

INTEGRATIONSPROJEKT REHAFUTURREAL®: REHABILITATION BY THE WESTPHALIAN PENSION INSURANCE SCHEME – GERMANY

1. Organisations involved

- Deutsche Rentenversicherung Westfalen (German statutory pension insurance scheme in Westphalia)
- Berufsförderungswerk Dortmund (BFW) (vocational rehabilitation association financed by the German statutory pension insurance scheme)
- Various rehabilitation service providers

2. Description of the case

2.1. Introduction

The Deutsche Rentenversicherung Westfalen is the German statutory pension insurance scheme covering all workplaces in the region of Westphalia. To reduce the number of people to whom it grants disability pensions, the organisation provides rehabilitation measures to encourage people on sick leave to go back to work. The objective is, where possible, to permanently overcome ill health or disabilities that have caused a reduction in earning capacity. With this objective in mind, the Westphalian branch of the German statutory pension insurance scheme launched the model project 'Integrationsprojekt RehaFuturReal®' in 2011.

The project was developed in the context of the nationwide initiative RehaFutur, launched by the Federal Ministry of Labour and Social Affairs in 2009, to gather ideas and concepts about innovative occupational rehabilitation. One important outcome from the initiative was an awareness of the need to empower individuals to achieve a greater degree of personal responsibility. Several projects have been developed in the context of this initiative to implement principles of sustainable rehabilitation in practice, starting with the project described here.

The other organisation involved in this project is the Berufsförderungswerk Dortmund (BFW), a vocational rehabilitation association which provides free technical and professional support for the reintegration of the employee.

2.2. Aims

Integrationsprojekt RehaFuturReal® is a vocational rehabilitation scheme to ensure the reintegration of an employee into his/her previous workplace, or, where this is not possible, into a new workplace.

2.3. What was done, and how?

This project adopted a proactive approach. At the end of treatment, the rehabilitation clinic in which an employee has been treated assesses whether or not the employee can return to his/her workplace, following which it contacts the Deutsche Rentenversicherung. Alternatively, the employer or the employee may also contact the Deutsche Rentenversicherung Westfalen directly.

In **step 1** a trained rehabilitation counsellor performs professional screening to assess the kind of assistance needed to reintegrate the person into working life. This incorporates two types of assessment: the individual's self-assessment of his/her ability to return to his/her occupation, and the health assessment of the medical doctor (general practitioner or specialist). Other factors, such as a prolonged incapacity to work, or unemployment, may cause potential problems in completing the rehabilitation.

Step 2 consists of individual counselling by the rehabilitation counsellor, who assesses the professional situation of the employee or his/her *Berufsanamnese* (professional history). This includes information

on educational background, the work performed before the health problem occurred, seniority and the working atmosphere of the workplace. It also focuses on the health problem and its consequences for the person's future ability to work.

In **step 3** the counsellor discusses a social and occupational reintegration/rehabilitation plan with the client, as well as approaches for implementing the plan. The counsellor must get the client to show a high degree of ownership and motivation for the occupational reintegration process, before inviting the employer to become involved.

This is followed by **step 4**, in which the work of various actors is coordinated by the rehabilitation counsellor. The counsellor contacts the (former) employer and liaises with the BFW rehabilitation association and other actors such as the integration office, accompanying and supporting the client until reintegration succeeds (or until the programme is terminated without success). As one of the key actors, the integration office supports persons with disabilities by providing care workers to help the disabled workers ('work assistants'), as well as provides technical and/or financial aid. The objective of this phase is the successful reintegration of the employee into working life.

Finally, **step 5** is a standardised evaluation of how the rehabilitation plan has been implemented, to determine whether or not the rehabilitation objectives have been achieved.

2.4. What was achieved?

RehaFuturReal® has been continuously evaluated by the Technical University of Aachen (RWTH) since it started in 2011. Data on the project and its success have been gathered by the Deutsche Rentenversicherung Westfalen and by RWTH (Gödecker-Geenen, 2013). The project covered a wide range of sectors – metal, manufacturing, forwarding and others – and a number of small businesses (for example electricians and plumbers). It also covered companies of varying sizes (from 50 to 1,000 employees).

