



PROMOTING THE INTEGRATION OF WORKERS WITH DISABILITIES AT FORD

1. Organisations involved

Ford-Werke GmbH, Köln-Niehl (Cologne-Niehl) in cooperation with the Institute for Quality Management in Prevention and ehabilitation (iqpr), German Sport University, Cologne.

2. Description of the case

2.1. Introduction

Workers with disabilities are protected by the European Directive 2000/78/EC¹ and its transition acts. Article 5 of the directive addresses the employer, who 'shall take appropriate measures, where needed in a particular case, to enable a person with a disability to have access to, participate in, or advance in employment'.

The FILM project focused on the reintegration of workers with health impairments. This means that it included not only workers who were born with disabilities but also those who suffer from physical or psychological limitations as a result of accidents or illnesses: 95% of people who are considered to be disabled by legal definition have acquired their disability during their working life. It can happen to all of us and we all might need support from society and employers.

Not all disabilities are obvious or severe: some will hardly be noticed by the untrained observer. And they do not mean that working life has to come to an end. Many workers can be reintegrated into the production process. In some cases few modifications are required to adapt an existing workstation to the needs of the individual worker. The key to reintegration is to focus on the potential and abilities of the worker: every worker is able to perform well in a certain field of activity. This field has to be identified in order to integrate workers with health impairments into regular working processes. In the case of Ford Europe's Cologne-Niehl plant the starting point of the FILM project in 2001 was the redesign of the Fiesta production line. The new production line meant a new shift and work organisation plan, which made it necessary to restructure entire production units. One unit comprised mainly older workers (63% of them were 50 years or older) who suffered from certain physical or psychological handicaps. The main diagnoses were:

- 47%: musculoskeletal disorders
- 14%: diseases of the cardiovascular system
- 12%: psychological disorders
- 6%: diseases of the gastrointestinal tract
- 21%: others.

This unit was supposed to do light work only; its members carried out smaller tasks and supporting works. However, this meant that most of its members were not sufficiently challenged and the company could not take maximum advantage of their potential. This situation led to relatively high costs on the part of the company and to frustration among the workers. A sickness absence rate of 20% of overall working hours was typical in this unit.

With the installation of the new production line the work of the unit would have become superfluous. The company's management had to decide whether to lay off workers who

¹ - Council Directive 2000/78/EC establishing a general framework for equal treatment in employment and occupation.



identified strongly with Ford – some of whom had worked for the company for over 30 years – or find a way to integrate them into the new production design. Fortunately the management took the second option and asked the in-house occupational physician to find new, appropriate workstations for the whole unit.

2.2. Aims

The aim of the FILM project was to assess the workstations on the new production line and match them with the abilities of 503 workers in order to integrate them into the production process. A workstation had to be found for each of them so that they could carry out work that was appropriate for their individual performance profile. All 503 workers were thereby given the chance to become part of the new production unit and to do regular work in the value creation chain.

The aim was also to improve the internal and external communication and the OSH management system at Ford Cologne, to facilitate more effective prevention of work related illness and accidents.

2.3. What was done, and how?

An integration team consisting of production engineers, occupational physicians, the council for workers with disabilities, workers' council, human resource managers, and external advisers from the Institute for Quality Management in Prevention and Rehabilitation (iqpr) was established. The team had the full competence to steer and to supervise the FILM project, and enjoyed the support of the company's management.

From the very beginning, the team also kept the relevant social insurance companies and labour agencies informed about the project.

The first phase was to promote the project among workers and management representatives, who were informed about it both in workshops and individually. Transparency, comprehensibility and acceptance were given a high priority. In-house education ensured that diversity management and disability awareness were mainstreamed among both managers and staff. Furthermore, workers were fully informed about the project design. Because of the sensitivity of the medical examination that the workers had to undergo, assurances were given that no workers would be assessed against their will, and that findings would be handled discreetly.

In the second phase the IMBA tool (Integration of People with Disabilities into Working Environment) was presented to the integration team. This tool is able to assess the individual abilities of the worker on the one hand and the demands of the proposed workstation on the other. As both assessments follow the same categories, they can be used to compare the worker's profile with the workplace demands. This enables the management to find a workstation where the individual worker can fulfil his potential in an ideal way.

The third phase was the individual assessment of the workers: existing medical diagnoses of the workers were studied, and each worker was given a new examination by occupational physicians. Using this information, an individual work performance diagnosis was made with the help of ERGOS work simulation. Further data were gathered through interviews with workers and with the heads of unit. The findings were used to set up an individual performance profile for every single worker in the IMBA database.

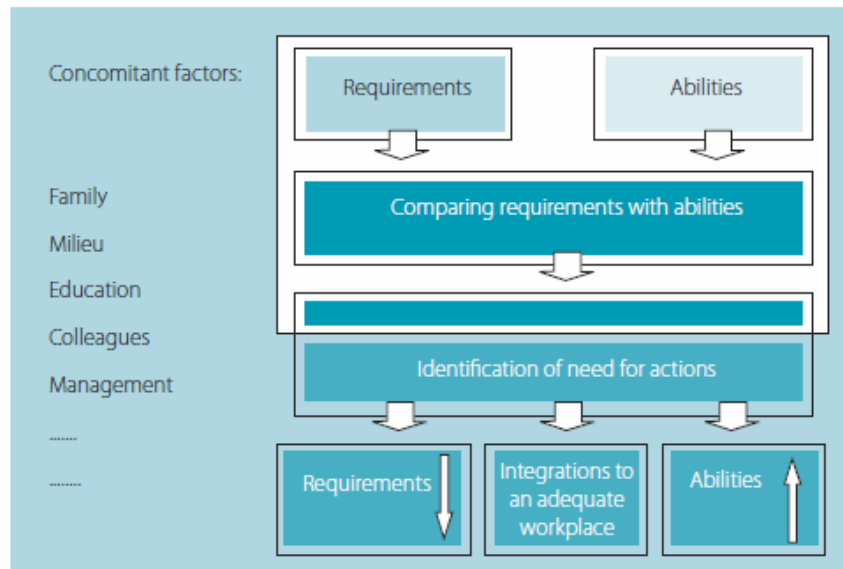
At the same time the management decided to organise the layout and work organisation at the new production line on ergonomic principles. The integration team carried out an assessment of the various workstations and set up a demand profile of 1641 workstations at Ford Cologne-Niehl. 400 of these profiles will be updated regularly to keep up with advances in production techniques.

