

Return to Work and Reintegration



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The ISSA Guidelines have been developed by the ISSA technical commissions and staff of the ISSA General Secretariat, based on a broad consultation with experts, international organizations and the worldwide ISSA membership.

English is granted precedence as the authoritative language for all ISSA Guidelines.

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Introduction

Social security institutions around the world, whether they operate in the occupational or non-occupational sector, face an escalating combination of economic, social and demographic challenges which strain their continued financial viability and may jeopardize their ability to combat social insecurity.

While national social security institutions – whose operating structures, financial parameters and policy and programme mandates vary widely – are not confronted with identical challenges at any given time, they nevertheless face relatively consistent and broad global developments. These include a population with growing life expectancies, the increasing pace of private and public sector restructuring to maintain competitiveness in a global society, a rapid escalation in the growth of claims on the grounds of mental health and low system outflow rates for programme beneficiaries, coupled with low overall labour market hiring rates for persons with disabilities.

While some social security institutions are better financially resourced to withstand these identified global changes in the short term, the compound effect of these systemic challenges without radical corrective action will lead to substantially increased system costs, present challenges for the financial viability of the organization and ultimately may lead to reduced levels of benefits and services for those for whom the system was initially established, including for persons with disabilities.

Objectives of the *ISSA Guidelines on Return to Work and Reintegration*

International Social Security Association (ISSA) member organizations comprise a broad and diverse group of social security institutions, in both the occupational and non-occupational sectors, from most countries around the world. In addition to emerging economic, demographic and labour market changes, new and significant challenges are being imposed on many of these organizations which have, on an individual basis, led to the development of specific approaches aimed at reducing the inflow of persons with disabilities into the social security system and improving their financial viability, while also contributing to reducing the overall impact of disabling conditions on many stakeholders within their jurisdiction.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD), which entered into force in 2008, requires social security institutions to assist their various jurisdictions, especially those countries that have ratified the Convention, in introducing supportive measures which promote and advocate implementation of good practice in return to work (RTW) programmes, as indicated in Article 27, section 1(k) of the United Nations Convention on the Rights of Persons with Disabilities.

It is in this context that, through a broad-ranging international consultation process, the ISSA has identified successful good practice models which include policies, processes and procedures designed and implemented by social security institutions. These models are developed to identify approaches which will allow decision-makers in social security institutions to lead their own process and influence their jurisdictional environment.

These guidelines are designed to:

- Outline strategic options for social security institutions in order to achieve these outcomes;
- Stimulate discussion around good practice return to work programmes for social security institutions;

- Identify critical success design elements;
- Offer practical implementation tools.

Return to work is one of a number of cross-social security issues such as prevention of disabling injuries and illnesses and broader health promotion efforts, all of which are part of a proactive approach for social security systems. Therefore, it should be approached and supported concurrently through an integrated and coordinated mandate to reduce incidences or severity of disabling conditions, maintain the employment relationships for disabled employees and reduce inflow into or reliance on the social security system by people who have acquired or developed a disabling health condition with subsequent employment loss. In this regard, the *ISSA Guidelines on Return to Work and Reintegration* should be used in conjunction with the *ISSA Guidelines on Workplace Health Promotion* and the *ISSA Guidelines on Prevention of Occupational Risks* and be understood as a holistic tool for senior management in social security institutions.

Definition of Return to Work

The focus of the ISSA Guidelines on Return to Work and Reintegration is on persons who are on sick leave from work, either on a short-term or long-term basis, and who retain an attachment to a specific employer. The guidelines are applicable regardless of whether the reason for the sick leave absence is occupational or non-occupational.

Return to work (RTW) is a key pillar in a set of workplace processes designed to facilitate the workplace reintegration of persons concerned, who experience a reduction in work capacity as a result of either occupational or non-occupational diseases or injuries. By taking into account individual needs, the work environment, enterprise needs and legal responsibilities, return to work processes represent a coordinated effort focused on job retention as the first step in preventing persons who experience a reduction in work capacity from an early exit from working life.

