



Occupational Safety and Health and Employability: programmes, practices and experiences

Summary of an Agency report

In recent years, employability has emerged as one of the key policy initiatives that governments can take to boost levels of employment within national economies. It is primarily seen as a labour market intervention. And although there is no single

agreed definition, employability is principally concerned with improving the knowledge and skills base of workers and unemployed people by means of further education and vocational training. The aim is to assist workers to find or maintain employment.

In September 1999 the link between occupational safety and health and employability was addressed in depth for the first time at a conference jointly organised by the European Agency and the Finnish Presidency of the European Union¹. Since then, the Agency has organised a number of follow-up activities including the report that is summarised here. According to the report, occupational safety and health can contribute to the improvement of worker employability in a variety of ways including workplace (re)design, maintenance of a healthy and safe work environment, training and retraining, assessment of work demands, medical diagnosis, health screening, and the assessment of functional capacities.

The report brings together 26 case studies of initiatives from a variety of organisations and are divided into four main categories:

- major programmes that deal with health and safety hazards aimed at preventing occupation-related injury and illness. These programmes often focus at specific risk groups;
- rehabilitation of ill workers by providing services or adapting workplaces to help the ill or injured worker to recover from their complaints and reintegrate into the workplace;
- reintegration initiatives for longer term disabled people;
- Workplace Health Promotion initiatives which use the workplace as a setting to undertake activities aimed at improving the general health of the workforce.

As well as describing the 26 initiatives, the stakeholders involved, the results obtained and the problems encountered, the report also assesses their impact and looks at the 'generalisability' or transferability of the lessons learned. Seven examples are outlined here to give a flavour of the report.

Major prevention programmes and specific groups at risk

Cases in the report

- 3 national programmes on the maintenance of work ability (Finland);
- Agreements between interest groups in risk sectors (The Netherlands);
- Holistic approach to labour market shortage in the health care sector (The Netherlands);
- Towards a greater safety consciousness through Occupational Safety Training (Italy);
- Prevention in high risk jobs by working in multi-disciplinary teams in a city council (The Netherlands).

Maintenance of Work Ability (MWA) - Finland

Finland introduced its MWA programme in 1992 with the aim of reversing the growing trend towards early retirement and reducing the high level of work-related disabilities. Changes in national legislation added MWA activities to the basic functions of the country's occupational health services. And more than 100 different programmes were launched. In the occupational health services, MWA was introduced as a 3-step model for health promotion, accident/injury prevention and rehabilitative actions. At the enterprise level, a 'triangle model' of implementation was developed, which described interventions targeted at individual health, environmental safety, and organisational function. The central innovation of the MWA concept at the enterprise level was to encourage workplace actors to join together in participating in the development of work-related health and productivity.

Interest group agreements (Arbo convenanten) – The Netherlands

Arbo convenanten are interest group agreements on health and safety at work in sectors in which government and social partners have accepted joint responsibility for promoting improvements in working conditions for a number of high-risks. National targets linked to specific timetables have been formulated for work-related risks such as lifting, work pressure, RSI, hazardous noise, exposure to solvents, allergenic substances and quartz. The aim is to reduce these by reaching agreements with employers and employees in those sectors where the risks arise most frequently.

Agreement objectives can consist of standards for exposure or the extent to which companies plan to take precautionary measures or measures at source according to either the present or future status of technology. The tools used include financial incentives, public information campaigns and tax breaks. Sector organisations often contribute to their financing. Through the agreements the Government is hoping to reach approximately 40% of the employees who work in high-risk environments. Employers and employees can also incorporate the agreement into their collective bargaining agreements.

Rehabilitation of ill workers

Cases in the report:

- Assistance programme for ill physicians (Spain);
- Back to work after brain injury (Sweden);
- Social accident insurance fund: preventing occupational accidents and illnesses (Austria);
- Dealing with hand injuries of workers (Belgium);
- Civil litigation and return to work (Ireland);
- Employers' award on disability management (The Netherlands);
- Managing psychological trauma and return to work (Belgium);
- Reintegrating ill-workers in a city council (Portugal);
- Retention and rehabilitation at enterprise level (Denmark);
- Company agreement to promote employment of disabled workers (France).
- Rehabilitation strategies as a tool for the occupational physician (Germany);

⁽¹⁾ Safety and Health and Employability – Conference Proceedings, European Agency for Safety and Health at Work, 112p, ISBN 92-828-3016-0.

Assistance programme for ill physicians (PAIMM) – Spain

La Programa d'atenció integral al metge malalt (PAIMM) is an example of an effective private sector initiative at regional level. As an occupational group, physicians have the fifth highest incidence of psychological morbidity in Spain. A professional body, the Council of Catalonian Medical Association, recognised that occupational stress was exacting a heavy toll on the profession. Furthermore, patients were being exposed to a 'secondary risk' as doctors were continuing to practise despite stress-related disabilities, which could impair their judgement and competence.

