

Service Delivery Model

Complexity:	Simple No ACC intervention	Low complexity ACC refers to a provider	High complexity ACC is key Coordinator	Long-term maintenance Services already in place
Suited to these support scenarios:	Medical fees only Short but necessary time off work – will return to work	Some rehabilitation intervention is needed, but no risk flags: <ul style="list-style-type: none"> • quick referral to arrange stay-at-work • simple alternative job placement • Package of Care 	Client needs a range of support: <ul style="list-style-type: none"> • Serious Injury • difficult to obtain new job or “flags” • rehabilitation barriers 	<ul style="list-style-type: none"> • Long term stable outcome • Long-term Home Support within benchmarks • Accidental death claims • Lump-sum / Independence allowance
Client contact:	Primary health provider has main client contact - eg. GPs	Rehabilitation provider <ul style="list-style-type: none"> • has face-to-face contact • leads rehabilitation plan development 	ACC case manager / coordinator <ul style="list-style-type: none"> • has face-to-face contact • leads rehabilitation plan development 	<ul style="list-style-type: none"> • ACC coordinator, when required • No active rehabilitation needed.
ACC's core role:	<ul style="list-style-type: none"> • Accept cover • Pay entitlement efficiently • Advise on secondary prevention • Monitor providers 	<ul style="list-style-type: none"> • Timely service activation • Cost and decide to invest in plans • Monitor for outliers and flags 	<ul style="list-style-type: none"> • Complex service coordination • Lead rehabilitation plan development and delivery • Multidisciplinary support 	<ul style="list-style-type: none"> • Efficient payment • Check in to monitor
Level of risk and liability for ACC:	No risk and low liability	<ul style="list-style-type: none"> • No significant risk flags – but ... • Fast recovery reduces ACC liability 	<ul style="list-style-type: none"> • Risk of high liability if not intensively managed and timely outcomes not achieved 	<ul style="list-style-type: none"> • Long term ACC liability – but this is accepted

Barriers facing long term unemployed, injured, or disabled workers returning to work.

Report on international literature search

Compiled for ACC by Fiona Knight

16 January 2004

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Disclaimer

Any errors and omissions in the report are mine. Those views and opinions stated but not sourced are mine, and do not necessarily reflect those of ACC.

Introduction

1 Purpose

1.1 The purpose of this report is to:

- Identify the barriers affecting return to work for people who have been out of work for long periods, whether due to injury or unemployment, based on an appraisal of international research and interventions;
- Summarise programmes and initiatives which address these barriers; and
- Recommend initiatives to remove these barriers for ACC long term claimants.

Background

1.2 There are currently about 14,000 long term claimants with ACC. While there has been a significant reduction in the numbers of long term claimants over the last few years, recently there has been a decline in the rate of reduction. This partly reflects the impact of the Injury Prevention, Rehabilitation, and Compensation Act 2001, which required additional assessment of long term claimants before they could return to independence.

1.3 Other factors affecting the numbers of long term claimants include:

- As a result of advances in road safety, technology, drug development and rehabilitation techniques, more people are surviving what would previously have been fatal accidents, but they sustain serious injuries which take longer times to heal.¹
- People injured at a young age still have significant life expectancies. Young adult males, with such long life expectancies, are a particularly high risk group in sustaining severe injuries, although research indicates that in general younger age at injury is associated with good recovery.

1.4 This project was commissioned in the expectation that many of the problems faced by these long term claimants are similar to those facing long term unemployed, such as lack of work skills and attitudes, low self-esteem, poor employability, and negative perceptions and expectations of employers. Researchers have recently established a relationship between depression and welfare reliance, although insufficient work has yet been done to quantify this relationship.²

1.5 This project aims to identify the barriers hindering return to work, and to investigate overseas practices that deal with them, with a view to identifying appropriate programmes for use in New Zealand. Such programmes, if successful, could be expected to enhance significantly the lives of long term claimants.

¹ Yasuda et al: 2001 p 853

² Kalil et al, August 1998 p 12

- 1.6 Research into individuals with spinal cord injuries indicated that those who were employed post-injury reported more satisfaction with their lives, required fewer medical treatments, and rated their overall adjustment higher than individuals who were not employed³. There is abundant similar evidence to support making efforts to help injured workers regain and retain employment. This literature search is designed to identify ways in which ACC can help its long-term claimants gain similar life satisfaction.

Method

- 1.7 The literature search focused on Internet resources and inter-loans sourced through ACC's Information Services team. Initial key words included (long-term) unemployment, re-employment, barriers, return to work, disabled workers, unemployable, and work-ready. Subsequent internet research focused on the actual barriers identified, and how to address these.
- 1.8 A consistent pattern emerged in the barriers identified, supporting the original premise that similar problems face the long term unemployed and those out of work for long periods due to injury.
- 1.9 Two significant factors which impact on return to work were identified:
- a) Length of time out of the workforce, and
 - b) The concept of disability.
- 1.10 While these are closely inter-related, and provide the focus for this report, each factor is first discussed separately.
- 1.11 The barriers identified have been addressed simply as barriers against return to work, regardless of whether it was identified as a barrier to a long term unemployed / disabled / injured person. For many barriers, they are the same barriers facing the long term unemployed , disabled people, and injured people.

A full bibliography of source material is included.

Order of the report

The report is in five main sections:

- i) An introductory section identifying general factors impacting on return to work after a period out of the work-force;
- ii) The barriers affecting return to work;
- iii) A description of appropriate programmes used overseas to overcome barriers affecting return to work;
- iv) Analysis of different initiatives and a summary of best practice
- v) recommendations for ACC to assist long term claimants return to work.

³ Yasuda, et al 2002 Article summary

2 Part 1: Factors impacting on return to work

Length of time out of the work-force

- 2.1 International research concludes that the longer a person is out of work and receiving some form of benefit or compensation payments, the less chance they have of returning to full time work. The motivation to find work deteriorates over time⁴. According to Regan and Stanley of the UK Institute of Public Policy Research, (IPPR) “once a person has been on the benefit for 12 months, the average duration of their claim will be eight years, with only a one in five chance of returning to work within five years”.⁵ There is considerable evidence that the longer people remain in receipt of financial assistance, either their mental and physical health is likely to decline, or they enjoy their changed lifestyle which does not incorporate being at work.
- 2.2 An orthopaedic physician’s study of over 100 injured workers found that those who lost no workdays, or returned to work within 15 workdays of sustaining the injury were still in employment two years later.⁶
- 2.3 There are other reported risks when an injured worker is out of work for a long time. For example, in America, because lost time has become routine and expected even for relatively minor injuries, the Texas Workers Compensation Commission cautions employers to the likelihood of malingering or of fraudulent claims.⁷
- 2.4 Notwithstanding these concerns, most people who claim financial assistance following injury or illness expect to return to work.⁸ Up to 40% of such people do not see their health problems as an obstacle to finding work, but cite a wide range of other obstacles instead. Each of these obstacles is investigated below.
- 2.5 An ACC survey of exited claimants showed that about half those not working considered it was due to their health. Other reasons included age (and ensuing retirement), family circumstances, employer reluctance to hire people with back injuries, pregnancy, redundancy, and the lack of suitable / available jobs.⁹

The concept of disability

- 2.6 There is a complex relationship between disability, poverty, low skills and worklessness. The IPPR found that people who become disabled are more likely to have been at an economic disadvantage before they became disabled.¹⁰ They are then more likely to move into low paid, low status jobs, to be in manual occupations, and to have lower average hourly earnings than their non-disabled peers, even taking into account age, education, and occupation. The chance of becoming unemployed again is higher: 33% for people with disabilities compared

⁴ NZ Employment Service 1996

⁵ Regan and Stanley: 2003 p 58

⁶ Melhorn 1996 pp18-30

⁷ Texas Workers’ Compensation Commission website: <www.twcc.state.tx.us/commission/divisions/rtw>

⁸ Pathways to Work 2002 p 11

⁹ BRC January 2003 Appendix 3 Table 4

¹⁰ Regan and Stanley 2003 p 57

with 20% for those without disabilities, despite evidence¹¹ that people with disabilities have a better attendance record, stay longer in a job and have fewer accidents in the workplace than the non-disabled.

- 2.7 In economic terms, as a disability reduces a worker's productivity, it also weakens their relative value on the labour market, and power to compete with other job-seekers.¹² What may be a temporary impairment more easily converts to chronic disability and dependence when there is a surplus of skills, and as a consequence, unemployment and disability are overlapping contingencies. If someone with a temporary impairment cannot find a suitable job, it is likely that the labour market conditions will interact with their health condition to produce chronic disability. Whether the resulting unemployability is due to unemployment or disability is then hard to distinguish.
- 2.8 Behavioural elements are significant determinants of chronic disability¹³. These include:
- The recognition of symptoms of impairments;
 - The perception of their incapacitating effects; and
 - The choice of coping strategy.
- 2.9 The first step on the road to disability is the recognition of the symptoms of an impairment by the person and/or significant others. The impaired worker will then try to adapt their condition in a way that is socially acceptable and in agreement with their own preferences. Workers will define themselves as disabled if they perceive themselves being impaired beyond remedy, and if they experience a substantial reduction in work performance. They will be more inclined to do so if the financial and psychological consequences of disability are not severe.
- 2.10 The response to injury can be either positive or negative: vocational rehabilitation and return to work, or chronic disability and persistent dependency. The form of response will be influenced by the reactions of external parties including employers, family and household members, case managers, and health professionals.
- 2.11 In choosing their response, an injured person will weigh the psychological and pecuniary benefits and risks. Returning to work brings a person the stress of employment, having to cope with the vagaries of the labour market and assuming personal responsibility for one's life and financial state. Dependency provides financial stability and exemption from such stresses at the risk of external parties not legitimising the disability, or of stigmatising the choice as morally inferior. The proclivity to assume the disabled role is stronger when the perceived costs are lower and the benefits higher. This can partly explain the prevalence of illness and disability in low income, low education groups.¹⁴

¹¹ Wilmott

¹² Aarts and de Jong 1992 p 62

¹³ Aarts and de Jong 1992 p 58

¹⁴ Luft, Harold S: 1975 pp 43 - 57

3 Part 2: Barriers affecting return to work

- 3.1 OECD figures show that in every country unemployment was higher in 1989 than in 1975, even though employment rose rapidly in the 1980s and in 1989 there were more job vacancies. This led to rising wage inflation, increased interest rates, and an abrupt end to the boom.¹⁵ This implies there was a failure during the 1980s to mobilise the unemployed. The 1990s provided a controlled experiment identifying the factors leading to unemployment – some countries radically changed their treatment of unemployed people while others did not. The various economic practices implemented to address the numbers of unemployed have been generally well documented but few have focused on the actual barriers facing individuals.
- 3.2 Many of the barriers facing a long term injured or unemployed person returning to work are directly related to the individual. The way individuals cope with being out of work has a direct relationship with their chances of returning to work. As individuals react differently to the above factors, barriers against return to work are established. These are described as personal barriers, compared with external barriers which are imposed on the person outside their personal circumstances.
- 3.3 A British inquiry into inequalities in health cited being out of work as a potentially major risk to both physical and mental health through:
- Isolation, social exclusion and stigma;
 - Changing health related behaviour;
 - Disruption to future work career; and
 - Trapping people on lower incomes than available through work.¹⁶
- 3.4 Most research on personal barriers to return to work focuses on demographic characteristics, education and work experience. Recent research has identified factors such as depression, substance abuse and even domestic violence as factors that hinder long term employment prospects.¹⁷ This research therefore has looked further at barriers such as psychological functioning, stressful interpersonal relationships, psychiatric disorders, and personal circumstances. Many of these factors feature widely in the low-income and welfare populations.

A Personal factors

Attitudinal barriers

- 3.5 Unemployment, injury, and disability can have negative effects on psychological and physiological well being. Job loss is a stressful event that threatens a person's sense of well being, takes away daily routines, lessens the sense of control people have over their own lives, and creates changes in perceptions, emotions and behaviours.¹⁸ It can have deleterious emotional, behavioural, and physical effects.

¹⁵ Layard 2003 p 3

¹⁶ Acheson D (Chair) Independent Inquiry into Inequalities in Health Report (1998)

¹⁷ Zuckerman and Kalil 2000 Barriers to work section

¹⁸ Leana and Feldman 1995 p 1386

It entails the loss of a valued role in society...often results in economic hardship and corrodes one's sense of mastery, personal identity and close relationship.¹⁹

- 3.6 Job loss also represents a turning point in life. Some job losers will successfully claim a new work role, while others will be overwhelmed by the "cascade" of negative financial events, an eroded sense of mastery, will suffer discouragement and depression and may become a burden or source of stress for the families.²⁰
- 3.7 To balance this, there is substantial research indicating that the risks of depressive symptoms, and the lack of motivation to undertake positive job search, are able to be addressed by social interventions.²¹

(a) Personal responses to stressful life events

- 3.8 People vary greatly in how they manage stress and uncertainty in their every day lives. Each individual has available to differing degrees resources that help buffer them from stressful situations or to lower the stress they would otherwise experience. These include:
- Individual skills, such as problem solving and social skills;
 - Levels of support (such as financial or family); and
 - Energy levels, such as physical health and positive outlook on life.²²
- 3.9 The greater a person's reservoir of coping resources, the greater the likelihood that they will cope with stress, uncertainty, and new situations. Conversely, fear or worry of a negative interpersonal reaction can help that unwanted event to happen.²³ Activities geared towards obtaining re-employment (such as job search and retraining) are themselves quite stressful.²⁴

(b) Response to negative experiences

- 3.10 Social cognitive theory states that failure experiences can under-mine self-efficacy and can lower outcome expectancies, eventually resulting in learned helplessness. Many people without jobs feel frustration and discouragement over their failure to get a job, and this can lead to negative perceptions of themselves. This negativity then pervades their expectations of employment and sense of self-worth. They may blame themselves for their injury or unemployment. The more depressed a person is when beginning a job search, the less likely they are to:
- Take the steps necessary to find a new job;
 - Keep their spirits up in the face of any rejections associated with job search activities, and
 - Present themselves to potential employers in a positive light.²⁵

¹⁹ Price, Vinokur and Friedland 1995 p 22

²⁰ *ibid*

²¹ Caplan, Vinokur and Price 1997 p 345

²² Lazarus and Folkman (1984)

²³ Peale NV: The Power of Positive Thinking 1952

²⁴ Leana and Feldman (1995): p 1384

²⁵ *ibid* p 1383

3.11 If a person was already pre-disposed to anxiety and depression, these factors will impact on his or her acceptance of the injury and view of the future.²⁶

(c) Loss of status

3.12 Related to this is the concern over loss of status. A British trial to assist people move off the Incapacity Benefit into employment²⁷ had mixed results when some of the older beneficiaries refused to participate in some aspects of the trial as they considered them “patronising and unsuitable for people who had years of employment experience”. They were unwilling to consider “work which was deemed to be insulting to their abilities.” This is in reality a failure of the programme to meet the clients’ needs, and serves as a reminder that one size does not fit all. Successful interventions are those designed to fit the needs of the clients, not the needs of the agencies / experts.

(d) Lack of confidence

3.13 The British Department for Work and Pensions has researched various initiatives to help return incapacity beneficiaries to work and, in one study, found that nearly half of those beneficiaries actively seeking work had low confidence about working. More than a third considered it unlikely that they would get a job because of their health problems, and half of them thought that there weren’t job opportunities available locally for people like them²⁸. A Canadian study found evidence of lack of confidence because of age: “If I did go back to work, given that I’m 48 years old, who would hire me?”²⁹

(e) Apprehension regarding re-employment

3.14 Fear of the effect of re-employment on their injury or health, and of re-injury is another common barrier for long term injured or ill workers against returning to work. These are often unexpressed and sometimes unrecognised fears. “If I knew I could do it {work} then I would...but I’m so uncertain about it...what affect would it have on your health”.³⁰ Losing a job through restructuring or continuing ill-health creates another perceived potential stress of applying for unemployment or disability benefits that acts as a disincentive to start seeking a job.

3.15 Fear of leaving the security of a benefit to take up paid employment is a significant barrier³¹. A British survey of more than 1600 beneficiaries revealed their top three concerns were financial: having enough money to live on, coping financially until the first pay (usually at the end of the month), and paying the mortgage/rent. There was, again, a great deal of concern about reclaiming the benefit if the job did not work out or last, due to the perceived complexities and capriciousness of the rules. Fears that the job might not pay well, or that they would lose some of their entitlements were also important concerns.

²⁶ New York State Workers’ Compensation Board p 32

²⁷ Heenan 2002 p 392

²⁸ DWP: Short-term effects of voluntary participation in ONE

²⁹ <www.returntowork.org/voices.html>

³⁰ <www.returntowork.org/voices.html>

³¹ Woodland, Mandy and Miller 2003: p 64

- 3.16 These fears were borne out by Harries and Woodfield's research³² on the transitional experiences of people moving from benefit to paid employment. The greatest disruption was the change in income cycles from weekly or fortnightly to monthly. Making a monthly pay packet last for a monthly basis can be very challenging. Often, too, there were additional costs related to employment, such as childcare, travel, clothing and toiletries.
- 3.17 Perceptions of the likelihood of being able to move off income support are likely to affect whether people actually do so. British research showed nearly two-thirds of respondents felt trapped on income support³³. Family type, education, and ability to "make ends meet" have a major effect on the likelihood of a welfare claimant feeling trapped, whereas having a health or disability problem does not. Perception of the local labour market was also a strong influence: nearly four-fifths of the respondents believed their chances of finding a full time permanent job in their areas was not very good. Lastly, workers who attach less value to employment have significantly greater periods of unemployment³⁴.

Personal abilities

- 3.18 Research has identified several personal attributes (whether innate in the worker or cultivated as a skill) which assist people cope with the stresses of injury and long term unemployment. The converse is that the lack of these attributes helps create barriers against return to work.

(a) Capacity to change.

- 3.19 With changes in technology, closure of work premises, changes in consumer demand, some types of jobs are no longer available. These types of changes in the labour market require workers and job-seekers to change as well. Some types of injury rule out a return to pre-injury occupation, especially for manual workers. If they are to return to work, these workers will have no option but to change their occupation. Whether they succeed in finding employment will, to a large degree, depend on their willingness to change and their ability to change.
- 3.20 Willingness to change is often seen as a generational issue: as people age, their tolerance to change lessens and their resistance to change grows. Changing jobs can put people outside their comfort zones and increase their stress levels, especially when older people see youngsters performing tasks that they themselves are unable to do.
- 3.21 The ability to learn is a key aspect of capacity to change. Employers involved in a Philadelphia welfare-to-work scheme repeatedly stressed soft skills including good attitudes, good work habits and ability to learn. "If some-one meets our criteria, we can teach them the specific skills they need for our site"³⁵.
- 3.22 The US National Multiple Sclerosis Society has proven that changing physical job demands and working conditions has helped MS sufferers cope with the effects of

³² Harries and Woodfield 2002 p 32

³³ Shaw, et al 1996 p 122

³⁴ WCRI Research brief 1996 Vol 12 No9 p 3

³⁵ Hangle and Loizillon 2002 p 6

their illness and maintain their employment³⁶. This has a parallel for injured workers, whose injuries prevent them remaining in their pre-injury occupation.

(b) Personal expectations

- 3.23 The worker's expectation of his or her performance is probably one of the biggest predictors of success in returning to work. The National Multiple Sclerosis Society has also proven that personal attributes such as hope, personal control and sense of humour helped MS sufferers cope with the effects of their illness and maintain their employment. A study conducted with the Commonwealth Employment Service in Australia, found a significant relationship between those who blamed themselves and those remaining unemployed³⁷.
- 3.24 Acceptance of residual "scars" from injury is an important ability facing those who return to work. Developing self-awareness and acceptance of deficits resulting from traumatic brain injury is the key aspect in the process of rehabilitation, and those unable to do this will not be able to become productive in the community³⁸.

(c) Education

- 3.25 Basic literacy and numeracy skills are key requirements for most jobs³⁹. Those with numeracy and/or literacy problems tend to take longer to regain employment after injury or long term unemployment. More than half the beneficiaries (whether on unemployment or invalid benefit) in one study⁴⁰ had no school qualifications at all, and more than three quarters of them had left school by the age of 16. An American study identified limited proficiency in English as a further barrier⁴¹. In this study, 41% of the TANF (Temporary Assistance for Needy Families) caseload in Los Angeles County had limited proficiency in English, reflecting the fact that 17% of the case load were foreign-born.
- 3.26 Poor English skills were identified in a study of New Zealand Employment Service long-term clients,⁴² as well as in a study of its own claimant group by ACC's then subsidiary Catalyst⁴³. Claimants who could neither read nor write English could not understand any information given to them by the two agencies. Statistics NZ figures from the 1996 Census show that less than 2% of New Zealand residents do not speak any English, compared with about 5% of the American population, according to US Census 2000 data⁴⁴. Studies in the US have shown a strong connection between language ability, employment and earnings.⁴⁵
- 3.27 New Zealand and international studies cite low levels of education as a significant barrier to regaining employment.⁴⁶ In America, the lack of a high school diploma can make it difficult for individuals to find jobs, either because the diploma is a

³⁶ source

³⁷ Waters and Moore 2001 p 601

³⁸ Ben-Yishay and Lakin: Structured group treatment for brain injury survivors

³⁹ DWP: Well enough to work?

⁴⁰ Woodland, Mandy and Miller 2003: p 60

⁴¹ Goldberg 2002 p 4

⁴² NZ Employment Service 1996

⁴³ Pack Margaret: internal ACC report 2002

⁴⁴ Wrigley et al August 2003

⁴⁵ ibid

⁴⁶ NZ Employment Service 1996

pre-requisite for the job, or because individuals without the skills of a high school graduate cannot perform the duties associated with many jobs.⁴⁷ A Michigan study showed that only 39% of women with no high school qualification worked at least 20 hours a week, compared with 66% of women with a high school qualification⁴⁸. A 1996 study of employers' entry-level job requirements found that most required employees to perform one or more of these following skills on a daily basis:

- Reading and writing paragraphs;
- Dealing with customers;
- Doing arithmetic; and
- Using computers⁴⁹.

- 3.28 Other American studies indicated that these skills were beyond the abilities of the average welfare recipient or high school drop-out, and therefore reduced markedly their ability to gain any employment⁵⁰. The American Testing Service estimated that 40% of welfare recipients had such low levels of literacy that they were unable to complete tasks such as completing applications for social security.⁵¹
- 3.29 Compounding this barrier to employment is that many people lacking literacy skills are very aware of the lack, and the problems it can create. Over time, they have developed sometimes quite sophisticated techniques to conceal the lack so that even case managers and career advisers are unaware of their lack of literacy skills.
- 3.30 Higher education / higher intelligence are important factors. In Canada, technological skills and advanced education are becoming minimum requirements for obtaining and retaining employment, while jobs in areas such as manufacturing are becoming scarce⁵². As products and job skills become outdated, those with computer, maths and literacy skills are favoured. Most studies have found that better educated workers are more likely to return to work than less educated workers, and this is backed up by the most recent BRC New Zealand survey of long term claimants who had exited from the ACC scheme.⁵³
- 3.31 Reasons for the higher rates of return to work for those better educated include:
- A physical impairment is less likely to have an impact as better educated workers jobs are usually not physically demanding;
 - Better educated workers usually have more control over the manner in which they perform their jobs, so are able to adapt their activities to accommodate physical limitations; and
 - Generally employers have invested more in better educated employees which provides an incentive to make their own accommodations in order to retain these workers.

⁴⁷ Goldberg, 2002 p 4

⁴⁸ Danziger et al, 2000 p 32

⁴⁹ Holzer 1996

⁵⁰ Danziger et al, 2000. P 5

⁵¹ Brown 2001 p 88

⁵² Bunch and Crawford, 1998 p 25

⁵³ BRC research report: Return to sustainable earnings January 2003

- 3.32 More than two-thirds of the respondents in the New Zealand Employment Service survey of long term unemployed in 1996 acknowledged that lacked appropriate skills or work experience, while 22% admitted they had literacy or numeracy problems.⁵⁴
- 3.33 In 1997, New Zealand participated in the International Adult Literacy Survey (IAS), which was the first internationally comparable estimate of literacy skills in the adult population. The IALS tested respondents from 12 OECD countries on prose comprehension, comprehension of graphs, timetables, and charts, and applying arithmetic operations. The results showed that about one in five workers had pressing literacy needs. Almost half of all adults aged 16 – 65 were estimated to be at the lowest levels of ability.⁵⁵

Employability

- 3.34 Employability is identified as another barrier against return to work⁵⁶. While there is no standard definition of employability, it encompasses gaining and maintaining employment, having and deploying the appropriate knowledge, attitude and skills, and presentation (both of qualifications and experience, and during job interviews) that employers value. It is having job skills and credentials which cut horizontally across all industries and vertically across all jobs from entry level to chief executive. Since it can be difficult for employers to obtain reliable information on employability, many rely upon general impressions of the people concerned and stereotypes of group to which they belong⁵⁷.
- 3.35 Several American studies found that many of the longer term unemployed were simply not “work-ready” in that they did not understand or follow workplace norms or behaviours⁵⁸. Many participants in special programmes failed because they did not understand the importance of punctuality, the seriousness of absenteeism, and either resented or misunderstood the lines of authority and responsibility in the workplace.
- 3.36 That employers value generic employability skills above specific occupational skills is a well supported finding, and applies to all size companies, to the public and private sectors, and at all levels of management.⁵⁹ Studies continue to confirm the need for employees to have social skills, positive attitudes about work, and basic communications skills. Other research showed that employers discharge or fail to promote workers because of behaviour reflecting an inadequate work value or attitude, rather than because of a deficiency in job skills or technical knowledge.⁶⁰
- 3.37 A New Zealand trial programme⁶¹ targeted to assist long term unemployed was based on the contention that many long term unemployed had entrenched personal and social problems that inhibited their ability to participate in the labour market. The actual barriers identified during the development of the programme included:

⁵⁴ Parker 1997 pp 68-9

⁵⁵ Department of Labour p 27-8

⁵⁶ Hillage J and Pollard E (1998) Executive summary

⁵⁷ van den berg and van der Veer p 178

⁵⁸ Danziger et al, 2000 p 5

⁵⁹ Cotton p3

⁶⁰ Gregson and Bettis 1991

⁶¹ Wehipeihana p 5

- Alcohol or drug dependency problems;
- Anger management problems;
- Disruptive or dysfunctional family situations;
- The psychological consequences of domestic violence or abuse, either historical or current;
- Illiteracy - often well disguised or hidden;
- A bad reputation in the local small community; and
- Unrealistic notions about the income generating potential of hobbies or artistic pursuits.

3.38 For some participants in the programme, the barriers were not immediately apparent to the facilitators, or known or acknowledged by the participant. The process of identifying barriers was described as “akin to peeling an onion – as soon as one barrier was identified and overcome, another deeper issue would rise in its place...the surface barriers to employment were often mere symptoms of much more deep seated problems”.

3.39 One of the facilitators for the NZ programme expressed concern that case managers are not able to see their clients often enough, or for long enough, for barriers such as these to become evident. Further, the computerised assessment tools as used by Work and Income cannot take into account any problem or issue that is not employment related. The lack of follow-up after attendance at programmes often left participants feeling even less motivated than they were before starting programmes⁶².

Health factors

(a) Pain management

3.40 Coping with pain has long been cited as a reason not to work. Pain-related behaviours that communicate a person’s pain to others have often been supported inadvertently by the healthcare system⁶³. Patients in pain may get increased support and sympathy when they express suffering, which then increases “pain behaviour”. One of the goals of pain rehabilitation should be to reduce the effects of demotivating factors for patients for return to work. Families can inadvertently reinforce an injured person’s sick behaviour and delay any return to work simply because they are trying to help some-one they love⁶⁴.

3.41 Multi-disciplinary pain management programmes give promising results in helping injured workers back to work^{65 66}, with one limited study⁶⁷ showing that such a programme was more effective for short-term patients (up to 12 months) than long term patients. American studies show that increasing patients’ own resources to deal with pain situations can be an effective way of increasing self-confidence and

⁶² *ibid* p 24

⁶³ Gard and Sandberg 1998.

⁶⁴ McIntosh, Melles and Hall 1995 p 199

⁶⁵ Morley et al: ...randomised control trials of cognitive behaviour therapy for chronic pain

⁶⁶ Flor et al: Efficacy of multidisciplinary pain treatment centers

⁶⁷ Marhold, Linton and Melin 2002: p 73

improving motivation to return to work⁶⁸. More research is scheduled to assess the effects on long term patients. In New South Wales, it is accepted that a significant proportion of back injury cases will never recover completely and that their back pain will need to be controlled and adapted to.⁶⁹

(b) Use of cigarettes, drugs, and alcohol

- 3.42 Smoking is an activity which can impact negatively on an injured worker's return to work. Smokers are already at risk of lung cancer, heart disease, emphysema, and a shorter life expectancy. US Army research during an eight week basic training programme with new recruits⁷⁰ showed that, even after controlling for other factors which might influence the risk of injury, the smokers were 1.5 times more likely to suffer fractures, sprains and other physical injuries than non-smokers. They had also had more previous injuries and illnesses, were less physically active, and were less physically fit than the non-smokers. Risk of injury for smokers was high, despite the fact that recruits were forbidden from smoking during the training period.
- 3.43 Alcohol is connected with over half of all traumatic brain injuries. If some-one used alcohol or other drugs before they were injured, there is a good chance that the problem will continue afterwards.⁷¹
- 3.44 Injured workers are already at risk of infection and other health problems: smoking increases the likelihood, placing them at even higher risks. Rehabilitation specialists dealing with people with spinal cord injuries⁷² advise them to cease smoking because of:
- Difficulties in breathing, especially difficulties in expelling air because of the build-up of mucus and other secretions in the lungs;
 - Increased chances of developing stomach ulcers, poor circulation, pressure sores and bladder cancer;
 - Decreases in the body's supply of vitamin C, so skin wounds heal more slowly; and
 - An impaired ability to cough, leading to respiratory diseases (20% of quadriplegics die because of an inability to cough).
- 3.45 There is also a higher prevalence of smoking, exposure to passive smoking, and a heavier consumption of alcohol among people who are unemployed.⁷³
- 3.46 Drug and alcohol related problems also feature as a barrier to re-employment of long-term unemployed. While the exact definitions of drugs and alcohol problems vary widely, and accurate estimates of affected numbers are hard to obtain, there is general consensus that dependency and abuse does create problems, especially in keeping a job.⁷⁴ Former alcohol and drug abusers continue to have low self-esteem

⁶⁸ Gard and Sandberg 1998

⁶⁹ Mills and Thornton 1998 p 594

⁷⁰ Gardner John W: Press statement Smoking linked to physical injuries, 16 March 2000

⁷¹ CTS Rehabilitation Specialists Programme website: <http://p2001.health.org/RS01/MODULE4PM.htm>

⁷² CTS Rehabilitation Specialists Programme website: <http://p2001.health.org/RS01/MODULE4PM.htm>

⁷³ Elkeles and Seifert 1997 pp 41-45

⁷⁴ Institute for Research on Poverty: The New face of Welfare

which hampers successful employment and weakens their ability to make successful transitions from welfare to work.

3.47 In a random analysis of 250 case files, ACC subsidiary Catalyst found addiction issues. Claimants had self-medicated using prescription and /or recreational drugs and alcohol to manage pain. The ensuing dependency on those substances hampered rehabilitation.⁷⁵

(c) Mental health

3.48 Mental health is a less recognised barrier to return to work, and research is still underway to identify what mental health problems affect people's ability to return to work in order to make recommendations for policies to address this.

3.49 Studies suggest that low income single mothers are particularly at risk of significant mental health problems when they lose their jobs⁷⁶. Importantly, however women in this group are no more likely than their employed counterparts to be alcohol or drug dependent.⁷⁷

3.50 The term "post traumatic stress disorder" (PTSD) was adopted in 1980 to describe the pattern of symptoms exhibited by some people who experienced a traumatic event. Traumatic events range from high profile disasters / bombings to personal events such as assault, robbery, motor vehicle crash or an accident. Any or all of three types of symptoms may be experienced by PTSD sufferers including:

- Persistent flashbacks;
- Avoidance of any reminders of the event; and
- Increased alertness /hyper vigilance.

3.51 Although these reactions do not always lead to a diagnosis of PTSD, the trauma symptoms that individuals experience can be severe enough to affect people's day to day lives and their ability to work.⁷⁸

3.52 People with existing mental illnesses are generally thwarted by three main barriers:

- a) Their psychiatric professionals tell them they won't have to work, or cannot work because of their illness;
- b) People are afraid of losing their benefits; and
- c) People have difficulty communicating with their employers, whether to tell them about their illness, and how to do that.⁷⁹

3.53 Health professionals in New South Wales have identified that the costs of private psychiatric services are high, while publicly funded mental health services may give low priority to problems such as anxiety, depression, emotional stability and social

⁷⁵ Pack 2003 p 13

⁷⁶ Tainter 1998 p 1

⁷⁷ DeGroat 1998 Press statement 23 November 1998

⁷⁸ Rick, Young and Guppy Executive summary

⁷⁹ Granger Barbara of Matrix Research Institute, on website <www.matrixresearch.org>

isolation.⁸⁰ In many cases, more unemployed people live in geographic areas where public health services may be in limited supply.

3.54 There is growing evidence that under-employment and inadequate employment also lead to poor health and mental health outcomes.⁸¹ Under-employment includes:

- Working fewer hours than desired
- Being underpaid
- Being unable to find work that fits the individual's skills and education.

3.55 These all constitute barriers against return to sustainable employment, and are addressed elsewhere in this report.

Refusal to accept jobs

3.56 Some men do not take part-time or temporary jobs because such jobs do not pay much more than they get remaining on welfare benefits⁸², while others with industry specific experience are likely to wait for re-employment in jobs similar to the ones they used to have, rather than accept a less well paid job in another industry.⁸³ Some people price themselves out of jobs by refusing to accept the levels of wages offered.

3.57 Most jurisdictions require injured workers to co-operate in their rehabilitation. Some workers use their right of review of their individual Return to work / Rehabilitation plans to stall a return to work. Workers respond to incentives to exaggerate or falsify claims of work-related injuries, including that numbers of claims filed increases with benefits available, and some workers overstate the limiting effects of injuries in order to delay return to work.⁸⁴ Following a study of 3700 workers with back problems, the researchers commented on "the relative ease with which back pain can be overstated by patients seeking disability benefits and time off work."⁸⁵

Age, gender, ethnicity

(a) Age

3.58 Older workers are much less likely to return to work than younger workers⁸⁶. American experience of the corporate downsizing in the late 1980 and early 1990s was that proportionately more older workers were laid off, and less investment was made in training or retraining older workers. These practices put older workers at a disadvantage, even before they have an injury and seek re-employment or retraining. As people move into their 50s and 60s, they are more likely to experience health related problems, and an injury can have the effect of moving them into early retirement.

