EUROPEAN SOCIAL INSURANCE PLATFORM

The Social Insurers of Europe

Activation measures as a key challenge for the social security organisations in Europe:

Results of a peer review on vocational rehabilitation measures

ESIP aisbl

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About the *European Social Insurance Platform* (ESIP)

The *European Social Insurance Platform* (ESIP) represents over 40 national statutory social insurance organisations (covering approximately 240 million citizens) in 15 EU Member States and Switzerland, active in the field of health insurance, pensions, occupational disease and accident insurance, disability and rehabilitation, family benefits and unemployment insurance. The aims of ESIP and its members are to preserve high profile social security for Europe, to reinforce solidarity-based social insurance systems and to maintain European social protection quality. ESIP builds strategic alliances for developing common positions to influence the European debate and is a consultation forum for the European institutions and other multinational bodies active in the field of social security.

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I. Introduction

In Europe, the question of how to reintegrate persons with disabilities into the workforce is a hot topic in view of demographic change, mobile societies and an ageing workforce. Where disability management is introduced, reintegration has made the shift from focusing on the limitations to the possibilities of the disabled. Therefore, vocational rehabilitation services have become more and more important in social security systems in EU countries.

As a consequence of these developments, social security institutions in a number of European countries are introducing or reforming their reintegration services. Within these processes effectiveness, efficiency and costs are factors that determine the discussions about vocational rehabilitation and activating measures. However, the question arises of how to grant these measures in a cross border context and if the existing rules, as established under regulation No. 883/04, are sufficient. Based on the administrative and practical experiences of Europe's social security organisations and their observations, ESIP has already drawn attention to the difficulties that occur in practice when it comes to cross-border activation measures and vocational rehabilitation in its position paper published in October 2014.

The goal of this peer review is to share the knowledge and experiences of ESIP members regarding vocational rehabilitation measures and to open a discussion on the challenges faced by social security institutions for the handling of rehabilitation measures. Twelve institutions (9 ESIP members and two non-members) from nine countries in Europe participated in the peer review by presenting the relevant systems and their vocational rehabilitation measures.

The reports show that the organization and provision of vocational rehabilitation measures differs within Europe.

Some countries have less developed vocational rehabilitation systems than others. They do not offer many vocational rehabilitation measures aimed at reintegrating persons with a disability into the labour market but rather provide cash benefits such as disability pensions or invalidity pensions. In Luxembourg e.g. only the unemployment insurance provides rehabilitation services whereas disability benefits are paid by all insurance branches including the unemployment insurance. Following a reform, more vocational rehabilitation measures have been developed but are not deemed to be sufficient. In Poland the number of people who have received a vocational training pension is lower than expected; this may be due to complicated procedures and divided responsibilities.

In other countries different actors offer rehabilitation measures and coordination between the rehabilitation authorities and the other parties involved is sometimes missing or should be improved. In Finland e.g. the organizational structure of vocational rehabilitation is complicated since several actors are involved. It also appears that administrative burdens and divided responsibilities do not advantage workplace reintegration, as e.g. the experience from Luxembourg shows. On the other hand, the introduction of vocational rehabilitation measures in countries has been shown to count. The Finish pension insurance calculated the average costs of effective vocational rehabilitation programmes compared to the average costs of providing a disability pension. The results showed that, the initially higher costs of a rehabilitation programme are "paid back" if the rehabilitee continues to work for approximately a year and a half.

Some countries follow an integrated rehabilitation concept (e.g. Austria, Switzerland, Germany, Italy) with the aim of enabling the person concerned to return to work, at either their previous or a new workplace, as quickly as possible and on a sustainable basis. This is achieved together with the employer and with the involvement of all parties to the rehabilitation process. Examples from Austria, Switzerland and German have shown that the controlled integrated rehabilitation concept along with early intervention has proved effective in the relevant system. Several countries also work with rehabilitation plans (e.g. Hungary). It was reported that successful professional reintegration presupposes the participation and cooperation of all parties' involved as well as uniform management and a coordinated approach. Employers must play an active and positive role (for example, personal contact with the victim, contact with and furnishing of a job profile for the doctor involved in treatment, determining the stages for reintegration, offering part-time work, taking account of the personal circumstances of the person concerned, etc.).

Even if there are different approaches to vocational rehabilitation measures the peer review shows that all ESIP members face common challenges such as demographic change, the shortage of skilled personnel and budget cuts. Therefore the establishment and organization of an effective vocational rehabilitation system is necessary and meaningful since efficient rehabilitation programmes will show a full return on investment if the rehabilitee continues to work.

II. Overview of national vocational rehabilitation measures

Country	Sector	Benefits provided		Characteristics	Challenges
		Cash benefits	Benefits in kind		
Austria	**Pension** Invalidity is a prerequisite for rehab. benefits and there is a chance to reintegration, or invalidity is likely without rehab. Measures	Transitional allowance	Supporting measures to return to work, including adaption of the current workplace	Principle is rehabilitation before pension, rehabilitation instead of compensation payments Since January 2014: Change in pension insurance: Former “limited pension” (befristete Invaliditätspension) is replaced by cash benefits and benefits in kind concerning medical and vocational rehabilitation	Reduction in federal grants to all branches
	Work Accident/ Occupational Disease	Transitional allowance	Supporting measures to return to work, including adaption of the current workplace Comprehensive process starting as early as possible Rehabilitation management Rehabilitation counsellor	Close cooperation with labour market service	The implementation of the UN convention on the rights of disabled persons

Country	Sector	Benefits provided		Characteristics	Challenges
		Cash benefits	Benefits in kind		
Finland	**Pension** Finnish Pension Insurance	• Disability pension • rehabilitation allowance • partial rehabilitation allowance • rehabilitation increment • rehabilitation assistance	Workplace rehabilitation and training	A number of different actors are responsible, i.e. the Public Employment Service, the health care system, the accident and motor liability insurance institutions, the pension providers and the Social Insurance Institution. Insurance Rehabilitation Association (VKK) is a joint service that plans vocational rehabilitation together with the parties concerned. A rehabilitation counsellor serves as a guide to the next step. Based on an assessment the injured person's insurer makes the decision on rehabilitation.	Vocational rehabilitation does not always start as early as it should. The system is highly fragmented. There is also a need for better co-operation with the occupational health service sector in preparing a rehabilitation plan. Approximately 30,000 people on disability pension would like to return to the work force, at least occasionally. There are few incentives for employers to employ partially disabled workers. There is no quote for disabled.
	Accidents at Work/ Occupational Diseases Federation of Accident Insurance Institutions TVL	Compensation for loss of income during the re-training period Permanent accident pension	Support to stay employed in the current workplace or to return to a different job through work training, vocational training etc. Trial work, training try-outs Adequate training and any necessary formal basic education.	Permanent accident pension cannot be granted until the rehabilitation prospects have first been assessed The law requires that the injured person undergoes rehabilitation assessment and rehabilitation as far and as early as possible.	Participants in training programs feel that the support and guidance ends too soon, the transition to working life is difficult. Support from the insurance institution is mostly financial and the cooperation between different actors during and after the rehabilitation is insufficient. It is also difficult to identify the cases that need vocational rehabilitation and to find them as early as possible.

Country	Sector	Benefits provided		Characteristics	Challenges
		Cash benefits	**Benefits in kind**		
Germany	**Pension** Deutsche Rentenversicherung Bund (DRV)	Disability pension, start-up grants, application costs, etc. Financial grants for Employers i.e. integration subsidies, costs for temporary employment, in-house training.	Technical aids, assistive equipment, workplace assistance services, training measures, specialised integration services, vocational preparation measures, etc.	Benefits are granted on application if the earning capacity is substantially at risk and a reduction of the earning capacity can be prevented or the already reduced earning capacity can be substantially improved or the workplace can be preserved in case of a partially reduced earning capacity.	Changing conditions in working life, demographic change and a shortage of qualified staff will require more flexibility and innovation from rehabilitation agencies and service providers. This requires efficient and seamless structures of supply alongside with the implementation of the UNCRPD.
	Accidents at Work/ Occupational Diseases Deutsche Gesetzliche Unfallversicherung (DGUV)	Temporary allowance during vocational rehabilitation measure, Pension in case of reduced earning capacity (by at least 20%). Benefits to retain and create workplaces for the employer.	Measures e.g. redesigning of the workplace, training or job placement Training measures, placement in training and workplaces for disabled people Corporate integration and disability management	The aim is to enable a return to work, at either the previous or a new workplace as quickly as possible and sustainably. Joint approach together with the employer and all parties to the rehabilitation process. Integrated rehabilitation strategy, a comprehensive rehabilitation concept takes effect following the principle rehabilitation before pension.	Statutory accident insurance faces the challenges of the demographic change and the shortage of skilled personnel by special prevention measures that are geared to keeping older persons in employment longer and in good health. The targets by the UNCRPD to enable people with disabilities the participation in social life and work as best as possible are realized through an action plan for the sector of accident insurance.
	Unemployment Bundesagentur für Arbeit (BA)	Allowance while unemployment, temporary allowance during vocational rehabilitation measure, benefits to retain and create workplaces for the employer	Benefits for participation in working life for integration into the labour market.	BA with double function: unemployment insurance as well as vocational rehabilitation provider. There is a joint collaboration of all institutions mandated with vocational rehabilitation to implement the participation in working life. It is important for the BA to achieve a sustainable integration into the labour market.	See above: Changing conditions in working life, demographic change and a shortage of qualified staff will require more flexibility and innovation from rehabilitation agencies and service providers

Country	Sector	Benefits provided		Characteristics	Challenges
		Cash benefits	Benefits in kind		
Hungary	**Rehabilitation/ Disability** National Office for Rehabilitation and Social Affairs (NORSA)	Rehabilitation cash benefit Disability benefit is provided in cases where rehabilitation is not recommended or if the person concerned could not be rehabilitated and the time missing before reaching retirement age does not exceed 5 years.	Entitlement to necessary services required for the purpose of a successful rehabilitation. Rehabilitation plan: Maximum period 3 years.	Rehabilitation or Disability benefit for persons with changed working capacity (60 per cent or less) The aim is to reintegrate persons to the labour market, to prepare them for employment in a suitable work place and to ensure the employees in the suitable work place concerning their working capacity Complex assessment: the employment rehabilitation expert evaluates the employment and educational history, when making a decision, this expert takes account of current employment opportunities and perspectives accessible in the proximity of the claimant, as well as employment benefits available. The assessment and the evaluation cover the assessment of work load, the possible need of special employment conditions, as well as the entire career and the claimant's attitude towards regular work. Complex system of medical, social, training, employment and other activities.	A complex assessment was introduced on 1 January 2012 to promote the complex rehabilitation of persons with changed working capacity. The new assessment system focuses on preserved capacities, mapping abilities that can still be used. This new regulation encourages the development of skills and employment rehabilitation of employees with changed working capacity and helps them find employment in the open labour market. The transformed subsidy system offered to companies employing persons with changed working capacity applied from 2013 will also help integrate individuals returning to the open labour market.

Country	Sector	Benefits provided		Characteristics	Challenges
		Cash benefits	Benefits in kind		
Italy	**Accident Insurance** INAIL	Daily indemnity for temporary disability to work: paid as from the fourth day following the event until recovery.	Facilitation for work reintegration, e.g. work retraining and support while job-searching Comprehensive reintegration measures.	INAIL has a major role in vocational rehabilitation. INAIL provides broad information through a web portal called “Superabile” (www.superabile.it). The portal has multiple thematic channels, e.g. focusing on labor market. The contact center can be called for consultations on the topic of disability.	Rehabilitation should be intended in a broad sense. Through the adoption of a comprehensive approach, INAIL addresses the environmental factor with the aim of breaking the barriers between the individuals and their activity and encouraging the active participation in society.

Country	Sector	Benefits provided		Characteristics	Challenges
		Cash benefits	Benefits in kind		
Luxembourg	**Pension** National Pension Insurance Fund	Invalidity pension/ old age pension Benefits are paid max 52 weeks in a period of 104 weeks . Permanent disability: an early retirement pension is granted until 65.	Medical Control Service may prescribe measures for persons under 50.	The medical rehabilitation is exclusively for health insurance or accident insurance. On the other hand, both social security branches do not offer any vocational rehabilitation.	Vocational rehabilitation measures are poorly developed In the past, the Medical Control Service had a very passive attitude and since 2004 not a single proposal has been made. Without proposal, the National Pension Insurance Fund is not authorized to prescribe vocational rehabilitation measures.
	Unemployment L´agence pour le dèveloppement de l´émploi (Adem)	Unemployment benefit	Measures for the participation in working life Training courses Measures for all jobseekers independently if they have or not a loss of ability.	Integration into the labour market by an individual rehabilitation requirement.	Adem is the only institution that can decide independently on vocational rehabilitation measures.

Country	Sector	Benefits provided		Characteristics	Challenges
		Cash benefits	Benefits in kind		
The Netherlands	Activities for employed persons who receive a cash disability benefit of UWV (Institute for employee benefits schemes)	(Sickness benefits act) Wage payment of employer during 104 weeks of sickness of employee. If contract is ended, UWV will take over the payment of sickness benefits. (WIA) Disability benefits for employed persons after a waiting period of 104 weeks: - Partially disabled (at least 35%) or - Fully disabled (80-100%) (Wajong) disability scheme for young disabled persons till 2015. From 2015, only for young disabled persons without any work capacity. No separate scheme for accidents at work and occupational diseases.	Employer and employee are responsible for rehabilitation during the first 104 weeks of sickness of the employee. UWV offers vocational rehabilitation services to clients who are partially disabled and who are expected to be able to guided regular work within two years. Based on criteria, UWV decides whether the disabled person will be helped by a UWV coach or be helped by a private reintegration agency (contracted). UWV provides facilities for employees and jobseekers (for example: transport means, adapted chairs, portable Braille display).	The aim is to do everything to help partially labour incapacitated persons to find or keep work. Our focus is the client's possibilities in terms of work. Participation Act/decentralization: This Act has taken effect on 1th of January 2015. The municipalities are responsible for reintegration and income support for the young partially disabled people. The incapacity insurance scheme for young fully disabled persons, the Wajong, will remain in force by UWV (but only for those who will never be able to work).	The net effectiveness after participating in a reintegration programme is difficult to measure but is seen as necessary. There are limited government resources. Therefore the question arises how to spend the budget for reintegration? Principles are: effectiveness and selectivity.

Country	Sector	Benefits provided		Characteristics	Challenges
		Cash benefits	Benefits in kind		
Poland	**Social Insurance** Social Insurance Institution (ZUS)	Vocational training pension awarded for a period of 6 month ZUS doctor assesses if the health condition allows vocational training and if the person is incapable for work in earlier occupation. ZUS doctors medical statement is forwarded to the National Labour Office that searches for a proper training course.		ZUS major activities are collecting social contributions and paying out training pensions for disabled people who after vocational rehabilitation will be able to return to work. The vocational training is considered to be effective if the retrained person will not claim for disability pension or for rehabilitation benefit in next two years.	The vocational rehabilitation was implemented in 1998 as an important tool combating extremely high number of disability pensions. The vocational training pension has not played a significant role as a tool combating the number of disability pensioners. From 1998 till present the number of granted vocational training pensions was very low. Probably due to complicated procedures and the fact, that ZUS doctors medical statement is forwarded to another institution, the National Labour Office.
	Unemployment (Labour Office)		Provides vocational trainings and support in finding a job for all disabled persons.	Financed from state budget	
	National Disabled Persons Rehabilitation Fund (PFRON)		Vocational training plans, special equipment etc.	Provides special vocational training plans and supports employers in adapting the working places for employees with disabilities including special equipment's e.g. building a ramp for person using a wheelchair. Financed from state budget.	

Country	Sector	Benefits provided		Characteristics	Challenges
		Cash benefits	Benefits in kind		
Switzerland	**Disability**	Daily benefits remuneration, capital assistance, daily allowance.	Career counselling, initial and further occupational training, retraining, job placement, active support in finding a suitable job Principle: reintegration before pension.	Disability Insurance has a major and cross sectorial role in vocational rehabilitation Professional reintegration service assists the insured Social security insurances cooperate with job agencies Comprehensive rehabilitation is cost saving.	Early and reliable detection Further optimization of coordination and cooperation among all of those involved. The integration of disabled people into the primary or regular labour market must continue to be promoted. By simplifying administrative procedures, accident victims requiring rehabilitation should be recognized sooner or in time and assigned to rehabilitation. The quality of reintegration can be decisively improved if it is addressed at an early moment in time.
	Work Accident/ Occupational Disease	Daily benefit in case of temporary disability Pension in case of permanent disability.	Provision of complementary measures as e.g. claims management, job oriented rehabilitation, comprehensive rehabilitation approach by SUVA.	The system covers employees and the unemployed with a claim to daily allowances to meet the consequences of occupational accidents and diseases, as well as - in contrast to other European countries – of non-occupational accidents.	See above

III. Annex

Detailed reports - Overview

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III. Finland - Federation of Accident Insurance Institutions (TVL)

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VIII. Italy - Italian Workers' Compensation Authority (INAIL)

IX. Luxembourg - National Pension Insurance Fund

X. The Netherlands - Employee Insurance Agency (UWV)

XI. Poland - Social Insurance Institution (ZUS)

XII. Switzerland - Swiss National Accident Insurance Fund

Rehabilitation in Austria

0. Introduction

Rehabilitation measures are provided by the three branches of Austrian social insurance:

- Medical Rehabilitation:

*Health insurance

*Accident insurance

*Pension insurance

- Vocational Rehabilitation:

*Accident insurance

*Pension insurance

- Social Rehabilitation

*Accident insurance

*Pension insurance

1. Health insurance

- Entitled persons

The health insurance institutions have a supplementary competence besides accident and pension insurance. Thereby inpatient medical rehabilitation is also accessible for non-contributory co-insured persons like family members doing housework and children as well as retirees.

- Aim

The aim is to ensure the success of hospital treatment or to mitigate the consequences of illness to recover health, so that a person can live stable without medical attendance.

- Benefits

Benefits for medical rehabilitation are benefits in kind. Optimally they are subsequent to hospital treatment and are causally and temporally connected.

In each case an individual rehabilitation plan is set to define the aim and the necessary measures. The scope of rehabilitation can be:

- rehabilitation centres (specialised institutions)
- prostheses, orthopaedic devices, other medical aids
- medical attention
- remedies

- Expenditure

In 2011 roughly EUR 340 mill. were expended by the health insurance institutions. The effective costs might be even higher, as some devices (e.g. medical aids) are entered in other service items.

2. Accident insurance

- Entitled persons

The entitled persons are particularly insured persons, who suffered an accident at work or suffering from an occupational disease. Further groups or situations are covered (e.g. students, volunteer fire fighters in action, commuting accident).

- Aim

The aim is to remove, improve, reduce or avoid exacerbation of a health damage caused by an accident at work or an occupational disease – with all suitable measures.

- Benefits

The accident insurance offers medical, vocational and social rehabilitation, provided both cash benefits and benefits in kind.

- Medical rehabilitation:

The accident insurance institutions provide medical rehabilitation measures in specialised rehabilitation centres. In those centres a multi-professional team of specialists in the field of medicine, psychology, various therapies and nursing ensures the optimal healing process.

- Vocational rehabilitation:

Supporting measures to adapt the current workplace or to return to work (e.g. retraining) are provided. Job placement is provided in close cooperation with the labour market service.

During vocational rehabilitation measures transitional allowance is paid to the entitled persons.

- Social rehabilitation:

The aim of social rehabilitation measures is to reintegrate the injured or disabled person to its familiar personal environment. A measure could be, for instance, the financial support for suitable adapting one's home or adaption of a car.

- Other matters:

Skilled rehabilitation counsellors ensure a comprehensive support of the injured or disabled persons. The support starts already in the accident hospitals to set a broad rehabilitation plan with all suitable measures for a quick recovery.

- Expenditure

In 2011 the accident insurance institutions expended roughly EUR 85 mill.

3. Pension insurance

- Entitled persons

Entitled persons are employees, self-employed persons, farmers and even pensioners, if they are able to return to work due to rehabilitation measures.

- Aim

The aim of rehabilitation measures is to enhance the status of insured persons so that they can assume a role suitable to their capabilities in the professional and commercial world and in society.

Rehabilitation measures of the pension assurance can only be provided in case of invalidity and if those measures make a return to work possible, or to avoid invalidity with those measures.

- Benefits

Benefits in kind are comparable with those of the health and accident insurance.

- Medical Rehabilitation:

The pension insurance institutions operate own, specialised rehabilitation centres with the following focus areas:

- heart and circulatory diseases
- rheumatic diseases
- respiratory diseases
- metabolic diseases
- internal diseases
- neurological diseases

As a cash benefit transitional allowance is paid in the amount of the fictive invalidity pension.

- Vocational rehabilitation:

The measures are comparable with those of the accident insurance.

As a cash benefit also transitional allowance is paid.

- Social rehabilitation:

If social measures are necessary to ensure the successful finish of rehabilitation, interest-free loans to adapt a flat or to purchase an accessible motor vehicle can be granted.

- Expenditure

In 2011 the pension insurance institutions expended roughly EUR 840 mill. including preventive health care.

4. Reform of the temporary invalidity pension

From 1 January 2014 the temporary invalidity pension is substituted by the following measures:

- Medical rehabilitation:
- Benefit in kind: adequate measures
- Cash benefit: Rehabilitation allowance (Rehabilitationsgeld)
- Vocational rehabilitation:
- Benefit in kind: adequate measures
- Cash benefit: retraining allowance (Umschulungsgeld)

FINNISH CENTRE FOR PENSIONS
Riitta Korpiluoma

10.1.2013

Disability Pensions and Vocational Rehabilitation in the Finnish Earnings-related Pension Scheme

Report

FINNISH CENTRE FOR PENSIONS 10.1.2013
Riitta Korpiluoma

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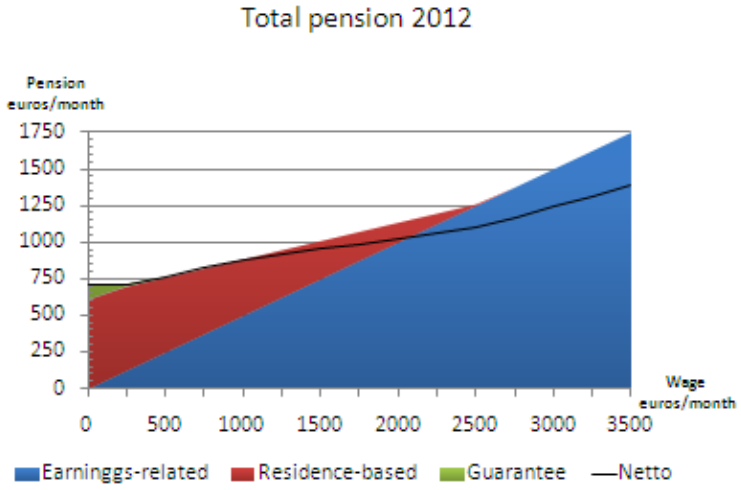
FINNISH CENTRE FOR PENSIONS 10.1.2013
Riitta Korpiluoma

1. Introduction

In Finland, the system of activation and vocational rehabilitation is highly fragmented, with a number of different actors responsible for different population groups at different points in time. Key players are the Public Employment Service for unemployed jobseekers with a disability, the general and occupational health care system for people with long-term illness, the accident and motor liability insurance institutions for people who have suffered work and traffic accidents, and respectively, the authorised pension insurance institutions (pension providers) for workers with sufficient work history, and the Social Insurance Institution for those with limited work history and those not covered by anybody else.

The earnings-related pension scheme covers those who work or have worked as employees or self-employed persons. The residence-based national pension (including guarantee pension) ensures minimum security for those who have not yet entered the labour market or whose working career remains short.



The accident insurance institutions awards benefits to those whose incapacity for work is caused by an accident at work or an occupational disease. The motor liability insurance institutions award benefits to those whose incapacity for work is due to a traffic accident. Someone who receives a pension or a rehabilitation benefit from the accident insurance scheme is normally not entitled to benefits either from the earnings-related or the national pension scheme.

If the worker`s disability is not caused by an accident at work, an occupational disease or a traffic accident, income compensation for disability lasting less than one year is paid by the Social Insurance Institution in the form of a daily sickness allowance. When the disability (caused by illness, handicap or injury) which has reduced the person’s work ability lasts for at least one year, the loss of income is compensated with a cash rehabilitation benefit or a

disability pension paid by a pension provider (the earnings-related pension) and, if the pension accrual remains modest, also by the Social Insurance Institution (the national pension).

However, the vocational rehabilitation and benefits related to it are awarded either from the earnings-related scheme or the national pension scheme, not both of them. The pension provider is liable to award rehabilitation benefits from the earnings-related scheme, if a person has earned a minimum amount in salaries (in 2013, earnings of EUR 33,352.02 for a period of five years prior to the onset of disability). If not, the Social Insurance Institution is liable to award the rehabilitation and the benefits. This report covers only the earnings-related pension scheme.

2. Characteristics of the Finnish earnings-related pension scheme

Coverage and benefits

The statutory earnings-related pension scheme covers all workers in all industries in Finland. The scheme consists of several laws for privatesector workers, seafarers, public-sector workers and self-employed persons, but the principles and benefits are practically the same for all workers, civil servants and the self-employed. The benefits are:

- old-age pension (age 63–68)
- part-time pension (age 60–67)
- full and partial disability pension (age 18–62)
- survivors' pension and
- vocational rehabilitation (age 18–62)

Vocational rehabilitation

Vocational rehabilitation arranged by pension providers takes precedence over the disability pension. The aim of rehabilitation within the earnings-related pension scheme is to promote the staying at or returning to work, thus reducing or at least postponing the need to retire on a disability pension. Vocational rehabilitation is a subjective right of a worker stipulated in the pension laws.

A worker (or the self-employed person) is entitled to vocational rehabilitation arranged by a pension provider, if he or she has earnings of EUR 33,352.02 (in 2013) for a period of five years prior to a claim. It is also provided that it is probable that the person will be disabled to the extent that a disability pension might be awarded in a few years time (during the next five years) if no rehabilitation measures are taken. Vocational rehabilitation may be awarded also to a person who already receives a disability pension.

