SZW Ministry of Social Affairs and Employment

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Disability Management
as a new HRM strategy

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Enhancing the employability of people with occupational disabilities or other health-related problems

Disability Management as a new HRM strategy

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August 2004

Introduction

Most businesses in the Netherlands are involved in securing and improving personnel employability, implicitly or explicitly. They do this under the policy headings occupational health and safety, quality, absenteeism or quite simply human resources. Most employers realise that contented, healthy employees are essential to the success of an enterprise, an awareness that has grown all the more as a result of the increasing financial responsibility for sick absence and new disability cases the government has imposed on employers. The fact that they have to bear the greater part of sickness and disability costs has made it even more important for employers to prevent and reduce staff loss.

The recent introduction of the Eligibility for Permanent Invalidity Benefit (Restrictions) Act has shown that much is to be gained by a more watchful and critical management of absenteeism and impending disability. That said, we have registered great differences between companies in terms of the success of their absentee or return-to-work policies. Some find ways of greatly reducing disability and also succeed in ensuring maximum employability of personnel with health impairments, as well as even taking on new disabled personnel. Other businesses, in the same sector or of the same size, fail to achieve this and are still contending with high absenteeism rates and large numbers of new people applying for disablement benefits. There is still much to be done in this respect.

Several businesses pursue ad hoc employability policies. Counselling of sick employees often takes place at the individual level, without looking into the real reasons why people drop out and what interventions might prevent this. The link between prevention and absence from work is often not made and little attention is paid to – often hidden – skills employees have that could potentially be tapped if impairments prevent them from deploying other skills.

A relatively new member of the HRM family is what is known as Disability Management. This policy approach focuses on stage-managing employability whilst taking account of any health impairments employees may have. The most distinctive feature of this strategy is that the company defines its tasks, and how it addresses and changes its approach towards occupational capacity or incapacity. Whether conscious or otherwise, businesses in the Netherlands that base their employability, health and disability policies on the principles of Disability Management enjoy the benefits this brings, which includes lower absenteeism rates, reduced numbers of disabled employees, lower contributions and a satisfied workforce.

The aim of this brochure in the series Work and Health is to familiarise you with the term Disability Management and the tools recently developed by TNO Work and Employment for implementing Disability Management in Dutch businesses. These tools were developed on behalf of the Dutch Ministry of Social Affairs and Employment.

If you are interested in incorporating Disability Management in your HRM policies, this booklet will help you on your way. We wish you contented employees and hope that the employability of your staff with health problems will increase thanks to the positive attention they receive through Disability Management.

Pim Piek
Femke Reijenga
TNO Work and Employment

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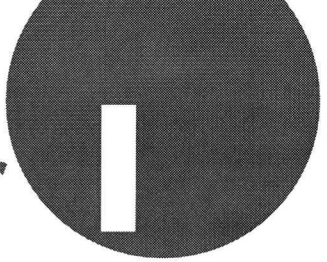


The added value of Disability Management

1.1 The term and its origins

The term Disability Management is of Anglo-Saxon origin, and was first used in Canada and the United States, in large industrial companies. There was no extended social safety net for employees whose inability to work was often due to accidents at work. People were in danger of losing everything in one go: their health, their job and their social position. Where possible, employers were made liable. Hence businesses sorely felt the need for a tool they could use to get absent employees back to work. The practices developed within this framework became known under the umbrella classification Disability Management. This strategy, which led to considerable cost savings for many companies, was adopted on a large scale and spread like wildfire. Based on experiences in Canada and the United States, the International Labour Organization (ILO) drew up a 'Code of Practice in Disability Management' in order to disseminate the principles of Disability Management to other companies and other countries.

Accordingly, the term became known in various European countries, including Ireland and Germany, as well as in the Netherlands, where it was promoted primarily by the Committee on Occupational Disability and Work. The successor to this Committee, the current Working Perspective Commission, is still seen as the most significant motor behind countless projects in and with businesses looking to implement Disability Management. Getting people with health problems to participate to the full in the workforce is their pre-eminent motive. Commissioned by the Ministry of Social Affairs and Employment, the TNO Work and Employment conducted the first structured study into the added value of Disability Management in the Netherlands (Reijenga, et al., 1999). The concept was developed further and implementation tools – set out in this booklet – were designed. Organisations can use these tools to integrate Disability Management into their corporate policies. Disability Management is concerned with 'stage-managing maximum employability of individuals, taking any impairments they may have into consideration'. The

term calls for specific attention from management for people with health problems. Disability Management is not so much about the individual learning to deal with his or her impairment, however important that may be, it is about stage-managing the processes in an organisation so that employees with occupational impairments can, again, participate to the maximum of their ability.
To date, the term Disability Management is seldom used in the Netherlands and where it is used, it provokes discussion. Some people feel that the term places too much emphasis on 'handicaps'. On the other hand, a positive player is that a specific group of people is placed centre stage (in this case people with health problems or an occupational impairment). If this group is to have equal opportunities in work, they will, for the time being, have to go on depending on specific care. Highlighting this group is particularly important because they are often easily denied opportunities.

1.2 The position of Disability Management in organisational policy

Disability Management can, in fact, be seen as a specific component of Human Resource Management. It has several common areas of interest with policies involving working conditions, absenteeism and return to work but also with competence and performance management. Where working conditions, absenteeism and return-to-work policies extend no further than good practical procedures, Disability Management goes one step further to explicitly include management issues such as corporate culture, styles of management and the development and deployment of human potential. This brings Disability Management closer to competence management, though there are considerable differences:

- In theory, competence management applies to all employee categories in which competencies are linked to positions. To be eligible for a certain position, an employee needs to have the right set of skills or to develop them using suitable tools such as coaching, training and learning on-the-job. Competence management is, in effect, the responsibility of the employee and his or her superior and, in some cases, a HRM consultant. Because employee performance is constantly being monitored, their skills can be adequately evaluated.
- Conversely, Disability Management is intended primarily for a particular group of employees who, as a result of health problems, cannot meet the requirements inherent in the job. Disability Management focuses on retaining employees with health problems but also employing new people with impairments. To be able to find suitable work for this latter group, it is necessary to assess what their capabilities are and what skills they can develop over a reasonable time scale. This should not just involve coaching, training and learning on-the-job, but also return-to-work tools such as work adjustments, therapies

and schooling activities. In a practical sense, more parties can be involved in Disability Management than just the employee and his or her superior, such as a HRM consultant, a second superior, a return-to-work consultant and a company doctor.

In short, Disability Management is, practically speaking, often far more complex. That is why the concept is so expressly based on good stage management and why it can give added value to an organisation and those who work in it.

1.3 Why Disability Management is so important

The added value Disability Management provides becomes apparent first and foremost in the countless examples of people who, due to their health problems, were initially unable to find work, mainly because the focus was on what they were no longer able to do. In the end, it became clear that these people were able to deliver excellent performance in those organisations that pursued policies geared to involving people with impairments. (Source: www.kroonophetwerk.nl and www.werkendperspectief.nl).

Research (Bosselaar and Reijenga, 2000) has also shown that organisations that can by rights place themselves in the Disability Management top league are those that can boast low absentee rates, low numbers of new applicants for disability benefits, low disability insurance plus contribution differentiation and market forces premiums (WAO/PEMBA) and contented employees. Accordingly, these organisations have also been able to save considerably on expenses[1]. Besides, as a rule they have no difficulty finding the right people and are better able to hold on to their employees and keep them interested. Finally, Disability Management also helps to link up occupational health and safety, absenteeism and return-to-work policies (abbreviated to AVR in Dutch), thus optimising prevention, absence counselling and return-to-work measures, making them more effective and more efficient. Tasks, responsibilities and powers associated with these policies are clearly defined in Disability Management. In other words, Disability Management helps organisations and employees to recognise untapped potential and make it 'exploitable' again. All involved benefit directly from this.

Specific focus on engaging employees whose health is impaired is important because it makes it possible to utilise the capabilities of people who would otherwise remain unproductive or dependent on social benefits. Making optimum use of the qualities of people in this group is not only crucial for the people themselves – organisations and society as a whole also benefit. The Netherlands is rapidly ageing, while the section of the population that will be in a position to work will continue to shrink. From the second half of this decade onwards, the post-war baby boom generation will start leaving the labour market, with labour shortages as a consequence. All available potential will be needed to stop the Netherlands from becoming a 'poor man's Florida'. This means that the Dutch will have to do everything they can to ensure that

[1] Though no single leading organisation calculates costs/benefits of Disability Management in the same way, they are unanimous in their belief in the cost-saving effect of Disability Management. Investments in Disability Management are hence never a subject of debate in these organisations. (Ministry of Social Affairs and Employment, 2002, and Stalman, 2003)

(the growing population of) Wajong'ers[2], the chronically and long-term sick, others with occupational disabilities, as well as elderly employees who risk becoming unemployable stay at work or eventually go back.
Businesses that are successful on that score, because they apply Disability Management strategies for instance, have a head start, the more because they are generally more successful in recruiting, interesting and holding on to employees. In truth, no business can afford to remain behind where that is concerned.
In fact, demographic developments in the Netherlands (and in Europe as a whole) are a far more persuasive argument for Disability Management than all statutory measures for preventing people from becoming disabled and ensuring that they remain active on the labour market.

Basically, all these measures are prompted by the same underlying notion that, economically speaking, the Netherlands is in danger of going bankrupt if we do not succeed in making maximum use of our human potential. Disability Management is a pro-active policy field, and organisations that know how to implement need not worry that they will be 'doomed' to employing second-rate labour, as it were. On the contrary, such companies know how to bring out the best in their people and use their potential to the full.
The following selection of 'best practices' show how Disability Management enables organisations to stage-manage personnel employability and to make optimum use of the abilities of people with health impairments.
(Examples are taken from www.kroonophetwerk.nl).

Example 1
Originally a family-based company in Den Bosch, Moonen Painters and Decorators B.V. is split up into four sections, employing a total of 155 people, approximately 100 of whom are painters and 40 architects. The remaining personnel does administrative and support work.
Moonen Painters and Decorators specialises in high-quality, durable maintenance projects. The work places heavy demands on employees in terms of quality, safety and customer relations, which is why staff undergo regular training and participate in company developments. Issues such as absence due to illness and return to work receive special attention. Company efforts not only concentrate on finding solutions for medical problems but also address labour-related aspects of absenteeism and return to work. Where necessary, an external personnel specialist with prior experience of the organisation is called in. As a consequence, the number of employees made redundant owing to occupational disabilities has been kept to a minimum in recent years. Moonen Painters and Decorators invites people with an occupational impairment to apply for jobs, for instance in the last few years, the company has taken on three deaf people applying through an institute for the deaf.
Moonen Painters and Decorators BV won the 2002 Best Practices Prize.