⁸⁰ Harris et al 1998 p 292-3

⁸¹ Price 2000 p 5

⁸² Borooah 2001 Section 4.1

⁸³ McCormick B: Unemployment Structure and the Unemployment Puzzle 1991

⁸⁴ Johnson, Baldwin and Butler 1998 pp 39 - 62

⁸⁵ *ibid* p 28

⁸⁶ Baldwin and Johnson 1998 pp39 - 62

- 3.59 In contrast, the majority of executives and leaders are older adults.⁸⁷ Work performance does not decline with age until well into the seventies and beyond. Given that there are no major health problems, most people remain at the same level of ability up to very late life. There are, however, age related changes in the central nervous system which may impact on speed of processing information and efficiency of processing complex information. The correlation is generally more between cognitive ability and work performance. Learning, memory, intelligence and speed are related to overall cognitive ability. Given that most jobs do not involve maximum levels of performance, most older workers can perform their work tasks satisfactorily.
- 3.60 Age does affect individuals differently: older workers tend to prefer more responsibility, interesting work, and attention demands⁸⁸ while younger workers prefer autonomy and social opportunities. Some studies have shown that younger workers may lack the knowledge to make accurate judgements about the likelihood of efforts paying off.
- 3.61 Human Resources Development Canada⁸⁹ identified a specific list of barriers faced by older workers attempting to return to the workforce:
- Lack of job search skills – older workers tend to have relatively steady employment histories, and so have not used the skills needed for a successful job search. Thus their job search techniques tend to be outdated, and their approaches generally less innovative than younger people;
 - Absence of relevant skills for positions in the growth industries – this includes levels of literacy, numeracy, and technical and computer skills;
 - Level of formal education. In today’s environment, low educational attainment greatly hampers the abilities of workers to market themselves to prospective employers;
 - Older workers are also generally less willing to relocate for an employment opportunity than younger individuals;
 - Related to this is the unwillingness of many financial institutions to approve long term mortgages to individuals with limited years of employment remaining to them.; and
 - Capacity for acquiring training and professional development, or perceived capacity for skills upgrading.
- 3.62 While any one of these may relate to any person seeking to return to work after an absence, older workers tend to face several of them concurrently. Some older workers feel social pressure to withdraw from the workforce in order to provide job openings for younger workers, and thus to reduce the unemployment rates among younger individuals⁹⁰. A British survey found that more than half the beneficiaries over 55 years of age did not want to work⁹¹. However, while many displaced workers choose retirement over job search and/or retraining, a considerable number are simply not financially or emotionally prepared for retirement.

⁸⁷ Sterns and Miklos: p 255

⁸⁸ Phillips, Barrett and Rush: job structure and age satisfaction

⁸⁹ Human Resources Development Canada Technical Report #1: 1997 Section 1.1

⁹⁰ HRDC: Lessons learned – a review of older worker adjustment programs 1997 Section 7.2

⁹¹ Woodland, Mandy and Miller 2003: p 22

- 3.63 A Canadian study on the needs of older workers indicates that the older individuals who participate in active approaches to improving re-employment opportunities appear to benefit from programmes which are more client centred. Programmes which have not addressed the specific employment barriers faced by older workers have been found to have little, if any, impact on these people gaining employment.
- 3.64 Regardless of gender, older people with disabilities are less likely to participate in the labour market. In Canada, nearly three-quarters of those with disabilities aged between 55 and 64 years were not in the labour force compared with only 30% for those aged 15 – 24 years. In general, the high rate of non participation in the labour force for the older age group was attributed to age related factors more than disability related factors⁹².

(b) Gender

- 3.65 Most US studies found that men return to work sooner than women⁹³ although this is not supported by Canadian studies. Married men are more likely to return to work than unmarried males or women, and unmarried women are more likely to return to work than married women. One study found that gender does not affect the probability of returning to work, but among those who return, women were more likely to experience multiple periods of work absence and unsuccessful return to work, and that part of this may reflect a need for services different from those provided to men.⁹⁴ Women are more likely than men to report pain problems which can inhibit ability to work.⁹⁵
- 3.66 In general, the reduced demand for unskilled labour in industrialised countries has a disproportionate effect on male joblessness.⁹⁶ Add to this that unemployment is concentrated among men with few or no educational qualifications, the other personal factors described elsewhere in this paper have a dominant effect. New Zealand data is consistent with this international trend.⁹⁷

(c) ethnicity

- 3.67 An Australian study found a disproportionate number of Arab state immigrants (56% injured compared with 10% in the Australian population) and Mediterranean country immigrants (28 % compared with 12%) compared with Anglo Saxon heritage (16% compared with 64%) in his study of 50 incapacitated back cases⁹⁸. American research into the relationship between ethnicity and return to work for traumatic brain injured workers is inconsistent.
- 3.68 While some studies found that race was related to failure to return to work, the results of other studies were less positive⁹⁹. (While 13% of the minority group returned to work post a traumatic brain injury compared with 30% of the white group, only 45% were working at the time of injury compared with 60% of the

⁹² Bunch and Crawford p 40.

⁹³ Johnson and Ondrich 1990 p 585

⁹⁴ Butler, Johnson, and Baldwin, 1995 pp 72-84

⁹⁵ Marhold et al (2002) p74

⁹⁶ Boroah, 2001 Section 1

⁹⁷ According to Parker, prior to undertaking a survey of very long term job seekers in June 1996, 74% of all job seekers registered with the NZ Employment Service for more than 52 weeks were male.

⁹⁸ C Landon Smith: 1977 p 1076

⁹⁹ Yasuda et al 2001 p 854

white group. This means that less than a third of the minority group returned to work, compared with half the white population.)

- 3.69 The finding of employer audit studies that African-Americans and Latinos were less likely to receive job offers than are whites with comparable credentials¹⁰⁰ is backed up by qualitative studies. In the Netherlands, unemployment has reached unprecedented levels amongst immigrants, political refugees, caravan-dwellers and gypsies¹⁰¹. While researchers admit there are certain real problems (language difficulties, insufficient or incompatible educational qualifications, and cultural differences) which contribute to the weak position of such groups, there are undoubtedly imagined problems due to gender and race stereotyping.
- 3.70 Canadian research has identified that immigrant, refugee and racial minorities are virtually invisible to the health authorities, and therefore they do not receive appropriate assistance or healthcare.¹⁰² ¹⁰³ Studies actually state that “racism continues to be a barrier to employment”¹⁰⁴, despite legal requirements for equity and against discrimination.
- 3.71 In 1996, just over half of all job seekers registered with the New Zealand Employment Service were of NZ European ethnicity, and 35% Maori.¹⁰⁵ ACC’s own statistics show that Maori aged 15 – 39 are over-represented amongst claimants compared with non-Maori.¹⁰⁶ They are also over-represented (by 200%) in sensitive claims in Auckland, Wellington and Napier cities, in rugby accidents, and in serious injury claims. Sixty percent of Maori adults earn \$20,000 or less per annum.

¹⁰⁰ Danziger et al, 2000 p 5

¹⁰¹ ven den Berg and van der Veer: The myth of unemployable people

¹⁰² ACEWH

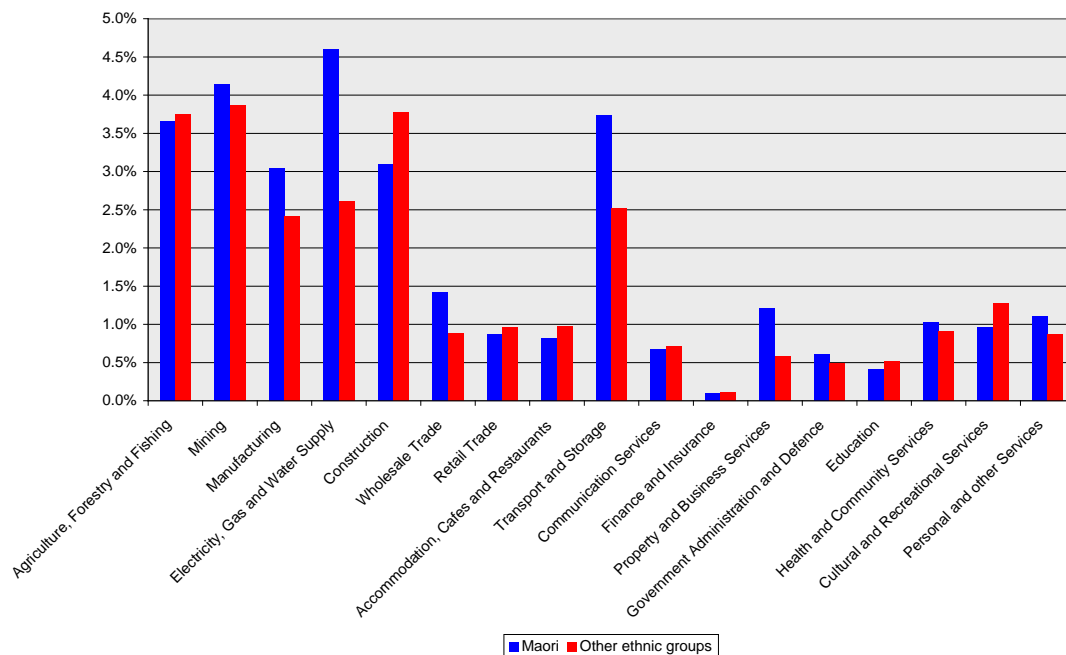
¹⁰³ White J website <www.pwhce.ca/ptsd-immigrant.htm>

¹⁰⁴ Bunch and Crawford 1998 p 28

¹⁰⁵ Parker 1997 p 65

¹⁰⁶ ACC Fourth Quarterly Maori Report 2002/3

3.72 Occupational groups for Maori are shown in the table below:



One third of the Pacific peoples and “other ethnicity” respondents to the New Zealand Employment Survey reported that they had trouble speaking English.

Type of disability / injury

3.73 Type of disability is a more important influence on return to work than severity. Persons with amputations or bruises or contusions were more likely to return to work sooner than people with sprains, dislocations or fractures¹⁰⁷. A Canadian survey indicated that workers with soft tissue injuries felt they had greater difficulties than amputees or people with clearly visible disabilities.¹⁰⁸

3.74 Back problems are reportedly the single most costly workplace injury.¹⁰⁹ Nearly 80% of all adults can expect to experience a disabling episode of back pain at least once in their lives. In New South Wales, back injuries account for 31% of all workplace injuries.¹¹⁰ Several studies indicate malingering, exaggeration or false claims of workplace back injuries, including an Australian study by a senior surgical registrar who found that in 38 out of 50 back injury cases studied, consultants doubted the genuineness of symptoms or manifestation of clinical signs.

3.75 Other studies show that many workers with back injuries who return to work are unable to continue that employment because of functional limitations associated with their condition¹¹¹. For workers who return to work in less than one month, those with neck or back injuries return more quickly than those with leg, arm

¹⁰⁷ Johnson and Ondrich 1990 p 584

¹⁰⁸ Canadian Injured Workers Alliance: 1995 p 35

¹⁰⁹ Johnson, Baldwin and Butler 1998 p 39 - 62

¹¹⁰ Mills and Thornton 1998 p 594

¹¹¹ *ibid*

injuries etc¹¹². But among longer duration injuries, those with neck or back injuries return more slowly.

- 3.76 Women have been found more likely than men to develop Post Traumatic Stress Disorder (PTSD) when exposed to a trauma, and low income women are even more likely than the general population to do so. The prevalence of PTSD is wider than was previously believed¹¹³, but as yet, there are few studies of its impact on return to work, other than the considerable general evidence that psychiatric disorders are associated with lower rates of employment¹¹⁴.

Pre-injury circumstances

- 3.77 Workers who attach less value to employment, whose education and skills levels are low, or whose industries involve casual / intermittent employment have significantly longer durations off work. Those with one spell of unemployment in the middle of the year prior to injury took 34% longer to return to work. Knowing this employment history can help identify those workers at risk of long term unemployment when an injury occurs.
- 3.78 Likewise, workers with less than six months tenure or more than 10 years job tenure returned to work more slowly.¹¹⁵ The Washington Community Jobs Program reports that 75% of its programme participants have poor work histories which hinder them from securing stable unsubsidised employment.¹¹⁶

(a) Family circumstances

- 3.79 Family circumstances, such as marital status or having a dependent or disabled child or spouse can also influence the ability and motivation of an injured worker to return to work. Single people were more likely never to have worked than those who were currently or had been married or cohabiting. Nearly ten percent of one study's respondents did not want to work because they wanted to look after their children, and more than three quarters did not want to work because of their health¹¹⁷.
- 3.80 A New Zealand study by Work and Income indicates that "dysfunctional family and spousal relationships often have a significant impact on some clients' abilities to find and sustain suitable employment"¹¹⁸. This is endorsed by several American studies¹¹⁹ which also note that women who are in abusive relationships encounter increased interference from their male partners as they attempt to move from welfare into work. Other US research¹²⁰ indicates that between a fifth and a quarter of welfare respondents have children with health, learning, or emotional problems which inhibit their parents' ability to work.

¹¹² WCRI Research brief Vol 12 no 9

¹¹³ Kalil et al, August 1998 p 10

¹¹⁴ ibid p 9

¹¹⁵ WCRI Research brief Vol 12 no 9

¹¹⁶ Transitional Jobs, March 2003

¹¹⁷ Woodland, Mandy and Miller 2003 pp21-23

¹¹⁸ Wehipeihana, June 2000 p 22

¹¹⁹ Kahlil et al, August 1998 pp11-12

¹²⁰ Goldberg, 2002 p 3

- 3.81 Belgium has identified childcare as one of the most important obstacles for long term unemployed women to re-enter the labour market.¹²¹ American research into barriers facing welfare recipients trying to gain employment identified that needs for specialised childcare, and classified this as:
- Non-standard-hours care – early mornings, evenings, nights, weekends, and for shifts longer than eight hours;
 - Sick-child care, for those too sick to attend school or day care; and
 - Special needs care for children with physical, emotional, or mental disabilities.¹²²
- 3.82 The problem of non-standard-hours childcare is especially relevant to New Zealand with recent changes in the labour market towards increased casualisation of the labour force and the increase in the size of the service sector.
- 3.83 The American study team also identified 16 employment liabilities, of which four were significantly related to a welfare recipient's employment status: recent work experience, a health problem, two or more arrests in the past six years, and a child care problem. Recipients with a childcare problem had only a 30% chance of working 30 or more hours per week.
- 3.84 Spouses and partners can alter their work / non-work situations when their partners becomes unemployed / injured, or work fewer hours than planned. Known as “the added worker effect”¹²³ there is a tendency for other household members capable of work to enter the labour market if the primary income earner becomes unemployed. This occurs only at lower income levels. The more financially attractive a husband's compensation payments are for injury / health disability, the more likely his partner / spouse is to remain at home to care for her husband. Married women change their hours worked or decide to seek work depending on the level of their husbands' earnings, but on average husbands do not respond similarly to their wives' earnings.¹²⁴

(b) Job satisfaction

- 3.85 Job dissatisfaction also can create a barrier to return to work. A study in the aircraft industry found that if a worker did not like their job or had had difficulties with fellow workers or superiors, it greatly reduced the chances of the employee returning to that workplace¹²⁵. The Texas Workers Compensation Commission¹²⁶ actually warns employers that “the stage is often set for extended lost time long before any injury occurs...with adversarial relationships between supervisors and employees...negative relationships with co-workers, disciplinary or pay issues, workload concerns or job dissatisfaction that tend to interfere with or delay return to work. An employee who is satisfied with his or her job and employment situation is self motivated to return to work as quickly as possible”.

¹²¹ Geers 1992 p 62

¹²² Mathematica Policy Research

¹²³ Gardner John A p 56

¹²⁴ *ibid*

¹²⁵ Hendlar: website: <www.mensanaclinic.com/articles/return_to_work_barriers.htm>

¹²⁶ Texas WCC website: <www.twcc.state.tx.us/commission/divisions/rtw>

- 3.86 A recent New Zealand survey found that just over half the employees surveyed complained about their bosses, saying that poor management was a bigger bugbear than poor salary, hours worked, work environment or job prospects.¹²⁷

(c) Job history

- 3.87 American research found that most workers with at least one year's job tenure returned to their pre-injury employer, but for those who did not return, the duration off work was lengthened by a factor of 2 – 3. Workers at small firms were much less likely to return to their pre-injury employer, thereby incurring longer periods off work¹²⁸.

(d) criminal record

- 3.88 People with criminal records face a range of barriers to employment, depending on what crime was committed. People with convictions for crimes against the person are unlikely to get jobs in people related occupations such as education, healthcare, passenger transport etc. People with convictions for theft are unlikely to get positions where handling money or accounting is required. Even in occupations that are not formally closed to ex-offenders, employers may screen out applicants with criminal records.¹²⁹

- 3.89 Individuals with criminal records often have incomplete work histories, low levels of education and little exposure to the norms and interpersonal relationships of a typical work-place.

(e) obesity

- 3.90 Obesity can cause both real and perceived problems in returning to work. Overweight people are subject to considerable discrimination in employment decisions, as well as being stereotyped as emotionally impaired, socially handicapped and possessing negative personality traits.¹³⁰ There is also evidence that obesity hinders the ability of long term unemployed people to undertake employment with physical activities, not least because the person may not have maintained their fitness levels or stamina while being out of the workforce.

B External factors

- 3.91 Many of the problems experienced by long term unemployed or injured people attempting to return to work are a result of factors beyond their immediate personal control. This includes other people such as employers, case managers, rehabilitation specialists, legal advisers etc and situational factors such as labour market conditions.

Perception of employers / lack of knowledge

- 3.92 The principal reason cited by injured workers who were not successful in returning to stable employment was that their employers either declined to re-employ them

¹²⁷ Manual 2003

¹²⁸ WCRI Research brief 1996 Vol 12 no 9 p 3

¹²⁹ Brown 2001 p 82

¹³⁰ Roehling 1999 pp969 - 1016

(often on the grounds that no suitable work was available), or that the accommodations they made for the injured worker's disability were unsuitable.

- 3.93 Some employers Return-to-work programmes were seen as too aggressive, and workers felt they were required to return to work too soon. Employees had negative perceptions that some Return-to-work programmes were designed more to reduce companies' workers' compensation costs than assist the workers¹³¹. One study reported that 40% of workers who had never worked again after their injuries had sought re-employment with their pre-injury employers, but were rejected¹³².
- 3.94 Employers can use the duration of unemployment as a signal of worker quality: the longer the duration, the poorer the inferred quality¹³³. British employers wanted the government to reduce the risks to them of recruiting long term unemployed people¹³⁴ whom many perceived as high risk with potentially detrimental commercial implications. While they reported some unfavourable experiences, those who considered themselves socially responsible were more positive towards those unemployed people they considered had used their time productively or who they perceived as motivated and actively seeking work.
- 3.95 American employers often regard new hires as probationary¹³⁵, and are quick to dismiss those in low wage jobs for early mistakes made, knowing that there is a ready supply of replacement applicants with the minimal skills required for the job. They expect employees to adhere to work schedules, to be punctual, to notify supervisors of absence through illness, to accept authority gracefully, and to be accommodating towards customers. Failure to meet these norms can limit job tenure. Because long term unemployed workers are unaccustomed to these demands, and some employers enforce them rigorously, dismissals resulting from unacceptable behaviour can be attributed to shortcomings in both parties.
- 3.96 Related to this is the worry about discrimination from employers¹³⁶. Many American studies reported different groups experienced discrimination as they attempted to gain (re-)employment, and these people carried fear of that experience recurring as they continued their attempts to get jobs.
- 3.97 Employers also have concerns about their ability to communicate effectively with people with disabilities, as well as being unfamiliar with the disability and discrimination legislation¹³⁷. This is especially true of hidden or learning disabilities. This lack of knowledge causes employers to hesitate to discuss the true needs of the individual with them.¹³⁸ For example, some managers are afraid to ask interview questions that need to be asked if applicants with disabilities really are going to be considered for job vacancies. Potential employers need to feel reassured that the applicant is physically able to perform the job's functions.¹³⁹

¹³¹ Manitoba League of Persons with Disabilities: Executive Summary

¹³² Butler, Johnson and Baldwin 1995 pp 72 - 84

¹³³ Borooah, Vani K: 2000 pp3 - 25

¹³⁴ Snape 1997 Executive summary

¹³⁵ Hershey and Pavetti, 1997 p 78

¹³⁶ Kalil et al August 2000 p 20

¹³⁷ Bunch and Crawford 1998 p 49

¹³⁸ de Jonge, Rodger and Fitzgibbon 2000

¹³⁹ Pimentel (undated)

Job adaptations

- 3.98 Job adaptations provided by employers are important determinants of long-term re-employment following a workplace injury¹⁴⁰. Benefits include more stable work histories post-injury, and employee loyalty. Expensive accommodations are rarely needed by workers with disabilities¹⁴¹. According to one study, about half of the accommodations made by employers cost less than US\$500 to implement¹⁴²
- 3.99 Despite anti-discrimination legislation in the United States, many employers either do not, or are not required to, because of small size of the company, make any accommodations for their injured workers, even though the injuries occurred at their work-sites. Almost without exception, the workers whose employers declined to, or were unable to, make any accommodations at their work-site took longer to return to work, if they returned at all. A British study¹⁴³ found that over one quarter of disabled people who left their jobs because of their disability would have stayed in work if they were offered adaptations. Fewer than one in five were actually offered any accommodations. Accommodations include lifts and handrails, special equipment, and flexible working arrangements including breaks outside the normal tea and lunch breaks.¹⁴⁴
- 3.100 Where adaptations are supplied to injured or disabled workers returning to employment, the non-material adaptations are shown to be more important. A Dutch study¹⁴⁵ of adaptations provided to both blue and white collar workers indicated that physical adaptations were very minor compared with other changes for disabled workers returning to work:
- Changes in tasks and work content, whether with the pre-injury or other employer (70%);
 - Change in duration of working hours, such as reduction or elimination of night working, more regular working hours, reduced working day or working week, shift changes and rest period (48%);
 - Reducing tempo / speed of work, such as reduced productivity targets, help from colleagues, self-organised work patterns (41%);
 - Purchase of special devices, such as wheelchairs, transport to or from the workplace (10%);
 - Training / vocational training, job coaching (7%);
 - Adapting tools / equipment / workstation / lighting / buildings etc (4%); and
 - Other, including help at home in order to get to work, changing the workplace culture (14%).
- 3.101 A hidden barrier when injured / disabled workers are having adaptations made at their workplace is that focusing solely on the technological / physical accommodations was not enough to ensure success. An Australian study of people with severe disabilities using computer and technological assistance showed how

¹⁴⁰ MLPD: 1999

¹⁴¹ Unger and Kregel 2003

¹⁴² Job Accommodation Network

¹⁴³ Meager et al 1996 Executive summary

¹⁴⁴ *ibid*

¹⁴⁵ Nijboer, Grunemann and Andries: 1993

important it was to balance the employer's and employee's personal preferences, and the work environment in order to achieve maximum productivity and satisfaction.¹⁴⁶ It could be said that this is true of all employment situations.

Case management/ rehabilitation issues

- 3.102 The case manager and/or the vocational rehabilitation counsellor can have significant impact on whether clients manage to regain and retain employment. Rehabilitation counsellors were found to favour negative client factors, such as incapacities, over the positive factors, and an overemphasis on client incapacity by rehabilitation counsellors may restrict access for people with disabilities to employment opportunities¹⁴⁷. Other research has identified the importance of "client optimism" as a key psychological factor associated with successful return to work outcomes for people with disabilities.¹⁴⁸
- 3.103 Setting goals is fundamental to the case management process: case manager and client identify specific long-term goals and then break them down into the incremental behaviours required to achieve each goal¹⁴⁹. Kisthardt et al,¹⁵⁰ during case management training, identified four factors why goals might fail: behavioural, cognitive, affective, and environmental. All of these failures relate to the case manager / client interaction.

(a) Behavioural dimension

- 3.104 Goal-directed activity requires the ability to engage in a series of specific behaviours, and the level of competency and skill involved in achieving the goal is paramount. Goal attainment may fail if the individual lacks the required skills to achieve the goal. Skills required include communication, reading, and filling out forms, as well as managing activities of daily living. Attempting to achieve too many goals at once can diffuse the activity and limit the achievement of any, or all, or the goals. Clients frequently require assistance in prioritising goals and activities.

(b) Cognitive dimension

- 3.105 Frequently, clients have not signed up to the identified goals. Case managers report that clients agree with the goals and then proceed to sabotage them by not following the agreed action plan. This may reflect more on the client's lack of a sense of ownership of the goal than on resistance to treatment or denial of what they need to do.
- 3.106 People may also change their minds, as circumstances or personal desires change, and a goal become meaningless and irrelevant. While this is a normal part of daily living, some case managers see it as pathological. People may lack the knowledge and information required to complete a task, but many professionals often assume that clients have all the knowledge. Lastly, the client's knowledge of previous failed attempts may lead to them "talk themselves" out of achievement.

¹⁴⁶ de Jonge, Rodger and Fitzgibbon

¹⁴⁷ Strohmer, Pellerin and Davidson 1995 pp 82-93

¹⁴⁸ Chapin and Kewman, 2001 pp 400 - 416

¹⁴⁹ Kisthardt, Gowdy and Rapp: 1992 p 117

¹⁵⁰ *ibid* p 118

(c) The affective dimension

- 3.107 Goal-directed behaviour is influenced by and in turn influences the way people feel. Success or failure depend on their feelings of satisfaction, accomplishment, fulfilment, or joy. When people begin to feel overwhelmed in the process of goal attainment, they may seek to change direction.
- 3.108 The affective dimension is also apparent when goals are set too high or too low, when too many goals are set, and clients feel they are over-extended. Clients may also fear the results of success such as moving from the security of benefit to earnings. This may lessen their enthusiasm or commitment to pursue the goal. Lastly, feelings of loneliness, fear and isolation can effectively block a client's ability to engage in goal-planning and attainment.

(c) Environmental

- 3.109 Goal attainment may fail if the necessary resources are not available, accessible or accommodating for a person's needs. These resources include social resources such as people, goods and services such as money, transport, and housing. Often these resources are available and accessible but neither the case manager nor client is aware of this.

Lawyers' / advocates' attitudes

- 3.110 Research consistently shows that those who challenge decisions regarding their unemployment or injury compensation entitlements are unlikely to return to work. In Britain, those who appealed against the decision to cease giving them the incapacity benefit were found to be particularly unlikely to re-enter the job market (one in ten found work), compared with those who did not appeal (four in ten found work) and those who left the benefit voluntarily (seven out of ten found work). Litigation is a negative factor for patients rehabilitation / managing pain / returning to work¹⁵¹. Any unresolved conflict between the patient and any one associated with the injury may present a significant barrier to rehabilitation.
- 3.111 One study found that patients who believe they are entitled to financial reward because of an accident have little desire to recover quickly, especially when attorneys have successfully sued for and put a dollar value to their pain and suffering¹⁵². When a client's lawyer advises non co-operation and the fostering of an adversarial relationship, this works against a client's rehabilitation and their self-esteem, and their ability to participate meaningfully in society.¹⁵³
- 3.112 American experience is that too many lawyers are willing to raise adversarial matters which stand in the way of achieving the vocational rehabilitation plan, perhaps protecting their own interests rather than the clients' interests. The longer the dispute process continues, the less likelihood there is that any form of

¹⁵¹ Frederickson et al 1988 pp 351-3

¹⁵² McIntosh, Melles and Hall, 1995 p 199

¹⁵³ Ehret 1988 pp11-12

rehabilitation will be productive¹⁵⁴. The process of proving that one is totally disabled may result in a self-fulfilling prophecy.¹⁵⁵

Focus on disability (rather than ability)

- 3.113 The generally negative results when a job-seeker does not maintain a positive outlook has already been discussed. This concept is also true when a person is labelled by their disability, whether by themselves or their family, a case manager, a medical professional, a lawyer or advocate, their employer or work colleagues. “To refer to a human being as a paraplegic, a manic-depressive...or a post-traumatic is to elevate the deficit or deviance to the status of the dominant identity of that person”.¹⁵⁶ Assessments and interventions based on such pathology-derived definitions of persons and situations are more likely to perpetuate the pathology than to modify it.
- 3.114 Ehret¹⁵⁷ expressed frustration at the NCCI Seminar on Legal Trends affecting Workers Compensation that few compensation judges actually understand vocational rehabilitation, and their decisions frustrate rehabilitation by allowing the claimant to focus on continued disability rather than building on ability. These negative perceptions create a significant barrier to achieving a successful return to work.
- 3.115 The French agency which manages government activities in relation to employment, training, financial and social assistance for disabled adults was strongly criticised in the 1980s for its concentration on disability rather than ability, which had reduced its efficacy.¹⁵⁸

Co-worker attitudes

- 3.116 Colleagues can create problems for injured workers or former unemployed workers in retaining employment. These problems include:
- the worker feeling stigmatised by having been a welfare recipient when co-workers were unhelpful or unco-operative,
 - supervisors being impatient or not taking time to get to know the abilities of the new employee,
 - difficulties understanding the work culture in the new environment, and learning how to relate to people in the right way.¹⁵⁹

¹⁵⁴ *ibid*

¹⁵⁵ Marini 2003 p 42

¹⁵⁶ Cohen: Intervention and supervision in strengths based social work practice

¹⁵⁷ Ehret 1988 p 12

¹⁵⁸ Thornton and Lunt 1997 p 95

¹⁵⁹ DeBord et al: Executive summary

3.117 Some injured workers report problems with co-workers who are unaware of the employers' responsibilities to accommodate injured workers, or did not understand the limitations created by different injuries.¹⁶⁰

Transport issues

3.118 Transportation costs are often ignored as one of the costs of, and therefore a barrier to, re-employment, both in terms of time and money, such as for a parent whose commute includes dropping off a child at childcare. British research on ways to assist long term unemployed shows that those employers who provide childcare support or transport for employees report higher employee retention and improved work performance¹⁶¹.

3.119 Other studies showed that without financial assistance in getting to work, the health of many people with disabilities was jeopardised with the stress, risk and fatigue of exhausting journeys, and their concentration and quality of work suffered from worry and distraction. For those with developmental disabilities, transport is the biggest barrier faced in obtaining work.

3.120 Seventy-seven percent of long term unemployed surveyed by the NZ Employment Service study cited limited mobility as a key barrier to return to work¹⁶². This incorporated:

- Having no driving licence;
- Not having independent means of transport.;
- Living in an area without public transport;
- Being unable to move to an area where more jobs were available; and
- Living in an isolated area.

3.121 The types of barriers varied markedly according to geographical regions: 60% of survey respondents living in the Gisborne region reported having no driving licence compared to only 1% of respondents in the West Coast of the South Island.¹⁶³

Retaining employment

3.122 Butler et al¹⁶⁴ tested the long-held premise that when an injured worker first returns to work after their injury, this means that they are then rehabilitated. Using data about Ontario workers over a 14 year period, they showed that the effects of injuries on employment are more lasting than previously considered: 85% of the workers studied returned to work, but 60% of this group subsequently had one or more injury related absences from work. Thus in the longer term, the success rate was only 50%.

¹⁶⁰ Sum et al 2001 p 38-9

¹⁶¹ Kellard, Adelman et al 2002 pp 35-7

¹⁶² NZ Employment Service 1996

¹⁶³ Parker 1997 p 67

¹⁶⁴ Butler, Johnson and Baldwin, 1995 pp 72 - 84

- 3.123 Returning to work and keeping a job permanently are two entirely different matters. In a Canadian study of 113 injured workers in 1995¹⁶⁵, 60% of respondents had returned to work at least once since being injured, mostly with their pre-injury employer, but more than half of these people were not working at the time of the survey.
- 3.124 In another Canadian study 85% of the workers surveyed returned to work, and could have been presumed recovered from their injuries¹⁶⁶. In reality, almost 60% of those who returned to work had one or more injury-related work absences, (i.e. 50% of the survey population) leaving only 35% of the workers surveyed actually returning to work and staying there.
- 3.125 While welfare reform world-wide has focused on moving beneficiaries from welfare into employment, the real challenge emerging now is to ensure these people remain employed. Just being back at work is a challenge for some newly employed workers, with the need to work productively, maintain the required hours for the job, and cope with a new work environment. “ Extensive on-going support is sometimes needed to ensure the client remains in employment. Abandoning these clients once they are in paid employment is likely to result in them becoming unemployed again in a relatively short time”¹⁶⁷.
- 3.126 The transition to steady employment is often difficult and has many of the same barriers as gaining re-employment. These include personal and family issues, low paying jobs, and limited work supports as previously outlined. Given the challenges that many welfare recipients confront in going to work, it is not surprising that job loss is common, while steady, full-time employment occurs less frequently. Many recipients lose their jobs quickly, and spells of unemployment are often long. Repeated returns to benefits are known to have “scarring” effects on people, and increase the likelihood of even further spells of unemployment in the future¹⁶⁸.
- 3.127 Studies have shown that about one-quarter of (former) welfare recipients who become employed stop working within three months, and at least half are no longer working within one year. More than half the mothers surveyed in a New Jersey study left their jobs for work related reasons, such as being laid off or fired, receiving low pay or inadequate fringe benefits, disliking the job /its hours / its location, or switching to another job. The remaining 43% cited personal reasons such as pregnancy, health or family problems, difficulties with child care, inadequate transportation, change of residence, termination of health insurance cover, or incarceration¹⁶⁹. Most of these reasons are already widely acknowledged as barriers to return to work.
- 3.128 Economic theory describes the income compensated substitution effect, which is the trade-off between increased desired working hours when wages increase against the cost of using these hours for leisure purposes. For the largest group in the labour

¹⁶⁵ Canadian Injured Workers Alliance, 1995 p 64

¹⁶⁶ Butler, Johnson and Baldwin, 1995 pp 72 - 84

¹⁶⁷ Wehipeihana p 22

¹⁶⁸ Kellard, Adelman et al 2002 p 11

¹⁶⁹ Thornton and Hershey 1990

force, men aged 25 – 54, time spent working may fall as wages rise, because leisure time is more desired than the goods that an increase in income can buy¹⁷⁰.