Vocational rehabilitation includes, for example, workplace rehabilitation and training. The pension provider pays a rehabilitation benefit during the rehabilitation period. Rehabilitation benefits are the following:

- the rehabilitation allowance
- the partial rehabilitation allowance
- the rehabilitation increment

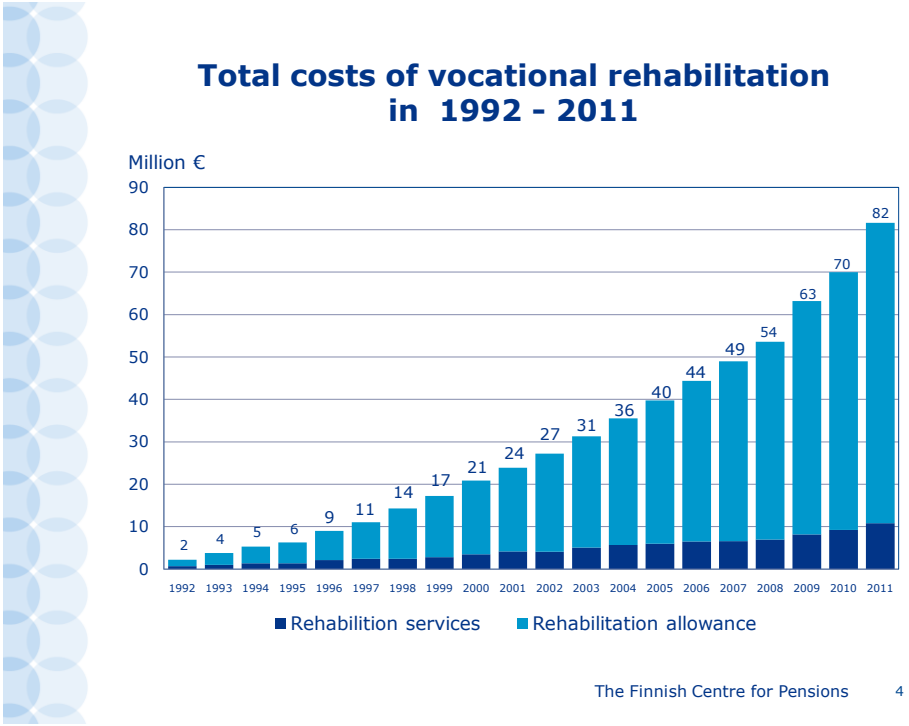
- the rehabilitation assistance.

The most common is the rehabilitation allowance, which is the amount of the cash rehabilitation benefit, increased by 33 per cent. If, during the rehabilitation period, the employee earns more than half of his stabilised earnings, a partial rehabilitation allowance is paid. The partial rehabilitation allowance is half of the full rehabilitation allowance. If the person already receives a disability pension, the amount of the pension will be increased by 33 per cent during the vocational rehabilitation (the rehabilitation increment).

Approximately 10,800 persons participated in the vocational rehabilitation arranged by pension providers in 2011.

The rehabilitation expenditure amounted to EUR 82 million.

FINNISH CENTRE FOR PENSIONS 10.1.2013
Riitta Korpiluoma



In 2011, a total of 8,613 rehabilitation decisions were made by the pension providers and vocational rehabilitation was awarded to 82 percent of the claimants. Of the claimants, 51 percent had diseases of the musculoskeletal system, and 22 percent had mental and behavioral disorders. In 2011, 4,575 programmes in all ended and 64 percent of rehabilitees went back to work, 8 percent were not working but not receiving pension either, 7 percent were receiving partial disability pension (which may also have been the aim of the rehabilitation) and only 8 percent were receiving disability pension. The status of 13 percent was unknown.

The total costs of the programmes finished in 2011 was 64 million euros (13,920 €/programme). If we calculate the total cost of all the programmes finished in 2011 and divide it by the cost of the successful programmes (the rehabilitee is back at work, studying or in the labour market, 72 percent of all programmes) we get the average price of a succesful programme (19,400 €). We can compare this with the cost of an average disability pension (12,100 €/year). Thus we can conclude that the costs of the rehabilitation programmes are "paid back" if the rehabilitee continues to work for approximately a year and a half.

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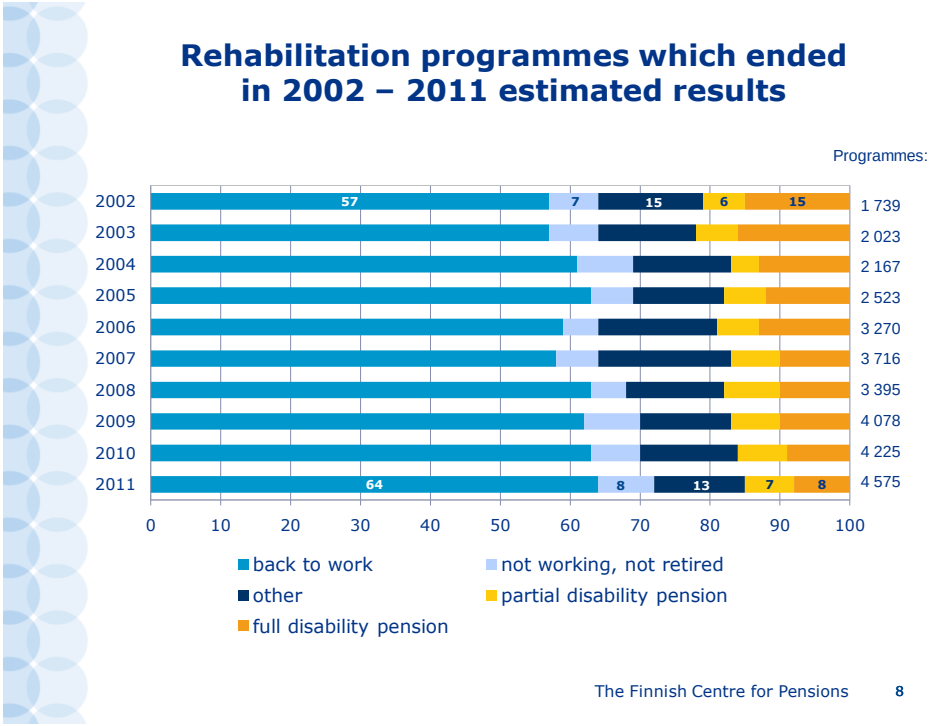

Disability pension

A pension provider may grant a disability pension to an insured person who has reached the age of 18 but not yet 63. When the pension recipient reaches the retirement age for old-age pension, the disability pension will be converted into an old-age pension. In the national pension scheme, a disability pension may be granted to an insured person aged 16-64 years.

The disability pension benefit of the earnings-related pension scheme may be awarded for a limited time (fixed-term) or permanently, and either as a full or a partial disability pension.

The fixed-term disability pension is awarded if a person is temporarily incapable of work and his or her handicap or illness is expected to improve through either medical or vocational rehabilitation. A requirement for the pension is that a treatment or rehabilitation plan has been drawn up for the applicant. If the work ability is not restored, the benefit is converted into a permanent disability pension which continues until the age of 63. At that time the disability pension is converted into an old-age pension.

A permanent disability pension is often preceded by a fixed-term disability benefit. Of the disability pensions granted between 2009 and 2011, slightly more than 50 per cent were granted directly as permanent disability pensions. Correspondingly, nearly 80 per cent of the fixed-term benefits are eventually converted into permanent disability pensions.

Partial disability pension offers security in case of a partial loss of work ability. A full disability pension is paid if the work ability is reduced by at least three-fifths. A partial disabil-

ity pension is paid if the work ability is reduced by at least two-fifths. The partial disability pension is half of the insured's full disability pension.

The number of partial disability pension recipients is growing. Particularly in the public sector, partial disability pensions have become more common since the mid-1990s. Nevertheless, there are very few pensioners on a partial disability pension compared to the number of pensioners on a full disability pension. At the end of 2010, less than ten per cent of pensioners on a disability pension drew a partial disability pension.

Work ability is assessed by stressing the remaining work ability and rehabilitation. When assessing the eligibility for a disability pension, in addition to medical factors, the insured person's ability to gain an income through such available work that he is assessed to be reasonably able to perform will be considered. Education, previous activity, age, place of residence and other comparable factors are taken into account when making the assessment.

The definition of occupational disability is applied for the insured over the age of 60 in the private sector and for all insured in the public sector. Occupational disability refers to the lack of ability to perform occupation-related tasks.

The disability pension consists of the pension accrued during the insured's work history and the accrued pension component for the projected pensionable service. The purpose of the pension component for projected pensionable service is to compensate the insured for the loss of income due to disability until the age of old-age pension. A significant part of young persons' disability pensions consist of the pension component for projected pensionable service. The fixed-term disability benefit and the permanent disability pension are determined in the same way.

An insured person whose earnings have totalled at least EUR 16,676.01 (in 2013) during the 10 calendar years preceding the start of the disability pension is eligible for the pension component for projected pensionable service.

The pension component for projected pensionable service is calculated from the beginning of the year of the pension contingency until the end of the month in which the employee turns 63. In general, it is determined on the basis of earnings during the five calendar years preceding the onset of the disability.

Disability pensions that have continued for five years receive a permanent lump-sum increase. The increase was granted for the first time in 2010 to all disability pensions that had lasted for at least five years. The purpose of the lump-sum increase is to improve the level of disability pensions, particularly for the young.

The lump-sum increase is made when five years have passed since the beginning of the disability pension or the cash rehabilitation benefit. The size of the increase depends on the age of the pension recipient. For those aged 24-31, the increase is 25 per cent. The increase is reduced by one percentage point per one year of age. If the pension is granted after the person has turned 50, no lump-sum increase is made.

FINNISH CENTRE FOR PENSIONS 10.1.2013
Riitta Korpiluoma

Disability pension and return to work

Earnings limits are applied to disability pension recipients. A person drawing a full disability pension may earn a maximum of 40 per cent of the stabilised average earnings prior to retirement, and a person drawing a partial pension, 60 per cent.

The aim is to promote employment among recipients of a disability pension. A provisional act promoting the return to work and raising the minimum earnings level of retirees on a disability pension to the same level as the minimum pension secured by the guarantee pension (EUR 733,80 per month in 2013) is in force from 2010 to 2013. The provisional act also makes it easier to suspend the pension. An increase of the minimum earnings limit offers better opportunities for low-income retirees on a disability pension to engage in and try gainful employment. The law will probably stay in effect until the end of 2016.

When the earnings exceed the earnings limits, the pension payments are suspended for at least three months and no more than two years.

Of those drawing a full disability pension, an ample five per cent are working, while the equivalent figure for those receiving a partial disability pension is an ample 60 per cent. Employment among public-sector recipients drawing a partial disability pension is more common than among private-sector recipients. Moreover, a significant number of disability pension recipients would like to work.

4. Challenges

The greatest challenge in the field of vocational rehabilitation and disability pension is the growth of the number of workers and self-employed suffering mental illnesses, especially depression. A few years ago, the Ministry of Social Affairs and Health set up a comprehensive project (MASTO) to tackle the problem. The project succeeded in its aim and the number of new disability pensions due to depression has decreased.

Another challenge is that the vocational rehabilitation does not always start as early as it should. The organisational structure of the vocational rehabilitation is also somewhat complicated since there are several actors involved. If a person has serious medical problems, vocational rehabilitation is arranged by the pension providers (either earnings-related pension scheme or national pension scheme). In other cases the rehabilitation may be arranged by the unemployment authorities according to the unemployment benefit scheme. The line between these schemes is not always clear. Also the OECD has criticized Finland for the system of activation and vocational rehabilitation being highly fragmented, with a number of different actors responsible for different groups of the population at different points in time, and recommends that the current system of rehabilitation service provision be simplified. The OECD pointed out that there is also a need for better co-operation with the occupational health service sector in preparing a rehabilitation plan (Report Sickness, Disability and Work, Breaking the Barriers, 2008). An amendment to the law governing daily sickness allowance came into force this year, which obligates the claimant to provide a medical cer-

tificate by the occupational health service after 90 days on sickness allowance. Until now there have not been any political initiatives to change the current organisational structure, although there has been discussion on the possibilities of organising personal assistants (perhaps by the Social Insurance Institution) for people in need of vocational rehabilitation.

There are approximately 30,000 people on disability pension who would like to return to the work force, at least occasionally. Most of them would like to work less than 20 hours per week. It is, however, rather difficult to find jobs as flexible as these persons would wish in the labour market. In Finland there are very few incentives for employers to employ partially disabled workers. Employers seem to prefer young and healthy workers, and there is no quota for the disabled. However, the Ministry for Social Affairs and Health has set up a working group to study the possibilities of encouraging employers to also employ the partially disabled.

Federation of Accident Insurance Institutions (TVL)

ESIP Peer Review /Report
6.5.2013

Vocational rehabilitation in the Finnish Statutory Accident Insurance

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Contents

1. Introduction

In Finland all residents are covered by social security schemes which govern basic pensions (national pensions and guarantee pension), sickness and maternity benefits and family benefits. In addition, all employed persons are entitled to benefits based on employment, such as statutory earnings-related pensions and benefits for accidents at work and occupational diseases as well as on unemployment.

The Ministry of Social Affairs and Health *(Sosiaali-ja terveysministeriö)* is responsible for the development of social security legislation in Finland. The system is implemented by a variety of organisations. One particular feature of the Finnish social insurance system is that some aspects of it are handled by private insurance companies.

Residence-based social security benefits are administered by the Social Insurance Institution (*Kansaneläkelaitos*, or Kela), an autonomous public body under the direct supervision of the Finnish Parliament. Healthcare services are the responsibility of the local authorities.

The earnings-related pension insurance for private sector employees is handled by specially authorised pension insurance companies, pension funds and pension foundations. Finnish Centre for Pensions (*Eläketurvakeskus*, or ETK) is the coordinating agency for the earnings-related pension insurance scheme; its remit also includes international insurance and pension matters.

The Social Insurance Institution (Kela) is responsible for basic unemployment provision. Unemployment funds, working mainly in conjunction with trade unions, are responsible for the administration of earnings-related unemployment benefits. Membership of such funds is voluntary.

The accident insurance institutions (private insurance companies + certain insurance institutions) are responsible for the statutory accident insurance of those employed in the private sector, whereas the State Treasury handles accident insurance for state employees. The Federation of Accident Insurance Institutions (FAII or TVL) is the umbrella organisation. The principal responsibility of the FAII is to coordinate the practical application of statutory accident insurance, as well as developing the insurance system in cooperation with parties in the labour market and the Government. Pursuant to the Employment Accidents Insurance Act, every insurance institution underwriting statutory accident insurance in Finland must be a member of FAII.

FAII

- develops statutory accident insurance and its implementation system
- promotes the uniformity of the insurance and compensation system
- acts as the cooperation body for insurance institutions

- compiles statistics on accidents at work and occupational diseases, as well as their reasons and consequences
- compensates accidents at work occurred in employment not covered by a valid accident insurance policy
- promotes occupational safety by providing useful statistics and analyses on accidents at work and occupational diseases compensated by insurance institutions

FAII's functions include also acting as the institution of the place of residence or place of stay, in accordance with Finland's international obligations.

Rehabilitation services in Finland

Vocational rehabilitation is financed, arranged and supported by several organizations in Finland and under various provisions in legislation. Pension insurers are responsible for on-the-job vocational rehabilitation. The accident insurance institutions cover rehabilitation based on accident at work or occupational disease. And finally Social Insurance Institution (Kela) arranges vocational rehabilitation for those who are not entitled to rehabilitation based on pension or on accident at work or occupational disease.

2. Statutory accident insurance in Finland

In Finland, work accidents and occupational diseases are compensated through the statutory accident insurance system. It forms part of the Finnish social security system and employment-related social security. An employer is obliged to insure its employees against accidents at work and occupational diseases.

Statutory accident insurance is a primary compensation system in relation to other social security. This means that the injured person is first paid the compensation he/she is entitled to on the basis of statutory accident insurance in full and the benefits of other social insurance is paid if he/she is entitled to them.

In Finland, statutory accident insurance is based on the Employment Accidents Insurance Act, which defines issues such as the content of statutory accident insurance cover, its practical application and the related pricing principles.

Employers take out an insurance policy with a private insurance company. Currently there are 11 insurance companies underwriting statutory accident insurance. They are also called accident insurance institution. Farmers' Social Insurance Institution provides farmers' statutory accident insurance. The State Treasury pays out compensation to State employees affected by occupational accidents and diseases.

The statutory accident insurance system is funded in its entirety by policyholders, i.e. employers. Labour market organisations participate in developing the content of the statutory accident insurance system. They also participate in the administration of the Federation of Accident Insurance Institutions.

Who is covered?

The following persons are covered by statutory accident insurance:

- persons in employment, and Government and municipal officials, without age or payroll limits
- a partner holding a managerial position in a limited liability company and who owns no more than half of the company's capital stock, either alone or jointly with family members
- a general partner of a limited partnership and a partner of a general partnership holding a managerial position and who owns no more than half of the decision-making authority in the enterprise, either alone or jointly with family members
- persons in adult labour market training
- family carers as defined in the Family Carers Act

Furthermore, certain special groups, such as students and persons in institutions, have statutory accident insurance cover under a special act during a practical training period.

A person not covered by statutory accident insurance can be insured against accidents at work by taking out voluntary insurance as defined in the Employment Accidents Insurance Act. It is possible to take out a voluntary accident insurance policy that covers both work and leisure. Also, statutory accident insurance taken out by an employer can cover both work and leisure.

Incidents to be compensated

Statutory accident insurance covers:

- Accidents which take place during the course of employment or in circumstances arising from work, and occurring at the workplace or an area pertaining to it, while commuting from one's residence to the workplace or vice versa, or while attending to business elsewhere on the employer's behalf. Furthermore, an injury sustained by the employee while attempting to protect or save the employer's property or, in connection with his/her employment, while attempting to save a human life, is covered as an employment accident. An assault occurring during the course of employment, or in circumstances arising from work, is also covered as an employment accident.

- An injury sustained by the employee, arising within a short period of time not exceeding twenty-four hours and not compensable as an occupational disease, such as sore muscles or sinews caused by a working movement, is compensable as an employment accident.

- An occupational disease whose likely principal cause is a physical, chemical or biological factor at work. The causality between disease and an exposure factor defined in the legislation and present at work must be established with sufficient probability. Occupational diseases are covered by the insurance institution with which the employer had a valid accident insurance policy, for the job in which the employee was last exposed to the factor causing the disease.

Compensation payable under statutory accident insurance

The following benefits are paid from statutory accident insurance:

- as compensation for loss of income, daily allowance for 360 days from the day after the occurrence of the accident and, if the disability continues after this, accident pension

- examination and medical costs arising from an employment accident or occupational disease, such as medical expenses and medication without a euro-denominated upper limit, travel expenses, certain damage to personal property and increased costs incurred from home help

- handicap supplement, clothing supplement and a guide dog supplement

- a handicap allowance paid in compensation for a permanent handicap caused by an accidental injury

- vocational rehabilitation, including compensation for loss of income during the retraining period

- medical rehabilitation

- funeral allowance and survivors' pension paid to family members

3. Vocational rehabilitation

The injured person is eligible for vocational rehabilitation if:
- he/she is entitled to compensation because of an accident at work or an occupational disease and
- the injury or disease has weakened or may in the future significantly weaken his/her working capacity, functional capacity or earning potential.

The goal of vocational rehabilitation is to support the injured person to stay employed in his/her current workplace or to support his/her return to working life into a different job, e.g. through work training or vocational training.

To the injured person the rehabilitation is a right and an obligation. The law requires that the injured person undergo rehabilitation assessment and actual rehabilitation as far as possible. Permanent accident pension cannot be granted until the rehabilitation prospects have first been assessed.

The accident insurance institution assesses the possible need for rehabilitation as early as possible. When the possible need is noticed, the rehabilitation assessment is made in co-operation with Insurance Rehabilitation Association (VKK) and the injured person.

Insurance Rehabilitation Association (VKK) is a joint service set up by Finnish insurers: statutory accident insurance, motor liability insurance and earnings-related pension insurance. The Association plans vocational rehabilitation together with the injured person, the Association's cooperation partners and insurers. The injured person is served by a rehabilitation counselor appointed specifically for each injured person. The rehabilitation counselor gives the injured person information on rehabilitation and guides him/her to the next step. Then the Association makes an assessment and passes it on to the injured person's insurer, who makes the decision on rehabilitation.

The Insurance Rehabilitation Association had about 400 cases in 2012 assigned from the accident insurance institutions. All insurance institutions do not use services provided by the Association as they have their own rehabilitation counselors.

The following services and costs are compensated as a vocational rehabilitation:

Rehabilitation assessment

Rehabilitation assessment is a process where the injured person's rehabilitation needs and prospects are examined. The assessment focuses on examining the injured person's health, professional skills, education and work experience, age, life situation and living conditions as well as employment opportunities after rehabilitation.

Work and training try-out

Trial work is arranged in order to estimate whether the work is suitable for the injured person's health and other requirements. Training try-outs aims to improve the injured person's professional skills in practice.

Adequate training and any necessary formal basic education

Necessary and adequate training is compensated if suitable job cannot be found from the injured person's current workplace. Costs of training and reasonable travel expenses are compensated.

Business support

If the injured person is planning to become a self-employed entrepreneur, starting up of the business may be supported by an interest-free loan or allowance or a combination of the two.

Financial support

The injured person is paid compensation for loss of income for the period of reasonable long rehabilitation assessment and actual rehabilitation. The compensation is 85 % of his/her annual earnings.

The vocational rehabilitation gives the injured person an opportunity to find employment from which he or she earns much of his or her living. The objective is to employ the injured person into a work that corresponds to his or her earlier income level. If the amount of income earned in the new job or new occupation is lower than the annual income used as the basis for calculating compensation for loss of income, the insured person is entitled to a compensation for the difference. Yet no compensation is paid for loss of income resulting from unemployment.

If the injured person does not find employment when the rehabilitation is over, the insurer may pay discretionary compensation during the post-rehabilitation period for a few months. In order to receive this compensation the injured person must be a jobseeker at the employment office and he or she must actively look for a job.

4. Statistics and challenges

In Finland annually approximately 130 000 work-related accidents are compensated by statutory accident insurance. About 23 000 of them happened during the journey to or from work. In addition to that approximately 6 000 occupational diseases are yearly registered.

Almost 60 % of the total amount causes up to four days incapacity to work. Vocational rehabilitation is arranged annually approximately to 1 200 injured persons.

The Insurance Rehabilitation Association researched in 2011 employment of the injured persons after the rehabilitation. The Association received 137 answers from persons who had completed their vocational rehabilitation in 2008. In 2011 76 % of them were employed and 10 % unemployed. The rest were receiving disability or partial disability pension.

The research also analyzed how the injured persons experienced the rehabilitation program. The respondents highlighted the support and guidance at the end of the vocational rehabilitation. They felt that the support and guidance ended too soon and the transition to working life was difficult.

In Finland the vocational rehabilitation in statutory accident insurance is focused on compensating the costs. The support from insurance institution is hence mostly financial and the cooperation between different actors during and after the rehabilitation is insufficient. The challenges are therefore related to the improvement of cooperation between the different actors.

Another problem is to find the cases that need vocational rehabilitation and how to find them as early as possible. An example could be taken from sickness insurance. The Ministry of Social Affairs and Health set up in 2010 a Working Group on Wellbeing at Work to develop early intervention in cases of prolonged disability for work. It was assigned to put forward proposals for amending the Health Insurance Act so as to support early intervention and cooperation of various actors.

The working group proposed that the payment of sickness allowance should be subject to a written opinion given by the occupational health service after 90 days of eligibility. The opinion should include an assessment of the employee's remaining work ability as well as a statement of his or her possibilities to continue working. The assessment of the remaining work ability is to be made by an occupational health physician, and the employer should investigate together with the employee and occupational health service if it is possible for the employee to continue at his or her work. The proposals were carried out by law which came into force in June 2012.

It is still too early to say what impact the new law has had, but a similar type of process would ensure that also in work-related accidents the need for rehabilitation is assessed in due time.

Deutsche Rentenversicherung Bund

Vocational Rehabilitation in Germany
– Services of the Statutory Pension Insurance –

Peer Review ESIP/Report

20 February 2013

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Contents

1. Introduction

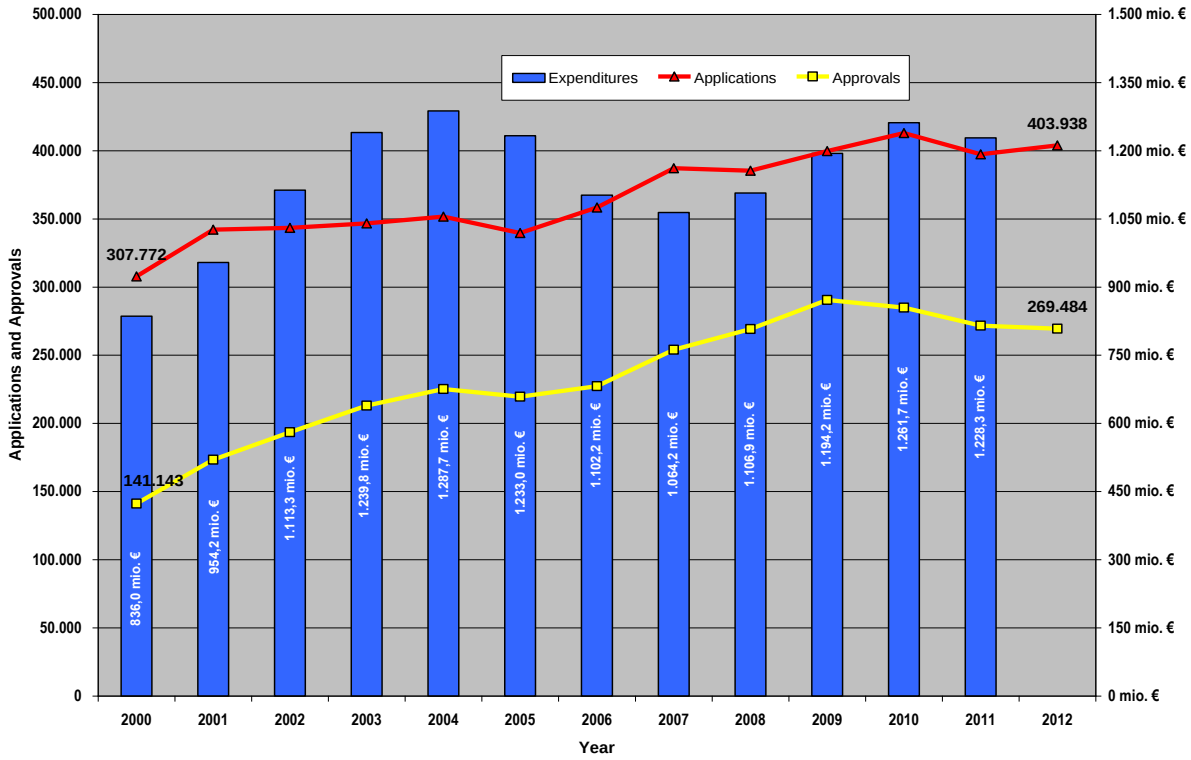
Rehabilitation is an essential element in the process of coping with the consequences of a disease and of re-integration into gainful employment and society as a whole with the aim of participation. All of us can be struck by disease or disability – at any age. There are two development trends which raise the significance of rehabilitation – an aging population and the rise in chronic diseases. Not only in Germany but throughout the EU, companies are faced with an increasingly aging workforce due to this demographic development. This means higher demands with regard to the conservation of their earning capacity.

The German statutory pension insurance provides medical as well as vocational rehabilitation services. Over one million rehabilitation benefits and measures are provided per year. This report focuses on vocational rehabilitation benefits and measures, i.e. on benefits and measures for participation in working life. It describes the basics, goals and contents of vocational rehabilitation benefits and measures from the point of view of the statutory pension insurance in Germany.

When SGB IX (the Ninth Book of the German Social Code) came into force on the 1st of July 2001, the number of benefits and measures for participation in working life provided by the pension insurance system rose significantly. Thus, the number of applications for benefits and measures for participation in working life rose from 307,773 per year in 2000 to 403,938 per year in 2012, which is a 31 % increase. The number of benefits and measures for participation in working life granted by the pension insurance even increased by 91 % from 141,143 to 269,484 in the same space of time. Hence, the expenses for benefits and measures for participation in working life paid by the pension insurance institutions increased as well. While the pension insurance institutions spent 836 million Euros for benefits and measures for participation in working life in 2000, they had to spend 1,228 million Euros in 2011, which corresponds to a 47 % increase. (There are no definite expenses yet for 2012.)