The return to work of workers who are on sick leave is part of a continuum of processes aimed at protecting and promoting the health, well-being and work ability of the workforce. Return to work is one important component of a tertiary prevention approach.

Return to Work Framework

Social security institutions around the world are most often engaged in one of three broad scopes of activity, as a provider of:

- Income support of last resort for persons with disabilities;
- Statutory disability insurance for non-occupational injuries and disabilities;
- Legislative compensation as a consequence of occupational injuries and disabilities.

A consistent organizational priority for social security institutions is the objective of reducing the number of persons with disabilities “in the system” and decreasing the cases of early invalidity.

This usually drives a concurrent approach, namely reducing the number of persons with a disability collecting benefits, through a range of rehabilitation measures designed to facilitate the re-entry of those people into the labour market along with other measures designed to reduce the system entry rate

through optimization and support for job retention strategies which will keep a person attached to their employer in spite of having suffered a disabling condition.

These strategies, while clearly similar in terms of economic, social and societal objectives, require a substantially differentiated individual, organizational and systems approach.

Global evidence has clearly documented that, while most desirable, the efforts related to increasing renewed labour market attachment for those people currently receiving disability benefits are extremely costly and often have limited success.

Therefore, the majority of strategies must be directed at maintaining workforce attachment for those who have acquired a disabling injury or illness and are at risk of losing their employment, with all the attendant economic, social and psychological consequences.

The paradigm shift from payer to player in modern social security could be assured by using the *ISSA Guidelines on Return to Work and Reintegration*, not only as a benefit provider but also as the employer of the staff of a social security institution. This method increases the awareness and confidence of staff in the relevance of clients returning to work.

Return to work actors

Return to work for employees who acquire or develop a disabling condition, regardless of causation, and are at risk of losing their employment, is governed through a range of diverse approaches around the world.

These include, but are not limited to, statutory re-employment obligations for employers, prescribed under workers' compensation legislation, for employees with occupational injuries or diseases; state and national re-employment obligations often administered under labour/human rights or other legislative statutes and employment obligations defined through court decisions.

A number of jurisdictions have also introduced hybrid models where, in the absence of a statutory re-employment obligation for employers, workplaces are required to maintain dedicated return-to-work programmes designed to maximize job retention for ill or injured employees.

Another model, principally found under workers' compensation schemes, includes the application of financial penalties/incentives on employers in order to motivate efforts towards better return-to-work outcomes.

A core and central theme across all statutory approaches applied towards maintaining effective job retention for injured/ill employees is the responsibility and role of the employer.

This is critical for a range of reasons, principally due to the fact that employees who lose attachment to their pre-disability employer and enter a social security system are much less likely to re-enter the labour market in the long term, and employers often have much vested financial/organizational interest in maintaining the employment relationship with employees who have acquired a disabling condition.

While, across all jurisdictions, employers play the key role in efforts aimed at maximizing job retention and subsequently reduce the inflow into various social security systems, the practical implementation of these efforts generally involves return-to-work professionals employed either directly by the employer,

contracted to the employer through third party service providers (often utilized by small and medium-sized workplaces) or made available to the employer through the social security providers.

Structure of the *ISSA Guidelines on Return to Work and Reintegration*

The following guidelines are organized in two parts:

Part A, Basic Return-to-work Conditions, Principles and Guidelines, provides guidance on identification of the stakeholders, the legal basis of the programme and the need to refer to international good practice. Another aspect addressed is how to influence the system as a social security institution.

Part B, Specific Return-to-work Principles and Guidelines, provides guidance in seven specific areas that are of common concern for social security institutions when implementing a return-to-work (RTW) programme.

Within each part, specific guidelines are grouped according to particular elements of a return-to-work programme. They are presented as follows:

Guideline. The guideline is stated as clearly as possible.