Self-employment

3.129 Both long-term unemployed and long term injured workers are interested in becoming self-employed as a means of re-entering the workforce. The following have been identified as barriers to entering and then sustaining self-employment:

- Difficulties in obtaining start-up capital;
- Fear of losing the security of benefit or compensation payments;
- Unhelpful attitudes of advisers, regarding what types of work clients could or could not undertake; and
- Lack of access to appropriate training and support, including transport issues.¹⁷¹

3.130 In Britain disabled people with vocational qualifications are relatively more likely to be self-employed, especially those with musculo-skeletal problems, and women with mental health problems. The types of self-employment undertaken by disabled and non-disabled people were similar. While earnings from self-employment are notoriously difficult to measure, when comparing the average earnings of disabled and non-disabled self-employed people using the same measures, self employment generated significantly less income for disabled than non-disabled people.¹⁷²

3.131 Views on whether and how disabled people can achieve self-employment vary widely between vocational counsellors in America, with considerable disagreement as to the efficacy of self-employment for the self-sufficiency of disabled people, and mistrust of the business community.¹⁷³ Access to traditional business services and supports is blocked by stereotypes and an absence of creativity. Decisions about a person's capacity to sustain self-employment are generally based on assessment of their disability, rather than on sound business factors. In many cases, it is seen as the option of last resort.¹⁷⁴

Labour market conditions

3.132 The process of moving into work reflects a complex blend of three principal factors: personal characteristics of the job seeker, state of the labour market, and the job / employer. For those who have been out of work for a long period, regardless of cause, the state of the labour market can have real and perceived effects. Some researchers cite that poor labour market conditions are directly associated with an increase in disability benefit applications¹⁷⁵. Labour market barriers include the availability of work, location, hours or work, and prevailing financial rates of unemployment / compensation benefits.

¹⁷⁰ John A Gardiner: Return to work incentives

¹⁷¹ Boylan and Burchardt, 2003 Executive summary

¹⁷² *ibid*

¹⁷³ Rizzo 2002 p 97

¹⁷⁴ *ibid* p 98

¹⁷⁵ Tate 1992 p 17

- 3.133 Many industrially injured people are employed in occupations in sectors which are undergoing substantial changes, resulting in fewer available jobs, and additional requirements for education. Often these industrial workers have lesser work related qualifications due to limited education. Additionally, their pre-injury work experience is likely to be in occupations with high unemployment rates (such as unskilled manual labour or manufacturing). Those who lose their jobs through injury have a higher probability of remaining unemployed¹⁷⁶.
- 3.134 The labour market also encompasses hours of work. Internationally, there has been an expansion of part-time, short-term, contract and other sorts of casual labour. It is reported that in Canada over one third of part time workers would prefer to be in full time employment, and that two fifths of the Canadian labour market is not full time work¹⁷⁷.
- 3.135 Income assistance recipients should always be better off, not worse off, by working rather than remaining unemployed, if there is to be any prospect of their seeking and retaining employment. British research¹⁷⁸ showed welfare recipients rejecting lower paid jobs without career prospects. The young welfare recipients rejected jobs on the grounds that such jobs lead nowhere. Their older counterparts rejected jobs which compared unfavourably with their previous work, being low status, unfulfilling or even illegal.
- 3.136 The higher income benefits are relative to what a person could earn in the labour market, the stronger the economic incentive to choose the benefit rather than to work. Researchers estimate that a 20 percent increase in benefits will increase the average duration of temporary disability by 4% and permanent partial disability by 3 %. Studies show that low-income individuals are more likely to stop working completely when disability benefit levels increase while others show that limits on the duration of benefits can create return to work incentives.¹⁷⁹

Compensation entitlement

- 3.137 Australian, British and Canadian research indicates that people with back injuries return to work much more quickly if they have no compensation entitlement.^{180 181} One study showed a very large difference in the rates of return to work for two groups of 70 patients with back injuries, one entitled to compensation, the other not. The median time off work for the former group was twelve months, and for the latter one week. In that the latter group would be returning to work from economic necessity, it could be surmised that they would be likely to be more disabled and experiencing more pain than the compensable patients, but the reverse is the case. When the median Pain, Disability and Impairment Scores of the two groups were compared, the non-compensable group showed much better health status. It could therefore be asserted that in New Zealand, where compensation is payable regardless of where the injury occurred, this is in itself a barrier to employment.

¹⁷⁶ *ibid*

¹⁷⁷ Bunch and Crawford 1998 p 26

¹⁷⁸ Shaw et al 1996 p 75

¹⁷⁹ Gardiner 1989: p xiii

¹⁸⁰ Greenough and Fraser: 1988 p 954

¹⁸¹ Johnson, Baldwin and Butler 1998 p 28

- 3.138 Other researchers¹⁸² found that workers compensation benefits actually encouraged a slower return to work after surgery / injury. “There is no question that the large disincentive effects of workers compensation disability payments reflect the relative ease with which back pain can be overstated by patients seeking disability benefits and time off work” .¹⁸³
- 3.139 In a lump sum settlement, the claimant settles their future compensation benefits for a lump sum of money. The benefit to this settlement is that the injured worker can take a lump sum of money and get on with their life. There is a perceived perverse incentive created by lump sum compensation which motivates an injured worker to focus on their disability until settlement has been reached, rather than focus on rehabilitation. Anecdotal evidence that workers do improve markedly after receiving lump sum payments is supported by studies.¹⁸⁴

Concluding remarks

- 3.140 American studies found that welfare recipients often have multiple barriers and liabilities to gaining employment and that the likelihood of employment decreases as the number of liabilities increases. A multi-variate analysis predicted that the welfare recipients with no employment liabilities had a 58% chance of working 30 hours or more per week, and this dropped to 33-35% if they had up to three employment liabilities.¹⁸⁵
- 3.141 Except in the most severe cases, the direct physical effects of injury do not completely determine whether an injured worker returns to stable employment¹⁸⁶ Instead patterns of post-injury employment are determined by a set of influences that include workers’ characteristics and workplace accommodations that offset the limiting effects of impairments. Successful disability management requires a combined effort by all interested parties: employers, insurers, unions, and workers.
- 3.142 Injured workers at greatest risk of employment instability are female, have below average education, have a back injury, and do not receive job accommodations from their employers¹⁸⁷. Getting long term unemployed back into work remains one of the most serious and intractable problems facing the EU today, and the debate for them is where should the policy intervention lie¹⁸⁸. There are two options:
- Making the long term unemployed more employable by giving them education and training in the areas identified above; or
 - Finding jobs for them, and putting the emphasis on inducements for employers, with the expectation that the desired employment attributes will be developed .

The major handicap for the long term unemployed is that they are unemployed.

¹⁸² Filan: The effect of workers’ or Third party compensation on return to work after hand surgery

¹⁸³ Johnson, Baldwin and Butler 1998 p 28

¹⁸⁴ Greenough and Fraser 1988 p 947

¹⁸⁵ Kirby, Fraker, Pavette and Kovac: June 2003 Executive summary

¹⁸⁶ Butler, Johnson and Baldwin, 1995 pp 72 - 84

¹⁸⁷ ibid Summary

¹⁸⁸ Borooh, 2001 p 5

3.143 Two studies on the results of probably the largest and most complete survey of injured workers ever conducted, by the Ontario Workers' Compensation Board, indicate the following:

- The majority of permanently impaired workers returned to their pre-injury employer, generally receiving the pre-injury wage as well as adaptations to facilitate their return to work; and
- Those impaired workers who moved to a different employer earned wages significantly lower than their pre-injury rate.

3.144 What is less reported is that both sets of workers experienced extremely high initial rates of turnover¹⁸⁹. While the workers claimed that they were “physically unable to do the job”, there was insufficient data or analysis to demonstrate that there was a deterioration of health relative to that which existed at the time of re-employment. Rather, it was hypothesised that employers retain injured workers with some uncertainty about their abilities to perform full duties, and when productivity does not improve at the end of any “probationary” period, the employment relationship is terminated. The conclusion therefore should be that paying more attention to dealing with the non-injury issues would have greatly reduced these problems. In other words, had the barriers faced by long term unemployed workers returning to work (as outlined above) been addressed, many more of these workers would have retained sustainable employment.

¹⁸⁹ Cater 2000 p 76

4 Part 3: Programmes and initiatives to remove barriers

- 4.1 Many countries have grappled for decades with the problem of moving people from welfare to work, whether they are unemployed or disabled. A wide variety of programmes have been initiated, debated, reviewed, rejected and re-instated. Creating effective return to work programmes for unemployed or injured / disabled workers is easier said than done. Many supervisors would rather not take injured or disabled workers back on a modified duty basis, preferring to wait until workers can perform their regular jobs. For some employers, the nature of the work or the workplace can present obstacles to developing safe modified work alternatives. The state of the economy has an impact – many employers struggle to retain fully functioning staff let alone accommodate workers with impairments.¹⁹⁰
- 4.2 This section reviews some return to work initiatives and evaluations which have been undertaken. It also includes actions which can be taken by individuals, case managers or providers to address individual barriers.

Addressing length of time out of the work force

(a) Unemployed

- 4.3 Return to work programmes for unemployed people fit into two categories addressing:
- Workers made redundant / facing retrenchment. The benefits of returning these people to employment as soon as possible are well recognised, as are the difficulties in maintaining their work skills and commitment in the absence of employment. Those who do not return to work promptly risk lapsing into the second category below, or long term unemployed; and
 - People in receipt of welfare payments, many of whom may be long term beneficiaries, and thus requiring quite different forms of assistance.
- 4.4 The various programmes and initiatives dealing with early return to work are, in general, established return to work programmes but implemented at specific appropriate times, such as when notice of redundancy or retrenchment is given, and before a worker ceases employment with that employer.

(b) Disabled / injured workers

- 4.5 Return to work is cited as probably one of the best aids to recovery and to preventing the patient's deterioration into chronic disability. In Britain, the best clinical management for back pain is to continue an active life rather than waiting till the pain disappears completely: this will mean faster recovery and fewer long term problems.¹⁹¹ An important conclusion of an Australian study was that back injury patients are in general likely to benefit because of, rather than in spite of, returning to work.¹⁹²

¹⁹⁰ Kremer 2003 p 39

¹⁹¹ Waddell and Burton: Occupational health guidelines for the management of low back pain.

¹⁹² Gun and Fraser 1992 p 4

- 4.6 An early return to work is considered a major objective of cardiac rehabilitation for most people of working age.¹⁹³ For people with mental health problems, working aids their confidence, motivation and future health.¹⁹⁴ Melhorn¹⁹⁵ found that having no lost workdays or returning to work early (within 15 working days) was the most important element of “work survivability” (retaining employment for at least two years after the injury).
- 4.7 Early Return to Work programmes for people recovering from illness such as strokes or from an injury cover a range of actions, including:
- Modified / lighter duties;
 - Reduced hours;
 - On job support; and
 - Retraining.
- 4.8 Facilitating early return to work has become a major policy goal in Sweden, with the responsibility placed squarely on employers and employees. This is achievable as 75% of employees work either for large companies with on-site medical staff or for a company with an affiliation with a medical centre.¹⁹⁶ This includes maintaining personal communications with the injured workers during the hospitalisation / recovery phase, which is seen as a positive action by both workers (who like the personal touch) and case managers (who see it as motivational).
- 4.9 Programmes to help long term unemployed return to work are covered in the programmes and initiatives listed below.

Addressing the concept of disability

- 4.10 However one defines disability, it is clear that the population of people with disabilities is diverse. People with disabilities, by and large, have more in common with the general population than with each other. In Canada, the focus has been shifting from the provision of specialised services for people with disabilities to the use of mainstream services, programs and facilities. This is in part because the disability “system” has become fragmented, often with a lack of co-ordination.¹⁹⁷ Disability specific services are often needed only when regular programmes are unable or unwilling to accommodate people with disabilities.
- 4.11 Higher individual satisfaction and quality of life occurs when people with disabilities are able to make use of generic programmes and services in the community.¹⁹⁸ In general, the commonest impediments to the employment of people with disabilities are non-employment issues, such as transport, education, training, and on job support, or personal attributes and attitudes. These are addressed in the programmes listed below.

¹⁹³ Jones and West: Cardiac Rehabilitation

¹⁹⁴ Duckworth: Disabled person's perspective.

¹⁹⁵ Melhorn 1996 p 63

¹⁹⁶ Sim 1999, p 45

¹⁹⁷ Perrin 1999 p 14

¹⁹⁸ *ibid* p 122

Addressing personal issues

(a) Personal responses to stressful life events

- 4.12 To understand work-related stress, we must first consider stress itself. Every-one is under stress – there is no such thing as a stress-free life, or a stress-free job. Every-one is exposed to daily pressures, and most people cope with, even flourish on, moderate amounts of stress without suffering any ill effects. If people feel that in control, stress can be experienced as a challenge, which drives them to perform well.¹⁹⁹
- 4.13 The principal difference between healthy challenge and unhealthy stress is the reality or the perception of the person being able to control or influence the outcome. When the sense of control is lost and coping mechanisms break down, a potentially healthy challenge can become dangerous stress. Unrecognised and untreated, this stress can affect work productivity and attendance, attitude as well as physical and mental health.
- 4.14 There are two types of programmes teaching stress management techniques: problem focused coping and symptom focused coping. Problem focused coping techniques aim to control or eliminate the cause of stress, while symptom focused coping techniques include activities to alleviate the consequences of the stressful event but without addressing the actual problem.²⁰⁰
- 4.15 In dealing with job loss, the commonest problem focused techniques include job search activity, retraining, or even geographical relocation to obtain re-employment, and these are judged fairly effective in succeeding (mainly because these sorts of strategies open up additional opportunities for jobs). These activities may however themselves cause further stress, and require some symptom focused techniques as well. Both types of coping techniques are important, and if used properly, can have very beneficial consequences for physical and mental health.²⁰¹
- 4.16 Training in stress management is widely available in books, on cassette tapes, videos, training courses, and on the Internet, in whatever format the potential user would like. It was therefore surprising to find very little mention of it in the various international programmes to help either long-term unemployed or injured workers return to work.
- 4.17 Job-search Clubs are cited as a good means of reducing stress (as well as assisting attendees to find jobs).²⁰²

(b) Response to negative experiences

- 4.18 Responses to negative experiences can include a progression through shock, frustration, discouragement, self-blame, low self-esteem, lower expectations of outcomes, and even learned helplessness. Unless preventative action is taken at the time of the negative event, and it is successful, many people will reach a level of negativity which is hard to move.

¹⁹⁹ Pimentel 2001

²⁰⁰ Leana and Feldman 1995 p 1384

²⁰¹ Susan Folkman in press release 4 December 2002 on death of Richard Lazarus

²⁰² Bayer 2002 on www.fiveoclockclub.com

- 4.19 A series of American studies has shown that patients who engage in forms of denial (of the seriousness or even the existence of a medical problem) recover better and more quickly from surgery than patients who do not. While this is contrary to orthodox wisdom, it is now proven that false beliefs can have very beneficial consequences to health and wellbeing. The same authors, however, cautions that denial can be destructive to the denier, in that it may prevent seeking appropriate medical attention, and reduce the value of any rehabilitation.²⁰³ In some situations, those in denial may be family and friends (such as those who supply alcoholics with alcohol), or even rehabilitation professionals, who are unable to help a patient facing a bleak and depressing future.
- 4.20 Interventions helpful in denial situations include:
- Counselling tools such as unconditional positive regard, accurate empathy, and confronting;
 - Accepting the client as an individual;
 - Relationship building, recognising the client's anxieties;
 - Helping the client understand the denial and its underlying cause; and then
 - Helping the client eliminate their denial.²⁰⁴
- 4.21 The power of positive thinking is a well established and successful concept, but one difficult to impose on another party at the time of a negative experience. Most programmes to assist long term unemployed return to work include training in aspects of positive thinking, such as developing self-esteem, although this is generally more difficult to accomplish at that time.
- 4.22 Learning how to handle the negativity has proved to be a successful concept in a Canadian study of unemployed managers who had given up seeking employment, but who had previously had job search training. The managers were taught how to deal with repeated rejections in job searches and this helped them develop a positive attitude, that they could and would succeed in their job search.²⁰⁵ In Michigan, it is described as "fortifying the job seeker's ability to resist demoralisation".²⁰⁶ There are various ways of achieving this.

(c) Loss of status

- 4.23 Addressing the concerns about status is a difficult issue, as this concern generally reflects attitudinal or personality traits, financial requirements and commitments, lack of confidence or fear for the future, or an underlying desire not to return to work. Achieving a job with the same status may not be possible due to the vagaries of the labour market, attitudes of employers, location, and the skills of the worker becoming outdated (as happens very quickly in the information technology (IT) industry). In general, it is a male problem, as men often measure themselves by their professional achievements: their sense of self-worth is directly linked with their job satisfaction.²⁰⁷

²⁰³ Lazarus 1983 pp 1 - 30

²⁰⁴ Stewart and Gomez p 5

²⁰⁵ Millman and Latham p 95

²⁰⁶ Caplan, Vinokur and Price 1997 p 343

²⁰⁷ Bayer Press release 2002

- 4.24 In some cases, whether in the same or a new industry, the worker needs to restart at a lower level on the career ladder than pre-injury / pre-unemployment. In the IT industry, the worker needs to regain employment at any level, simply in order to maintain their skills and keep up to date with new developments.²⁰⁸ Although it can be more stressful seeking better employment while already working, it is generally agreed by recruitment specialists that it is easier for a person to get another job when they already have one. This can provide the proof of up-to-date job skills.
- 4.25 If a worker does take a lower level job, it can be tough on both self-esteem and ego. Explaining on a curriculum vitae (CV) the presence of low level jobs in the middle of an executive career is often difficult and undesirable. The CV could be formatted around functional activities and achievements, rather than a chronological list of jobs. In the current flexible labour market, gaps in careers are not unusual, but the important issue is to retain polished skills.
- 4.26 Human Resources Development Canada indicates that it is quite normal for a person looking for gainful employment to start with high expectations, leaving room for later concessions to lower level employment.²⁰⁹ This is corroborated by staff at employment agencies.²¹⁰

(d) Lack of confidence

- 4.27 The likelihood of gaining re-employment depends more on having the self-confidence to seek out jobs than on the actual skills used in doing so. Those with an inner confidence in their ability to handle difficult situations return to working life faster than those who expect others to help them through their difficulties.²¹¹ Cognitive behavioural training programmes have proved successful such as one where participants were trained in assertiveness, networking and contact building skills to build their self-esteem, self-efficacy and confidence. Their mental wellbeing improved – and nearly half the group also found a job.²¹²
- 4.28 The Prince's Trust in Britain was established to help young people aged 14- 30 to develop confidence and skills in order to get into work and start their own businesses. The major programme is a 12 week programme to develop the participants' confidence, motivation and skills through teamwork in the community. Over 73% of the 74,000 participants since 1990 have found work or entered full time education or training.²¹³
- 4.29 The Lone Parents Organisation actively encourages lone parents to return to part time work so to polish their social skills, develop self-discipline and confidence, and the ability to judge how much stress they can efficiently work with before tackling the challenge of full time employment.²¹⁴ This was to help them avoid the syndrome that many long term lone parents who returned to full time employment ended up back on benefits within three months. The Lone Parents Organisation

²⁰⁸ Southgate 2003

²⁰⁹ website: www.hrhc-drhc.gc.ca

²¹⁰ Graves 2003

²¹¹ Millet Swedish National Institute for Working life Newsletter No 3 2001

²¹² Proudfoot et al 1997 pp 96 - 100

²¹³ The Prince's Trust Factsheet June 2003

²¹⁴ Lone Parents' website: www.lone-parents.org.uk

web-site provides a comprehensive “self-help diary” designed to build self-esteem, confidence and social skills.

- 4.30 Germany established a system of social enterprises in the early 1980s, which provided both employment and developed the confidence of the workers.²¹⁵ Known as “self-help firms”, they provide normal jobs with regular contracts and wages for people with disabilities (generally with psychiatric disabilities) in firms where non-disabled people are also employed. The firms are generally small, employing up to 20 workers. Studies show that about 40% of employees with disabilities moved through these firms to become employed in the general labour market, while there was a drop-out rate of 20%.²¹⁶
- 4.31 The JOBS trial at the Michigan Prevention Research Center introduced a unique feature in its programme to assist the unemployed: the trainers for the programmes are themselves recruited from the ranks of the unemployed. Such people are typically counsellors or teachers, and those with social and emotional competencies themselves, such as flexibility, empathy, self-confidence and positive outlook. They also have good speaking and listening skills, facilitation skills, and the ability to manage conflict constructively. They undergo their own specific training.²¹⁷

(e) Apprehensions regarding re-employment

- 4.32 The transition from welfare to work is a stressful time for claimants, with fears about coping financially, about re-injuring oneself, and the hassles of returning to welfare if the job does not work out.
- 4.33 The British government has several programmes to ease the transition from welfare to work.²¹⁸
- The Job grant provides £100 for claimants moving off benefits into work for at least 16 hours per week for a minimum of five weeks;
 - The Lone Parent Run-on gives a two week extension of welfare payments for people moving into work who had been receiving benefits for at least six months;
 - The Housing Benefit Run-on provides an extension of the Housing Benefit for four weeks after the claimant leaves welfare for work. The claimant must have been on welfare for six months, and have received a Housing benefit as part of their payments. There is very similar Council Tax Run-on, a Mortgage Interest run-on and an Income Support Mortgage Interest 52 week link; and
 - Rapid Reclaim streamlines the process of reclaiming benefits for people who returned to work that lasted for up to 12 weeks.

²¹⁵ The concept of “work integration co-operatives” was first developed in Italy in the 1970s, when the patients of a psychiatric clinic rebelled against working unpaid, and set up a co-operative to do the same work under contract. The founders of the co-operatives were often parents, staff of the institutions, and municipalities and local health or church organisations.

²¹⁶ Thornton and Lunt 1997 p 134

²¹⁷ Price and Vinokur 1995 pp 759 - 769

²¹⁸ Woodland, Mandy and Miller 2003 p 8

- 4.34 Behavioural and attitudinal change was positively associated with the amount of anticipated financial assistance: as the amount of financial assistance increased, so did the level of job search activity and the levels of confidence. A point of concern, however, was that many potential recipients were unaware of their eligibility for this assistance, and therefore the uptake was lower than it might have been. Poor administration in some places reduced the beneficial impact.²¹⁹
- 4.35 The Job Grant was an unexpected bonus for most people, but was valued highly for its psychological, as well as financial, effects. It provided much needed motivation through to stability of household finances. For those who were expecting, any delays in its arrival did cause financial problems, and lessened the benefit.²²⁰ Newly employed workers who received the run-on payments were able to budget more effectively, and expressed greater feeling of confidence. An appropriate length for the transitional period was not established.

Personal abilities and attributes

- 4.36 Australian research on what employers want in their staff indicated personality and attitude to be key attributes. Reliability was rated as the most important (at 66%), willingness to work second (at 62%), and relevant work skills third at 52%. (Relevant previous work experience was rated at only 40%, and presentation at 31%).²²¹ How to acquire these skills is addressed below.

(a) capacity to change

- 4.37 The capacity to change is seen as increasingly important as the nature of jobs and the labour market continues to change. As the world of work is complex and challenging, the Canadian government decided that the key skills needed for a high quality work-force would be generic foundational skills rather than skills specific to certain occupations, levels of responsibility or limited to today's jobs.

They defined the Employability Skills Profile as:

- People who can communicate, think, and continue to learn throughout their lives;
- People who can demonstrate positive attitudes and behaviours, responsibility, and adaptability; and
- People who can work with others.²²²

All these attributes are deemed learnable, and can be learned at any age.

- 4.38 The concept of lifelong learning has been endorsed by the OECD as a means of helping its member countries anticipate and benefit from economic and social changes. Lifelong employability (defined as the capacity to be productive and to

²¹⁹ Harries and Woodfield 2002 p 114

²²⁰ Harries and Woodfield 2002 p 108

²²¹ Department of Employment and Work Relations 2001 p 2

²²² McLaughlin 1992

hold rewarding jobs during one's working life) is no longer guaranteed by the education and training received by people in childhood and youth.²²³

- 4.39 Lifelong learning is far broader than “second-chance” education and/or training for adults. It is based on the premise that every-one should be able, motivated and actively encouraged to learn throughout life, through programmes such as Skills for Life, unit standard based qualifications on the New Zealand National Qualifications Framework, Internet based training or group courses.
- 4.40 Capacity to change incorporates adaptability, flexibility, versatility, resilience, responsiveness, resourcefulness. It also incorporates attitude and/or state of mind.
- 4.41 David Noer, an international authority on the changing world of work, has defined four types of individuals as they attempt to cope with change in a workplace or in their own careers. These are posited around the individual's capacity for change and their comfort level:

Capacity to change	Entrenched 30 – 60%	Learners 10 - ? %
	Overwhelmed 30 – 60%	BSers 10 – 20%
	Comfort level	

- 4.42 Faced with an uncertain climate of rapid, unsettling change, both individuals and organizations tend to react in predictable, self-defeating ways: they feel overwhelmed and victimized, they dig in their heels and work harder as though nothing's changed, or they try to fake their way along. According to Noer, the only response that works is the positive willingness to learn and meet change head-on.²²⁴
- 4.43 There are books, courses, and Internet based material available to help people develop their attitude and capacity to learn. As with most skills, however, the individual must have the willingness to learn before they will be able to learn.

(b) Personal expectations

- 4.44 Three critical internal resources are needed for an individual to cope with job loss and /or stress. These are:

²²³ McKenzie and Wurzburg 1997 p 13

²²⁴ Noer 1999 Abstract

- Knowledge of the procedures that are effective in handling the stress – in this case, how to find job leads, how to be interviewed;
- Having the behavioural skills to use the above knowledge; and
- Having the energy and motivation to put the knowledge and skills into action.²²⁵

4.45 Research shows that workers' expectations of slower recovery or of greater uncertainty in their future are consistently associated with longer periods off work and receiving benefits.²²⁶ This is a useful predictor of people who need additional assistance in order to return to work.

(c) Education

4.46 Training programmes have proved successful in raising levels of literacy and numeracy for long term unemployed. Part of their success is the provision of ancillary services (which have already been identified in this report as necessary to help achieve return to work) such as childcare, transportation, flexible hours for training sessions. Improving the quality of trainers is important, as is using a range of instructional approaches, and adapting the curriculum to ensure it is relevant to participants.²²⁷

4.47 Learning disabilities impact on the development of listening, reading, writing, reasoning and numeracy skills. The US Department of Labor estimates that between 50 and 80% of adults with low reading levels are "learning disabled". They present characteristics such as:

- Difficulty planning and prioritising;
- Using imprecise language or misusing terminology;
- Writing illegibly; and
- Having difficulty filling out forms.²²⁸

4.48 The limited success of many programmes to develop basic education skills in America has been attributed to not taking enough account of learning disabilities, or the special needs of adult learners.²²⁹ The Oklahoma Adult Education and Literacy programme includes staff training in

- Improving awareness and understanding of adults with learning disabilities, and recognising the characteristics of learning disabilities;
- Recognising self esteem and social skill issues and providing ways to foster development;
- Understanding the differences between screening, assessment and diagnosis, and being able to apply appropriate screening; and
- Using specific techniques for people with learning disabilities.²³⁰

²²⁵ Caplan, Vinokur and Price 1997 p 353

²²⁶ Cole, Mondloch and Hogg-Johnson 2002p 750

²²⁷ Brown 2001 p 90

²²⁸ ibid p 89

²²⁹ ibid p 90

²³⁰ Brown 2001 p 94

4.49 Recent research has identified that approximately 15% of employees spend time on personal money matters on the job, and that negatively affects productivity. If employees have control over their finances, they are less likely to be stressed, will need less time to deal with their money matters at work, be more motivated and have better morale than those with money troubles.²³¹ Comprehensive financial education programmes have proven to be effective.

Financial education programmes typically include:

- Understanding tax requirements;
- Budgeting for items such as childcare or transport;
- Savings and credit records;
- Potential challenges such as credit cards, hire purchase, bounced cheques and easy loans; and
- Understanding financial institutions.

4.50 In Portugal, assistance is given to disabled people aged 16 or older to obtain a professional qualification which will allow them to hold a job and to progress professionally in- the normal job market. Such training can be on or off job.²³²

(d) Ability to speak the local language

4.51 Language barriers can be removed or reduced with training. There are two subtly distinct needs: ability to speak the official language of a country, and ability to express oneself in words. American experience of running Job Clubs in different languages is very positive²³³. Incorporating teaching English as a second language in work-skills or vocational training courses was also successful. In both examples, the motivation and success of participants increased markedly.

4.52 Language may not be a barrier to obtaining some jobs (such as book-keeping), and it may be a benefit to have speakers of other languages in jobs where staff interact constantly with the general public (such as tourism / travel).

4.53 The need to address cultural differences is not always recognised as a potential barrier: in general this is best addressed at case manager level when following up clients in their new employment. There are cultural assessment tools available, such as that of the University of Michigan. It is designed to help providers understand the beliefs, values and practices of clients and patients which may impact on their care and rehabilitation. Issues to be considered include:

- Level of ethnic identity;
- Use of informal network and supportive institutions in the ethnic/cultural ;
- Community values orientation;
- Language and communication process;

²³¹ Smart Solutions September 2000 Issue 4 p 2

²³² Thornton and Lunt 1997 p 215

²³³ Brown 2001 p 97

- Migration experience;
- Self concept and self esteem;
- Influence of religion/spirituality on the belief system and behaviour patterns;
- Views and concerns about discrimination and institutional racism;
- Views about the role that ethnicity plays;
- Educational level and employment experiences;
- Habits, customs, beliefs;
- Importance and impact associated with physical characteristics;
- Cultural health beliefs and practices; and
- Current socio-economic status.²³⁴

4.54 Other strategies which have proven successful include:

- Identifying jobs for which language is not a barrier, such as independent work, account, and manual labour, and
- Facilitate the interview process with interpretation and support;
- Identifying jobs where another language is an asset, such as in tourism and customer service positions;
- Looking out for jobs where the supervisor is bilingual, or at least one other staff speaks the same language;
- Using job coaches to facilitate the transition to work; and
- Promoting workplace training in ESOL.²³⁵

4.55 It is important to include training in the “soft skills” required in navigating workplace culture. Workplace simulations and role-plays of “sticky” situations have proven successful in helping newcomers understand workplace cultures and finding ways of fitting in without giving up one’s own identity or being taken advantage of.²³⁶

4.56 A listing of eleven good practice programmes identified consistent placement rates above 80% and job retention rates between 60 and 90%.²³⁷

Employability

4.57 While there are many programmes to assist unemployed workers develop their employability, most of these address only some of the problems. Good examples include the Canadian Federal Government’s Employability Improvement Programme which has a client centred approach, and offers a flexible choice of services including counselling, training and work experience. The project-based training module provides integrated classroom and on the job training and work experience. Project co-ordinators arrange appropriate employment activities which may include skills training, life skills, job search and job placement. A review of

²³⁴ Isaacs and Benjamin 1991

²³⁵ Brown 2001 p 99

²³⁶ Wrigley et al 2003 p 23

²³⁷ Wrigley et al pp43- 62

the programme in 1998 indicated that participants gained and retained employment at higher income levels than previously experienced.²³⁸

4.58 The Hong Kong Employees Retraining Board provides retraining courses and services to enhance the employability of the unemployed and the potentially unemployed. The Board supplies free full-time training courses, and heavily subsidised part-time courses. Specifically at the request of employers, courses include modules on “soft skills” such as work attitude, service culture, teamwork, communications skills, and work commitment. They also cover basic computer skills and occupational safety and health. A study in August 1999 of retrainees who completed their training in January and February 1999 found that 84% were still employed, nearly half of them with the same employer.²³⁹

4.59 Employability skills can be taught and learned. Researchers have focused on identifying successful practices in existing programmes and offer the following conclusions:

- Employability skills are best learned when they are included among instructional goals and are explicitly taught;
- Employability skills and traits are very amenable to being taught;
- The best method is to raise consciousness about values, attitudes and worker responsibilities, using strategies such as role play/ simulation, problem solving, and group discussions rather than lectures;
- Instructors should assume the role of facilitators / coaches so that students take much of the responsibility for their own learning; and
- Instructors should hold and communicate high expectations for the learning outcomes, including punctuality, dependability, thoroughness, decision making capability and co-operation.²⁴⁰

4.60 There are many programmes available on the Internet for self-training in work habits, attitudes and values, employability, or in affective competency for professional training sessions. One example is the Denver Workforce Initiative, whose Workin' it out programme helps entry-level workers understand the unspoken rules of the workplace, and develop basic communication and problem-solving skills.²⁴¹ Other American programmes for people with limited English include training in cultural differences such as:

- Intonation;
- How to indicate you do not understand; and
- How to fit in socially at work.²⁴²

4.61 Part time work has been shown quite widely and consistently to prepare people for future moves into full time work.²⁴³ Researchers advise policy makers to consider

²³⁸ HDRC 1998

²³⁹ Kwong 1998 pp 1-6

²⁴⁰ Cotton 2001 pp 7-13

²⁴¹ Relave 2000

²⁴² Wrigley et al 2003 p 23

²⁴³ Evans et al p 107

providing greater support for part-time employment because of these benefits. Voluntary work is one good way of achieving this.

4.62 In Britain voluntary work is a permitted activity for people receiving incapacity benefits. This is seen as helpful for people on the way into or back to work. It provides opportunities to test interests and try out skills and to gain experience in social interaction. As there is no direct effect on the level of benefit, it is also perceived as risk-free.²⁴⁴ Appropriate voluntary work included:

- Helping children read at school
- Community work
- Assisting at play-centres or schools
- Work in the office of a disability organisation

4.63 This voluntary work is required to have prior approval, but subsequent research has shown a range of unapproved and unreported voluntary activities done by beneficiaries “as a favour” or “just helping out”. These activities included:

- Work for a residents’ association
- Community support groups
- Advocacy and self-help groups
- Youth clubs
- Driving elderly or disabled people
- Performing arts

4.64 Working in charity shops was seen as retrograde and likely to inhibit rehabilitation.²⁴⁵

Addressing health factors

(a) Pain management

4.65 Pain management programmes were initiated in the 1970s. Typically they have been multidisciplinary in nature, and the overwhelming majority have been based on operant and cognitive principles.²⁴⁶ Recent American programmes have been more psychological in nature rather than merely exercise regimes. The relevance of specific muscles is usually given less prominence than enhancing functional activities.