The following chart shows the development of the number of applications, awards and expenses for benefits and measures for participation in working life since 2000:

Vocational Rehabilitation - Services of the Statutory Pension Insurance -



A relatively constant 20 % of the general benefits and measures for participation provided by the pension insurance system are benefits and measures for participation in working life; with a +/- 1 % fluctuation in the past few years. About 22 % of the total expenses of the pension insurance fall upon the benefits and measures for participation in working life. This percentage is somewhat higher than the volume of applications which is also due to the fact that many benefits and measures for participation in working life, in contrast to medical rehabilitation measures, are awarded for a period of up to two years and accordingly continue to incur expenses in the long run. While legal and economic changes often have a short-term impact on developments, demographic trends cause long-term and constant changes.

2. Rehabilitation and participation – benefits and measures provided by social security

The core of the principle of the welfare state rooted in the German Constitution and the social policy based on it is social safety. Its benefits and measures are provided within the scope of a structured system with diverse structures regarding financing, competency and institutions. This social security system – which is predominantly financed by contributions – is one of the essential components of social safety with its wide range of benefits and measures provided to cover a wide range of different social risks.

Rehabilitation benefits and measures can be provided by different branches of the social security system and thus by different insurance institutions. In addition to the pension insurance institutions, these are:

- institutions of the statutory health insurance system
- institutions of the statutory accident insurance system
- the Bundesagentur für Arbeit (German Federal Labour Office)

The responsibility of the pension insurance branch of the social security system is based on the principle of uniform risk allocation. A pension insurance institution is responsible for providing rehabilitation benefits and measures if it also bears the risk of their failure. Since the pension insurance system covers the risk of reduction in earning capacity, the rehabilitation of employees is one of its key tasks.

3. Legal foundations

All of the areas of social benefits and measures provided in Germany are laid down in the German Social Code (SGB). The common regulations for rehabilitation and participation of disabled people are outlined in the Ninth Book of the German Social Code (SGB IX) for all the institutions providing rehabilitation benefits and measures. However, the responsibility and the legal conditions for the provision of benefits and measures are ruled by the benefits laws applicable to the respective institution. For the German pension insurance, the regulations of the pension insurance code – SGB VI – apply.

4. Benefits and measures for participation provided by the statutory pension insurance

The aim of the vocational rehabilitation benefits and measures provided by the pension insurance is to avoid early retirement of the client and ensure their permanent re-integration into working life. In order to achieve this goal, the pension insurance institutions can provide

- medical rehabilitation benefits and measures,
- benefits and measures for participation in working life (vocational rehabilitation) as well as
- other benefits and measures.

All of the benefits and measures for participation in working life have priority over incapacity pension benefits. This principle, called "benefits and measures for participation (rehabilitation) before pension", is explicitly enshrined in Art. 9 of the Sixth Book of the German Social Code (SGB VI). According to this paragraph, pensions due to reduced earning capacity shall in principle only be paid after benefits and measures for participation have been provided or if a successful vocational rehabilitation cannot be expected (see also Art. 8 of SGB IX).

5. Measures and benefits for participation in working life (vocational rehabilitation)

5.1 Requirements

The state pension insurance provides benefits and measures for rehabilitation and for participation in working life on application if certain personal requirements and conditions laid down in insurance law are met and if the claimants are not excluded from recourse to such benefits. This applies to benefits for vocational and medical rehabilitation in the same way.

The **personal requirements** under Art. 10 of the Sixth Book of the Germany Social Code (SGB VI) for vocational rehabilitation measures and benefits are met if the earning capacity of the rehabilitation patient is substantially at risk and by granting the benefits or measures

- a reduction of the earning capacity can be prevented or
- in case of an already reduced earning capacity it can be substantially improved again or
- in case of a partially reduced earning capacity without any prospects of improvement the workplace can be preserved by measures and benefits for participation in working life.

In addition insured customers must meet **certain conditions laid down by insurance law** under Art. 11 of the Sixth Book of the German Social Code (SGB VI) for participation in working life benefits and measures. An insured person is entitled to such benefits and measures, if

- 180 calendar months of contribution periods have already been completed at the date of claim and/or the insured customer has been in receipt of a pension for reduction in earning capacity or
- a pension for reduction in earning capacity would have to be paid unless these benefits are awarded or
- these benefits are necessary immediately after the conclusion of medical rehabilitation in order to bring the rehabilitation process to a successful completion.

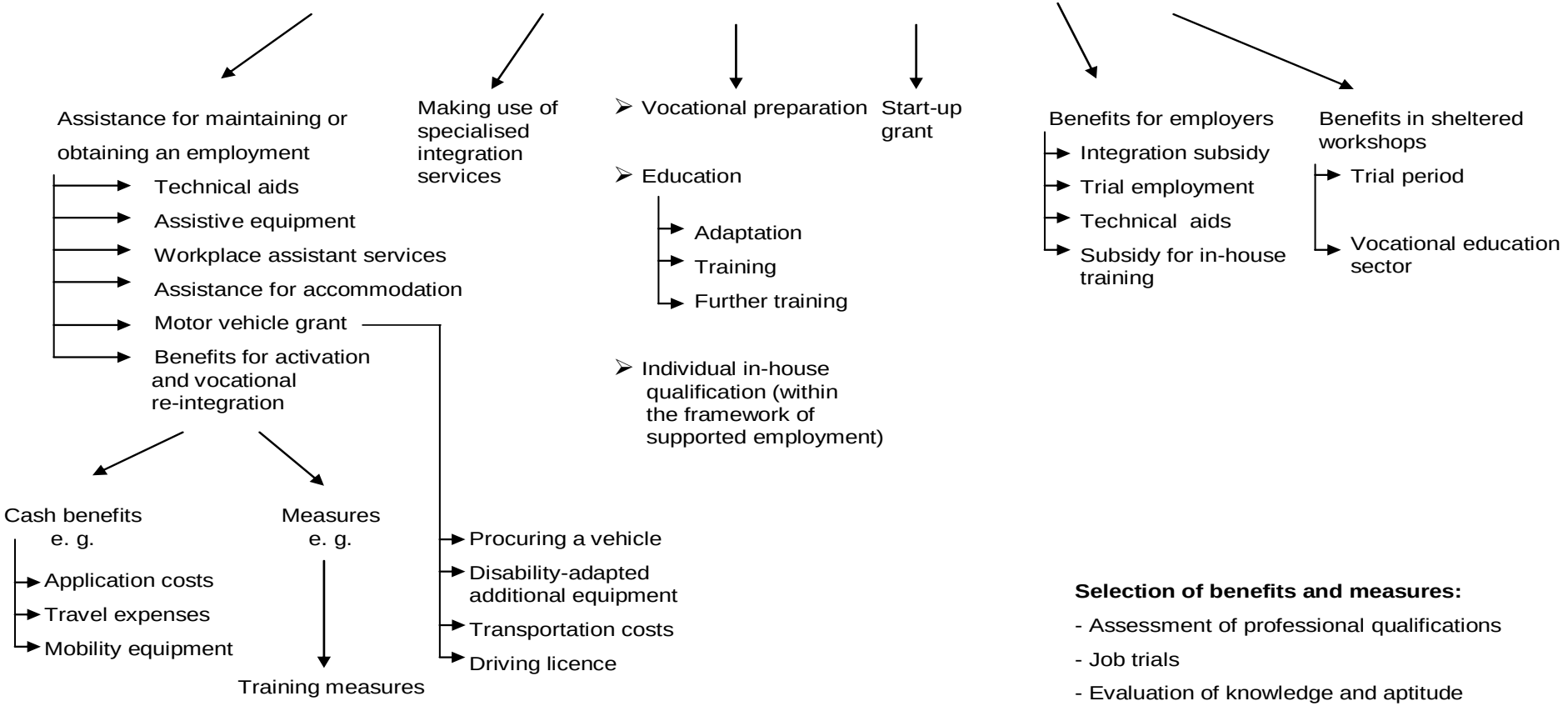
If the above-mentioned insurance conditions are not met, the necessary benefits and measures for participation in working life are normally paid by the Federal Labour Office. The statutory accident insurance is the institution in charge if the benefits and measures are granted due to industrial accidents or diseases.

Under Art. 12 of the Sixth Book of the German Social Code (SGB VI) benefits and measures from the statutory pension insurance are excluded under certain circumstances, e.g. if other institutions are primarily responsible, such as the accident insurance, if an old-age pension has been claimed or awarded or the claimant is entitled to benefits and measures under a scheme for civil servants.

5.2 Types of benefits and measures

The benefits and measures for participation in working life include a large spectrum of types of benefits and measures under Articles 33 seq. of the Ninth Book of the German Social Code (SGB IX). In the following, a more detailed explanation is given on some of these benefits and measures.

Vocational Rehabilitation in Germany



Selection of benefits and measures:

- Assessment of professional qualifications
- Job trials
- Evaluation of knowledge and aptitude

5.2.1 Assistance for maintaining or obtaining an employment, including benefits and measures for activation and vocational integration

These benefits are aimed at securing an existing workplace (e.g. by transfer to another job within the company) or to enable the rehabilitation patient to fill a new job. To achieve a successful placement and reintegration into the labour market, in particular benefits and measures which promote a return to work are given consideration following completed qualification measures.

a) Benefits and measures for activation and vocational integration

On the one hand, these benefits and measures are aimed at initiating, taking up and maintaining the employment, such as benefits for advice and placement, cash benefits for application expenses or benefits to improve mobility of the rehabilitation patients, which are aimed at improving the chances of returning to work. On the other hand, the individual employability shall be promoted by these benefits and measures and the rehabilitation patients shall be supported in their efforts of vocational rehabilitation (e.g. job application training).

b) Assistive equipment and technical aids

In many cases a workplace can be kept or a transfer to another job is possible by making use of assistive equipment or technical aids. Assistive equipment shall basically compensate for physical functional deficits. Benefits can be awarded within the framework of vocational rehabilitation if they are necessary from a medical point of view – beyond the mere compensation of physical functional deficits – to enable the rehabilitation patients to pursue a particular type of employment. Technical aids are aimed at a disability-adapted equipment of a workplace. They include for example high desks, height-adjustable writing desks or disability-friendly personal computers (Braille display).

c) Workplace assistant services

People with disabilities may depend on certain assistance given by other people when performing their job (e.g. personal readers for blind people or sign language interpreters). Workplace assistants support people with disabilities in the work they have to perform by assisting them in different ways as requested. Thus, the people with disabilities themselves have the necessary technical qualification for the performance of their job. The statutory pension insurance can assume the costs for workplace assistant services for up to three years.

d) Assistance for accommodation

If a disability-friendly equipment of a flat bears a necessary relation with a job, financial support for procuring, equipping and keeping a flat can be awarded within the framework of vocational rehabilitation. Assistance for accommodation shall provide help to disabled persons for barrier-free access to their workplace as far as possible (e.g. using specialist services when looking for a flat, disability-friendly modifications and building alterations, such as door openers, lifting platforms and associated repair works). Measures that are necessary for maintaining their personal lifestyle which bear no relation to the job or which are directed to improving the quality of the personal life, cannot be supported within the framework of vocational rehabilitation.

5.2.2 Vocational preparation, vocational education and individual in-house qualification within the framework of assisted employment

a) Vocational preparation

A high level of previous experience and basic knowledge as well as a great achievement potential is expected from rehabilitation patients who participate in qualified vocational training measures. If these requirements are not met, benefits and measures for vocational promotion may help to overcome existing gaps in the knowledge and/or deficits in previous knowledge or in learning or social behaviour. They include basic courses, such as basic courses in techniques for blind persons and other vocationally related courses such as preparatory training or preparation courses for rehabilitation.

b) Vocational training (qualification measures)

Qualification measures include professional adaptation as well as further training and education. Thereby, the knowledge and skills to reach a certain qualification will be acquired.

Professional adaptation is directed at providing knowledge, skills and experience, closing gaps in or regaining professional knowledge or adapting it to the technical, economic and social requirements. It can also provide the necessary knowledge for doing a different type of job than the one the rehabilitation patient was originally qualified for.

Further training includes continued training and occupational retraining. Continued training is aimed at amplifying existing knowledge and skills in the previous profession. This can also involve a professional advancement. Vocational retraining can be considered if the rehabilitation patient is no longer able to work in his or her former job on account of disability. Vocational retraining is directed at imparting knowledge and skills which enable the rehabilitation patient to change over to another disability-friendly job with new work contents.

Training is the first vocational education measure leading to a qualification following the general education. Any further steps directed at further vocational qualification are either adaptation or further training. The Federal Labour Office and to a lesser degree the statutory pension insurance are responsible for vocational training. This results from the responsibilities under the social security legislation (please refer to item 5.1).

c) Individual in-house qualification within the framework of supported employment (InbeQ)

The individual in-house qualification (German acronym InbeQ) within the framework of supported employment offers persons leaving school and adults with professional experience with a disability and special need for support an alternative to sheltered workshops for disabled persons (please refer to item 5.2.7). They are offered a chance for vocational integration in the general labour market by receiving expert support for their in-house qualification.

5.2.3 Start-up grant

A start-up grant supports people in coming out of unemployment, to establish a self-employment which is suitable for their health condition and in this way achieve vocational re-integration. The start-up grant shall financially secure the livelihood and social protection after starting an own business. The start-up grant is paid in two phases and is in total paid for up to 15 months. During the first phase, the grant is paid in the same amount as the last unemployment benefit payment for the period of six months. In addition, the beneficiary receives a monthly extra payment of 300 € for social protection purposes. During the second phase the extra payment can be awarded for another nine months if intensive business operations and full-time business activities can be comfirmed.

5.2.4 Motor vehicle grant

Motor vehicle grants are aimed at compensating the inability to walk or to use public transport for the journey to work for health reasons. Thus, the disabled person shall be enabled to reach his or her place of work. These benefits include primarily financial assistance towards the purchase of a motor vehicle, for disability-dependent additional equipment, such as brake boosters or assisted steering, to obtain a driving licence and meeting transport costs. Except for the additional equipment, the benefits are means-tested. Alternatively, the pension insurance can also pay subsidies for the transport between the flat and working place by transport service.

5.2.5 Specialised integration services

Specialised integration services act on behalf of the pension insurance and support its integration efforts. Their task is to find employment for rehabilitation patients whose integration into the labour market is met with particular difficulties, and if necessary, accompany the work process, such as within the framework of crisis intervention. They also offer employer detailed information, advice and assistance.

5.2.6 Benefits for employers

In addition the range of benefits and measures for participation in working life includes financial grants awarded to employers. This is aimed at supporting the employers' willingness to offer insured customers who are able to work a workplace.

Integration subsidies (subsidies to remuneration) may be paid during job familiarisation. They shall compensate for the difference between the reduced performance of a rehabilitation patient during the familiarisation period until she or he is able to achieve full performance. Normally these subsidies are only paid up to one year, in exceptional cases up to two years.

Partial or total assumption of costs for a **temporary employment on a trial** basis is possible for up to three months, if thereby the prospects for a permanent integration are improved or if this integration cannot be achieved in another way. During the employment on a trial basis the employer can get an idea of the rehabilitation patient's suitability for the intended workplace and then take a decision on further employment.

Furthermore **grants** can be awarded to the employer **for in-house training** or **assistive equipment and/or equipment within the enterprise,** e.g. disability-friendly building alterations such as wheelchair ramps, stair lifts, special sanitary equipment, and automatic doors.

5.2.7 Benefits in sheltered workshops for disabled persons

Benefits in sheltered workshops for disabled persons can be awarded to insured customers if they have no access to the general labour market on account of the severity of their disability and if an appropriate employment is only possible in such an institution ("sheltered labour market"). In addition to meeting the requirements laid down by insurance rules, the rehabilitation patient is expected to deliver at least a competitive performance on the special labour market in workshops for disabled persons (i.e. in their work area). The pension insurance only awards benefits for the trial period in such a workshop and for professional training under Articles 40 and 42 of the Ninth Book of the German Social Code (SGB IX).

During the trial period the ability of the disabled person to perform work in a sheltered workshop is assessed and/or to find out which jobs in the workshop are appropriate. The respective benefits are normally awarded for three months. In the vocational training area the potential, i.e. the earning capacity is to be influenced to such a degree that the rehabilitation patient is able to achieve work results of an economic value which, if not on the general labour market can at least be utilized in the work area of sheltered workshops for disabled persons, and thus be in insurable employment. Such benefits are awarded for up to two years.

6. Vocational rehabilitation institutions

If required, vocational training measures can be carried out by special vocational rehabilitation institutions (Art. 35 of the Tenth Book of the German Social Code). Institutions such as vocational training centres, centres for vocational advancement and the like offer diverse services e.g. of accompanying measures (for example psychological, social or medical services) or a placement in a boarding institution to ensure the success of the measure.

Services of these institutions are generally only granted if the type and the severity of the disability call for the special assistance provided by these institutions or if the success of the measure cannot be guaranteed otherwise.

7. Rehabilitation counselling

In order to comply with the legal obligation to inform and counsel the insured customers (Articles 13-15 of the First Book of the German Social Code, SGB I), especially with regard to participation in working life, the German pension insurance institutions have their own rehabilitation counselling services at their disposal which increasingly gain importance due to the variety of tasks at hand and the situation on the labour market.

Rehabilitation counsellors are direct contact persons for the insured customers for all questions regarding participation in working life. Normally it is them who look into the matter and carry out the necessary steps to introduce and implement measures for participation in working life and they also act as coordinators when other rehabilitation institutions are involved.

Rehabilitation counsellors will provide continuous on-site assistance and support the rehabilitation patient throughout the entire rehabilitation process, if required.

8. Quality assurance (QA) for participation in working life benefits and measures

In the last few years, there have been changes regarding the use of benefits and measures for participation in working life and also regarding the occurrence of specific types of benefits and measures from the overall range of benefits and measures. Therefore, the pension insurance institutions face the challenge to develop suitable tools and procedures for quality assurance in the area of rehabilitation. At the end of the 90ies, the former association of German pension institutions (VDR) put forward recommendations to further develop vocational rehabilitation within the pension insurance framework. Currently, the obligation to assure and develop the quality of rehabilitation measures is governed by Art. 20 of the Ninth Book of the German Social Code (SGB IX).

Due to the fact that vocational rehabilitation presents a wide range of measures and services, the quality assurance programme of the pension insurance regarding participation in working life primarily targets the time-consuming and cost-intensive educational measures. The aim of these patient-centred endeavours is improving the quality of vocational rehabilitation, achieving greater transparency with regard to measures and services rendered by rehabilitation institutions, using a more result-oriented approach and establishing a close connection with the in-house quality management of the institutions.
For quality assurance regarding benefits and measures of participation in working life of the pension insurance, the focus is on the dimensions of the quality of processes and results and on the quality from the viewpoint of the participants. Aspects of structural quality are also contained in the instruments and processes of quality assurance.

The perspective of the rehabilitation patients is of great importance when looking into the quality of educational measures. Another quality assurance procedure of the pension insurance is participant surveys concerning vocational education measures. From 2006 onwards, all participants receive the so-called “Berlin questionnaire“, six months after the educational measure is finished. The questions relate to structural aspects (e.g. facilities) of the training centres, the rehabilitation process and its result. The participant surveys are regularly evaluated and put at the disposal of rehabilitation institutions and pension insurance institutions as quality assurance reports.

The aim of vocational education measures is that as many rehabilitation patients as possible stay permanently in gainful employment. An important prerequisite for achieving this is the successful completion of a vocational education measure. In 2011, quality assurance reports regarding results (successful conclusion) were sent to rehabilitation institutions and pension insurance institutions for the first time. The data were obtained from administrative data of the pension insurance institutions.

Another quality aspect is the representation of the reintegration status. The success is essentially judged by the percentage of rehabilitation patients who remain permanently in gainful employment after having completed the vocational rehabilitation measure. Success depends on a variety of factors such as the state of the regional labour market and the social class. The quality assurance report relating to this was also generated from administrative data of the pension insurance in 2011 for the first time and made available to rehabilitation and pension insurance institutions.

For rehabilitation quality assurance, especially the organisation of the rehabilitation process is of importance. In order to guarantee a greater transparency from the viewpoint of the pension insurance, it is necessary to document the measures that were carried out. In this context, the German pension insurance undertook a scientific project regarding the "Development of a performance classification in vocational rehabilitation". In future, vocational education institutions and pension insurance institutions will get an insight into the quality of services of vocational education institutions taking into account qualitative as well as quantitative aspects.

9. Conclusion

The German pension insurance fulfils an important social task by providing benefits and measures for rehabilitation and participation in order to guarantee that disabled people and people who risk to become disabled can equally participate in our society.

The aim of rehabilitation provided by the state pension insurance is the permanent integration of insured customers into working life. In order to achieve that, the pension insurance does not only provide services of medical rehabilitation but especially measures for participation in working life. In this area, it disposes of a wide range of services and measures that make it possible to carry out customized rehabilitation measures for the individual customer while assuring the quality of these measures.

In future, changing conditions in working life, demographic change and a shortage of qualified staff in combination with changes in legislation will require more flexibility and an even greater readiness to innovate on the part of the rehabilitation agencies and service providers. In order to reach this aim, the efficient and seamless structures of supply will be further improved and developed in keeping with the implementation of the UN convention on the rights of disabled persons.

DGUV
Deutsche Gesetzliche Unfallversicherung
Spitzenverband

Vocational rehabilitation in the German Social Accident Insurance (DGUV)

Report

DGUV
Deutsche Gesetzliche Unfallversicherung
Spitzenverband

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Contents

1. Introduction

The re-integration of persons into the community and working life following an occupational accident or disease forms part of the mandate of the statutory accident insurance in Germany It fulfils this mandate in conjunction with other social insurance bodies that also provide benefits for rehabilitation and participation in working life. The following report concentrates on the activities of the statutory accident insurance institutions in Germany.

The statutory accident insurance pursues a holistic rehabilitation strategy in accordance with its particular functions and the principles of its services. The starting-point is always that the benefits it provides are related to the risk of an occupational accident or disease.

2. Characteristics of the German Social Accident Insurance

The social insurance system in Germany consists of several branches. Specifically, there are dedicated insurance systems for health, nursing care, retirement pensions, occupational accidents, and work promotion.

The statutory accident insurance system covers the risk of both occupational accidents and occupational diseases. Commuting accidents, i.e. accidents occurring during journeys to and from the workplace, are also covered. A dedicated system for the social insurance of employees against occupational accidents and diseases was introduced by the German Chancellor Otto von Bismarck in 1884 with the accident insurance law. Although benefits were initially financial in nature, the question arose early in the development of the German statutory accident insurance system as to how employees could be re-integrated into working life following an accident. This was due not least to Bismarck's handing of responsibility for the statutory accident insurance institutions over to the employers and employees. The reasoning for this was that the parties involved in working life should themselves be responsible for determining issues of prevention and for benefits delivered by the accident insurance system.

Over 75 million people in over 3.9 million companies and institutions are insured at present by the German statutory accident insurance system. Employees constitute the main focus. In addition, children and adults attending schools, universities, preschool childcare facilities, vocational training or work placements are also covered by the statutory accident insurance. Statutory accident insurance is compulsory. It applies automatically by law as soon as an insured activity is commenced. The statutory accident insurance functions are assumed by the statutory accident insurance institutions. These are not private organizations but public bodies managed by autonomous administrations comprising representatives of employers and employees.

In contrast to the other branches of the German social insurance system, premiums for accident insurance are paid by the employers alone. In return, the employers are indemnified against liability towards their employees for the consequences of occupational accidents or

diseases for the latter's health. Successful activity to prevent occupational accidents may have a positive impact upon the accident insurance premiums.

The statutory accident insurance in Germany is mandated (by Volume VII, Section 1 of the German Social Code (SGB)) to use all suitable means to prevent occupational accidents and diseases, and in the event of an occupational accident or disease, to use all suitable means to restore the health and performance of the insured individual and to pay financial compensation. Prevention, rehabilitation and compensation, delivered from a single source, are thus the three core functions of the accident insurance system.

The use of all suitable means for fulfilment of the mandate is a particular approach of the statutory accident insurance in Germany. All measures for vocational rehabilitation are therefore taken in accordance with this principle. In addition, the tasks are performed in accordance with defined priorities. These state that prevention activity must take priority over rehabilitation and rehabilitation over the payment of compensation. The spectrum of rehabilitation activity comprises benefits for medical, occupational and social rehabilitation. Altogether, the tasks are meshed in a manner which benefits the insured individuals, the employers and the accident insurance institutions.

Re-integration into working life following an occupational accident or disease affects aspects of both prevention and rehabilitation. Measures for vocational rehabilitation are described as benefits for participation in working life.

3. Rehabilitation and participation

The statutory provisions governing all branches of the German social insurance system can be found in the volumes of the German Social Code (SGB). The underlying provisions governing measures for rehabilitation and participation in social and working life are formulated in a core volume of this Code (Volume IX concerning rehabilitation of and participation by persons with disabilities). Volume VII of the Social Code contains further, more specific provisions governing statutory accident insurance.

Germany has developed a structured system of rehabilitation benefits. Under this system, the various social insurance bodies deliver rehabilitation benefits in accordance with their respective statutory mandates. As long ago as the late 1960s and early 1970s, the observation that co-ordinated rehabilitation measures could be more effective resulted in intensive discussion. This led to the founding of the Federal Rehabilitation Council (BAR) in 1969. Through the BAR, the bodies responsible for rehabilitation co-ordinate their procedures and co-operate with regard to rehabilitation issues. Within the social insurance system, the bodies responsible for rehabilitation include the institutions for statutory health insurance and for statutory retirement pensions insurance, the federal employment services, and the statutory accident insurance institutions. Since 2001, with the introduction of Volume IX of the German Social Code governing the rehabilitation of and participation by persons with disabilities, harmonized regulations have been in force which must be observed by all bodies responsible for rehabilitation. Volume IX governs rehabilitation measures and benefits

and also contains a common and co-ordinated procedure to be followed by all rehabilitation bodies. The particular relevance of Volume IX is that it has created a statutory framework for a co-ordinated system of benefits for persons with disabilities.

The provisions of Volume IX of the German Social Code – governing rehabilitation and participation – thus have a substantial influence upon the measures for vocational rehabilitation taken by the statutory accident insurance system. For this reason, the provisions of the accident insurance system are also based upon the principles of Volume IX. However, they also contain more far-reaching and detailed provisions that are applicable only to the statutory accident insurance system. These special provisions are necessary owing to accident insurance benefits being delivered by the statutory accident insurance institutions not only to persons with disabilities. As a result, it is ensured that rehabilitation and participation benefits are delivered in a consistent manner to all individuals covered by the statutory accident insurance.

4. The integrated rehabilitation concept in the German statutory accident insurance

The objective of vocational rehabilitation within the German statutory accident insurance is to enable a person who has suffered an occupational accident or disease to return to work, at either their previous or a new workplace, as quickly as possible and sustainably. This is achieved together with the employer and with the involvement of all parties to the rehabilitation process.

As described here, vocational rehabilitation is one element of the accident insurance system's rehabilitation mandate. Insured individuals are entitled to curative treatment, including benefits for medical rehabilitation, and to benefits for participation in working life and in life in the community (Volume VII, Section 26 of the German Social Code).