[2] Youngsters who come under the Disablement Assistance Act for Handicapped Young Persons

Example 2
The Hooghuis Lyceum School in Oss. The school employs a staff of about 500 and has 4,300 pupils, distributed over eight locations with a central venue for support services and schooling. The Hooghuis Lyceum came about in 2000 as a result of a merger of several secondary schools. Since the merger, the school's management has made every effort to avoid the anonymity that is often typical of such a large organisation. The central focus of this approach was to form small-scale, result-directed teams made up of approximately 15 FTEs. The team leaders are responsible for the staff and for absence and return-to-work management (Disability Management), for which they are given intensive schooling and coaching. The chief aim of Disability Management is, where relevant, to draw attention away from the medical aspects of absenteeism. The welfare officer has an important task where this is concerned; her position involves a large measure of confidentiality, and is aimed at signalling potential work-related stress and tension among staff. It is characteristic for the approach taken by Hooghuis Lyceum that employees are not relieved of individual responsibility for their problems, but are addressed as to their role in the problem and, with the support of the welfare officer and others, obliged to find ways of solving it.
The Hooghuis Lyceum was nominated for the 2002 Best Practices Prize.

1.4 Starting with Disability Management

As discussed above, Disability Management provides added value to and harmonises with company health and safety, absenteeism and return-to-work policies (AVR) in particular. There is no need to go back to square one if you want to embark on Disability Management. Most organisations that have HRM policies or, more especially, AVR policies and competence management in place already have a good leg-up.
In certain cases, organisations will have developed special strategies for employing people with occupational or other disabilities. All these points of contact can be useful for introducing Disability Management. So starting with Disability Management is, in most cases, a question of extending and optimising existing policies. Depending on the organisation, various links can be a starting point for setting up Disability Management:

- The link with prevention and/or occupational health and safety policy:
  - Prevention programmes, for instance for RSI, work pressure or physical strain
  - Health promotion programmes such as company fitness, anti-smoking policies, etc.
  - Current risk inventory & evaluation schemes and plans of approach ensuing from them
  - Occupational health and safety system
  - Surveys of employee satisfaction and/or work stress

- The link with absenteeism policy:
  - Absence protocol
  - Available absence statistics
  - Training in absenteeism management for supervisors
  - Cost-benefit awareness and calculating costs of absenteeism for various accountable units in the organisation
- The link with return-to-work policy:
  - A return-to-work guideline or protocol laying down agreements on counselling the long-term sick and relocated employees
  - Availability of a company 'return-to-work advisor' or social worker
  - Effective use of subsidies within the statutory framework of the Disability (Reintegration) Act (REA)
  - A return-to-work management system
- The link with occupational disabilities policy:
  - Co-operation with specific organisations (e.g. municipal councils, businesses specialised in employing or outsourcing people with occupational disabilities, sheltered workshops, return-to-work companies, regional collaborations)
  - Availability of a job coach or return-to-work specialist
- The link with HRM policy:
  - A clear philosophy and a 'well-meaning' mission with respect to employability
  - Activating employees to be responsible for their own employability (personal development plans)
  - Performance appraisal and career interviews paying specific attention to health in relation to work and personal development
  - Competence management

The following chapters describe several tools that can be used to implement Disability Management.

Chapter 2

Measuring is knowing

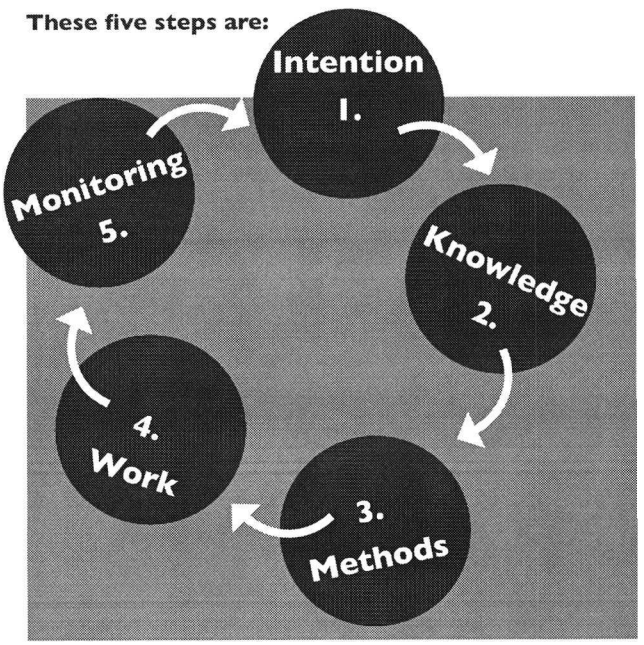
2.1 Introducing Disability Management

Disability Management is about creating optimum employability for all while taking health problems into account. Though there is no need to start from scratch if you intend to introduce Disability Management, you should be aware of the baseline in your organisation in order to be able to define starting point and priorities. You can use 'Disability Management Measurement' to chart your organisation's position in terms of Disability Management. This tool and the principle it is based on – 'measuring is knowing' – is the subject of this chapter.
Disability Management Measurement provides information about advantages and disadvantages in the process of developing and implementing this method and also gives you an idea of how you are progressing and the results you have achieved. After a while, about a year later perhaps, you can repeat this measurement. This measuring and remeasuring system (monitoring and evaluating) can help link Disability Management to other care and welfare systems in the field of occupational health and safety and return to work, as well as with any quality systems your organisation may already have in place.

2.2 The Disability Management Measurement

The design of this system of measurement is based on the five-step model developed by the Dutch Ministry of Social Affairs and Employment.

These five steps are:



A set of questions or verification points have been drawn up for each step. This way, you can chart elements such as intentions, awareness, knowledge, plans and preconditions as well as the practices in your organisation and relate them to Disability Management.

Intention
This step involves:

- the intention to address absenteeism, return to work and employability of people with health problems;
- commitment on the part of the organisation at the strategic, tactical and implementing level;
- the presence of preconditions enabling the organisation to pursue the policy.

Knowledge
This step involves taking inventory of and diagnosing the problem. The questions are about whether company policies do indeed include aspects of absenteeism and return to work that can be used as starting points for Disability Management. For instance, one key element here is whether management information is available and if so, whether it is suited to pursuing, evaluating and subsequently modifying policies.

Methods
This step involves defining and prioritising measures or activities on the basis of the problem inventory/diagnosis. The step leads to an action plan or Plan of Approach. The first time you perform this step you ascertain whether your company has defined priorities or works to plan. Subsequent measurements then look at how effective this step is.

Work
The questions included in this step are aimed at finding out how and to what verifiable effect existing policies are implemented, whilst also targeting communication and difficulties encountered in their implementation.

Monitoring
This step involves monitoring progress made and subsequent evaluating and modifying the organisation's absenteeism and return-to-work policy.

Completing the Disability Management Measurement will give you answers to the following questions:

a) Are the various policy aspects properly structured?
b) Do they work as they should?

Each result in the measurement is allotted two scores: one for availability (corresponds to a) and one for effectiveness (corresponds to b). The following scores can be given per item:

Availability	score
available	yes
unavailable or partially available	no
not known/not clear	?

Effectiveness	score
effective	+
not effective or partially effective	-
not known/not clear	±

The 'availability' score does not relate exclusively to documents, it can also involve an activity or an attitude. For instance, do supervisors feel responsible for an employee returning to work and do

they demonstrate their commitment? To assess the level of availability and effectiveness, the next question to follow on from this would be 'how is this demonstrated?'.

A Disability Management Measurement checklist can be found in appendix (p. 55).

2.3 Sources for Disability Management Measurement

The fact that different people are involved in an organisation's policy structure means that there are different ways of looking at the availability and effectiveness of the various policy elements, both in terms of strategy and of implementation. An example: a Personnel and Organisation policy employee may be convinced that the company has a clear return-to-work policy on paper, whereas a direct supervisor says that this is not the case. The point is not who is right but that there are obviously different ways of looking at this. It is this that is interesting, such differing points of view eventually lead us to the key issues in the organisation.
The Disability Management Measurement was therefore designed for use as a tool to question a random selection of people in an organisation or outside, for example:

- members of the management (preferably with a HRM portfolio)
- line managers (from different levels or sections)
- heads of Personnel and Organisation
- health and safety co-ordinators and/or special return-to-work managers
- Personnel and Organisation advisors
- direct supervisors
- employees who have returned to work after (protracted) sick leave
- company doctors (Occupational Health and Safety Service)
- company social workers
- works council representatives
- mobility centre advisors or external return-to-work companies

A second element in the measurement is a document study, the point of which is to collect mainly factual information on policy, policy intentions, procedures and management information.
What documents?

- mission statements
- HRM policy documents (recruitment and selection, performance appraisal interviews, mobility policy, careers policy, etc.)
- documents concerning occupational health and safety, risk inventory & evaluation and plan of approach
- policy documents on absenteeism and return to work
- protocols concerning absenteeism, return to work, social and medical consultations/teams
- statistics and analyses of absenteeism
- return-to-work statistics
- statistics of new applicants for disablement benefits and sanctions imposed by the Administrative Institute for Workers' Insurance (UWV)
- contract with the Occupational Health and Safety Service
- procedures regarding vacancies and recruitment
- annual reports and annual social report

- reports of incidents/complaints (procedure, analysis)
- information for employees on HRM, occupational health and safety and absenteeism

This measurement can help to assess to what extent policies are inclusive, well-known and effective. It can then be an ideal basis for defining a best practice case and the activities needed to develop it.

2.4 Conducting the Disability Management Measurement

The measurement consists of doing interviews, some in groups, with key players in the organisation and studying policy documents. It can be carried out by one or more people, e.g. a project group. Some research and audit experience is desirable. Those conducting the measurement should realise that the aim is not to test their own ideas on these policies or to impress them on others, but to collect as much information as possible about the policies, the information people have about them and their opinions on the matter. All information needs to be classified and analysed before reaching conclusions. We recommend that you do a document study before you start conducting interviews. This gives a good impression of the intentions of the policies and allows you to sharpen the questions you ask respondents. In addition, prior document study enables you to solicit extra information from the respondents or include some more questions in the interviews. Keeping scores is easy using the checklist (see appendix). It also allows you to include any explanatory remarks made by the respondents that might substantiate the results. Example:
If most supervisors answer the question 'Are the tasks, responsibilities and powers of people who are absent due to sickness or taking part in return-to-work programmes laid down in writing?' in the negative, then this in itself says something about the effectiveness of existing policies. Quite apart from the fact that such information has been written down transparently or not, it is, in any case, not clear to the group of supervisors in question. If they can also indicate the reasons why the tasks, responsibilities and powers are unclear, then this can help you in the next stage when the time comes to develop activities.

Tips for conducting interviews:
- Use a copy of appendix 1 for each interview so that you can make notes.
- Set aside 1 to 1.5 hours for each interview (individual or group).
- Group interviews are only conducted with key informers from the same 'group', i.e. groups of several Personnel and Organisation advisors, members of the works council or supervisors, or employees who have completed return-to-work programmes.
- If several people are conducting interviews, hold a meeting beforehand to go through the checklist together.
- Decide before doing the interviews how to report on them.
- Make a note of the names of the interviewers and the respondents as well as the date of the interview.

- Not all subjects are applicable to all respondents. The management will be asked questions about aspects at strategic level, whereas questions for employees address policy implementation, in particular.
- Practice will show that not all subjects can be thoroughly dealt with in an interview. This depends on how the interview develops and on the opinions and experience of the respondents. To get as comprehensive a picture as possible, always ask questions from each of the five steps in the model when conducting an interview.

Conducting the Disability Management Measurement, reading documents, holding interviews and writing out a report will take four to five days.