4.66 Pain management programmes include:

- Medication rationalisation and withdrawal;
- Education about pain;

²⁴⁴ Corden and Sainsbury 2001 p 37

²⁴⁵ *ibid* p 38

²⁴⁶ Nicholas p 5

- Training in pain coping strategies (such as activity pacing, goal setting);
 - Relaxation techniques;
 - Turning unhelpful beliefs and thoughts positive,;
 - Upgrading more pleasurable activities; and
 - Encouraging the patients to take responsibility for managing their pain and recognising their achievements.²⁴⁷ This is especially important as research shows that working with one's own resources for pain management can be an effective way of increasing self-confidence and thus improve motivation to work.²⁴⁸
- 4.67 Most programmes also include the involvement of family and friends, particularly to educate them about refraining from unintentional reinforcement of pain behaviours. The healthcare system can also reinforce negative pain behaviour, as it provides services and attention contingent upon pain. Pain rehabilitation is likely to be more effective, when it focuses on the positive.²⁴⁹
- 4.68 Researchers generally agree that pain management is quite distinct from work hardening (incorporating physical conditioning, work simulation, and education to build strength and endurance, and improve function while helping to prevent re-injury) and work conditioning (work hardening but without the educational content).²⁵⁰ Research on all three programme types indicated that programmes which include a cognitive-behavioural approach can reduce the number of sick days lost quite significantly for people with chronic back pain, but there was no evidence of their efficacy for acute back pain.^{251 252} Effective pain management can also increase the general activity level of people, and thus their quality of life.
- 4.69 Cognitive behaviour therapy is an important tool in the rehabilitation of patients with pain. It includes identifying and using all motivating factors for return to work, as well as reducing the effects of demotivating behaviours. Motivation can change the perception of pain, according to the “gate-control” theory.²⁵³ According to this theory, different aspects of an individual's life can open or close the transfer of pain signals. Cognitive factors such as increased concentration and motivation may also help to close the “pain gate”.
- 4.70 Where pain management treatment programmes have been less successful may be because the workplace was seen as “something to return to” rather than an integral part of a comprehensive intervention.²⁵⁴ Pain management programmes must take account of both physical and psychosocial risk factors in the workplace (such as high time pressures, monotonous tasks, job dissatisfaction, low social support).

²⁴⁷ *ibid* p 6

²⁴⁸ Gard and Sandberg (1998) p 101

²⁴⁹ *ibid* p 102

²⁵⁰ PTRC website www.ptrc-tx.com

²⁵¹ Schonstein et al 2003 Abstract

²⁵² Marhold, Linton and Mellin 2000 p 162

²⁵³ Melzack and Wall 1965 pp971-9

²⁵⁴ Marhold, Linton and Melin 2001 p 155

(b) Use of cigarettes, drugs and alcohol

- 4.71 Studies have shown that between 6 and 37 percent of welfare recipients have a substance abuse problem which interferes with employment and job retention.²⁵⁵ Addressing substance abuse and mental health problems presents governments with unique challenges regarding screening and assessment, service co-ordination, treatment capacity, and funding for services. Access to treatment can be difficult because service delivery systems are often fragmented. The solution to this is interagency co-ordination.
- 4.72 In America, smoking cessation programmes are an allowable deductible medical expense, as well as treatment and other costs related to alcoholism.²⁵⁶

(c) Mental health

- 4.73 The need to prevent poor mental health while job seekers remained unemployed has been firmly established in many studies such as in Britain²⁵⁷ and in the United states. In a Michigan study²⁵⁸ results showed that intervention was particularly beneficial for people at high risk of developing depressive symptoms. (High risk was defined as having a high combined index of depression, financial hardship, and low social assertiveness at first interview.) The high risk participants showed significantly lower levels of both the incidence and the prevalence of severe depressive episodes, even two and a half years after the intervention.²⁵⁹
- 4.74 Most people who experience a traumatic event do not go on to suffer from post traumatic stress disorder (PTSD), but many are likely to experience some of the symptoms such as flashbacks or hyper-arousal. This is considered a normal reaction in the short term, and for most people, such symptoms will reduce within a few weeks. For most workplace traumas, fewer than 25% of the staff are likely to be affected in the longer term.²⁶⁰
- 4.75 Currently there are two main strategies for managing PTSD: diffusing and debriefing. Diffusing is the term used generically to describe employees getting together after an incident to discuss and make sense of what happened. In many instances, this happens informally. The aim of diffusing is to help people come to terms with what has happened, to offer reassurance and support, and to ensure they are aware of other help available.
- 4.76 Psychological debriefing, a structured group process for reviewing events involving intense re-exposure to the incident, is the most commonly used form of intervention²⁶¹ and yet it is difficult to evaluate whether it is successful in reducing trauma symptoms. There is a risk of secondary traumatisation with the intense re-exposure to the incident. The benefits of debriefing were found to be the development of management systems for dealing with incidents, and allowing staff the opportunity to diffuse.

²⁵⁵ Danziger et al 2000 p 6

²⁵⁶ Krentzman 2003

²⁵⁷ Riddell 2002 p 45

²⁵⁸ Caplan, Vinokur and Price 1997 p 348

²⁵⁹ Caplan, Vinokur and Price 1997 p 348

²⁶⁰ Rick and Briner 2000 p3

²⁶¹ Rick, Young and Guppy, 1998, Executive summary

4.77 A series of British case studies found that organisations with a range of practices and procedures for managing trauma in the workplace were less likely to have incidents occurring and harm was minimised where incidents did occur.²⁶² These include risk assessment, training and education, rehearsal of critical incident procedures, clearly defined practices and policies for managing incidents, clear guidance on dealing with the immediate aftermath of an incident, as well as longer term support for employees.

(d) Evidence-based Return to Work Guidelines

4.78 Evidence based guidelines are derived from sources which pool reported cases and compile data on various types of treatments, length of time off work, modified work possibilities, and identify factors specifically impacting on return to work. They have been derived to provide doctors, case managers, employers and workers with realistic benchmarks for managing the return to work process. They are a key factor in communications, ensuring that all share the same information and assumptions. Research indicates that doctors appreciate having evidence based guidelines to compare their patients with, as this enables them to come to their own decisions rather than having some-one else's view imposed on them.²⁶³

4.79 Disability duration guidelines are the focal point of the return to work process. Already, the use of such guidelines have produced significant and tangible results across the board.²⁶⁴ This includes a positive impact on the mental, physiological, emotional and financial well-being of a worker, their family, co-workers, employers and insurers.

Refusal to accept jobs

4.80 Whether unemployed people really want to work and the extent to which they search for work has been the subject of much debate. Commitment to work tends to be related to age (those over 55 years) and education (lower levels of education reduces people's longer term commitment to employment, especially women).

4.81 When dealing with refusal to accept job offers and options, it is important to consider the reasons for the refusal. These include:

- The remuneration is less than the person is receiving on benefit or through compensation payments;
- The worker wishes only to work in the same industry / the same type of job;
- The person does not want to return to work;
- Lack of confidence in their skills / ability to cope with work after an injury; and
- Loss of status.

4.82 How to address some of these reasons is dealt with elsewhere in this report (as in dealing with the loss of remuneration, loss of confidence and loss of status).

²⁶² *ibid*

²⁶³ Stutzman 2001 p 36

²⁶⁴ *ibid* p 38

- 4.83 Researchers are divided on the effectiveness of requiring unemployed / injured workers to accept job offers or lose their benefit payments. Knab et al found that requirements to participate in mandatory welfare-to-work programmes can increase employment and earnings, and reduce welfare income, independent of actual participation in the programme. Usually these independent effects of participation requirements are not known, because programme impacts are measured on those who actually turned up to participate.²⁶⁵ Not surprisingly, response to a mandate increases with the strength of enforcement and the level of penalties for non-compliance.
- 4.84 Most American states have laws saying that if a claimant for unemployment benefits refuses an offer of suitable work, without good cause, the claimant must be disqualified from receiving unemployment benefits. The British Government believes harsh sanctions are necessary to break the cycle of benefit dependency and long-term unemployment, which remain endemic in some parts of the country.
- 4.85 In 2001, nearly one in five children lived in a household where no one was in paid work - double the proportion in 1979 and four times that in 1968.
- 4.86 The British Library Information Services states that the sanctions regime under both the Jobseekers Allowance and the New Deal for Young People continues to cause hardship to many unemployed young people who frequently have only the haziest idea of what they have been accused. In practice sanctions were seen as the sorts of things the powerful do to the socially excluded, and, because of this, they have little effect on job-seeking behaviour. The most socially excluded among the young unemployed appear to be the most likely to suffer sanctions.²⁶⁶
- 4.87 Sanctions to force people to take jobs have been compared with healthcare: Imagine a world where registering with your GP entailed signing a "healthseekers' agreement" promising not to smoke, eat fatty food or go without exercise - and a health service that would refuse to treat you if you had broken it, or, additionally, failed to comply with a series of "for your own good" health and fitness measures. There is no ethical difference between this scenario and that of the benefit sanctions now in place: if we see healthcare as a universal social right, whatever people's behaviour, surely a level of basic subsistence - the means to live - must be too?²⁶⁷
- 4.88 The Canadian government rules for benefits state that although a claimant is expected to lower wage expectations as the period of unemployment lengthens, this must not be taken to mean that the minimum wages paid in the labour market or wages paid to an inexperienced worker become, at a certain point in time, acceptable to any worker. In certain cases, employment at those wages is defined as unsuitable; in fact, the "good employers", referred to in the legal provisions dealing with refusal of work, generally recognise pay rates based on an individual's qualifications.
- 4.89 They state that once a reasonable period of unemployment has elapsed since the commencement of the benefit period, the claimant must be prepared to accept the wage rates currently paid to workers in the same occupation and having the same

²⁶⁵ Knab et al 2000 p 20

²⁶⁶ Bivand 1999 pp12-15

²⁶⁷ Williamson Judith in The Guardian April 2002, available on www.societyguardian.co.uk

qualifications. For employment opportunities in other than the usual occupation, the claimant must be prepared to accept the rates paid to a person with similar abilities; depending on the circumstances, they may mean the rates paid to inexperienced workers.²⁶⁸

- 4.90 The end solution is stated bluntly by recruitment specialists: "Today's job seekers must lower their expectations. They need to commit themselves to working their way up another career ladder, changing careers, taking part time positions or even doing temporary work until a better position is found. They must change their mindset and stop complaining that there aren't any jobs out there!"²⁶⁹

Age, gender, ethnicity

(a) Age

- 4.91 Lifelong learning is an important part of British government policy, driven largely by concern about the general skill and qualification levels of the economically active population.²⁷⁰ To remain competitive in the labour market, people need to continually update and learn new skills, and it is recognised that participation in learning has much wider benefits.
- 4.92 A British study of the impact of learning on older people concluded:
- An improvement in self-confidence, self-esteem, satisfaction with life and ability to cope with everyday life;
 - Improved ability to stand up for oneself;
 - Improved ability to take responsibility;
 - More people in poor health or disabled reported improvements in life than those in good health;
 - 25% declared they had done enough learning in their life; and
 - 22% felt they were too old to learn.
- 4.93 Overall, this research supports the training / retraining of older workers for employment. Another reason to support this training is a seemingly international lack of the suitable skills for employment: the Hudson Institute forecast in the early 1990s that millions of new workers lack the basic skills essential for employment, and that a gap was emerging between education and skill levels of new workers and employers' skill requirements. This was forcing employers to look to non-traditional workers, finding in older persons "a vast resource of talent and experience"²⁷¹
- 4.94 In Hong Kong, the Employees Retraining Board has special programmes for older workers, originated through concern for the vulnerability of elderly workers with low education attainment and low skills.²⁷² They see training and retraining as a continuous and lifelong process for all.

²⁶⁸ HRDC Rule 10.5.4

²⁶⁹ Graves 2003

²⁷⁰ Dench and Regan 2000 Executive summary

²⁷¹ American Association of Retired Persons 1993 p 4

²⁷² Kwong 2000 p4

- 4.95 Research has identified some best practice in training / retraining older workers, which also includes placement in part-time employment. While there is no consistent definition of the older worker, in terms of chronological age, functional ability, and psycho-social characteristics, this merely serves to emphasise the individuality of older workers and the need to be flexible towards training, retaining and employment.
- 4.96 There are a number of research findings that indicate that being old may not be the reason for someone being a poor learner, rather it could be due to learning and other individual differences, such as not having been involved in learning activities for some time.²⁷³
- 4.97 Traditional training methodologies for older workers include:
- Interactive training (based on the assumption that older workers do not function well in school type environments);
 - Activity learning (which reduces descriptions and memorisation, and involves tasks of graded difficulty, but results of studies were inconclusive);
 - Discovery learning (learning through doing, rather than through verbal or physical instruction, which proved to be very effective but time consuming for the trainer);
 - Comprehension, reflex, attitude, memory and procedure (cramp) technique (which incorporates all the previous methods of learning, and proved very helpful to older men); and
 - Programmed instruction (which provides immediate feedback and positive reinforcement, and is aligned to behaviour modification).
- 4.98 Recommended actions to assist successful training of older workers include:
- Trainability testing, checking out a person's ability to learn a short task before investing time and resources into training.²⁷⁴ The approach has three steps:
 - Teaching the worker a task, using standardised instructions and demonstration techniques;
 - The worker performs the task unaided; and
 - Errors are recorded on a standardised checklist, performance is graded and trainability rating established.
 - Changing the attitudes of supervisors and managers, as older workers tend to fear failure and/or inability to compete. Recognise that in many cases, these people and the trainers may be younger than the older trainee;
 - Base training on job or task analysis;
 - Allow adequate time for mastery of skills, by moving from simple to complex tasks, and include demonstration of mastery of skills. Computer training is the best example of this need;
 - Recognise that older workers generally require longer to reach proficiency than younger workers by allowing longer periods for study and to complete

²⁷³ Sterns and Doverspike p 313

²⁷⁴ Sterns and Doverspike p 310

tasks and tests, and have slower rates of presentation (although there is other research which indicates no difference in learning times between groups of workers in their twenties and in their fifties²⁷⁵);

- Ensure the training environment is comfortable for the older trainee;
- Ensure the training builds on the existing skills, knowledge and abilities of the trainee, and use material that is both familiar and relevant to them;
- Ensure they are motivated to be trained and to learn; and
- Even with self-paced training, older trainees tend to need more support and interventions from the trainer. Care must be taken, however, to maintain their sense of status and self esteem.

4.99 Lastly, it is timely to remember that with the current pace of technological change, many new skills are becoming obsolete within a few years, and that regardless of age, workers' skills will need updating roughly every five years.²⁷⁶

4.100 Despite all this, there are not many labour market adjustment programmes specifically targeted for older workers, although it is suggested that governments will need to pay more attention to this segment of the labour market as the working population ages. Those programmes that have started have been successful. For example Sweden has achieved a 90% labour market participation rate among older individuals while keeping overall unemployment rates down to 5%. Training programmes in the United States which were more personalised and included ongoing counselling and assessment activities were effective in encouraging the re-employment of older workers.²⁷⁷

4.101 Finland has established two new programmes to encourage greater participation in the labour force of older workers. The first, the "Carrot Project", involves the provision of help and advice to companies with at least 40% of their workforce over the age of 45 and includes an audit of the staff's work ability. Changing management style is seen as a key lever in this project along with developing participation in change management.²⁷⁸ The second, the Maintenance of Work Ability (MWA) Barometer, was established out of the need to decide the extent, content, and functionality of the activity to maintain work ability in work places. Three quarters of companies report undertaking MWA activities, which contribute to business success as well as help facilitate the recruitment of labour in times of shortage, and are used in managing the progress of senior managers.²⁷⁹

4.102 The normal ageing process encompasses physical, neurological and sensory changes, all of which the older worker adapts to. Simple ergonomic changes which assist older workers retain their efficiency and their employment include:

- Improving lighting;
- Implement colour coding schemes to reduce need to use fine print;
- Supply magnifiers where appropriate;

²⁷⁵ Murrell and Humphries 1978 pp 363 - 365

²⁷⁶ Sterns and Doverspike p 325

²⁷⁷ HRDC 1997 Section 7.2

²⁷⁸ FNPAW 2000 p 4

²⁷⁹ *ibid* p 4

- Ensure instructions are given clearly and audibly;
- Ensure safety warnings are clear, including safety markings in any vehicular areas; and
- Recognise changes in older workers' flexibility, strength, speed and reaction times.²⁸⁰

4.103 Grey Skills Home and Employment Services have been established throughout New Zealand to provide temporary assignments for people aged over 40. The network provides services such as home property maintenance services. The success of the system is apparent in the fact that it is the largest home services group in NZ with over 400 service providers (all aged over 40).

4.104 The philosophy of Grey Skills is:

Towards a world where age is no barrier to success. An organisation for people who have had their rights infringed because of their age; to recognise and acknowledge their intrinsic value, and help them find quality employment with quality employers.²⁸¹

(b) Gender

4.105 Gender based research is focused only on the problems faced by women, largely because of the significant numbers of lone parent families headed by women. Job loss for this group occurs frequently because of the nature of jobs they find, the generally low technical and personal skills they bring to jobs, and the pressures and disruptions of their personal lives as they juggle responsibilities between their children and their employers.²⁸² The pattern of rapid job loss / job acquisition is repeated often.

4.106 There is also the issue of wanting to return to work. One quarter of unemployed German women with children only want to return work at a later date - even if they were offered a job immediately, they would not take it, according to the German Department of Work and Income.²⁸³

4.107 There are not many programmes specifically for long- term unemployed or injured women attempting to return to work. The few programmes that exist are related to affirmative action programmes to increase the participation of women in the labour force generally. Ireland had long had a lower female participation rate in the workforce than most other countries (less than 60% of women in the 25-54 age group compared with 75% in the United Kingdom and over 80% in Sweden).²⁸⁴ The FAS (the Irish Training and Employment Authority) developed specific programmes under the banner Women in Focus, starting in 1990. This includes:

- Incentives to employers to employ and train women apprentices;
- Training programmes for women only on return to work skills;
- Specific job skills, and specialist skills required by individual firms;
- Career development;

²⁸⁰ Larson 2001 pp 67 - 68

²⁸¹ Grey Skills website: <www.employment.co.nz/grey%20skills>

²⁸² Hershey and Pavetti p 74

²⁸³ press statement sourced through Internet

²⁸⁴ press statement from Irish Hotels Federation 22 February 2000.

- Training for “traveller women”;
- Community skills development;
- Home care;
- Care of the disabled; and
- Updating of skills.

4.108 They also developed a new childcare worker training programme for unemployed women to meet the growing demand.²⁸⁵ According to the OECD, these programmes have been successful: The rate of employment among females in Ireland increased by 15 percentage points from 1994 to 2002, and the rate of employment for young women aged 25-29 at 78% is higher than in most OECD countries.²⁸⁶

4.109 Sweden also has introduced major gender equality initiatives for all ages, ranging from gender equality in schooling, working life, to health, and violence. Specific work initiatives include a programme to support women starting up and running their own businesses.²⁸⁷

4.110 Australia has a Return to Work programme which assists people who have been unemployed for more than two years, particularly women, with information technology skills and other assistance to enable them to re-enter the labour force.²⁸⁸ They also have a Small Business Enterprise Culture Programme which fosters skills development initiatives and mentoring services for small business and supports women in small business.

4.111 The UK New Deal for Lone Parents is a voluntary welfare to work programme designed to increase the participation of lone parents into paid work, and to improve their job readiness and employment opportunities. In that most of the 317,000 participants over four years were female (94%), the results give an accurate portrayal of effectiveness of programmes for women. The programme incorporates a Personal Adviser (PA) for each participant. PAs provided the following assistance as required to make the transition to work:

- Learning about the client so that they can provide support and help to find a job that the client will enjoy;
- A “better-off calculation” to ascertain how much better the person would be in a job;
- Drawing up an action plan to help the client get that job;
- Practical and specific help in looking for and applying for suitable jobs;
- Help in accessing training;
- Help in accessing childcare;
- Help with expenses during the job search;

²⁸⁵ FAS website: www.fas.ie

²⁸⁶ OECD: Babies and Bosses press release November 2003.

²⁸⁷ Regeringskansliet Factsheet: Some gender equality initiatives in 2002

²⁸⁸ Australian Budget Report 2000

- In-work financial planning advice on benefits available while in employment; and
- Continued help and advice after the client has found work.

4.112 PAs have a high degree of flexibility and autonomy to enable them to tailor services to meet the individual needs of each client. The programme operates within a wider suite of measures to increase employment rates among lone parents.

4.113 The programme has been widely evaluated. There is a growth in repeat participation, and a third of all participants being on the programme for a second time or more.²⁸⁹ Any of being male, old, non-white, or having many / young children appeared to reduce chances of leaving the programme for work, but interestingly, those with the most disadvantages had better return to work rates than those with fewer impediments to return to work.²⁹⁰ The jobs gained were generally of good quality and sustainability, and gave good satisfaction to participants.

(c) Ethnicity

4.114 There are few programmes which address the issues regarding return to work of different ethnic groups, probably because most countries have anti-discrimination legislation which covers discrimination based on ethnicity, and this is assumed to be sufficient. A British study cited two examples of addressing ethnic issues, one being the provision of in-work support to Maori and Pacific peoples in New Zealand, and the other a Finnish programme focused on the immigrant population. In the latter programme to support the transition into employment, immigrants are provided with two job coaches – one a native Finn and the other also an immigrant – to support the worker and employer. Beyond the transition stage they may receive further training such as for specific workplace language or workplace culture.²⁹¹

4.115 The Luxembourg National Plan for Vocational Training and Integration covers all vocational training measures for unemployed workers, with the aim of providing them with the qualifications required by the labour market for those who do not have specific vocational training or their qualifications are insufficient or unsuitable. Priority is given to those with special difficulties of vocational (re-) integration such as disabled people, women, and migrants.²⁹²

4.116 American states are developing programmes, largely in response to the growing Hispanic population. Courses have also been provided for Chinese, Ethiopian, Liberian, Somali, Bosnian, Eastern European, Hmong, Vietnamese, and Sudanese students.

4.117 Three types of programme have been identified:

- Bilingual, where skills training is taught in the native language of the participants;
- Integrated, which teach both english and skills training concurrently; and

²⁸⁹ Evans et al 2003 p 95

²⁹⁰ ibid p 99

²⁹¹ Kellard et al 2002 p 85

²⁹² Thornton and Lunt 1997p 230

- Sequential, where individuals begin with English language classes and progress to skills training after a certain level of proficiency in English is reached.²⁹³

Generally, courses require participants to be literate in their own native language.

4.118 As a result of the 1996 survey of long term unemployed, funding was provided to purchase training in English for Speakers of Other Languages (ESOL) for up to 500 unemployed job seekers in 1996/7 and 1997/8.²⁹⁴

Type of disability

4.119 Type of disability is a more important influence on return to work than severity. People with amputations, bruises and contusions are more likely to return to work sooner than people with sprains, dislocations and fractures.²⁹⁵ Partly this reflects the physical demands of a job, as low skilled manual workers with sprains and fractures are less able to return to work promptly.

4.120 There is considerable research exploring which type of vocational rehabilitation works best for different disabilities.

(a) Mental health problems

4.121 There is no doubt that people with severe and enduring mental health problems benefit from work.²⁹⁶ It can be a significant factor in keeping people out of hospital and reducing their use of medication and out-patient services. Getting people into work quickly after periods of hospitalisation is critical to successful treatment.²⁹⁷

Research results on successful rehabilitation include:

- An individual placement and support (IPS) programme for people with severe mental disorders in an inner-city context s were shown to be more effective than an enhanced vocational rehabilitation (EVR) programme. This was due to the rapid job search methods of the IPS programme compared with the stepwise approach of the EVR;²⁹⁸
- Supported employment is more effective than pre-vocational training;²⁹⁹
- People with mental health problems are more likely to obtain and retain work if they are placed in work which accords with their stated preferences;³⁰⁰ and
- The chances of gaining employment are likely to be linked not only to appropriate vocational rehabilitation services and the local labour market, but also to work disincentives in the disability pension system. A crucial factor was the “earnings disregard”: the amount of earned income a disabled

²⁹³ Wrigley et al 2003 p 43

²⁹⁴ Parker 1997 p 72

²⁹⁵ Johnson and Ondrich 1990 p 584

²⁹⁶ Schneider 1998 pp 812 - 894

²⁹⁷ Riddell 2002 p 45

²⁹⁸ Drake et al 1999 pp 627-633

²⁹⁹ Crowther et al 2001 p 207

³⁰⁰ Mueser et al 2001 pp 411-417

worker may receive before his or her governmental benefits are reduced or discontinued.³⁰¹

4.122 There are various publications and web-sites dedicated to assisting people with psychiatric illnesses manage their relationship with work and employers, but few courses. Boston University's Center for Psychiatric Rehabilitation offers many services, including what it describes as "the only site designed exclusively to provide information...for people with psychiatric disabilities".³⁰²

4.123 Research indicates that while there are some generalisations which can be made about which tasks or skills are likely or unlikely to be performed by people with type of mental illness, each case must be assessed individually.

- Problems with memory are associated with people with schizophrenia, depression and anxiety;
- Inability to maintain speed at performing assembly level tasks is associated with depressions and obsessive compulsive disorder;
- Difficulty staying with a project until completion is associated with those in the manic phase of bipolar disorder, attention hyperactivity disorder, schizophrenia, and histrionic personality disorder;
- Lack of reliability / punctuality is associated with agoraphobia, somatization disorder, avoidant personality disorder, antisocial personality disorder, major depression, and borderline personality disorder;
- Taking pride in doing a good job, and staying with the task can be problematic for people with antisocial personality disorder, schizoid and passive-aggressive personality disorder, and major depression; and
- Difficulty maintaining interpersonal relationships at work may reflect bipolar disorder, post traumatic stress disorder, antisocial personality disorder, passive-aggressive personality disorder, schizoid personality disorder, borderline personality disorder and narcissistic personality disorder.³⁰³

4.124 It is important to remember the cyclical nature of several mental illnesses, and that the number and dose of prescribed medications and their side effects must also be considered when planning employment. Providing on-job support systems is a critical part of maintaining the employment of people with mental health problems, such as being alert to signs of medical non-compliance, and managing employment issues like supervisor and co-worker support, job appropriate job-matching, flexible working schedules where necessary and providing feedback constructively.³⁰⁴ Supported employment is more effective than pre-vocational training at helping people with severe mental illness to obtain competitive employment.³⁰⁵

³⁰¹ Warner 2001 pp405-9

³⁰² website , www.bu.edu/SARPSYCH/jobschool/main.html>

³⁰³ Marini 2003 p 40

³⁰⁴ ibid p 41

³⁰⁵ Crowther et al 2001 p 207

(b) People with traumatic brain injury (TBI)

4.125 Neurological outcomes of head injury include memory impairment, personality disturbance, decreased motor control, fatigue, speech and language difficulty, attention and concentration deficit, and lack of initiative.³⁰⁶ While researchers disagree on what are the most effective programmes to assist these people return to work, it is useful to summarise those which variously have been found to be effective:

- Developing awareness and acceptance of any deficits resulting from the brain injury – people unable to do this will not be able to become productive in the community³⁰⁷. Return to work is influenced less by the severity of the injury than by the relationship to functional independence;³⁰⁸
- Supported employment. This should include learning how to lessen memory problems, (by learning new ways to achieve tasks or learning strategies to recall information more accurately) and error correction processes. Care must be taken lest the worker becomes overly reliant on their support;
- Individualised return to work programmes, including components like assessment and vocational evaluation, simulated work, work hardening and training develop stamina, transitional employment, vocational counselling, job-seeking/ keeping skills training, job development, job analysis, job placement, one the job training and support; and
- Group cognitive skills training, with the development of thinking skills related to problem solving, concentration / attention, decision making, remembering names and faces, study skills, functional mnemonics, goal setting, non-verbal perception, test taking strategies. In this project, members of the group successfully tutored each other.³⁰⁹

4.126 Research has identified that individuals with TBI rated most difficult to assist tended to be younger, have functional limitations such as visual and fine motor impairments, and lacked numerous work-related skills.³¹⁰ Job coaching has been proven to be successful for those with cognitive or behavioural problems.³¹¹ Understanding and then managing unacceptable behaviour is key to retaining employment, whether the person recognises that the behaviour is inappropriate, or they have chosen to behave that way.³¹²

4.127 Lastly, the professional support person for the worker with TBI needs to fade their presence and assistance gradually, basing this on the performance data they have been collecting as they assist the worker. It is important to retain a long term relationship of “touching base” with the worker’s supervisor to assess whether any further assistance is required.

³⁰⁶ Riddell p 48

³⁰⁷ Yasuda et al 2001 p 856

³⁰⁸ Greenspan et al 1996 p 207

³⁰⁹ Parente and Stapleton 1999 pp13 - 20

³¹⁰ Yasuda et al 2001 p 857

³¹¹ Brantner 1992 p 3

³¹² Yasuda et al 2001 p 681

(c) People with hearing problems

- 4.128 Many deaf people lack generic employment skills, and have ongoing problems with communications. It is sometimes assumed that employing an interpreter will be sufficient measure to negotiate workplace adjustments with an employer and to establish communications with co-workers.³¹³
- 4.129 The best way of ensuring people with hearing problems retain their employment is to have a job coach during the initial period of employment. This is not always easy to do as such job coaches require the following skills:
- Expertise in deafness and manual communication methods;
 - Knowledge of other disabling conditions;
 - Observation, assessment and reporting skills ;
 - Teaching skills;
 - Knowledge of appropriate legislation; and
 - Knowledge of rehabilitation technology and job modification options.
- 4.130 Use of sign language helps many people with hearing problems. Belgium has recently decreed that sign language is their fourth national language, but their challenge is now to implement the change in the fields of education and training, employment, culture, information and health. American Sign Language is the fourth most commonly used language in the United States and earlier in 2003 Britain recognised British sign language as a language in its own right.
- 4.131 Research has identified that more attention post employment placement would be beneficial, to assist workers establish and maintain communications with co-workers. This is best achieved using a job coach rather than an interpreter.³¹⁴

(d) People with sight problems

- 4.132 Italy reserves employment in both public and private organisations specifically for blind people who are registered on a professional roll managed by the Labour Ministry. Blind people in Italy work mainly in telephone switchboard operation, masseur physiotherapy and teaching. Technology refresher courses and sighted assistance are provided as appropriate. These provisions have proved so successful that it is unnecessary to look sheltered employment to meet the occupational needs of blind people.³¹⁵ In the US, assistance is given to train and license blind people to operate vending facilities on federal and other property.³¹⁶
- 4.133 Light engineering, shorthand and typing, and switchboard operation, the traditional areas of employment for blind and partially sighted people, are declining at a marked rate, being replaced by call centres, customer service, and computer programming. This latter has been assisted by the development of synthetic speech and voice recognition technology. Expansion of employment opportunities for the blind depends partly on finding quick solutions to access new technologies, and

³¹³ Riddell p 49

³¹⁴ *ibid*

³¹⁵ Thornton and Lunt 1997 p 174

³¹⁶ *ibid* p 281

partly on addressing the continuing prejudice of employers about hiring people who have difficulty seeing.³¹⁷

4.134 Again, post employment placement support is essential, best performed by a job coach.³¹⁸

(e) People with back problems

4.135 A comprehensive 6 nation longitudinal study on people with back problems found that early interventions /return to work were more beneficial than later interventions.³¹⁹ All people studied had been out of work for at least three months due to their back problems, and if they had not returned to work by the end of 12 months out of work, they were unlikely to return at all.

4.136 This research was supported by a Swedish study which found that the treatment programme was more effective for workers who had been on sick-leave for back problems for only a short time than for those who had been off-work for a long time.³²⁰ Those on short-term sick leave increased their ability to control and decrease pain, reduced their disability and impairment, and increased their general activity level, compared with a control group.

4.137 Australian research indicates that back injury patients are in general likely to benefit because of, rather than in spite of, returning to work.³²¹

4.138 Key actions for rehabilitation are:

Step 1

- Accurate assessment of injury, including symptoms, signs, patient's capacity and the patient's psychological state;
- Early communication with the key parties – patient (about their condition, recovery time, and early return to work), employer (about strategies for return to work), treating professionals (about treatments), family / union representatives where appropriate (may need to recognise cultural and language difficulties) , specialists for second opinions where required, and rehabilitation counsellors; and
- Reducing pain.

Step 2

- Determination of reduced hours / lighter duties; and
- Addressing psychosocial factors, and increasing patients' own resources to deal with pain situations.

Step 3

³¹⁷ Jackman 2001 p 2-3

³¹⁸ Riddell 2002 p 50

³¹⁹ Bloch and Prins 2001

³²⁰ Marhold et al (2001) p 162

³²¹ Gun and Fraser 1992 p 4

- Training in the functional capacities needed in work and life situations. This includes handling difficulties at return-to-work such as fatigue and anxiety.

- 4.139 A Dutch study on return-to-work interventions for people with low back pain concluded that physical exercises were a key component, and that the most effective was graded physical activity based on a behavioural concept.³²²
- 4.140 The psychosocial factors vary, but include job satisfaction, and low social support in the workplace. The patient's own belief about their work return is important.³²³ Good relationships with colleagues are a strong motivating factor for return to work but bad relationships with supervisors were a demotivating factor.³²⁴ These need to be addressed as part of the vocational rehabilitation plan. As stated elsewhere in this report, if the injured worker was not happy in their previous job, it is probably better that they consider and/or implement a career change, or at least a change of employer.
- 4.141 One of the difficulties in dealing with clients with back problems is that the severity of pain is very subjective. Constant medical assessment consolidates the syndrome of the disabled back. Diagnosis can be imprecise and inaccurate, despite the assistance that sophisticated methods of diagnosis can provide. The conclusion is that it is better to orient attention towards rehabilitation rather than on dubious diagnostic aids such as X-rays.³²⁵

(f) People with serious injuries

- 4.142 While severity of disability has a bearing on labour force participation, this is not due to the severity of the injury but to attitudes of employers. High rates of discrimination are reported by people with moderate to severe levels of disability.³²⁶ There are many examples in literature illustrating the potential of individuals with severe disabilities to work, given appropriate supports.³²⁷ The fact that such employment is possible, however, does not mean that it is easily obtained.

(g) People with spinal injuries

- 4.143 Recent research on employment outcomes for people with spinal injuries reported that more individuals started with a new employer rather than returning to their pre-injury employer. Those who returned to their pre-injury employer returned to work much earlier than those who found new employment.³²⁸ There was a significant relationship between gender and type of work: men were twice as likely to be in paid employment, whereas women were in non-paid roles such as voluntary work, education, and home-makers. Age was also relevant: people injured before the age of 18 had an employment rate of 69% whereas those injured after 45 had an employment rate of only 9%.

³²² Staal et al 2002 p 264

³²³ Marhold et al (2002)

³²⁴ Gard and Sandberg 1998 p 106

³²⁵ Landon Smith 1977 pp 1076-7

³²⁶ Bunch and Crawford 1998 p 33

³²⁷ Perrin p 17

³²⁸ Yasuda et al 2002 summary

- 4.144 Those who were employed reported receiving fewer medical treatments, completed more years of education, were more satisfied with their lives and rated their overall adjustment higher than individuals who were not employed.
- 4.145 The important conclusions from the research are the ability of people with spinal injuries to regain employment, and the benefits of being employed.