Structure. This is the suggested structure for the particular aspect of a return-to-work programme that may support the application of the guideline and facilitate the promotion of the underlying principle. A sound structure is essential for the effective functioning of a return-to-work programme. It should ensure an appropriate division of operational and oversight responsibilities as well as the suitability and accountability of the persons involved.

Mechanism. There are different ways in which a guideline may be implemented. The suggested mechanisms for a return-to-work programme are designed to ensure appropriate controls, processes, communication and incentives which encourage good decision-making, proper and timely execution, successful outcomes, and regular monitoring and evaluation.

A. Basic Return-to-work Conditions, Principles and Guidelines

A.1. Arguments in Favour of Return to Work

The subject of return to work

In many jurisdictions around the world, social security institutions are responsible for the provision of financial support and services of “last resort” to persons with disabilities. More often than not, persons with disabilities arrive at this point after having exhausted many other economic support and service avenues, enduring a lengthy and arduous eligibility process with subsequent physical, psychosocial and economic exhaustion. The consequences of this process lead to a very low outflow of beneficiaries from the social security system on a worldwide basis. The Organisation for Economic Co-operation and Development (OECD) has documented that people almost never leave the long-term disability benefit system for employment. This leaves social security institutions with only the most limited reactive, client-directed programme and policy options once social security system acceptance has been achieved by the person with a disability.

It is generally recognized that a relatively small proportion of claims will account for an overwhelming amount of overall long-term disability costs. This fact is clearly associated with the reality of significantly reduced return-to-work outcomes where time away from work exceeds six months in duration. In order to address this major challenge, social security institutions, especially employees’ compensation boards, have introduced special measures such as triaging of claims as part of their operational procedures.

In simple terms, the only viable approach for a social security institution to proactively address this fiscal and social conundrum is to influence its jurisdictional labour market environment in a manner that ensures that a person who acquires a disabling occupational or non-occupational injury or illness, placing them at risk of losing their workplace attachment (and potentially suffering from the many associated negative consequences), is maintained in economically viable and sustained employment.

Advantages of return to work

Workplace-based return-to-work programmes are generally considered as the organizational structures, policies and procedures at a workplace designed to ensure that sustained workplace attachment is maintained for a person whose continued employment is jeopardized as a consequence of their having a disabling occupational or non-occupational injury or health condition.

Continued and economically viable and sustained employment for injured, ill or disabled employees ensures that, potentially, they will not enter a social security system but instead remain full economic and social contributors and participants in all aspects of society.

The consequences of losing gainful employment for persons with disabilities are highlighted by the fact that around the world persons with disabilities face disproportionately high levels of poverty, much higher levels of unemployment and under-employment, and are often marginalized in all aspects of society.

A.2. General Principles

It is essential that social security institutions engaged in the promotion, advocacy and support of effective return-to-work programmes include a broad range of institutional and individual stakeholders in this process. While they are often constrained through their respective legislative frameworks, which may not support return-to-work processes, this should not prevent them from trying to obtain better return-to-work outcomes by learning from a broad range of national and international experiences which have often led to sustainable structural outcomes. Many social security institutions have also succeeded in strategically influencing return-to-work outcomes, either through influencing legislative structures within their jurisdictions or taking individualized organizational steps through the provision of targeted support services.

The board and management play crucial roles in establishing a compliant and effective return-to-work system.

The guidelines should be followed using a “top-down” approach which encourages ownership of their inherent values so that they are simultaneously accepted throughout the organization.

An overall principle which is essential for return-to-work success is that the person concerned has access to the rights described in the United Nations Convention on the Rights of Persons with Disabilities. The return to work should always be a transparent process, as this will lead to acceptance and confidence. Without this kind of agreement on an individual and institutional level, particularly in disability organizations and trade unions, return-to-work programmes will be neither efficient nor effective.

Guideline 1. The stakeholders

Promotion and support of an effective return-to-work programme involves a broad range of individual and institutional stakeholders.