The statutory accident insurance institutions pursue an integrated rehabilitation strategy. Under the procedures followed, benefits are not delivered in isolation: instead, a comprehensive care concept takes effect.

Following an occupational or commuting accident, the accident insurance institutions must therefore not only assure the swiftest possible acute care and medical rehabilitation of the accident victim, but also take all necessary measures to assure their participation in working life and life in the community. Co-operation between insured individuals, doctors, clinics, accident insurance institutions and vocational bodies is of crucial importance for successful and sustainable rehabilitation.

Should for example an employee fall off a scaffold on a construction site and suffer severe injuries that must be treated in an accident clinic or approved hospital, vocational rehabilitation begins whilst the injured person is still in hospital, parallel to the medical care. For this purpose, specialized rehabilitation managers (or advisers employed by the accident insurance institutions) visit the insured individuals whilst they are still in hospital in order to discuss with them and the doctors responsible for treatment whether a return to the previous

workplace is possible and if so, what measures this would entail, or conversely to examine what measures need to be taken for employment in a new role.

This rehabilitation process is under the control of the accident insurance institutions. They have their own rehabilitation managers and advisers, who are responsible for the task of co-ordination and have a key role in the process of control. Together with the insured individual, the doctors responsible for treatment, the hospital and the vocational training institutions, the rehabilitation manager or adviser sets the course for effective vocational rehabilitation.

4.1. Rehabilitation management by the statutory accident insurance

For the particular purpose of managing severe injuries and complex consequences of occupational accidents, a special guidance document has been produced containing principles of rehabilitation management. These principles serve as a point of reference for the accident insurance institutions. The focus of rehabilitation management is comprehensive planning and co-ordination of all rehabilitation benefits with the involvement of all parties concerned. Activity is based upon a personal rehabilitation plan. The plan contains, among other things, estimations and comments concerning participation in working life, and is updated systematically. This permits recognition at an early stage of whether and if so what measures must be taken, not least for vocational rehabilitation. The rehabilitation plan is available to all parties involved in the rehabilitation process, in order for them to be able to liaise and co-ordinate the rehabilitation process.

4.2. Rehabilitation management for children and young people

Special arrangements for rehabilitation management apply for children and young people who are covered by the statutory accident insurance during their attendance of an educational institution or childcare facility. The principle here is that accidents suffered by these persons affect them at a comparatively young age. Their parents, guardians, the education authority, the body responsible for the school and the school physician may be involved in drawing up the rehabilitation plan. With regard to future participation in working life, the objective in the first instance is to ensure, to the extent possible, uninterrupted attendance at school or university or preparation for schooling, as applicable. If necessary, special benefits such as remedial tuition at the bedside must be delivered.

Since an interval of many years may often lie between the accident suffered by the child or young person and their entry into a vocation, a long-term approach must be taken to career planning. Particular importance is attached in this context to the choice of occupation. The accident insurance institutions support selection of a suitable occupation by means of special measures.

4.3. Benefits for participation in working life

Following an occupational accident, the accident insurance institutions deliver benefits for participation in working life (Volume VII, Sections 26 and 35 of the German Social Code). Benefits for participation may for example take the form of measures for redesigning of the

workplace, training or job placement. The benefits for participation in working life that are delivered in a particular case are geared to the circumstances of the individual concerned. The following principles apply in this context:

- Integration (top priority):

The objective is swift and sustainable vocational re-integration. Periods of unfitness for work and of unemployment must be kept as short as possible, since the prospects for re-integration fall considerably after six months.

- Ranking of participation benefits:

A return to the existing workplace has priority. All suitable measures must therefore be taken in consultation with the parties involved and with the employer to permit a return to the workplace. These measures may include conversion of the workplace, the use of aids, or work assistance.

The second priority is that of retaining the wider employment relationship. Should it not be possible for the affected individual to return to their former job, consideration must be given to their being assigned to a different job in the same company.

Where the employee is not able to resume the existing employment relationship, the objective is that of swift and sustainable integration on the wider labour market. Depending upon the individual's suitability and the impairment of their health or physical ability, integration may for example take the form of a workplace designed for an employee with a disability. It is however also conceivable that, for example, a nurse who is no longer able to pursue her vocation following an occupational accident may be employed as a hygienist in a hospital. The measures required for partial or full training must be organized and implemented by the responsible accident insurance institution, specifically by the rehabilitation manager or adviser, in consultation with the insured individual and the parties to the rehabilitation process. The accident insurance institutions co-operate in such cases with other bodies, such as the vocational training and promotion centres. Altogether, care must be taken during integration to preserve the affected individual's social status if at all possible.

In order for the prospects for re-integration to be identified precisely, the accident insurance institutions make use of profiling and assessment instruments for the purpose of work trialling. Work trialling assists in determining an individual's suitability for a vocation and in selecting the benefits for participation in working life.

Measures for vocational rehabilitation are generally delivered by the accident insurance institutions in the form of benefits in kind. This ensures that the institutions' quality standards are maintained and that all suitable means are used for rehabilitation. In order for personal wishes of the affected individuals to be considered and for them to be motivated to act on their own initiative, a personal budget or subsidy may be granted.

4.4. Training measures

Training which may be required for re-integration may take the form of company-specific or external training. Vocational training and promotion centres are available as training institutions.

Measures for further training are generally closely related to the company and to a job or traineeship that is actually available. Conversely, further training measures in the form of advanced or re-training are geared to preparation for a different workplace.

Training may not be refused solely for reasons of the affected individual's age and the associated prospects on the job market.

4.5. Placement in a suitable job

The accident insurance institutions provide assistance in placement in a suitable new job, should this be necessary. Priority is given here to placement in a job of similar quality. Location, time, nature and remuneration for the job are the relevant factors here. The insured individual's particular circumstances must also be considered. Greater mobility may for example be expected from a young unmarried person than from an insured individual with a family.

For the purpose of job placement, the accident insurance institutions make particular use of the following:

• Supervision, consulting and control by the rehabilitation manager or adviser

• Contacts with employers, in particular their own member companies

• Placement in jobs by the DGUV job service

4.6. Corporate integration and disability management

Successful return of the affected individual to their company following an occupational accident is also dependent upon the precautions and measures taken by the employer to facilitate integration into the company. Such measures are particularly important for example following a longer period of absence in the wake of a severe occupational accident. A particular measure in the context of corporate integration is disability management. This measure is intended to return employees who are unfit for work step by step to full working performance in their original job, under medical supervision. The transition is thus eased to full professional life, and the prospects for successful re-integration are increased. At the same time, disability management avoids future incapacity for work. The employer is responsible for organization and performance of disability management in his company. Since the statutory accident insurance makes use of all suitable means to fulfil its prevention and rehabilitation mandate, it particularly uses a number of different measures to support disability management in companies. Company employees can be trained by the statutory accident insurance as certified disability managers.

4.7. Cash benefits

In order to provide the insured individuals with the necessary financial security during rehabilitation, the accident insurance institutions pay injury benefit and temporary allowances. These cash benefits serve as a substitute for the usual salary. Injury benefit is paid during incapacity for work and for the duration of medical rehabilitation. It comprises approximately 80% of the employee's usual remuneration. Should the insured individual participate in a vocational rehabilitation measure, they receive a temporary allowance. For insured individuals who have at least one child or are in need of nursing care, the temporary allowance is 75% of the injury benefit, otherwise 68%.

Curative treatment and rehabilitation measures are not always sufficiently effective for the insured individuals to be able to return to being gainfully employed with no limitations. Should their earning capacity be reduced permanently by at least 20%, the accident insurance institutions pay a pension.

4.8. Sustainability

Particular importance is attached by the statutory accident insurance systemto the sustainability of measures, owing to its statutory mandate to use all suitable means to restore a person's capacity for work following an occupational accident or disease. In addition, the concept of prevention is of primary and far-reaching importance in the accident insurance system. Vocational rehabilitation has at the same time for example the function of preventing further occupational accidents and impairments to health. The statutory accident insurance system is responsible for the effects of an occupational accident or disease for the rest of the affected individual's life. The sustainability of benefits is therefore also of particular importance for the system itself.

Together with the individual who has suffered an occupational accident or disease, their employer, and other parties to the rehabilitation process, efforts are therefore made to assure the sustainable return to the previous or a new job. Experience has shown the time element to be particularly important, since the prospects for participation in working life decrease with increasing absence from the labour market.

Comparison of completed measures for participation in working life with the actual rates for re-integration following completion of rehabilitation in the years 2007 to 2011 for employees in trade and industry permits conclusions regarding the number of cases in which vocational rehabilitation has led to successful re-integration into working life. The results show the re-integration rate to be over 90% in all of the years examined. Of 12,070 persons who completed a vocational rehabilitation measure in 2007, 10,902 (90.3%) were successfully re-integrated. In 2010, a total of 10,868 out of 11,795 persons (92.1%) were successfully re-integrated.

Examination of the success of training measures completed in trade and industry in 2009 shows that in a total of 1,026 training measures completed with the aim of permitting a new vocation, 9% of the individuals concerned were looking for work and 14% were not in

employment (since for various reasons they were not available on the labour market). The analysis also shows that 21% of the insured individuals were earning more in their new vocation, 39% equally well, and 15% less than they had been previously. 61% of the insured individuals were working in an occupation for which they had been trained in the training measure. 10% were working in a different occupation, and 4% in their previous occupation. It must be emphasized that the objective of the training measures in these cases was not the return to the former occupation, but the exercising of a new occupation.

5. Challenges

Two developments are exerting a sustained influence upon the statutory accident insurance system. These are demographic change, and the shortage of skilled personnel. One direct consequence of demographic change is the phased increase in the statutory retirement age in Germany from 65 to 67. The statutory accident insurance in Germany is responding with special prevention measures that are geared to keeping older persons in particular in employment longer and in good health. At the same time, the need for sustainable rehabilitation benefits can be expected to grow even further. It is also important for a schoolchild who suffers a school accident to be given the best possible start in vocational life, in the same way that older employees are enabled to return sustainably to working life following an occupational accident. Precarious working arrangements, the intensification of work and the new technical structure of working procedures in companies increase the demands made upon employees' (mental) health and their capacity for gainful employment, and lead to a growing need for rehabilitation.

Integrative disability policies are a further source of impetus. Since March 2009, the UN Convention on the Rights of Persons with Disabilities (UN CRPD) of 13 December 2006 has also had legal force in Germany. In order for the UN CRPD to be implemented, a national action plan has been developed. In November 2011, the German Social Accident Insurance adopted its own action plan for implementation of the UN CRPD. In doing so it intends to make a contribution of its own to the National Action Plan of the German government. In its plan, the DGUV has identified five future fields of action. These are a) awareness-raising, b) access, c) participation, d) individualization and diversity, and e) living environments and inclusion. The action plan also concerns vocational rehabilitation. Its objective is to optimize further the existing benefits of the statutory accident insurance system from the perspective of inclusion.

Current approaches in rehabilitation are aimed at further increasing the self-determination of the individuals and their access to a personal budget. A guidance document specially developed for the German statutory accident institutions serves this purpose. Certain benefits, such as teaching and learning materials, travel expenses and assistance benefits, may for example be part of an agreed personal budget.

The controlled integrated rehabilitation concept has proved effective in the statutory accident insurance system. Particular importance is attached to the evaluation and quality assurance of rehabilitation management. Potential for optimization is discussed with reference to the

qualitative result of rehabilitation and to its viability and sustainability. A requirements profile recently introduced for rehabilitation managers also has a quality assurance function. The yardstick for quality requirements is the statutory mandate of the German Social Accident Insurance. In the context of vocational rehabilitation, this means the assurance of vocational participation, which generally means successful re-integration into the vocation.

System of Vocational Rehabilitation in the German Federal Employment Agency

1. General portrait of the German Federal Employment Agency (Bundesagentur für Arbeit - BA)

The Federal Employment Agency (Bundesagentur für Arbeit - BA) is the labour market's biggest service provider. It offers a broad range of services on the labour and training market for citizens as well as companies and institutions. To perform these service tasks, it has a nationwide network of Employment Agencies and branch offices at its command.

The BA is composed of

- the head office in Nuremberg
- 10 Regional Directorates
- 156 Employment Agencies and
- approximately 700 branch offices
- 303 Jobcenters

Additionally, there are special agencies:

- Institute for Employment Research (Institut für Arbeitsmarkt- und Berufsforschung - IAB) in Nuremberg
- International Placement Service (Zentrale Auslands- und Fachvermittlung - ZAV) in Bonn
- University of the Federal Employment Agency - University of Labour Market Management
- Family Benefits Office (Familienkasse)

As a public body with self-governance it acts independently within the framework of applicable law. The BA is headed by the Executive Board. The Executive Board manages the BA and administrates its businesses. It represents the BA in and out of court.

At an intermediate level, the BA's Regional Directorates are responsible for the success of regional labour market policies. To coordinate their duties with labour market, structural and economic policies of the Länder, they work closely with the Länder governments. The Regional Directorates control the Employment Agencies.

At a local level, the Employment Agencies are responsible for the implementation of the duties of the BA.

Institutions of self-government of the BA are the board of governors and the administration committees at the Employment Agencies. They supervise the work of the Executive Board respectively the management of the local Employment Agencies and advise them on questions concerning the labour market.

The main duties of the German Federal Employment Agency are:

- placement in training places and workplaces
- vocational guidance
- employer counselling
- promotion of vocational training
- promotion of further training
- **vocational rehabilitation and promotion of professional integration of people with disabilities**
- benefits to retain and create workplaces and
- compensations for reduced income, e.g. unemployment benefit or insolvency payments (Insolvenzgeld).

The Federal Employment Agency furthermore conducts labour market and occupational research, labour market observation and reporting and records labour market statistics. Moreover, it disburses child benefit (Kindergeld) as Family Benefits Office (Familienkasse). It also has the regulatory task to fight benefit fraud.

2. Legal Mandate of the BA

Being responsible for the vocational rehabilitation the BA supports the participation in working life of people who are in need of special care due to the severity of their disability, including people with a learning disability, provided that no other benefit institution is responsible. For that reason, specific offers for disabled people in orientation, counselling, promotion and placement have been developed. The BA fulfils the special needs of disabled people with the specialized counselling- and placement-teams “rehabilitation/ SB” in all employment agencies (task fulfilment according to § 104 Social Code Book 9).

Regarding the implementation of the participation of disabled people in working life, the BA focuses on its core competences (orientation, counselling, support and counselling in the general labour market). Furthermore, the BA supports disabled people in the entry process and the field of vocational training in a sheltered workshop for disabled people (Werkstatt für behinderte Menschen), if they cannot be employed in the first labour market (yet), due to the severity or kind of their disability. Therefore, the sheltered workshop is a necessary institution for participating in the labour market. Additionally, regulatory tasks (e.g. notification procedures and administrative offences of the Social Code Book 9) were assigned to the BA.

Structured System of Rehabilitation in Germany

Book Nine of the German Social Code (SGB IX "Rehabilitation und Teilhabe") “rehabilitation and participation” forms the basis for benefits to support people with disabilities. Rehabilitation in Germany is conducted within a structured system of several rehabilitation providers. The following benefit groups are differentiated:

- benefits for medical rehabilitation,
- benefits for participation in working life, and
- benefits for participation in society.

The range of tasks can also be seen in the number of benefit providers. Besides the BA benefit providers are e. g. the responsible bodies of the statutory health-, the pension- and the accident-insurance. The performance responsibility follows different principles, e.g. the cause of the disability or the existence of special personal or legal insurance conditions. As a matter of fact, the statutory accident insurance is responsible for the needs of rehabilitation caused by a work accident or occupational disease. The BA is responsible for young people with a disability at the transition from school to employment as well as for disabled adults (vocational rehabilitation), who have achieved less than 15 years contribution period to the pension insurance. Every benefit institution provides services according to its specific benefit law. **The BA provides benefits only for the participation in working life.**

Differentiated Offers of Rehabilitation Measures

SGB IX states self-determined participation of people with disabilities as the supreme principle. Therefore it is necessary to have a **requirement-tailored** (based on the individual need of support) and **effective** (integration-oriented) benefit provision which also considers efficiency aspects. A decision about support thus requires comprehensive diagnostics on the individual support requirement, developing a career aspiration and selecting the appropriate measures for this while considering the chances of integration into the labour market. Only if all aspects are balanced, successful participation in working life can be realised.

Standardised regulations follow the goal of increased transparency and guarantee the efficient use of funds. When selecting benefits for the participation in working life, besides the usual criteria, such as aptitude, affinity, previous activities, and situation and development of the labour market, in particular also limitations due to the disability must be considered accordingly (Section 112 Para. 2 SGB III).

Vocational integration of people with disability follows the principle "**as normal as possible – as special as necessary**". Consequently, every individual case requires a decision considering the following technical and legal guidelines:

- general benefits before special benefits,
- in-company measures before off-the-job measures,
- measures in proximity to the place of residence before boarding school measures,
- regular training (Section 4 BBiG[1]/Section 25 HwO[2]) before disability-specific vocational training and further training according to Sections 66 et seq. BBiG/Sections 42m et seq. HwO.

[1] Berufsbildungsgesetz - Law for Vocational Training
[2] Handwerksordnung – Crafts code

3. Challenges of Vocational Rehabilitation within the Context of the UN Convention on the Rights of Persons with Disabilities

The UN Convention on the Rights of Persons with Disabilities, ratified by the Federal Government in March 2009, phrases, among others, rights to alter legal relationships for people with disabilities for an inclusive participation in education and employment. Inclusion means that people with disabilities can use regular offers of education and employment and receive the required assistance there.

The highly differentiated offer of special institutions in the fields of education, vocational education and employment will change in this context. In general education, for example, only approx. 20 % of disabled pupils visit regular schools, 80 %, however, special schools. A shift of this share towards regular offers will take place due to the implementation of the UN Convention on the Rights of Persons with Disabilities.

The basic idea of inclusion gives the direction for developments in the operative implementation of vocational rehabilitation in the BA:

- Services should be more individual/personalised and flexible.
- Initial and further vocational training should increasingly take place in the companies; the BA supports respective pilot projects. Institutions are asked to transfer their supporting benefit in the companies. In future, the qualification in the institutions without operational phase should be the exception, not the rule.
- To integrate more people with disabilities in the labour market instead of sheltered workshops for disabled people is the aim of the instrument “supported employment”.

The core idea of UN Convention on the Rights of Persons with Disabilities, "inclusion" on the vocational training and labour market, assumes besides the described adaptations also an increased readiness of companies and their employees to integrate people with disabilities into the enterprise as a matter of fact.

Since 2011, the BA has been holding an awareness week for disabled persons every year in December in addition to their "every day" counselling sessions to support awareness raising (Art. 8 of the UN Convention on the Rights of Persons with Disabilities), to sensitise companies and the general public for the needs of people with disabilities and to inform about the chances of employment.

For further questions do not hesitate to contact us:

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This document aims at providing an overview of the new disability and rehabilitation system of Hungary.

I. Information on benefits for persons with changed working capacity

The Act CXCI of 2011 on the benefits for persons with changed working capacity and amendments of certain acts entered into force on 1st January 2012.

Act CXCI has been adopted by the Parliament with the purpose of ensuring the social reintegration, employment and employment-focused rehabilitation based on remaining and improvable capacities of those with changed working capacity, and towards income substitution of the missing income.

In accordance with this Act, disability pensions, accident-related disability pensions, rehabilitation annuities, regular social annuities for persons with ill-health, temporary invalidity annuities and health damage annuities for miners are not be awardable from 1st January 2012.

Persons eligible to benefits for persons with changed working capacity are those whose state of health – *i.e. such state of a person's physical, mental and social well-being that occurred due to illnesses or injuries or that can be identified as permanent or terminal setbacks caused by congenital abnormalities* – is assessed by the complex assessment of the rehabilitation authority at 60 per cent or less (hereinafter referred to as 'person with changed working capacity') and who

a) had been insured for at least 1095 days within 5 years before submitting the claim[1],
b) has not been performing any gainful activity *neither in Hungary, nor abroad*, and
c) does not receive any regular cash benefits – *i.e. any benefits defined as regular cash benefits in the Act on Social Administration and Social Benefits; excluding benefits for war veterans and their relatives or those for wards of the nation, supplements for national commitment, nursing fees, survivors' benefits, and the same types of such benefits disbursed by a foreign authority pursuant to international agreements on social security and EC regulations.*

A person may be entitled to benefit for persons with changed working capacity regardless of the length of insurance period provided that

a) they became insured within 180 days after finishing their studies and as such, they had been insured without a break of more than 30 days before submitting the claim, or
b) they received disability pension, accident-related disability pension, rehabilitation annuity or any pension-type benefits for persons with ill-health on 31st December 2011.

[1] **Note:** As from 1 January 2014 the entitlement criterion under point a) has been amended as follows:
"a) had been insured either for at least 1095 days within 5 years, 2 555 days within 10 years or 3 650 days within 15 years before submitting the claim, ..."

The required insurance period (number of insured days) shall include the period of sick pay after the termination of insurance, work accident sick pay, pregnancy-confinement benefit, child care fee, job-seeker allowance, disability pension, accident-related disability pension, rehabilitation annuity, pension-type benefits for persons with ill-health and benefits for persons with changed working capacity.

Depending on the motion for rehabilitation determined in the course of complex assessment by the National Office for Rehabilitation and Social Affairs (hereinafter referred to as NORSA), benefits for persons with changed working capacity are:

a) rehabilitation benefit, or
b) disability benefit.

NORSA shall assess in the course of complex assessment whether a person with changed working capacity, who

a) could be rehabilitated, and hereunder
   aa) and his/her employability may be recovered by rehabilitation, or
   ab) needs permanent work rehabilitation;
b) to whom rehabilitation is not recommended, and hereunder
   ba) whose employability could be recovered regarding his/her state of health, however work rehabilitation is not recommended due to other circumstances,
   bb) who needs permanent rehabilitation regarding his/her state of health, however work rehabilitation is not recommended due to other circumstances,
   bc) can be employed only by constant support, or
   bd) has significant health damage and is not able to self-supply at all or only with others' help.

With regard to the implementation of the relevant Act, *rehabilitation* refers to a complex system of medical, social, training, employment and other activities, the aim of which is to reintegrate persons with changed working capacity to the labour market, to prepare them for employment in a suitable work place and to ensure their employments in the suitable work place concerning their working capacity.

A person with changed working capacity is entitled to

- rehabilitation benefit, if he/she could be rehabilitated,
- disability benefit, in such cases where rehabilitation is not recommended if he/she could not be rehabilitated, and the time missing before reaching retirement age does not exceed 5 years.

I. As ***rehabilitation benefit***, a person with changed working capacity is entitled to

- the necessary services required for the purpose of a successful rehabilitation, and
- cash benefit.

Any person receiving rehabilitation benefit shall cooperate with the rehabilitation authority and thus meet the requirements defined in the rehabilitation plan.

The rehabilitation benefit may be provided from the date of meeting eligibility criteria, with the date of submitting the claim deemed as the earliest date, to the length required for rehabilitation, but for the duration of maximum 3 years from the commencement of disbursement.

Regarding beneficiaries performing gainful activity, the length of the rehabilitation benefit is extended with the length of incapacity emerged during the earning activity (considering which, the eligibility to sick pay or to work accident sick pay can be acquired).

The payment of the rehabilitation cash benefit shall be suspended in cases where the person involved performs gainful activity participates in community employment or is not able to perform gainful activity.

The rehabilitation cash benefit paid for any respective period shall be deducted from the benefit provided for the period commencing after the month of notice on the fulfilment of any conditions or shall be reclaimed in case of termination of the rehabilitation benefit.

The monthly sum of the rehabilitation cash benefit amounts to,

- with regard to such eligible persons who can be rehabilitated, 35 per cent of the average monthly income – i.e. the average monthly income deemed as thirtyfold the daily average sum of the income serving as the basic income of health care contribution in cash and as one reached in the calendar year directly before the commencement date of eligibility; if the eligible person has not acquired an income of at least 180 calendar days, thirtyfold of the daily average sum of the daily income of 180 calendar days directly before the commencement of eligibility –, but at least 30 per cent and the maximum of 40 per cent of the minimum wage,

- with regard to persons who require permanent work rehabilitation, 45 per cent of the average monthly income, but at least 40 per cent and the maximum of 50 per cent of the minimum wage.

Rehabilitation benefit shall be increased according to the provisions on indexation of pensions.

Rehabilitation benefit shall be terminated in cases when
- upon the eligible person claim,
- the length of such person's benefit has terminated,
- receives other regular cash benefits, excluding sick pay and work accident sick pay disbursed regarding incapacity,
- has suffered from permanent deterioration in the state of health which exclude the possibility of rehabilitation,
- has reached permanent improvement in the state of health due to which they may no longer be classified as persons with changed working capacity,
- does not meet the requirements determined in the cooperation, notification or rehabilitation plan for reasons within their control,
- does not cooperate in the course of a review for reasons within their control, or

- their employment had been established without any legal statements required for the establishment of such legal relationships.

Within 15 days, a person receiving such benefit shall notify that
- permanent improvement or permanent deterioration has emerged in the state of health,
- performs gainful activity, or
- if his/her gainful activity has terminated.

II. ***Disability benefit*** may be provided from the date of meeting the eligibility criteria, with the first day of the sixth month before the date of submitting the claim deemed as the earliest date.

Depending on the statements made within the course of complex assessment, the amount of disability benefit is 40, 60, 65, 70 % of the average monthly income, but at least 30, 45, 50, 55% and the maximum of 45, 150% of the minimum wage.

Disability benefit shall be increased according to the provisions on indexation of pensions.

Disability benefit shall be terminated in cases where the eligible person
- claims,
- receives other regular cash benefits, excluding sick pay and work accident sick pay disbursed regarding incapacity,
- has reached permanent improvement in the state of health due to which they do not meet eligibility criteria,
- performs gainful activity and the monthly average of his/her income regarding 3 following months respectively exceeds 150% of the minimum wage[2],
- his/her employment had been established without any legal statements required for the establishment of such legal relationships,
- does not fulfil the obligation to notification for reasons within their control, or
- does not cooperate in the course of a review for reasons within their control.

Within 15 days, a person receiving such benefit shall notify that

- there has been a change in his circumstances relevant to eligibility criteria, or
- performs gainful activity and the monthly average of his/her income regarding 3 following months respectively exceeds 150% of the minimum wage. The amount of income shall be verified with such notification at once.

The applicant may be obliged to personal attendance at the complex assessment procedure. Provided that the applicant fails to fulfil this obligation voluntarily, the procedure shall be terminated.
In the course of complex assessment, the NORSA shall examine the percentage of the applicant's state of health, the accessibility to rehabilitation and in the latter case; it shall determine a motion for rehabilitation.
Disability and rehabilitation benefits are paid by the Pension Payment Directorate.

[2] As from 1 January 2014 termination of disability benefit payment shall occur if the monthly income of the beneficiary earned in 3 following months respectively exceeds 150% of the minimum wage.

II. Complex Assessment of Persons with Changed Working Capacity

Medical experts solely assessed disability from the perspective of health impairment in the assessment scheme applied prior to 2008; however, preserved capacities and abilities that can still be used, which are relevant in terms of employability, were completely disregarded. The majority of persons with changed working capacity were forced into life-long social inactivity as a result of this incorrect approach.