(h) Other injuries / disabilities

- 4.146 Spain provides special assistance for people suffering from toxic syndrome, whether they lost their job as a result of getting toxic syndrome, or who are unemployed and suffering from the syndrome, or have been undergoing treatment for more than a year.³²⁹

Problems arising from pre-injury circumstances

(a) Family circumstances

- 4.147 Belgium provides a childcare allowance for unemployed women undergoing vocation training, recognising the importance of this to encourage long term unemployed women to re-enter the labour market.³³⁰ In Hawkes Bay in New Zealand, Work and Income found that providing a free childcare service helped reduce numbers of unemployed at the same time as satisfying the labour demands of seasonal industries.³³¹
- 4.148 A British study on job retention programmes in OECD countries found that the provision of childcare provided benefits in terms of job retention and improved work performance. Childcare needed to be flexible and meet both employees' and employers' requirements. In the United States, subsidised childcare is available for up to 24 months to welfare recipients moving into employment, and some states are encouraging both providers of childcare and employers to extend childcare services into non-standard hours and for emergency situations. Assistance is also provided in some states to transport the children to childcare providers.³³²

(b) Job satisfaction

- 4.149 While there are no formal programmes to remove the barrier of low job satisfaction in their previous jobs, often the programmes which address other issues such as poor work skills and attitudes will help the unemployed /injured workers achieve better job satisfaction in their new jobs. Such initiatives are outlined elsewhere in this paper. If it transpires that the unemployed /injured worker was not happy in their previous job, it is appropriate for them to take the opportunity to consider and/or implement a career change.

(c) Job history

- 4.150 While there are no programmes to address job history retrospectively, some countries do address the issue of maintaining a work history while unemployed.

³²⁹ Thornton and Lunt 1997 p 235

³³⁰ Geers 1992 p 62

³³¹ East Coast Regional News June 2002

³³² Kellard et al 2002 pp 33-4

Denmark has formal requirements for people of employable age without work who receive some income support to be active.³³³ The primary purpose of this is to bring people back into employment by developing their human capital: i.e. enhancing their qualifications and employability. It is the responsibility of the individual to improve his or her qualifications, working ability and ability to be self-sufficient. In principal, activation is a non-permanent situation, although there are some in the more disadvantaged groups who have been moving between schemes for some time.

4.151 Activity, which must be formally organised, may include:

- Work activity which leads to some product or service, with a wage subsidy in public or private enterprises, in voluntary organisations, or in special institutions set up for social assistance recipients;
- Training or education activity, such as introductory courses, job training, and counselling;
- Activities of a social nature, including exchange of experience with other people in similar situation; and
- A mix of the above.

Individual activity, such as childcare or gardening, is not accepted as an active measure.

4.152 The evaluation of the UK New Deal for Lone Parents noted that there are some people who “cycle” between work and benefits.³³⁴ This may be due to job-related problems, individual characteristics, family circumstances, or a combination of these. There are other people who change jobs constantly, often for a combination of the above factors, or the desire for time out of the workforce, seasonal factors etc. Researchers caution that these cyclically employed people have quite different needs and require to be treated differently from other job-seekers. Case managers need to determine the underlying cause of the cycle, such as a need for training or education, for family support, or managing conflict.

(d) Relocation

4.153 For many professional people who become unemployed, relocation to a centre where relevant jobs are available is often ruled out. The usual reasons given are:

- Being part of a two-career family which means that the other party has to arrange a job transfer or find a new job;
- Financial concerns about selling and buying houses;
- Disruption to social relations including schooling, families, and recreational activities.

4.154 None of these are insurmountable. Ways of addressing these include:

- Asking the prospective employer for assistance in finding the partner a job – in America, many firms have programmes to assist spouses find jobs, not necessarily with the same company;

³³³ Rosdahl and Weise p 161

³³⁴ Evans et al 2003 p 107

- Using the Internet to collect information on possible employers and job opportunities;
- The partner seeking a job transfer with their existing company, including continuing in the same job but based at a different location, and teleworking from home;
- Paying some or all of the costs of relocation, whether by the new employer or the agency assisting the worker to find employment, including providing bridging finance to cover mortgages;
- Careful consideration of the value of community roots and involvement, hobbies, schooling etc. Refusal of relocation should come after careful consideration of the issues and how these may be resolved rather than through inertia.³³⁵

(e) Criminal records

4.155 Helping people with criminal records is relatively straightforward, and many programmes have been proven successful.³³⁶ In addition, employment may be a key strategy in reducing repeat offences. It is important that return to work programme providers are aware of participants' criminal histories, which are then handled in a practical and non-judgemental way. This includes:

- Teaching participants how to address their records in resumes and applications;
- Ensuring participants are ready to answer questions about their past;
- Helping individuals address any current legal issues they may have, such as parole, creditors, child support etc;
- Focusing on presentation, communication and confidence in job search;
- Recognising that extra time is likely to be needed to find a job;
- Being alert to substance abuse;
- Preparing participants to handle questions or reactions from co-workers;
- Knowing what occupations are "friendly" to ex-offenders; and
- Being honest and straightforward with employers, and encourage them to provide a work trial at the least.

(f) Obesity

4.156 In April of 2002 the United States recognised obesity as a disease. This was a contentious decision as some people believed that obesity was purely a matter of personal choice, of a sign of mental aberration.

4.157 Taxpayers have been able to deduct the costs of weight loss programs as a medical expense since 2000 if they were recommended by a doctor to treat a specific disease. Obesity itself was not recognised by the Inland Revenue Service (IRS) as an ailment that qualified for the weight loss expense deduction.

³³⁵ Borhardt 2002 p 9

³³⁶ Brown 2001 p 83

- 4.158 To receive the deduction, a taxpayer must participate in a weight-loss program for medically valid reasons. Simply joining a gym or a weight control program to "improve the taxpayer's appearance, general health and sense of well-being" and not under a physician's guidance will not qualify, the IRS said.
- 4.159 Also not deductible are diet foods, even if they are an integral part of the weight loss plan. The IRS reasons that people have to pay for their food whether or not they are trying to lose weight. The deduction comes in the area of medical expenses, which must in total exceed 7.5 percent of adjusted gross income and can only be taken by taxpayers who itemize their deductions.

B External factors

Attitudes of employers

- 4.160 Australian research into employer attitudes to the unemployed found that while some employers speak quite negatively about people, others feel empathy and sympathy for the unemployed and for their situation. Attitudes towards long term unemployed, however, were generally negative and pessimistic. Rightly or wrongly, there was a perceived stigma around the long term unemployed and this influenced their bias against employing them.³³⁷ There was almost universal support towards employing women who were returning to work after raising children, while there was an acknowledged stigma attached to older men.
- 4.161 In general, the most important thing for employers is to find the right person for the job – the right skills, experience and attitude.³³⁸ American research indicates that in response to an uncertain economy when employers become more cost-conscious and risk-averse, hiring decisions are more likely to be driven by a desire to avoid making a mistake rather than to recruit the most promising candidate.³³⁹
- 4.162 It is important to recognise that some employers will not want to re-employ some individuals post an injury for a variety of reasons such as poor performance, attitudes or relationships.

(a) The Disability symbol

- 4.163 The British Employment Service holds a register of employers who have demonstrated a commitment to employing people with disabilities, using the disability symbol as the representation. These employers generally have policies specifically addressing the employment of people with disabilities, covering issues such as recruitment, retention, training and development, promoting awareness and adaptations. They were six times more likely than other employers to be actively seeking to recruit disabled people. In a 1994 survey, 85% of them said they would have paid for any necessary adaptations or modifications for existing or new disabled staff.³⁴⁰
- 4.164 The disability symbol, which is a Government initiative, has been developed so employers can show their commitment to good practice in employing disabled

³³⁷ Dept of Employment and Work-place Relations 2001 p 4

³³⁸ Snape 1997 Executive summary

³³⁹ Bricout 2003 p 45

³⁴⁰ Dench, Meager and Morris 1994 Executive Summary

people. It is a communication tool which can be used by employers to encourage disabled people to apply for specific jobs. Employers who use the symbol make five commitments to action. These are :

- A guaranteed job interview: To interview all applicants with a disability who meet the minimum criteria for a job vacancy and to consider them on their abilities;
- Consulting disabled employees regularly: To ask disabled employees at least once a year what you can do to make sure they can develop and use their abilities at work;
- Keeping employees if they become disabled: To make every effort when employees become disabled to make sure they stay in employment;
- Improving knowledge: To take action to ensure that key employees develop the awareness of disability needed to make your commitments; and
- Checking progress and planning ahead: Each year, to review these commitments and what has been achieved, plan ways to improve on them and let all your employees know about progress and future plans.



4.165 Symbol users are expected to put the symbol on all job advertisements in the press or at the Jobcentre, as well as internal vacancy advertisements and job application forms. The symbol can also be put on letterheads, stationery, internal magazines and newsletters; doorways and signs, reception areas, interview rooms and at career exhibitions. An internet search on the words disability symbol resulted in hundreds of advertisements on their accredited status from proud employers.

4.166 Several countries also provide systems to recognise “good employers” of people with disabilities such as the Greek Letter of Approval, public acclaim and small prizes,³⁴¹

(b) Duration of unemployment

4.167 One way of handling the negative perceptions of employers regarding long term unemployed is to involve the employers more in public employment and training programmes. Research shows a strong positive link between participation in such programmes and the experience of recruiting unemployed people.³⁴² Following a positive experience of employing a previously unemployed person (whether directly or through a programme) lead to a readiness to take on more unemployed people. But a negative experience, especially if accessed through a public programme, had the opposite effect. The key message to programme managers was to manage carefully the selection and placement of unemployed people.

³⁴¹ Thornton and Lunt 1997 p 147

³⁴² Atkinson, Giles and Meager 1996 Executive Summary

4.168 The Denver Workforce Initiative provides a work-based training programme for employers to address performance and retention problems. The Managing to work it out programme for supervisors (a companion programme to the Workin' it out programme for entry level workers) challenges beliefs and biases about work and workers, and presents strategies for resolving conflict, communicating with and motivating entry level workers.³⁴³

(c) Educating employers regarding disabilities

4.169 An American demonstration project to find employment for people with significant disabilities who had been unable to gain employment on their own found that employers did not view people with disabilities as qualified applicants for existing positions.³⁴⁴ As a result of an employer focus group discussion, the project team recommend:

- Present job restructuring as a way for businesses to save money rather than creating jobs for disabled people. Money can be saved by eliminating the need for overtime, or completing tasks not typically accomplished, whereas job creation is seen as increasing costs rather than company efficiency; and
- Employment specialists must build relationships with employers – which does take time – so that they can demonstrate how a person with significant physical disability can perform the essential functions of a particular job.

4.170 Australian research on employer attitudes and behaviour regarding hiring unemployed people concluded that employers are not a homogeneous group. Each employer has different needs, motivations, attitudes, prejudices, backgrounds and personal life experiences.³⁴⁵ A second study aims to segment employers into groups with like attitudes and motivations, so that the Department of Employment and Work Relations can target its approach according to what works best for each group type.

4.171 The people with disabilities themselves may have to help employers understand their abilities. For example, an employer may be reticent in a job interview about asking questions on the applicant's ability to perform certain functions. One solution is that the applicants themselves bring up the topics of concern, and describe how they will overcome any functional limitations. Harder to resolve is when a manager's empathy and pain for a person with a disability works against the interests of the person with the disability. In these cases, the manager has to acknowledge that the pain is their pain, not the other person's.³⁴⁶

(d) Understanding return to work programmes

4.172 "You don't get injured workers well to put them back to work: you put them back to work to get them well".³⁴⁷ This is the philosophy of an American rehabilitation expert, Richard Pimentel.³⁴⁸ Pimentel believes that the fundamental problem for

³⁴³ Relave 2000

³⁴⁴ Inge et al, p184

³⁴⁵ Department of Employment and Work Relations 2001 p 2

³⁴⁶ Pimentel 1998

³⁴⁷ Pimentel on www.wcsask.com

³⁴⁸ Richard Pimentel, a senior partner with Milt Wright and Associates is a nationally renowned expert on job retention, attitude change in the workplace, return to work, workers' compensation and cost containment. A Vietnam veteran with a disability, Pimentel has

return to work (RTW) programmes are the employers and workplace supervisors. If these people are better educated, then the problems are addressed.

4.173 Pimentel promotes work as therapy. At the appropriate point in the recovery process, providing an injured employee with work that is compatible with any physical restrictions and consists of activities which promote healing will facilitate a more rapid and complete recovery than would staying at home. It also decreases the risk of a permanent disability or re-injury when they eventually return to full duty.³⁴⁹ Pimentel notes the need to teach doctors how to work with employers in return to work activities and how to develop work as therapy guidelines for their patients.

4.174 Issues identified by Pimentel for employers to understand include:

- The decision to bring an injured worker back to work should not be a supervisor's decision (they will select the workers whom they like / are good workers. These people will return to work anyway);
- Decisions about returning injured workers to the job should be in the hands of managers who are not emotionally attached to the situation;
- RTW programmes require processes to guide them – how to determine what tasks an injured worker can do from the details in the medical certificate (which normally only outlines what a worker can NOT do); and
- Employers must understand that employees want productive work which contribute to the company's success while not putting them at risk of further injury, not some mindless make-work activities.³⁵⁰

Job adaptations

(a) Supported employment

4.175 Supported employment is a long established concept utilised in many countries. In general, it aims to provide meaningful jobs for people with severe disabilities, including traumatic brain injury. It is a way to move people from dependence on a service delivery system to independence via competitive employment. Recent studies indicate that the provision of on-going support services for people with severe disabilities significantly increases their rates for employment retention.

4.176 Supported employment encourages people to work within their communities and encourages work, social interaction, and integration. Supported employment services should achieve the following outcomes:

- Opportunity to earn equitable wages and other employment-related benefits,
- Development of new skills,
- Increased community participation,

pioneered proactive risk management, return-to-work and Equal Employment Opportunity (EEO) programs to generate cost savings and enduring attitudinal changes in corporate culture.

³⁴⁹ Pimentel 1999

³⁵⁰ Pimentel 1998

- Enhanced self-esteem,
- Increased consumer empowerment, and
- Quality of life.

The types of supported employment services used depend on the needs of individual consumers.

- 4.177 In America a job coach is a person who is hired by the placement agency to provide specialized on-site training to assist the employee with a disability in learning and performing the job and adjusting to the work environment. As the worker learns the tasks, the coach's involvement gradually fades, but they are available for follow-up as required. Job coaching can also be used when tasks change and the individual needs assistance in getting acclimated to new tasks.
- 4.178 Natural supports are support from supervisors and co-workers, such as mentoring, friendships, socializing at breaks and/or after work, providing feedback on job performance, or learning a new skill together at the invitation of a supervisor or co-workers. These natural supports are particularly effective because they enhance the social integration between the employee with a disability and his/her co-workers and supervisor. In addition, natural supports may be more permanent, consistently and readily available, thereby facilitating long-term job-retention.
- 4.179 The different supported employment models are listed below.
- 4.180 **Individual Placement Model**--A person with a disability is placed in a job in a community business which best suits his/her abilities and preferences. Training is provided on the job site in job skills and work related behaviours, including social skills, by a job coach. As the employee gains skills and confidence, the job coach gradually spends less time at the work-site. Support is never completely removed. The private or public vocational rehabilitation agency furnishing the job coach is always available to the employer for retraining for new assignments, assisting in dealing with challenging behaviours, supplying periodic consultations with co-workers and employer, giving orientation and training for co-workers.
- 4.181 **Enclave Model**--A small group of people with disabilities (generally 5-8) is trained and supervised among employees who are not disabled at the host company's work site. Persons in the enclave work as a team at a single work site in a community business or industry. Initial training, supervision, and support are provided by a specially trained on-site supervisor, who may work for the host company or the placement agency. Another variation of the enclave approach is called the "dispersed enclave." This model is used in service industries (e.g., universities, restaurants, and hotels). Each person works on a separate job, and the group is dispersed throughout the company.
- 4.182 **Mobile Work Crew**--A small crew of persons with disabilities (up to 6) works as a distinct unit and operates as a self-contained business that generates employment for their crew members by selling a service. The crew works at several locations within the community, under the supervision of a job coach. The type of work usually includes caretaker / groundsman work. People with disabilities work with people who do not have disabilities in a variety of settings, such as offices and apartment buildings.

- 4.183 **Small Business Model**--Within a small business, there may be up to six employees with disabilities, but not more than the number of employees without disabilities. The small business operates like any business, generating work and paying employees from revenues received. The small business is located within the community.
- 4.184 In New Zealand, Mainstream is a two-year, subsidised employment programme for people with significant disabilities. The programme is provided by the State Services Commission and aims to assist participants into meaningful, long-term employment within selected State sector organisations. Placements are made by specialist employment consultants such as Workbridge.
- 4.185 Almost without exception, cost-efficiency research has found that supported employment is a better financial option for individuals with disabilities than sheltered workshops. American research indicates that supported employment, even for severely disabled people, becomes cost-efficient to taxpayers about the fourth year of operation.³⁵¹

(b) Assistive technology

- 4.186 For people with disabilities, assistive technology is an essential tool for independence. It is any item, piece of equipment, or product that can increase, maintain, or improve the performance of people with disabilities. It ranges from simple “low-tech” equipment such as a hand held magnifier, to home or vehicle modifications, to modified software and hardware products, to ramps, wall crutches and widened doorways. With the new advances in technology, there are fewer and fewer instances where job modifications cannot be made to accommodate even the most severe injuries.
- 4.187 While computers and technology are valuable accommodations for people with severe disabilities, focusing solely on the technology and the individual was not sufficient to ensure success. The needs of the employer must be balanced with the employee’s preferences to ensure successful integration of technology and individual.³⁵² Most technologies have a limited life span and it is important to prepare for when the technology becomes unreliable or out-dated.
- 4.188 The work environment is another important consideration. Voice recognition technology requires a relatively quiet environment to function accurately, and by contrast, it can distract colleagues in open plan work spaces. Braille printers can be noisy and may require sound-hoods.
- 4.189 Installation of assistive technology requires a consultative approach with the affected worker, employers, colleagues, and may require investigation of several options. Employers also need to be prepared to have an adjustment / settling in period

(c) Modification of job duties

- 4.190 Where there is a discrepancy between the physical demands of a job and the worker’s capacity to do that job, the next step is to assess whether some form of

³⁵¹ Kregel et al 2000 p 154

³⁵² de Jonge, Rodger and Fitzgibbon 2000 p 78

modification to the job tasks is possible. It may be that some unessential functions can be eliminated, or essential tasks rearranged or reallocated to accommodate the injured worker. Sometimes this is as simple as providing special equipment such as seating at a different height, shelving to eliminate bending and lifting.³⁵³ Care must be taken when reallocating duties to ensure that this is the most appropriate approach.

4.191 There is an increasingly strong backlash from front line supervisors, unions and the injured workers themselves as some employers in America go to extremes in devising meaningless tasks in the name of modified duties.³⁵⁴

4.192 There are several issues for employers in modifying duties:

- Light duties must be meaningful and contribute value to the organisation;
- Light duties for an injured worker does not mean adding additional tasks to non-injured workers, making them work twice as hard to cover the workload;
- Smaller employers are less likely to have modified duties available;
- Larger employers may have problems with cross-department/divisional boundaries. These could be budgetary, “silo” mentality, or accountability problems; and
- The need to have trade union representatives on-side.

4.193 Some smaller American employers have assigned restricted duties staff to voluntary / non-profit organisations to keep them active during their recovery and to maintain good working habits. While the employee works as a volunteer for such agencies as the Salvation Army, the Red Cross or the YMCA, they are paid their normal wages by their employer. These assignments are regarded as regular work. The employers have found this sends a good message to their work forces that there is no such thing as “no light duty available”. The injured worker benefits by speeding their recovery, the company image is enhanced with positive public relations and the local community benefits through the donation of labour to the voluntary agency.³⁵⁵

4.194 The consistent finding from multiple surveys of employers has been that expensive accommodations are rarely needed by workers with disabilities.³⁵⁶ In one project in 2000, 100 accommodations were made at a total cost of US\$11,235, making the average cost per accommodation \$112.35.³⁵⁷

(d) Teleworking

4.195 In the United States, alternative work arrangements have proliferated as employers seek to meet staffing and production needs through non-traditional employment arrangements.³⁵⁸ These include different work location (eg at home), work contract (such as on-call, temporary or leased) and employment status. Of particular

³⁵³ New York Workers' Compensation Board p 33

³⁵⁴ Kremer 2003 p 40

³⁵⁵ ibid p 45

³⁵⁶ Unger and Kreel 2003 p 5

³⁵⁷ Inge et al 2000 p 183

³⁵⁸ Anderson et al 2001 p 97

interest to people with disabilities is teleworking, sometimes known as telecommuting. It is work performed at a distance from the main work-site, usually using information and communications technology, such as computers, telephone, videophones and faxes.

4.196 Because of the flexibility of telework, it reportedly:

- Saves office space;
- Boosts productivity;
- Reduces absenteeism and sick time;
- Reduces commuting time;
- Improves staff morale and thus
- Improves staff retention rates.³⁵⁹

4.197 A British company developed a successful programme for women returning to work who wished to become teleworkers.³⁶⁰ The training was subsequently extended to women in prison and families with at-risk children. Key to the project was the use of the most up to date information technology, both hardware and software. The courses - run for two days a week for ten weeks - include personal development to encourage the participants to recognise their worth, increase their confidence, and to accept responsibility for making changes in their own lives. The training stresses that teleworking and child minding cannot be carried out simultaneously. Barriers faced by the company included a lack of awareness of teleworking, and a lack of funding.

4.198 For people with disabilities, telework offers an accessible, barrier-free workplace, flexible work scheduling, and the elimination of any bias or discrimination. Typical jobs include word processing, telephone customer service, programming, accounting, data entry, editing, filling orders, researching, and writing. A Minneapolis study indicated that most companies require staff to attend the office at least for training, retraining and team meetings, and also to provide back-up services as required.³⁶¹ Teleworking requires clearer communications, explicit expression of tasks and standards of performance, which provide incidental benefits to the company such as better delegation and staff empowerment.

4.199 Acknowledged downsides for people with disabilities include:

- The consequent lack of social contact, given that many people with disabilities are already relatively socially isolated; and
- Possible lack of career and promotional prospects;³⁶² and
- A lesser profile of people with disabilities as co-workers and productive members of the labour force.³⁶³

³⁵⁹ Anderson et al 2001 p 98

³⁶⁰ Murray 2001 pp1-8

³⁶¹ ibid p 99

³⁶² ibid p 101-2

³⁶³ Bricout 2003 p 48

(e) Work trials

- 4.200 Work trials have long been used to help a potential worker try out a specific occupation, and for potential employers to assess a person's suitability for that job. Usually, the worker's wages are paid by the agency placing them in the trial, although the length of trials can vary from between four and twelve weeks. Workers benefit because they can experience a job and a company on a first hand basis, while employers benefit because they can become familiar with an employee. Although the employer is not required to hire the individual, in many cases, they do make an offer of employment at the end of the trial.
- 4.201 To achieve any benefits, to worker or employer, a work performed under a work trial must be meaningful, constructive, productive, and add value to the company. In this respect, it is no different from temporary light duties.

Case management / rehabilitation issues

- 4.202 The case manager plays a vital role in the rehabilitation of a long term unemployed or injured worker. All too often case managers report lack of time to invest in their clients. In Michigan, welfare-to-work program managers sought greater flexibility to provide a wider range of screening, assessment and referral services, and to have more time to work with the most disadvantaged people.³⁶⁴ The problem is assessed as not so much being the client, but the services available do not meet the clients' needs.
- 4.203 Case management as a concept can include :
- Monitoring progress of a client's return to work,
 - Referral to specialist services such as childcare, transportation, housing or treatment,
 - Advice, counselling and problem-solving, and
 - Calculating appropriate financial assistance for the client.
- 4.204 A British study found that case management worked best if case workers were able to build a long-term trusting relationship with a client, and that caseloads must be kept low if case managers are to provide the individually intensive assistance that most clients require.³⁶⁵ This included case managers doing what they say they will do, listening to client concerns, and being available at relatively short notice, and occasionally outside conventional working hours.
- 4.205 The commonly held view of case management in education, medicine, psychology and many other disciplines has been a deficit, disorder, problem-oriented paradigm. The emphasis has been on risk factors that define what is wrong, missing or abnormal. Viewing the world through this deficit lens prohibits seeing strengths, resources and capabilities.³⁶⁶
- 4.206 Social workers are increasingly focusing on how to discover and build on clients' strengths. Known as the "strengths perspective", it relies on five key assumptions:

³⁶⁴ Danziger and Seefeldt 2002 p 80

³⁶⁵ Kellard et al p 3

³⁶⁶ Utesch 2001 p 1

- Despite life's problems, all people and environments have strengths that can be marshalled to improve the client's quality of life;
- Client motivation is fostered by a consistent emphasis on strengths as the client defines these;
- Discovering strengths is a co-operative exploration between case manager and client, not driven by an "expert";
- The focus on strengths leads to discover how the client has managed to survive even the most hostile of environments (rather than blame the victim for their circumstances); and
- All environments, even the bleakest, contain resources.³⁶⁷

4.207 Case managers can be trained in how to interview for client strengths, rather than liabilities and deficits. This facilitates an active, dynamic relationship with their clients, where each is perceived as a real person. This relationship is central to successful identification of client strengths, needs and goals.³⁶⁸ The approach helps clients use their own capacities, talents and skills towards achieving their goals, generally using people in their own social and community networks to assist them.

4.208 Goal planning is fundamental to the case management process. Goals must be:

- Expressed positively;
- Client focused, realistic;
- Achievable;
- Measurable;
- Easily understood; with
- One observable outcome per goal.³⁶⁹

4.209 The goal plan then becomes a living document which is mutually reviewed and revised, encompassing progress made to date, and barriers yet to be overcome. Key to achievement of the plan are a series of ten activities:

- 1 Checking that the goals are positive, clear, measurable and focused on the client;
- 2 Praising and rewarding the client when goals are accomplished;
- 3 Rewarding attempts to achieve goals despite lack of success;
- 4 Checking that not too many goals are being worked on at once;
- 5 Checking what resources are required to achieve each goal. These can include knowledge, skills, support, co-operation, goods, services etc;
- 6 Recognising what advocacy roles the case manager or significant others may need to take on behalf of the client;

³⁶⁷ de Jong and Miller 1995 p 320

³⁶⁸ Rapp and Wintersteen (1989) pp 23-32

³⁶⁹ Kisthardt 1992 pp 120-122

- 7 Checking whether the case manager is pushing the client to do things they are unwilling to do;
 - 8 Checking the rate of progress – too fast or slow;
 - 9 Reducing the client's fears about failure or success with a goal; and
 - 10 Encouraging the client's active involvement in, and ownership of, the goal-planning process.³⁷⁰
- 4.210 Strength based case management has been found to be successful in working with substance abusers who have returned to employment.^{371 372}
- 4.211 A new direction in vocational rehabilitation is increased emphasis being placed on understanding the psychosocial characteristics of workplaces.³⁷³ These include:
- Organisational risk factors for job stress;
 - Psychological work demands;
 - Employee control over the work process;
 - On the job social supports;
 - Uncertainty on-the-job; and
 - On-the-job conflict.
- 4.212 Left unaddressed, these work-site factors could interfere substantially with employees' desire to return to work and their ability to maintain employment and advance in their careers.
- 4.213 An American programme called Moving Up is a national model in job placement and retention. Its counselling and vocational staff are hired for their personal skills and background as much as any professional credentials. The goal is to have staff who engage the clients and earn their trust, and work out which approach will work for each person's individual circumstances. While it is not considered essential for case managers and career advisers to have personal histories similar to their clients, it is seen as a plus that some of the agency staff have some background in common with their clients, and thus they serve as excellent role models.
- 4.214 Key characteristics of the agency staff are stated as:
- Understanding the needs of the students;
 - Knowing the demands of the job market;
 - The ability to motivate people;
 - Understanding the needs of the employers they will be working with, and
 - Having passion and compassion – people with energy, optimism and self-confidence.³⁷⁴

³⁷⁰ *ibid* p 122

³⁷¹ Pack 2003 p 18

³⁷² Siegal et al 1996 pp93-98

³⁷³ Koch and Rumrill 2003 p 2

³⁷⁴ Proscio and Elliott (undated) pp 25-6

4.215 Participation in recreational activities is a critical component of the career development process, providing opportunities for individuals to explore their interests and to develop work-related skills. With a growing preponderance of tedious and unfulfilling occupations, workers are increasingly seeking life satisfaction through avenues other than work.³⁷⁵

4.216 Researchers have compiled a list of the benefits of participating in recreational activities for people with disabilities:

- An increase in self-determination;
- Development of friendships;
- An improvement in physical functioning;
- Enhanced perceptions of social acceptance;
- A decrease in negative attitudes towards people with disabilities;
- The development of socially acceptable behaviours;
- Establishes life-long leisure pursuits which will be helpful in coping with (the inevitable) change throughout life.³⁷⁶

4.217 These benefits then translate into employment related benefits:

- A reduction in attitudinal barriers to employment;
- The development of a broader range of occupational interests;
- The acquisition of transferrable job skills;
- Increased access to the “hidden” job market;
- An increase in social acceptance by peers; and
- The development of coping skills as a buffer against job stress.³⁷⁷

Recreational involvement is seen as an intermediate step to vocational goal attainment.

4.218 The level of knowledge of case managers and agency staff about various programmes and incentives for employing people with disabilities has a significant impact on the use of these measures. While this seems obvious, research shows that staff do not always have the appropriate knowledge, and that complicated administrative procedures do not help.³⁷⁸

Addressing lawyer and advocate attitudes

4.219 It is perhaps trite to say that the best solution to the problems created by lawyers and advocates is not to create the decisions to be challenged. This is just not possible. There always will be some decisions which are not accepted by the client, and in some cases, they will seek legal or other professional assistance in challenging the decision.

³⁷⁵ Devine and Koch 2003 p 83

³⁷⁶ *ibid* p 83

³⁷⁷ *ibid* p 84

³⁷⁸ Corden and Sainsbury 2001 p 12

4.220 A controlled study on workers with low-back injuries found that the adversarial system is significantly associated with a poor rehabilitation outcome, partly because the patient was constantly recounting their symptoms and disabilities on numerous occasions to lawyers, doctors and the court. This reduced compliance with rehabilitation exercise regimes, resulting in significant delays. Patients who had settled claims and then actively sought work found that their history of a claim for back injury was a significant handicap, and thus a common reason that these patients indicated they would not go through a court claims process again.³⁷⁹

4.221 More than 100 top American employment lawyers recently compiled a Top-10 on what employers do wrong and why employees sue. This list provides useful reminders on how to treat clients to achieve the most favourable attitude and response:

- i) Distributing employee handbooks with sweeping language like: "The company will not tolerate any type of harassment or discrimination";
- ii) Making promises to employees that are difficult or impossible to keep; e.g., promising future stock options without having a stock option plan;
- iii) Having procedures for addressing complaints but not following the procedures;
- iv) Ignoring or failing to make a good faith attempt to resolve employee complaints;
- v) Failing to deal promptly with emotional situations, letting them fester and escalate instead;
- vi) Forcing former employees to seek legal advice by refusing to discuss their termination;
- vii) Having weak HR departments that rubber stamp questionable employment decisions;
- viii) Using junior HR staff to interview high-ranking company officials accused of wrongdoing;
- ix) Conducting lots of investigations without ever finding anything wrong; and
- x) Treating terminated employees with disrespect; e.g., giving a twenty-five year employee a two-week severance package.³⁸⁰

4.222 The President of the New South Wales Workers' Compensation Commission strongly endorses using alternative disputes resolution rather than court based challenges to decisions. His view is that their no-fault scheme is one of full disclosure, speedy resolution and non-adversarial techniques. The lawyer's role is as an advisor rather than as an advocate in an adversarial situation.³⁸¹ He also

³⁷⁹ Greenough and Fraser 1988 p 954.

³⁸⁰ Reynolds March 2001: www.hro.com/news_letters_display

³⁸¹ Sheahan p 3

noted that almost 100% of cases had settled but only after the litigation was in extremis and the bulk of costs incurred, and that senior veterans of the adversarial legal culture were themselves calling for change.³⁸²

Focus on ability rather than disability

- 4.223 Probably every study on occupational injuries confirms that the longer workers are off the job, the less likely it is that they will return to work. Furthermore, staying at home for long periods does not promote recovery but increases the likelihood of disability – if disability is their only focus day after day, then they will fall into a disability mentality.³⁸³
- 4.224 Initiatives to commemorate 2003 as the European Year for Disabled People included the challenge to employers to look at the ability, not the disability,³⁸⁴ and the establishment of mentoring programmes pairing young people with disabilities with business mentors. “See the ability, not the disability” is the motto of many (dis)ability organisations.
- 4.225 Business in the Community’s annual Awards for Excellence include the Realising Ability Award as one of 15 award categories. The award recognises best practice and innovation in addressing disability as a corporate social responsibility and is supported by the UK Employers’ Forum on disability, the Department for Trade and Industry and The Financial Times.³⁸⁵ Past recipients include a company employing 60 unemployed disabled people in call centre work, and another providing 1,000 fully accessible and accredited IT training placements for deaf and hard of hearing people.
- 4.226 One of the best examples of the success of focus on ability comes from the UN Food and Agriculture Organisation (FAO), which has been co-ordinating mushroom production training for disabled farmers in Thailand and Cambodia. The course is designed for farmers, and teaches all the basics of building a mushroom house and growing the mushrooms, with the emphasis on food production not the disabilities. The manager of the programme noted that “watching these people apply themselves, not only in food production, but also in their everyday tasks, you realise that their abilities, energy, and resourcefulness are unlimited”.³⁸⁶

Addressing co-worker attitudes

- 4.227 There are few formal initiatives to address co-worker attitudes. For many co-workers, just gaining a better understanding of the problems of having been unemployed, injured, or disabled helps address any negative perceptions. Thus, initiatives which improve the understanding of employers and supervisors are also appropriate for co-workers. The same applies to agencies wanting to place long term unemployed or disabled people into employment: understanding the attitude of employers (and co-workers) is the first step to formulate strategies to best meet

³⁸² *ibid* p 5

³⁸³ Pimentel 1999 p 1

³⁸⁴ Hart 2003 p 14

³⁸⁵ website: <www.btic.org.uk>

³⁸⁶ FAO News 1 December 2000

their needs.³⁸⁷ Focus groups conducted with a number of Californian employers revealed that just sitting down and talking through the issues with supervisors and colleagues was very effective.³⁸⁸

4.228 Feeling empathy or pain for a person with a disability is a natural emotion. The person feeling the pain must acknowledge that it is their own pain they are feeling, and let the pain go away.³⁸⁹

4.229 Use of “natural supports” helps people with disabilities has been increasing, and has contributed to better integration of these people into the company workforce, and better understanding of their needs.