PAIMM is a programme that seeks to help doctors who suffer from psychological problems or addictive behaviours that can interfere with their professional practice. Experience demonstrates that early intervention can help the doctor, even while in treatment, to carry on working. From 1999 to June 2000, PAIMM took on 170 cases. According to preliminary results, among the 72 doctors treated, 98% are stable or abstinent during the first 7 months post treatment (estimates from similar initiatives in the USA report the rehabilitation rate at around 80% after two years).

Rehabilitating injured workers – Denmark

Initiatives to rehabilitate injured workers are often undertaken by insurers of occupational accidents and diseases, but they can also come from companies themselves. Novo Nordisk A/S manufactures and markets a variety of pharmaceutical products and is a world leader in insulin production and diabetes care. A company Rehabilitation Policy was introduced in 1992. Within this, guidelines, roles and responsibilities are defined and the policy is recognised as an integral part of running the business. The rehabilitation process focuses on sustainable solutions giving employees the best opportunities to return to work.

Both manager and the employee have a responsibility to identify a potential rehabilitation situation as soon as possible, and subsequently establish contact with the social adviser, OSH- or Human Resource Department. Many cases are solved in the employees' own departments with them getting ordinary jobs with some individual adaptations. OSH expertise is almost always involved in the rehabilitation process. The rehabilitation process often increases the employability by adding competencies or remodelling the working environment. By Jan 1st 2000, 691 cases have been concluded. 55% have resulted in job retention, 39% have received disability pension and 6% left Novo Nordisk before a solution was found.

Reintegration initiatives for longer term disabled people

Cases in the report:

- Enabling people with disabilities to compete in the labour market (UK);
- Programme to encourage the integration of disabled workers (France);
- Assistance in retention and integration at work for disabled people (Austria);
- Brainwave; pre-employment training and information on epilepsy for employers (Ireland);
- Employment and rehabilitation for people with congenital or acquired impairments (Spain);

Enabling people with disabilities to compete in the labour market - UK

Launched in 1994, *Access to Work* is a UK-wide, government operated programme which provides support to disabled people who are seeking work, including funding of adaptations and purchase of special equipment, based on the established needs of the individual applicants. Targeting unemployed disabled people

and employed disabled people at risk of becoming unemployed, the programme aims to enable them to compete on an equal footing with their non-disabled colleagues. Three-quarters of the participants surveyed felt that the programme had had a positive impact on their efforts to secure or retain employment. Many of the referrals to the initiative come from the health and safety or occupational health functions within companies.

Integrating disabled workers – France

Social partners can also play an important role in the integration of long term disabled people at work. In 1992 the regional Employers Union of the Ariège department initiated an action called *Passerelles 09* to encourage the integration and rehabilitation of disabled workers. Carried out in partnership with local actors, both public and private, it involves promotion of enterprises' awareness of their obligations regarding the hiring of disabled employees and the aids from which they can benefit and supports to maintain employees declared unfit for work in different jobs.

Passerelles 09 was implemented with the assistance of and financing provided by the association managing the fund for integration of disabled people (AGEFIPH). It has initiated partnerships and brought down barriers between the various organisations involved, allowing them to work together more efficiently. It's succeeded in creating a favourable attitude to the integration of disabled workers, which has become commonplace among the partners.

Workplace Health Promotion initiatives at the workplace

Cases in the report:

- Health at Work in the National Health Service – United Kingdom;
- Workplace Health Promotion in bakeries – Germany;
- Regional Health Insurance Fund Rheinland – Germany.

Health at Work in the National Health Service (HAWNHS) – United Kingdom

HAWNHS is a ten year initiative – started in 1992 - set up to enable the improvement of the health and well being of NHS employees through workplace health programmes, incorporating health and safety and occupational health issues as well as health promotion.

The project included goals in relation to Human Resource management in the NHS. Twelve key action areas for health at work (HAW) were set out for attention by NHS management. The central goal was to make the NHS an exemplary employer in relation to the health and wellbeing of staff, which explicitly addresses a broad range of staff health needs. The occupational health role was largely related to providing services to HAW programmes.

How to get the report

The full text of the report in English is available at the Agency's web site:

<http://agency.osha.eu.int/publications/reports>. The printed report "Occupational Safety and Health and Employability: programmes, practices and experiences", European Agency for Safety and Health at Work, 2001, ISBN 92-95007-18-2 can be ordered from the EC's Publication Office EUR-OP in Luxembourg (<http://eur-op.eu.int/>) or from its sales agents. The price is €13.5 (excluding VAT).