This usually includes but is not limited to the injured, ill or disabled person and their family, employer and employee representatives (social partners), colleagues, health-care professionals, community services, interfacing agencies, government departments, and other individually and jurisdictionally specific stakeholders.

Guideline 2. Legal and policy basis

Where legislation does not support effective return-to-work outcomes, statutory changes are advocated which will empower the institution to engage in return-to-work activities giving rise to effective outcomes.

The ability of an institution to begin, support, promote or better regulate return-to-work programmes, policy and procedures is strongly influenced and often regulated by its governing legislative framework.

Guideline 3. Working within the legal framework

The return-to-work programme is supported by public policy, legislation, standards and other declarations. Knowledge of relevant instruments is essential to meeting reporting and accountability obligations.

Relevant legal and other formal instruments include government legislation, public policy, relevant professional standards and trade union agreements, and international declarations and standards, such as the International Labour Organization (ILO) Code of Practice on Managing Disability in the Workplace and the United Nations Convention on the Rights of Persons with Disabilities.

Guideline 4. Understanding and learning from international good practice

The tremendous diversity of social security institutions has produced a broad range of experience which is used as a valuable learning resource for return-to-work policy and programming.

Guideline 5. Influencing the system

A range of strategic and individualized initiatives are applied to promote and support proactive return-to-work outcomes.

Strategic initiatives typically include the implementation of incentives and the imposition of various regulatory requirements, ranging from enforced obligations to administrative reporting.

Individualized initiatives often mean providing a varied spectrum of return-to-work support services and programmes, funded through the institution and/or public employment services and designed to assist return-to-work stakeholders to optimize return-to-work outcomes.

B. Specific Return-to-work Principles and Guidelines

The board, management, policy-makers and return-to-work professional play crucial roles in the setting up and operation of a return-to-work system.

The guidelines should be followed using a “top-down” approach which encourages ownership of their inherent values so that they are simultaneously accepted throughout the organization. The remaining guidelines are based on the following seven principles of return-to-work policy and programmes:

- Holistic process;
- Early intervention;
- Individualized approach;
- Active participation of the individual;
- Collaboration;
- Qualification of experts;
- Monitoring and evaluation.

B.1. Holistic Process

The term “holistic” refers to the whole and not just selected parts of a person or system. The return to work is a complex and comprehensive process involving many stakeholders and several activities which must come together to achieve the common goal of the return to work of a person who has an occupational or non-occupational injury, disability and/or health condition. Therefore, it is important to adopt a return to work approach which is holistic, integrated and inclusive. The overall goal is to maintain the person’s work ability and existing connections to working life.

Guideline 6. Comprehensive and integrated approach with an emphasis on prevention

A comprehensive and integrated approach operates on a continuum, from an emphasis on prevention to care, rehabilitation and a smooth transition back to work. It considers the full range of expectations and realities, especially in small and medium-sized enterprises.

Preventive efforts focus particularly on occupational health and safety and promotion of health and well-being. Health-care and occupational rehabilitation measures aim at preserving the employability of the person concerned. The management uses the knowledge gained from return-to-work processes to enhance the institution’s prevention policies and procedures, and vice versa.

Guideline 7. Beginning at the workplace

Return to work efforts, including job retention, are focused on the workplace and consider factors such as workplace actors, resources, work design and structure.

Guideline 8. Combining medical treatment and vocational rehabilitation

Timely access to appropriate medical treatment and vocational rehabilitation is a critical part of the return-to-work process. It enables the person's quick recovery, maximum functional ability and mobility, and return to work in a position that maximizes their skills and experience.

It is necessary to shift from a primary focus on deficits and incapacity towards an ability-orientated approach.

Guideline 9. Adopting a biopsychosocial approach

The return-to-work programme is based upon a biopsychosocial approach which combines medical, psychological and social aspects.

This approach recognizes disability to be the result of a dynamic interaction between reduced physical or mental function and legislative, physical and social environmental factors both within and beyond the workplace.