2.5 From measurement to plan of approach

Drafting extensive reports of the measurement are neither necessary nor desirable – naming and substantiating the most important findings (pluses and minuses), drawing conclusions and making recommendations is the most important. Results should, of course, be presented to other members of the board or the management of the organisation. It is important to find out whether the results have been noted and acknowledged.

A visual presentation combined with a short explanatory note is an easy and useful way of communicating the results of the measurement to the board and the management of your organisation. The following windows are examples of how you could communicate the key results.

Results DM measurement

Positive factors

- Absenteeism has been decreasing since 2001
- Reliable absence statistics are available
- Concrete objectives with regard to absenteeism and applicants for disablement benefits are available
- Absentee policy is in place
- Management intentions are clear

Negative factors

- Uncertainty as to policy-implementation tasks
- Personnel & Organisation stimulates policy but has not embedded it
- Acceptance of return to work depends largely on the individual in question
- Relatively high level of new applicants for disablement benefits, and high rates of long-term absence (return-to-work policy not in place)
- Fixed idea: 'more than anything, ill people want to be left alone'

Conclusion

Relatively low absence rates and little counseling of sick employees.

Benefits can be achieved by:

- reducing long absences/numbers of new applicants for disablement benefits
- promoting return to work
- activating sick employees

Key role for supervisors in implementation (fits in with the principle of inclusive management)

Embedding successful policy

Recommendations

- Formulate a return-to-work policy (e.g. linked to absentee and mobility policy)
- From staff to line: distinguish between supervisors and give them clear goals, tasks and responsibilities
- Create a monitoring and consultation structure (for pledge purposes and harmonization of policy cycles)
- Work towards an alternative culture of absence based on the adage that 'sick people want to get back to work as soon as possible'

If the results are transparent and have been accepted, the management can decide how and who is to draft a Plan of Approach. This is preferably done by line management, but a new or standing committee or project group in which the line is represented is also an option. The Plan of Approach should, in any case, be drafted in accordance with what you aim to achieve with your Disability Management, return-to-work or health policies. The work involved in carrying out the Plan of Approach should be supervised by management.

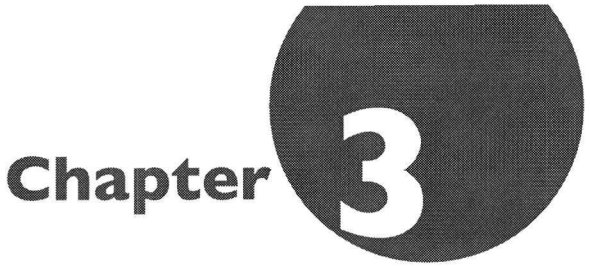
Example of a Plan of Approach

The Plan of Approach should indicate what action should be taken – the more concrete the better. In any event, it should clarify what a specific action entails, what it should achieve, who is responsible and when it should be completed. Funding can also be specified per action. The following is a Plan of Approach based on the model visual presentation sheets above.

Plan of Approach for Disability Management	
version 1.0, date 25 October 2003	**1/2**
This Plan of Approach was drawn up using the results of the Disability Management Measurement. It shows which aspects should be given priority and which activities are to be organised in 2004.	
Spearheads emerging from the zero measurement: 1. Develop a return-to-work policy, linking it to other policies such as absentee and mobility policy. 2. From staff to line: distinguish between supervisors and give them clear goals, tasks and responsibilities. 3. Create a monitoring and consultation structure (embed and harmonise with policy cycles). 4. Work towards an alternative culture of absence based on the adage that 'sick people want to get back to work as soon as possible'.	

Description	By whom	Planning complete
1. Design return-to-work policy		
a. Rework vision, goal and policy starting points for return to work	Board and MT / approva from works council	18 Dec. 2003
b. Set up project group / give assignment	Board	18 Dec. 2003
c. Write return-to-work guideline (relating it to absentee and mobility policy)	Project group	1 Feb. 2004
d. Select return-to-work companies	Project group	1 March 2004
2. Clarify tasks, responsibilities and powers		
a. Describe and harmonise tasks, responsibilities and powers of all involved (include in guideline)	Project group	1 Feb. 2004
b. Include tasks in job profiles	Personnel & Organisation	1 May 2004
c. Set up a Disability Management training (as part of management development)	Training consultancy	1 April 2004
d. Disability Management training for middle management	Training consultancy	1 Nov. 2004
3. Embedding return-to-work policy		
a. Include tasks in supervisor assessment	Personnel & Organisation	1 May 2004
b. Include return to work as permanent item on agenda of the annual management review	Board	18 Dec. 2003
c. Organise biannual theme day on Disability Management	Project group	
4. Developing a culture		
Formulate separate action plan. Goal of this plan: • Challenge one another on performance in the field of absence, health and return to work activities. • Raise the awareness that despite illness or partial disability, people are still able work, and that this can promote good health. • Create greater acceptance in the organisation of employees who have returned to work.	Board and Personnel & Organisation	action plan: 1 Feb. 2004

A separate action plan can be drawn up for each activity, as suggested under the heading 'developing a culture'.



Not a penny too much?

3.1 Why insight into costs is important

Calculating the costs and possible benefits of health and safety, absenteeism and return-to-work policies is always a difficult issue for an organisation. Company managers are justifiably interested in the financial side of each aspect of policy. They need to be convinced of the added financial gain to be had before they can establish new policy fields. But there is more involved in actual active management based on figures than simply asking for an outline of the costs. Accumulating the right figures is one thing, intervening in the right way in order to have a positive effect on those figures is another, as is proving that those interventions do indeed result in a better cost balance. Even so, this exercise is worthwhile. Several leading companies that have invested specifically in a return-to-work policy and that can, to all intents and purposes, use the term 'Disability Management', say that financial drives were among the most important (Stalman, 2003). Though other companies cite social motives as their main drive, e.g. their image as good employer, a sense of responsibility for employees, as a rule these companies are more mindful of the costs and benefits of disability than most (Stalman, 2003).

Example of an economic motive

Not long ago, Triversum, a psychiatric children's hospital with a staff of about 265, literally fell over the numbers of temporary employees. So many people were on long sick leave that they even had difficulty finding enough replacement staff through temporary agencies. Absence due to illness was the cause of three structural problems. Firstly, costs were high, continuity problems arose on a daily basis, and last but not least, the quality of care was at risk due to there being too many temporary, i.e. non-professional, employees. The financial director expected major problems to emerge in future if sickness absence levels were not brought down. The new approach was launched by heightening awareness among employees of their role in and responsibility for sickness absence. The new dictum was 'it's alright to be ill, but how can you make it work?'. The whole process of raising awareness culminated in a set of absence rules for employees, supervisors and HRM advisors. This was followed by a course in absenteeism management for supervisors, developed jointly with the Occupational Health and Safety Service. The aim was to teach supervisors how to place absence on the structural department consultations agenda. They were also taught to watch out for frequently absent employees and discuss this with the individuals in question. Another important step was to breathe new life into the Social Medical Team for supervisors, i.e. if one of your staff was ill, you were obliged to take part, and not to pass the buck to others but address the following questions: What have I done thus far? What can I do to help my colleague back to work? The financial director took the chair on the Social Medical Team, so that problems could be raised to a level above that of the single department. It appeared that real problems cannot be solved at department level – for that, more departments have to be looked into. Meanwhile, supervisors have got used to presenting their problems to the team. All kinds of difficulties are then discussed, from a chronically ill employee to the individual problems of the team members. Hence more is known about the individual background of the employees, making it easy to react rapidly and more appropriately. Five years after this new approach was introduced, sickness absence rates had dropped from an average 11% to 4% in 2001. Considerable costs have been saved. The advantage of Triversum's successful approach is that money is now available for investing in other adjustments and training courses. Triversum won the 2001 Best Practices Prize. (Source: www.kroonophetwerk.nl)

Cost-benefit analyses should be based on absence and disability statistics at the individual, company and sector level as well as on the set of statutory financial instruments, and should be conducted over a period of several years. As of 2004, employers are to calculate absenteeism costs over a two-year period, while disability statistics have to be calculated over a period of five years. Given the complexity and the frequent changes in social security legislation, it is not easy for businesses to have the figures at the ready. Companies often have to rely on the Administrative Institute for Workers' Insurance (UWV) and the Occupational Health and Safety Service (Arbo) for reliable statistics. To calculate the costs themselves, companies need to have access to valid figures within the organisation. A certain degree of preliminary work is needed for this, and sometimes modifications to the management information system that is being used. Salary and personnel administration has to be linked to absence administration, for instance, and to the administration required by the UWV.

3.2. How to put cost estimates / calculation on the agenda

Several calculation and administrative tools are available on the market that can help organisations to design effective information systems for understanding costs and benefits of absence and social security regulations. A useful place to start is to consult the UWV Pemba guidelines (Invalidity Insurance [Contribution Differentiation and Market Forces] Act) available on the UWV website (www.uwv.nl) or make an absence balance as suggested on the Nationale Nederlanden (www.nn.nl) and Verzuimalert (www.verzuimalert.nl) Internet sites. These can help compute the costs which can then be used to alert one's own management to the importance of statistics. Figures can easily be used to demonstrate the relevance of intensifying policies, for instance by means of Disability Management. As a rule, reducing disability levels brings in money. To ascertain the scope of cost savings, it can be useful to present various scenarios: one in which the current situation is sustained, one in which less attention is paid to policy and where disability rates are rising, and one in which disability is given added policy consideration.

Experience has shown that generally speaking, organisations are aware of the cost of sickness absence, which shows up immediately either in staff levels and in production or the costs of replacing staff and consultation costs for company doctors. However, percentages and costs of rising numbers of disability cases are often not known although these are the costs that increase the fastest and from which the greatest gains are to be achieved. Ignorance of disability costs is also reflected in the choice of policies several companies opt for. Thanks to the Eligibility for Permanent Invalidity Benefit (Restrictions) Act, absence policies are on the agenda of almost every HRM department. After all, companies failing to meet their legal obligations risk sanctions.

Absence policies are often contained in prevention and procedural measures. However, return-to-work policies – part of specific measures for counselling the long-term sick and disabled – receive relatively little attention. Yet the costs saved by reducing long-term absence and lowering the numbers of new disability cases are greater than those saved by implementing absence policies.

Example of a rough cost estimate

In 2003, three scenarios for analysing absence and return-to-work costs were generated for a large organisation in the care sector, which employs approx. 2,300. It goes without saying that all estimates were made in accordance with current legislation. The analysis was based on estimates and intended as information for management regarding the order of magnitude of disability costs. On the basis of this rough analysis, a decision was taken to make the availability of management information a top priority. A simple cost-benefit tool developed by TNO Work and Employment for Insurer the Nationale Nederlanden, Verzuimalert and other companies was used for this analysis. The reference figures this tools applies are sector specific. The figures are indicative and collected by TNO together with the organisation itself. If you use the designated sites, you can make a similar estimate for your own organisation.

Explanation: Replacement costs are costs for temporary work, overcapacity and overtime for inside staff. Loss of turnover costs are costs allocated for taking on fewer orders (in the case of a hospital: unoccupied beds, fewer interventions due to personnel shortages, waiting lists, etc.) and outsourcing work that the organisation had already taken on, e.g. transfers to other hospitals. Using this tool, estimates can be made per sector and company size. Although these costs may be hypothetical for those organisations for which calculations are not yet available, it is a cost item that organisations should be mindful of.
Absence counselling costs cover the time HRM advisors and supervisors need for counselling sessions, meetings of the Social Medical Team, and redeployment discussions within the organisation. Costs of interventions by organisations other than the Occupational Health and Safety Service, i.e. return-to-work companies and training agencies, as well as costs for training supervisors in absence management and counselling may also come under this heading. These costs are related to the number of short and long-term cases of absence.

