too expensive to print their own products. They feel related to the policy, both diversity as well as sustainability of the company, to choose for working together with Wedding in stead of other companies that are less involved. If this will be a success and the company will grow again, than Wedding will certainly look for people with disabilities again, but it could also be people that ar refugees or otherwise have a distants to the labor market.

24. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed. What sort of information, material or support do you need to make such a campaign successful in your country?.(150 words)

Wedding does not need any information material of support, The director would like te give an advise: If everybody would accept more that we all have disabilities and qualities, we would not need best practices anymore. She is willing to contribute to such a campaign by communicating her experiences of a personal and a company level.

14 The Netherlands – Human rights policy as the basics for an inclusive policy for people with disabilities

PH Work Checklist : NETHERLANDS 2

Background information

1. Country and National Contact Office (NCO)

The Netherlands
TNO

2. Name and address of company (incl. contact details of informant) (**when the company is the main focus of the good practice**)

Monsanto Vegetable Seeds Division
Westeinde 166
P.O. Box 22
1600 AA Enkhuizen
The Netherlands
T 0031 228 357 000
Contact persons:

- Wouter de Vos +31653714654
- Cees Deen Plant manager

3. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies (**when a service provider is the angle of approach**)

xxxx

4. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities (**when a collective action project is the angle of approach**)

Company is primarily responsible but makes use of the services of the learn-work company Op/maat

Post box 566
1620 AN Hoorn
Tel. 0229 25 87 58
Fax 0229 25 87 35

Adress:
Dampden 26
1624 NR Hoorn

5. General information about the company of good practice

Website <http://www.monsanto.com/whoweare/Pages/netherlands.aspx...>

Sector (NACE)¹

Number of employees 140 at the plant in Enkhuizen.

Description of main activities and relevant statistics:

Headquarters: St. Louis, Missouri, United States

Products:

- Agricultural and vegetable seeds
- Plant biotechnology traits
- Crop protection chemicals

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.
See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

Globally:

- 21,035 employees
- 404 facilities in 66 countries

United States:

- 10,317 employees
- 146 facilities in 33 states

General information on good practice

6. Title of the case: Human rights policy as the basics for an inclusive policy for people with disabilities

7. Summary

a) Aims and objectives (100 words)

b) Specification of core activities and interventions (100 words)

The company selects their employees based on their skills and not on disabilities. No one is being excluded. If you are expected to be capable to do the job disabilities do not matter. It is responsibility of plant management to implement the policy of human rights. Everybody is responsible for this policy and every team manager has been educated in dealing with human rights. All employees participate in an annual computer based training to create awareness on the importance of Human Rights. The company has examples of hiring people with disabilities.

The company also collaborates with a work/learn company that is specialised in working with people with disabilities. This company provides employees cleaning the facilities (ten people) and people that work in technical positions on the work floor (5 people).

It sometimes happens that conflicts occur between employees and people with disabilities. The company provides time an attention for situations

like that. To prevent conflicts, it is very important to put the right people at the right place. The company has tools to monitor situations like that one of these tools is the performance matrix for every employee. Also tools (called the gallop strength finder) are used for all people managers to get the right fit within the different teams, including people with disabilities. Teams are being put together on the basis of talent research.

It is very important that people managers are skilled and able to use tools and be able to give feed back.

c) Why in your opinion is this a good practice? (100 words)

Monsanto is in my opinion a good practice because of here inclusive policy combined with a preventive health management policy that includes all employees. People are selected on their capabilities. No enlargement of problems, but looking at skills of people and their abilities.

Case 1: someone that had been in contact with the police, using drugs, wanted to work again very much. He was a very skilled technician. Was hired. After a while fell back is some of his own behaviour and started asking for extra money to buy food with Eastern. The company helped with food, but no money. Doubts stayed. After a year bigger problems occurred and he ended up in jail again. Resigned himself and thanked the company for what they did for him.

Case 2: someone with a hart attack was short of breath after coming back to work. Having to work with face mask his usual work was not the right place to be. It was possible to find another work place within the company for him. In cases like this employees are also asked to take their own responsibility en help find out what else he can do.

Monsanto does not hire the disabled people directly. Not out of principle's, but it is easier when the support activities are done by a specialised organisation like Op/Maat.

Please refer to some of the afore mentioned criteria for success: See & a,b and c

- *Is a specific approach and strategy prominent*
- *coordination with various stakeholders assured*
- *focus on chronic illness*
- *Is early intervention and case management*
- *Issue of self-management/self-determination*
- *Innovative aspects*
- *any process and outcome data available*

8. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

Semins became an Monsanto (American) owned company in 2005 and implemented from that moment on the Human Rights policy of Monsanto, as well as an integrated policy about Safety and health management. This meant in more than one way a cultural change for management and employees that worked out very well. At all levels of the company employees are highly aware of the importance of safety and health policy and of the human rights policy. The health management policy is important to keep people motivated and fit for the job en create a safe and healthy environment.

9. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

There is no specific target group. The company needs cleaning personal as well as people that work in the productions. Anybody that fit the job is welcome. The employees that work in the production, normally stay for long. The cleaning jobs are also used to skill people, so after working with Monsanto they can work for other companies. It happens that people cleaning, try to perform less, just to be able to stay with Monsanto longer.

10. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker with disability (200 words)

xxx

Organisational aspects

11. Is there a stepwise approach in your case? Please describe the different steps.

There is no stepwise approach.

12. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

All mentioned stakeholders are involved in the human rights policy in general and working with people with disabilities in particular as part of the human rights policy

13. Who is primarily responsible for good practice within the company (role/function)?

The responsibility for the Human Rights policy lies with the director Europe Middle East and Africa.
Within the plant in Enkhuizen, The plant manager is responsible. But more important is that every employee and manager is as responsible as the plant manager.

14. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice? (100 words)

No necessity.

15. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

No involvement.

16. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

xxx

17. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

The company is part of a Cao (collective agreement between social partners) and installed a new business representation group. It is not felt as a necessity to make a statement about inclusion of people with disabilities. This policy has never been seen as a promotion or image issue. It is

seen as a natural involvement for everyone working at Monsanto.

18. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

Workplace health promotion is linked to the employability promotion of workers with disabilities and chronic illnesses. The company provides preventive health investigations for employees, workplace investigations, career development for everyone on a personal bases. People working in the cleaning group (via Op Maat) learn on the job to be able to move to a higher level within another company. Sometimes people are deliberately less productive only for the reason to be able to stay working at Monsanto. People that have technical jobs, working threwh Op/maat usually are not able to move to a higher level and stay at the same job most of the time.

The target group of people with disabilities is very divers. Sometimes people are very unstable and even tend to suicide, or have a very high Emotional Quotient. The leaders within the company, not from Op/maat, accompany the workers with disabilities as part of their team(s). They are so used to work that way, they sometimes even forget the coaches of Op/maat. Op/maat can be consulted when necessary.

Employees learn on the job how to deal with these issues. People with disabilities are not treated differently than other colleagues. They are not pitiful. If a team member is not able to reach his target, colleges help out. If someone cannot stay, the company finds another possibility of if there is no other solution, starts looking outside the company for another workplace.

Case: One of the employees has Spina Bifida. Comes from a large family. He has a good network and never finds it necessary to make an issue of his chronic illness. His friend almost forgot about it, due to his personal behaviour.

Results

19. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

The company regularly evaluates the work with Op Maat. Job coaches talk with the supervisors and/or managers about how the employees function. Employability is been discussed between Op Maat and there employees.

Please illustrate in relation to the following issues (50–100 words):

- How is the good practice monitored? What information is collected? (50 words)

- How is the good practice evaluated?
- Have the costs and benefits of the good practice been monitored?
- What were the results of the evaluation?

20. Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

Monsanto has no specific ideas about a campaign to promote sustainable employability. They advise to start small within companies. Do not put too much pressure on companies. Built your policy slowly and support this idea. No big campaigns outside the company.

21. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

No

22. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

No

23. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

In this topic you may also go into the consequences of the economic crisis with respect to the employability of workers with a chronic illness.

No

24. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed. What sort of information, material or support do you need to make such a campaign successful in your country?.(150 words)

Monsanto does not need extra information to what they find a natural way of working

- 15 The Netherlands – Qualified patient-coaches (who have experienced the disease themselves) to coach patients in return-to-work and reintegration

Chronic Illness and Work ‘Chronisch ziek en werk’ (CZ&W)

Unique features of the initiative

1. Led by patient organisations using patient-coaches

In the Netherlands return-to-work and re-integration services are operating on a private market. Within this setting in 2009 five patient organisations joined hands to organize within CZ&W job coaching on a commercial basis by qualified patient-coaches who have experience with the particular disease themselves.

2. Quality certification

The patient-coaches are professionally trained by CZ&W to combine coaching/guidance competences with their own experiences with the illness. These patient-coaches are subsequently hired by three dedicated re-integration service agencies. CZ&W has chosen these three agencies by a public tender on four criteria:

- Officially certified
- Experienced professional re-integration coaches
- Vast network potential with employers and the labour market
- Experience with the coaching of people with a chronic illness

Deliberately also CZ&W did choose a large nationwide agency (USGRestart), an agency associated with a sheltered employment firm (Sallcon) and a dedicated small sized agency (Beekmans & van de Ven).

3. Broad experience

Through the initiative the experience of 5 patient organisations is combined. These five organisations represent patients with rheumatoid arthritis, multiple sclerosis, epilepsy, fibromyalgia and cancer. Nationwide coverage is guaranteed through the contracts with three service agencies and 15 fully trained and qualified patient-coaches. CZ&W runs also a helpdesk by telephone.

Target groups, eligibility

- Persons with the afore mentioned illnesses
- Employees (through individual negotiations the coaching/guidance is paid for by the employer)
- Unemployed with a disability benefit from UWV (coaching/guidance is paid by UWV through the Individual Re-integration Budget – the individual chooses his own re-integration agency, with a fixed budget)
- Unemployed with a social security benefit from the municipality (coaching/guidance is paid by the municipality).

Results 2011

Intake and application 190		Coaching contract ended 132			
Cancer	16	Contract in regular job	32	No coaching contract, UWV or employer did not agree	33
Epilepsy	16	Contract in sheltered Employment	3	No placement at all	14
MS	15	Voluntary work	11	Condition deteriorated	13
Fibromyalgia	43	Trainee, temporary job	2	Fully disabled	22
RA	100	Self-employed	2		

In view of the precarious position on the labour market and the multi-problem issues of most of the applicants, the success rate is favourable. Of the 132 coaching contracts ended in 2011, 37 (28%) did find a job or get self-employed, while 13 (10%) were participating in voluntary work or in a traineeship. Unfortunately 33 (25%) were unable to negotiate a re-integration contract with UWV or the employer. That also the health condition may be precarious shows the fact that this condition deteriorated in 35 cases (27%).

The future: new business model

Due to massive cuts in public re-integration budgets, the re-integration market is downsizing rapidly. As a consequence the hiring of the CZ&W patient coaches by the contracted three re-integration agencies is also declining rapidly. Therefore CZ&W developed a new strategy. Instead of a dependency of being hired by the agencies, CZ&W will support patient-coaches to engage directly in contracts with employers and UWV/communities on a self-employed basis. When necessary these coaches than could employ selected services of re-integration agencies (e.g. in the case of an application or computer training course). This business concept is more economic and puts the patient coaches in the forefront. The already well developed training course and individual certification process of CZ&W will guarantee the professional quality.