The International Classification of Functioning, Disability and Health (ICF) offers an effective framework to systematically identify the biological, psychological and environmental factors in sickness absence, long-term disability and economic inactivity, and plan a safe and timely return to work. The approach recognizes the skills and competences of the person.

B.2. Early Intervention

Intervention refers to the act of managing a process in order to modify, impact upon or change the outcome. Research has demonstrated that the longer a person stays off work as a result of an injury or health condition, the lower their chance of ever returning to work. Experience demonstrates that it is easier to keep a job than find a new one.

In the return-to-work context, early intervention aims at reporting injuries and/or disabilities and health conditions as they occur, and taking appropriate actions immediately to secure the right treatment and rehabilitation with the aim of returning the person to work at the earliest opportunity.

Guideline 10. Early identification and intervention

There is a strategy in place for early identification and timely access to medical and other health-care and vocational services for any person who has an occupational and/or non-occupational condition which affects their ability to work.

In developing and implementing the strategy, cooperation among the management, policy-makers and both internal and external stakeholders is critical to success.

Guideline 11. Proactive reporting

A proactive reporting strategy facilitates early identification, timely intervention, case management, accommodation, successful return to work and job retention. The management and all relevant stakeholders cooperate in establishing such a strategy.

Guideline 12. Beginning during acute medical treatment

To achieve an effective return to work, the return-to-work process begins at the initial stage of an accident, illness or chronic health condition, as soon as is medically feasible.

Guideline 13. Role of facilitators

Internal and external business units and professionals play important roles in the return-to-work process to support and facilitate the return to work.

Key professionals include the human resources manager, employee representatives, medical and other care and rehabilitation professionals, and other collaborators in the return-to-work field.

B.3. Individualized Approach

The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. An individualized approach to the return to work addresses psychosocial issues related to factors such as motivation, working conditions and personal circumstances.

The individualized approach is person centered. It aims at enabling the person concerned to regain the ability to participate in the workforce and cope with the implications of their injury, illness, health condition or disability within the workplace. The individualized approach is adapted to and varies for each case. It is always accompanied by a monitoring cycle, beginning with an initial and ending with a final assessment to measure its effectiveness for the person concerned.

Guideline 14. Case management

A case management system provides support, communication, coordination and cooperation among relevant stakeholders and professional organizations.

Case management usually involves:

- Information gathering;
- Analysis;
- Decision-making;
- Planning;
- Implementation;
- Evaluation.

Guideline 15. Individual plan

There is compliance with professional and ethical obligations to ensure provision of appropriate services to the person concerned in the most efficient and cost-effective manner to achieve quality outcomes that are compatible with their individual requirements.

Guideline 16. Workplace accommodation

A workplace accommodation framework includes a range of return-to-work options, support for the person concerned, effective communication, coordination of resources and cooperation among the relevant stakeholders.

The framework sets out a hierarchy of return-to-work options ranging from the return to work with the same employer in the same job with no accommodations or adjustments, through redeployment to an alternative job with the same employer, to the return to work with a different employer with or without job accommodations and workplace adjustments, as required.

Guideline 17. Quality control

A return-to-work quality control strategy includes specific actions to ensure that the needs of the person concerned are systematically, reliably and effectively met on an ongoing basis.

The strategy should include risk assessment and environmental monitoring to identify changes in the person's needs, the workplace and the business environment, as well as developments in return-to-work policy and programmes.

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B.4. Active Participation of the Person Concerned

The person concerned is the key stakeholder of a social security institution. As such, they must be encouraged to participate fully in decisions which impact upon them. A person's "active participation" refers to the process of facilitating their ability to engage constructively in their return-to-work plans on an equal basis with other actors. They should be encouraged and enabled to provide their input, protect their interests and lend their support to the process. Two important elements of a person's active participation are engagement, which is about ensuring their ownership of the return-to-work plan and motivation to achieve its objectives, and trust, which requires transparency of actions, empowerment with information and support systems for the person concerned.