Scenario 1 is the *Attention Scenario*, which includes the following assumptions:

- Percentage of absence in 2002: 5.8%
- New disability cases: 1.0 falling to 0.7% (over the last four years)
- Number of hired staff with a disability: 14 (double the current figure)
- Redeployment: 18 (over the last 4 years)

Scenario 2 is the *Current Scenario*, based on current data.

- Percentage of absence in 2002: 6.5%
- New disability cases: (1999) 1.1%, (2000) 1.8%, (2001) 1.3% and (2002) 1.2%
- Number of hired staff with a disability: 7 (current situation)
- Redeployment: none

Scenario 3 is the *Reduced Scenario*, which includes the following assumptions:

- Percentage of absence in 2002: 7.2%
- New disability cases: rising from 1.5 to 2% (over the last four years)
- Number of hired staff with a disability: none
- Redeployment: none

Comparison of absence costs in three scenarios

	Attention Scenario	Current Scenario	Reduced Scenario
Gross wage sum	€ 63,166,645	€ 63,166,645	€ 63,166,645
Absence percentage	5.80%	6.50%	7.20%
Replacement costs	€ 3,780,903	€ 4,237,219	€ 4,693,534
Costs of loss of turnover	€ 563,472	€ 631,477	€ 699,482
Costs of Occupational Health and Safety Service	€ 315,900	€ 315,900	€ 315,900
Absence counselling costs	€ 54,955	€ 61,587	€ 68,220
Insurance contribution	€ 0	€ 0	€ 0
Benefits insurance	€ 0	€ 0	€ 0
Non-paid wages	€ 0	€ 0	€ 0
Total absence costs	€ 4,715,229	€ 5,246,183	€ 5,777,137

Comparison of disability costs (Invalidity Insurance [Contribution Differentiation and Market Forces] Act [PEMBA] and Disability (Reintegration) Act [REA]) in three scenarios

Scenario	attention	current	reduced
PEMBA			
Basic disablement benefit contribution	€ 3,587,620	€ 3,587,620	€ 3,587,620
Differentiated disablement benefit contribution	€ 2,096,518	€ 3,918,598	€ 3,708,358
Total disablement benefit contributions	€ 5,684,138	€ 7,506,218	€ 7,295,978
REA			
Deployment budget	€ 25,410	€ 23,595	€ 0
Redeployment budget	€ 0	€ 0	€ 0
Contribution discount disabled person	€ 20,420	€ 0	€ 0
No-risk policy (Sickness Benefits Act)	€ 38,914	€ 9,540	€ 0
Long-term unemployed			
Total REA benefits	€ 84,744	€ 33,135	€ 0
Total costs of PEMBA + REA	€ 5,599,394	€ 7,473,083	€ 7,295,978
Total costs of absence and disability	€ 10,314,423	€ 12,719,266	€ 13,073,115

3.3 Valid statistics

Once organisations recognise the importance of cost calculation and wish to start doing so, they are advised to start keeping a record of more specific statistical information, which, as management information, can then allow them to set quantitative goals, measure policy effectiveness and adjust it.
The Working Perspective Commission's (www.werkendperspectief.nl) cost-benefit module is useful for gaining insight into the figures. This can be found in what is known as the Disability Management Mirror, developed by the Commission to help companies implement Disability Management. Other instruments are available on the market, however, some of them linked to Eligibility for Permanent Invalidity Benefit (Restrictions) Act calculation models, for instance.
Relevant data that should be recorded must be expressed in euro (over the last five years):

- average wage and salary bill
- basic disablement benefit contribution
- differentiated disablement benefit contribution
- any cuts or additions to the disablement benefit contribution
- loss in productivity or replacement costs
- cost of return-to-work counselling and workplace adjustments
- refunds and subsidies
- costs for dismissal, replacement or recruitment if return to work is not an option

The following are to be expressed in percentages:

- absence percentage over the past year, excluding pregnancy leave
- number of cases of absence (percentage of employees)
- share of short absence (up to 6 weeks)
- share of absence between 6 and 13 weeks
- share of absence between 13 and 52 weeks
- share of absence longer than 1 year and shorter than 2
- disablement percentage
- percentage of employees with a handicap/health problems
- share of employees who have successfully returned to work over the past year (incl. disabled no longer receiving disablement benefits and who have been taken on)
- number of new disablement benefit applicants over the past year
- number of completed return-to-work plans

The best thing is to collect these figures over a number of years and then compare them. Collecting statistics is not an end in itself: they have to be put to constructive use. Organisations can use them to formulate policy goals and priorities, whilst also enabling monitoring and evaluation of policy implementation. Information can be passed on to employees, and supervisors can be called to account as to their endeavours and responsibilities.
In addition to recording costs and benefits in terms of money and percentages,

there is another category of the effects of policy measures that is not so easily contained in a cost-benefit analysis. Yet these effects can be an important motivator for initiating new policies. These include immaterial endeavours and benefits such as employee health (effect of ergonomics on health), performance, motivation and satisfaction, work participation (can work be done by several group of employees), as well as common values and standards. We therefore recommend never just carrying out a cost-benefit analysis for its own sake but also assessing the immaterial effects and including them in policy decisions. If scenarios are used, it is worthwhile including a number of immaterial effects in each.
Summarising, it may be said that the following benefits can be achieved if Disability Management is based on costs and other statistics:

- insight into both advantages and disadvantages of disablement benefits
- insight into absence and return-to-work costs and benefits per unit/ department
- insight into the costs per individual (important for deciding on return to work)
- pro-active insight into the various forms of absence
- policies that are quantifiable are more effective

Chapter 4

The curtain rises for the players

4.1 Stage-managing

'In our case, supervisors are responsible for absence management and return to work'. But what role does the HRM officer, the company social worker, the company doctor, the psychologist, the return-to-work advisor, the mobility officer and the employee him or herself play. If you know how many people are involved in an average return-to-work programme, you will know that not everything is organised as it should be in the company referred to in the above quote. In fact, this quote touches on one of the most pressing problems when it comes to the return to work of employees with health problems. The government acknowledged this by introducing the Eligibility for Permanent Invalidity Benefit (Restrictions) Act, and creating the position of 'case manager' whose main task it is to monitor the progress of return-to-work processes. The government leaves it to employers to appoint a case manager. However, the disadvantage is that the case manager is yet one more player in the field. Given that so many people are usually involved in return-to-work programmes, and not all of them have the same interests, this means that these programmes have to be carefully stage-managed. The key principle of Disability Management[3] is therefore effective stage-management.

Studies into methods employed by successful leading companies have shown that fulfilling certain 'roles' is crucial for effective management. We distinguish between five essential roles:

1. The role of the manager with ultimate responsibility:
   up to and including redeployment
2. The role of the result and process controller:
   register, collect didactic information, provide management information
3. The role of advisor
   matching person – work – potential (available jobs, workplace adjustments, *work load – individual capacity for taking work load)*
4. The role of regulator
   administrative, social, practical, decision-maker (takes or initiates actions)
5. The role of networker
   external contacts, mediation, subsidies

[3] Disability Management is defined as stage-managing the processes that lead to achieving optimum employability of individual potential, while taking health limitations into account.

The aim of this chapter is to introduce you to the various roles that your organisation can fulfil and that need harmonising if the aim of Disability Management – defined as 'achieving full deployment of individual potential by stage-managing the processes that lead to this while taking health limitations into account' – is to be accomplished.

Each organisation differs as to who is assigned a particular role. The first step is to define the role. Who then takes on which role determines to a large extent the structure of the organisation, the distribution of tasks and responsibilities and the flow of information. Roles can be assumed by one or more individuals. Occasionally, an external advisor is given a particular task. The point therefore is not to describe jobs but to distribute and organise roles.

Each role is based on a set of tasks, competencies and skills. The advantage of thinking in terms of roles instead of jobs is that you can then select the best candidate to take on the work involved in managing absence and return to work. Roles are easier to harmonise than jobs with fixed descriptions. Role distribution is custom work: casting roles allows each organisation to opt for linking a specific task to another role or giving an individual several roles, if this fits the people and the organisation better – all this makes introducing Disability Management in the organisation more flexible.

This chapter can help you sharpen your thinking with regard to delegating roles. Background information on the five roles and explanations will be given first, after which we have included an 'aid' to help you find out what kind of stage management fits your organisation best. This takes the form of a role play designed to discover practical problems associated with the return to work of employees with disabilities. This role play experience also acts as a starting point for analysing how to define the five Disability Management roles in your own organisation.

4.2 The five roles

We distinguish between five roles for effectively stage-managing return to work, relocation and counselling of long-term sick or disabled employees:

1. The role of the manager with ultimate responsibility
2. The role of the result and process controller
3. The role of the advisor
4. The role of the regulator
5. The role of the networker

Differentiating between roles helps make it clear what efforts are needed to conduct return-to-work programmes. Practically speaking, the roles are not particularly clear-cut and tend to blend into one another. They are assumed by one or more persons in an organisation, and sometimes an external advisor is called in. In smaller organisations, roles are usually divided up over fewer people. A manager of a company with a staff of 25 will, for example, take on ultimate responsibility as well as being advisor, regulator and networker. A person such as this is often a powerful leader of an organisation with few hierarchical levels who is well-disposed towards his or her employees.

A Personnel and Organisation officer can also take on the roles of advisor, regulator and networker concurrently. In leading companies, we often see that such versatile people are both initiators and drivers who know both the organisation and the people working in it. There again, in larger organisations with several hierarchical levels, special experts are often employed to take on some of these roles.
We will describe the five roles below, which together make for a successful and result-oriented return-to-work policy.

The role of manager with ultimate responsibility

As a concept, ultimate responsibility is complex and can be borne at various hierarchical levels, depending on the size and complexity of the organisation. The first level responsible for matters of disability and social security is the management or management team, the second the direct line manager. These responsibilities are in accordance with the rules set out in the Eligibility for Permanent Invalidity Benefit (Restrictions) Act. Employers are accountable for meeting their legal obligations with regard to disability, and this includes creating good working conditions and doing what they can to facilitate return to work. The employer then delegates the implementation of these specific policies, i.e. concrete absence and return-to-work counselling of individual employees, to direct line managers. At least, that is the theory. Having an absolutely clear picture of job descriptions, responsibilities and powers of those in leading positions as well as their staff is essential for work organisations, as well as what management, executive and staff expect in terms of the individual's concrete tasks and activities. It is often there that we see things going wrong.

Ultimate responsibility at strategic level can be summarised as:

- formulating and adopting prevention, absence and return-to-work policy
- ensuring that this policy is embedded in the organisation's overall HRM policy
- setting an example
- delegating tasks, powers and responsibilities with regard to policy (and its implementation)
- setting goals and providing information for management purposes (plus assessing management information in the light of organisational and social goals)
- enabling management, staff officers and employees to discharge their duties, i.e. communication, training, time, calling in external expertise, enabling workplace adjustments, management information
- compliance with the legal obligations contained in the Eligibility for Permanent Invalidity Benefit (Restrictions) Act
- monitoring the policy and its implementation, evaluating it and addressing the relevant persons as to the tasks they have been assigned

The management bears final responsibility for this policy and will therefore act in a controlling capacity. Failure to do so means that this policy will become a paper tiger.