In the forth and final phase the profiles of the workers and the workstations were compared. This allowed IMBA to find the 'perfect' workstation for each worker. It also showed the probability of any given worker being subject to excessive strain at the workstation concerned. In cases where no suitable workstation could be found or the possibility of excessive strain was

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signify cant, the integration team decided on further ergonomic interventions, special vocational training or individual rehabilitation measures. A second assessment process was carried out afterwards.

Figure 1. The IMBA tool (scheme)



2.4. What was achieved?

Nearly every worker could be reintegrated into regular work process. Most of them became full members of the new production line or were integrated into other services. Some workers shared work so that each of them was doing 50% of the task, mostly because of musculoskeletal problems that do not allow 100% workload. In some cases the reintegration was done step-by-step, beginning with 25% workload and reaching 100% after 4 weeks of work. Only 31 workers could not be integrated because of long term sickness absence (see Table 1).

Table 1. Distribution of workers according to the outcomes of the project

Work area	No. of workers
Production 100%	263
Production 50% (job sharing)	60
Production (workplace transferred from other units)	29
In-house cleaning service (formerly external services)	77
Other workstations (non-production)	43
Not reintegrated (e.g. because of long-term sick leave)	31
Total	503

From the company's point of view the following cost efficiencies were achieved by the reintegration of the workers:

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- about EUR 6 million could be saved annually because of the reduction in sick leave, especially long-term sick leave, from 20% to less than 10% among the reintegrated workers;
- an estimated EUR 7 million could be saved annually because the hiring of new workers for 293 full-time workstations was no longer required.

There have also been benefits in terms of quality of life: workers report their satisfaction with the new workplace, and say that they have gained in self-confidence. This can be seen in the falling sick leave rates. Management representatives report satisfaction with the performance of the workers, their experience, their social competence, and their identification with the company.

In addition, health insurance and social insurance institutions have profited from the reintegration of the workers and the reduction in sick leave. Healthy and productive workers mean fewer costs for public insurance bodies.

Ford and iqpr decided to continue their fruitful cooperation. The project was prolonged and further units and production facilities of Ford were integrated. In the meantime more than 1,000 workers at Cologne-Niehl have been assessed with the help of the IMBA tool. The follow-up design has shifted the project priorities to prevention and rehabilitation measures. The aim for the future is to promote a healthy lifestyle and to help the workers remain healthy.

Ford was the first company in Europe to hire a disability manager who is responsible for all disability management related processes, prevention, rehabilitation issues and the coordination of the integration team. He is supported by the Disability Management Unit. The project partners were given an award for the FILM project by the Association of Statutory Accident Insurances (HVBG) in 2003. The project also won a special award 'Demographic Change' 2004 given by GiGA e.V. (Gemeinschaftsinitiative Gesünder Arbeiten / Joint Initiative Healthy Work).

Figure 2. Worker at the new production line



Problems faced

The project design required a thorough medical examination of every single worker and every step had to be supervised by experts. It also depended on the workers' cooperation as data were very sensitive. Therefore great efforts had to be made to ensure that the workers knew about the assessment method and the project design. Workers had to be fully informed beforehand and the project had to be promoted among the target group. All data gathered had to be handled with maximum discretion.

The project design and technical intervention measures were cost-intensive. Fortunately the Integration Administration (Integrationsamt) Cologne co-funded the technical improvements in workplace design with a EUR 258,000 grant.

2.5. Success factors

The project team and Ford management were aware that good internal communication and promotion of the project were absolutely necessary because of the sensitivity of the personal data gathered. All groups involved were also included in communication and planning at every stage of the project.

The absolute support given to the integration team by the management was another key success factor. It allowed the integration team to carry out the project efficiently and flexibly. This factor was very important as the project management had to adapt some stages of the project to particular circumstances that arose. iqpr was an experienced project partner and the IMBA tool allowed solutions to be found quickly because of its computer-based design.

The method selected enabled the management to find workstations appropriate for the competence and the potential of the particular worker. Each and every worker had the opportunity to participate fully in the work process because:

- workers were evaluated according to their qualifications rather than their restrictions;
- workers with disabilities were no longer given 'light duties', which can be frustrating for the worker and be likewise a financial burden on the employer; and
- workers no longer had to take early retirement.

2.6. Further information

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2.7. Transferability

European society is ageing. Changes in personal performance can be one effect of ageing and of work-related accidents or illness. Efforts have to be made to allow workers to remain healthy, to be productive even with handicaps, and to use their experience, expertise, and social competence to full effect. Giving people with health impairments the chance to be integrated into regular, productive work is not only an opportunity for the individual worker but also a benefit for companies and for society as a whole. IMBA is one possible tool that can be used to find suitable jobs for workers with health impairments. It is available in German and in English and can be applied for prevention, rehabilitation and reintegration purposes. It is software-based, and assessment findings can be compared via the database. At Ford, the implementation and certification of the disability management ensure continuity and sustainability of the measures taken.



3. References, resources:

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Project description.

Available at: <http://www.iqpr.de/iqpr/download/projekte/Film%20Projektbeschreibung.pdf>