Unique features:

- Creating new employment perspectives in the service economy of persons with a chronic illness being self-employed
- Mainstreaming the know-how of experienced patient coaches
- More economic and transparent services
- Supporting network for patient coaches (information database, certification, business support etc.).

16 Romania – Social and professional integration of persons with disabilities (in particular HIV-pos)

PH Work Checklist : in-depth case description ROMANIA

Background information

1. Country and National Contact Office (NCO)

Romania, Romtens Foundation

2. Name and address of company (incl. contact details of informant)

**"Close to You" Foundation Romania - The Util Deco Authorized Shelter Unit
10 Vovideniei Street, Iași city, Iași county, Postal Code 700 393, Romania**

Phone / Fax: 0232/275568

E-mail: office@alaturidevoi.ro

Web: www.alaturidevoi.ro, www.utildeco.ro

3. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the good practice within companies

4. General information about the company

Website www.utildeco.ro

Sector (NACE)¹

Number of employees 77

Description of main activities and relevant statistics:

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.
See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

The 'Close to You' Romania Foundation is a non-governmental organization, established in February 2002 by Holt International Children's Services with financing from USAID, as an answer to the need for support expressed by HIV/AIDS-infected and affected people and preventing the transmission of the HIV infection in the community. The Util Deco unit is an authorized shelter unit of the Close to You Foundation, with workshops in Iasi, Targu Mures and Constanta and has been established in 2008 in the form of internal sections, with separate management, accredited by the General Directorate for the Protection of Persons with a Handicap.

Util Deco has 29 employees with disabilities, especially HIV – positive persons, who represent 59% of all the employees in the department of social economy. The economic activity that Util Deco is carrying out is reinvested in social programs.

The 'Close to You Foundation' is a member of eight national and international networks in the field, and, over its nine years of activities, has received over 30 national awards for its involvement in community affairs. In this way, in 2010, it ranked number 10 in FORBES classification – within the section of NGOs that have invested in social programs.

In its 9 years of activity:

Over 700 HIV positive-people, disabled persons and persons belonging to vulnerable groups received direct services (psychosocial support, the Youth Club, vocational therapy workshops, scholarships, foster care, legal assistance etc.);

Over 100,000 people benefited from information campaigns on HIV / AIDS, drug abuse, disability, the focus being on both prevention and social inclusion;

Over 5,000 people were trained in fields such as HIV / AIDS, social economy and benefited from vocational training in - tailoring, IT, hand bookbinding, painting, handicraft and decorative candles manufacturing.

General information on good practice

1. Title of the case: Implementation of a initiative aiming at the social and professional integration of persons with disabilities, particularly HIV positive-people – the Util Deco Authorized Shelter Unit from Iasi, Constanta and Targu Mures

2. Summary

- a) Aims and objectives (100 words)

Util Deco represents an economic activity which is reinvested in social programs that aim at the social and professional integration of young people with disabilities, especially HIV positive persons, in the following Romanian counties: Iasi, Constanta and Targu Mures

- b) Specification of core activities and interventions (100 words)

- Creating and maintaining jobs for people with disabilities;
- Continuous vocational training;

- Support and assistance at the workplace;
- Creating unique handmade products in the following domains: handicrafts, painting, tailoring, interior design, decorative candles manufacturing.
- Service delivery in fields such as: hand bookbinding, art of printing, screen printing and on-site archiving documents
- Product distribution in fields such as: IT, office supplies, stationery, hygiene products, personal protective equipments etc.

c) Why in your opinion is this a good practice? (100 words)

The Close to You Foundation supports, through this authorized shelter unit, young people with disabilities to become independent persons who even pay taxes to the state budget. Also, we could mention the fact that the unit, by continuous vocational training and practical skills development, facilitates the transition of disabled people to the free labour market.

3. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

Although the foundation has started its activity in 2002 by providing social services especially for preventing HIV-positive children from being orphaned and by supporting parents in revealing the diagnosis, it gradually adapted its programs to the existing needs, such as school and social inclusion and fighting discrimination. Noting that more and more young people fail to complete their studies either because of health reasons or non-acceptance within the state educational system, the foundation developed in 2004, in Iasi, with the support of foreign donors, a new service - vocational therapy workshops in four fields: - painting, crafts, IT and bindery - printing. Due to the success of this program, the foundation applied, after two years, the same concept in Constanta and Targu Mures and even decided to include within the program young people with other types of disabilities, coming from the child protection system, socially disadvantaged young people, thus creating the context for social integration, this program being the best example that HIV / AIDS is not transmitted through social relationships.

Since a part of the beneficiaries wanted a job, but still failed to find one, either because of health reasons or because they were afraid the rest of the people will find out they are HIV-positive persons or the employers had no accessibility facilities nor wanted to adapt the workplace for disabled persons, the foundation decided to create jobs and offer a chance to these young people. For these reasons, it decided in 2008 to set up the first authorized shelter unit in Iasi and to create jobs for their beneficiaries, and in 2009 to replicate the model in both Constanta and Targu Mures, in this way creating 29 jobs for this group of persons. Also, an interesting point to note, among their beneficiaries there were people who could not handle a job without the help of an assistant, thing that currently does not work in the Romanian free labour market.

Unintentionally, the authorized shelter unit started to work as a social enterprise, by creating a model in Romania of what is social economy.

Currently, the activity of the authorized shelter units depends on what is required in the market and on the work capacity of the employees.

Unfortunately, without a wage subsidy from the state, these units are not able to generate more revenue than expenditures. Therefore, in 2008 the foundation accessed the first structural fund on social economy, and in 2010 the second, which was designed to develop the sector but to also develop their own structures in the three counties in which the foundation has its branches. This way, through such projects, the foundation subsidizes the cost of human resources, training, counselling and administrative expenses, cost which in other countries are subsidized by local and state budget.

4. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

Young people with disabilities, particularly HIV-positive persons coming from both families and the child protection system.

5. Describe the core activities and interventions paying special attention to the following four main topics: 1) company culture, 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker with disability (100–200 words)

The three units of the foundation (from Iasi, Constanta and Targu Mures) are organized as internal sections within the institution, with separate bookkeeping on the economic activity of each unit. A Department of Social Economy has been established within the foundation, which incorporates the activity of all the 11 protected workshops + 3 authorized shelter units.

Each workshop is coordinated by a trainer – a specialized pedagogue, and each authorized shelter unit is coordinated by an administrator. The financial activity of the authorized shelter units is ensured by the financial-accounting department of the ‘Close to you’ foundation. The sales activity is ensured by the sales department and the marketing activity is ensured by the department of Development & Communication.

The coordination is done hierarchically, through constant communication in working sessions, via e-mail or telephone. The units’ activities are examined through quarterly supervisory visits in the units and within management sessions. The board meetings are held 2 times a year.

Below, we describe the activity of each workshop / unit.

A. Iasi unit (5 workshops)

1. Manual bookbinding / printing and archiving workshop

- Training of beneficiaries, course which is accredited by the National Council for Adult Vocational Training.
- Production of notebooks, diaries, catalogue covers, book covers, boxes, calendars, gift bags, notebooks/diaries personalization etc.
- Services of multiplication / Xerox, lamination, documents bindings, graduation thesis / project diplomas binding
- Archiving services

2. IT Workshop

- Training of beneficiaries, accredited course by the National Council for Adult Vocational Training.

3. Painting workshop

- Paintings production (paintings, glass painting, hand painted decorative objects, cards, trinkets etc.)

4. Handicraft Workshop

<ul style="list-style-type: none"> • Training of beneficiaries • Art craft production <p>5. Tailoring workshop</p> <ul style="list-style-type: none"> • Training of beneficiaries, accredited course by the National Council for Adult Vocational Training. • Carnival costumes for children, cloth <p>B. Constanta unit (3 workshops)</p> <p>1. Manual bookbinding – printing workshop</p> <ul style="list-style-type: none"> • Training of beneficiaries, course accredited by the National Council for Adult Vocational Training • Services of Multiplication / Xerox, lamination, documents bindings, graduation thesis / project diplomas binding <p>2. IT Workshop</p> <ul style="list-style-type: none"> • Training of beneficiaries, course accredited by the National Council for Adult Vocational Training <p>3. Tailoring workshop</p> <ul style="list-style-type: none"> • Training of beneficiaries, course accredited by the National Council for Adult Vocational Training • Production of linens for children and adults, body pillows for therapeutic comfort, therapeutic pillows for pregnant women and breastfeeding, decorative pillows, tablecloths, scarves etc. <p>C. Mures unit (3 workshops)</p> <p>1. Manual binding – printing workshop</p> <ul style="list-style-type: none"> • Training of beneficiaries, course accredited by the National Council for Adult Vocational Training • Services of Multiplication / Xerox, lamination, documents bindings, graduation thesis / project diplomas binding • Archiving services <p>2. IT workshop</p> <ul style="list-style-type: none"> • Training of beneficiaries, course accredited by the National Council for Adult Vocational Training <p>3. Manufacturing decorative candles workshop</p> <ul style="list-style-type: none"> • Training of beneficiaries • Decorative candles manufacturing <p>All units are authorized.</p> <p>Just as an observation: before beginning the training part, all young people receive career counselling and guidance</p>

Organisational aspects

6. Is there a stepwise approach in your case? Please describe the different steps.

Addressing the issue of the disabled people is done on three levels:

- Career counselling and guidance
- Continuous vocational training
- Services delivery / goods production, performed as an employee within the authorized shelter unit

On request, the foundation can provide mediation services on the labour market and ensure the transition of disabled persons to the free labour market

7. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

The entire activity is carried out by a team – career guidance counsellors, pedagogues/trainers, production engineers, administrators, accountants, sales consultants, website administrator.

8. Who is primarily responsible for good practice within the company (role/function)?

The Director of the Social Economy Department

9. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice? (100 words)

The foundation collaborates with the occupational health and safety services. For the young people coming from the child protection system, the foundation works with the General Directorate for Child Protection from Iasi, which is one of the foundation's constant partners. The external service providers' engagement involves performing annual medical examinations, vocational training and continuous vocational training, in order to avoid risky situations and workplace injuries, social and professional integration.

10. Which stakeholders outside the company/organisation (not service providers) are involved in the good practice?

The Util Deco unit belongs to the NESsT portfolio and has been continuously supported by it for the last 5 years.

11. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

Yes, they are appropriate and necessary. In addition, the employers are obliged by law to provide within their organizations occupational health and safety services.

DGASPC Iasi (the General Directorate of Social Assistance and Child Protection from Iasi) is experienced in working with abandoned young people and has an important role in helping them to integrate into the community, including on the labour market.

NESsT is internationally recognized by their constant support to social enterprises aiming at these enterprises' sustainable development.

12. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

In Romania, there is currently no legal structure for the representation of all the authorized shelter units.

Results

13. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

The foundation performs annually a qualitative assessment of all the units by contracting an external service.
The financial audit of the organization is carried out annually too.

Please illustrate in relation to the following issues (50–100 words):

- How is the good practice monitored? What information is collected? (50 words)
- How is the good practice evaluated?
- Have the costs and benefits of the good practice been monitored?
- What were the results of the evaluation?

The good practice is monitored and evaluated through a qualitative and financial assessment, which is carried out annually.
The foundation can provide the last evaluation reports (in order to see the results) upon request.

14. Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

Yes, there are:
Continuous internal and external vocational training;
Daily work quota adapted to each person with disabilities, based on the certificate issued by the occupational health services
Annual Retreat;
Christmas parties;
Christmas and Easter bonuses;
Bonuses for additional activity;
Overtime work paid, if it is the case

15. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

There are subsidies for employers provided by the County Agency for Employment. These subsidies aim at the employment of disabled persons. The subsidy is granted for a period of 18 months, provided that the employer keeps the disabled employee for another three years. The Agency provides about 30% of the national gross minimum wage. There are also subsidies for both the training of the disabled persons and for the adaptation of the workplaces to the needs of the disabled persons.

16. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

- The jobs for the disabled people are not 100% subsidized by the state or differentiated by the degree of disability;
- There are no subsidies for the staff support;
- There is no legislation on the social economy, but currently one is working on this type of law.
- If there were no structural funds to subsidize some of the operating costs, the foundation would not be sustainable in the market economy;
- The authorities don't support financially the social economy structures and hardly accept buying products that are made within authorized shelter units;
- There are no financial incentives for the social economy structures;
- The free labour market employers don't want to hire HIV-positive people due to fear of infection.

17. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

Same answer as section 16.

We would like to thank Mrs. Angela Achitei, Executive President of the 'Close to You' Romania Foundation, for her valuable input assistance. We couldn't have completed this checklist, without her interest and efforts.

17 Scotland – Supporting Attendance at Work

PH Work Part 2 : in-depth case description

Case Study Template for Good Practice

As was already mentioned in the introduction paper there are 3 ways of finding and describing good practices:

1. To get in touch directly with **employers or companies** which are known for their efforts to promote job retention and the return to work of workers with chronic illnesses with special attention to those initiatives consisting in workplace health promotion strategies/activities. It may well be the case that there are only a few companies that explicitly pay attention to this subject.
2. To approach prominent vocational **rehabilitation service providers** which in close cooperation with companies contribute to high-standard re-integration policies for people with a chronic illness. The good practice may be described from both perspectives: company and service provider.
3. To describe interesting **projects or collective initiatives** of collaborating stakeholders (like patient/consumer organisations, insurance agencies, information campaigns, demonstration projects, award schemes for company good practice etc.). Of course the focus in these good practice studies is more on the aspects of the added value and societal impact of these initiatives, than on individual company practice.

It would be helpful to our research when you will include at least two of these three types of good practice.

Background information

1. Country and National Contact Office (NCO)

Kathleen Houston
Scottish Centre for Healthy Working Lives
Princes Gate
3 Castle Street
Hamilton
Lanarkshire
SCOTLAND
ML3 6BU

2. Name and address of company (incl. contact details of informant) **(when the company is the main focus of the good practice)**

Argyll Community Housing Association
63 / 65 Chalmers Street
Ardrishaig
Argyll PA30 8DX

3. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies **(when a service provider is the angle of approach)**

As above

4. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities **(when a collective action project is the angle of approach)**

As above

5. General information about the company of good practice

Website www.acha.co.uk

Sector (NACE)¹ Not for Profit

Number of employees 207

Description of main activities and relevant statistics:

Provision of affordable social housing across Argyll & Bute. Landlord of approximately 5,000 properties with an annual turnover of £1.5 m. Operates across all areas of Argyll & Bute with offices in Helensburgh, Dunoon, Rothesay, Oban, Lochgilphead, Campbeltown and Bowmore.

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.
See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

General information on good practice

6. Title of the case: Supporting Attendance at Work

7. Summary

a) Aims and objectives (100 words)

To manage attendance in a way that reflects genuine concern for staff and to develop a positive attitude towards attendance
 To set clear expectations for standards of attendance required by Argyll Community Housing Association
 To separate two processes: attendance and absence management and provide guidelines for staff and managers
 To seek to identify the causes of absence and, wherever possible, develop a programme of preventative measures
 To ensure training and support is available to those involved in the process

b) Specification of core activities and interventions (100 words)

Establish early contact with employee to ascertain the issues and offer support or assistance through assigned case manager
 Conduct absence review meetings at least once per month
 Seek medical report from GP to help understand health issues
 Refer to specialist, i.e. Employee Counselling Service
 Refer to Occupational Health Service to obtain advice and assistance in dealing with employee
 Identify disabilities and reasonable adjustments
 Consider and implement phased returns to work / flexible working arrangements
 Cash Health Plan to assist employees

c) Why in your opinion is this a good practice? (100 words)

Please refer to some of the afore mentioned criteria for success:

- *Is a specific approach and strategy prominent*
- *coordination with various stakeholders assured*
- *focus on chronic illness*
- *Is early intervention and case management*
- *Issue of self-management/self-determination*
- *Innovative aspects*
- *any process and outcome data available*

Our approach is based on Chartered Institute of Personnel & Development best practice guidance. We treat each employee as an individual, supporting them in a way that allows them to maintain as normal a life as is possible through interventions that are appropriate to their needs. As an employer we also get the advice and guidance we need to help employees remain at work through making adjustments to meet these needs. Assigning the employee a specific case manager allows a build up of trust between employee and employer which helps facilitate discussion and openness.

8. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

Argyll Community Housing Association was set up as a housing stock transfer in November 2006. Absence at the point of transfer was 5.45% against a target of 4%. Attendance management and employee support was minimal with the previous employing authority and it was felt that this was an area that needed to be addressed and attendance improved.

The main factors prompting this were:-

Improving attendance to improve service deliver

Consistency of approach to all staff

Early intervention with the emphasis on prevention

Appropriate support provided as and when needed

The practices were evolved over a three year period between 2007 & 2010 and fully implemented through our Wellbeing & Performance Policies which went live in October 2010.

9. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

No – all staff are covered by this.

10. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker with disability (200 words)

1. We promote health in the work place through our Health & Wellbeing suite of People Policies. This includes a “Healthy” Section which focuses on areas such as Healthy Lifestyles, Smoking Cessation, Stress Reduction and Work Related Trauma. Articles are published in the monthly staff update covering health promotion (e.g. healthy eating tips, recipes etc.)

2. We work with SERCO Occupational Health and local GP’s to put in place appropriate measures to support employees on an individual basis, taking account of their health issues and their job demands to assist them remain in work wherever possible and for as long as possible.

3. Our Managing Attendance policy requires us to contact employees at an early stage in their absence, they are assigned a case manager who works with them during their absence. This person maintains regular contact, provides advice and assistance and makes referrals as necessary with the employees agreement.

4. Employees with disabilities have the opportunity to request reasonable adjustments at any time or to discuss particular issues relating to their disability with the HR Team. The organisation proactively encourages staff to raise issues and identify barriers so that these can be eliminated or reduced.

Organisational aspects

11. Is there a stepwise approach in your case? Please describe the different steps.

1. After 14 days absence, HR department telephone employee to check how they are and if there is any support they need.
2. After 28 days absence, HR department & line manager arrange to see employee, either by home visit or a meeting at a mutually convenient location
3. Depending on outcome of the contacts, referrals can be put in place for assistance or support, if appropriate, through the Employee Counselling Service or other relevant support service agencies.
4. After 28 days, the HR department would also seek a report from the employees' GP to assist with understanding their health needs.
5. Once GP's report is received and a clearer indication of the condition and needs are known, the HR department would arrange a referral to SERCO Occupational Health to get specialist advice:
 - to determine whether or not the condition is classed as a disability under the Equality Act 2010,
 - to assist with accommodating the employees needs
 - to consider phased return to work, redeployment or reasonable adjustments

12. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

The employee; the line manager; the HR team; the employees' GP; any specialist consultants the employee might be attending; SERCO Occupational Health Service.

13. Who is primarily responsible for good practice within the company (role/function)?

The Director of HR & Corporate Services.

14. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice? (100 words)

Advice and assistance is frequently sought from SERCO Occupational Health Service or from other specialist service providers, depending on the condition and issues surrounding the employees' health issues.

15. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

We compare our policy and practice against others in the sector; we also use best practice guides from various specialist advice services including Chartered Institute of Personnel and Development; Employers in Voluntary Housing and Xpert HR, as well as taking employment law advice from our solicitors.

16. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

N/A

17. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

The Association works with the joint trade unions who represent the employee group.

18. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

The Association has recently been awarded the Healthy Working Lives Bronze Award and is working towards Silver now. That conveys generalist information to the whole staff group. In addition to this, where specific medical conditions affect individual employees, every effort is made to obtain information that assists the employer to understand the implications of these for the employee. The employer is also willing to explore any and all avenues open to them to find some way of allowing the employee to contribute as much as they are able to do so to the organisation, in a way that meets their health needs.

Results

19. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

Yes, we monitor statistical information on an organisation wide base every month to obtain information regarding absence trends. In addition, we seek feedback from employees who have been affected by illness which allows us to continually review our case management approach on an individual basis.

Please illustrate in relation to the following issues (50–100 words):

- How is the good practice monitored? What information is collected? (50 words)
- How is the good practice evaluated?
- Have the costs and benefits of the good practice been monitored?
- What were the results of the evaluation?

Key Performance indicators, monitoring absence rates in relation to reason, duration and cause (work or non work related). These figures are reported monthly to the Senior management Team and quarterly to the Board of Management and Health & Safety Committee. The trends allow us to monitor the effectiveness of our early intervention strategies and employee feedback is invaluable in evaluation. Each month the cost of absence is recorded and reported and again, allows us to assess the financial benefit of following good practice. Evaluations have shown that employees now make contact with us more often at the start of illness and are much more open about discussing their health conditions and their individual needs. They will much more readily approach us for advice, assistance and support, including referral to specialists.

20. Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

The association will consider any reasonable request for adjustments made by an employee or recommended by the OHP. We operate a wide range of flexible working options including compressed hours, home working, flexible working; all of which can be accessed by employees with specific health needs and which are actively promoted within the company.

21. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

Not at present.

22. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

The biggest issue we face is the challenges of the geography across Argyll & Bute. Where we may have to consider re-deployment for employees, it is not always possible to accommodate this because of the inability of people to move across the area, either for practical reasons (distance and time to travel to different locations) or for personal reason (family, education, other commitments, housing).

23. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

In this topic you may also go into the consequences of the economic crisis with respect to the employability of workers with a chronic illness.

None that I am aware of that have affected employees to date.

24. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed. What sort of information, material or support do you need to make such a campaign successful in your country?.(150 words)

Information needs to be geared much more to a “Can Do” approach rather than the traditional Can’t Do view that is traditionally taken regarding chronic illness or disability. By focussing on the positives of what an individual **can do** for the employer, the negative impacts tend to be outweighed by the positives, many of which employers will not have considered previously.

18 Scotland – Occupational Health department interventions on attendance management and safety & risk management issues

PH Work Part 2 : in-depth case description

Case Study Template for Good Practice

As was already mentioned in the introduction paper there are 3 ways of finding and describing good practices:

1. To get in touch directly with **employers or companies** which are known for their efforts to promote job retention and the return to work of workers with chronic illnesses with special attention to those initiatives consisting in workplace health promotion strategies/activities. It may well be the case that there are only a few companies that explicitly pay attention to this subject.
2. To approach prominent vocational **rehabilitation service providers** which in close cooperation with companies contribute to high-standard re-integration policies for people with a chronic illness. The good practice may be described from both perspectives: company and service provider.
3. To describe interesting **projects or collective initiatives** of collaborating stakeholders (like patient/consumer organisations, insurance agencies, information campaigns, demonstration projects, award schemes for company good practice etc.). Of course the focus in these good practice studies is more on the aspects of the added value and societal impact of these initiatives, than on individual company practice.

It would be helpful to our research when you will include at least two of these three types of good practice.