As crucial as final responsibility at strategic level is responsibility at implementation level. The responsibility of the line supervisor encompasses the following:

- responsibility for employing and retaining personnel
- primary responsibility for absence and return-to-work counselling of ill and partially disabled employees in the supervisor's department
- giving account of all activities geared to getting people back to work, including support, counselling and promoting a supportive climate
- continued attention to absence – this should not flag, especially at difficult times
- non-transferable responsibility: though the supervisor in question may ask others for advice or turn to experts for additional support, he or she bears ultimate responsibility, and this should be included in job descriptions at this level

A few focal points of the role of the manager bearing ultimate responsibility at implementation level:

- The supervisor's span of control should not be too large – sufficient opportunities for contact with employees, insight into the employee's work, workplace and performance.
- Fast and regular contact with employees on sick leave so as to get them back to work as soon as possible and under the best possible circumstances must be a matter of course.
- The supervisor should not depend to too great an extent on the Occupational Health and Safety Service or the Personnel and Organisation departments: they are there to give advice and enable counselling. Supervisors should keep in touch with the service and the employee themselves, as well as being involved in the Social Medical Team.
- Supervisors should have sufficient management information at their disposal and the skills to discuss this information with employees. Direct supervisors need insight into absence statistics and to discuss absence matters with employees in question.
- Supervisors require regular refresher courses to improve their knowledge and skills of absence and return-to-work management.
- Supervisors need feedback on the way in which they discharge their duties.

The role of result and process controller

Supervisors in successful leading companies are themselves expressly controlled and called to account for the results they have achieved in terms of return-to-work and absenteeism management. Because the Eligibility for Permanent Invalidity Benefit (Restrictions) Act requires that a company gives account of its activities in this field, monitoring results is becoming more and more important. In some companies, supervisors have already been called to task. In larger companies, Personnel and Organisation is usually the department that is charged with monitoring activities and results, and calling supervisors to account. Some Personnel and Organisation advisors have a specific

'paging' role, i.e. they alert supervisors as to what steps to take during the counselling process or report deadlines with regard to return to work. In larger companies, in-house occupational health and safety services generally control results and processes.
The task of a result controller is to identify and manage data on sickness and disability among employees. The problem is often that management information is either inadequate or spread over the entire organisation, e.g. information on absence is found in the HRM department, while bills sent by the UWV are handled by salary administration. The result controller's job is therefore to locate this information and classify it. This is definitely not only about the results of individual return-to-work programmes but about management information at departmental and company level, the point being that company policies can be monitored. If your intention is to see that your organisation as a whole learns that the aim of result monitoring is feedback and continued improvements, and not just gathering information for it's own sake, then this is fundamental.

Result and process control tasks include:

- Ensuring that reliable and effective management information is available about:
  - absence percentages, absence frequency and duration itemised per year/department and function group
  - disablement statistics, numbers of employed disabled per year/department (numbers and sanctions)
  - effectiveness and continuity of return-to-work schemes
  - use of subsidies
  - cost of workplace adjustments carried out or needed
- Identifying costs and benefits of sickness absence, return to work, disablement benefit contributions and compensations.
- Registering, printing and discussing these figures with strategic management and direct supervisors.
- If these figures are used as performance indicators and are part of the system of remuneration, they must be reliable and available in good time.
- Compare actual figures with target figures (goals) at various organisational levels, and for consecutive years.
- Enable those in responsible positions to access and keep up-to-date management information such as user-friendly calculation programmes, good information provision.

The role of advisor

Most companies make use of the expert advice services for absence and return-to-work management. The Occupational Health and Safety Service is usually called in if advice is required about matching an employee with health problems to a particular job. Leading companies are increasingly calling in experts, either through internal services, or employing a personnel specialist, a nurse specialising in occupational health and safety, or a company social worker, or enabling activities in house, such as facilities for company doctors and social workers to hold counselling sessions. More so than others,

leading companies are taking charge of stage management themselves.
Advice on return to work is targeted towards gaining greater insight into the match between the individual and the job, i.e. a better idea of employees' potential, and the available openings for their return or relocation in the organisation. Advice also covers further problem-solving strategies and desired interventions.
When choosing an advisor or advisors, or deciding whether to do the job oneself, it is essential to have a clear idea of what is needed and who can supply what kind of advice. Wherever possible, advice should be harmonised so that no conflicting opinions are given and the professionals do not work at cross purposes. This requires a coherent distribution of tasks between advisors in Personnel and Organisation departments, as well as medical and other external or internal professionals.
Some leading companies have combined the role of advisor with that of regulator and networker, and hence assigned it to an internal professional. Surprisingly enough, company doctors are rarely assigned the role of advisor though in day-to-day practice they do generally fulfil it. Demedicalisation is the primary reason for this.

The role of advisor should include the following elements:

- The advisor should be seen as an expert by management and supervisors.
- The advisor should know the company, its personnel and the work done, as well as its strengths and weaknesses.
- The advisor should have the knowledge and skills required to advise the company on matters of employee workload, not only from a medical but also from a work-related perspective.
- The advisor is receptive to employees and supervisors alike.

The role of regulator

Several leading companies assign special staff officers to help employees with health problems, and the company itself, to return to work. Thanks to such 'regulators', these companies are able to get disabled employees back to work far sooner and more effectively than others. However, this does not mean that this special officer is entrusted with the final responsibility for the measures to be taken or for the return-to-work process itself.
These leading companies have interpreted the role of regulator in various different ways. One of the regulator's most notable characteristics is an ability to carry out measures towards practical return to work in a decisive, fast and creative way. In many smaller organisations, regulators and advisors are often one and the same person though the roles are very dissimilar. Regulators make sure that advice given is actively followed through. Social, administrative and mediation skills rather than job analysis expertise are what regulators need to work effectively.
Getting disabled employees back into the work environment requires considerable practical and administrative work. Regulators support employees who are partially fit to resume their work, as well as their supervisors in carrying out any measures needed and preparing for relocation. Applying for subsidies and resources needed for

returning to work are also part of the regulator's task. Regulators are not easily deterred by red tape and are quick to find practical and fast solutions.
The job titles regulators are given tend to differ in leading companies, and range from relocation officer or staff member, return-to-work co-ordinator to return-to-work expert. The task of regulator is sometimes also part of the job of an occupational health and safety co-ordinator, an absence consultant, a HRM advisor or a personnel specialist.
Companies seeking to actively recruit employees from outside their own company who are partially fit to resume work often assign this task to regulators, who recruit and integrate new staff as well as supervising the return to work of the company's own employees.

To fulfil the role of regulators, persons should meet the following requirements:

- have excellent communication skills
- be a member of the company staff, know it inside out, e.g. able to assess how supervisors and work units work with staff who have returned to work, be aware of internal vacancies and recognise problems associated with return to work
- be taken seriously by management, supervisors and employees
- be open to all and operate on the basis of confidentiality so that employees can approach him or her easily
- take charge of administrative processes involved in return to work and relocation
- be a practical and efficient organiser
- able to operate formally and informally, overcoming practical and administrative obstacles to redeployment
- stay in contact with and mediate between all parties involved in the return-to-work process
- be decisive when it comes to taking on or relocating staff or adjusting work circumstances
- coach employees and provide social support, which may include giving advice or referring employees with personal problems that interfere with their return to work

It is clear that company management should afford regulators the room they need to fulfil their roles, and the necessary powers and resources to organise relocation and return-to-work processes.

The role of networker

The roles of networkers and regulators are closely linked, and in some leading companies one and the same person fulfils both roles. The difference lies in whether the organisation has an internal or an external focus. Where a regulator is concerned mainly with facilitating return-to-work processes in the company itself, the networker will focus on organising support, mediation and funding of work outside the company. In smaller companies, the managing directors themselves are often the networkers.
Networkers keep in touch with external service providers and decision-makers, ensuring that if they are needed, they can be involved as soon as possible. This means that in leading companies, networkers, like regulators, often operate

in informal circles. They do no wait until formal, mandatory procedures have taken their course – these networkers have long since phoned their regular contacts or are on the lookout for other opportunities for furthering return-to-work processes.
Networkers also have an important function when it comes to recruiting staff with a disability. To do this they need a specific network, as going through the regular channels of the Centres for Work and Income for instance, is by no means always effective, according to these companies. Some have worked with organisations representing the interests of the handicapped or the occupationally disabled, and have called in specialist intermediary agencies for advertising vacancies or recruiting from special training institutes.

Networkers are in contact with:

- care providers and external advisors (Occupational Health and Safety Service, return-to-work companies, social workers, psychologists, mediators, centres advising on back problems, outplacement agencies, etc.)
- the UWV as financier, subsidy provider, expert in legislation, and organisation that has to sanction certain measures
- the regular organisations for providing staff or mediation, e.g. Centres for Work and Income
- the less regular sector such as interest groups for people with various disabilities, special training institutes, etc.
- the curative sector (waiting lists, second opinions, etc.)
- private insurance companies (as financiers)
- sheltered employment organisations
- other employers

If the role of networker is well-cast, your organisation will have an immediate understanding of who or which organisation should be called in and when. This makes it easier to make the necessary contacts and shortens waiting lists. Efficient use of networking in your organisation makes for rapid and enduring returns to work.

4.3 The added value of a clear division of roles

The roles described above can be found in all organisations – in the one more explicitly so than in the other – that successfully help disabled staff to return to work (Bosselaar and Reijenga, 2000). Each company has to decide for itself what these roles entail and who is to fulfil them. This decision is based in part on the size and complexity of the company and in part on its culture and history, i.e. company-specific factors. It should be noted, however, that different roles do not automatically mean different officials. In smaller companies (less than 50 employees) or performance-geared units of larger organisations, a single person is often charged with all these tasks. Larger organisations often create a new position, a return-to-work or disability manager who unites the various roles, or whose task it is to harmonise various people performing these particular tasks. Most large organisations divide the roles among various officials but this requires

rigorous direction in terms of monitoring results, advising, networking and organising. For instance, an internal health and safety service can be entrusted with this task. As a rule, final responsibility rests with the line management and is an explicit part of the duties of each supervisor (Bosselaar and Reijenga, 2000; see also best practices at www.kroonophetwerk.nl).
It is important to use past experience and not to dispense with absence and return-to-work policies (including division of tasks and networks) already in place: these can be used as starting points for implementing your own successful return-to-work policy. One must realise, however, that the package of roles covers far more than the case management envisaged by the Eligibility for Permanent Invalidity Benefit (Restrictions) Act. Stage-managing as we have described thus far specifically emphasises skills and competencies needed for the practical realisation of return-to-work strategies, and requires a greater focus on embedding the proposed policy in the organisation itself. In addition, various implicit tasks are made explicit, highlighting and offering solutions for potential difficulties in current practices.
Talking about direction and role casting in your organisation will also ensure that management, supervisors and employees align their expectations in terms of managing disability.