Complex assessment introduced on 1 January 2012 to promote the complex rehabilitation of persons with changed working capacity is different to the old procedure in terms of its fundamental approach. Instead of concentrating on health impairment, the new assessment system focuses on preserved capacities, mapping abilities that can still be used and issuing an opinion on the chances of successful employment rehabilitation. Besides the medical expert, social and employment rehabilitation experts also assess eligibility for benefits, chances for employment rehabilitation or obstacles inhibiting this during the course of the complex assessment procedure.

The introduction of complex assessment in 2008 only established the opportunity to issue competency-based expert opinions in theory – the standard set of rules elaborated in detail and incorporated in legislation was missing, on the basis of which experts would have been able to carry out their activity in a controllable and accountable manner in the following. Ministry of National Resources Decree 7/2012 filled this void. This decree sets forth the detailed set of rules to be applied within the framework of the complex assessment procedure, the scope of tasks of social and employment rehabilitation experts and the criteria to be applied for issuing opinions.

A group of experts comprised of medical professors, medical expert witnesses and clinical experts defined the professional and standard evaluation criteria for determining the state of health of persons with changed working capacity. These experts put together tables categorizing the degree of health impairment by disease group (percentage). By applying this set of criteria defined as a result of the sound professional work undertaken, the objectivity of this medical recommendation became unquestionable.

The medical expert assesses and summarizes the degree of health impairment by organ and disease category, determines the preserved state of health of the claimant and issues an opinion on self-sufficiency on the grounds of medical findings, discharge summary records, laboratory test results, as well as by examining the current state of the individual. The medical expert classifies health impairments certified by findings and medical opinions based on the tables set out in the legislation referred to. These tables define the percentage value of the various degrees of impairment caused by diseases. With the help of these tables, it is possible to precisely determine the percentage rate of partial impairments based on findings, namely, ECG, laboratory and respiration tests. Using these results, the medical expert applies a formula to determine overall impairment and preserved capacity. The total degree of impairment cannot exceed 99%.

If the preserved state of health of the claimant exceeds 60%, this individual is not eligible for any benefit granted to persons with changed working capacity. The medical expert

recommends rehabilitation if this value is between 31-60% and health-related circumstances do not prevent the employment of the given individual. Such individuals may work 20 hours a week on a part-time basis concurrently to receiving a rehabilitation benefit. The rehabilitation benefit is suspended if employment exceeds the above-specified number of hours. In every case, the medical expert also states what factors may inhibit employment and what health circumstances need to be considered during the course of employment rehabilitation in the opinion issued by the given competent expert.

Individuals whose preserved capacities fail to reach 30% are exclusively eligible for disability benefit, i.e., can by no means be recommended for rehabilitation. The legislation referred to ensures the opportunity for restricted income-earning activity in the case of individuals receiving disability benefits. Benefits are suspended if the income earned during three consecutive months exceeds 150% of the current minimum wage.

During the course of the interview, the social expert assesses whether any social need or circumstance prevents employment rehabilitation, and if there are any that do, can these be eliminated by social rehabilitation. The social expert applies a wide range of evaluation criteria, such as: communication skills, motivation, lifestyle and problem-solving ability or factors potentially inhibiting emotional and family ties, life circumstances, as well as mobility.

The employment rehabilitation expert evaluates the employment and educational history of the claimant from the perspective of the potential to rehabilitate the individual; collects information on the fields of interests and lifestyle of the claimant, or possibly characteristics of their disadvantaged situation, mobility capacity. When making a decision, this expert takes account of current employment opportunities and perspectives accessible in the proximity of the claimant, as well as employment benefits available. The assessment and the evaluation cover the assessment of work load, the possible need of special employment conditions, as well as the entire career and the claimant’s attitude towards regular work.

The unnecessarily complicated system for persons with changed working capacity was reduced to two types of benefits in 2012. Any claimant who cannot be reintegrated into the world of labour through re-training or lengthy rehabilitation, or whose social circumstances inhibit regular employment is eligible to receive disability benefit. However, any claimant that has a good chance of fully reintegrating into society will receive rehabilitation benefit. The rehabilitation benefit is provided for a maximum period of 3 years. During this period, the individual receiving this benefit takes part in custom-tailored trainings, skill development trainings and constantly keeps in contact with a counsellor with whom the claimant evaluates employment opportunities. The transformed subsidy system offered to companies employing persons with changed working capacity applied from 2013 will also help integrate individuals returning to the open labour market.

III. Introduction of the National Office for Rehabilitation and Social Affairs

NORSA and its legal predecessors look back on a history of over 100 years. Even at the beginning, in the previous century setting up and developing various insurance systems required insurers to employ a variety of highly qualified experts in their respective field in order to be able to provide professional services and objectively assess health impairments. Medical experts were also employed for similar business interests.

The organization has undergone a major overhaul over the past decade. These changes not only affected the name of the institution and its scope of tasks, but equally implied major restructuring at an organizational, procedural, methodological and training level. Expert activities undertaken in the field of social and employment rehabilitation were added to medical expert tasks.

In Government Decree No. 2013/2007, the Government designated the immediate predecessor of NORSA, i.e., the National Rehabilitation and Social Institute (hereafter: ORSZI), with the task of acting as a social expert body independent to service providers in the case of assessing caring needs before using services provided in old age homes, home care and home care assisted with a medical alert system. Assessing caring needs was removed from the scope of authority of ORSZI from 17 August 2012 after the amendment of Act III of 1993.

Government Decree No. 92/2008 (IV. 23.) assigned additional social assessments to ORSZI, as a result of which the Office also undertakes the basic examination and care review of persons with disabilities, as well as the social employment aptitude test and review and the comprehensive rehabilitation aptitude test and review from 1 July 2009.

In accordance with Government Decree No. 331/2004 (XII.27.), the name of the Office was changed to NORSA from 1 January 2011. Its scope of tasks and competency was concurrently extended. The Government designated this Office as a medical expert and rehabilitation body, as well as the authority responsible for social and services supervision. From 1 January 2011, the above-mentioned Government Decree designated the organization and assurance of patient rights and children's rights representation to the NORSA.

Further major changes took place in the life of the NORSA in 2012. The overhaul of the system providing services for persons with disabilities and handicapped individuals has been demanded for several decades due to the high number of individuals receiving services, the high social security and budgetary costs of these and the low level of employment activity of persons with disabilities and handicapped individuals.

The organizational structure and mode of operation of the rehabilitation authority was also changed as a part of the transformation of rehabilitation services. The Administrative Bodies for Rehabilitation were set up at County Government Offices from 1 July 2012.

Government Decree No. 95/2012 (V.15.) defines the division of tasks and changes to the scope of tasks of NORSA, as well as administrative bodies for rehabilitation under the management of the former. Activities relating to rights protection were handed over on 1

November 2012 following the establishment of the National Patient Rights and Documentation Centre.

As regards its legal status, NORSA is a central office managed by a director under the supervision of the Minister of Human Resources. Its seat is in Budapest and it undertakes tasks within its scope of competency in the entire territory of Hungary.

A separate amount has been allocated within the budget of the Ministry of Human Resources to cover its operating budget.

Main tasks of NORSA:

1. Methodological activities:
   - Defines and regularly reviews criteria applied to assess and evaluate needs in respect of rehabilitation, social care and services, as well as rules and rules of procedure applied in respect of examinations;
   - Reconciles the examination and opinion issuing system applied in respect of functionality, disability and work capacity;
   - Puts forth recommendations for developing expert activities required for determining eligibility for rehabilitation and social services;
   - Sets up the complex rehabilitation services system;
   - Compiles notes, studies and professional guidelines and ensures the publication of these;
   - Organises and arranges trainings;
   - Ensures professional practice for the training of health insurance and medical examiners and health insurance experts, as well as rehabilitation experts.

2. Employment rehabilitation activities:
   - Undertakes official duties relating to checking the accreditation of employers employing persons with disabilities and accredited employers;
   - Undertakes tasks relating to benefits that may be granted from the budget to employees with disabilities;
   - Undertakes tasks relating to announcing, implementing and controlling calls for applications launched in respect of projects implemented from funding granted from the budget or the funds of the European Union;
   - Undertakes educational, innovation, storage, logistics registration and IT tasks relating to employment rehabilitation.

3. Social, child welfare and child protection activities:
   - Tasks relating to licensing, operation and checking official activities in the case of social services providers and institutions, as well as tasks relating to authorizing operation in the case of child welfare and child protection services and institutions;
   - Tasks relating to social institutional employment, implementing and financing calls for application pertaining to social institutional employment;
   - Tasks relating to financing assistive care services, community services, home care assisted with a medical alert system, outreach social work and crisis centres;

- Tasks relating to the development and operation of the central social information system;
- Electronic issuing of template documents created for the purpose of assisting the work of bodies licensing the operation of social child welfare and child protection services and institutions through the national registration system of social child welfare and child protection services and institutions.

In accordance with relevant legislation, NORSA issues official positions in first instance procedures to determine eligibility and in certain cases specified by law, undertake expert tasks and issues professional opinions in respect of:

- severe dementia;
- the basic examination of persons with disabilities, the social employment aptitude assessment, as well as reviewing the state of individuals cared for in social institutions.

4. Unless otherwise regulated by law, NORSA is authorized to review appeals and act as a supervisory body in the official matters of administrative bodies for rehabilitation.

The NORSA is competent in second instance procedures if the administrative bodies for rehabilitation acts as an administrative authority or expert body in official administrative procedures defined in relevant legislation.

5. Tasks relating to registration/keeping records at the NORSA:
   - Tasks relating to the registration of individuals officially undertaking guardianship, as well as the sectoral identification of the national registration of social, child welfare and child protection services and institutions;
   - Manages the national social services reporting system;
   - Keeps a record to check the financing of social services, basic child welfare service and child protection services;
   - Undertakes tasks relating to the registration of accredited employers, the central registration of employers and employees to whom budgetary assistance may be granted for employing persons with disabilities and the registration of protected workshops;
   - Keeps a record of the National List of Social Policy Experts, the National List of Child Protection Experts, the National List of Sign Language Interpreters, the List of Employment Rehabilitation Experts and the List of Medical Rehabilitation Experts.

6. Beyond its wide-range of technical tasks, NORSA is also the beneficiary of several major priority EU-funded projects, namely: technical, IT and infrastructure developments covering its entire scope of tasks funded through the Social Renewal Operational Programme (SROP), the Electronic Administration Operational Programme (EAOP) and the State Reform Operational Programme (SROP). NORSA is currently implementing the following projects: Social Renewal Operational Programme 5.4.8, Social Renewal Operational Programme 1.1.1, Social Infrastructure Operation Programme 3.2.2, State Reform Operational Programme 1.A.4, Electronic Administration Operational Programme 1.1.13, as well as Social Renewal Operational

Programme 5.4.2-8/1-2009-0001 and Social Renewal Operational Programme 5.4.2-12.

IV. Employment Benefits Available for Persons with Changed Working Capacity

The NORSA assesses the applications for accreditation submitted by employers in respect of the employment of employees with changed working capacity. The NORSA verifies compliance with conditions for accreditation and also undertakes tasks pertaining to subsidising rehabilitation employment from the budget, as well as tasks relating to the professional control of the former.

Government Decree 327/2012 (XI.16.), which entered into force last year, significantly transformed, simplified and made the subsidy system applied in respect of the employment of persons with changed working capacity more transparent.
This new regulation encourages the development of skills and employment rehabilitation of employees with changed working capacity and helps them find employment in the open labour market.

Budgetary assistance may be claimed in respect of surplus costs arising on the grounds of the employment of and wages to be paid to employees with changed working capacity.
This new scheme distinguishes two types of employment, namely, temporary and permanent employment. Employment in the open labour market for at least 6 months is the aim of temporary employment. Mentor services must be ensured for the rehabilitated employee during this period. The way that every employer receives the same subsidy after every person with a disability is a key difference in relation to the previous systems in place. The decree ensures the possibility for temporary employers to conclude so-called trial employment contracts with external employers in order for individuals to be rehabilitated to extend their range of work experiences and obtain suitable professional experience.

Preserving and developing the skills and abilities of persons with changed working capacity in a protected environment is the aim of permanent employment. This type of assistance may be granted for 1 year in 2013 and for 3 years from 2014. The duration of this assistance may be extended without restriction.

In 2013, the Government spent 25 billion HUF on supporting persons with changed working capacity through funding granted within the framework of calls for applications. Employment has consequently been provided for over 30,000 individuals by integrating at least 300 companies.

National and EU funding amounting to a total of 20 billion HUF has been earmarked within the framework of the New Széchényi Plan for programmes assisting the social and labour market integration of persons with disabilities. The Government launched trainings for 5,000 persons with changed working capacity at the beginning of the year. Over the next three years, three state-owned companies will be implementing trainings and competency development for some 3,000 persons with changed working capacity by spending around 5 billion HUF.

Social Renewal Operational Programme 1.1.1.-12/1 supports the labour market reintegration of individuals that can be rehabilitated applying for assistance at rehabilitation administrative bodies. 10,000 individuals is the envisaged size of the target group to be integrated in this EU-funded project. The characteristics of this target group must not be neglected (age, education, motivations, healthcare and social needs) during the course of planning preparation for employment rehabilitation. Personal development programmes can only be a success under close professional supervision. 2,500 individuals will receive subsidised training and 5,000 will receive employment benefits within the framework of this project.

ISTITUTO NAZIONALE PER L'ASSICURAZIONE
CONTRO GLI INFORTUNI SUL LAVORO

INAIL AND REHABILITATION:

FROM EVERYDAY PRACTICE TO RESEARCH

Report

ESIP DisRe Committee Meeting
19 February 2014

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CONTENTS

ABSTRACT

The aim of this document is to present an overview of the activities of the Italian Workers' Compensation Authority (INAIL) and then to focus on the rehabilitation interventions that the Authority offers to workers injured or affected by an occupational disease, in the framework of the bio-psychosocial model. Finally, the most innovative rehabilitation projects currently in progress are briefly presented.

1. INTRODUCTION

1.1. Labor as pillar of the Nation

Labor is central for the life of Italy. It is such a founding principle that the Constitution of the Italian Republic, in its first article, points out as one of the three pillars of the State: Republic, Democracy and Labor[1]. Moreover, the Constitution affirms that the Republic "recognizes the right of all citizens to work", "promotes those conditions which render this right effective" (Art. 4), and "protects work in all its forms and practices." (Art. 35). The Constitution also establishes that "workers have the right to be assured adequate means for their needs and necessities in the case of accidents, illness, disability, old age and involuntary unemployment." (Art. 38).

The Italian Workers' Compensation Authority (INAIL) is the main Institution entrusted to put in practice these Constitutional dictates and as such plays a major role in the life of the Country.

1.2. INAIL and its mission

INAIL was founded in 1933 from the unification of existing Funds[2]. The Unified Body of Law concerning the entire insurance system was issued in 1965 (DPR 1124/65). Over the years INAIL functions evolved and it is now a national, public, non-profit body, with independent management and legal personality, which operates under the surveillance of the Welfare and Healthcare Ministries. Following the reform established by Law 122/2010, INAIL has taken on the role of Unified Centre for Healthcare and Safety [ITA: "Polo della Salute e Sicurezza"] with the aim to:

[1] Art 1: "Italy is a democratic Republic founded on labor"

[2] Cassa Nazionale Infortuni (National Fund for Injuries) and other private insurance funds.

1. **prevent** work-related injuries and occupational diseases;
2. **insure** workers involved in risky activities for injuries and occupational diseases through the provision of **economical** and **healthcare benefits**.

The mission of INAIL is currently accomplished through a capillary diffusion over the national territory, with about 215 Territorial Units, a specialized prosthetic and rehabilitation centre in Budrio ("Centro Protesi INAIL") and its branches, the rehabilitation centre in Volterra ("Centro di Riabilitazione Motoria") and the General Directorates in Rome, for a total of 10,000 employees, with a wide range of professionals, from administrative to medical, engineers, statisticians, physicists, chemists and computer science experts.

As will be evident through the next sections, **INAIL is not just "compensation", but a global protection system for all workers, intended to empower the residual abilities of the person**, break environmental barriers and allow an effective action and participation in the family, social and working life.

1.2.1 Prevention

The prevention of work-related injuries and occupational diseases includes:

1. *analysis of the risks*, associated to the working activities and definition of recommendations and standards;
2. *dissemination of knowledge and know-how*, including the development of web-instruments such as a dedicated web portal on safety[3];
3. *consultancy and certification*, on safety and impact on health of materials, tools, instruments and processes;
4. *auditing for companies*, on materials, processes, production plants and products;
5. *participation in legal regulations* at national and international levels (e.g. Unified Laws on Safety, 81/2008);
6. *funding of private companies' projects,* to improve health and safety at work.

In order to maintain high standards of intervention, an R&D activity is incorporated in INAIL, which includes ergonomics, machine safety, international standards and material science. INAIL is the Italian Focal Point for the European Agency for Health and Safety at Work, WHO Focal Point for Health and Safety in Working Environments, Secretary of the International Commission on Occupational Health, and National Centre for Occupational Safety and Health Information Centre.

Finally, INAIL has an *inspective role of companies*, executed in cooperation with the Welfare Minister, the Authority for Social Security (INPS) and the Inland Revenue Agency, with the adoption of business intelligence data-mining, to fight against tax evasion and moonlighting.

[3] http://sicurezzasullavoro.inail.it/CanaleSicurezza/homePage.html

1.2.2 Insurance and benefits

The insurance provided by INAIL covers **accidents at work** and **occupational diseases**. The insurance is **compulsory for all employers** who employ subordinate workers and/or workers with equivalent status, for the execution of activities that are identified as dangerous by law. It is relevant to mention that INAIL insurance covers home-work-home travels (commuting accidents), housekeepers[4], professional sport players, managers and workers under temporary contracts.

One of the basic features distinguishing the insurance provided by INAIL from private insurance policies is the **principle of automatic provision of benefits**. On the basis of the aforesaid principle, workers are protected by INAIL even if *the employer has not duly paid the insurance premium*. In the case of self-employed workers who have the double role of being the insurers and the insured, the right to benefits is suspended - for the economic benefits only – until the premium due has been paid. The insurance frees employers from any civil liability, unless the employers have committed criminal offences involving violations of regulations on prevention.

Through the insurance, INAIL provides benefits to victims of work-related injuries, suffering from an occupational disease or their survivors. Benefits include:

1. **economic** and **additional compensations** to the worker or to the survivors;
2. **care** and **re-integration in the family, social and working life.**

Regarding the **economic** and **additional compensations**, INAIL provides a total of 10 difference economic benefits, including, for instance:

1. *daily indemnity for temporary total disability to work*: paid as from the fourth day following the event until recovery;
2. *compensation for impairment of psycho-physical integrity, i.e. biological damage*: for persisting consequences between 6% and 15% a lump-sum compensation is provided. From 16% upwards annuities are paid;
3. *annuity to survivors* of workers who have died due to accident or occupational disease, as long as the requirements of the law are met;
4. *unemployability allowance*, paid out when workers cannot be employed in any sector;
5. *patent and Badge of Honour*, which is both an award and a benefit, issued once only to Seriously Disabled or Mutilated at Work.

For what concerns **care** and **re-integration**, INAIL has in place a vast number of services, which are based on the application of the "*taking charge*" policy of the injured workers, in the bio-psychosocial perspective (personal, family, society) and ICF[5]. These include:

[4] Law 493/1999 was the first in Europe that set up the insurance against accidents occurred in the home.

[5] International Classification of Functioning, Disability and Health.

1. *diagnostic services and care* after emergency or hospital discharge, including medications during the temporary total disability to work;
2. development and implementation of *personalized rehabilitation (multi-service) programs*, through the involvements of *multidisciplinary teams*;
3. *provision of assistive technologies* (prostheses, orthoses, wheelchairs, vehicles adaptation, personal care), integrating what provided by the National Healthcare Service (NHS);
4. *psychosocial support*;
5. *elimination* of *architectural barriers;*
6. *dissemination of information* on disability and related rights, through the web portal "Superabile", its magazine, and its Integrated Contact Center (phone number: 800 810 810)[6];
7. *facilitation of sport practice* at amateur and competitive level, through specific agreement with the Italian Paralympic Committee.

Activities in the field of care and rehabilitation, are supported by an intense R&D activity, which include rehabilitation engineering, occupational rehabilitation and robotics. On these topics, the main driver is "Centro Protesi INAIL" (ENG: "INAIL Prostheses Centre"), located in Budrio (Bologna), with branches in Roma, Lamezia Terme, Milano and Bari. Centro Protesi INAIL (hereinafter Centro Protesi) has annual investments in R&D in the range of € 4 million and collaborations with the main Italian research centers, including ITT (Italian Institute of Technology), Scuola Superiore S.Anna (Pisa) and Campus Biomedico (Rome). In addition, activities are carried out at "Centro di Riabilitazione Motoria" (Volterra) [ENG: Centre for Motor Rehabilitation]. Further details about Centro Protesi and Centro di Riabilitazione Motoria, can be found in Sect. 2.3, 2.4 and 2.8.

1.3. Summarizing statistics for 2012

In 2012, INAIL counted a total of 3,800,000 insurance positions and the provision of 818,263 compensations, resulting in incomes for about €10.2 billion and outcomes for €9.5 billion, for an overall financial result of €860 million, and economic result of €1.4 billion, and patrimonial advantage of about €4 billion.
Overall, 22,950 companies were inspected and, thanks to very focus selections, 87% resulted irregular, with 53,734 workers coming to light.

Figures 1 and 2 show the trend of injuries and fatal accidents over the last nine years.

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[6] www.superabile.it

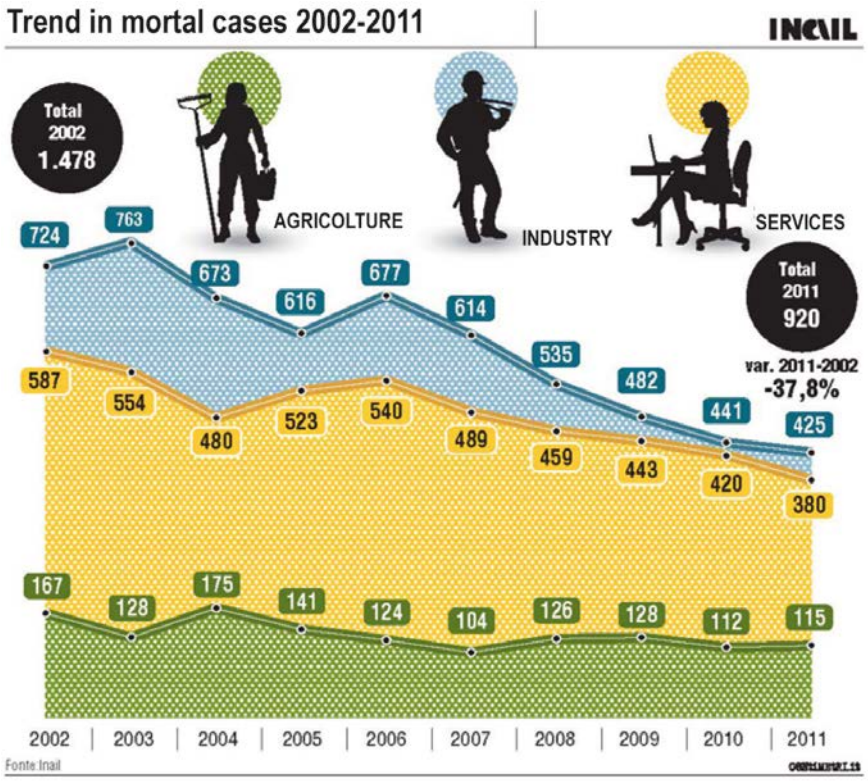


Figure 1 - number of work-related accidents over the 2002-2011 period, for sectors (agriculture, industry and services)

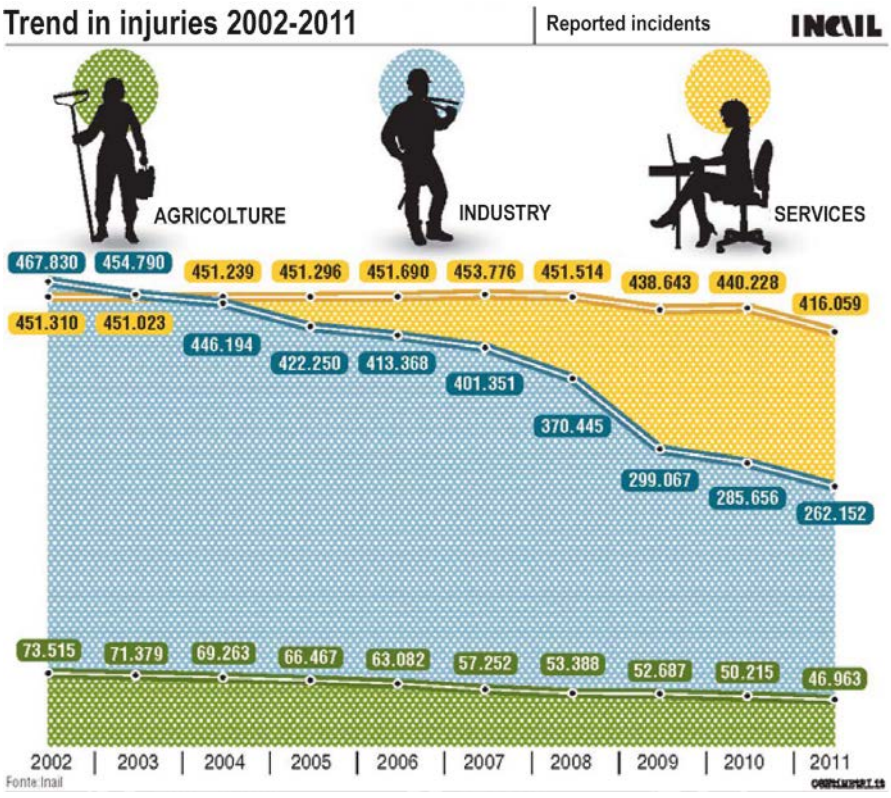


Figure 2 - Number of fatal work-related accidents over the 2002-2011 period, for sectors (agriculture, industry and services)

2. INAIL AND REHABILITATION: FROM FIRST CARES TO LIFE REINTEGRATION

At the end of 2012, more than 700,000 persons were receiving a pension from INAIL, about 320,000 with a motor disability, the greatest majority being male (84%). Over the range of occupational diseases annually compensated by INAIL, about 60% is related to musculoskeletal disorders (in 2010, 25,937 out of 42,347 cases).
These data highlight the importance of interventions on *rehabilitation, intended as a combination of several customized services for family, social and working life reintegration*. This activity is so central for INAIL's mission that a Central Directorate for Prostheses and Rehabilitation [ITA: Direzione Centrale Riabilitazione e Protesi] was established in Rome, in parallel with the General Medical Department [ITA: Sovrintendenza Medical Generale]. The remaining part of this document is intended to present the guiding principles and services provided by INAIL on this regard.

2.1. Guiding principles

The aim of the healthcare and rehabilitation services provided by INAIL is to evaluate and empower the residual abilities of injured worker to ensure an active participation in family, social and professional life. In order to achieve this goal, INAIL pursues a "taking charge" approach: its staff is focused on evaluating the persons in their full complexity and specificity (environment, social relations, working relations), and on selecting the appropriate services (Sect. 2.2-2.6), starting just after hospital discharge.