Background information

1. Country and National Contact Office (NCO)

Kathleen Houston
Scottish Centre for Healthy Working Lives
Princes Gate
3 Castle Street
Hamilton
Lanarkshire
SCOTLAND
ML3 6BU

2. Name and address of company (incl. contact details of informant) **(when the company is the main focus of the good practice)**

The John Lewis Partnership plc
Head Office
171 Victoria Street
Victoria
London
SW1E 6NN

John Lewis Partnership has 76,500 employees in the UK and is a leader in the retail sector. The business is composed of John Lewis shops (29 department stores and 6 John Lewis at home shops), 271 Waitrose supermarkets, an online and catalogue business - johnlewis.com, a production unit and a farm, Partners (i.e. employees) share in the benefits and profits of the business through a Staff Representative Council. Therefore, all partners have an interest in the business for which they work.

This interview focused on one of the two Call Centers operated by the Partnership. This particular part of the operation is located in central Scotland.

3. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies **(when a service provider is the angle of approach)**

John Lewis Partnership plc
- in-house occupational health service

4. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities **(when a collective action project is the angle of approach)**

As above

5. General information about the company of good practice

Website <http://www.johnlewispartnership.co.uk/en.html>

Sector (NACE)¹ Retail

Number of employees ...76,500.....

Description of main activities and relevant statistics:

The Call Centre which is the focus of this case study has approximately 600 partners (employees).
The main activities are call handling relating to selling of goods; dealing with enquiries and complaints; managing Gift Lists, product advice, and managing orders.

General information on good practice

6. Title of the case: ...John Lewis Partnership – Call Handling Centre, Hamilton, Scotland.

7. Summary

a) Aims and objectives (100 words)

The aim of the Occupational Health Department is to:

- work with and support partners (employees) to achieve optimal health status
- maintain and support partners (employees) to achieve work retention
- encourage attendance at work
- ensure partners (employees) are aware of safety, ergonomics, display screen equipment regulations

These aims are achieved through health education awareness activities and attendance management procedures.

b) Specification of core activities and interventions (100 words)

Core activities:

- Attendance Management
- Safety and Risk Management issues

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.
See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

- Wellbeing sessions

Interventions:

- 'The Biggest Loser' - after Christmas – 12 week fitness, weight loss campaign with weigh in sessions, lunchtime walk and jog Sunday's.
- 'Know your numbers' – this intervention focused on healthy levels of blood pressure.
- Body MOT – a lifestyle intervention where matters of weight, blood pressure, cholesterol, alcohol consumption, drugs and 'The Big Healthy Breakfast' – breakfast is one of the most important meals of the day and staff were introduced to a menu of healthy options

c) Why in your opinion is this a good practice? (100 words)

Please refer to some of the afore mentioned criteria for success:

- *Is a specific approach and strategy prominent*
 - These interventions may be considered as good practice as it is well known that people who feel valued will work more effectively.
 - The company has core values, 'the Partnership's ultimate purpose is the happiness of all its members, through their worthwhile and satisfying employment in a successful business'.
 - 'Partnership amenity' is a central function to the company and to ensure best working facilities and practices for partners (employees) when appropriate applications can be made for hairdryers, bicycle racks, showers.
 - The company also offers a range of activities including sailing, photography, walking. These company based activities allow partners (employees) the opportunity to experience activities which under normal circumstances may be beyond that which they can financially afford. .
- *coordination with various stakeholders assured*
 - Externally, the company work with various charities in fund raising activities.
- *focus on chronic illness*
 - The Occupational Health Department begin with employees at the pre-employment stage when standard health screening is undertaken.

- All employees are covered under the Equality Act 2010 even if there is no chronic illness, adjustments for duties, working hours and flexible working patterns is made available. There is communication with an individual's General Practitioner (doctor) and if necessary physiotherapist and appropriate external agencies.
-
- *Is early intervention and case management*
- If required
-
- *Issue of self-management/self-determination*
- Some employees who have chronic conditions do self management and Occupational Health are available to support any additional needs which may arise
-
- *Innovative aspects*
-
- *any process and outcome data available*

8. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

A medical service for Partners was introduced by the founder as early as 1933 "He wrote in the Gazette in 1933 that "the Partnership ought to aim at giving each of its members, free of charge, all that benefit of medical knowledge and skill that a sensible rich person buys for himself." Thus, the Medical Service was established". This service grew to form the Occupational Service it is today. Nursing then was mainly treatment by the very first nurse who did look at the work environment and how it affected the Partners, she also ensured that they wear safe footwear. In particular Attendance Management emerged as an issue. The Occupational Health Department developed a return-to-work process to monitor levels and cost of absences. To ensure equality and fairness a training process was developed for Human Resources, Managers and Team Heads. The training involves information about absence procedures, absence management, referral process to Occupational Health, long term ill health, ill health pensions and severance.

9. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

Open to all.

10. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker with disability (200 words)

- *Company Culture*: This dates back to the Founder who in the early 1920's instigated profit sharing for employees so that whilst he held control of the business the 'partners' shared in the profit. Strong ethos of support and consideration towards 'partners' (employees).

- *Co-ordination amongst professionals/agencies*: This is dealt with when required and is usually amongst GPs (doctors), physiotherapists, who are engaged by the company, psychological counsellors and when necessary other external agencies such as debt, drug or alcohol advice.

- *Early intervention etc*: This is addressed through the Attendance Management process and early referrals from individuals and managers are encouraged. This approach allows management to be proactive rather than reactive in dealing with cases.

- *Self management of the worker with disabilities*: This is encouraged and supported when necessary, by the Occupational Health team. Examples of medical conditions include stoma care, rheumatoid arthritis, hearing impairment and cancer diagnosis.

Organisational aspects

11. Is there a stepwise approach in your case? Please describe the different steps.

Stepwise approach to dealing with absences and chronic disabilities is as follows:

- Pre-employment screening health questionnaire
- Management referral where Occupational Health work with managers to identify any barriers to the individuals' work capability
- If required, management and Occupational Health will involve external agencies to assist with a particular situation, for example dyslexia, chronic back pain, epilepsy.

12. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

All of the above

13. Who is primarily responsible for good practice within the company (role/function)?

Occupational Health
Human Resources
Line Managers

14. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice?
(100 words)

External providers include GPs (doctors), physiotherapists and related Primary Care services

15. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

Liaise with various health professionals and external agencies when required to ensure best communication about 'partners' (employees) - patients.

16. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

Yes – Occupational Health Department train Managers to a level where they can offer initial support to 'partners' (employees). If a particular case becomes complicated it is referred to Occupational Health for additional support.

17. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

There are no Trade Unions in this organisation as the Founder, John Lewis, established a Representative Staff Council, this approach was very innovative for the 1920's. This Council is based centrally and ensures fairness amongst 'partners', communicates with employees (the Gazette company magazine), uses mediation when required, is a forum for representative 'partners' to voice any concerns they may have. The Council ensure 'everyone has the ability to make a difference. For example, in the company dining area there used to be a segregated area for managers, however at 'partners' request this was removed and there is now an 'open' dining area.

18. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

Dealt with by Occupational Health

Results

19. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

Yes – a Health Needs Assessment was conducted with ‘partners’ (employees) and results are shown below.

Please illustrate in relation to the following issues (50–100 words):

- How is the good practice monitored? What information is collected? (50 words)
- How is the good practice evaluated?
- Have the costs and benefits of the good practice been monitored?
- What were the results of the evaluation?

1. ABOUT YOU

Completed by **27 female** and **9 male** Partners

Largest age range was **25 - 34 (15)** closely followed by age range **35 - 44 (10)**

3. HEALTH PROMOTION

What could your workplace do to **support you becoming more aware of alcohol:**

Provide more info (18)

Provide alcohol awareness sessions (8)

Access to counselling sessions (7)

Nothing, I'm well informed (9)

What could your workplace do to **support you becoming more active:**

Provide safe storage for bikes (3) - done

Changing and showers (2) - done

Promotion of safe commuting and maps (5)

Lunchtime walking clubs (17)

Promotion of stair climbing (19)

None or no comment (7)

Other: zumba at lunch time, swimming club, subsidised fitness clubs - done
exercise sessions at work

What could your workplace do to support more healthy eating:

Healthy options at a similar price to others (13)

Fresh fruit (8)

Healthy recipe information (11)

Weight mgt classes (20)

Info on healthy eating local outlets (6)

Healthy vending options (14)

No comment (4)

What could your workplace do to reduce stress at work:

Provide info on coping with stress (18)

In-house relaxation(18)

No comment (6)

Safety management: Understand (27) don't understand (10)

Conditions that you believe are unsafe: Never (34) seldom (2) - no one indicated what these were

All but **three** knew how to **report an incident.**

Knows who is responsible for **assessing health and safety:** yes (29) no (8)

Understands procedures for the following:

Fire Yes (35)

First aid Yes (29)

Incident reporting Yes (33)

Emergency procedures Yes (32)

Full report for the above is available

Attendance is recorded weekly and monthly by department and age - there are other break downs that can be made for more detailed investigation such as shift pattern, P/T v Full time.

Absence is higher here than the shop and is sitting at an average of 5% where 3.5% is our target - the branch is averaging about 3.3%

Partners have voiced a concern about absence and this has been discussed at the latest forum meeting - they are asking how much is absence costing the company, what could be the cause of high absence and what are we going to do about it. Personnel will draw out the figures and workshops for managers are planned. We are also looking at the cause of certificated absence - OH is doing this manually - there is not enough history yet to give us a clear picture.

Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

No

20. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

No

21. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

No

22. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

In this topic you may also go into the consequences of the economic crisis with respect to the employability of workers with a chronic illness.

No

23. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed. What sort of information, material or support do you need to make such a campaign successful in your country?.(150 words)

Posters and attachments to wage slips.

19 Scotland – ‘Good employment practices’

PH Work Part 2 : in-depth case description

Case Study Template for Good Practice

As was already mentioned in the introduction paper there are 3 ways of finding and describing good practices:

1. To get in touch directly with **employers or companies** which are known for their efforts to promote job retention and the return to work of workers with chronic illnesses with special attention to those initiatives consisting in workplace health promotion strategies/activities. It may well be the case that there are only a few companies that explicitly pay attention to this subject.
2. To approach prominent vocational **rehabilitation service providers** which in close cooperation with companies contribute to high-standard re-integration policies for people with a chronic illness. The good practice may be described from both perspectives: company and service provider.
3. To describe interesting **projects or collective initiatives** of collaborating stakeholders (like patient/consumer organisations, insurance agencies, information campaigns, demonstration projects, award schemes for company good practice etc.). Of course the focus in these good practice studies is more on the aspects of the added value and societal impact of these initiatives, than on individual company practice.

It would be helpful to our research when you will include at least two of these three types of good practice.

Background information

1. Country and National Contact Office (NCO)

Kathleen Houston
Scottish Centre for Healthy Working Lives
Princes Gate
3 Castle Street
Hamilton
Lanarkshire
SCOTLAND
ML3 6BU

2. Name and address of company (incl. contact details of informant) **(when the company is the main focus of the good practice)**

Thomas Tunnock Ltd
34 Old Mill Road
Uddingston
Glasgow
Scotland UK
G71 7HH

Tel UK 1698 – 813551
E mail sales@tunnock.co.uk

3. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies **(when a service provider is the angle of approach)**

Not applicable

4. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities **(when a collective action project is the angle of approach)**

Carol Hodgson
Occupational Health Adviser
Thomas Tunnock Ltd
34 Old Mill Road
Uddingston
Glasgow
Scotland UK
G71 7HH

5. General information about the company of good practice

Website <http://www.tunnock.co.uk>Sector (NACE)¹ **Food Manufacturing** Number of employees **550**

Description of main activities and relevant statistics:

Biscuit manufacturing – in excess of 3 million per week. Products have a good market in UK and are exported world wide. This is a family firm which was established in 1890 by the current Managing Director's grandfather and during the decades has employed a local workforce.