4.4 An aid towards an individual distribution of roles

This section describes an aid that can be of use for reflecting on the way your organisation can stage-manage Disability Management and how the five roles should be distributed.

Role playing

Deciding on a suitable division of roles in your organisation is custom work. The final version with all roles and tasks must be cogent and acceptable to all. Accordingly, it is essential that all key figures in the organisation are instructed as to the necessity of distributing and stage-managing the various roles. The following role playing model will help to achieve this.

A practice-based model taken as the core for a role-playing game helps to show:

- how return-to-work programmes are currently progressing
- who is involved
- the goals and expectations of those involved
- the pitfalls contained in the current situation

The game can be played with the management team and the members of the Personnel and Organisation department or a group of people representing the outlined roles (but preferably playing other roles than those they normally fulfil). The game is co-ordinated by a game leader. The aim is not to stage a play but to use virtual roles to inventory differing points of view, experiences and expectations.
The aim is to enable players to reach conclusions on their own, and with others, about the effectiveness and efficiency of the way roles are allocated in absence and return-to-work programmes in their organisation. The aim is also to explain why coherent stage management is needed.

Example of a role-playing game:

1. First read the case

Vera (38) is one of three staff in a day nursery of the J&W Foundation. Besides childcare, J&W also provide services in community development, youth work and general social work. The foundation has a staff of about 100.
The managing director, Jacques, is often out and about and has entrusted the daily management in part to the heads of departments. Besides being managing director, Jacques also has his own consultancy firm. He is a real networker, active, for instance at municipal level.

Vera has suffered a whiplash injury and is not able to work in her current job. What she really would like is to go on working in 'her' day nursery where she has been for the last five years. She has done a lot for the nursery and helped to give it a good name. However, because of her injury and the circumstances she is in she has become rather unstable, in fact, not being able to concentrate well has made her rather absentminded for short stretches of time.

Having followed ergotherapy sessions for several months, Vera has now started working for half days, and specific agreements have been made as to her work load. However, she reports sick regularly.

Ineke, director of childcare, gets along very well with Vera and would like to keep her. She recognises that Vera cannot really handle the work load and feels that another job should be found for her in the foundation. She discusses this with the HRM official. They phone the company doctor who confirms their fears: Vera is not able to cope with the work at the day nursery.

Ineke and the HRM official want to keep Vera at J&W. The head of the Personnel and Organisation department knows of a vacancy in community development. Ineke has already sounded Vera out, who, after initial doubts, has agreed to think about applying. Karin, head of community development, stalls – she wants someone who is robust and experienced and not a child nurse who is not really interested in the job and might soon report sick again.
Vera has been ill now for eight months.

2. Imagine yourself in the role of one of the players:

- The employee Vera
- Ineke, Vera's supervisor
- The head of the Personnel and Organisation department, and case manager
- Karin, head of community development
- The company doctor of the Occupational Health and Safety Service
- The personnel specialist of the social insurance implementing body which may be called in for a second opinion (expertise)
- Jacques, managing director, who has delegated most of the day-to-day running to his departmental heads

3. Bearing in mind the role in which you are cast, answer the following questions

- What are you aiming for in this situation?
- What are your interests?
- What can you do to help this employee back to work?
- What information do you need to be able to help this employee in the best way possible?
- What support do you need from the other 'parties' to fulfil your role/task?

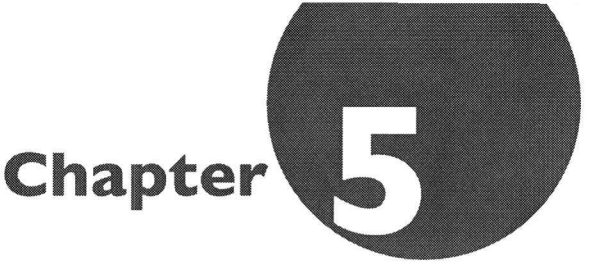
You may, of course, use a case that is more relevant to your own organisation.

This game is in fact, as we have indicated, a playful way of taking inventory. The 'players' each have the opportunity to find answers to specific questions. After this, the instructor starts to take inventory by including, one by one, each of the players' answers, allowing them to respond to one another and fill out their answers without the game starting to lead a life of its own.
The instructor can use this diagram to make an inventory:

	Vera	Supervisor 1	Personnel & Organisation	Supervisor 2	Company doctor	Personnel specialist	Director
goal							
interest							
input/ contribution							
information							
support							

If you use catchwords to record the players' answers in the diagram (you could use flip charts), you will soon see where peoples' interests lie or if input does not tally with expectations. In general, the players will more or less see eye to eye on the goal, but it is interesting to see whether, at the end of the game, and given the individual roles, this goal can be achieved in an effective way. The instructor can discuss this with the group.

Subsequently, a presentation featuring the five roles can be shown, followed by an analysis of how this could be stage-managed in one's own organisation. In about 2.5 hours, this game will enable you to work out a basis and an outline for a new policy.



'We've always done it like that'

5.1 Awareness and perception of occupational disability

Working with Disability Management in one's own organisation requires insight into what having a handicap or a health problem actually entails for the person involved and what effect it has on that person's situation at home and at work. This chapter focuses on developing an awareness of existing attitudes about people with handicaps and the prejudices these people encounter. Besides that, we shall look at behaviour patterns in organisations that can have a negative effect on the employability of people with health problems. Consequently, organisations can define what patterns of behaviour they consider appropriate.

Important elements when defining social behaviour codes are:

- Awareness of the impact of health impairments, at home and at work, and the social aspects of disability and work.
- Recognition of one's own attitudes and those of the organisation about disability and policies associated with disability.
- Collecting factual information on the definition of 'occupational disability' and its major causes.
- Respecting confidentiality with regard to employee health problems.
- Establishing house rules for handling disability and using them to adapt existing ones so that these become more conducive to employing people with health problems.

A quotation from a recent study conducted by 'Research voor Beleid' (Research for Policy) on attitudes towards people with occupational disabilities (Petersen et al., 2004) refers to the first point.
'It would seem that people with handicaps, chronic illnesses or psychological disorders have limited access to the labour market. This low participation level can be explained in part by the way this category of employees are perceived. Disabled persons are faced with specific barriers and impediments that are the result of lack of knowledge among potential employers and co-workers and the

negative image they have of the disabled. Images of disabled people differ considerably depending on the nature of their disability or impairment. For instance, both supervisors and employees feel least unsure when dealing with the chronically ill or people with a physical or sensory handicap. Compared to other categories, physically or sensory handicapped persons and those with mental problems have the least opportunities on the labour market, according to supervisors. Uncertainty has everything to do with individual experience. On the whole, supervisors and employees who work or live with disabled persons are less uncertain and have a more positive attitude towards them.

Supervisors, disabled, healthy and ill employees alike agree that the disabled have far less chance of getting a job than applicants without impairments. Most are of the opinion that employers and the government should offer these people more employment opportunities. However, the apparent readiness on the part of supervisors to make more effort to enlarge opportunities for this group goes up in smoke once their own organisation is involved. Some seem to be under the impression that they do enough and that others should do more.

Job openings appear to be limited for people who are chronically ill, handicapped or who have mental problems. One of the causes is the way people see this category of employees. Occupationally disabled people, and in particular those with chronic or psychological disorders, are, according to supervisors, less productive and more often ill than their counterparts. These perceptions are not, however, borne out by actual absence percentages or productivity rates. The fear of lower productivity and higher absence rates makes employers think that they run a financial risk if they employ disabled people. Familiarity with the regulations introduced to eliminate these uncertainties appears to be relatively low. The alleged risks of employing a disabled person are therefore to a certain degree based on inadequate information.

There are, however, good reasons for taking on a disabled employee. They are often highly motivated, various financial benefits are available, and positive discrimination rarely takes place.

The knowledge supervisors have of relevant legislation is, on crucial aspects, very limited and it is worthwhile finding out more. This does not automatically lead to a more positive attitude towards disabled employees, however, or change supervisors' behaviour. After all, personal background and experience play a part in forming attitudes.' (Petersen et al. 2004 on attitudes towards people with occupational disabilities)

5.2 Facts about disabled persons

A distinction should be made between general and social facts and facts that are specific to one's own organisation. First, the social facts.

Obviously, countless publications are available with information on disabled employees and employees with health problems. We have seen that despite extensive publicity, there is still a considerable lack of information about this group.

To illustrate this, we will give an impression of the Employees with Occupational Disabilities Study conducted for the Ministry of Social Affairs and Employment by Statistics Netherlands (CBS) and the Netherlands Organisation for Applied Scientific Research (TNO). The study is based on the results of the Working Population Survey (EBB). The first aim is to ascertain to what extent people with a chronic disease, impairment or handicap are hampered in doing or finding work. The Monitor uses the term 'occupationally disabled' for persons aged 15-64. The category 'employees with health problems' is larger than this group, as it also includes people with short-term diseases and health problems that have not been medically diagnosed (Beckers et al., 2003).

In 2001, as a result of long-term impairments, illness or handicap, approximately 1.5 million people in this age bracket had difficulties doing or finding work. This number is slightly up on that of 2000. Almost 820,000 of these are part of the working population. In addition, almost 120,000 disabled persons indicated that they were looking for jobs for 12 hours or more per week. The remaining 575,000 people said that they were not able or not willing to work.

Table 1
Persons aged 15-64 according to handicap and position on the job market, 2001

	total	disabled	
	x 1,000	x 1,000	%
Total	10,801	1,512	14.0
Working population	7,311	818	11.2
employed	7,064	778	11.0
unemployed	248	40	16.0
Non-working population	3,489	694	19.9
Wants to work 12 hours or more per week	413	119	28.8
Not able to work	443	279	63.0
Does not want to work 12 hours or more per week	2,633	296	11.2

Source: Beckers et al., 2002 (combination of table 4 and table 2a)

The activity rate of disabled persons is far lower than that of the total population in the 15-64 age group. Of the active working population, 11% has an occupational disability, against 16% of the unemployed working population. Of the non-working population, 20% has a disability. As for the categories outside the working population, a relatively large group of disabled persons indicate that they are not able to work. However, the number of people

who would like to work for more than 12 hours a week is also relatively large.
Having an occupational disability is linked in particular to age. More than half is over the age of 45. Almost 5% of the 15-24 year-olds is disabled compared to more than 23% in the 55-64 age group. There are slightly more occupationally disabled women in this group than men. This is exactly the opposite of the figure for 2000. The category of those who experience barriers to employment includes an equal number of men and women.
The population of highly educated young women, i.e. younger than 35, with mental complaints has increased noticeably in recent years. People with minimal education are overrepresented in the group of disabled, making up 18% as opposed to 9% with a higher education.
The largest category of disabled are people with back or joint problems. Of this group, more than 60% says that this impairs them. Psychological problems are also frequently mentioned, with almost a quarter saying that this acts as a stumbling block for them. Such problems can be a considerable burden when working or looking for employment. Of those with psychological problems, 80% indicates that this is indeed the case, compared to the average 59%. Of people with back or joint problems, 68% experiences this more than the average person as a barrier to work.
One of the measures that can be taken to raise participation levels among the disabled is to adjust the workplace or the actual content of the work. In 2001, slightly more than half of the disabled with jobs said that they did not require further adjustments, 28% said that adjustments had been made in the last 12 months, and 18% said adjustments were needed. Almost a fifth said they needed adjustments to be able to function effectively. The adjustments frequently referred to in this context include aids or changes to furniture, and modification in their job or task package. Slightly more adjustments were experienced by actively employed disabled women than by men (31% as opposed to 26%), while an equal number of both indicated that adjustments were needed.