Guideline 18. Engaging with employees

There is commitment to employee engagement – the process of getting employees involved in and building enthusiasm about their work which, in turn, will advance the interests of the institution.

Success in return-to-work programmes is directly related to the extent to which employees are involved in and committed to the process. It is necessary to actively promote and support an approach that encourages employee engagement and ensures that the person concerned understands the value of return-to-work programmes, is motivated to participate and has confidence in the other actors in the return-to-work process.

Guideline 19. Empowering the individual

There is commitment to empowerment – a multi-dimensional social process that assists a person to gain control over their own life by acting on issues which they define as important.

It is necessary to empower the person concerned in the return-to-work process to question their condition and/or limitations and to creatively determine what they can do about it with the support of the institution.

Guideline 20. Confidence, motivation and self-determination

The person concerned is the main focus in the return-to-work process. The return-to-work strategy includes provisions to instil confidence in that person and motivate them to believe in themselves and their right to self-determination in a way that facilitates their return to work.

Guideline 21. Confidentiality

Privileged information, from both internal and external sources, is accumulated and generated during the return-to-work process. Legal obligations to protect such information, under privacy legislation and professional standards, are complied with.

B.5. Collaboration and Dispute Resolution

Collaboration

Collaboration refers to a working practice whereby people and organizations work together to achieve a common goal and promote sustainable outcomes.

It is well documented that return-to-work programmes are most effective when developed in partnership with key stakeholders. Social security institutions should act to ensure that relationships with various stakeholders at different levels and stages in the return-to-work process empower people to achieve programme goals. The collaboration and participation of all involved – the person concerned, their employer, employee representatives such as trade unions, and health-care and other service providers, including those within the institution – offers the best opportunity for developing an effective return-to-work programme, streamlining resources, eliminating duplication and returning the person concerned to work. A consensus approach to the return to work is most effective in unionized workplaces.

Dispute resolution

Where, at any time in the disability management process, a disagreement or adversarial situation develops, a dispute resolution process should be triggered which brings the return-to-work coordinator/disability management professional, the person with a disability, and his or her representative, if any, together to identify and resolve the problem. Where there is a joint committee, representatives of the committee should be informed and, where the disagreement or situation involves others, they should be consulted. The purpose of this process is to identify the problem and find ways to solve it which would support the employment of the person with a disability.

Where no agreement is reached, the parties should have access to independent and impartial adjudication to determine any rights or entitlements under relevant law or policy. The system of adjudication should be based on the merits and justice of the case, and not bound by narrow legal rules and precedent.

The return-to-work coordinator/disability management professional should not be involved in this adjudication or appeal process because of conflict of interest.

Where an adjudication decision is made, a right of appeal to an independent body should be provided.

Guideline 22. Communication

A system of effective communication among all stakeholders and partners facilitates the seamless, timely return to work. There is an effective strategy for exchanging facts, thoughts and ideas in an open and respectful manner. The flow of oral and written information complies with relevant legislation such as privacy law.

Guideline 23. Working with workplace actors

Various workplace actors play key roles in the return-to-work process and their respective roles are reflected in the return-to-work strategy.

Key actors include the person concerned who is absent from work as a result of injury, illness, health condition or disability; their employer; co-employees; and trade unions, employee representatives and other advocates. Where a trade union is represented in the workplace, the return-to-work strategy is consensus based, involving the union at every stage.

Guideline 24. Working with health-care professionals and service providers

Effective prevention and management of injury, illness or a health condition is the result of the coordinated efforts of a multi-disciplinary team and the promotion of partnerships.

An effective multi-disciplinary team will involve such actors as health-care professionals and providers, rehabilitation professionals and suppliers of assistive devices, and community resources such as government programmes and those operated by special interest groups which offer information, education, counselling and support.

A coordinated, multi-disciplinary approach will help ensure a return-to-work process that is focused, streamlined, cost efficient and effective for the person concerned.