General information on good practice6. Title of the case: ... **Thomas Tunnock Ltd – Biscuit Manufacturer, Uddingston, Glasgow, Scotland**

7. Summary

a) Aims and objectives (100 words)

- The Occupational Health Service is 'in-house' which aims to assist employees with acute medical conditions and also those who present with a range of chronic illnesses to remain in work for as long as possible
- Various policies have been developed so that employees have an awareness of their own responsibilities and the assistance available to them, should it be required.
- To ensure company management address the needs of their workforce to the highest possible standards to retain a high level of health in the working environment.
- To offer a range of 'return-to-work' support services if and when required.

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.
See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

b) Specification of core activities and interventions (100 words)

- This company has a long-term and loyal workforce which is evident as several generations of families currently work in the production section of the factory.
- The work is very physical by nature i.e. production lines, moving materials and packaging from one part of the factory to another. Depending on the nature of the chronic illness employees may be moved to tasks more suitable to their work capability and capacity.
- Much of the work is done in teams and where someone with a chronic illness cannot perform a particular task then another team member will assist.

c) Why in your opinion is this a good practice? (100 words)

Please refer to some of the afore mentioned criteria for success:

- *Is a specific approach and strategy prominent*
 - Having a long term and loyal workforce, who are known to the Managing Director by name, has lead to good working relations between management and staff.
 - Employees who have a medical condition are usually aware of their limitations and are prepared to work with the Occupational Health Adviser and HR so that the employee can make a maximum contribution to the workforce.
 - Management endeavour to retain good employees
- *coordination with various stakeholders assured*
- Management, HR and the Occupational Health Adviser work with the individual employee to identify their needs and retain employment.
-
- *focus on chronic illness*
- The open communication between management and staff has lead to good working relations.
-
- *Is early intervention and case management*
- Prior to a chronic medical condition being identified employees may request time off to attend medical appointments. Thus the potential of a chronic condition is cause for concern by the Occupational Health Advisor. Therefore the Occupational Health Department have an awareness of the situation and possible impact on work production.
-

- *Issue of self-management/self-determination*
- When appropriate the Occupational Health Advisor will assist an individual in the management of a chronic illness by providing relevant advice and information.
- *Innovative aspects*
- Throughout the year the Occupation Health Department have a rolling-programme of Health Promotion initiatives and follow a national calendar of topics such as AIDS, Heart Health, Healthy Eating, Smoking Cessation etc.
- *any process and outcome data available*
- Qualitative data indicates there has been a reduction in smoking and the rolling health promoting programme has positive feedback.

8. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

- All health promoting initiatives are evidenced based.
- Any initiatives are appropriate for staff relating to their lifestyle e.g. smoking cessation, blood pressure checks etc
- Initiatives also focus on the work environment and involve hand hygiene and use of protective clothing and equipment.

9. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

- The initiatives are available to all staff

10. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker with disability (200 words)

- Company culture – this is a family business which has grown over the decades to become a world famous biscuit manufacturer. Generations of families have been employed in the factory and hence management have a good knowledge of the workforce. In turn the workforce is aware of the ethos of the company.
- Co-ordination between professional agencies – when the need arises there is co-ordination between the individuals General Practitioner (doctor), the Occupational Health Advisor, Occupational Health Physician, Management and HR. When required external agencies will also be involved e.g. counselling for stress, bereavement or other social issues.
- Early intervention – the usual attendance management protocol is followed i.e. an absence of longer than 3 weeks is deemed to be long term. At this point the employee will be contacted by the Occupational Health Advisor who will discuss the situation in depth with the employee to identify what support is required. The individual may also be referred to an Occupational Health Physician for further input.
- Self Management of the condition – this is achieved through dialogue with the Occupational Health Advisor and appropriate information being given to the individual employee. Time off given for employee to attend clinic/medical appointments without jeopardising their 'Reward Scheme' (bonuses).

Organisational aspects

11. Is there a stepwise approach in your case? Please describe the different steps.

- The Attendance Management process is followed and adjustments made as required by the individual. This involves the following process:
 - - after 3 weeks the individual is contacted by the Occupational Health Adviser
 - Discussion with the employee takes place to identify the cause of absence and what support the individual requires to assist them return to work
 - Return to work interviews may involve the Occupational Health Adviser, HR, Occupational Health Physician and any other appropriate external agencies.
 - The trigger point is 2 periods of absence in any 6 months or 3 absences in 12 months will initiate a referral to an Employee Co-ordinator
 - Absences may result in verbal warnings or depending on circumstance HR may issue a written warning.

12. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

- Employees, supervisors, line managers, HR, Senior Management, Occupational Health Physician, Occupational Health Adviser, Employee Assistance Program consultant. In addition any relevant external bodies such as employee counsellors.

13. Who is primarily responsible for good practice within the company (role/function)?

- Occupational Health Advisor, HR and the Occupational Health Physician

14. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice?
(100 words)

External providers include the Occupational Health Physician, physiotherapists, podiatrists, alcohol and/or bereavement counsellors. There is also contact with the GP

15. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

There is good communication with Health Professionals and various external agencies to ensure full engagement on behalf of the employee is achieved.

16. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

Yes – all health professionals are appropriately qualified

17. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

- there are Trade Unions
- Health & Safety committee
- The Managing Director has a keen interest in community activities and contributes to community fund raising events
- There is a schools programme where youngsters have an opportunity for work experience

18. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

- As before - rolling programme of Health Promotion events.

Results

19. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

Only anecdotal evidence

Please illustrate in relation to the following issues (50–100 words):

- How is the good practice monitored? What information is collected? (50 words)
- How is the good practice evaluated?
- Have the costs and benefits of the good practice been monitored?
- What were the results of the evaluation?

- Good practise monitored – this is achieved by the number of employees who participate in Health Promotion activities and resultant conversations or actions taken by them.
- Evaluated by keeping records of what happened at one event, discussing with employees what could have been done differently and giving the opportunity to identify the topic areas which should be highlighted.
- Cost benefits have been monitored by reference to levels of attendance in the workplace.
- Results of the evaluation show that during the last 2 years levels of sickness absence have been reduced. In addition, there is anecdotal evidence that employees appear happier as they are fairly treated.

Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

- There is a bonus scheme which rewards workers for good attendance at work over a specified period.
- Each chronic illness case is looked at individually and may involve a phased return, reduced hours or change of duties. In this workplace the main focus is manual work and there are only a small number who work in the office. Unfortunately, there is limited opportunity to move from the 'factory floor' to an office environment. However, the company try as far as possible to accommodate the needs of the employee with chronic illness or disability.

20. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

- Currently the company have no employees who would qualify or require any government incentives to remain at work mainly due to the physical nature of the work demands.
- Access to Work is an external agency and if required there could be connection with this organisation.
- Job Centre Plus is a government organisation and there has been communication between the company and this agency to facilitate return to work for employees.

21. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

- Due to the physical nature of the work, in some cases after all options have been explored, it has not been possible to meet the needs of the employee. However, the company have assisted the employee to look for alternative employment.

22. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

In this topic you may also go into the consequences of the economic crisis with respect to the employability of workers with a chronic illness.

When this type of situation arises, although not very often, the company work very closely with advisers in Job Centre Plus to identify the best course of action for an individual to sustain them in employment.

23. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed. What sort of information, material or support do you need to make such a campaign successful in your country? (150 words)

- Yes – posters, small information cards, attachments to wage slips.

20 Slovakia – Centre of additional works and activities

MOGP in Slovakia.

NCO Fedor Jagla , fedor.jagla@savba.sk

There exists a completely national enterprise **Iron Work, Podbrezova** - located in the middle of the country (at about 3000 employees)

In 1995 they founded something which may be named as *Centre of additional works and activities*. It was aimed to help the older employees with lowered working activities which due to chronic health problems can not work at their original posts. But they are able to return to the enterprise and not to join the group of unemployed persons.

So, the activities were centered to the cultivation of green areas round the enterprise, to seed the trees and flowers, to help to pick up and take away the waste as well as to make full some missing professions.

E.G. in 2009 50 such employees took part in this program. All of them were grateful for the highly individual approach.

This time there is some stagnation because of the financial crisis. But it is only temporary case.

21 Slovenia – Program for disabled and employees with chronic illness

PH Work Part 2 : in-depth case description

Case Study Template for Good Practice

Background information

1. Country and National Contact Office (NCO)

Slovenia, Ljubljana University Medical Center, Clinical Institute of Occupational, Traffic, and Sports Medicine, Poljanski nasip 58, 1000 Ljubljana

2. Name and address of company (incl. contact details of informant) **(when the company is the main focus of the good practice)**

DARS d.d.
Ulica XIV. divizije 4, 3000 Celje, Slovenia
Tel.: +386 1 300 9922, E-mail: helena.pleslic@dars.si; katarina.primozic@dars.si

3. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies **(when a service provider is the angle of approach)**

/

4. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities **(when a collective action project is the angle of approach)**

/

5. General information about the company of good practice

Website www.dars.si

Sector (NACE)¹ 60.2 : Other land transport

Number of employees 1.252

Description of main activities and relevant statistics:

DARS d.d. manages and maintains Slovenian freeways. It currently manages and maintains a total of 606 km of freeways and highways, 163 km of on-ramps and off-ramps, and 27 km of rest areas.

DARS d.d. also provides the following services:

- Charging freeway tolls through toll stickers for vehicles weighing up to 3,500 kg and an open or closed toll-collection system for vehicles weighing over 3,500 kg (charging tolls for commercial vehicles at 27 toll stations throughout Slovenia);
- Monitoring and managing traffic;
- Managing rest areas;
- Organizing repair work and new freeway construction.



Regular maintenance work includes regular maintenance of freeways in all seasons. This is provided by nine freeway maintenance facilities and seven branches of these facilities, which are located next to the freeway and highway network throughout Slovenia.



DARS employs 1,252 people, most of whom work in freeway maintenance (580) and toll collection and monitoring (370). The technical and other

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.
See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

support services employ a total of about 300 people. About half of the employees have a three-year secondary technical school degree and 30% have a four-year secondary school degree. The company also has 47 disabled employees; the majority of these (45 employees, or 96% of all the disabled) work in operations: freeway maintenance and toll collection and monitoring.

Work in freeway maintenance, and toll collection and control is demanding due to specific workplace hazards:

- Mechanical injuries: impact injuries, falls, cuts, stab injuries, traffic accidents, etc.;
- Dynamic hazards: lifting and moving heavy loads, walking, bending frequently, etc.;
- Static physical hazards: standing for long periods, maintaining a stiff posture, etc.;
- Psychological hazards: working with clients, traffic accidents, night shifts, etc.;
- Unfavorable climatic conditions: heat, cold, humidity, dust, etc.;
- Noise, harmful noise above 80 dBA, vibrations;
- Chemical and biological threats: paint, insect bites, infections, allergens, irritants.

According to authorized occupational medicine physicians, ca. **50 to 60% of employees suffer from chronic illnesses**. Due to health limitations diagnosed by an authorized physician, ca. 10 employees are reassigned to other positions more suitable to their medical condition each year, either by changing their employment contract or adjusting their current line of duty. The majority of these positions require a three-year technical secondary school degree or a four-year secondary school degree, which often represents a problem if an employee becomes disabled or if his or her ability to work changes because it is difficult to find different work for them that suits their medical condition.