Table 2
Active disabled, according to adjustment and gender, 2001

	total		adjustment completed*	adjustment required	no adjustment required
	x 1,000	%			
Total	778	100	28	18	54
Men	442	100	26	18	56
Women	337	100	31	17	52

Source: Beckers et al., 2002

These figures come from the 2002 Employees with Occupational Disabilities Monitor. Risks and opportunities for this group of people depend to a large extent on the employment sector. Studies conducted at sector level, for instance in the framework of health and safety agreements, for instance, can help companies to get an idea of the position of disabled in their particular field. In addition, the UWV has company registration numbers so they can provide figures on persons applying for benefits, diagnostic codes and percentages of disabled employees per company.

The next point is garnering information from one's own organisation. As we have seen in other chapters, a good overview of risks and causes of disability in one's own company is key. Access to reliable information, per department, age and gender are a must. This on its own may already dispose of several prejudices. Health and safety services may also be able to help. Organisations that actually distil this information themselves find that it can be very informative and promote internal communication on disability.

Example

How reliable are ideas on disability?
A service provision company has grown rapidly of late, from 60 to 180 employees. As the company is made up of several independent business units with several branches, there are also several health and safety services. Complaints about work pressure among consultants and the introduction of the Eligibility for Permanent Invalidity Benefit (Restrictions) Act were the reason for developing a new absence and return-to-work policy. At the start of this project, several supervisors and Personnel and Organisation got together to discuss disability in their own company.

The most important reason for absence was seen to be pressure of work on older employees. Short-term absence was frequent among support staff. Before taking any steps, it was decided to be on the safe side and ask one of the health and safety services to do a detailed absence analysis across the entire company. The results were very obvious: absence figures were quite different from what the group had intuited. Young employees, especially, were frequently absent (for short periods at a time but with a high absence rate all over). Absence percentages among support staff were lower than in advisory and production divisions. This made for a radical change in the priorities in the plan of approach.

5.3 Approach towards disability

A study of leading companies (Bosselaar and Reijenga, 2000) has shown that Disability Management thrives in two kinds of corporate cultures: on the one hand in caring cultures as are found in small family businesses, but also medium-sized welfare and education institutions, and on the other in cultures found in some large multinationals where employees are given individual responsibility and where entrepreneurial spirit is highly developed. The large companies also had in-house health and safety departments with readily available expertise on work and health matters. The fact that Disability Management has caught on in these corporate cultures does not necessarily mean that businesses without such a culture cannot successfully introduce it, however.
If the culture in your company is completely different, for instance a 'tough men don't get ill', often called the 'no one is disabled in our company' culture, or a merciful culture of the kind 'we all work so hard; if you don't feel well, stay at home and have a good rest', we advise focusing attention on the approach towards disability before building up expectations with regard to successful Disability Management. Changing corporate culture is no easy matter. But pinpointing the way the organisation's addresses occupational disability can help to bring fallacies in the existing culture to light and hence the potential for change. Leading companies are characterised by the way they handle sick employees. The most conspicuous feature of their approach is that it is twofold, i.e. professional and fair, in the sense of 'what's sauce for the goose is sauce for the gander' and based on respect and trust, making room for personal issues and tailor-made solutions.

A list of characteristics of these companies:

- All employees are of equal importance to the company.
- An employee's potential is more important than his or her limitations.
- A personal approach geared towards and promoting employee well-being.
- The atmosphere between supervisors and employees is one of openness and trust.
- Health is an essential and self-evident component of company social policy.
- There is no strict dividing line between work and private life.
- The company thinks in terms of social responsibility.
- The company has strong self-regulating powers: it is looking to take on absence and return-to-work management itself.
- To achieve this, the company is prepared to allocate time, money and human resources.

5.4 Intervention tools for discussing and changing approach towards disability

We will describe intervention tools that can help focus on the culture of and the approach taken by one's own organisation or to discuss and change it. This section comprises a brief description intended mainly as a stimulus and is followed by a detailed example of one of these interventions.

1. Employee Satisfaction Scan
Information about employee satisfaction and their expectations can be gained by giving them a questionnaire to complete, the aim being to match these with company goals. This intervention tool is primarily aimed at raising awareness. The results of this study can be used as a starting point for further interventions such as management meetings or large-scale planning sessions. Existing surveys are not specifically geared towards disability and related issues but can be included here. In most cases, organisations contract external agencies to conduct employee satisfaction scans.

2. Optimum Enablement Method: a learning/working route for enhancing staff employability and well-being. This method was developed by the Berenschot consultancy firm in 1999 for the Dutch Commission for the Chronically Ill (the forerunner of the Working Perspective Commission). The TNO Work and Employment has tested this method and can supply it to interested customers. The method includes a four-day learning course for organisation supervisors covering a three-month period. The course is tailor-made to meet the needs of the organisation. Supervisors are motivated, instructed and given tools that they then use in interviews with staff. During refresher days, experiences are discussed and feedback received from trainers. This intervention tool focuses on social behaviour and helps supervisors to create a working situation in which employees are productive, healthy and motivated.

3. Workshop series 'a culture of accountability regarding absenteeism'
TNO Work and Employment developed a series of workshops on the culture of accountability regarding absenteeism. It is in this sector in particular that professional behaviour is often inadequate. These workshops are, however, also applicable in companies in other sectors. Employees and supervisors work together in this training course to learn skills and modes of communication for addressing and changing ways of tackling disability. This intervention tool is also available as a 'train the trainer' course, schooling internal trainers to conduct workshops in their own organisations.

4. Managing labour disputes:
In some companies, labour disputes lead to absenteeism and hence to biased absence statistics. In theory, a labour dispute has nothing to do with health. However, smouldering disputes do eventually lead to health problems and actual sickness leave. Disputes should therefore be identified as soon as possible to avoid escalation. Active research can resolve disputes and avoid new ones. Collaboration with external experts can lead to a structural enhancing of the company's own potential for constructive dispute management. Parties confer together to identify structural causes of conflicts. After an orientation phase, discussions are held with the parties to decide on the content of this intervention tool. This intervention tool is a good starting point for introducing Disability Management if poor working relationships are perceived as one of the causes of disability.

5. Working with guidelines for psychological disabilities
This guideline was developed by the Donner Commission in 2001 for tackling absenteeism problems caused by psychological complaints. This intervention tool is not primarily intended to bring the approach towards disability to light, but we have included it here because it contains rules of play that blend in well with Disability Management principles. The rules are also applicable to employees with other health complaints. The entire guideline, as well as a short step-by-step plan can be downloaded from the website www.werkendperspectief.nl. In the guideline, a professional person, often a company doctor, the employer and the employee with psychological problems work together to ensure a speedy return to work. Following a step-by-step plan is essential. The website www.psychischearbeidsongeschiktheid.nl includes a simplified and shortened version of this guideline made specially for smaller companies by the Dutch organisation of small and medium-sized enterprises.

6. Developing standards and codes of practice for managing disability
During morning or afternoon brainstorming sessions, a group of key persons in an organisation discuss best practices in the handling of disability. These meetings can also be organised at departmental level (employees/supervisors/staff). The aim of the session is to identify complications, catalogue wishes and develop a joint vision. The session ends with a list of action points for designing a preferred standard and code of practice. These sessions are easily accessible and are not difficult to organise oneself. It might be worthwhile attending a session such as this oneself before arranging one in one's own organisation.

Example of a code brainstorm

This example serves to illustrate the above intervention tool. A group of six HRM advisors working for a government organisation got together for an afternoon session to discuss their approach towards managing (the rather high rate of) disability in their organisation. The agenda was as follows:

- How do we manage sick employees or those with health problems?
- What kind of standards and codes would we consider desirable for managing these employees and for conducting disability management in our organisation?
- What steps can we take to achieve this?

Incidentally, before holding a meeting, it is wise to organise a short presentation with facts on current disability (to distinguish fact from fiction). Here we include an elaboration of this brainstorming session. One of the participants is chairing the session, making sure that people listen to one another, respect one another's opinions and do not hold discussions on the sidelines. The flip chart is used to note down important statements.

1. How do we manage sick employees and employees with health problems?

- We spare them by inconveniencing them as little as possible or trying not to put pressure on them.
- It is possible that we spare them too much, so that we hardly dare ask them what's wrong or when they can come back to work.
- Our work is difficult and done under pressure – we recognise that it can sometimes be too much for our employees.
- We realise that we have lost touch with some employees on long sick leave and others who are at home on disablement benefit.
- We respect our employees' private lives, so we don't interfere with private matters or phone them at home.
- We leave it to the company doctor to get in touch with them.
- We are not doctors so cannot pass judgement on medical matters.
- It is our opinion that most of our supervisors are not really up to conducting interviews about absence.
- It boils down to the fact that we haven't got time to think about disability.

2. How would we like to conduct disability management in our organisation in general and deal with these employees in particular?

- We would like to have a professional relationship with one another i.e. address one another with regard to rights, duties and agreements.
- We would like to see that employees report sick as seldom as possible and that sick leave is as short as possible.
- We would like to reduce common causes of absence such as work pressure.
- We would like to know how current and former employees on our payroll are doing and what happens to them. We want to know whether they might still be able to work for us.
- We need to have unbiased absence statistics as they can help us to detect labour disputes as soon as possible, identify them as such and handle them accordingly, where necessary with the help of an external mediator.
- We do not want employees to have to report sick because they are obliged to look after relatives, or for other personal reasons: we want to draw up regulations for special leave.
- We would like to intervene sooner than the Eligibility for Permanent Invalidity Benefit (Restrictions) Act requires us to do. Now, we often wait until the last moment before we intervene.
- We do not want to give employees false hope. We will arrange return-to-work programmes for those who are ill and who, in all likelihood, will not be able to take up their original jobs, finding work that better fits their competencies. If no such work is available in our own organisation, we will gear the return-to-work programme towards finding alternative employment.
- We would like to see that direct supervisors are the first point of contact on matters of absence.
- We would like to see supervisors discussing absence in direct consultations with staff, and ensuring that co-workers stay in touch with their ill colleagues.

- We would like to see ill colleagues (or those with health problems who are at work) treated with respect, like everyone else. Moreover, we want to make sure that their jobs are not lost, that they continue to receive post, announcements, invitations for excursions, birthdays, drinks, etc.
- We would like to see that supervisors get on well with staff, that they feel confident asking them if they have problems at home and that they can be called on to help solve any difficulties.

At this point, two advisors ask for a time-out. It occurs to them that talk is constantly revolving around supervisors who are, in fact, not present during the session. As they themselves have difficulty when being 'taken to account', the moderator suggests a brief discussion on what supervisors stand to gain if standards and codes of practice change. This discussion results in the following list:

What supervisors gain if new codes are introduced:
- get and take control
- get active support from the Personnel and Organisation department and the Occupational Health and Safety Service
- follow refresher courses plus proficiency training
- overcome their hesitancy with regard to taking action
- invest in building relationships with employees: collaboration
- prevent work pressure and avoid replacement problems
- enlarge insight into employee's competencies
- help save costs

The participants feel sufficiently strengthened by this information to be able to answer the following question.