4.230 Using a literature search, two American academics have developed a list of the key strategies that directly teach skills and provide advice to co-workers.³⁹⁰ These are:

- Use a mentor after initial job development, analysis and training;
- Use job sharing options;
- Use specifically trained mentors for initial training;
- Anticipate personnel changes;
- Establish an ongoing dialogue and regular meetings between all the people involved;
- Model appropriate social responses;
- Be present at social activities to capitalise on potential interactions;
- Redirect questions / comments to the person with the disability;
- Reassure managers and co-workers that they can ask personal questions;
- Build trust between external support agency and work-site personnel;
- Refine new and existing social networks continually;
- Use personal contacts to enhance social support;
- Collaborate between external support agency and work-site managers / co-workers to develop adaptations and modifications;
- Facilitate and support involvement of work-site personnel; and
- Provide consultation on redesigning or organising the work environment to benefit all employees.

4.231 Help is readily available for co-workers who feel uncomfortable meeting with people with disabilities. Hints on how to act or what to say when meeting people with disabilities are widely available in books and on the Internet, such as on <www.dol.gov/odep/pubs/fact/comucate.htm>

Addressing transport issues

4.232 The ability to get to work and home again on time is vital to maintain steady employment. Only the United States appear to recognise the importance of

³⁸⁷ Department of Employment and Workplace Relations 2001 p1

³⁸⁸ Sum et al 2001 p 40

³⁸⁹ Pimentel undated

³⁹⁰ Storey and Certo 1996 p 68

transport for low income workers, and the difficulties they face accessing it because of cost and/or availability.³⁹¹ (Other countries provide transport-related assistance for people with disabilities only). States variously provide free or low cost cars, loans to purchase cars, financial assistance towards transport costs, and vouchers to cover petrol or public transport costs.

4.233 Other forms of government sponsored assistance include van/car pools, contracting services to fill gaps in public transport, allowing low income workers to use specialist services for elderly / disabled people, using volunteers to drive participants to work or in emergencies, and lastly encouraging employers to provide transport.

4.234 In Britain, the possession of a driving licence is known to increase a person's chance of obtaining work, and evidence also suggests that people with access to private transport are more likely to sustain employment.³⁹² A review of needs conducted for the British Department of Work and Pensions identified several activities necessary to assist long term unemployed into work. Termed "mapping transport provision" it involves:

- Mapping of existing public transport provision on to a network of major employers and a network of neighbourhoods where the client groups live;
- Working with transport providers to provide subsidised services until they become self-sufficient. It may also involve employers providing some financial contribution;
- Developing formal mechanisms for identifying and matching people with similar transport needs e.g. Through car pools; and
- Transport to childcare facilities, or providing childcare facilities near public transport services.³⁹³

4.235 Financial assistance towards the costs of getting to work (ie for taxi fares or to pay some-one to drive the person) for people with disabilities was seen as fundamental: arriving reliably on time and ready for work was valued by both workers and employers.³⁹⁴

Retaining employment

4.236 The first few months of employment are a critical time for new workers. Most programmes to assist long term unemployed workers gain employment have focused simply on the transition into work, with little, if any, emphasis on helping the former unemployed people retain their jobs in the long term. A British survey conducted in 1991 identified a range of post employment support programmes used in OECD countries, mainly in North America. While few of these initiatives have been formally or rigorously evaluated, the resulting report provides a solid basis for further policy development. Some of the key concepts identified in the

³⁹¹ Kellard et al 2002 p 35

³⁹² *ibid* p 114

³⁹³ Kellard et al 2002 p 115

³⁹⁴ Thornton and Corden 2001 Executive summary

research and which have not been discussed elsewhere in this report are listed below.³⁹⁵

(a) Earnings supplements / financial assistance to employees

4.237 There is some evidence that earnings supplements may facilitate job retention, but employees may find it difficult to retain their jobs when the supplementary payments end. US evidence indicated that providing emergency financial assistance such as grants or cheap loans can improve job retention. Some post employment programmes offer advice and training in money management.

(b) Wage subsidies for employees

4.238 Wage subsidies for employers were found to be more likely to increase recruitment and retention of employees if employers were committed to training and/or other support for employees. In Ireland and Germany, the viability of social enterprises depends on such support.³⁹⁶ A major Finnish study found that disabled people in subsidies work has positive images of work while their employers had positive images of these workers. Up to a third of these workers in subsidised employment found work in the open labour market.³⁹⁷

4.239 Experience, including in New Zealand experience in the mid 1990s, did not show good job retention rates once the subsidy payments ceased. British researchers found there was criticism of such financial measures if they did not have conditions attached to them, such as maintaining employment when the subsidy period had ended.³⁹⁸

(c) Retention incentives for employers and /or employees

4.240 Retention incentives are used extensively in the United States, to encourage workers to remain in employment and employers to retain their recently employed workers. They are usually one-off payments made at previously defined milestone points, normally a specified number of months in employment. Incentive payments vary widely across the states.

4.241 Britain introduced a Back-to-Work bonus for benefit recipients in 1996 to encourage people to maintain contact with the labour market. One evaluation suggested that the Bonus itself did not encourage people into part-time work, rather that the promotion of the bonus educated people that part-time work was a legitimate activity.³⁹⁹ Respondents to another evaluation indicated that the Bonus would have little effect on helping them move into full time work as:

- Some respondents (mainly men) wanted full time work only, and would not contemplate part-time work;
- Benefits were felt to offer more security than a full time job;

³⁹⁵ Kellard et al 2002 p 2

³⁹⁶ Thornton and Lunt 1997 p 309

³⁹⁷ ibid p 85

³⁹⁸ ibid p 309

³⁹⁹ Ashworth and Youngs 1998 Executive Summary

- Some respondents wished to work only part-time, and also there was a perception of a lack of suitable part-time jobs.

4.242 Additionally, the Bonus was seen (negatively) as an enforced savings measure, as it comprised half the money earned above the earnings disregard that was deducted from their benefits.⁴⁰⁰

(d) On-job support

4.243 New employees moving to work after an absence often require assistance to adapt to a number of aspects of their job. This includes:

- Job coaching. This is practical assistance on-the-job, such as demonstrating what is to be done, how to organise the work, getting on with colleagues, ensuring punctuality;
- Mentoring. This gives the new employee a one to one relationship with a co-worker or an external party (called a mentor or a buddy) who helps the new employee adjust to the workplace and the routine of being back at work. In the united states, mentoring has had significant impact;⁴⁰¹
- Peer support groups. Some united states welfare to work programmes include these, whereby new employees share experiences and solutions with others in similar positions. It may also include additional training or workshops on issues such as budgeting, time management, conflict resolution and workplace communications. Problems with these included timing and location of sessions;
- Telephone help-lines. These are toll-free hotlines to assist individuals with emergency or routine problems which might cause them to lose their jobs. Such problems include childcare, transportation, accommodation, food, substance abuse, health, domestic violence, and family stress. The marriott hotel chain credits its telephone resource service (staffed by social workers) with reducing tardiness, absenteeism and turnover;⁴⁰²
- Post-employment education and training. Some schemes provide training at the work-site, others provide training outside standard workplace hours. Such skill training must closely match the needs of the employees and the employers, as well as fit with work and home schedules. Cost can be an issue to both employers and employees, and some governments provide financial assistance; and
- Training employers in job retention techniques. Such training includes developing appropriate attitudes, listening skills, conflict resolution, teamwork, as well as how to provide employment counselling services, hire ex-offenders, identify any government tax credits for employees, and manage employees with specific problems such as substance abuse.

4.244 Retention efforts should begin before employment, and should be built in to employment preparation and placement programmes. Evaluation of the first major demonstration project (the PostEmployment Services Demonstration) to examine

⁴⁰⁰ Thomas et al 1999 Executive summary

⁴⁰¹ Kellard et al 2002 p 92

⁴⁰² Hershey and Pavetti 1997 p 83

the effectiveness of providing case management services to newly employed welfare recipients indicated that services must be targeted differently for different clients, that service delivery needs to be as simple as possible, and that close links are needed with employers.⁴⁰³

(e) Protection of employment

- 4.245 Employment protection for injured or disabled workers is quite prevalent in Europe and North America, although the actual provisions vary widely. In the Netherlands, disabled workers may be dismissed only with the permission of the Employment Service. As a rule, a labour contract should not be broken within the first two years of a worker's disability.⁴⁰⁴
- 4.246 Spain has provision to ensure the re-instatement of disabled workers once they have completed the relevant rehabilitation process. Those with a permanent partial disability are entitled to be re-employed by the same firm, either in the same job with a similar wage level if output remains normal, or in a job adapted to residual capacity without a drop in wage or more than 25%. In the latter case, a trial period of adjustment maybe permitted for up to six months.⁴⁰⁵
- 4.247 Belgium provides compensation to employees if dismissal is for neither economic nor urgent reasons which prevent the continuation of the contract. Some protection applies during the first six months of incapacity, unless the employee's injury is sufficient that they are unable to continue working.⁴⁰⁶ In most countries, dismissal of a disabled worker is subject to standard legal provisions for employment protection, and anti-discrimination requirements.
- 4.248 Provisions requiring employers to keep on staff who have been injured do not recognise that in some cases, there may be a pre-injury poor relationship between the employer and worker for reasons such as performance problems or staff relationships. Compulsory re-employment of the worker may not be in either employer's or worker's interests.

(f) Quota systems

- 4.249 Quota systems represent a long standing European policy approach to the employment of people with disabilities. Generally it is a legal requirement for public and/or private sector employers who employ a specified number of workers that a set percentage of these employees should be people with some specified disabilities. Quota schemes are generally complex, and in some cases contentious.
- 4.250 Greece operates a quota system of compulsory employment for members of seven specified groups for all employers with 50 or more staff at a rate of 7% of the workforce. The seven groups include war veterans and their families, people with disabilities, and parents with more than five children in full-time education.⁴⁰⁷ While the membership of quota groups varies in detail, all include people with disabilities.

⁴⁰³ Relave 2000

⁴⁰⁴ Thornton and Lunt 1997 p 198

⁴⁰⁵ *ibid* p 233

⁴⁰⁶ *ibid* p 43

⁴⁰⁷ *ibid* p 145

- 4.251 Quota percentages are variable (for instance France has six percent, Austria four percent). Some occupations are also exempt, as in France where people who drive, navigate or travel on board, and workers in jobs which involve heavy physical labour.⁴⁰⁸ Some countries provide rewards for employers who exceed the required quotas, while others, like Austria, count a blind person or a wheelchair user as two disabled people for quota purposes.⁴⁰⁹
- 4.252 Some countries allow companies which do not achieve their quota to make a financial contribution to a special fund, which then is used to finance training and job creation for disabled people. Experience has been that firms pay into the funds simply as a way of discharging their statutory responsibilities, rather than demonstrating any commitment to employ people with disabilities.⁴¹⁰
- 4.253 Many American states have a “preferred worker” programme, which offer incentives to employers to take on rehabilitated injured workers who were not previously on their own staff. Again, the details of schemes vary between states, with some (like North Dakota) showing available jobs on the Internet. Incentives include not paying workers’ compensation premiums for such workers for a set period, repayment of additional expenses in starting a new job, subsidy on wages for a specified period, and payment of the costs of modification of workplace premises.

(g) Levy systems

- 4.254 Levy systems differ from quota systems in that employers make a financial contribution to a special fund, in lieu of employing the target proportion of disabled people. Such a contribution may be permitted as a last resort when the possibility of direct employment has been exhausted, or it may be a legitimate choice. Levies are usually collected into a special rehabilitation fund and redistributed variously to employers, disabled workers or service providers.⁴¹¹
- 4.255 Levies can also be used to implement labour market measures to improve the prospects of disabled people (as in Western Europe and Japan) or as financial incentives to employers to hire workers (as in Eastern Europe and China) where the finance is seen as compensation for employing a less productive worker.
- 4.256 The aim of levy systems is to maximise employment rather than to collect revenue. It is seen as an equalisation measure.

Self-employment

- 4.257 Self-employment offers many the freedom to work at their own pace in an environment that accommodates their special needs. Owning their own business often provides the flexibility that is necessary to those who require frequent medical attention, flexible hours, accessible work space, or other special considerations. Self-employment does present many challenges and is not for everyone, but for many people with disabilities and chronic health conditions, self-employment offers the hope of making a living and achieving self-sufficiency.

⁴⁰⁸ *ibid* p 97

⁴⁰⁹ *ibid* p 28

⁴¹⁰ Lunt and Thornton 1994 p 235

⁴¹¹ Thornton 1999 Introduction

4.258 Starting a business requires a significant commitment of time, energy and resources. In addition, the individual must have some marketable skills or a product or service with a demonstrated market demand. Any person pursuing business ownership must be prepared to make personal sacrifices and be willing to learn the "how to's" of starting and successfully managing a business enterprise before they start up the business.

4.259 In some countries, it is relatively rare for people with disabilities to become economically active through running their own business. In the United Kingdom, Business Ability is a successful project (95% success rate) dedicated to developing self-employment as an option for disabled people.⁴¹² It provides the following services:

- Home visits;
- Initial assessment of suitability of self-employment option;
- Benefits advice;
- Help to appropriate financial assistance / grants / bursaries / preferential rate loans;
- Access to ongoing business training and marketing opportunities;
- Access to free computers through fast track application; and
- Ongoing business mentor support.

4.260 The UK also has a New Deal programme for self-employment. Like other New Deal programmes, this uses the system of a Personal Adviser to help and support clients before and during the programme, and for up to two years after the worker leaves the programme. A training grant of up to £1500 can be used for courses on how to run a business, or to buy expert advice and guidance on getting established. A period of six months is allowed for "test trading". The worker receives an allowance equivalent to their Job-seeker's Allowance plus a top-up grant. Any money the business makes goes into a business account which is jointly managed between the worker and their training provider. The money in the business account can be used only for spending on the business until the test trading period is over.⁴¹³

4.261 This allows the newly self-employed worker to promote their business and build up their customer base. They can trade and make mistakes without risking their own income. At the end of the test trading period the money in the business account is available to use in the business or to keep as a contingency. If at any stage, the worker decides that self-employment is not for them, they can return to the main New Deal programme to find paid employment.

4.262 The Prince's Trust Business Programme provides assistance to 18 –30 year olds to start businesses. It focuses particularly on those who are unemployed, under-skilled, leaving the criminal justice system or care. To receive funds, applicants must have been refused funding from other sources, although roughly half the businesses did receive other financial support. Approximately three-quarters of businesses supported by the Trust were still trading 18 months after start-up.

⁴¹² Riddell 2002 p 43

⁴¹³ New Deal: Self-employment brochure

4.263 Characteristics of the owners of businesses which survived include:

- White ethnic origin;
- Older rather than younger;
- Had a family background of self-employment (one or both parents had been self-employed at some stage);
- Had a neutral or averse attitude to risk taking;
- Were motivated by a desire for independence and lifestyle rather than growth or income; and
- Were generally better educated (with some tertiary qualification).

Business owners' characteristics such as gender, disability and household circumstances did not lead to any clear differences in business survival rates.⁴¹⁴

4.264 Men are more likely than women to enter self-employment from benefit, and they tend to move into sole trade or low capital, labour intensive business. Earnings are typically low and hours worked high. Success in self-employment for males is associated with the presence of a spouse or partner and children, and the most successful tend to be aged 25 – 45. Higher qualifications and a good employment history or previous exposure to self-employment are also good indicators of success.⁴¹⁵

4.265 In the United States, people with work disabilities are twice as likely to be self-employed as the rest of the population.⁴¹⁶ The U.S. Small Business Administration provides millions of dollars each year to support the initiatives of micro businesses. The Office of Disability Employment Policy works with them to extend training and financial support in order to increase the numbers of self employed people with disabilities. In addition, [state vocational rehabilitation programs](#) provide a variety of services to aspiring entrepreneurs with disabilities.

4.266 The Research and Training Centre on Rural Rehabilitation Services (RTC:Rural) has developed a best practice model for small business development, based on research into the practices of all the states and their own extensive experience.⁴¹⁷ The model reflects the importance of the consumer doing the development work, rather than the counsellor.

4.267 There are eight components in the model:

1. The vocational rehabilitation provider assesses a consumer's business potential;
2. The consumer develops a business idea, explores its feasibility, and conducts a market analysis;
3. The consumer gets any necessary education and training;
4. The consumer obtains technical/ professional assistance to develop a business plan;

⁴¹⁴ Meager, Bates and Cowling 2003 pp 2 - 3

⁴¹⁵ Kellard et al 2002 executive summary

⁴¹⁶ Ravesloot and Seekins 1996 p 189

⁴¹⁷ RTC:Rural web-site www.ruralinstitute.umt.edu

5. The consumer writes the business plan;
 6. The consumer determines the availability of, and applies for, funding from other sources (note that in the first American study of people with disabilities who are self-employed, more than half the respondents made initial investments of less than \$10,000);
 7. The vocational rehabilitation provider reviews the self-employment plan; and
 8. The vocational rehabilitation provider monitors the business's progress.
- 4.268 The range of businesses established is extensive and includes retail, professional services, repair services, arts and crafts, entertainment, building trades, automotive services, farming, health services and office services.
- 4.269 For some people with disabilities and injuries, self-employment still requires some support systems. This is similar to the standard business model: the smart strategy in planning for entrepreneurial work is to be aware of strengths and skills, and to build on these, while recognising limitations and needs and either building these skills or locating sources of support.⁴¹⁸ Regrettably, the social service community tends to hold the belief that requiring on-going support means that a person is not sufficiently capable of making decisions.
- 4.270 Notwithstanding the success of some of these small businesses, self-employment is not a substitute for proper job development, systematic instruction and natural support. Fear of the community, poor job development technique, limited vision when facilitating supports and misunderstanding of funding streams is cited as deriving self employment in a few cases.⁴¹⁹

Operating within prevailing labour market conditions

- 4.271 Over the last twenty or so years, the state of the labour market has been changing. As far back as 1997, research in Britain was indicating that regular nine-to-five jobs were becoming a rarity. Employers were able to operate with different types of labour force: some wanted a multi-skilled, stable labour force while others preferred to sub-contract and hire temps.⁴²⁰ Workers also had varying preferences about the range of tasks they were called on to perform, and the hours of work. Many preferred to work flexible hours in order to meet family and other responsibilities.
- 4.272 The New Zealand labour market has also become more flexible from the employers' point of view, perhaps less so from the workers' viewpoint.
- 4.273 The recent American recession hit the white collar and IT sectors for the first time. Executive level employees were remaining unemployed for longer than lower paid employees.⁴²¹ In that about 85% of job-seekers were finding jobs through some-one they knew, the solution was the development of a formal system for networking for

⁴¹⁸ Rizzo 2002 p 100

⁴¹⁹ Griffin and Hammis p 1

⁴²⁰ Casey et al 1997 Executive summary

⁴²¹ Loeb 2003

senior executives and managers. The clients of this firm were generally people with six-figure salaries, and experience at company vice-president level. They had a wealth of professional skills, but nothing in the way of job-seeking or networking skills. The programme included preparation and presentation of resumes in such style that these would be seen at the top of the pile of resumes. Outplacement firms estimate that the average length of job for senior level executives is now between 22 and 36 months, meaning that older / senior executives could find themselves changing jobs several times before retirement.⁴²²

- 4.274 Job rotation was introduced as a pilot initiative in Denmark in 1992. Its apparent success has stimulated interest from across Europe, including the UK. Job Rotation involves unemployed people being trained in the skills needed for a specific job in a specific company. They then join the company for an agreed length of time and take over the job of an employed person. The employed person is then able to take time out for training. At the end of the period the employer can decide either to dismiss or retain the unemployed person.⁴²³
- 4.275 The strength of networking for senior employees is supported by Richard Bayer, CEO of the Five o'clock Club, a national American career coaching organisation.⁴²⁴ They recommend using social events such as corporate Christmas functions to network, and access potential employers. These people are normally too busy to be available for cold calling, and the relaxed atmosphere gives the job-seeker a chance to show their personality, their listening skills, and their knowledge.
- 4.276 The job market for middle managers is generally a very tight market, as firms move to reduce layers of management. One assessment in America is that 20% of those unemployed for more than six months are former executives, managers or professionals.⁴²⁵
- 4.277 From time immemorial, it has been assumed that governments have a duty to provide for the poor, and this includes providing jobs. In a dynamic economy, there is always a certain amount of unemployment, because industries contract (while others expand), people leave jobs voluntarily for a variety of reasons, demand for goods and services change, currency valuations fluctuate, and technologies change. One means of dealing with unemployment is to provide taxpayer funded job creation programmes, with subsidies ranging up to 100% of the costs of wages and overheads. A strong message from much of the research is that these programmes will distort the prevailing labour market conditions, not necessarily for the best.
- 4.278 Britain introduced a National Insurance Contributions (NIC) Holiday in April 1996. It enabled employers to recruit employees who had been out of work and receiving benefits for at least two years, and to claim back one year's worth of NIC contributions. Take-up of the scheme was low, and an survey of employers revealed that awareness of the scheme was low, and the contributions holiday was

⁴²² Loeb 2003

⁴²³ Hutchinson 1999 pp175-9

⁴²⁴ Five o'clock Club website: www.fiveoclockclub.com

⁴²⁵ Graves 2003

too small to be of value to large firms, but for small firms the risk of taking on unsuitable workers was not outweighed by the holiday.⁴²⁶

Multi-targeted Programmes

- 4.279 Programmes with a mix of activities tended to help with the widest range of individuals.⁴²⁷ Targeting resources towards the most disadvantaged people and developing programmes to meet their needs did help them. A mix of job search and education increases earnings for most for the broadest range of individuals.
- 4.280 Several programmes have recently been initiated in the United States to help the hard-to-employ find work. These reflect the time limits (usually 5 years) placed on the length of time a family can receive welfare support. While formal evaluations are not planned until 2004, there are components of these programmes which are useful to study. Each programme has been implemented at several sites across the states to enable wider evaluation.
- 4.281 Enhanced Services for the Hard-to-Employ⁴²⁸ is designed to field and evaluate innovative ways to boost employment, reduce welfare receipt and promote well-being in the target population. The programmes include:
- Supported work, in which people are given subsidised jobs along with training and job search assistance until they find regular jobs;
 - Initiatives which combine mental health treatment and employment services;
 - Improved identification of those with serious employment barriers to increase their participation and retention in mental health or substance abuse treatment; and
 - Two generation interventions that offer services for pre-schoolers or adolescents in parallel with services for their parents.
- 4.282 Belgium provides a 14 week training course for lower educated unemployed aged between 18 and 40 years of age.⁴²⁹ Working in small groups of up to eight people for 30 hours each week, the training comprises technical training, counselling and guidance including job search assistance, and language and mathematics training. The training include traditional educational methods, demonstrations, individual and group work, role plays, industry visits, and on-job practical training placements. They have a charter for job seekers which affirms the right of every job seeker to receive personal and intensive support to help their re-integration into the labour market.⁴³⁰ The provision of this assistance is completely separated from the provision of income support, which they encourages the building of trust between the long term unemployed and those trying to help them. Participation is voluntary with a reported success rate of 60%.⁴³¹

⁴²⁶ Snape 1997 Executive summary

⁴²⁷ Michalopoulos 2000 Executive summary

⁴²⁸ MDRC <www.mdrc.org>:

⁴²⁹ Geers 1991 p 58

⁴³⁰ *ibid* p 62

⁴³¹ *ibid* p 64

4.283 In August 2003, the New Zealand government introduced Jobs Jolt, a programme of 10 initiatives aimed at getting people off benefits, into employment and to address the shortage of skilled labour, at a cost of more than NZ\$100 million.⁴³² The initiatives include:

- Active case management for older workers, by reducing case management ratios for older workers and giving clients more active and job-focused assistance, including training in workplace skills such as computer literacy;
- Employment coaching, one on one to specific groups of job-seekers to address their employment barriers, increase their value to employers and to improve their chances of moving into sustainable and higher quality employment. Specialist providers will work with clients to assess their needs, help them set suitable work goals, and gain employment. Support will be continued for six months once clients are in work;
- Extra help for those unemployed for more than eight years, including one on one specialist assistance to address their specific barriers. It is expected that this programme will also help the Ministry better understand the reasons behind long term unemployment;
- Job partnerships between Work and Income and industry. A National Co-ordinator will oversee the development of industry partnerships. Programmes will focus on training targeted to meet skill and labour shortages identified by industry, and may include on the job training, work experience or pre-employment training;
- Pilot programmes for enhanced service and case management for sickness and invalid beneficiaries. One pilot will address enhanced case management, helping clients set goals, develop individual plans addressing their strengths, needs, barriers, and key issues. Another pilot will be an expansion of the Job Club for job-seekers with disabilities who are near work readiness; and
- The other initiatives include clarifying the responsibilities of the unemployed receiving benefits, improving communities' ability to access, participate in and efficiently use information communications technology, and assistance to the Mayor's Task Force for various projects.

4.284 A successful programme in Portland emphasised participation in a range of activities, tailored services individually, and stressed job quality. The programme substantially increased participation in education and training programmes (particularly post-secondary education and training) and helped recipients gain general and occupational qualifications.⁴³³

Results based funding

4.285 In results-based funding models, rehabilitation providers are compensated according to the measured outcome of the service they have provided. The model depends on being able to identify and measure appropriate components of targeted outcomes to which payments can be attached. The results are the impact on participants of the results of the programme.⁴³⁴ The concept resulted from

⁴³² Ministry of Social Development website: www.msd.govt.nz

⁴³³ Martinson and Strawn 2002 p 2

⁴³⁴ Corden and Thornton 2003 p 8

concerns about the apparent stagnation of supported employment in America and Britain in the 1980s, and from the need for greater accountability in achieving outcomes.

4.286 Of the several models reviewed, the Oklahoma Milestones is considered a success and has been highly influential. The model used six milestone payments for outcomes:

- 1 Assessment;
- 2 Job preparation;
- 3 Job placement;
- 4 Four weeks retention;
- 5 Ten weeks retention; and
- 6 Closure

4.287 There were two levels of funding (regular and highly challenged), reflecting different needs for preparation and enabling providers to offer appropriate levels of service. Quality standards were incorporated in service requirements for each benchmark payment. Fundamental to the model is the concept of scoring / categorising individuals in order to be able to pay providers more for provision of services to those in greatest need. This was designed as a counter-measure to the risk of creaming off first all those most easily assisted.

4.288 Britain introduced a comparable programme called WORKSTEP in 2001. A review conducted in 2002 focused on the potential disadvantage of the model, that there could be adverse selection of people in the programme in response to financial incentives or disincentives perceived. In the UK context was an increasing rejection of the categorisation of people on the basis of disability and a growing support for a social (rather than medical) model of disability.⁴³⁵

4.289 The next research focus is on investigating what WORKSTEP accomplishes for individual disabled people and understanding how outcomes are achieved. Case studies of selected providing organisations involve depth interviews at two points in time with staff, clients, employers and Jobcentre Plus advisers. The case studies will be complemented by a small number of one-off studies of the delivery processes and outcomes. In the longer term, the evaluation strategy will address the overall impact of the programme and cost-effectiveness.

Concluding remarks

4.290 The most successful programmes are those in which staff believe that participants can succeed and convey that expectation from the onset of programme participation.⁴³⁶ Best practice includes:

⁴³⁵ *ibid* p 41-2

⁴³⁶ Brown 2001 p 43

Setting and maintaining goals:

- Set high expectations for success
- Clearly articulate and consistently enforce programme rules
- Set goals for programme performance and monitor success
- Model programme expectations on the workplace
- Focus on strengths, skills and interests rather than on barriers
- At all stages, maintain a clear focus on the goal of employment
- Define success in the context of employment
- Identify both short and long term goals, with interim benchmarks of success

Helping participants:

- Help participants explore their interests and options
- Monitor attendance and progress in all activities and services
- Keep participants motivated to move forward
- Promote access and support for all participants
- Make an active commitment to serve all individuals, including those with serious barriers to employment
- Provide a range of support services to address participant needs
- Teach participants to conduct their own job search
- Invest adequate resources
- Develop personal and trusting relationships with participants
- Use employment plans as comprehensive case management tools
- Help participants help each other
- Help participants get the best job they can

Supporting staff

- Provide staff with training, flexibility and support
- Give staff a clear mandate to serve individuals with barriers
- Provide regular, ongoing training for staff
- Provide multiple opportunities for staff development and support
- Form partnerships with agencies that have experience serving individuals with barriers
- Give staff the time they need to help participants with barriers
- Give staff the flexibility and tools to address individual needs
- Have (some) staff who have faced the same barriers as participants

Working with employers

- Work closely with employers
- Use aggressive job development to increase opportunities for participants
- Build long term relationships with employers

- Involve employers in programme design and implementation
- Focus on individuals' strengths rather than barriers when marketing them to employers
- Address stereotypes and misconceptions about individuals with barriers
- Look for jobs with companies that provide a supportive work environment

Follow up

- Continue to support participants after employment
- Build in post-employment services as a formal programme component
- Pay careful attention to the transition to work
- Facilitate access to transitional benefits
- Use post-employment follow-up to achieve multiple goals
- Help participants to up-grade their skills and advance to better jobs

4.291 There is no one model for designing assistance. Some problems must be addressed before individuals begin work, others while they are working, and still others may not be evident until after they have begun to work. Programmes must be able to use multiple strategies at different intensities and in different combinations to be able to meet the needs of participants.⁴³⁷ Flexibility is the key to assisting individuals with multiple barriers. Care must be taken to avoid participants becoming overwhelmed – success will normally be incremental, and recognising this will help participants stay motivated.⁴³⁸

4.292 Research conducted in the 1980s found that job-search-first programmes might speed up the return to work of welfare recipients, but the jobs tended to be short lived and poorly paid. This left many people living in poverty, back on welfare, and still severely disadvantaged.⁴³⁹ The important message in the evaluation of policies and programmes is that one size does not fit all, and that each initiative has strengths which have benefited at least some of the participants / recipients.

4.293 “Leaving welfare is a process, not an event.”⁴⁴⁰ Getting a job is only one step in a long sequence of steps: building confidence, developing personal skills, acquiring job readiness skills, and triumphing over setbacks. Even in very supportive programmes, high rates of job loss can occur.

⁴³⁷ Brown 2001 p 5

⁴³⁸ Brown p 54

⁴³⁹ Hamilton G p2

⁴⁴⁰ Hershey and Pavetti 1997 p 84

5 Part 4: Best Practice

- 5.1 Experts caution that consideration of borrowing practices from other countries must include an analysis of the unique economic, social, and political elements in each country. What works well in one country will not necessarily work well in another, due to different definitions, compensation / benefit payment structures, cultures, and labour markets. Research has shown that Germany, Sweden, and the United States, for instance, have all attempted to make improvements in their disability programmes by introducing new requirements, practices, procedures and incentives, but not all have proved to be successful.⁴⁴¹ Equally, it can be difficult to pinpoint which specific new practice which might have been successful, as new practices are rarely carried out in isolation.
- 5.2 The US General Accounting Office investigated practices for improving rates of return to work for people with disabilities. They cite three specific practices which have been proven successful in Sweden and Germany. These are:
- Intervening as soon as possible after a disabling event to promote and facilitate return to work;
 - Identifying and providing necessary return to work assistance, and managing cases to achieve return to work goals; and
 - Structuring cash and health benefits to encourage people with disabilities to return to work.⁴⁴²
- 5.3 The State of Wisconsin has been at the forefront of policy development to reduce welfare dependency but analysts are divided on which policies were successful. One concluded that emphasising getting any job is more successful than aiming for a good job or undertaking training, and that successful schemes enforce participation with a clear threat of sanctions.⁴⁴³ Another believes that the decline in Wisconsin's welfare caseload resulted from a combination of circumstances (strong economy, restricted benefit eligibility and payment levels) which will not be repeated.⁴⁴⁴
- 5.4 The experience of the New Zealand Employment Service in the 1990s with its Job Action programme was that, while the programme was moderately successful, the numbers of long term registered unemployed job-seekers reduced in part because people allowed their registrations to lapse rather than participate in the programme. This effect has been noted in a number of similar international programmes.⁴⁴⁵
- 5.5 Many American states have introduced sanctions on welfare clients for not participating in programmes. Sanctions have a range of purposes:
- Purging the caseload of people who are not interested in working;
 - Purging the caseload of those who have alternative means of support;

⁴⁴¹ Sim 1999 p 41

⁴⁴² *ibid*

⁴⁴³ Mead (1998) p 23

⁴⁴⁴ Wiseman 1996 p 516

⁴⁴⁵ Eardley and Thompson p 29

- Giving a clear message that help is available but only if people are serious about getting a job, and only for a short period of time; and
 - Helping to motivate clients who might not otherwise participate in activities to promote self-sufficiency.⁴⁴⁶
- 5.6 Sanctions range from reductions in, or cessation of, welfare payments to requirements to participate in specific treatments (such as substance abuse, mental health counselling, or parent training).
- 5.7 Researchers have also found that mandatory participation requirements are not always necessary, and some programmes have found that there are more people keen to attend than the organisers have resources to serve.⁴⁴⁷ What is important, however, is
- 1 To make expectations of participants clear from the start;
 - 2 To provide the services which were offered (including training, and real job opportunities); and
 - 3 Where applicable, to impose the penalties that were threatened.
- 5.8 To achieve this, organisers of programmes must understand and work with the local labour market. Resources must be devoted to:
- Cultivating relationships with firms and industries;
 - Developing jobs for particular individuals;
 - Keeping abreast of technical and occupational changes which dictate the skills required in the workplace; and
 - Knowing the current state of the local labour market – employment growth areas, unemployment rates, prevailing wage rates and general demography.

Evaluation of programmes

- 5.9 Formal evaluations are available for only a small percentage of initiatives which help the long term unemployed obtain and retain employment. A comparison of a range of American programmes is attached as Appendix Five. Costs per person for the eleven programmes ranged from US\$ 16.50 to US\$1,706 per month. Employment rates achieved varied from 31% to 80%. Average monthly earnings ranged from \$85 per month for young mothers to \$500 for adult women.⁴⁴⁸
- 5.10 Evaluation should ideally be built into any new programme, and implemented early. Useful questions to be addressed in evaluations include:
- Are the programmes and policies being implemented as intended?
 - What are the reasons for these findings
 - What are the implications of the findings for future directions?
 - What are some of the barriers?

⁴⁴⁶ Nightingale and Holcomb 1997 pp60-1

⁴⁴⁷ Nightingale and Holcomb 1997 p 61

⁴⁴⁸ *ibid* pp56-7

- How can the barriers be overcome?⁴⁴⁹

5.11 Success indicators for disability programmes include quality of life and cost effectiveness.⁴⁵⁰ Quality of life incorporates independent living, community inclusion, integration as well as employment.

Principles of good intervention design

5.12 The basic principles underlying successful interventions as listed below were derived in the Michigan studies in the late 1990s.⁴⁵¹ Interventions which raise ability to survive events could be required as a result of redundancy, unemployment, serious illness / injury of self or in the family, loss of property. The variance in such events means that any intervention needs to be tailored to the event, while retaining the focus on obtaining and retaining employment.