A significant number of the participants (74 %) were reintegrated into the labour market, either with their previous employer (56 %) or with a new employer (18 %). The first counselling by the rehabilitation counsellor took place between 14 and 48 days of the first request for rehabilitation benefits, much sooner than the previous 3- to 6-month timeframe.

In almost half of the cases, vocational training for the employees was necessary (lasting 9–24 months). A small percentage (7 %) required equipment with technical aids. Integration benefits (1–3 months, paid to the employer) were paid in only 9 % of cases. In 12 % of the cases, none of these benefits had to be provided, and integration was achieved by simply implementing small-scale organisational or structural modifications at the new workplace. For a small percentage (10 %) of rehabilitees, no appropriate workplace and occupation could be found within a year.

The experience of a worker

In September 2011, an employee (E) was released from a rehabilitation clinic after being assessed as 'unable to work'. The clinic recommended assessing whether or not E could work in another area in the same company (450 employees) where he previously worked as a fitter (repair locksmith). The counsellor of Deutsche Rentenversicherung Westfalen met E at his home. E described the work he had been doing: physical work in awkward postures and overhead work, carrying/lifting loads up to 40 kg. He expressed his wish to be reintegrated with his previous employer in another position. The counsellor arranged for a meeting with the employer to discuss this option. At the meeting, the counsellor discussed the options to place E in another position that would be adapted to his physical condition. The manager of the factory agreed to search for ways to reintegrate E and proposed some options that would require additional vocational training for E.

As a following step, the counsellor facilitated two visits by a technical counsellor from BFW Dortmund, a rehabilitation service provider, to the employer in order to develop a 6-month plan that set up various vocational training measures to qualify E as 'quality officer/goods receipt'.

The employer and E agreed to the plan, and the measures were implemented after BFW had checked the psychological and physical capability of E and had given its approval.

The measures were carried out by different providers, including the employer. They were financed by Deutsche Rentenversicherung Westfalen as 'benefits for participation in working life' (*Leistungen zur Teilhabe am Arbeitsplatz*). The employer granted E additional leave to complete his training. At the end of 2014, E could start working in his new position.

2.5. Success factors and challenges

The following success factors have been identified:

- *Proactive and individualised approach*: Rehabilitation counsellors actively approach employees and involve them in setting up a reintegration plan that uniquely fits their needs.
- *Expert knowledge*: Specially trained rehabilitation counsellors help to set up and implement the reintegration plan by liaising with all relevant actors.
- *Coordination with actors*: In addition to coordinating with all the appropriate actors to implement the rehabilitation plan, the rehabilitation counsellors proactively approach employers.
- *Costs*: The counselling is free of charge for both the employee and the employer.

The following factors have been identified as potential barriers to successful reintegration of the worker:

- *Accumulation of factors*: A combination of high age (over 50 years) with one or more health problems, and low or absent qualifications present challenges for successful reintegration.
- *Conflicts*: Severe conflicts at the workplace, either with colleagues or with the hierarchy, are also an important barrier to reintegration.

2.6. Transferability

The programme could be transferred to any other region in Germany. It could also be adopted by other Member States, provided that the legal framework for compensation and rehabilitation is similar. Transferability could happen effectively in any country where insurance companies have an important role in compensation of injured or sick workers, and have a stake in their reintegration into the labour market. Coordination between the various actors would be crucial to ensure a more efficient set-up.

Organisation size is not a factor for this programme, as, for those returning to their existing workplace, advice is tailored to the organisation in which the employee works. Smaller companies may find the transfer of an employee to alternative suitable work more difficult.

2.7. Further information

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3. References and resources

- Website of Deutsche Rentenversicherung Westfalen: http://www.deutsche-rentenversicherung.de/Westfalen/de/Navigation/0_Home/home_node.html
- Website of RehaFutur: <http://www.rehafutur.de/index.php?id=61>
- Gödecker-Geenen, N. (2013), 'RehaFuturReal®: der Schlüssel für erfolgreiche berufliche Integration', *Arbeitsmedizin, Sozialmedizin, Umweltmedizin*, Vol. 48, p. 711-715. Available at: http://www.asu-arbeitsmedizin.com/Gentner.dll/ASU-2013-12-710-715_NTk0ODUy.PDF?UID=269137A58B9B940A500D895DD7996A1FCEB49518650545
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