3. Which steps will we need to take?
- We will train supervisors to support ill employees in a professional manner. We will be looking for a training institution that specialises in training specific skills and provides ample opportunity for putting them into practice.
- We will make sure that supervisors are given factual information on absenteeism and disability. We will be inviting supervisors to attend a management meeting on this subject before … (ASAP).
- We will be drawing up new absence criteria before … (ASAP), discussing them with the works council and distributing them throughout the organisation once they have been approved.
- We will be setting up an internal databank for collecting and distributing information on relocation options. We will complete this activity before … (ASAP).
- We will be devising measures for discussing and reducing work pressure. We will draft a step-by-step plan by … (ASAP).

By now, everyone is bubbling over with creative energy and the participants decide to round off the afternoon by coming up with a number of maxims they can use for discussing preferred standards and codes of practice at the management meeting.

Maxims on return to work

- Better to wear out than to rust out
- The faster the better
- There is nobility in labour
- Never do nothing
- Wait till the cows come home
- Trust inspires trust
- Returning to work means being rehabilitated
- Nothing is impossible
- Nothing ventured, nothing gained
- Better half an employee at work that a sick one at home

5.5 Communication, the magic formula

Disability Management enables an organisation to give employees with health problems the kind of attention they need to enhance their employability. According to several return-to-work experts, 'attention' is the magic formula. But more is needed if attention is to be focused effectively, namely communication.

Though intentions may be good, communication is often a mere postscript at the end of the process of policy renewal. Things do not work like that, unfortunately. Communication is what sets off a process of change and what keeps it going. A previous part of this series for HRM managers (Gerrichhauzen and Kampermann, 2003) also reflects on communication in terms of work and health.

Example: A lost opportunity

With reference to the Eligibility for Permanent Invalidity Benefit (Restrictions) Act, a government organisation with a staff of 3,000 was aiming to improve its return-to-work policy. The management decided to launch a project. Following the directions given in Chapter 2 of this booklet, the Personnel and Organisation department set up a project group. Interviews were held with key figures in the organisation and the Disability Management Measurement was carried out. The astonishing conclusion the group arrived at was that all respondents (with the exception of the management team) stated that the management was not interested in the topic return to work. The management team had good reason for being baffled by this. After all, they themselves had initiated this project, indicating how urgent they felt the problem to be. The management had not communicated its interest to the organisation as a whole, thus missing the chance of demonstrating how important it considered the subject to be. Once the project was complete – during which a set of tools had been developed, supervisors had been trained and essential management information acquired – the members of the project group concluded that there was just one point in their strategy that they had overlooked, namely the action point 'we are going to improve communication with regard to absenteeism and disability'. Unfortunately, they had not got round to that yet...

To be able to do their work well, managers, HRM professionals and supervisors depend on a frequent flow of good quality information. The same goes for each employee in an organisation. Information is crucial, particularly where disability is concerned. Having access to confidential and personal information on employees is essential to keep them at work and avoid situations in which people can become unsure of themselves and embarrassed about other people's handicaps. This is something we noticed whilst working on the perceptions of disabled employees in general and descriptions of preferred standards and codes of practice for Disability Management in particular. Employees should feel comfortable enough to talk openly about what they can or cannot do in terms of skills and work. For this to be possible, the atmosphere at work has to be safe and open, and it is up to supervisors and employers to create the conditions that enable this. Keeping these issues in focus need not be difficult: most organisations have simple resources they can use such as staff newsletters and internal websites. Frequent information flows are essential for building on creating employment opportunities, making return-to-work coaching a joint process that leads to a correct match between employee and job.

This last paragraph should therefore be the first in a booklet on Disability Management: in companies and organisations that have successfully introduced Disability Management, the culture is one of openness in which communication about health is the most obvious thing in the world. (Bosselaar and Reijenga, 2000).

Conclusions

We conclude by summing up the gains to be had by improving corporate communication on disability:

- manifest involvement of management
- reinforcing the golden triangle (company doctor – supervisors – employees)
- rules of conduct obvious to all
- division of roles is self-evident: everyone knows who does what
- fictions and prejudices become less flagrant once information is readily available
- highlighting best practices has a stimulating effect
- involving the works council makes for solidarity and a support base
- communication generates communication

Appendix

DM Measurement cheklist

Name of respondent: Date of interview:

Position: Department:

Name of interviewer:

Step in the 5-step model	Description	Questions	Score	Effective?
			Yes / No / ?	+ / - / ±
Intention	Corporate policy; intention, commitment and preconditions	1. Has management formulated a vision on the employability of the disabled? 2. Does management see absenteeism and return-to-work policy as an essential part of business management? 3. a. Have goals been set at strategic level (SMART, i.e. specific, measurable/motivating, attainable, relevant, traceable) in terms of absenteeism and return to work? b. Are these goals directly related to the overall corporate objectives? 4. Is management prepared to invest time and money so that this policy is implemented effectively? 5. Are the board and higher management actively involved? Are they engaged in enhancing commitment towards this policy in their organisation? 6. Do supervisors feel responsible for helping sick employees back to work and do they demonstrate their involvement? 7. Is there solidarity and acceptance among staff for their colleagues returning to work? 8. Is attention focused on leadership and co-operation/team building in the context of absenteeism and return-to-work strategies? 9. In this context, does the organisation also focus on cultural aspects such as social behaviour, result orientation, accountability, etc.? 10. Does management regularly inform staff about policy intentions and absenteeism and return-to-work strategies?		

Step in the 5-step model	Description	Questions	Score	Effective?
			Yes / No / ?	+ / - / ±
Know-ledge	Problem inventory, diagno-sis and manage-ment infor-mation	1. Have absenteeism and return-to-work processes and protocols been lucidly set out? 2. Have the stakeholders' (i.e. board, line management, staff, health and safety service, etc.) tasks, responsibilities and powers with respect to sick absence and return to work been defined? 3. Do all stakeholders know what to expect from services delivered by external bodies (occupational health and safety services, intervention and back-to-work organisations)? 4. Does management information match up with the strategic goals? 5. Is management information adequate in terms of imple-mentation? 6. Are the following taken into consideration when formulating an absenteeism and return-to-work policy?: • absentee statistics (+ itemisation into categories) • causes of absenteeism and disability • statistics of recipients of disability benefits • return-to-work data (case registration and solutions) • staff satisfaction surveys 7. Is the relationship between supervisors and employees based on trust and openness? 8. Are return-to-work programmes well managed? a. Do you know who has final responsibility for an indivi-dual's return to work? (who?) b. Is anyone responsible for tallying results? (who?, how?) c. Are agreements and required activities involved in return-to-work programmes organised effectively? (by whom? how?) d. Is someone in the organisation aware of job opportu-nities and able to link them to employee potential? Is anyone well-versed in statutory regulations/subsidies? (who?)		

Step in the 5-step model	Description	Questions	Score	Effective?
			Yes / No / ?	+ / - / ±
		e. Is anyone in charge of and adept at managing relations with external agencies for employing the disabled and organising return-to-work programmes? (who? how?) f. Do those referred to in a, b, c, d and e collaborate effectively? 9. Can the proposed objective be achieved with the absenteeism and return-to-work policy the organisation has in place?		
Methods	Prioritising/ Drawing up a Plan of Approach	1. Is it clear where the key dilemmas in the absenteeism and return-to-work policy lie? 2. Is the importance of investments in and benefits derived from this policy recognised when making major strategic policy decisions? (how?) 3. Is it clear where priorities have to be made in this policy? Is this choice accounted for? 4. Has a Plan of Approach been drawn up for employing/ assisting the long-term sick and disabled back to work? 5. Have funds been made available for this Plan of Approach? 6. Have SMART goals been set for each measure contained in the Plan? 7. Has responsibility for implementing each measure in the Plan been delegated to one or more persons? 8. Has a project manager been appointed for co-ordinating the implementation of the Plan? 9. Has a project group been set up for developing or specifying an absenteeism and return-to-work policy/Disability Management?		

Step in the 5-step model	Description	Questions	Score	Effective?
			Yes / No / ?	+ / - / ±
Work	Policy implementation and its effects	1. Is the supervisor assigned specific tasks in connection with absenteeism and return to work? 2. Are supervisors required to account for and be appraised for their endeavours and the results they have achieved? 3. Are styles of management specific to absenteeism and return to work being learned? 4. Are preventive measures being taken to curb sickness due to work? 5. Are sufficient activities being undertaken by those involved in absenteeism and return to work when it comes to supporting the disabled in their return to work? 6. Have explicit agreements been concluded (and complied with) concerning: • counselling by supervisors • case management • social and medical consultations/teams • activation of sick employees • professional guidance/support • application for and use of return-to-work tools/funds • effective registration and administration 7. Are return-to-work efforts directed towards: • return to former workplace or another department • relocation to prior position or alternative work in another department • external relocation • activities in connection with total disablement 8. Are structures/positions adapted to enable the disabled employee to function properly? 9. Do departments and return-to-work professionals (i.e. Personnel and Organisation, line management, occupational health and safety co-ordinators and services) collaborate effectively? 10. Do all stakeholders concerned with absenteeism and return to work communicate effectively with one another?		

Step in the 5-step model	Description	Questions	Score	Effective?
			Yes / No / ?	+ / - / ±
Monitoring	Monitoring, evaluating and adapting policy	1. Are measures in place for keeping absenteeism and return to work a permanent item on the agenda? 2. Do endeavours towards continuous improvement constitute a distinct starting point in the absenteeism and return-to-work policy? 3. Does management discuss, assess and adapt this policy at least once a year? 4. Has a cost/benefit analysis been made? 5. Are internal and external audits (measurements) conducted for evaluation and adaptation purposes? 6. Is the policy monitored regularly? (by whom and how?) 7. Is the policy evaluated on a yearly basis? (by whom and how?) a. Are policy effects measured? (how?) b. Are Social Medical Team reports used? c. Are the experiences of employees who have returned to work put to good use? d. Are both disabled and non-disabled employees involved? e. Is all available management information examined as a whole? 8. Are problems that emerge in evaluations addressed and resolved, and is the policy adapted accordingly? 9. Are structures adapted in such a way as to facilitate return to work?		

Relevant literature and websites

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Stalman, G., Disability Management: Incentives and Consequences, thesis in Business Management, University of Maastricht, 2003

Some relevant websites:
www.kroonophetwerk.nl (about the Best Practices Prize and best practices in Disability Management in businesses)
www.werkendperspectief.nl (about work and products initiated by the Working Perspective Commission. Also information on the Disability Management Mirror, a reflection tool for businesses)
www.ehbw.nl (first aid at work: an information bank for employees, employers and professionals in the field of work and health)
www.verzuimalert.nl (information about a cost-benefit tool for evaluating absenteeism)
www.arbeid.tno.nl. (for tools, services and best practices in Disability Management)
www.ifdm.nl (for information on the International Forum on Disability Management, an international conference on Disability Management to be held from 13 to 15 September 2004 in Maastricht. Abstracts of workshops, handouts and papers will be published on the site after the conference).

More information?

For general enquiries about issues relating to the Ministry of Social Affairs and Employment, visit our website at www.socialaffairs.gov.nl

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