Guideline 25. Working with networks

Productive relationships are cultivated with national, regional and local networks which have potential impact in the return-to-work process, and there is a strategy in place for maximizing the opportunities they offer the return-to-work programme.

B.6. Qualification of Experts

The return-to-work field is complex and involves many stakeholders, including the social security institution, other government agencies, employers, trade union organizations, health-care professionals, service providers and people whose jobs are in jeopardy as a result of an injury, illness, or acute, long-term or chronic health condition. Those responsible for developing and administering a return-to-work programme require specific competencies, encompassing a wide range of knowledge and skills, in order to undertake all necessary activities to ensure successful job retention and return-to-work outcomes, while working within their own jurisdictional legal framework. Therefore, it is important for social security institutions to promote the professionalization of those responsible for return-to-work policy and programmes – within their own institution, in employer and trade union organizations, and as service providers – to ensure that people who acquire a disability or health condition receive high quality return-to-work services.

Guideline 26. Ensuring the high quality of return-to-work professionals

Those responsible for providing return-to-work services – whether within the institution or in partner and stakeholder organizations – have the requisite knowledge and skills to conform to internationally recognized levels of competence.

Those responsible for return-to-work services are knowledgeable about the legal framework of returning to work within their jurisdiction; are able to develop and provide high quality interventions in line with the return-to-work programme framework; have the skills to communicate effectively, work as part of a team and relate to the person concerned with sensitivity and respect; understand medical and other rehabilitation requirements; are able to recommend appropriate adaptations or accommodations in the workplace; and liaise with all stakeholders in the return-to-work process.

Guideline 27. Education and continuing professional development of return-to-work professionals

Educational programmes provided to employees responsible for return-to-work services are of a high level, cover all topic areas related to job retention and the return to work, and participants are provided with the essential knowledge and skills to provide optimum return-to-work services for persons with disabilities. These programmes are promoted to all partners and stakeholder organizations, including employers, trade unions and service providers.

Guideline 28. Certification of return-to-work professionals

Those responsible for return-to-work services are certified to have achieved, and maintain, internationally recognized levels of professional competence. The same professional standards and certification requirements are promoted to their counterparts in partner and stakeholder organizations.

As the process of ensuring successful job retention and return-to-work outcomes is continuously evolving, those responsible for return-to-work services must achieve and maintain certified professional competence.

B.7. Monitoring and Evaluation

Monitoring refers to the process of observing results; evaluation refers to the assessment of progress towards reaching specific objectives. To ensure success, it is necessary to establish a system for ongoing monitoring and evaluation of the return-to-work programme which addresses its structure, processes and outcomes. This includes both qualitative and quantitative analysis of the programme and its processes, and of individual and programme outcomes both inside and outside the social security institution.

Guideline 29. Policy evaluation

A strategy for assessing the impact and effectiveness of the return-to-work programme's structure, policy, processes, and individual and programme outcomes is established in collaboration with partners and stakeholders, including the person concerned.

Guideline 30. Programme evaluation

There is evidence that the return-to-work programme has the right structure, processes, information and technology, and involves the appropriate professionals and partners, to enable it to respond to changing individual and environmental factors.

Monitoring and evaluation enables the institution to capitalize on opportunities to intervene, reduce risks, increase efficiencies and ensure the person's return to work.

Guideline 31. Individual outcomes

The return-to-work programme takes an individual approach that focuses on the needs of the person concerned and monitors the effectiveness of its outcomes on them.

Assessing programme effectiveness requires assessment of individual outcomes, success rates and impact on the person concerned. This in turn requires an initial individual needs assessment, a person-centred action plan with performance indicators and a final assessment of the outcome(s) for the person concerned.

Guideline 32. Formal audit

The return-to-work programme is independently audited using an accredited audit tool that provides ratings and recommendations for improvement. Independent auditing is financially supported as it brings value to the return-to-work programme.

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