5.13 For success in finding re-employment, there are six key tasks a job seeker must be able to handle:

1. Identification of transferable skills;
2. Identification of the market for those skills;
3. Procuring interviews with employers;
4. Communicating their skills and value to a prospective employer;
5. Emotional, attitudinal, and behavioural management of setbacks and barriers; and
6. When receiving a job offer, the ability to negotiate and make the best choice.⁴⁵²

5.14 Programme organisers must recognise that for many of the participants, the training will be the first education or training since leaving school. The following nine steps have been identified:

1 Recruitment of participants is the start of the intervention

This includes identifying the right people to participate in an intervention (as not all people will benefit from one), persuading them to participate, and actually getting them there for Day 1. Potential clients must recognise the need for intervention and accept their role as an active participant. Any barriers to participation such as childcare or transport must be removed.

2 View intervention as a social influence

A relationship of trust must be established between client and the “interventionist” (i.e. they will act in the client’s best interests and respect the client’s needs). Trainers need to present relevant credentials such as own experience of the client’s

⁴⁴⁹ Perrin p 113

⁴⁵⁰ *ibid*

⁴⁵¹ Caplan, Vinokur and Price 1997 pp371-4

⁴⁵² Caplan, Vinokur and Price 1997 pp 354-5

situation, and specialist training for managing such interventions. In group sessions moderate use of self-disclosure can help participants recognise their experiences and feelings are normal.

3 Target motivation, skills, knowledge and resources for coping

Help participants build strategies for coping with setbacks, barriers, and lapses in using these strategies. Move progressively into successively more challenging situations which utilise the skills just learnt. To take an example from the Michigan programme, job seekers learn how to conduct job seeking telephone calls first by watching the trainers model the wrong way, next by generating suggestions for improvement, then role-playing the correct approaches before applying their new skills in live situations. Positive feedback is an essential aspect, from both trainers and peers.

4 Build self-sufficiency

An intervention may not provide all the resources for successful coping, but it needs to enhance the participants' existing skills, motivation and knowledge so that they have the key resources available to them.

5 To be successful requires the confidence to try to succeed

As previously stated, the likelihood of gaining re-employment depended more on having the self-confidence to seek out jobs than on the actual skills used in doing so.

6 Allow for individual differences

This is essential to maximise levels of individual achievement. Not only do people have different needs, they have different abilities to benefit from interventions. People are influenced by a range of factors including their own life experiences, their values and beliefs. Programme providers need to recognise that the best results are achieved when they deal with participants according to participants' values and beliefs, not according to the organisers / presenters' beliefs.

7 Use active teaching and learning methods, rather than didactic techniques

Active learning leads to better skill acquisition and utilisation and reduces the person's resistance to adopting new skills.⁴⁵³ Active learners energetically strive to take a greater responsibility for their own learning. They take a more dynamic role in deciding how and what they need to know, what they should be able to do, and how they are going to do it. Their roles extend further into educational self-management, and self-motivation becomes a greater force behind learning.

8 Blend active learning with model demonstration, graduated utilisation of skills and positive feedback

No one technique will achieve 100% effectiveness by itself but using a combination of techniques gives participants greater opportunities to both learn and use new skills.

⁴⁵³ Caplan, Vinokur and Price 1997 p 358

9 Inoculate against setbacks

Slips and lapses into previous behaviours, attitudes and moods are the norm, not the exception, as is the likelihood of rejections. Interventions should prepare participants for these eventualities, developing strategies and practising techniques. Topics include recognising what could go wrong (in say a telephone interview), how the job seeker is likely to feel about this, what they are then likely to think, and how to deal both with the possible dysfunctional thoughts and actions that normally are associated with a setback and with the actual activity which went wrong. Successful job seeking is a long string of no's followed by a yes. Every no is one no closer to a yes.

Predicting who might become long term unemployed

- 5.15 Various studies have attempted to identify those individuals who, when first registering as unemployed or becoming injured or disabled, are likely to be at high risk of becoming long term unemployed. Many programmes of assistance are restricted to people who are already long term unemployed, on the assumption that most people who become unemployed do find fins work again within a few months with minimal assistance from public sources. Researchers generally agree, however, that by the time the long term unemployed are offered additional assistance, they are generally in need of considerably more help than when they were first unemployed.⁴⁵⁴
- 5.16 The problem of predicting whether any particular individual will become long term unemployed is quite distinct from the general risk factors of long term unemployment, such as older age, low levels of education and skills, poor health, unstable employment history etc.
- 5.17 Payne and Payne predict that in a group of people with poor educational qualifications newly registered as unemployed, 60% will find work fairly quickly, and 40% will become long term unemployed.⁴⁵⁵ Their feasibility study to develop a methodology to identify the high risk unemployed people concluded that such a methodology was available but sufficient errors resulted that different decision rules were required. The key trade-off was between maximising the chances of identifying the future long term unemployed and minimising waste of resources by providing services to clients who do not need them.⁴⁵⁶
- 5.18 A Swedish study of patients with chronic back pain found that the best predictor of return to work was the patient's own beliefs about their return to work.⁴⁵⁷ Other key predictors were the patient's perception of low support at work, their perception of physical work demands and work danger, and levels of depression and pain intensity. The researchers developed a screening instrument, the Obstacles to Return to Work Questionnaire, which proved to be a relatively good predictor of sick leave. (A copy of the questionnaire is attached as Appendix Two).

⁴⁵⁴ Payne and Payne 2000 p 7

⁴⁵⁵ *ibid* p 8

⁴⁵⁶ Payne and Payne 2000 pp21-2

⁴⁵⁷ Marhold, Linton and Melin 2002 p 73

5.19 These findings are endorsed by other researchers^{458 459}, including a Swedish study which developed the following conceptual framework:⁴⁶⁰

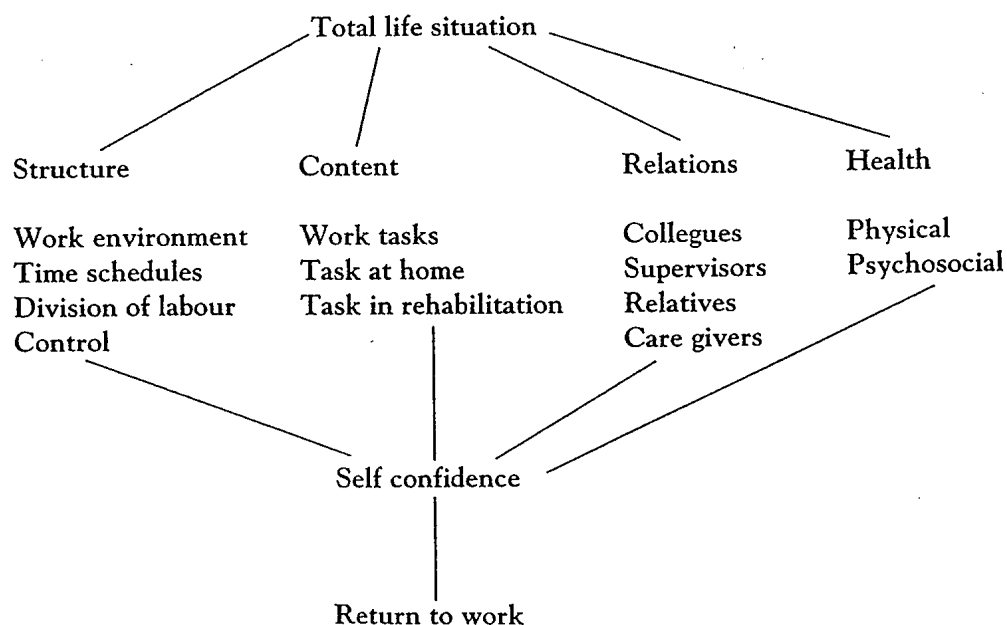


FIGURE 2: Developed conceptual framework for motivating and demotivating factors for return to work.

- 5.20 A Norwegian study identified that high pain intensity, low self-assessed work ability and a self-predicted absence status of longer than four weeks were good predictors of being off work long term.⁴⁶¹
- 5.21 All 25 Canadian General practitioners surveyed by the Canadian Back Institute believed that they could predict which back patients would not recover as expected: they did this using instinct or gut feeling combined with a relationship with the patient and knowing the circumstances surrounding his/her injury.⁴⁶² The Institute developed its own checklist to determine the barriers to rehabilitation. This is attached as Appendix Three.
- 5.22 Associated with the risk of remaining unemployed for the longer term is the need to assess the readiness of an injured / disabled person to engage in job seeking. Counsellors must process quantities of complex client information including medical and psychological information plus education, employment and social histories.⁴⁶³ Many rely on their own clinical judgement to determine a client's readiness to seek employment, but they can have difficulty processing verbal and non-verbal stimuli.
- 5.23 Research has shown that rehabilitation counsellors tend to favour negative client factors (such as incapacities) over positive client factors, leading to a restriction of access to employment opportunities. There are a variety of tools readily available

⁴⁵⁸ Hoogendoorn et al 2000 p 2122

⁴⁵⁹ Mills and Thornton 1998 p 594

⁴⁶⁰ Gard and Sandberg 1998 p 104

⁴⁶¹ Reiso et al 2003 p 1472

⁴⁶² McIntosh, Melles and Hall 1995 p 195

⁴⁶³ Mannock, Levesque and Prochaska 2002 p 16

to counsellors to assess the readiness (and willingness) of injured workers to return to work so that the counsellor can address any barriers identified.

Modified work duties

5.24 Best practice includes employers having organisational return to work programmes which are ready to be utilised as required. There are seven key components for employers to consider:

1. Identify lighter jobs and create job descriptions. Recognise that in some situations lighter duties will be required for limited periods of time only;
2. Where modified duty jobs are not readily apparent, consider new tasks or ways of combining elements of existing jobs to create a modified duty job. Small employers should explore with staff / union representatives what voluntary agencies might be able to provide light duty jobs in partnership;
3. Establish time limits for accommodating temporary restrictions – transitional duty jobs should be transitional;
4. Deal with any obstacles to having an effective return to work programme including any cross – departmental issues or union concerns;
5. Make sure modified duty jobs are safe, supervised and add value – they must not be make-work;
6. Identify any external assistance which may be available; and
7. Communicate the company programme to every-one – employees at all levels, union representatives. Make it part of the company culture.⁴⁶⁴

Demand-side job development

5.25 The demand-side job development model is consistent with international trends promoting the employment of people with disabilities, and is an excellent way of focusing on outcomes rather than on process. Services are provided directly to employers to help them meet their labour force needs by hiring people with disabilities. The aim is to increase the number and range of positions that people with disabilities can perform, and then to assist the employer in developing a proactive strategy to recruit people with disabilities.

5.26 Characteristics of demand-side job development include:

- Identifying jobs which employers are having difficulty filling, evaluating the essential components of the jobs, and assessing how tasks may be restructured to enable jobs to be performed by people with disabilities;
- A change of focus for rehabilitation professionals from “selling” clients to becoming consultants to employers on organisational development, workflow design and human resource development;

⁴⁶⁴ Kremer 2003 p 42-3

- Understanding employer needs in getting work done and matching employer needs with client competencies;
- Finding jobs and developing any job adaptations before finding the clients to fill the jobs;
- Maintaining on-going relationships between employers, vocational professionals to provide continuing support to workers with disabilities, and openings for career development;
- Rehabilitation professionals provide top quality service to employers in terms of job candidates, and providing training/ education and support to supervisors; and
- The goal of any job creation and placement is to improve the employer's financial position. Employers need to make enough profit to stay in business.⁴⁶⁵

Maintaining employment

- 5.27 Employment retention services are a key component of addressing the problems of long term unemployed. As previously stated, the transition to steady employment after a break is often difficult and stressful. Studies show that one quarter of former welfare beneficiaries stop working within three months of placement, and at least half are not working within a year.⁴⁶⁶
- 5.28 Pre-employment programmes to help long term unemployed return to work need to include job retention strategies. Such strategies should address any or all of:
- Transportation issues;
 - Child / dependent care;
 - Health care;
 - Frequent follow-up in the first weeks of new employment and ongoing in-work support;
 - Training in workplace norms such as punctuality, dress, communications, behaviour;
 - Placement in good jobs as opposed to the first available job: better initial job quality is linked with higher wages later on;
 - Financial assistance for low income workers;
 - Community resources available to support newly employed workers;
 - Handling crises and emergencies;
 - Instilling and supporting a will on the part of the programme participants to persevere and achieve; and
 - Training in soft skills, entry-level job skills and life skills.
- 5.29 Programmes can successfully target clients for job retention.⁴⁶⁷ One of the many models is attached as Appendix Four. An important message is, however, that if

⁴⁶⁵ Gilbride and Stensrud 1992 pp 36-7

⁴⁶⁶ Relave 2000 p 2

⁴⁶⁷ Rangarajan, Schochet and Chu 1998

people adapt programmes from overseas, they generate their own weights and cut-off values using local data.

Business partnership

5.30 As American states and communities focus on welfare reform, attention was increasingly focused on how the business community could be part of the effort. Private companies were asked to participate in programmes to:

- Prepare welfare recipients for work;
- Train them in job skills;
- Hire welfare recipients; and
- Promote job retention once they are in work.

5.31 Best practice guidelines were developed, partly to help sell the concept of partnership and then to ensure that partnerships worked, generally within the context of other initiatives such as job search and training. Key challenges are:

- Building business community interest in a partnership – businesses will remain involved only if their own interests are advanced;
- Making the partnership work, where the partners have very different backgrounds and perspectives;
- Remaining in touch with business needs, keeping attuned to labour market conditions;
- Promoting the employment of welfare recipients without stigmatizing them; and
- Maintaining a focus on the interests of the welfare recipients, while achieving a balance between supply and demand of labour and the competing interests between welfare reform and business.⁴⁶⁸

5.32 First action is to identify appropriate potential business partners, such as those with:

- Urgent labour needs;
- Possible job opportunities which match welfare recipients' skills;
- Large businesses which tend to have leadership roles in the community;
- Small businesses because they generally do not get involved;
- Businesses with opportunities for workers to advance;
- Businesses with government requirements to hire additional or disadvantaged workers; and
- Businesses already committed to helping their community.⁴⁶⁹

⁴⁶⁸ Brown, Buck and Skinner 1998 p 14-15

⁴⁶⁹ *ibid* pp32-33

5.33 Relationships need to be developed over time, building the vision, strategy and goals together from the start. Goals and expectations must be clear at the start and be realistic. Partnerships are about “win-win”: helping the welfare recipients and strengthening businesses simultaneously. They need to be established on good communications and trust, and then maintained constructively. This requires strong leadership and dedicated staff.⁴⁷⁰

5.34 The American Manpower Demonstration Research Corporation (MDRC) has developed a series of How-to publications which promote best practice in implementing welfare reform. Titles include:

- Promoting participation: How to increase involvement in welfare to work activities
- Promoting partnership: How to involve employers in welfare reform
- Beyond Work first: How to help hard to employ individuals get jobs and succeed in the workforce

These are all available on the MDRC website <www.mdrc.org>

⁴⁷⁰ Brown, Buck and Skinner 1998 pp45-46

Part 5: Recommendations for NZ

- 5.35 Before considering initiatives for implementation in New Zealand, it is important to answer the question “ why go back to work?” Employment is described as a social institution that meets many human needs:
- It imposes a time structure on the working day;
 - It implies regularly shared experiences and contacts with people outside the family;
 - It links an individual to goals and purposes that transcend their own;
 - It defines aspects of status and identity; and
 - It enforces activity.⁴⁷¹
- 5.36 Understanding how a job fulfils these needs helps explain why there is a motivation to work beyond earning a living.⁴⁷² It also sheds light on the effects of job loss as distinct from unemployment – this can be in terms of bereavement. Many countries have not recognised the risks associated with job loss and have not implemented comprehensive interventions that deal with the dual reality of loss of job and loss of identity / family. The remedy for job loss is a new and satisfactory job – not “any job”.⁴⁷³

Human Capability Framework

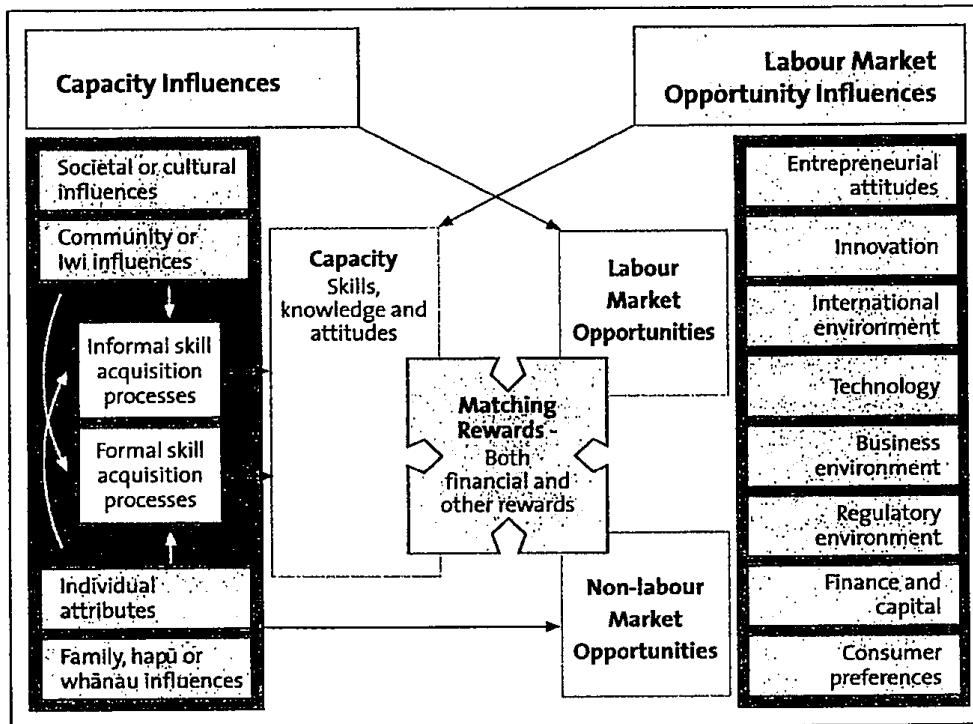
- 5.37 The New Zealand Department of Labour developed the Human Capability framework as a way of providing an integrated view of key economic and social objectives, and of understanding the role of the labour market in achieving them. It is designed to provide a better understanding of the influences, linkages and levers that impact on human capability.⁴⁷⁴
- 5.38 The framework brings together a number of elements which affect New Zealand’s human capability:
- Key factors that influence people’s capacity (their skills, knowledge and abilities) and the diverse ways of building capacity;
 - Key factors that influence the creation of opportunities for that capacity to be used in ways that give people financial or personal rewards; and
 - The ways in which capacity and opportunity get matched, and the risks for people and businesses if capacity is damaged or capacities and opportunities do not correspond.
- 5.39 The following diagram shows the variety of influences on human capacity in both economic and social spheres:

⁴⁷¹ Jahoda 1979 p 494

⁴⁷² Tu 2000 p 57

⁴⁷³ *ibid* p 67

⁴⁷⁴ Department of Labour 1999 Overview



5.40 Current trends affecting human capability include:

- An ageing workforce;
- Increasing proportions of Maori, pacific island and other ethnic groups, often in population concentrations;
- Significant numbers of new entrants to the workforce have low educational attainments;
- Increasing globalisation of the New Zealand economy;
- Constant technological change;
- Changing skills levels required by industry, with a move from low skilled manual labour to low skilled service sector; and
- Job growth in the high skilled market, and job losses in the low skilled market

5.41 Key policy issues identified by the department are to address the following needs:

- A flexible workforce, able to adapt to changing skill needs and prepared for lifelong learning;
- Innovative business development which is able to make best use of new global opportunities and new technologies;
- Improved workforce capacity, including educational achievement amongst maori and minority ethnic groups; and

- Innovative regional solutions to address the impact of agricultural and manufacturing downturns, the continuing population drift northwards and concentrations of low capacity levels within some communities.

5.42 The commitment by the Department of Labour to use the framework in its work means that ACC's practices should be consistent with the framework.

The current New Zealand labour market

5.43 According to the Department of Labour⁴⁷⁵, the labour market of New Zealand is one of the cyclically strongest in the world at present. The unemployment rate has been trending down since 1999 thanks to robust job growth and is now at 4.4 percent, the lowest since December 1987 and one of the lowest in the OECD. Encouraged by this, a high number of people are participating in the labour market as the participation rate rebounded to a high 66.6 percent. Approximately 30,000 new jobs are created each year.

5.44 The outlook is for a weakening in the New Zealand economy over the next year due to a sharp fall in export returns, caused by the rise in the New Zealand dollar and the staggering world economy. A weakening in economic growth is expected to lead to a worsening of labour market conditions in 2003/04, with lower employment growth and a moderate rise in unemployment.

5.45 Recent years have seen strong growth in knowledge intensive services, including education, health and community services and property and business services. Leisure and entertainment industries have also grown faster than average. The occupational mix of employment within industries is also changing, with a shift towards white collar work. Manual work is declining while numbers of managers, professionals and technicians are increasing. Clerical work is declining, reflecting the impact of information technology.

5.46 The Department's Future of Work team notes that some groups of workers have suffered a drop in job tenure, but long term employment relationships remain strong. Non-standard employment (such as part-time, casual, temporary and self-employment) is on the rise.⁴⁷⁶ The increase in part-time and self-employment is partly driven by people's need for flexibility, but the increase in temporary and casual work is likely to lead to more job insecurity, low pay and poor working conditions for these workers.

5.47 The number of older workers is expected to increase by a third between 2002 and 2011. The Department of Labour warns that employers may have to create new employment patterns to retain older workers. Making maximum use of the available workforce will require breaking down the negative stereotypes that surround age.⁴⁷⁷

5.48 The increase in the ageing population means that retraining is likely to be required to keep up with changing skill demands. Fewer young people entering the workforce means that employers will need to be more flexible in order to retain

⁴⁷⁵ Department of Labour website <www.dol.govt.nz>

⁴⁷⁶ The proportion of people who work the standard 40 hour week stands at just 30%.

⁴⁷⁷ Department of Labour pp16-17

older workers. Migration will continue to have a major impact on the labour market, both inwards and outwards migration. An increasing portion of the labour force will be migrants from non-English speaking countries.

- 5.49 Higher levels of skills are increasingly required, especially in communications, literacy, numeracy and problem solving. Flatter management structures means that workers are progressively required to display judgement, leadership and initiative along with motivation and attitude.
- 5.50 This is all best summarised : “Change is the norm. The best way of coping with the changing face of work is to take charge of your own destiny”⁴⁷⁸ The challenge for ACC is to implement it.

Helping long term claimants

- 5.51 Recent research on the needs of long term ACC claimants in return to independence identified five stages in the transition to independence / work:
1. Pre-contemplation: not thinking about returning to independence / work;
 2. Contemplation: thinking about returning to independence / work;
 3. Preparation: preparing to return to independence / work;
 4. Action: entering work or transitioning from part-time to full-time work;
 5. Maintenance: remaining independent from ACC / remaining in work.⁴⁷⁹
- 5.52 The time taken to transition along the continuum varies from claimant to claimant, and some claimants move backwards in reaction to negative events (such as job rejections from employers).

Helping newly injured

- 5.53 This literature search has acknowledged that being pro-active when workers are first injured is most effective. Various potential initiatives are identified for claimants, for employers, for case managers and for medical professionals.
- 5.54 Initiatives which would assist new claimants cope with their changed circumstances include:
- Money management training to enable new claimants to budget and live within their reduced level of income;
 - Meeting / discussion groups with other claimants with the same / similar type of injury, albeit at different stages in their rehabilitation;
 - Programmes for the newly injured, similar to the Spinal Injury Trust pilot operational in Christchurch; and
 - Managing the trauma of the injury and the grieving process of the accident.

⁴⁷⁸ Department of Labour 2003 p 6

⁴⁷⁹ Litmus 2003 Conclusions

- 5.55 The proven benefits of early return to work for many types of injuries need to be explained to many of the medical profession, in particular to the patient's General Practitioner. These include:
- Better self image;
 - Improved ability to cope;
 - Improved work survivability; and
 - Improved ability to be independent.⁴⁸⁰
- 5.56 There is both empirical and anecdotal evidence that many GPs respond unconstructively to pessimistic attitudes from injured workers, by focusing on the negative issues rather than on what the patient can achieve. They extend time off work which allows patients more free time to dwell on the negative, rather than assisting patients keep their minds active and focused on more positive matters.
- 5.57 This has been described as “the physician treating the whole patient”, acknowledging both medical and biosocial issues. Physicians cannot prove or disprove the existence of pain clinically, but they can address the problem that prolonged time away from work makes recovery progressively less likely.⁴⁸¹
- 5.58 There is no question that to return to work after a long absence may require some effort on the part of the worker to face their fears or unwillingness about returning to work. Many people with disabilities describe days when their symptoms are sufficiently severe that they have to force themselves to get up and go to work despite their pain. The benefit is that once at work, their daily tasks and duties serve to distract them from their pain. If GPs can work with their patients, helping them recognise the benefits of being at work and developing pain management techniques, many will be rehabilitated more quickly.

Case management

- 5.59 As case managers play a key role in the rehabilitation of claimants, it is relevant to list some of the effective practices identified in the course of this research. These include:
- Training case managers in how to interview for “client strengths”;
 - Including the goals of vocational rehabilitation right at the start of the claimant / case manager relationship, rather than focusing initially only on managing the injury and grief, and ensuring that the claimant both understands this and commits to it;
 - Setting goals at the start and maintaining the focus on them;
 - Ensuring goals are realistic ones which can be achieved step by step;
 - Focusing on (the many things) the claimant can do rather than (the few) they cannot do;
 - Understanding how people respond to negative / positive attitudes in the same way, and learning to manage claimants' pessimism;

⁴⁸⁰ Melhorn pp69-70

⁴⁸¹ Melhorn p70

- Overcoming concepts of ageism (“they’re close to retirement so no need to get back to work”);
- Acknowledging and rewarding claimant achievements in rehabilitation in a small but positive way;
- Learning how to recognise literacy problems in claimants and managing this as a barrier to return to work;
- Exploring the work-place culture of the claimant’s pre-injury employment as part of their return to work. This may result in the claimant being referred to another employer, or in providing assistance / support to the claimant’s colleagues and managers;
- Recognising the impact of changes in the labour market mean that many low skilled or manual workers may require new skills in order to return to work. This is re-skilling and not to be confused with the concept of up-skilling; and
- Mapping transportation with claimants, whether for work or for family matters such as childcare.

Policy development

5.60 The OECD has provided some useful guidelines on developing policy to help people with disabilities obtain and retain employment.⁴⁸² These are:

- Recognise the status of disability independent of the work and income situation. Disabled does not equate with unable to work;
- Introduce a culture of mutual obligations: it is not just society’s responsibility but disabled people and employers as well;
- Design individual work/benefit packages comprising
- Rehabilitation and vocational training
- Job search support
- Financial assistance
- The potential of different forms of employment such as part-time, subsidised etc
- Activities to assist the social integration of people with disabilities
- Introduce new obligations for disabled people, such as participation in vocational rehabilitation, employment and other integration measures;
- Involve employers in the policy process. Different approaches to encourage employment of people with disabilities range from moral suasion to anti-discrimination legislation and compulsory employment quotas. The effectiveness of these measures depends on the co-operation of employers;
- Promote early intervention
- Make financial assistance a flexible policy element, to take account of whether the person has been able to gain a job, changes in the person’s disability status over time, and not to penalise a person unfairly for taking up employment;

⁴⁸² OECD 2003

- Reform programme administration. Promote equal access to all programmes for all people. Caseworkers will need an extensive knowledge of the range of benefits and services available, and have time to assist individuals and follow each case; and
- Design disability programmes as active programmes, not early retirement or quasi-permanent exits from the labour market.

APPENDICES

APPENDIX ONE: How to relate to people with disabilities

These Guidelines were developed by the American Psychological Association.⁴⁸³

Many of the barriers which people with disabilities face are reinforced by small details of language and behaviour. These details may seem insignificant, but they often reaffirm inaccurate assumptions and cause offense. By changing how you portray and communicate with people with disabilities, and by modifying a few features of your environment, you, as human service providers, educators, and the media, are in a unique position to shape public attitudes about people with disabilities in a helpful way.

1 PORTRAYAL ISSUES

Language influences perceptions and behaviour. Words in popular use mirror prevailing attitudes in society. Oftentimes, societal attitudes create barriers for people with disabilities. Through language usage, we can conjure up images of people actively engaged in life, and we can avoid stereotypical phrases that suggest helplessness or tragedy.

Person First Language

When you refer to a "disabled woman," your listener or reader has already begun to form some kind of image of "disabled" before she/he hears the word "woman." The subject of the sentence then hasn't a chance to be thought of as a regular person. She will be considered mainly disabled and secondarily a woman until or unless your subsequent language jars this image loose.

On the other hand, if you refer to her as a "woman with a disability" the reverse tends to occur. Your audience first starts forming an image of an ordinary woman, and then modifies it. The focus becomes on the individual, not the particular functional limitation.

Once you've identified her as having a disability, and the most adaptive image you can conjure up for her is pretty much set in your reader or listener's mind, there is no reason not to use the briefer expression "disabled woman" from time to time if you feel the need for literary variety.

Sensationalizing

One common way of sensationalizing disability is to describe highly successful people with disabilities as "superhuman." Such individuals are shown as being "incredible" or "extraordinary" because they strive to overcome their limitations and serve as role models or yardsticks for measuring personal achievement. While people with disabilities have had to overcome obstacles dealing with their disability, they generally have the same range of talents and dispositions as non-disabled individuals. Portraying persons with disabilities as "superstars" creates unfair expectations.

⁴⁸³ From website <http://www.apa.org/pi/cdip/enhancing.html>

Another common way of sensationalising is to use the language of tragedy or catastrophe. Words and phrases like "afflicted with," "struck by," "a victim of," or "crippled with" disability generate sentimental feelings of pity, which can be socially damaging to the person described. It also leaves the reader or listener with the nebulous impression that individuals with disabilities face serious problems with which they cannot cope.

Focus

If you get stuck on a person's disability, your listener or reader will get stuck there too. Usually, other aspects of the person are more interesting or relevant to the issue at hand. This is equally true regarding race, ethnicity, sex, and sexual orientation. If such demographics seem worth mentioning, then mention them. This can be done without making them the focus of the described individual's being.

Being, Having, Doing

It is generally useful to avoid verbs that imply that disability encapsulates all there is to say about a person. Also, it is useful to avoid verbs that suggest images of passivity. For example, the phrase "so-and-so is in a wheelchair" conjures a passive image, someone just sitting there doing nothing. By contrast, the phrase "so-and-so uses a wheelchair" tends to elicit an action image, someone wheeling a chair or operating a control device. The first person seems helpless and detached; the second, participatory and involved.

Most people who have been hospitalized even briefly understand how disconcerting it is to be known temporarily as "the heart in room 18" or "the liver in room 24." It doesn't take much imagination to understand how annoying it would be to hear yourself referred to as a "spinal cord injury" or a "manic depressive" for the rest of your life. It's no harder to say, "Charlie has a spinal cord injury" or "manic-depressive illness" than it is to say, "Charlie is a spinal cord injury" or "manic depressive." The first suggests that disability is just one trait among many. The second implies that it summarises the essence of all that Charlie is.

In summary, in the most wholesome, socially appealing image, the person is doing something. In the second best, one is seen as a person who has a disability. In the least helpful social image, one's very being is identified by disability--other facets of personality disappear, leaving only embodied disablement.

Disability-Disease Distinction

Some disabilities are progressive results of chronic conditions, but many, probably most, are not. The illness/injury that caused the disability is an event of the past. A person with a substantial disability may be healthier than you are. This distinction can be very important in such situations as a job search, acquiring health insurance, and getting a date. A person with a severe disability doesn't need the unwarranted obstacle of being seen as also having an active disease.

Injury-caused disabilities are easy to distinguish from disease-caused disabilities once you know they result from injuries. Disease-caused disabilities pose more problems because most people don't know which diagnostic labels reflect acute illnesses that are long past and which designate continuing illnesses. To err on the safe side, assume "stable disability, no disease" unless the person corrects you.

Euphemisms

Euphemisms claimed as politically correct by various splinter groups (e.g., "impaired," "physically challenged," and "differently abled") have generated endless jokes and parodies, which may not be what their promoters wanted. Suffice it to say, these are fad phrases that have not gained general acceptance among people with disabilities.

Of the main non-euphemistic terms, "disability" has come to be preferred over "handicap" as the more general descriptor. This is owing to the latter's narrower meaning as well as its historical association with fundraising pathos. The word "disability" refers to the functional limitation a person experiences as a result of an impairment. The word "handicap" refers to the social consequences of the disability. For example, stairs, narrow doorways, and curbs are handicaps to people with disabilities who use wheelchairs.

2 COMMUNICATION ISSUES

Many people feel uncomfortable around individuals with disabilities. Much of this discomfort stems from lack of personal contact with people with disabilities and a sense of awkwardness and uncertainty as to how to speak and act in their presence.

The following section offers suggestions for increasing effective communication and reducing anxiety when interacting with people with specific disabilities.

Hearing Impairments

- Do not make assumptions about a person's ability to communicate or the way in which they do it. Always ascertain which communication medium the deaf or partially hearing person intends to use.
- When interacting with people who prefer lip reading, use a well-lit, glare-free area.
- Face the person directly and continue speaking at a normal volume and rate.
- Rephrase sentences rather than repeat them.
- Do not cover your mouth or look away from the person, such as to take notes, while you are talking.
- Communicate in writing, if necessary.
- When a sign language interpreter is present, it is best to face the person and speak normally.
- Omit phrases such as "please tell him/her that..." and address the person directly while the interpreter signs.

Visual Impairments

- Ask if any particular assistance is needed.
- Orient the person to the area, explaining where major furniture is located. If the person has been there before, you should inform him/her of any changes or new obstacles.
- Keep doors fully open or closed to prevent accidents.
- Offer to read written information for a person with a visual impairment, when appropriate.

- If you are guiding someone, let him/her take your arm just above the elbow, and guide rather than lead or propel the person. Give him/her clear instructions such as 'this is a step up' as opposed to 'this is a step.'
- When giving directions, use specific words such as "straight ahead" or "forward." Refer to positions in terms of clock hands: "The chair is at your 2:00." Avoid vague terms such as "over there."
- Don't assume the person will recognise you by your voice even though you have met before. Identify yourself by name, maintain normal voice volume, speak directly to the person, and maintain eye contact.

Speech Impairments

- Listen patiently and avoid completing sentences for the person unless she/he looks to you for help.
- Don't pretend to understand what a person with a speech disability says just to be polite.
- Ask the person to write down a word if you're not sure what she/he is saying.