For treating complex cases which deserve interventions at multiples levels (e.g. physical, social, environmental), INAIL established "*multidisciplinary teams"* which set customized projects. The *multidisciplinary teams* are defined[7] in a fundamental regulatory document of INAIL named "Regulation for the provision to injured workers of technical aids and support interventions for the reintegration in the relational life" (DP 261 29/09/2011). The simplest multidisciplinary team ("first level" team) is formed by a medical doctor, a social worker and an administrative manager. This core staff is available in every Territorial Unit. "Second level teams" are available at Regional level to ensure equal services on the territory and for consultancy in complex cases. Finally, a single, "third level" team is available at the Central Directorate in Rome, for regional surveillance and as further consultation in those cases which require the interpretation of the DP 261 29/09/2011. Given the complexity of the interventions, other professionals can be called as members of the multidisciplinary team, e.g. nurses, prosthetists, architects, engineers.
In grater details, the multidisciplinary team is called to formulate medium-long term targets with the involvement of the patient and his/her family, considering healthcare, social, administrative and work-reintegration interventions, in coordination with the interventions of other Institutions. This is performed by taking into account the new functional profile of the person following the injury, by studying the impairment, the functional capacity, the residual abilities, but also

[7] Together with the regulations for the provision of technical aids, environmental barriers elimination and social services.

considering the aims of the person and his general context. The ICF approach is applied as model, as per the INAIL Presidential Resolution 261/2011.

INAIL has formally indicated the Health Technology Assessment (HTA) and the “Call for good practice” methodology as the best approached to optimize its services and designing their evolution.

2.1.2 INAIL – NHS interaction

The guiding principles followed by INAIL are consistent with the most recent recommendations of the Minister of Healthcare and the ICF. The services provided by INAIL, at its own expenses, integrate the NHS provisions. This is recognized by the “National Prosthetic Regulation” [ITA: “Nomenclatore Tariffario”], DM 332 27/8/1999 - Art 2. More recently, DLeg 106/2009 recognized to INAIL the possibility to provide extra-hospital rehabilitation services, in cooperation with public or private providers. This possibility extends to non-injured workers, following the accreditation of the INAIL care centers with the single Regional Healthcare Services of competence. Agreements have now been established with 15 Regions and include collaborations for:

1. research projects in the field of prosthetics, rehabilitation and social-work reintegration;
2. interventions for social-work reintegration;
3. dissemination of events and opportunities in sports for people with disabilities, at amateur and professional level;
4. dissemination on the field of disability;
5. training and teaching on prosthetics, rehabilitation and social-work reintegration.

2.2. INAIL services – Diagnostics, care and drugs provision

Following the emergency or hospital discharge, the injured worker can access INAIL outpatient facilities (in the Territorial Units) for a set of “first cares”, either medical or surgical, as well as diagnostic and instrumental examinations. Examinations by specialists are possible in the areas of orthopedics, surgery, ophthalmology, otolaryngology, neurology, radiology, but also, when needed, internal medicine, cardiology, pulmonology, dermatology, rehabilitation medicine and vaccination. In 10 regional capitals, II-level outpatient facilities named “Regional Multi Specialty Diagnostic Centers” [ITA: “Centro Diagnostici Polispecialistici Regionali”] are available for special diagnostic-instrumental examinations such as MRI. Three additional II-level centers are expected during 2014-2015.

In case of proved need, INAIL can prescribe thermal treatments, with costs supported by the NHS and lodging by the Authority. Recently, INAIL has introduced the reimbursement of drugs and medications which were previously excluded.

2.3. INAIL services - Physical rehabilitation

INAIL provides physical medicine consultations and treatments. Consultations take place in the Territorial Units. Treatments can be outpatient in 11 Territorial Units and both inpatient and outpatient in two highly specialized INAIL centers, namely Centro Protesi (Budrio) and its branch

in Rome [ENG: “INAIL Prostheses Centre”], and Centro di Riabilitazione Motoria (Volterra) [ENG: “Centre for motor rehabilitation”].
The minimum staff required in each territorial rehabilitation center [ITA: “Centri Fisiokinesioterapici Territoriali”] is 1 physical medicine and rehabilitation specialist, 2/3 physiotherapists (depending on the number of patients in the area), 1 occupational therapist and a nurse, forming a clinical team.

The team is called to develop a rehabilitation program that takes into account the specific work-tasks of the patient: the approach that INAIL is developing in its rehabilitation centers is to combine **basic** and **occupational-oriented treatments**.

An integrated rehabilitation record has been created by a group involving the INAIL Rehabilitation Unit in Bari (SAF), Centro Protesi INAIL in Budrio and the General Medical Department. The integrated record is under experimentation and collects general information, anamnesis, clinical examination evidences but also a description of the working environments, of the tools and tasks, their phases, the prevalence of each activity and their perceived risk by the worker. The record then allows to set goals, choose treatments and track the evolution of the patient from baseline, to mid-term, until treatment completion. Thirty items from the ICF have been extracted to describe the functional profile of the worker at the end of the treatment. A standardized set of instruments have been identified for scoring occupational-related items, which include the Functional Dexterity test, grip force tests, an organized work bench and the Valpar 8 and 9 tests.

Basic treatments include active and passive kinesiotherapy, massotherapy and physical therapy. The minimum instrumentation for the latter include ultra-sound, iontophoresis, electrotherapy, magnetotherapy and electric stimulation, laser therapy, TECAR capacitive-resistive therapy. However, shock wave therapy and isokinetic treatments can also be provided. Similarly, motor-neutral, spinal cord injury psychomotor, pulmonary, and water rehabilitation can be part of the treatment.

Occupational-oriented therapy sums up to the basic treatments and include therapeutic physical exercises simulating the work gesture that can lead to the development of compensatory strategies and reasonable work-environment adaptations.

In the context of physical therapy and rehabilitation, two Centers of Excellence of INAIL are “Centro Protesi” in Budrio and “Centro di Riabilitazione Motoria” in Volterra.

“Centro Protesi” in Budrio became part of INAIL in 1943, firstly as subsidiary of the INAIL trauma centre during the World War II, then as rehabilitation centre in 1946. Starting from 1961 and thanks to the passionate work of Prof. Hannes Schmidl, it is now a complex structure, devoted to prosthetic/orthotic production and fitting, provision of assistive aids, vehicles adaptation and rehabilitation, and research & development in the field of prosthetic materials and components, biomedical engineering and test of new orthopedic devices (D.P.R. 784/84). The Centre is

accredited ISO 9001-2008 and it is considered as a structure of excellence at international level, unique for its know-how and patients' treatment. The main site in Budrio covers a surface of 20,000 m^2, has a skilled and competent multidisciplinary staff of about 320 people, who assist some 10,000 patients a year, suffering either from a work-related or non-work related injury (mostly amputees). Patients are mostly Italians, but the Centre can assist patients from all over the world. The Centre has two branches (Rome and Lamezia Terme) and two territorial service points (Milano and Bari).
With specific reference to rehabilitation, Centro Protesi in Budrio is accredited for 90 rehabilitation inpatients, cared for by 22 medical doctors, 41 nurses and 29 physical therapists, 65 orthopaedic technicians and 130 technicians. It can count on one inpatient and one outpatient rehabilitation gym with the most innovative instruments for pain and manual therapy (including laser FP3, capacitive resistive treatments, magneto therapy, mirror-box). As part of the R&D Directorate a top-notch motion analysis laboratory is available, with a broad range of instrumentations (Vicon system, force plates, inertial and wearable technologies for every-day-life monitoring, augmented reality, energy consumption, EMG analysis, thermographic mapping) and international level know-how on upper-limb and amputee biomechanics. An intense activity is ongoing on evidence-based rehabilitation programs and validation of patient pathways, also in strict collaboration with the R&D Directorate. The wearable technologies developed at Centro Protesi for upper-limb motion assessment (ISEO®) is currently experimented in 4 Territorial Units for shoulder pathologies. For further details about Centro Protesi, please refer to Sect. 2.4 and 2.8 (Research).

The "Centro di Riabilitazione Motoria INAIL" in Volterra was founded in 1999 and is devoted to musculoskeletal rehabilitation and specifically to the recovery of the physical condition needed to the patient-specific work reintegration. The structure has 23 beds for inpatients and 23 patients for day-hospital treatments. One rehabilitation gym is available as well as one rehabilitation pool for water therapy. A specific wave therapy is also in service. Physical rehabilitation includes, for instance, back-pain treatment with McKenzie method, neuromuscular taping, global postural reeducation, Kabat, therapeutic pilates. Treatments are complemented by a "Laboratory for ergonomics and occupational therapy", a "Laboratory for static and dynamic splints", taping, functional bandages, prescription/training/verification of assistive aids as well as baropodometry.

2.4. INAIL services – Prosthetics, orthotics and assistive devices

As per the National Regulation DM 332 27/8/1999 - Art 2, INAIL provides, at its own expenses, a wider range of prosthetic/orthotic and assistive devices to the injured workers, that are not included or reimbursed by the NHS. INAIL can also establish specific rules in terms of warranty and minimum renovation times. These topics are comprehensively addressed in the cited "Regulation for the provision to injured workers of technical aids and support interventions for the reintegration in the relational life" (DP 261 29/09/2011) (Sect. 2.1).
The *first noticeable consequence* of this freedom of action is that the Authority regulation is constantly updated in terms of services and technology, unlike the National Regulation that came into effect in 1999, with an update in 2008 but only for the economic part of the prescription

codes. The *second consequence* is that injured workers receive higher standards of care, since they have free access to top quality technologies (if deemed medically appropriate), such as:

1) *bionic lower-limb joints* (knee/ankle), i.e. mechanical joint that integrate electronic controls, which can be mounted in modular prostheses for above-knee amputees;
2) *polyarticulated myoelectric hands*, which allow the upper-limb amputee to control the hand with EMG signals from the residual muscles and execute different gripping patterns;
3) *myoelectric controlled fingers*, embedded in active prostheses for partial hand amputations;
4) *active orthoses or exoskeletons*, to compensate for single side deficits of deambulation or to allow spinal-cord injury patients to walk again;
5) *high definition and customized silicon prostheses* also provided in conjunction with digital osseointegration;
6) *hair transplantation*;
7) *digital acoustic prostheses*;
8) *dental implantology*;
9) *advanced motorized and sport wheelchairs*;
10) in order to burst the involvement of subjects with disability in sport (which is considered as medium to promote an actively participated and healthy lifestyle), the INAIL Regulation allows the prescription of a set of *sport-specific prostheses/orthoses and assistive devices*, which sum up to 5 in case of multiple sports and both competition and non-competition level involvement. Many of the athletes of the National Paralympics team are followed by Centro Protesi, thanks to a specific agreement with the Italian Paralympic Committee.

The INAIL Regulation sets the normative principle for the provision of prostheses/orthoses and assistive devices which have to be customized. This involves 4 steps: prescription by an authorized doctor in the Territorial Unit, administrative clearance, provision and control of the technical aid by the prescriber. The prescriber can ask for the consultation of Centro Protesi. The First Level multidisciplinary team in the Territorial Unit is involved only when complex cases are faced. A multidisciplinary team is involved at Centro Protesi when prescription consultation is required.
The patient can choose the technical aids supplier, but certain administrative rules apply, with comparison with the services that Centro Protesi can provide. If these are not met, the patient can still choose the supplier but INAIL will not compensate the amount exceeding the costs displayed by Centro Protesi. Centro Protesi has, therefore, a key role in the provision process of INAIL.

Centro Protesi employs about 180 technical staff for the development and fitting or technical aids, including engineers, CPOs and technicians. From the operative part, three Directorates related to production are in place: prostheses and orthoses, assistive devices provision and R&D. A full list of services provided by Centro Protesi is annexed to the INAIL Regulation and is also updated on INAIL website. Through the R&D, the production can count on an integrated mechatronics

laboratory and on a motion analysis laboratory for the technical-medical validation of components. The R&D include skills on psychosocial assessments of new prosthetic components (in collaboration with the University of Bologna) and cost-utility analyses (in collaboration with Politecnico di Milano).
Current top-level research include the development of a bionic prosthetic arm in collaboration with IIT – Italian Institute of Technology, implantable electrodes with Compus Biomedico in Rome and a prosthetic solution for partial hand amputations with Scuola Superiore S. Anna in Pisa.
Centro Protesi follows a full "taking care policy" while fitting a technical aid. The patient is firstly part of a "multidisciplinary medical and technical examination", through which a customized prosthetic(technical aid)-rehabilitative program is defined. The approach implies that a prosthesis or any personalized technical aid can be provided only with an appropriate training/rehabilitation and for this reason, inpatient service is provided. Typically, multi services are provided together, e.g. pre-prosthetic rehabilitation, prosthesis construction & fitting, gait retraining, car/motor bike adaptation, information technology devices, social support program.

2.5. INAIL services – architectonical barriers elimination

The Regulation DP 261 29/09/2011 established the services that INAIL can provide for the elimination of barriers. The interventions, which always require the involvement of the First Level Multidisciplinary group, are multiple and diverse in type, including:

1) home accessibility (construction works);
2) home automation, environmental control, furniture usability;
3) information technology devices, e.g. pc and accessories, including the special input-output interfaces needed by the specific disability;
4) vehicle adaptation, either for active driving or for transportation.

The INAIL Technical Advisory for Construction and Centro Protesi can be involved in the multidisciplinary team when needed. Centro Protesi can provide home consultations for points 2-4 and implement the solutions for points 3 and 4. The R&D of Centro Protesi has been active in experimenting new information technology solutions and developing software for home automation control.

2.6. INAIL services – social services

Also as per Regulation DP 261 29/09/2011, INAIL can provide social services. Interventions are set by a multidisciplinary team and can be focused on the:

1) *person*, e.g. intervention for grief processing, development of strategies for coping with disability, reorganization of the roles in the family, family relations management, educational interventions to manage the disability by relatives;
2) *independent living of the person*, e.g. learning time management, self-feeding, home keeping, money management, improving communication skills and social relationships, safe use of mobility instruments;
3) *social integration and re-socialization*, e.g. inclusion in occupational and socialization laboratories;

4) *facilitation for work reintegration*, e.g. work retraining and support while job-searching;
5) *promotion of sport participation*, e.g. support in sport activity identification, identification of a sport society/team, information about sport assistive technologies.

2.7. Dissemination

As an important part of the services provided by INAIL, the dissemination of information regarding INAIL rehabilitation and healthcare services is crucial. This is now possible through a dedicated web portal called “Superabile” (www.superabile.it), an integrated contact center (toll free phone calls at 800 810 810), and a magazine. The portal has multiple thematic channels, e.g. focusing on legislation and INAIL regulations for services provision, accessibility, technical information of assistive technology and their provision, leisure time, labor market, sport, school and education. The contact center can be called for consultations on the topic of disability.

2.8. Research

INAIL carries out comprehensive research activities in the field of rehabilitation and related topics. On this regard, the major role is played by Centro Protesi, as defined by the DPR 782/1984.

In particular, research is carried out on prosthetic materials and components, biomedical engineering and test of new orthopedic devices. A specific Directorate coordinates the research programs, mostly funded by the Authority itself, in slots of 3 years. Activities can be performed internally or with the collaboration of national and international universities and research centers. In the field of physical rehabilitation it is worth mentioning:

1) the development of quantitative motion analysis protocols based on wearable inertial sensors (ISEO® and OUTWALK®), for monitoring shoulder, elbow and gait in outpatient and every-day-life environments. These projects are carried out with the national leader hospital for shoulder surgery (“Cervesi Hospital”, Rimini), and INAIL Territorial Units;
2) the experimentation of commercial polyarticulated hands for amputees, through a multi-factorial protocol addressing psychological, functional and biomechanical assessments (in collaboration with the University of Bologna);
3) the experimentation of new technologies for improving gait retaining and fitting in lower-limb amputees, such as an augmented reality treadmill (C-mill) and thermographic mapping.

Moreover, during the latest set of projects approved for 2013-2015, agreements have been signed with:

1) the Italian Institute of Technology (IIT), for projects regarding the development of a prosthetic arm and of an exoskeleton to enable patients with spinal cord injury to return to walk;
2) Campus Biomedico (Roma) for the development of implantable electrodes;
3) Scuola Superiore S. Anna (Pisa) for the development of a prosthetic finger, suitable for fitting amputees with partial hand amputations.

Finally, it is important to mention the research activity carried out at Centro di Riabilitazione Motoria (Volterra), with specific attention to the field of robotic-assisted rehabilitation. In particular, a successful clinical trial is underway involving “Arbot”, a robot designed by IIT for ankle traumas recovery. The system, that will soon be extended to the wrist, has been recently awarded in a Start-up competition organized by the National Council for Research (CNR) and the economic magazine “Sole 24 Ore”.

3. CONCLUSIONS

INAIL is a complex structure that plays a major role in the life of the Country. It **takes care** of workers in a very broad perspective, consisting of **injury prevention, economic compensation, healthcare treatment, family, social and work reintegration and research**. As such, it is a powerful instrument in the hand of Governments to make the concept of Social State, coming from the Constitution dictates, tangible for citizens.

To take care of injured workers, INAIL adopts a “taking charge approach” in the framework of the bio-psychosocial model of ICF. The model is practically implemented by the INAIL Territorial Units, which are the first contact points with the injured workers, through the medical doctors and the multidisciplinary teams. Moreover, INAIL can count on specialized Centres for motor rehabilitation, prosthetic/orthotic fitting, assistive device provisions and vehicles adaptation, namely Centro Protesi in Budrio with its branches, and Centro di Riabilitazione Motoria in Volterra. In this context, rehabilitation should be intended in a broad sense, being composed by the activation of multiple services, one part of which is motor rehabilitation, but in coordination with, for instance, prosthesis fitting, assistive technology provision, social and psychological support for worker and his/her family.

Through the adoption of a comprehensive approach, INAIL addresses environmental factor with the aim of breaking the barriers between the individuals and their activity and encouraging the active participation in society.

Association luxembourgeoise
des organismes de sécurité sociale

Member of ESIP

Caisse Nationale
d'Assurance Pension

Disability and vocational rehabilitation in Luxembourg

Peer Review ESIP/Report

Fernand Lepage

Head of legal department
National Pension Insurance Fund

January 2014

Introduction

For a better understanding of Luxembourg disability protection system it is useful to give a definition of disability under the national law. To do so it is important to distinguish between invalidity and disability.

Invalidity is defined as a permanent and general loss of ability to work in the last job or in any another occupation suited to the remaining physical and intellectual abilities. This definition is the outcome of the judgment of the Supreme Court from 28 November 1996 in the pension case THILL/EAVI. Under the interpretation of the Court, the law has not established an occupational invalidity, but a general invalidity requiring that de concerned person is unable to perform his last job and any other occupation on the general labour market.

Disability corresponds to a temporal or a permanent loss of ability in relation with the last job.

1. Jurisdiction to determine disability

The finding of invalidity or disability is in the exclusive competence field of the Medical Control Service of social security. The Medical Control Service is a state administration that is totally autonomous vis-à-vis the social security institutions. It has an exclusive jurisdiction and its decisions are binding the social security institutions.

2. Social coverage of disability

Under the social protection system, different schemes care covering the loss of working capacities. In this field a lot of benefits are foreseen but only a few vocational rehabilitation measures.

2.1. Benefits for disability

2.1.1. Health insurance

Sickness cash benefits are paid to insured persons without any qualifying and waiting period when the disability is due to illness or non-occupational accident. Benefits are paid for a maximum of 52 weeks in a reference period of 104 weeks. The amount corresponds to 100% of the wage earned at the time of occurrence of the disability of work. During the first 13 weeks of incapacity, in a reference period of 52 weeks, the employer has to continue to pay the wage. He can recover 80% of the charge from the Mutual insurance fund for enterprises as a financial compensation. The Mutual insurance fund for enterprises offers employers a

reinsurance to manage the risk of their legal obligation to continue to pay wages in the event of disability of their employees. It is a public institution in the field of social protection and financed by employer contributions. After the 13th week the National Health Fund pays the cash benefits.

2.1.2. Accident insurance

If disability is in relation with an occupational accident or an occupational disease, the Accident Insurance Association is in charge of the cash benefits. In case of a temporary disability, cash benefits are paid to insured persons without any qualifying and waiting period. Benefits are paid for a maximum of 52 weeks in a reference period of 104 weeks. The amount corresponds to 100% of the wage earned at the time of occurrence of the disability. For the appreciation of the duration of benefits the cash benefits paid by the health insurance and the accident insurance are taken into account.

In the case of a permanent disability and provided that the loss of income is greater than 10%, an annuity is paid until the age of 65 or until the moment an early retirement pension is granted. The amount of the annuity corresponds in the difference between the income before and after the occupational accident.

2.1.3. Pension insurance

When the disability to work is recognized as invalidity, an invalidity pension is paid by the National Pension Insurance Fund. A qualifying period of 12 months of insurance in a reference period of 3 years is required. The amount of the invalidity pension is fixed by the same formula as for the old age pension by considering the insurance record and the amount of assessable wages. If the invalidity is decided before the age of 55, virtual periods and earnings are taken into account between the age at the time of invalidity and 55 years. Luxembourg invalidity pension law is qualified as type B legislation under the Regulation (EC) No 883/2004.

2.2. Vocational rehabilitation

First it has to be clarified that the medical rehabilitation is exclusively for health insurance or accident insurance. On the other hand, both social security branches do not offer any vocational rehabilitation.

2.2.1. Pension insurance

When an invalidity pension has been granted to an insured person under the age of 50 years, the National Pension Insurance Fund, on a proposal of the Medical Control Service, may prescribe measures for vocational rehabilitation. It the past, the Medical Control Service

had a very passive attitude and since 2004 not a single proposal has been made. Without proposal, the National Pension Insurance Fund is not authorized to prescribe vocational rehabilitation measures.

2.2.2. Unemployment insurance

The only social security branch that can decide in an autonomies way about occupation rehabilitation is the unemployment insurance. Indeed, the Employment Development Agency can decide and monitor training courses and vocational rehabilitation measures. Of course these actions are offered to all job-seekers independently if they have or not as loss of ability.

3. Constraints and limitations of labour law

Under Luxembourg labour law the employment contract automatically terminates the day of the decision awarding the employee an invalidity pension and the day of exhaustion of the rights to sickness-cash benefits or accident-cash benefits (after 52 weeks).

After the loss of the job, the person becomes in the first case beneficiary of pension and in the second case, most of the time job-seeker.

Intermediate conclusion

The judgment of the Supreme Court from 28 November 1996 leaded to a decrease of newly granted invalidity pensions between 1996 and 2001 and to stabilization afterwards. A lot of insured persons to whom the invalidity pension was refused, after exhausting their rights to sickness-cash benefits or accident-cash benefits, were unemployed under the provisions of labour law. As job-seeker they had lost any chance to qualify for an invalidity pension because according to the case-law of the social courts, everybody registered as unemployed and receiving unemployment benefits is considered as fit for work. At the end of their right to unemployment benefits (12-24 months according to age and insurance career), the persons with reduced work capacity were no longer covered by the social protection system and were often forced to rely on social assistance.

Given these shortcomings, the Government was forced to react and a new law was voted in 2002 to assure a better protection for persons with disability. The existing measures stayed in place and were completed with new measures. The aim was to coordinate the existing legislative provisions and, by introducing new financial compensations, to guaranty a more coherent coverage.

4. Measures concerning disability for work and labour market reintegration

The law of 25 July 2002 concerning disability for work and labour market reintegration has improved the protection system of workers who are incapable of working for reasons of health, invalidity or exhaustion by means of measures aimed at reintegrating workers who are incapable of carrying out their last job. The system of protection which has been put in place comprises different stages:

4.1. First stage

At the latest during the fourth month following the onset of the incapacity for work, the worker on sick leave is summoned for an examination by the Medical Control Service. The possible outcomes of this examination are:

- The worker is so disable that sickness-cash benefit or accident-cash benefit is extended. The insured will be summoned again at a later date to be determined by the Medical Control Service.

- The Medical Control Service concludes that the insured is no longer disabled and will have to return to work. The National Health Fund will stop the payment of cash benefits.

- The insured person applies for an invalidity pension.

4.2. Second stage

The processing of the application for an invalidity pension may result in the following:

- The invalidity is confirmed, the insured person is granted an invalidity pension and his employment contract is terminated.

- The invalidity is not confirmed. In this case, the Medical Control Service forwards the file to the occupational physician, who will ascertain whether there is a disability to carry out the last job.

  If the occupational physician does not confirm the disability to carry out the last job, he returns the file, accompanied by a reasoned opinion, to the Medical Control Service, which, in principle, refers the matter to the National Health Fund with a view to terminating payment of cash benefits.

If, on the other hand, the occupational physician confirms the disability to carry out the last job, he initiates the regarding procedure by referring the matter to the Mixed Committee.

4.3. Third stage

The Mixed Committee, which is made up of representatives of the social partners and the relevant public authorities, will rule on requests for regrading of the worker either internally within the company or externally on the labour market. It may prescribe vocational rehabilitation or retraining for the purpose of regrading the worker.

1. In terms of internal regrading, the law provides for:

   - Compulsory regrading in the case of companies with more than 25 employees which have not yet fulfilled their legal obligations in terms of recruitment of workers with disabilities. The company may, however, submit evidence of its practical inability to reassign the employee internally. In this case, the Mixed Committee initiates the external regrading procedure.

   - Voluntary regrading in the case of other companies.

   In the case of internal regrading, the worker is entitled to a compensatory allowance from the Employment Development Agency offsetting any difference between the previous and the new remuneration.

2. Where internal regrading is not possible, the worker is automatically registered as a job-seeker and granted unemployment benefit while external regrading is sought.

   A worker who is reinstated on the general labour market is entitled to the compensatory allowance on the same terms as an internally regraded worker and the employer is entitled to fiscal assistance and advantages. In this case, the allowance will be calculated on the basis of the worker's previous remuneration up to a certain ceiling, excluding any unemployment benefits received in the meantime.

4.4. Fourth stage

A worker whom it has not been possible to reinstate on the general labour market within the statutory period of payment of unemployment benefit is entitled to a waiting benefit of the same amount as the invalidity pension. The waiting benefit is paid by the National Pension Insurance Fund. For the legal classification of EU benefits, the waiting benefit is to be qualified as an unemployment benefit. Indeed, the worker is not invalid and he must remain available to the labour market while in receipt of the waiting benefit, which is only paid until an appropriate job is found.