Disability develops at different times according to the line of work performed by the employees, which is presented in the following table:

	Development of disability: item measured	White- collar workers	Blue-collar workers
1	Average total number of years of service when the disability develops	30 years	22 years
2	Average age when the disability develops	52 years	43 years
3	Number of disabled per 100 employees	1	4

General information on good practice

6. Title of the case:

THE PROGRAM OF DEALING WITH EMPLOYEES WHOSE ABILITY TO WORK HAS CHANGED: THE DISABLED AND EMPLOYEES WITH CHRONIC ILLNESSES

7. Summary

a) Aims and objectives (100 words)

The purpose of this activity is to provide effective solutions to solving the issues of changed ability to work due to health problems and chronic illnesses, which affect the work availability of the employees; that is, disability issues.

The goals of this activity are:

1. Actively representing the interests of the employees whose ability to work has changed by taking into account the work process needs;
2. Improving the work efficiency of employees whose ability to work has changed, increasing disabled employees' opportunities to keep their jobs through additional training or retraining, and improving conditions for employees with chronic illnesses so that they can return to work after long-term sick leave;
3. Using workplace health promotion program to maintain and enhance the health of all employees, thus managing sick leaves and the scale of changed work ability (preventing the causes of disability by developing safe work places in a healthy work environment).

b) Specification of core activities and interventions (100 words)

The core activities within the program for more effective management of employees whose ability to work has changed include the following:

- Direct and regular presence of HR specialists in the work units and at locations offering ongoing assistance to employees with problems connected with changed health conditions or other changes that affect the employee's social security;
- Active cooperation with authorized occupational medicine physicians and the occupational health and safety service in managing the risks of injuries and health problems, and seeking appropriate solutions for employees whose ability to work has changed;
- Adapting the current work environment and jobs to employees whose ability to work has changed;
- Carrying out workplace health promotion activities among employees to maintain and enhance their health (subject-specific courses and target activities).

c) Why in your opinion is this a good practice? (100 words)

Please refer to some of the afore-mentioned criteria for success:

- *Is a specific approach and strategy prominent*
- *Coordination with various stakeholders assured*
- *Focus on chronic illness*
- *Is early intervention and case management*
- *Issue of self-management/self-determination*
- *Innovative aspects*
- *Any process and outcome data available*

The direct and ongoing presence of HR specialists among the employees at locations throughout Slovenia is this program's greatest value. This makes it possible for the employees to directly and confidentially obtain suitable information, referrals, and guidance for taking timely and effective action. First and foremost, this type of activity enables proactive work towards more successful and ongoing resolution of problems in the work process that result from changed work ability or other circumstances affecting employees' social security (seeking an appropriate job within the same or a different organizational unit and location in a timely fashion, training employees, organizational or technical workplace adaptations, etc.).

8. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

Initial/organizational stage of the program (2009):

- Analysis of the current state of affairs with regard to changed ability to work. The findings showed an increase in the number of employees for whom a different job suitable for their medical condition had to be found due to chronic illnesses diagnosed by an authorized occupational medicine physician. Often action had to be taken quickly to resolve a given situation resulting from the employee's health limitations, which caused a certain degree of distress for the employee and the head of the organizational unit;
- Adoption of the written agreement or document titled "Strategy for Dealing with Employees Whose Ability to Work Has Changed" in May 2010, clearly defining the responsibilities of the direct heads and the manner of cooperation with the employer specialist services and authorized occupational medicine physicians;
- Training the direct heads in managing employees with health problems (June 2010).

The implementation stage of the program – currently underway (since October 2010):

- Arranging visits by HR specialists once a month at nine locations throughout Slovenia: employees are provided with direct and confidential contact with the specialist, who offers them guidance and advice on how to take immediate action in order to maintain their health (and keep their job). The two specialists involved also received additional anti-bullying training.
- Treating individual cases using a specific individual approach adapted to the employee's health condition with the professional assistance of an authorized occupational medicine physician, the employee's GP, and the employee's direct supervisor;
- Carrying out training courses for employees with changed ability to work as part of an in-house training system of training courses: learning new skills to do other work (computer, sales, and communication skills) or taking part in occupational rehabilitation programs;
- Workshops for personal health maintenance, health risk-management programs, and other types of training courses to improve employability held as part of the in-house training system.

Program evaluation stage (from March 2011 onwards):

- Ongoing three-month monitoring of the sick leave conditions within individual work areas;
- Preparing reports including suggested measures for the company management and individual department managers;
- Adjusting measures at the employee level according to the current conditions (more frequent contact with the employees, a specialist's

visit to an individual work environment, etc.).

The most important factor that has contributed to establishing this program/practice is the close cooperation between the employer's specialist services and the authorized occupational medicine physicians, GPs, and social partners.

9. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

Yes:

The target group is the blue-collar workers employed by DARS that work in freeway maintenance and toll collection. Because the work locations are geographically dispersed, the workers are removed from the central HR specialist services. Due to the nature of their work, these workers are at least four times more exposed to risks of serious injury than other workers. These workers generally have a lower technical degree (i.e., a four-year technical secondary school degree) and are therefore less employable if their ability to work changes.

10. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker with disability (200 words)

1. The company detailed the issue of taking care of employees whose ability to work has been redefined in a special document called "Strategy for Dealing with Employees Whose Ability to Work Has Changed," its planning documents, its quality policy, and through its high social security level (supplementary pension and personal accident insurance).

2. In dealing with an individual chronic illness or disability case, the HR specialist works closely together with the worker's direct supervisor, an authorized occupational medicine physician, and the in-house safety engineer. If the need arises, the specialist also works together with the worker's GP with the worker's prior consent. The in-house specialist always attends the interview that the disability committee of the Slovenian Pension and Disability Insurance Institute conducts with the worker. He or she responds appropriately to the decisions received in order to protect the worker's interests and health, guiding the worker through the procedure of seeking a new job opportunity (finding a different suitable job in other areas of work or inclusion in occupational rehabilitation).

3. Early detection is made possible through the employees' direct contact with the specialist at all work locations. During this contact the employees can tell the specialist what problems they have in performing their work because of not feeling good physically or mentally. The data collected in the field enable the HR department to take proactive measures in the form of suitably training the employee to assume some other type of work within the internal labor market even before a serious health problem occurs (these workers have priority over other workers in getting the job if they meet all the requirements), adapting the work in cooperation with the direct head and safety engineer, recruiting another

worker in a timely fashion, and, if the need arises, intervening with the supervisor and among the coworkers.

4. During the interview the employee is prepared to take the actions necessary to maintain his health and keep his job. The employee is referred for a check-up with his GP or an authorized occupational medicine physician, he is included in existing programs for maintaining and enhancing one's health organized within or outside the company (**a description of the specific program is provided below*), or takes part in additional training to obtain new skills in order to be able to perform a new job. The employee is informed in writing about the realistic options the company offers with regard to maintaining health and keeping one's job, and also informed that the situation may develop unfavorably if the employee does not take an active part in managing the conditions.

All of the employee activities for maintaining and enhancing health take place under the slogan "Healthy, Safer, Better"



**Description of the "Vitality for Safety" program*

This program includes activities for group weight management or weight reduction as part of a support group at an individual company site. Each group includes 7 to 12 individuals. The groups compete with one another to see which one will be most successful in losing weight. The three most successful groups and individuals receive a fun trip as a reward (a visit to Vienna during the Christmas season). The program activities last six months and eight groups or 70 employees are included in the program (the average weight of a participant is 98 kg). The groups choose the activities aimed at losing weight themselves (e.g., group exercise, hiking, bicycling, etc.), and the company has provided expert assistance in the form of consultations with a physician (advice on healthy diet and lifestyle).

A group's success in the program is measured using the following method of estimating the percentage (%) of the total weight lost in the group:

$$P = \frac{W \text{ initial} - W \text{ end}}{W \text{ initial}} \times 100 \%$$

W initial – the group's weight before the beginning of activities

W end – the group's weight after the end of activities



Organisational aspects

11. Is there a stepwise approach in your case? Please describe the different steps.

In dealing with changed ability to work, there are certain basic steps with regard to this approach, but in fact this approach is very specific and adapted to individual treatment of every individual. The basic steps in this process include the following:

Step one: The HR department establishes contact with the employee and manages and guides him or her even before his or her work ability changes; the employee is referred to his or her GP, an authorized occupational medicine physician, a social worker, and so on; his or her workplace is adapted, he or she is included in the existing programs for maintaining and enhancing health, and, if the need arises, in additional preventive training; and cooperation with his or her direct supervisor and safety engineer;

Step two: The employee is provided with a different job appropriate for his or her health condition if this proves to be the only suitable solution before serious illness occurs and if this is the opinion of the authorized occupational medicine physician or decided by the disability committee; close cooperation with the employee's direct supervisor, the second-line supervisor, and the employee;

Step three: An interview is conducted with the employee regarding his or her personal preferences and the skills required to take on the new job and, if the need arises, he or she is referred to additional internal or external training; close cooperation with the employee, the

occupational rehabilitation provider, and the in-house training system;

Step four: The employee is again referred for a check-up with an authorized occupational medicine physician before starting the new job: cooperation with an authorized occupational medicine physician and the safety engineer;

Step five: The employee is reassigned to a new job appropriate for his or her health condition and the employee receives induction training with his or her advisor; cooperation with the employee's direct supervisor, and induction training supervisor;

Step six: The HR department monitors the employee during the induction period and provides the necessary social support: close cooperation with the employee and his or her advisor and direct supervisor;

Step seven: The HR department includes the employee in personalized motivational workshops and maintains contact with him or her: close cooperation with the employee and his or her direct supervisor.

12. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

The following individuals are involved in handling a changed work ability case, each with specific duties and responsibilities:

- Direct supervisors,
- Area managers,
- HR specialist,
- Safety engineer,
- Training program organizer,
- Authorized occupational medicine physician,
- GP (if needed),
- External professional assistance (psychological treatment, occupational rehabilitation).

The program's implementation is supervised and supported by the company's management at the company level and by social partners at the employee level.

13. Who is primarily responsible for good practice within the company (role/function)?

The HR department head and health promotion advisor are primarily responsible for good practice within the company.

14. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice?
(100 words)

External service providers are involved in the good practice as organizers of motivational workshops and specialist training courses. Authorized occupational medicine physicians provide medical advice based on their familiarity with the employee's health and work conditions, and GPs provide additional support in order to successfully keep the employee working.

15. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

The DAM society is involved in good practice outside the company; this society helps people suffering from depression and anxiety disorders, and provides psychological support to the employees on a volunteer basis and in close cooperation with the company.

16. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

The responsibilities and competences of the stakeholders involved in dealing with cases of changed ability to work are mainly adequate for promoting sustainable employability. However, at the level of certain stakeholders there is potential for further improvement and strengthening of positive cooperation:

Stakeholder	Explanation
Area managers and direct supervisors	Greater flexibility in the organization of labor when hiring employees with a chronic illness or disability.
GP	Better cooperation and greater trust in the cooperation with the company's specialists (by prior consent of the employee and in his or her interest).
Occupational rehabilitation	Securing funds for carrying out occupational rehabilitation for chronically ill employees even without a recognized disability.
Trade unions and the employee council	More constructive cooperation with the employer's specialist services in activities aimed at maintaining and enhancing employees' health, including financial support for these activities

17. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

The role of social partners and the employee council is primarily to actively represent the employees' economic and social rights, and the main role of the employer associations and business representatives is to reduce the company liabilities in the tax system and provide more flexible employment opportunities.

18. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

The company primarily uses workplace health promotion to maintain the good health of healthy employees and thus has a long-term effect on managing the scale of changed ability to work or the scale of chronic illnesses among the employees. Individual workplace health promotion activities are directed towards improving health and the wellbeing of disabled or chronically ill employees. The company is using these activities to improve the level of their work availability and their responsiveness to work demands. Employees then find it easier to decide to take part in additional training and to take on different work.

Results

19. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

No, there has not been any evaluation of the good practice yet. The program has been underway since October 2010.

Please illustrate in relation to the following issues (50–100 words):

- How is the good practice monitored? What information is collected? (50 words)
- How is the good practice evaluated?
- Have the costs and benefits of the good practice been monitored?
- What were the results of the evaluation?

The good practice program is monitored in the following way:

- By monitoring the employee response (number of employees included in the program);
- By analyzing the sick-leave rate by work area (three-month analyses and reports);
- By keeping records on the number of processed cases of employees whose ability to work has changed (the disabled, chronically ill);

- By measuring employee satisfaction.

Good practice will be assessed based on a comparison with the data before the beginning of the program (in 2007 and 2008). The program began to be implemented in October 2010 and so it is too early to evaluate the good practice. A comparison of the status and an evaluation of the program's effect are planned for the end of 2012.

A special cost center was designed for the program implementation, where all the costs connected with the program activities are being entered. The costs are lower than planned and in 2010 have already achieved the anticipated financial effect (ca. €20,000 annually; the anticipated financial effect at the annual level resulting from reduced sick leave is ca. €65,000).

20. Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

There are not any special incentives within the company to promote sustainable employability of disabled and chronically ill employees. What the company has in place is just incentives in the form of special rewards such as occasional trips and gifts for employees that take part in programs for maintaining and enhancing health, and awarding recognitions of good achievements.

21. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

The Vocational Rehabilitation and Employment of Persons with Disabilities Act defines a series of employer obligations connected with the employment of the disabled. Employers that have at least twenty employees must meet a certain quota in hiring disabled employees in relation to the total number of employees. The quota includes all disabled employees that work at least twenty hours a week based on a signed work agreement.

To enable more equal employment of the disabled, the Vocational Rehabilitation and Employment of Persons with Disabilities Act also stipulates that employers be granted certain financial incentives:

- Wage subsidies for the disabled;
- Paying the costs of adapting the workplace and funds for the work performed by the disabled: the company is using these incentives;
- Paying the costs of supported employment services;
- Exemption from paying pension and disability insurance contributions for disabled employees: the company is using these incentives;
- Awards for exceeding quotas; the company is using these incentives;

- Annual awards for employers for good practice in employment of the disabled; and
- Other incentives in employment of the disabled and preserving jobs for the disabled, and other developmental incentives.

22. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

There are certain obstacles within the company with regard to employing the disabled and chronically ill. These are primarily connected with the lack of suitable jobs. The majority of jobs in the company (80%) include considerable hazards that affect employee health (e.g., working near traffic) and for which the disabled or chronically ill often cannot be hired. When dealing with an individual employee, the company tries to find a suitable solution, but it is well aware that new services will have to be developed in the future that will provide jobs suitable for the disabled and chronically ill (e.g., services at rest areas). The company plans to develop these services and jobs by 2015 (as given in the company development strategy).

23. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

In this topic you may also go into the consequences of the economic crisis with respect to the employability of workers with a chronic illness.

Due to the consequences of the economic crisis, there are several obstacles external to the company that have a negative impact on the employability of the disabled and chronically ill. These are caused by the increase in unemployment, which threatens the social security of healthy employees and of course that of disabled and chronically ill employees even more. There are not enough suitable jobs available for disabled and chronically ill employees on the labor market, and employers prefer to hire healthy employees in order to achieve higher productivity. Lower economic growth also results in lower flows into the national budget, from which employer incentives are funded.

24. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed. What sort of information, material or support do you need to make such a campaign successful in your country? (150 words)

A broader national campaign is needed to promote sustainable employability of chronically ill and disabled employees, supported by the Ministry of Labor, Family and Social Affairs and Ministry of Health. This campaign should use concrete good-practice examples from the local environment to present the advantages of this type of employment and its impact on company operation, taking into account the state incentives. The campaign should provide free counseling to interested companies when employing chronically ill and disabled employees, which should be based on good knowledge of the industry in question, the difficulty of jobs in the company's work processes, and the opportunity to obtain national financial incentives for the company.

22 Slovenia – ‘Healthy for Success’ (Zdravje za Uspeh)

PH Work Part 2 : in-depth case description SLOVENIA

Background information

1. Country and National Contact Office (NCO)

Slovenia, Ljubljana University Medical Center, Clinical Institute of Occupational, Traffic, and Sports Medicine, Poljanski nasip 58, 1000 Ljubljana

2. Name and address of company (incl. contact details of informant) **(when the company is the main focus of the good practice)**

NARAVNI PARK TERME 3000 MORAVSKE TOPLICE D.O.O.
KRANJČEVA 12
9226 MORAVSKE TOPLICE, Slovenija
 Tel.: +386 2 512 22 46, E-mail: eva.pintaric@zdravilisce-radenci.si

3. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies **(when a service provider is the angle of approach)**

/

4. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities **(when a collective action project is the angle of approach)**

/

5. General information about the company of good practice

Website <http://www.sava-hotels-resorts.com/si/destinacije/moravske/>

Sector (NACE)¹ Tourism and catering

Number of employees 374

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.
 See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

Description of main activities and relevant statistics:

The Moravske Toplice Terme 3000 spa is one of the best-known and most popular spas in Slovenia. In line with modern tourism trends, its development is based on diverse tourism products: a first-rate wellness program, relaxation and rehabilitation programs, golf, business conferences and congresses, camping, sports, and recreation. In addition to the thermal mineral water, guests are also drawn here by the charming natural surroundings, traditional Pannonian architecture, wide range of local handicrafts, excellent cuisine, and outstanding wines. This popular tourism destination is the leader in tourism development in the region and encompasses three hotels, self-catering accommodations (bungalows), a campsite, a water park, and a golf course. Altogether there are more than 1,000 tourist beds and 400 campsite accommodations available.

The range of tourism products at the Terme 3000 spa is based on the healing powers of its black thermal mineral water. Swimming in this water has a beneficial effect on various types of rheumatism. Its use is recommended during recovery from injuries and operations on the musculoskeletal system, and is also known to relieve certain skin conditions.

The Livada Prestige***** Hotel was built in 2006 and is the most important new addition at Terme 3000. It is the first hotel in the world to offer thermal mineral water right in the rooms. Exquisite cuisine is another important aspect of the hotel's services. The wide range of hotel services includes first-class accommodation with personal wellness services en-suite, thermal adventures in the hotel's six indoor and outdoor swimming pools filled with the beneficial black thermal mineral water, complete relaxation in its saunas and Thai massage center, beauty treatments, and diverse active leisure activities. Moreover, the 50 ha Livada golf course with 18 holes is just a stone's throw away from this first-class hotel.

A new top-notch à-la-carte Prestige Restaurant has been open at the Livada Prestige Hotel since 2009. The chef, Borut Jovan, is a promising cook who also trained in France and did his apprenticeship at the five-star hotel Royal Parc Evian's restaurant (which has one Michelin star). He also acquired international experience and new skills in modern culinary techniques at the well-regarded Hisop Restaurant in Spain; he trained there last year under the careful supervision of Spanish culinary masters. He puts the knowledge gained at these top-class restaurants to good use at the Livada Prestige Hotel, where he and his team also pay special attention to local specialties prepared with a contemporary touch. Another new addition to the range of culinary services at Terme 3000 is Café Praliné, where visitors can choose from a wide selection of pralines, outstanding Prekmurje pastries, pies, and other treats.

The Thermalium Therapy Center

The black thermal mineral water from Moravske Toplice was declared a natural medicine in 1964. With a temperature of 72 °C at its source 1175 to 1467 meters beneath the Earth's surface it is turbid, salty, and has a faint odor of crude oil. It is unique not only in Europe, but also around the world because thermal water of this type only rarely reaches such high temperatures at its source. Its temperature is what makes the "black gold" from Moravske Toplice even more valuable. Swimming in this water has a positive effect on the body because it relaxes, tones, and refreshes,

improves the circulation, relieves pain and stress, and, due to its photosensitizing effect, makes the skin tan faster in the sun. The black thermal mineral water proves to be especially effective for joint problems. In combination with peloid, the therapeutic mud, it relieves pain and improves the range of motion, and reduces joint swelling; these effects are even more pronounced when combined with physiotherapy.

The therapy services at the Thermalium Center include rehabilitation, outpatient physiotherapy, and specialist diagnostics. The therapies are administered by the professional staff using state-of-the-art equipment and two natural healing factors. In addition to the black thermal mineral water, they also use natural peloid from Lake Negova, which ripens in the black thermal mineral water and is effective in thermotherapy. Both natural healing factors are suitable for treatment and rehabilitation of various forms of rheumatism, musculoskeletal injuries, and postoperative treatment of patients with musculoskeletal problems. As part of the preventive programs visitors can choose between anti-stress programs, programs for rheumatic patients, an osteoporosis program, weight-loss programs, a program for neck and lower back pain, and a psoriasis program.

The Thermalium Wellness Center

The Thermalium Wellness Center offers numerous attractive programs for visitors using state-of-the-art methods or established traditional procedures ranging from hot and cold stone massages to ayurvedic treatments and shiatsu massages.

The black thermal mineral water also forms the basis for the unique Thermalium Collection line of cosmetics. With its components and high content of thermal mineral water it is especially well-suited for sensitive skin care and is the only cosmetics line of this type in Slovenia.

The Terme 3000 Water Park is one of the most attractive components in the range of products and services offered by Terme 3000. It includes more than 11 outdoor and indoor swimming pools with black, thermal, and regular water, which makes it one of the largest pool complexes in this part of Europe. In addition to the swimming pools, visitors have access to numerous water attractions, which are constantly being expanded. The latest special addition to the water park is the **aqua-loop slide** with a rocket start and a 360° turn; it is the first of this type in the world. The swimming facilities are also complemented by a wide selection of restaurants, sports, recreation, guided activities, and accompanying events. The water park's popularity is also confirmed by the fact that it wins the highest awards each year as part of the Slovenia-wide "Best Spa" campaign, in which people visiting Slovenian thermal spas select the best ones.

General information on good practice

6. Title of the case: **ZDRAVJE ZA USPEH (Health for Success)**

7. Summary

a) Aims and objectives (100 words)

Health promotion is a strategy of negotiation between people and their environment. It is a process that makes it possible for people or communities to increase their control over the factors affecting their health and thus improve it. Health promotion is based on the **biopsychosocial** concept of health, according to which health is the source of everyday life rather than a life goal. In order to be healthy, every individual or group must be able to identify and fulfill their wishes and needs, and change or control their environment.

Project goals:

1. Introducing an active policy at the company for the timely detection of employee health problems;
2. Improving employees' familiarity with work related negative health effects;
3. Reducing absenteeism due to chronic illnesses;
4. Enabling the company to save money due to reducing sick leave by as much as 30 days.

b) Specification of core activities and interventions (100 words)

Our activities have been successful, which is proven by:

- Significantly increased employee satisfaction (feedback in the survey);
- Reduced sick leave in individual cases (monitored before and after the activities) expressed in % compared to 20xx;
- Noticeable change in the behavior/thinking of all participants (better communication between the employees and their supervisors) with rapid group resolution of individual cases.