Mobility Impairments

- Ask if assistance is required.
- Do not remove a person's mobility aid, for example crutches, without the person's consent.
- When talking to someone who is in a wheelchair and the conversation continues for more than a few minutes, sit down or kneel to be eye level. This avoids neck strain and is much more positive.
his/her
- Don't lean on a person's wheelchair unless you have his/her permission--it's his/her personal space.

3 COMPLIANCE ISSUES

As service providers and advocates, psychologists and other mental health providers need to ensure that their services adequately meet legal and ethical obligations.

To improve compliance with the Americans With Disabilities Act and to better meet the needs of individuals with disabilities:

- Do not deny your services to a client with a disability. You may refer him/her if that individual requires treatment outside of your area of specialization.
- Do not separate out or give unequal service to clients with disabilities unless you must do so to provide a service that is as effective as that provided to those without disabilities.

- Watch for criteria that screen out clients with disabilities. For instance, do not require a driver's license for payment by check. Use policies, practices, and procedures in your office that can be modified for those with disabilities, such as making sure service animals are permitted in your office.
- You may need to provide auxiliary aids and services, such as readers, sign-language interpreters, Braille materials, large-print materials, videotapes and audiotapes, and computers when necessary to effectively communicate with your clients with disabilities. You may use alternative forms of communication, such as notepads and pencils, when these forms are as effective.
- Evaluate your office for structural and architectural barriers that prevent individuals with disabilities from getting the services they need from you. Change these barriers when they can be readily changed (without much difficulty or expense). Look at ramps, parking spaces, curb cuts, shelving, elevator control buttons, width of doorways, levered door handles, width of toilet partitions, height of toilet seats, high-pile carpeting, and ensure that rooms are large enough to manoeuver a walker or wheelchair.
- When building new offices or remodeling, hire an architect or contractor familiar with ADA requirements.

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APPENDIX TWO: Obstacles to return to work Questionnaire

Table III. The Reduced Items of the Obstacles to Return-To-Work Questionnaire

Part I

Scale 1: Depression

1. How often do you think about your pain?
2. How depressed have you felt during the last week?
3. How depressed have you felt, on average, during the last three months?
4. How often do you feel that it is difficult to start activities?

Scale 2: Pain Intensity

5. How much pain have you had during the last week?
6. How much pain have you had, on average, during the last three months?
7. How often have you been in pain during the last three months?
8. How much does your pain prevent you from engaging in activities in your daily life?

Part II

Scale 1: Difficulties at Work Return

9. On return-to-work/increase in work time, fatigue will be a problem for me
10. Increased ache will be a problem for me on return-to-work/increase in work time
11. After work I won't have the energy to do anything but rest
12. I have spent less time with friends and acquaintances since I went on sick leave
13. I have had to give up leisure activities because of my pain
14. I am too sick/disabled to work professionally
15. Life feels meaningless when I don't have energy to do anything after work
16. I have to rest when my pain increases

Scale 2: Physical Workload and Harmfulness

17. My work demands physical effort
18. I have too much to do at work
19. I won't be able to reduce my sick leave since my work demands so much physical effort
20. My work is the cause of my pain
21. The repetitive movements (for example with arms and hands) that my work contains aggravate my pain
22. My work is detrimental to my health
23. If I had had another kind of job I would never have gotten any pain
24. One day at my job contains many heavy work tasks

Scale 3: Social Support at Work

25. My job supervisor has understanding for my pain problem^a
26. There are often conflicts at my workplace
27. My job supervisor tries to support me and make things easier for me at the workplace^a
28. My workplace has a tense atmosphere
29. I get along well with my work colleagues^a
30. It feels bad that my work colleagues don't understand my pain

Scale 4: Worry Due to Sick Leave

31. I worry about what my work colleagues think about my sick leave
32. It feels bad that I get so far behind at work when I'm on sick leave
33. I have to work hard when I get back/increase my work time to make up for everything I missed during sick leave

Scale 5: Work Satisfaction

34. I really enjoy my work^a
35. My work tasks are boring
36. My job is varied and stimulating^a
37. I would like to change work tasks
38. What I do outside the job hours feels more important than my work
39. I feel bored by my work.
40. The drawback to working is that I don't have time for other things
41. I find my work schedule unsatisfactory
42. When I work I have too little time for my family/friends

Scale 6: Family Situation and Support

43. I can stand my pain thanks to the support of my friends/family^a
44. It's hard to find the energy to work since my family situation/social situation is bad
45. Since my children take up so much energy, it's hard to find the strength to work
46. I feel that my family/friends have understanding for my situation^a
47. When I am in pain, my family/friends think of something to do to make me forget my pain^a
48. When I am in pain, my family/friends can't stand being around me
49. I need to stay home because of my family situation

Table III. (Continued)

Part III

Scale 1: Perceived Prognosis of Work Return

50. How much chance do you think there is that you could return-to-work/increase your work time?^a
 51. How do you think it's going to be to return-to-work/increase your work time?
 52. How convinced are you that you will recover?^a
 53. How much chance is there that you will be able to return-to-work/increase your work time within six months?^a
 54. How do you feel when you think about your possibilities for returning to work/increasing your work time?^a
 55. How do you feel when you think about your possibilities to manage without medical assistance in the future?^a
-

^aThese items have to be inverted when calculating a score for the scale.

Table I. Determination of a Barrier to Rehabilitation

Circumstances

1. No job available

- a) Is there a job to return to?
- b) When was the last time you spoke to your employer?
- c) Are you planning on returning to your previous job?
- d) Does your employer know when you are planning to return?

2. Work motivation

- a) Do you like your job?
- b) Do you like your fellow workers?
- c) Do you like your boss?
- d) Does your company treat you well?

3. Physical limitations

- a) What are the physical requirements of your job?
- b) When do you think you will be able to meet your job requirements?

4. Gradual return to work not acceptable

- a) Will your employer accommodate a graduated return to work?
- b) Will your employer provide progressive hours, progressive loads, and/or rotating positions?
- c) What kind of cooperation is required?
- d) Is such a plan acceptable to you?

5. Return to work restrictions

- a) Has anyone restricted your lifting or activities to level below your requirements?
- b) Has anyone recommended alternative employment?
- c) Has anyone restricted you to specific employment?

6. Unrecognized conflict

- a) Do you have good relations with your family, employer, third party sponsor, and fellow workers?
- b) Do you agree with the goals of your rehabilitation?
- c) Is there a lawyer involved?
- d) Do you need your pain to get your settlement?

7. Secondary gain in the form of money, affection, control and/or escape

- a) Is wage replacement sufficient to pay the bills?
- b) How long will compensation last?

8. Clinician interference

- a) Is the patient's pain sufficient to cancel a return to work?
 - b) Has a doctor recommended that you delay a return to work until the pain disappears?
 - b) Will returning to work result in increased harm?
 - c) How many doctors/specialists have been seen?
-

⁴⁸⁴ McIntosh, Melles and Hall 1995 p 195

⁴⁸⁵ Rangarajan, Schochet and Chu 1998

APPENDIX FOUR: Model For Predicting People Requiring Assistance To Return Employment

TABLE 8
 MEDIAN EMPLOYMENT SPELL LENGTHS FOR KEY SUBGROUPS
 DEFINED BY INDIVIDUAL AND JOB CHARACTERISTICS
 (In Months)

	Median Spell Length	
	Univariate Analysis	Multivariate Analysis
Overall	5	5
Age (Years)		
Younger than 20	3	4
20 to 24	5	5
25 to 29	6	5
30 or older	6	6
Race/Ethnicity		
White, non-Hispanic	6	5
Black, non-Hispanic	5	5
Hispanic	5	6
High School Graduation Status		
Has a high school diploma	6	6
Has a GED	6	5
Has neither a high school diploma nor a GED	5	5
AFQT Percentile Score		
10 or less	4	5
11 to 25	5	5
26 to 50	7	6
More than 50	6	5
Child Care Arrangements ^a		
Relative care	8	9
Nonrelative care	13	13
Center care	13	10
Other care	16	16
Drinking Practices: Six or More Alcoholic Drinks Four or More Times in Past Month		
Yes	4	4
No	6	6
Hourly Wages (in 1997 Dollars) ^a		
Less than \$4.50	4	5
\$4.50 to \$4.49	4	5
\$5.50 to \$6.49	7	7
\$6.50 to \$7.99	6	9
\$8.00 or more	13	12
Paid Vacation ^a		
No	7	7
Yes	13	12
Total Number of Spells	1,870	1,697

SOURCE: Data from the 1979 to 1994 NLSY Surveys.

^a Sample members with long job spells were more likely than those with shorter spells to have been asked about child care arrangements and fringe benefits on the job. The median spell lengths for these variables are calculated from models that exclude those with missing values of these variables.

The multivariate targeting procedure provides decision rules to target cases for postemployment services on the basis of a combination of their individual and job characteristics. This appendix provides details on the statistical aspects of how this procedure can be implemented by program staff who choose to create multivariate decision rules using their own caseload data. This same procedure was used to create the decision rules using the NLSY data that we describe in this report.

To construct decision rules using the multivariate procedure, programs must first identify individual and job characteristics that potentially can be used for targeting. In addition, programs must decide who the group is that they consider at risk of adverse employment outcomes. Finally, they must collect data on a representative sample of their caseload--the test sample--so that decision rules constructed using this sample will apply to cases they will serve in the future. The data must include information on the targeting variables *and* on employment outcomes so that programs can define which cases in the sample are high-risk cases (using their own definitions of a high-risk case).

The tools necessary to construct decision rules are (1) weights needed to assign to each targeting variable, and (2) cutoff values to determine which cases should be targeted for services. These tools are obtained from a regression model, where the targeting variables are used to predict whether a case in the test sample was a high-risk case. Program staff can then use these tools to determine whether cases programs serve in the future should be targeted for specialized postemployment services.

The tools necessary to construct decision rules using the multivariate approach can be obtained in three steps:

1. ***Estimate a logit regression model.*** Using data on the test sample, programs should regress the probability that a case was a high-risk case on the selected targeting variables (such as individual and job characteristics).¹ The parameter estimates from this model represent the effects of each targeting variable on the likelihood that a case should be targeted for services. Many statistical software packages (for example SAS, SPSS, and S+) can be used to estimate the model. Targeting variables that have little ability to predict who is a high-risk case (that is, that are statistically insignificant) should be

¹For example, the following logit model could be estimated using maximum likelihood methods:

$$(i) \ Pr(\text{Case was High Risk}) = \frac{e^{X'\beta}}{1 + e^{X'\beta}},$$

where X is a vector of characteristics for an individual, and β is a vector of parameters to be estimated. Alternatively, a probit regression model could be estimated.

removed from the model, and the model should be re-estimated. The overall predictive power of the final model should be assessed using the criteria presented in this report.²

2. ***Construct weights to assign to each targeting variable.*** The weights are the parameter estimates from the logit model. Program staff may want to scale each of the weights by a fixed factor (for example, 10 or 100) and then round them to make the weights user-friendly.³
3. ***Construct cutoff values for different assumptions about the proportion of the caseload that programs may want to serve.*** To construct the cutoff values, programs first need to construct an “aggregate score” for each case in the test sample. The aggregate score for a particular case is a weighted average of measures of the case’s characteristics, where the weights are those constructed in step 2.

The cutoff values can then be constructed using these aggregate scores. Suppose that a program aims to serve 10 percent of the caseload. Then, the cutoff value for that program is selected so that 10 percent of those in the test sample have an aggregate score greater than the cutoff value, and 90 percent have an aggregate score less than the cutoff value. Similarly, the cutoff value for a program that aims to serve 40 percent of the caseload is that value such that 40 percent of those in the test sample have an aggregate score greater than that value.

Once these weights and cutoff values have been obtained using the test sample, programs can use these tools to target cases in the future for specialized postemployment services. The process of assigning cases, however, will differ depending on how sites choose to time the selection process. Programs may choose to target after collecting information on a large number of cases. In these instances, aggregate scores should be constructed for each case by taking a weighted average of the case’s characteristics near the job start date and using the weights constructed in step 3 above. Cases should then be ranked on the basis of their

²Specifically, this assessment can be performed in four main steps: (1) predicted probabilities should be constructed for each individual using equation (i) in the previous footnote based on the estimated parameters; (2) individuals should be sorted on the basis of their predicted probabilities; (3) a prespecified percentage of individuals with the largest predicted probabilities should be “selected” for services; and (4) the proportion of those selected for services who are actually high-risk cases should be calculated. The model has sufficient predictive power if the proportion calculated in step 4 is larger than the proportion that would occur if all cases were randomly assigned to services. The assessment should be performed for various prespecified percentages used in step 3.

³This procedure was used to create the checklist of weights in Table 12 of the report, where the logit model was estimated using data on the NLSY sample.

aggregate scores, and programs should select cases with large scores. Alternatively, programs may choose to assign a case in isolation as soon as they have information on the case. In these instances, a case should be targeted for services if the case's aggregate score is above the selected cutoff value (created in step 4 above). The relevant cutoff value to use will depend on the proportion of the caseload the program desires to target.

APPENDIX FIVE: Evaluation of selected employment and training programmes

From Nightingale and Holcomb 1997

Table 1

Characteristics and Outcomes of Selected Employment and Training Programs for Disadvantaged Individuals and Welfare Recipients		
Program Name, Start Date, and Related Endnote Number	Program Components	Evaluation Setting
ET Choices (MA) 1986 ³	Voluntary job search, training, education, supported work	State work-welfare program, in 58 local AFDC offices
Family Independence Program (WA) 1992 to 1993 ⁴	Voluntary job search, training, education	State welfare reform program, in 10 local sites
GAIN (CA) 1988 ⁵	Mandatory job search, education, training, unpaid work	In welfare offices and community organizations, in six counties
Job Start 1985 ⁶	Education, vocational training, job placement	13 community organizations, vocational schools, Job Corps Centers
Job Training Partnership Act 1982 ^{7,8} (study began in 1987)	Voluntary job search, classroom and on-the-job training	In JTPA-funded job training programs at 16 sites
Minority Female Single Parent Demo 1984 ⁹	Remedial education, job training, support services	In community organizations in four cities
New Chance 1989 ¹⁰	Comprehensive education, parenting, employment services	16 community organizations, Private Industry Councils, schools
Supported Work Demonstration 1975 ¹¹	Paid work experience, counseling, support services	In community organizations in 10 cities
SWIM (San Diego) 1985 ¹²	Mandatory job search, education, job training, unpaid work	In welfare offices in San Diego County
Teen Parent Welfare Demonstration 1987 ^{13,14}	Mandatory education, job preparation, case management services	Welfare offices in three cities
WIN 1982 ¹⁵	Mandatory job search, unpaid work (in Maryland, also education and job training)	In county welfare offices in Virginia, Arkansas, and Baltimore, Maryland

Table 1 (continued)

Cost per Person (in 1995 Dollars)	Study Design and Sample Size	Time from Enrollment to Last Follow-up	Employment-Related Outcomes for Participants ^{ab}
\$1,922 per year	Matched comparison groups 17,000	1 year	Employment rate = 45% P>C Monthly earnings = \$290 P>C ^c Monthly AFDC = \$293 P<C ^c
Not available	Comparison sites 17,800 ^d (ongoing cases)	3 years	Employment rate = 31% P=C Monthly earnings = \$129 P=C Monthly AFDC = \$391 P>C ^c
\$3,610 per year (net)	Random assignment 33,000 (adult women)	3 years	Employment rate = 57% P>C ^c Monthly earnings = \$228 P>C ^c Monthly AFDC = \$424 P<C ^c
\$1,072 per month	Random assignment 508 teen parents	4 years	Employment rate = 49% P=C Monthly earnings = \$260 P=C Monthly AFDC = \$271 P=C
\$3,063 per year	Random assignment 6,102 (adult women)	18 months for employ- ment rate; 30 months for earnings and AFDC	Employment rate = 80% P>C ^e Monthly earnings = \$500 P>C ^c Monthly AFDC = \$74 P=C
Range = \$576 to \$1,079 per year	Random assignment 3,352	12-15 months	Employment rate = 48% P=C Monthly earnings = \$446 P=C Monthly AFDC = \$307 P=C
\$1,706 per month	Random assignment 2,088 young mothers	18 months	Employment rate = 43% P=C Monthly earnings = \$85 P=C Monthly AFDC = n/a ^f
\$8,281 per year	Random assignment 1,620 (AFDC recipients)	19-27 months for AFDC 25-27 months for employment rate and earnings	Employment rate = 42% P>C ^g Monthly earnings = \$664 P>C ^e Monthly AFDC = \$632 P<C ^e
\$1,251 per year	Random assignment 3,210	5 years	Employment rate = 34% P>C ^c Monthly earnings = \$329 P>C ^e Monthly AFDC = \$327 P<C ^c
\$300 per month	Random assignment 5,297 teen parents	2 years	Employment rate = 48% P>C ^e Monthly earnings = \$160 P>C ^e Monthly AFDC = \$282 P<C ^e
Arkansas: \$198 per year Baltimore: \$418 per year Virginia: \$609 per year	Random assignment Arkansas: 1,127 Baltimore: 2,757 Virginia: 3,150	5 years	Arkansas Employment rate = 50% P=C Monthly earnings = \$176 P=C Monthly AFDC = \$95 P=C Baltimore Employment rate = 78% P=C Monthly earnings = \$391 P>C ^c Monthly AFDC = \$251 P=C Virginia Employment rate = 76% P>C ^e Monthly earnings = \$326 P>C ^g Monthly AFDC = \$149 P=C

^a P=participant group, C=control or comparison group, P=C indicates that the outcomes for the two groups did not differ to a degree considered significant in a statistical sense.

^b Earnings have not been adjusted to reflect different costs of living in different locations.

^c Indicates a difference that would occur by chance one time in 100.

^d The "outcomes" column reflects only the fraction of the sample that were ongoing AFDC cases when the program began, not new recipients.

^e Indicates a difference that would occur by chance one time in 20.

^f n/a = data not available in this form.

^g Indicates that a difference exists which would occur by chance only one time in 10.

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Te Kaporeihana Āwhina Hunga Whara

Brief Report:

Interventions for the management of long term ACC clients in receipt of weekly compensation

Reviewer	Fiona Conlon
Date Report Completed	

Important Note:

- The purpose of this brief report is to summarise information on the effectiveness of interventions for the management of long term ACC clients in receipt of weekly compensation and to provide best practice advice. It has not been systematically developed according to a predefined methodology.
- The document has been prepared by the staff of the evidence based Healthcare Advisory Group, ACC. The content does not necessarily represent the official view of ACC or represent ACC policy.
- This report is based upon information supplied up to 9 December 2008

Executive Summary

This report examined the effectiveness and evidence for interventions for the management of long term ACC clients in receipt of weekly compensation.

Some key findings are:

- Implementing intensive case management within a system which focuses on compensation and medical interventions (including surgery) can be difficult. Knowledgeable medical and rehabilitation professionals who can provide advice that dovetails with the reality of the workplace setting are vital.
- The medicalisation of injury can result in inferior outcomes in terms of RTW and a national guidance on, for example, post operative RTW advice, could be beneficial.
- There is evidence for promoting RTW through interventions that target the emotional demands of work, job security, perceived ability to perform tasks, meeting role expectations and obtaining workplace support.
- Management of injury in the workplace, rather than off-site in rehabilitation centres shows good evidence for success in terms of reducing work disability duration and associated costs.

Background

There has been increased concern in ACC about the growth in the number of long term claims. The management of these claims presents a challenge in terms of resources and cost. The Evidence Based Healthcare (EBH) Research Group has been asked to provide a high level review of recent literature based on abstracts and conversations to present the available evidence on interventions to address this issue.

Investigation

The search strategy involved a search of the Ovid MEDLINE® 1996 to November Week 3 2008 database. The search was conducted on 9 December 2008 using key words relevant to long term claims

361 abstracts were identified and reviewed to identify emerging themes and ideas.

Systematic reviews and RCTs were included together with other studies especially where they supported the evidence. The quality of the research studies was not evaluated and further review of the quality of research available is therefore recommended.

Other sources of information:

Conversation with Cam Mustard, President and Senior Scientist, Institute for Work and Health; Professor, School of Public Health, University of Toronto – (Telephone Conference on 18 December 2008).

‘Barriers facing long term unemployed, injured or disabled workers returning to work – report on international literature search’. Compiled for ACC by Fiona Knight, 16 January 2004.

Results

The themes identified and the evidence related to these themes are summarised.

The influence of the medical model of health

There is good evidence to show that being fully recovered is not a stipulation for regaining work activities and a more function centred approach to treatment rather than a pain centred approach can be more effective for increasing RTW^{1 2}.

Healthcare providers can play an active role in the RTW process, a role that includes direct contact with the workplace and proactive communication with the patient. The influence of the GP or healthcare professional’s advice regarding absence duration influences the outcome and times for RTW^{3 4 5}.

The use of a medical paradigm for the assessment, explanation and treatment of what are often social conditions can generate interventions inappropriate to the problem.

Implementing intensive case management within a system which focuses on compensation and medical interventions (including surgery) can be difficult. Patients may request more testing and passive medical interventions, delaying the initiation of functional restoration. More tests and pain related treatments may also reinforce a patient’s false expectations for a cure⁶. Knowledgeable medical and rehabilitation professionals who can provide advice that dovetails with the reality of the workplace setting are vital. Doctors may not know the type of work that their patients are returning to; both a lack of knowledge and ambiguity about their role can influence outcomes^{7 8 9}.

There is some evidence to show that the primary treating physician's behaviour can increase the likelihood of a RTW, while recommendations for specialty care can reduce the likelihood of RTW¹⁰. Similarly interventions targeting RTW applied in the acute phase of an injury can compete with a high rate of spontaneous recovery and may therefore be inefficient¹¹. Another study of those who seek additional health care services after completion of a tertiary rehabilitation programme showed that this sub group accounted for a significant proportion of lost worker productivity, unremitting disability payments and excess healthcare consumption¹². This suggests that the medicalisation of injury can result in inferior outcomes in terms of RTW and a national guidance on, for example, post operative RTW advice, could be beneficial⁵.

The Workplace Safety and Insurance Board in Canada issued "Injury/Illness and Return to Work/Function: A Practical Guide for Physicians" in 2000 for treating physicians. It highlights the need for primary care providers to lead in coordination and collaborative roles with other stakeholders (e.g. workplace parties) in the context of encouraging safe and timely return to work. Similarly in Ontario, guidelines were released based on evidence based research for the management of patients in relation to low back pain. It is suggested that guidelines must be accompanied by effective service support to primary care providers to be successful (Conversation with Cam Mustard).

Ontario is currently trialling a demonstration model in which primary health care providers have funding for a position within the health centre for a person dedicated to the coordination of RTW for injured persons, working collaboratively with the workplace and the compensation agency. This new innovation has not yet been evaluated (Conversation with Cam Mustard).

Workplace Organisation

Workplace interventions consisting of workplace assessments, work modifications and case management involving all stakeholders show good evidence of success and cost effectiveness with respect to RTW outcomes^{13 14 15 16}.

The organisation of the workplace is important for RTW outcomes. For both men and women the likelihood of RTW improved with the increasing number of opportunities to "adjust". Adjustment latitude (i.e. opportunities to adjust one's work to one's state of health by choosing among work tasks and deciding about work pace and working hours) increased returning to work part time as well as full time work¹⁷. The ability to modify work rather returning to full duties has a lower risk of recurrence¹⁸.

There is good evidence to show that the predictors of RTW that are considered most clinically relevant are those that generally reflects the way the workplace operates. Physical recovery is embedded in complicated ways with workplace processes and practices together with environmental and social organisation in the workplace – good will and trust are important^{19 20}. Key factors in the workplace culture and organisation that effect RTW identified in the literature are:

- A culture of problem solving and injury management strategies
- In house disability management programmes by corporate based case managers
- Knowledge exchange
- Equitable participation of workers, supervisors and health professionals
- Positive work culture and people oriented organisational policies and procedures
- A safety climate and ergonomic practices (including accommodation)
- Co-worker support^{21 22 23 24 25 26}.

There is also evidence for promoting RTW through interventions that target the emotional demands of work, job security, perceived ability to perform tasks, meeting role expectations and obtaining workplace support^{27 28 29}.

Prognostic factors for non Return to Work (RTW)

In determining the common risk factors for recurrence, chronicity and non return to work in low back pain the prognostic factors with a high level of evidence were: a history of low back pain, a low level of job satisfaction and poor general health. The prognostic factors with a moderate level of evidence were: employment status, amount of wage, workers compensation, depression and physical factors related to work³⁰. Prevention of these factors occurring and awareness of their influence is essential at all stages of work disability and in determining interventions for RTW.

Stakeholder Influences

Injured workers often do not return to work due to a complex group of factors associated with the development and persistence of the work disability. These factors include: the worker, the work place system or environment, compensation policies, the healthcare system and the insurance system. These systems are further exposed to multiple legal, administrative, social, political and cultural exchanges. Loisel's diagram provides an overall societal context for the injured worker (see Diagram 1)³¹.

Any intervention directed at RTW outcomes is influenced by the diverse and competing interests, values and language of the worker, employers, insurers, labour representatives and healthcare providers. Frictions are inevitable and interventions need to meet common goals³². Some strategies like education and awareness raising between stakeholder parties appear to offer results⁶.

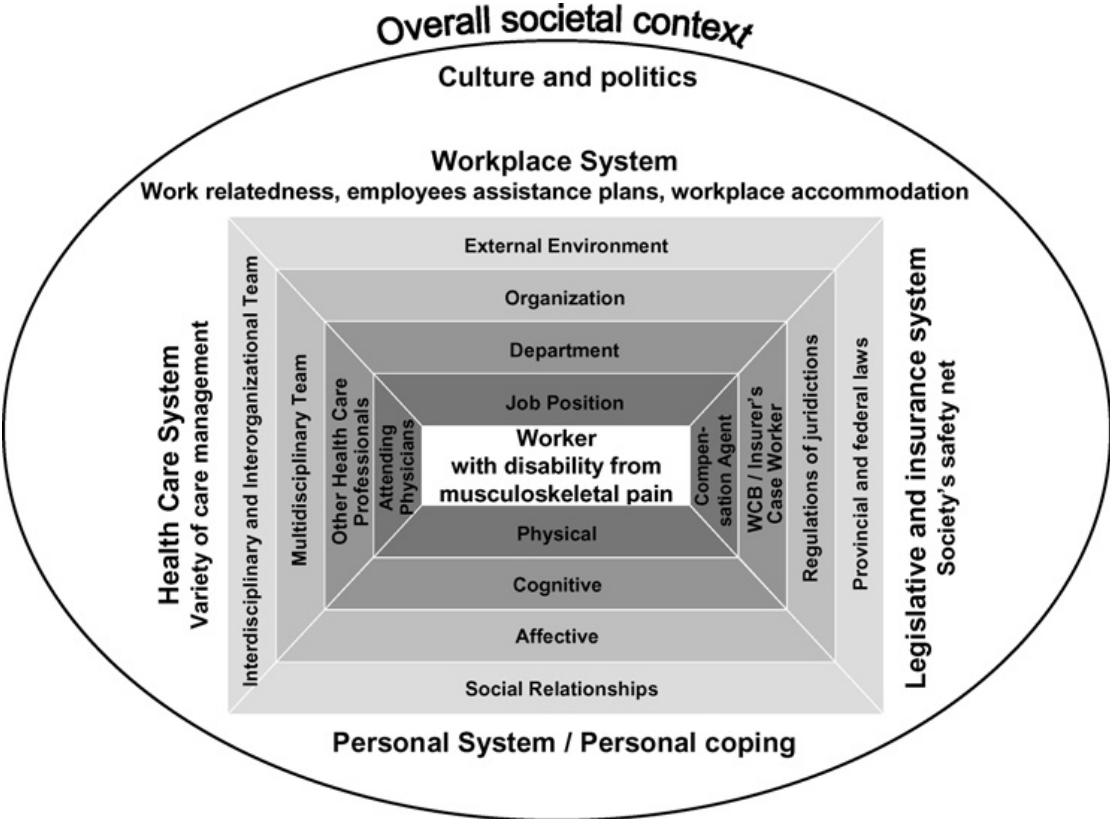


Diagram 1. Figure adapted from Loisel et al, 2005³³

Workplace based interventions

Management of injury in the workplace, rather than off-site in rehabilitation centres shows good evidence for success in terms of reducing work disability duration and associated costs^{34 35 36 37}. Work disability duration can be reduced by work accommodation offers, contact between the healthcare providers and the workplace, early contact of the worker with the workplace, ergonomic worksite visits with an intensive functional restoration programme and the presence of a RTW coordinator^{38 39}.

In the United Kingdom the Department of Work and Pensions is currently experimenting with delayed benefit reduction; protecting beneficiaries from having their benefit reduced or suspended for a period until they are established in the workplace. It is hoped that this

will address job security issues and increase a claimant's preparedness to take a chance on RTW. (Conversation with Cam Mustard).

Case Management

There is good evidence to show that patients that received case management had fewer sick days and a lower cost in terms of weekly compensation than those who did not receive case management⁴⁰. However there is no evidence to support any difference in RTW outcomes with case management⁴¹.

Examples of case management in New Zealand include the Ministry of Social Development's PATHS (Providing Access to Health Solutions) programme, a partnership between Work and Income, DHBs, PHOs, community Mental Health and NGOs in collaboration. This programme utilises an intensive case management approach to help clients identify their barriers or obstacles to preventing them from working. Options are explored for removing barriers through access to services. PATHS was awarded the "Excellence in Rehabilitation" at the New Zealand Health Innovation Awards 2008 (MOH website). An evaluation of PATHS undertaken between July 2006 and June 2007 found that in the Bay of Plenty it helped more than 550 people overcome health barriers and get off benefits with 350 returning to work (Ministry of Health Website). The use of 'Work Brokers', who work with employers and local training providers to grow and develop opportunities in the local labour market, shows success.

Rehabilitation Interventions

There is inconsistent and conflicting evidence for different types of interventions on RTW outcomes⁴². For example studies reporting the effectiveness of Functional Capacity Evaluations (FCE) varied in outcomes, some studies reporting that performance was a weak indicator of faster benefit suspension and was unrelated to sustained recovery^{43 44 45}. Another study reported the need for accurate job simulation and detailed intensive assessment of specific work activities for FCE to be a valid tool in RTW⁴⁶.

One descriptive literature review on physical exercise reported that effects varied depending on **content related factors** (types of exercise, dosage, frequency, skills of health care providers, etc) and **contextual factors** (treatment setting, compensation scheme, etc)¹¹. It may be that the inter relationship between these factors account for the differences between reported outcomes for different interventions.

In Ontario vocational rehabilitation programmes have had limited success: For those claimants placed on a vocational rehabilitation programme, the attrition rate was 50%. Of

the 50% who complete the programme only 50% of these successfully return to employment, a success rate of 1 in 4 (Conversation with Cam Mustard).

Psychosocial factors

A systematic review to identify psychosocial predictors of failure to return to work in non-chronic, non-specific low back pain found strong evidence that recovery expectation is predictive of work outcome while depression, job satisfaction and stress or psychological strain are not predictive of work outcome⁴⁷. Persons with positive prediction require help to realise their potential for RTW: offering traditional rehabilitation methods to a person with negative prediction of his or her return to work could be a waste of time if done ahead of improving self confidence and development of a positive view of what is possible⁴⁸.

There is some evidence for increased control for employees over decisions and actions affecting their health – a process associated with the concept of ‘self efficacy’. Self efficacy interventions and active involvement in one’s own condition, in relation to the workplace, have shown positive effects on perceived workability^{49 50}.

The health system can unwittingly reinforce the “sick role” and in so doing can provide continued justification for an “off work” identity. Depression can become, through institutional practices, inextricably part of someone’s identity with implications for their functional recovery. It is uncertain whether low self efficacy among employees is a result of the disability absence itself rather than a precursor of it^{51 52}.

There is no evidence to show that counselling that addressed motivation, goal setting and planning to return to work improved vocational outcomes^{53 54}.

While many approaches focus on the psychosocial risk factors “inside” the individual (e.g. pain, catastrophising, beliefs, expectancies) successful disability prevention and management will require methods to assess and target psychosocial risk factors “outside” the individual (e.g. interpersonal conflict in the workplace, job stress, etc)⁵⁵

Alcohol and drug factors

Alcohol is known to play a significant role in absenteeism, reduction in work performance and accidents in the workplace^{56 57 58} and, along with the consumption of drugs, is linked to poor recovery after traumatic injury⁵⁹.

A number of interventions show evidence for effectiveness including referral to alcohol health workers as opposed to only providing information to injured clients⁶⁰; providing

motivational interventions and incentives to change behaviour^{61 57}; peer based workplace substance abuse prevention focusing on changing attitudes which can reduce the injury rate^{62 63}, and skills based substance abuse counselling programmes⁶⁴.

The Department of Work and Pensions in the United Kingdom reported on substance addiction prevalence and found it was higher in beneficiaries than the general population. However, there is no evidence to show that drug and alcohol programmes within a RTW programme are any more successful than programmes in the community (Conversation with Cam Mustard).

Conclusions

From a review of the available evidence and conversations, it would appear that the current approach to long term claimants is not wholly satisfactory. The challenges faced by ACC are not unique and are typical of what is evidenced in other countries. The main findings of this review are:

- Recognition of the factors predisposing to chronicity, can improve outcomes. Successful early intervention strategies are vital.
- There is good evidence that a move away from the medical model of managing injury to functional management will result in improved outcomes.
- Rehabilitation within the workplace environment can enhance outcomes. Workplace processes and practices influence outcomes and opportunities for worker control and self efficacy improve outcomes.
- There is inconsistent evidence for various rehabilitation interventions and it would seem that the context of the intervention is more important than the content. A focus beyond the individual client to a wider focus on the context in which the individual operates is required.
- Specialist knowledge in the areas of case management, vocational expertise and work brokering are required. GP/specialist behaviour modifications can also enhance outcomes. The placement of a specialised person within the primary care environment to focus on coordination of RTW shows promise.
- The competing interests of all injury stakeholders need to be understood and managed appropriately.

Limitations of this report

- This brief report has used abstracts from research studies and therefore the quality of the research has not been reviewed. The brevity of the abstracts meant that interventions were not fully explained and described and potential confounding factors for the success of interventions possibly not identified.
- The majority of the studies examine the effectiveness of interventions as early as 6 weeks from the time of injury and less from 3 to 6 months after injury. There were few studies identified which looked at interventions for injured persons who had been absent from the workforce for longer than one year.
- Many studies related to sickness, rather than specifically to injury. Although many studies focused on low back pain or non specific musculoskeletal disorders, they cannot be applied to all injury disability.
- The literature search did not reveal any information specific to New Zealand and therefore compensation schemes and methods of intervention may not be consistent with the New Zealand context. There were no studies identified relevant to Maori and the area of cultural appropriateness of different interventions may need to be explored.

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