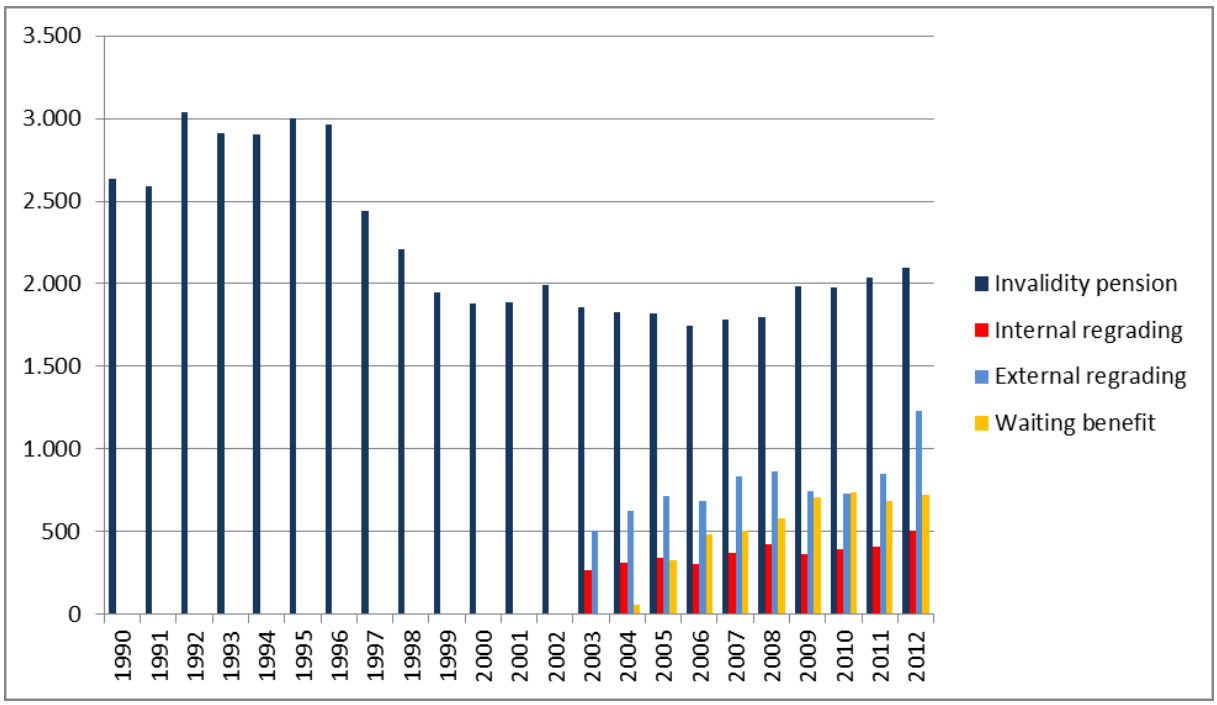
4.5. Balance sheet of reintegration measures

Since the introduction of vocational reintegration measures, 2/3 of workers have been regraded externally and only 1/3 internally.

The percentage of internal regradings increases with the size of the company.

Reinstatement on the general labour market fails in most cases. Job-seekers with disability have less chance to find a new job than job-seekers without disability. As a consequence they then continue to receive a waiting benefit until the moment they can assert their rights to pension. By adding the number of recipients of waiting benefits to the number of beneficiaries of invalidity pensions, it should be noted that the number of benefits increases again from 2005 to reach the same level as before the reform.

Reinstatement on the general labour market proved to be unattractive for people with disability because the loss of the new job risks does not guarantee the right of a reallocation of the waiting benefit.



Final conclusion

It comes out from the foregoing presentation that until 2002 there was a prevalence to offer cash benefits to cover the situation of people with disabilities. Since 2002 efforts have been made to keep people in employment. To achieve this, measures of financial compensation have completed the existing device. At this time vocational rehabilitation measures have been developed a little more. But in general it is clear that vocational rehabilitation measures are poorly developed. Luxembourg has not followed so far the examples of neighbour countries. Faced with a relative failure of the current system, it is desirable that more vocational rehabilitation measures will be introduced in the reform of the disability coverage system that the new Government has announced.

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Vocational rehabilitation in the Netherlands

1. Introduction

Helping people with a labour incapacity find work has been high on the agenda in many (European) countries over the past few years. While in the past the prevailing thought was that people with a labour incapacity were no longer suitable for performing work and a labour incapacity benefit was the only solution remaining for them, fortunately this point of view has now become long outdated. It is not an easy task to shape this vocational rehabilitation process, however. In this peer review, which includes a number of participants from the European Social Insurance Platform (ESIP) network, we share our experiences and policy frameworks. The aim of this peer review is to learn from each other's practices and experiences and be able to draw lessons from these for our own specific organisations.

UWV makes the first move in this peer review with its description of the approach to vocational rehabilitation for the labour incapacitated in the Netherlands. This document first describes the background of vocational rehabilitation in the Netherlands. The traditional emphasis on vocational rehabilitation in the Netherlands originates from significant amendments to the labour incapacity laws at the end of the previous century. How vocational rehabilitation is currently being shaped in the Netherlands is then discussed. As a result of the economic crisis and further pressure on budgets, there have been major cutbacks to rehabilitation services recently. Finally we indicate what challenges we see for the future.

It is important to mention that this initial report only discusses the vocational rehabilitation activities for people who receive a labour incapacity benefit. The rehabilitation approach for the unemployed and social assistance recipients is left out of consideration

2. Labour incapacity schemes UWV

"The Netherlands is sick", proclaimed then prime minister Lubbers in 1990. With this statement he put the problem of the enormous influx into the WAO labour incapacity scheme high on the agenda. At the time of Lubbers' statement, the Netherlands was in danger of passing the incredible threshold of 1 million labour incapacity benefits under the WAO [Invalidity Insurance Act]. Something had to be done.

Through various amendments to the labour incapacity schemes, not only the influx into the labour incapacity schemes was significantly limited, but also the number of people receiving labour incapacity benefits. We set out below the most important laws and corresponding developments in this regard. All the schemes are implemented by the Institute for Employee Benefit Schemes (UWV).

Sickness Benefits Act:
The Dutch system is famous for the amendment of the Sickness Benefits Act. In the Dutch system, sick employees fall under the employer's responsibility for the first two years they are off sick. The sick employee receives his salary from the employer as usual for these two years (at least 70%, this can be increased to 100% in collective labour agreements). The employer and employee are jointly responsible for vocational rehabilitation. Employers engage occupational health and safety services (with company doctors) and often rehabilitation companies for this. If the employee is still sick after two years, he can apply for longterm labour incapacity insurance. UWV, the Dutch social security administration authority, tests whether the employer and employee have undertaken enough efforts to help the employee get (fully) back to work. If this is not the case, a fine can be imposed on the employer. The employee cannot be dismissed during the period of sickness. It can be the case that the employee's employment contract

might expire during the two years of sickness (if he has a temporary contract), or he may be working via a temporary employment agency. In that case, UWV fulfils the role of employer and is responsible for vocational rehabilitation during the first two years of sickness.

Long-term labour incapacity insurance (under the WAO and WIA [Work and Income according to Labour Capacity Act]):
The WAO has been in effect since the nineteen sixties. The enormous influx into the WAO in 1990 prompted Lubbers' infamous statement. A number of amendments were made to the WAO between 1990 and 2005 in order to limit the influx. One of the most important of these was the enormous reassessment operation in which all WAO recipients younger than 50 on 1 July 2004 were subject to a reassessment using stricter examination criteria. As a result, 14% of the benefits were reduced and 25% were fully revoked.
Influx into the WAO is no longer possible since 2006 as it has been replaced with the WIA. The WIA makes working a priority. Employees and employers are given financial incentives to do everything to help partially labour incapacitated persons find or keep work. UWV uses a medical examination by an insurance company doctor and an examination by a labour expert to determine to what extent a person is labour incapacitated and what kinds of positions someone can still perform. Only for people who are 80% or more labour incapacitated and found to be permanently incapacitated are few vocational rehabilitation activities performed.

The scheme for young disabled people (WAJONG)
It is particular to the Netherlands that there is a separate scheme for young disabled people (who are also referred to as Wajongers). The Wajong scheme was created for young people who have a labour incapacity before their 17th birthday or become labour incapacitated while studying between the ages of 17 and 30. The Wajong population has grown enormously over the past few years; just over 200,000 people in the Netherlands now receive a Wajong benefit. In order to limit this growth, the Wajong scheme was significantly amended as of 1 January 2010, with a shift of emphasis to work. No vocational rehabilitation activities are performed for Wajongers who are 80% or more labour incapacitated.

Participation Act
The purpose of this new act is that everyone who can work, will work. On national level, the government and the social partners (f.e. unions, employers organizations) have agreed on a new approach to help people with an occupational disability find work with employers in the private en public sector. The private sector will help 100.000 people with an occupational disability to find work. The government will create jobs for 25.000 people. This number must be reached in 2026. There are annual targets till 2026. If the annual target is not achieved, the ministry of Social Affairs will introduce a quota scheme. Thirty-five regional employment services will be established to help this people find work and acquire the jobs. The regional employment service is a joint undertaking between municipalities, social partners and UWV, but municipalities have the lead in the regional employment services, because they are responsible for the benefit and re-integration of this group. The incapacity insurance scheme for young disabled persons, the Wajong, will remain in force by UWV but only for those who will never be able to work. The partially disabled young people will be helped by the municipalities.

3. Vocational rehabilitation

Until 2009, vocational rehabilitation activities in the Netherlands were mainly carried out by private

rehabilitation agencies that were contracted by UWV for their services. The rehabilitation budgets were still available at that time for both unemployed persons who received an unemployment benefit (under the WW [Unemployment Insurance Act]) and for people with a labour incapacity who received one of the benefits discussed above. Because of the continuous desire for more efficiency, the limits on the budgets (partly as a result of the economic crisis) and the merging of the public labour market services and UWV, drastic changes were made to the rehabilitation approach in the Netherlands. The most important changes:

- The vocational rehabilitation budget for unemployed people was reduced to 0 euros. Vocational rehabilitation is fleshed out via UWV's regular services. The rehabilitation budget for people with a labour incapacity is no longer open-ended, but totals 109 million euros in 2013. Effectiveness and selectivity have therefore become important starting points for the procurement of vocational rehabilitation services.
- Rehabilitation services are no longer automatically purchased from private rehabilitation companies. Whenever possible, UWV itself provides the vocational rehabilitation services.

Legal duty in relation to vocational rehabilitation

UWV's duty in relation to vocational rehabilitation is set down in the various labour incapacity laws as well as in the law in which UWV's implementation duties are set down. Clients with a labour incapacity are entitled to assistance in finding a suitable job. UWV puts together a rehabilitation vision, also called a work plan, in dialogue with the benefit recipient. This states what activities will be undertaken to guide the benefit recipient to work as quickly as possible. In practice, this plan is often drawn up by the rehabilitation company that has been engaged. It is also possible that the client may himself prepare the vocational rehabilitation plan via an individual budget (IRO). The law does not contain any obligations concerning the duration of the labour support to be provided by UWV. An exception to this is the Wajong scheme (since 2010), which explicitly states that the right to labour support continues as long as there is entitlement to an income scheme.

Clients are not just entitled to labour support, they also have responsibilities in the context of their labour incapacity benefit. The law stipulates that the clients must comply with the agreements made in the work plan. In the newer laws, the WIA and Wajong from 2010, the emphasis is put much more explicitly on the responsibilities of the job-seeking client in relation to finding and keeping a job. For example, the client may not refuse an offer of suitable work and the client must register with UWV as a job seeker.

Who is vocationally rehabilitated?

UWV has been working on profiling its clients for several years. These client profiles contain elements such as the type of benefit the person receives, the labour market-related factors such as competences and work experience, personal factors like age and perception of illness and job-seeking behaviour. It is clear that the intensity of vocational rehabilitation services depends on the impediments that individuals encounter in returning to work, in other words their distance from the labour market. The client profile is an important pillar in determining the distance from the labour market. Based on the client profile, the labour expert determines what services UWV offers the client.

For people with a labour incapacity, it is important to determine what kind of work they are still able to perform. That is not always clear since a condition for the granting of a labour incapacity benefit is that the client is not able to perform work. The fact that someone has been out of the labour process for a long time can make it difficult to help people with a labour incapacity find work. The (regional) labour market situation also plays an important role in this of course.

For efficiency reasons and because of the cuts to rehabilitation budgets, only clients who can be expected to be guided to work within two years are eligible for a reintegration programme. Clients who cannot be guided to work within two years are not (yet) eligible for vocational rehabilitation support. These clients are monitored, however, so that if their situation changes and they can be guided to work within two years, rehabilitation activities can be started. The client himself can also submit a request for an adjustment to the work plan because his rehabilitation possibilities have improved. At that point the UWV labour expert will re-evaluate whether vocational rehabilitation leading to regular work within two years is possible. All this does not alter the fact that clients can always utilise the basic services that UWV offers to all job-seekers in the Netherlands.

For the Wajongers (after 2010), UWV's duty is broader and labour support must take place throughout the term of the benefit. The use of rehabilitation resources is therefore more generous among this target group. In addition to the guidance provided to the Wajonger, more efforts are made to adapt a vacancy so that it is more suitable for the young person (job carving). The ultimate goal of all rehabilitation efforts is always placement in a regular job.

Different rehabilitation routes

With the exception of a specific group of Wajongers, UWV offers vocational rehabilitation services to clients who are expected to be able to be guided to regular work within two years. There are different forms of rehabilitation services available for this.

Intensive UWV services

Before 2009, UWV was required to purchase vocational rehabilitation services from private rehabilitation companies. For reasons of efficiency and costs, and because of the merging of the public labour market facility and UWV, UWV has also guided the rehabilitation for its clients itself for the past several years. In these efforts, until 1 January 2013 UWV will be focusing on guidance for the new influx of labour incapacitated persons in the WIA and Wajong. The vocational rehabilitation of clients who already received a labour incapacity benefit before 2009 is primarily still provided by rehabilitation agencies. An important consideration in determining whether a client can be guided via the intensive services is the distance from the labour market. In 2012, UWV has a standard time of 9 hours available per WIA client on annual basis, for Wajongers (from 2010) this is 12 hours. If the distance from the labour market is great, however, this standard time will not be enough to provide the client with adequate guidance. In that case the second form of service provision is used, the purchasing of rehabilitation services from a rehabilitation company.

Outsourcing service provision to a rehabilitation company

If the labour incapacitated person cannot be helped via UWV's intensive services, the service provision is outsourced to specialised rehabilitation agencies. Except for Wajongers (after 2010), vocational rehabilitation services can only be purchased for job-seekers once. The idea behind this single purchase is that this prevents a piling up of rehabilitation services and gives the job-seeker more motivation to conclude the vocational rehabilitation process with a return to work. This single purchase can be deviated from in a few circumstances, for instance if there is a significant increase or decrease in the individual's limitations.

The assistance offered to clients by the rehabilitation companies depends on the client's situation and abilities. The client has two options when seeking a suitable rehabilitation company: he can search for a suitable rehabilitation company together with the labour expert or work coach from UWV or he can search for a rehabilitation company himself (IRO). Every rehabilitation company has its own specialisations. A condition is always that the company must satisfy the conditions stipulated by UWV. After the intake interview at the rehabilitation company, the client and rehabilitation company set up a vocational rehabilitation plan together. This plan describes what activities will be undertaken to help someone start work. The work plan drawn up by UWV is of course taken into account here. The rehabilitation plan is evaluated by UWV and after its approval, the activities included in the plan can be started. These may be activities focused on training, orientation on the client's professional possibilities or assistance with job applications and guidance towards work. The rehabilitation company sends UWV reports on the client's progress regularly.

UWV pays the costs of the vocational rehabilitation activities. The costs are only fully compensated if the labour incapacitated client has been helped to find work. A 'no cure, less pay' strategy is used here. Rehabilitation agencies may be engaged if the company satisfies the conditions stipulated by UWV. In practice, this results in a great many private rehabilitation agencies active on the market, and checking whether all these agencies (continue to) satisfy the conditions is an intensive job. A tendering procedure takes place in order to be admitted to the service provision.

IRO
It has already been mentioned several times that labour incapacitated persons can opt to arrange their rehabilitation themselves, via the individual rehabilitation agreement (IRO). This option, in which the client is given a budget of maximum 5,000 euros to spend on his own vocational rehabilitation, has been around since 2004 and has been a great success: more than 50% of all clients opt to work out the details of their rehabilitation themselves. A condition in choosing a rehabilitation company is that UWV must have a contract with the particular agency.

Facilities
In addition to the assistance in finding work provided to labour incapacitated clients, the facilities for resources or guidance at the workplace that are provided by UWV are also important for the labour participation of labour incapacitated persons. An overview of the most important reimbursements for resources and guidance:

- *Trial placement.* If someone wants to work but the employer has doubts about whether he can handle the work, it is possible to conduct a trial placement. The trial placement enables the parties involved to 'test out' the work situation for maximum three months. UWV continues to pay the benefit. The term for trial placements has been increased to 6 months

with effect from 1 January 2013.

- *Wage cost subsidy.* If the benefit recipient is younger than fifty, the employer can receive a subsidy for the wage costs for one year. A condition is that the employee must subsequently remain employed for at least six months.
- *Contribution discount for older employees.* For benefit recipients older than fifty, the employer is given a discount on (national insurance) contributions. The advantage for the employer can be as much as 6,500 euros per year.
- *Support from a job coach.* If the client needs even more support during the first months at work or during the trial placement, a job coach can be engaged. The job coach helps with training and induction programmes at the workplace. The job coaches are hired in via UWV from job coaching organisations certified by UWV. The amount paid in compensation to a job coach depends on the number of hours the client works. The first year this is maximum 15% of the number of working hours, the second year maximum 7.5% and the third and subsequent years maximum 6%.
- *Wage supplement for Wajongers.* Only Wajongers can receive a supplement to their income (wage supplement). This supplement can only be provided if the wage is much lower than what someone should be able to earn according to UWV's labour expert.
- *Starter credit for self-employed persons.* If a client wants to start work as a self- employed person, it is possible to get (financial) support from UWV in the form of a starter credit.
- *Contribution to childcare costs.* It is possible to receive a contribution towards childcare costs while following a vocational reintegration programme. This is possible until the child starts secondary education. UWV reimburses 20.1% of the costs as long as the reintegration programmes continue, and for the first six months after the reintegration programme (provided someone has not yet found a job).
- *Reimbursements for resources or guidance at the workplace.* UWV may provide a reimbursement if someone needs support in order to be able to work well. This could include a modified desk chair, orthopaedic work shoes or reading, writing or hearing aids. Someone may also need guidance because of their disability, an interpreter for the deaf for instance.
- *Reimbursement for transport.* If travel is difficult because of illness or disability, UWV can provide support by means of modifications to the car or bicycle, a loan car, reimbursement for kilometres driven or reimbursement of taxi fare. These reimbursements are only provided if the (household) income is below a particular income threshold.

A budget of approximately 134 million (2013) is available for facilities. A significant portion of this goes to job coaching. The facilities budget is also a task-setting budget.

4. Challenges for the future

The developments concerning vocational rehabilitation in the Netherlands are always in flux. Major

changes have been made to the rehabilitation services over the years. Much more emphatic management on the basis of efficiency, costs and result will therefore become even more important in the future. Also as a result of the financial crisis. Besides that, there is an increasing focus to find work for people with unemployment, sickness, disability and partially disability benefit. That's the background on the new, so called Participation Act. A number of issues and challenges play a role here. The most important ones have been pointed out here.

There has long been discussion on the effectiveness of vocational rehabilitation efforts. This discussion focuses on effectiveness and net effectiveness. It is important to use government resources effectively in the sense that the investment in a client produces a return (and therefore results in the client's outflow to work). On the other hand UWV has a social duty and is also responsible for the vocational rehabilitation of clients who have smaller or hardly any chances of finding work. The budget of vocational rehabilitation has been limited since 2012, though the measures are still seen as very significant for this group to find a job besides their benefit.

An experiment was started to activate the partially disabled (WGA) by conducting activation and enforcement calls. This experiment will last until the end of 2015.

An other challenge is the activation of the young disabled people (Wajong). In January 2015 the Dutch municipalities became responsible for the new clients. Before 2015, UWV provided their income and vocational rehabilitation measures. The Dutch provided extra funds to assess the working ability of this group and help the people with working ability to find a job. For example with job projects and with education on-the-job. The challenge will be to manage this transition in a good way for the clients.

Furthermore, as has been told in the new 'Participation Act', there is an agreement that employers will hire 100.000 disabled people the coming years. The challenge for UWV and the Dutch municipalities will be to support both the target group and the employers in finding each other on the labor market. So the jobs will be fulfilled.

Poland

Social Insurance Institution – ZUS

ZUS is responsible for many areas of social insurance scheme. Major activities are collecting social contributions and paying out number social benefits like: old-age pensions, disability pensions, survivors pension, funeral benefits, sickness and maternity benefits, occupational diseases and occupational injuries benefits. ZUS also pays out training pensions for disabled people who after vocational rehabilitation will be able to return to work.

Vocational training pensions in Poland

The procedure of granting the vocational training pension

The vocational training pension is an element of disability assessment procedure what makes that this benefit is not complete independent one. More over the insured person cannot apply for this benefit.

The vocational training pension could be granted only to person who meets condition to receive the disability pensions. It means one has to have required insurance period and to have assessed disability for work.

Next ZUS doctor assesses if a health condition of insured person allows to undergo vocational training and if insured person is incapable for work in earlier occupation due to his health condition. After meeting these two conditions ZUS doctor issues a medical statement on granting vocational training.

ZUS forwards the ZUS doctor medical statement on granting vocational training to the (National) Labour Office. Labour Office searches for a proper training course.

The training pension is awarded for a period of 6 months, which may be reduced or extended. It may be reduced in case of lack of possibility to propose to the insured person any proper vocational training or if the insured person doesn't want to undergo vocational training. It also can be extended by further 30 months if it needed more time for vocational training.

The vocational training is consider to be effective if the retrained person will not claim for disability pension or for rehabilitation benefit in next two years.

Background and some figures

The vocational rehabilitation was implemented in 1998 as an important tool combating extremely high number of disability pensions. That time there was over 2 million invalidity pensions. Policy makers came to the conclusion it was necessary to take possible means to limit the number of invalidity pensions. Due to this statement there were some changes in medical assessment for invalidity pension purposes. First of all invalidity pension was switched into disability pension, which meant that the medical assessment switched from assessing illness into assessing incapability for work. This change has resulted with significant declined in number of new granted disability pensions and also in total number of disability pensions. Respectively it declined by 30% in years 2003-2011 and by 50% in years 2005-2011.

The vocational training pension has not played a significant role as a tool combating number of disability pensioners. For all those years (1998 till present) the number of granted vocational training pensions was very low. In its the best year 2002 it was only a little above 1.000 granted vocation training pensions. In 2012 it was 150 (sic!).

This is not easy to give a clear answer on question why it wasn't been a successful solution. Probably due to complicated procedures and forwarding by ZUS granted vocational pension to realize it to another institution – Labour Office. Finally this situation could be a result of lack of interest of the top of management and policymakers.

On the other hand Polish law provides possibility to accumulate disability pension with work since disability pension is considered a compensation for loss of earnings due to inability to work. Disability pensioners are allowed to earn up to 70% of average national salary without any reduction. The disability benefits from 70% till 130% of average national salary is reduced and above of 130% of average national salary is suspended.

It is important to stress that permitted by law 70% of average national salary is quite a lot of to earn besides getting disability pension. This makes that a lot of pensioners combine disability pension with work, so in other words despite being disability pensioners they are active in the labour market.

Other institutions in Poland that provide vocational trainings

In Poland there are other institutions that help disabled persons to come back to the labour market.

Labour Office provides vocational trainings for all disabled persons regardless if they are insured. Office Labour also helps those people in finding an employment.

National Disabled Persons Rehabilitation Fund (PFRON) offers support as well for disabled persons offering them special vocational training plans and employers to adapt

working place for employee with disability including purchase special equipment, building ramp for person using a wheelchair etc.

Both Labour Office and National Disabled Persons Rehabilitation Fund are financed from the State Budget.

Final remarks

In respect of rising retirement in Poland up to 67 ZUS estimates an increase in number of disability pensioners for two reasons: disability pensioners will receive longer pension and the probability of staying in good health condition will be much more lower what will cause an increase in number of new claims.

Having all those things in mind changes in granting disability pensions are essential. It will be necessary to work out decent training plans and better identification of people who would be able to be retrained. This improvement needs new vision among policymakers based on good practices and changes in current provisions.

Occupational reintegration in Switzerland - Measures by the Swiss National Accident Insurance Fund (Suva)

ESIP Peer Review/Report

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1. Introduction

Within the framework of this peer review on the subject of occupational rehabilitation, Suva - as the most important carrier of compulsory accident insurance in Switzerland - was invited by the European Social Insurance Platform (ESIP) to provide an insight into its activities and experience. We are pleased to have this opportunity to describe our measures in respect of the topic of occupational reintegration, which is also central in Switzerland, from the perspective of an accident insurer.
This review will not go into the issue of reintegration activities associated with the consequences of sickness and unemployment. Medical rehabilitation is also not the subject of these explanations. In addition, it must be noted that Switzerland's Disability Insurance is responsible for occupational reintegration in the country.
With regard to the content, I would like to provide an overview of Switzerland's social security system as well as of the tasks of the Disability Insurance and then focus on Suva's role in occupational reintegration.

2. Switzerland's social insurance system

a. Overview

Switzerland's social security laws were not developed in accordance with an overall concept, but came about historically. In an international comparison, it provides a considerable level of social benefits. Currently, it encompasses ten branches of insurance, which are designed to protect the entire population or parts of it (e.g. employees) against social risks (in particular, death, old age, disability, sickness, accident and unemployment):

Insurance branch	Insurees concerned
Old-age and survivors insurance	Residential population
Disability insurance	
Supplementary benefits	
Sickness insurance	
Occupational pensions	Employees
Accident insurance	
Unemployment insurance	
Family allowances	
Military Insurance	Military and civilian service personnel
Compensation for loss of earned income for service people and maternity	Service personnel and mothers

The various branches are regulated in individual laws. This fragmentation makes both an overview and enforcement difficult. In addition, various branches partly cover the same risk (e.g. disability), which raises demarcation issues and requires effort in the question of coordination. Since 2003, an umbrella law - the Federal Law on the General Part of the Social Security Law (ATSG[1]) - has coordinated the Social Security Law by uniformly

[1] www.admin.ch/ch/d/sr/c830_1.html.

defining the terms, standardizing procedures and coordinating the services. Ordinance (EC) nos. 883/04 and 987/09 regulate coordination with EU countries.

b. Accident insurance

Statutory accident insurance is part of the social security system. It covers employees and the unemployed with a claim to daily allowances to meet the consequences of occupational accidents and diseases, as well as - in contrast to other European countries – of non-occupational accidents. The insurers are Suva (see §4) and other authorized insurers such as private insurance companies, public accident insurance funds and health insurers. The Accident Insurance Law (AIL[2]) regulates who is insured, the risks insured, just who and what are covered, the benefits, the funding, accident prevention and organization.

c. Insurance benefits in the event of a health-related loss of earnings

A health-related loss of earnings is covered by several social security branches:

- In the event of temporary disability[3] resulting from an accident or an occupational disease, compulsory accident insurance pays out a daily benefit from the third day after the accident. This amounts to eighty per cent of the insured income (wage prior to the accident) and, to this extent, releases an employer from his liability to continue to pay the employee's wage (cf. §2d).
  If the inability to work is due to sickness, collective private daily benefit insurance by the employer is widespread. The start, duration and amount of compensation is set forth in a contract.
- In the event of permanent incapacity (disability[4]), insurees are entitled to claim a disability pension both from Disability Insurance, accident insurance and occupational pension scheme. Coordination rules prevent excessive compensation.

d. Contractual regulations in the event of accident and sickness

If employees are unable to work due to accident or sickness, employers are obliged according to the labour law to continue to make wage payments for a limited period[5]. The duration of this obligation to continue to pay wages depends on the length of the working relationship and differs by region. For example, according to the Zurich scale, it amounts to three weeks in the first year of service, to eight weeks in the second year of service and pro one additional week for each additional year. Some collective labour agreements provide for longer periods.