Examples:

1. **A masseur developed chronic pain in his elbows as a result of repetitive motion. During a regular checkup performed by an authorized physician he was also diagnosed with cardiovascular problems. The employee was immediately reassigned to a less demanding position, where he no longer performs demanding physical labor. Now the employee has no problems performing his work.**
2. **A member of the hotel cleaning staff told her supervisor she was having occasional problems with her spine. During a check-up she was diagnosed with an early-stage spine deformation. The employee was reassigned to another less difficult position that does not stress her spine.**
3. **An employee with epilepsy works in the kitchen. She never works alone and her coworkers know all about her disease so they can help her if she has a seizure.**

c) Why in your opinion is this a good practice? (100 words)

Based on the medical analyses performed by an authorized physician we are monitoring specific groups of employees (cleaning staff, kitchen staff, wait staff, health service providers, etc.). The typical chronic diseases resulting from negative effects of work on health, old age, or other reasons have been identified for each group. In order to prevent these diseases, we use health-promotion programs where our analyses show deviations. At the same time, we raise the employees' awareness so that they know how to identify their health problems, and we ensure good communication so that their GP gets in touch with an authorized occupational medicine physician right away and draws attention to the chronic illness even in its early stages. This enables us to quickly adapt the work process for the employees that draw attention to their health problems, even before their disease progresses to the stage where a disability procedure is needed.

Indirectly all of these activities also affect the wider environment because the employees are expected to also share their new knowledge with their families.

8. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

Taking care of employees has long been the primary motto of companies. Because we work in tourism, where a smile on the employees' faces is very important for good performance and satisfied guests, we are even more aware of the importance of employee health. Health indicators (e.g., number of sick-leave hours, turnover, and employee satisfaction) that were always regularly monitored have been joined by new ones in recent years, such as the occurrence of specific groups of chronic illnesses, high blood pressure, diabetes, overweight, and high cholesterol levels.

In recent years, we have carried out several workshops on absenteeism with various invited lecturers. This has helped us obtain information on people's reasons for taking sick leave. Based on an analysis of health indicators, workshop evaluation, and personal interviews, measures were defined referring to additional awareness of employees as both a wider group and specific groups, such as supervisors, as well as to individual concrete examples: to look at an employee who is frequently absent from work from a different angle (to "walk in this employee's shoes," to try to put oneself in his or her place, and to recognize and understand his or her problems and talk with him or her and offer support in order to solve these problems).

All of these activities have already become a routine and take place on a daily basis. As a wider group, the employees receive training in this area as part of regular periodic training in health and safety at work. This training program covers healthy nutrition, physical activity, health risk factors, stress, and bullying. There are also separate training programs in management and communication for managers, in the form of interviews, workshops, and training sessions.

9. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

The target group includes practically all employees. Raising people's awareness about the importance of taking care of one's health, preventive measures, and timely action is essential in preventing chronic illnesses or adapting work to patients with chronic illnesses.

10. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 4) self-management of the worker with disability (200 words)

The purpose of this project is to continue and conceptually improve the employee training courses that have started to be implemented in previous health-promotion programs and have proven to be effective and helped raise the employees' awareness and improve their relationship with and care of their health.

At the same time we are aware that the quality of interpersonal relations (between managers and employees, and between employees) and the manner of interpersonal communication are important factors influencing employees' wellbeing in the company and their potential escape into absenteeism. If relations within work teams are poor, this results in dissatisfaction, low employee commitment, and increased sick leave.

All of this can only be achieved through cooperation between various professionals: the HR department, physicians, and safety engineers. If the company detects a potential problem in a timely fashion, it can also take timely action and thus reduce the negative effects on the employees' health and maintain their work ability for a longer period of time. In turn, by being aware of the importance of taking care of their own health the employees also contribute to a better quality of life and work.

Organisational aspects

11. Is there a stepwise approach in your case? Please describe the different steps

In order to achieve the goals set we are carrying out the following activities:

- Training all employees in occupational health and safety, as part of which individual health-promotion programs are carried out;
- Analyzing injuries and hazardous events and introducing accident prevention measures;
- Risk assessments of individual jobs, based on which measures are taken to improve the situation with an emphasis on detecting chronic illnesses;
- Medical analyses by an authorized occupational medicine physician. We set up health indicators, which we systematically follow through the medical analyses, and we adopt measures based on the results;
- As part of the Family-Friendly Company initiative we are carrying out measures to improve the health and wellbeing of all employees (sports activities, opportunities to spend vacations taking part in tourism activities offered by the Sava Group, organized group gatherings for employees and their families, and so on);
- Conducting interviews with employees that take sick leave frequently; these interviews are conducted by the managers and HR staff;

- Systematically monitoring sick-leave absence using the Manager Information System, which can be accessed by managers of individual companies and business units;
- Our main attention is dedicated to developing health prevention and an orientation towards health at both the employer and employee level using internal communication media (an in-house newspaper, bulletin boards, the Intranet, etc.).

In 2010, we carried out an assessment of psychosocial risk factors at work. The questionnaire, in which 12 psychosocial risk factors were assessed, was an aide for top and middle managers in order to detect these types of risks and take appropriate actions when deviations were detected. The questionnaire analysis was used to develop and adopt corrective measures for improving conditions.

12. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

Individual cases involve various numbers of people. Those usually working together on a case include the employee, his or her direct supervisor, the HR department, the occupational medicine physician, and the safety engineer. These can also be joined by GPs and external professional associates (e.g., various workshop presenters).

13. Who is primarily responsible for good practice within the company (role/function)?

The basis for implementing good practice in the company is certainly the support and decisions of the top management. It is important for the company that the managers recognize what issues affect the sick-leave rates in the company in a timely fashion and adopt appropriate corrective measures in order to do away with or mitigate the reasons for the sick leave even during the first cases of absence from work. This way they begin to establish a positive work atmosphere.

The operational part of these activities is headed by the HR department in cooperation with the parent company's competence center for safety, the Varstva Center.

14. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice?
(100 words)

The most active role is played by the authorized occupational medicine physician, who can draw attention to specific health factors that the company should dedicate more attention to. The company also works with companies that handle employment of the disabled. This is how a deaf-mute employee has been among our ranks for quite some time now.

The company also takes part in the ZZZS tenders. It uses the funds obtained to co-finance workshops, publish various publications, and adapt the job positions with suitable technical equipment.

In organizing workshops the company works together with external service providers that offer services related to absenteeism, communication, and management. This year the company has continued to promote health through its “Health for Success” project. With this project the company seeks to raise employee awareness about how to take care of their health, improve the communication within work teams and elsewhere, and spread optimism and positive thinking among employees. The project seeks to reduce individual psychosocial risk factors that were detected in the 2010 risk assessment. The workshops will be conducted by an external company offering advice on HR issues. Both workshops and personal interviews will be conducted, in which both the managers and employees will be included.

15. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

With regard to work provision, the company is mainly involved with organizations that provide work to people that are more difficult to employ and to the disabled. The company also deals with various associations that seek to ensure better living conditions for patients with specific needs (e.g., deaf-mute individuals, patients with cardiac diseases, etc.) and then uses these findings with its employees as well.

16. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

The responsibilities and competences of external institutions for promoting sustainable employability are primarily directed towards ensuring the necessary disabled quota and “awards” for exceeding this quota. However, this area also covers employees that already have disabled status.

Within the company, the authorized physician works closely together with the employee council and the employees to ensure suitable prevention.

17. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

The company works primarily with the trade union and the employee council. They play an active role in conveying information, assessing and analyzing risk factors, and health promotion. They also serve as an additional channel for better communication at all levels.

Cooperation with the occupational medicine physician is vital because he or she is often the connecting bridge in conveying the earliest information on the employee’s problems.

18. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

Based on the medical analyses performed by an authorized physician we are monitoring specific groups of employees (cleaning staff, kitchen staff, wait staff, health service providers, etc.). The typical chronic diseases resulting from negative effects of work on health, old age, or other reasons have been identified for each group. In order to prevent these diseases, We use workplace health-promotion programs where our analyses show deviations. At the same time, we raise the employees' awareness so that they know how to identify their health problems, and we ensure good communication so that their GP gets in touch with an authorized occupational medicine physician right away and draws attention to the chronic illness even in its early stages. This enables us to quickly adapt the work process for the employees that draw attention to their health problems, even before their disease progresses to the stage where a disability procedure is needed.

Results

19. Has there been any evaluation of the good practice? (Yes/no) (reference and 50 words)

At the end of each year, the company evaluates the entire health-promotion area or, more specifically, examines whether the goals set for the current year have been met (e.g., sick leave, the number of hours of health-promotion training, the number of newsletters, the number of medical checkups, and health indicators). The company presents the health indicators in a special report and, based on trends, the surveys conducted, and their results, it determines whether its goals were met and seeks explanations for any (positive/negative) deviations. The goals reached then serve as a basis for setting new goals for the next year. In addition, individual projects are also evaluated (e.g., the workshops held as a criterion for the effectiveness of the training). This year several workshops are taking place, at the end of which we will evaluate whether they have been effective, whether the goals set have been met, and whether additional measures are necessary.

Please illustrate in relation to the following issues (50–100 words):

- How is the good practice monitored? What information is collected? (50 words)
- How is the good practice evaluated?
- Have the costs and benefits of the good practice been monitored?

- What were the results of the evaluation?

Based on the workshops and surveys conducted, and the written reports by an authorized physician, the following health indicators have been defined: sick-leave rate; incidence of musculoskeletal diseases; diseases of the blood and blood-forming organs, endocrine, nutritional, and metabolic disorders; cardiac diseases; mental disorders; and psychosocial factors; in addition, we also monitor the number of smokers and alcoholism. We follow the trends for each indicator, compare it to the Slovenian and EU average, and based on negative deviations (increased health risk) define measures and activities for the following year. Financially, we only monitor the sick-leave rate.

Annual evaluation has demonstrated that systematic coverage of the entire health-promotion area results in decreased sick leave, increased employee satisfaction, and improved employee health conditions by the indicators being followed.

20. Are there any incentives within the company/organization, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

The company provides free swimming passes and discounts for in-house health services to employees with chronic illnesses. It also adapts the workplace for these employees, either through ergonomic adjustment or adaptation or elimination of specific tasks that may cause their health conditions to worsen.

21. Are there any incentives from outside the company/organization, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

An incentive to promote sustainable employability for workers with disabilities and chronic illnesses is only provided if these workers already have disabled status and the company can use the funds awarded for exceeding the required quota of disabled workers. The company also partially finances workers that receive training in the company as part of the Slovenian Employment Service programs.

22. Are there any barriers within the company/organization, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

Given the aging of the labor force, the company will probably not have enough jobs in the future for workers with chronic illnesses. There are increasingly more workers with spinal problems. The work process is primarily service oriented, which means machines cannot replace the people. A projection has been made for jobs that will still be available to chronically ill and disabled workers in the future, and for jobs where these workers will no longer be able to work.

23. Are there any barriers from outside the company/organization, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

The state does not provide sufficient incentives for hiring chronically ill workers. The economy does not allow for any "extra" jobs where more chronically ill workers could work; these jobs are merely part of the regular job quota. Therefore employers find it increasingly more difficult to provide a sufficient number of jobs for employees with special needs. The company uses various preventive measures to prevent the development of chronic illnesses among its employees. However, it is not merely the work environment that influences employee health, but also their home environments. We teach the employees and make an effort to reach the wider social environment through them, but this is a long-term process that takes place on the generational level.

24. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed. What sort of information, material or support do you need to make such a campaign successful in your country? (150 words)

This campaign should use concrete good-practice examples from the local environment as well as abroad. We would also need updated guidelines, poster materials and flyers.