[2] www.admin.ch/ch/d/sr/c832_20.html.
[3] Working incapacity is the full or partial incapacity to do the work that can be expected in a person's previous profession or area of duties caused by an impairment of their physical, mental or psychic health (Article 6 ATSG).
[4] Occupational invalidity is the full or partial loss of earning possibilities on the balanced labour market in question that remains after the impairment of a person's physical, mental or psychic health and after reasonable treatment and integration (Article 7 ATSG). Disability is defined as a person's anticipated, residual or longer term, full or partial occupational invalidity (Article 8 ATSG).
[5] Swiss Code of Obligations (OR): Article 324a f.

Employers are relieved of their obligation to continue paying wages if the insurance benefits (cf. §2c) cover at least four fifths of the salary due. If the insurance benefits are less, employers must pay the difference between this and four fifths of the wage. If the insurance benefits are only paid out after a period of waiting, employers must pay at least four fifths of the wage for this time.
During the period of working incapacity, employees are protected from dismissal. Employers may not terminate the employment relationship while employees are prevented from working either fully or partially due to illness or accident. In the first year of service, this applies for 30 days, from the second to the fifth year of service for 90 days, and from the sixth year of service for 180 days.
The willingness of employers to continue to employ or to hire people with health problems is encouraged by means of incentives. It is particularly for support in working trials, training grants and compensation for inclusion. Switzerland does not require employers to hire a certain percentage of people with disabilities in their company (a quota system).

3. Disability Insurance's basic liability for occupational reintegration

a. Integration before pension

In Switzerland, the maxim "rehabilitation before pension" applies and this was explicitly stipulated by law in 2003: the aim of disability insurance benefits is to prevent, reduce or resolve disability with appropriate, simple and practical rehabilitation measures[6].
Insurees are obliged to do everything that can be reasonably expected of them to prevent any working incapacity from becoming disability. They must actively participate in all reasonable measures intended to maintain their existing jobs or to integrate them into the labour market (duty to mitigate damages).
Disability pensions are only awarded when all the possibilities for integration have been exhausted[7].

b. Occupational rehabilitation as a task for disability insurance

The occupational integration of people with impaired health – irrespective of whether it is accident or sickness-related – is the basic task of Switzerland’s Disability Insurance. Disability insurance is a branch of insurance that is compulsory throughout Switzerland. Its main objective is to avoid disability with the help of suitable measures. Firstly, it enables disabled insurees to independently secure a living either in full or in part thanks to integration measures, or does this whenever integration is not or only partially possible by paying a (part-)pension[8].
Suva cooperates with Disability Insurance and complements their measures for its insurees (cf. §5). Switzerland’s Unemployment Insurance is responsible for the reintegration of the unemployed.

[6] Federal Law on Disability Insurance (IVG): Article 1 lit. a.
[7] Federal Law on Disability Insurance (IVG): Article 28, paragraph 1 lit a.;
Federal Law on Accident Insurance (UVG): Article 19, paragraph 1.
[8] For more information on the Federal Law on Disability Insurance (statutory basis, benefits, organisation, projects, statistics) cf.: www.bsv.admin.ch/themen/iv/aktuell/index.html?lang=de.

c. Disability Insurance: occupational measures for reintegration

To counteract the sharp rise in pensions, the rehabilitation measures pursued by Disability Insurance in recent years have been reinforced by several legislative revisions. Disabled insurees or insurees threatened by disability are entitled to the following measures:

- Tools that are necessary for the exercise, maintenance or the improvement of gainful employment.
- Early recognition: The purpose of this instrument is to detect individuals who exhibit signs of a disability at an early point in time to prevent any health problems from becoming chronic if possible. If an employee has been unable to work for at least 30 days or has been repeatedly absent from work for health reasons within a period of one year, they can be reported to Disability Insurance for early recognition. Registration is open to the insuree, their employer as well as the attending physician. The Disability Insurance office will examine whether there is a risk of disablement and, for this purpose, can invite the insuree to an early recognition discussion. The office then informs the insuree in writing whether an application is to be made to Disability Insurance.
- Early intervention: After receiving the application, Disability Insurance office experts can initiate early intervention measures quickly and easily to ensure that the person concerned can, if possible, keep the existing job or can be reintegrated into a new one. On the basis of a comprehensive situation analysis (assessment), an integration plan is created and the specific measures are set out in a written target agreement. In particular, an adaptation of the workplace, training courses, job placement, career counseling, socio-occupational rehabilitation and employment measures are worth considering. Early intervention usually takes 6 months and ends with a basic decision on whether the pathway to integration can be pursued or whether the question of a pension must be examined.
- Integration measures: They are specifically designed for insurees who have been at least 50 per cent unable to work for at least six months due to mental problems. Their objective is to create the necessary preconditions for a measure of an occupational nature or for the return of the insured person to the labour market. The four integration measures can be sub-divided into two categories: measures for socio-occupational rehabilitation and employment measures. The first category permits the training of skills such as familiarisation with the work process, social integration and motivation. These skills are particularly promoted by resilience training, advanced training and business-oriented integration with support in the workplace. The second category includes work on bridging the time gap and serves to maintain the person's working capacity and daily routine.
- Measures occupational in nature: The range of possible occupational rehabilitation measures and ancillary services include: career counselling, initial occupational training, further occupational training, retraining, job placement, capital assistance as well as daily benefits and travel allowance. Insurees who are incapacitated but capable of reintegration are entitled to receive active support in finding a suitable job. After placement is concluded, employers may be awarded a training grant during the familiarisation phase. In addition, Disability Insurance can remunerate employers for

any premium increases for compulsory occupational pensions and daily sickness benefit insurance as a result of the renewed incapacity of an insuree.

- Daily benefits as ancillary services: During the integration period, insurees are entitled to claim a daily benefit if they are prevented from doing a job on at least three consecutive days due to integration[9].

4. Suva – a brief portrait

Suva is the most important carrier of compulsory accident insurance in Switzerland. It is under the overall supervision of the Federal government and is a self-governing organization with its own legal personality. Suva is a financially independent company under public law with its headquarters in Lucerne and 18 agencies throughout Switzerland. It insures about 2 million people in employment (almost 50% of all employees) and the unemployed against the consequences of occupational and non-occupational accidents and diseases and is responsible for the management of the Federal military insurance.
Approximately 3,000 employees work on behalf of the insured with 680 of them in the two rehabilitation clinics in Bellikon and Sion. In particular, Suva insures employees from the secondary sector of the economy (production of goods). Key figures for 2011 are given in the following table.

		rounded
Companies insured		117,780
Insurees[1])		1,922,000
Accidents and occupational diseases		466,424
No. of staff		3,147
Insured payroll total (WCR)	CHF	135 bn
Gross premium revenues	CHF	4.4 bn
Insurance benefits (cost of treatment, daily benefits, pensions and cost of living allowances)	CHF	3.8 bn
Capital investments (market value)	CHF	38.35 bn
Operating costs	CHF	530 m
of which for prevention (occupational and leisuretime safety)	CHF	114 m
Operating result	CHF	122.7 m

Suva's unique product mix provides holistic health protection for the insured. That means the effective networking of prevention (occupational and leisuretime safety), insurance, claims management and rehabilitation. Suva thus offers a unique range of services in Switzerland.
Reintegration is one of Suva's key concerns. In consequence, a new claims management system for the reintegration of accident victims was introduced in 2003. This places the focus on severely injured accident victims who are faced with a difficult professional, financial and social situation after an accident. In this connection, I should like to draw your attention to §5a.

[9] Cf. leaflet *'Berufliche Eingliederungsmassnahmen der IV'* (Disability Insurance: Integration measures): http://www.ahv-iv.info/andere/00134/00186/index.html?lang=de.

5. Suva's measures for occupational reintegration

a. Comprehensive care within the framework of claims management

Aims of claims management

The aim of claims management is to offer accident victims and their employers high-quality, customer-friendly and economic claims management.

The guiding principles are thus customer orientation (high quality and customer and accident victim satisfaction) as well as economy (reduced insurance costs and the targeted use of resources)

Reintegration is one of Suva's key concerns. Suva has aligned its claims management with the aim of achieving the best possible integration for their injured and occupationally sick insurees.

Structured into three part-processes

In by far the most cases, the focus is on claims regulation. Customers usually expect neither advice nor care. This relates mainly to cases without any or with short-term absence from the workplace. However, an accident or an occupational disease can also involve drastic changes for the patients and their dependents. In these cases, early and comprehensive care is especially important.

The distribution of costs among the cases is also different. An analysis has shown that very few cases account for the majority of insurance costs: 2 per cent of those cases that are reported account for almost two-thirds of the total cost of insurance. These are complex accidents involving difficult healing processes. The focus is on uncomplicated processing for 70 per cent of the claims, which only cause about five per cent of insurance costs.

Taking into account the different concerns of the accident victims and the cost allocation process, Suva processes the claims in three part-processes. What all part-processes have in common is that they are designed to detect complex situations as early as possible and, where appropriate, to transfer them to the complex part-process. Tools to facilitate rapid identification have been developed or are in continuous further development.

- Standard cases: Minor accidents without any claim for a daily allowance as well as cases with a short-term claim for a daily allowance are considered standard cases. Almost three-quarters of the cases entitled to daily allowances are concluded without any consequences after two weeks and around ninety per cent after four weeks of working incapacity.
  For economic considerations, standard cases are dealt with using a minimum of administrative effort and are automated as far as possible. Effective claims management can hardly be used here anyway because the claims often only reach Suva after the insuree has already resumed work.

- Normal cases: On the one hand, normal cases are claims involving the resolution of insurance law issues. On the other hand, they also include cases with a working incapacity of more than eight weeks, which do not lead to any difficulties in reintegration and probably heal without permanent damage.
  Suva case officers are the primary contact persons for insurance matters. The

personal care that insurees receive encourages their return to their regular workplace. This also requires good contact with the insurees' employers.
The early identification of complex cases is an important task in this part-process.

- Complex cases: Accidents with difficult healing processes and complicated integration are considered complex cases. The aim is to recognize these claims as early as possible in order to be able to begin with comprehensive and individual consultation and support for insurees in terms of medical, social and occupational reintegration.

Comprehensive care within the framework of the "complex" part-process
For Suva, prominence is not given to the speedy conclusion of a claim. It is the reintegration of the accident victim that is in the interest of all parties involved. Successful reintegration helps accident victims to regain quality of life and prevents social exclusion, which is often accompanied by exclusion from gainful employment.
It also helps to avoid or reduce insurance benefits, disability pensions in particular and therefore relieves the premium paying community. It is of national economic and social benefit.
In complex cases, Suva takes over the proactive management of the accident victim immediately after the accident and through to the conclusion of the case. These cases are handled using a precisely defined five-step method. Following the opening (1), in which Suva's liability is examined (for example, insurance cover) and after initial contact with the accident victim has taken place, immediate measures are initiated and an analysis (2) takes place as early as possible.
Not only are objective issues analysed, but also the soft factors that may have an impact on convalescence. Together with the people involved in the process, objectives are defined and agreed upon in planning (3) (for example, maintaining a certain daily structure, treatment and therapy goals, gradual resumption of work). Within the framework of case management (4), accident victims are supported, benefits are coordinated with other insurance companies, the appropriate deployments with previous employers are arranged or integration into a new career is promoted.
The attainment of the goals set with the accident victim and other people involved in the process are monitored continuously. Closing (5) covers, firstly, final statistical and accounting jobs and, secondly, a debriefing in which stock is taken of the concluded case in the sense of a learning organisation. The experience gained and the results are noted in a database as best practice in compliance with data protection rules.
The high degree of complexity of these cases speaks for team processing in which, in addition to the case manager, a Suva district physician or other specialists are always involved depending on the situation. Depending on requirements, the case team consults internal specialists (for example, rehabilitation clinics, cf. §5b) or external specialists (cf. §5e) in the sense of network management. What is exceptionally important is the above-mentioned coordination with other insurance branches, such as Disability Insurance, for example.

b. Job-oriented rehabilitation at Suva's clinics

Job-oriented rehabilitation at the Bellikon Rehabilitation Clinic[10] encompasses a wide range of clarifications and measures in pursuit of the following goals according to the case:

- Optimum reintegration into an insuree's previous occupation
- Optimum reintegration into a new activity in line with the disability
- Clarification of an insuree's ability to work

Job-related rehabilitation starts with an assessment. The medical diagnoses are examined and complemented wherever necessary. In order to assess an insuree's physical capability, a functional capacity evaluation is carried out, which contains job-oriented tests such as, for example, manual force, lifting and carrying, working above shoulder height, climbing ladders and activities involving sitting or standing. The working requirements must also be evaluated. In addition, the current work situation and any psychosocial barriers must to be clarified for rehabilitation.
The specific objectives of the work-oriented rehabilitation process are then worked out with the insuree based on the results of the assessment. For example, the return to work as a painter, and as the most important prerequisite for this, the carrying of a 15-kg paint tub and the ability to climb ladders safely.
It is very important for insurees to assume responsibility themselves for their rehabilitation. Agreed goals cannot be achieved without their active involvement and motivation.
The rehabilitation programme will include physical training therapy to improve strength, endurance, flexibility and coordination. Specific working activities are trained, for example, handling loads or laying bricks in work simulation training. Ergonomic techniques are also often trained. Not infrequently, an insuree also requires psychological counselling or the training of a method of relaxation. In addition, insurees are instructed how to apply pain-reducing measures such as stretching exercises or heat.
Sometimes it also makes sense to train an insuree's work-related resilience as well as ergonomic working techniques in consultation with the insurance company and the employer on the site of the insuree's actual workplace.
Occupational resources and other career opportunities are clarified if reintegration into an insuree's previous occupation is not realistic even with the best-possible training. If the necessary preconditions are met, retraining or support for a change in career are prepared by the insurance company.
Good communication between rehabilitation team, insurees, insurers and employers is required to implement a reintegration process that is as successful as possible after the end of the rehabilitation process.
In any case, upon completion of rehabilitation, a comprehensive assessment of an insuree's capacity for work is performed. If reintegration is not possible, the insurance company will check on the issue of a pension based on this assessment.
Similar rehabilitation measures are offered by the Clinique Romande de réadaptation (CRR)[11].

[10] www.rehabellikon.ch
[11] www.crr-suva.ch

c. Cooperation with Disability Insurance (coordination)

As mentioned in §3, the occupational integration of people with impaired health is basically the task of Disability Insurance. Close cooperation with Disability Insurance is therefore essential if a person insured with Suva has a need for integration.
Cooperation between Disability Insurance and Suva is regulated by law. There is also an agreement for inter-institutional cooperation (IIZ), which regulates the early recognition phase, in particular.
Suva carries out the triage in the sense of early recognition in accordance with the criteria agreed with the Disability Insurance office itself and can also directly arrange for a Disability Insurance application.
A mutual exchange of documents takes place after any registration with Disability Insurance. The appropriate occupational measures (integration measures, retraining measures, career counselling, job placement) are also defined within the framework of a dialogue.
After the measures have been decided upon by the Disability Insurance office responsible, coordination takes place between Disability Insurance and Suva on further implementation and accompaniment (monitoring) through to the final conclusion.
Regarding cooperation, it is important that, in the case of an accidental disability, there are pension benefits both from Disability Insurance as well as from Suva. Here, it is important to note that these services are only paid by Disability Insurance from a working incapacity of 40% while at Suva, however, they are paid from a working incapacity of 10%.

d. Occupational reintegration initiative (IBR)

Re-entering the working world often proves difficult to accident victims. Because of their limitations, their new employers are often simply faced with too many issues. The "professional reintegration initiative" launched by Suva in coordination with Disability Insurance (DI) and specific employers, helps accident victims to gradually work their way back into the workforce.
The people particularly affected are those who, at this point in time, …:

- have no employer who can employ them after an accident or who wishes to familiarise them with a job or wishes to train them,
- became disabled and
- cannot claim any corresponding measures from Disability Insurance (cf. "target group" for details).

IBR is a system of incentives for employers, who familiarise accident victims with jobs, train them and/or hire them. Unlike the provisions of the Disability Insurance, a resource-oriented, occupational further qualification is possible in this context.
IBR focuses on the occupational reintegration of disabled people who are neither supported by Disability Insurance nor can they return to their previous company.
Suva looks for businesses that are willing to provide accident victims with jobs: either for three to twelve months for familiarisation, or for training for six to twenty-four months. It offers incentives by paying daily benefits during the measure in full or in part through to possibly rewarding the company with an amount of up to CHF 10,000 after making a permanent hiring. In addition, accident insurance coverage is guaranteed during the occupational measure whereby the premium classification system of a company like this

is not encumbered by new accidents during the integration process. This is basically for all companies insured by Suva with suitable workplaces.

e. Network management, in particular, cooperation with job agencies

For occupational rehabilitation, it is very important for claims specialists to have access to a network of partners in order to integrate specific expertise and/or special services. The network consists in this sense of all partners (internal and external), who can be integrated quickly and efficiently if needed. Partners can be from different fields (counselling offices, authorities, insurees, therapists, doctors, hospitals, employers, various service provides, etc.). The issue here is the mastery and control of the network, rather than doing every job by oneself.
Short-term higher costs are offset by long-term savings in the form of time savings and lower insurance benefits. The specialist should be consulted as early as possible. For this purpose, Suva has set up a central network at its headquarters. Important documents and model contracts are also available from it and guidelines, for example regarding pay rates and data protection, are issued. Eighteen agency-related, regional networks have also been established.
Within the network, cooperation with recruitment agencies is of particular importance. If reintegration with the original employer is not possible, which is the primary goal, Suva endeavours to ensure that the person concerned finds a suitable job as soon as possible. Suva also works in conjunction with private, specialist recruitment agencies.
Cases are only passed on to a recruitment agency when Suva can expect successful integration. The recruitment agency is given an assessment of what can be considered reasonable by the district medical officer. This is the only way to ensure that insurees will receive the optimum integration. The assessment of what can be considered reasonable must clearly indicate to the recruitment agency which activities the insuree can still do and what he or she cannot. Integration can only be called successful if an insuree has a job adapted to the consequences of an accident with a stable employment relationship (minimum 3-month probationary period) with an income at least in the amount of the estimated income that can be considered reasonable. Integration is not considered to be successful if the income is below the target. Integration is considered to be very good if it does not involve any loss in income. After a successful integration process, the situation should receive a final check. If there is a substantial drop in earnings, the issue of a pension and the right to compensation must be looked into.

f. Cooperation in and support for special projects

Suva is also involved in various external projects, which deal with occupational reintegration. What follows is a brief description of three projects that are typical of these activities:

Concerto
Concerto is a joint project comprising employers and (social) insurances carriers. Several large companies, cantonal Disability Insurance offices, the Federal Office for Social Insurance, the Disability Insurance agency heads' conference, Suva as an accident insurer, Zurich Switzerland as the daily sickness benefit insurer and a pension fund are all involved. The aim of Concerto is to accompany sick/injured employees in an

uncomplicated way and to keep them in the work process as far as possible. All partners are aware of their roles and areas of responsibility. They jointly determine how they specifically wish to work.
The result describes who does what at what point. The partners agree to adhere without exception to the agreed actions as far as cooperation is concerned. The aim is for coordinated processing to bring about an increase in the success of integration efforts. Employers know how they must deal with sick/injured employees, what support they can get from their insurance and from Disability Insurance. Unified access by employers to the Disability Insurance offices based on processes and case-related services is to be possible. Employees unable to work receive the best possible guidance and occupational rehabilitation is promoted.
All partners benefit from consistent, reliable processes at the different interfaces. Duplication in the area of processing is reduced. All of those involved have jointly developed the detailed design.
Concerto is developing positively and expansion is the aim. Discussions are thus currently being held with various other large companies. A website is under construction.

FER (early detection and rehabilitation)
The expert panel for early detection and rehabilitation is a platform under the patronage of the Swiss Employers' Association for the coordination of reintegration. Those involved consist of six medium-sized enterprises, the cantonal Disability Insurance office of the location, the accident and sickness benefit insurers and the companies' occupational pension funds. The goal is a binding coordination and integration between the employers and (social) insurance carriers in early health detection and rehabilitation. The purpose is to improve the case management and coordination of the company with its insurers. The companies and insurers agree to participate jointly and to determine responsibility for cases.
Precondition: all insurers and employers pay a share of a funding pool (1 per company) for measures in the early stages. Cases are handled in accordance with FER. The project will run until the end of 2012 and will then be evaluated by the Federal Office for Social Security.

Compasso[12]
Compasso is the professional integration information portal for employers. Here, firms will find information and offers tailored to their needs for the integration of employees suffering from a health impairment. Case studies in comic strip style show how occupational integration has succeeded quite specifically and why it was worth it.

The platform's sponsoring organization is broadly based. Partners from both the private as well as the public sector have combined their interests (public private partnership). Compasso has a strong network with daily sickness benefit and accident insurers, Disability Insurance offices, pension funds, institutions for the disabled as well as providers of case management, job placement and job coaching. The joint aim is to assist employers with the integration of employees affected. Compasso gets approximately 8,000 hits every month.

[12] www.compasso.ch

g. Experience and results

Successful professional reintegration presupposes the participation and cooperation of all parties involved as well as uniform management and a coordinated approach. Employers must play an active and positive role (for example, speedy, personal contact with the victim, contact with and job profile for the doctor involved in treatment, holding discussions relating to the victim's return to work, determining the stages for reintegration, making offers for part-time work, including the personal circumstances of the person concerned, etc.).

For the patients concerned, it is vital for them to see integration as support for their recovery. The integration and support of their personal environment, such as their family and colleagues is crucial. Doctors must be included for their working capacity as well as the workplace situation. The case-related network must also play a role. It is Suva's job to support all those involved to coordinate measures and to intercede if problems arise.

Customer surveys and the way in which costs have developed show that Suva is on the right track with its claims management. It provides added value for accident victims, insurees (who pay the premiums) and Suva.

Customer surveys

Claims management and support for reintegration are appreciated by Suva's customers. This is substantiated by the high levels of satisfaction in the surveys that are regularly conducted among insurees and their employers.

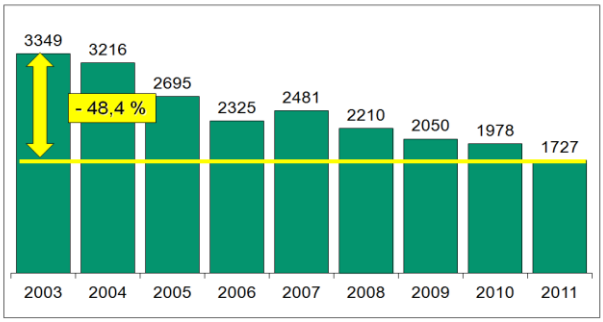
Service providers' reactions and the feedback from claims specialists from everyday life are very positive and underscore the degree to which the system is accepted.

Savings in insurance costs

The success of the increase in support for reintegration is emphasized by the gradual decline in key figures for disability incomes and costs over the years.

In contrast to accident figures that have remained roughly the same, the number of newly awarded disability benefits has declined steadily, falling by more than 48% since the introduction of the new claims management system in 2003.

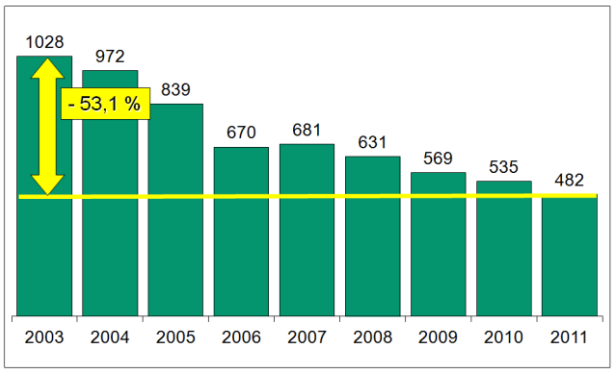
New AIL disability pensions



In terms of Swiss francs, the numbers are even more striking. The cost (capital reserves) of new disability cases in 2011 amounted to 482 million. Compared with the peak figure of CHF 1,028 million in 2003, costs have been cut by more than half (-53.1%).

Cost of new disability pensions

Cost in millions of Swiss francs



Alongside the introduction of the new claims management system, Suva also benefited from economic development and lower unemployment, of course.

Successful integration[13]

People who can continue to work after an accident with their original or with a new employer and require no pension at all or only a small disability pension of less than 20% are considered to have been successfully reintegrated.

Year	No. of complex cases	Successful reintegration with the same employer	Successful reintegration with a different employer
2008	13,094	9,705 (74.1%)	2,191 (16.7%)
2009	14,299	10,670 (74.6%)	2,229 (15.6%)
2010	13,413	9,239 (68.9%)	2,295 (17.1%)
2011	10,738	7,227 (67.3%)	1,748 (16.3%)

Successful job placement

Year	No. of accident victims looked after by a job placement specialist	Successful reintegration with a new employer
2008	96	79 (82.3%)
2009	111	86 (77.5%)
2010	110	91 (82.7%)
2011	100	79 (79.0%)

[13] https:/Eingliederungen

Successful reintegration by Suva rehabilitation clinics
In 2011, out of a total of 10,738 people who suffered severe accidents, 492 received treatment as in-patients at one of Suva's rehabilitation clinics. The majority of them were then successfully reintegrated and did not require a pension or only a small disability allowance of less than 20%.

Year	No. of people treated as in-patients in Suva rehabilitation clinics	Successful reintegration
2008	489	438 (89.6%)
2009	571	507 (88.8%)
2010	651	585 (89.9%)
2011	492	429 (87.2%)

Occupational reintegration initiative (IBR)
Effective from 1st January 2010, all agencies started with the implementation of this initiative. Of the now 900 companies contacted, about 2/3 have indicated an interest in participating. In this way, suitable jobs were found for 20 people in 2010 and for 60 people in 2011. The pensions that this has saved are estimated at around CHF 10 million.

6. Future challenges

One focus is the early and reliable detection of accident victims with reintegration issues. Measures are promising, particularly when situations of this kind are detected early. This requires the rapid identification of the risk group, which is particularly difficult. Suva is working hard on further developing tools to support the initial triage or early detection of complex processes.
The further optimization of coordination and cooperation among all of those involved and thus the prevention of parallel activities by different insurers will also be challenging in the future. Alongside the involvement of employers as mentioned above, the increased inclusion of family doctors is of great importance. Within the framework of cooperative integration management with networks of regional doctors, Suva is currently working towards an intensification in this area. Including but not limited to the reporting of patients with complex problems, a structured exchange of information and the coordination of care processes.
The objective behind this is, in particular, the reporting of patients with complex problems, a structured exchange of information and the coordination of care processes.
The integration of disabled people into the primary or regular labour market must continue to be promoted. The corresponding success is undoubtedly partly dependent on further economic developments. The identification and evaluation of additional instruments, for example, for the earlier identification of subjective predictors will then be of importance.
By simplifying administrative procedures, accident victims requiring rehabilitation should be recognized sooner or in time and assigned to rehabilitation.
The quality of reintegration can be decisively improved and the time involved through to

integration can be substantially shortened if the reintegration process is addressed at an early moment in time and implemented both comprehensively as well as intensively.