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MANAGEMENT AND MONITORING OF WORK ABILITY AND EARLY SUPPORT

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1st edition 2022

ISBN 978-951-810-825-5 (pdf)

Product number 202214

ttk.fi

Content

Introduction

The purpose of this guide is to help workplaces create and implement an early support model to help maintain employees' ability to work. The goal is to notice when a person's ability to work is diminished and implement support measures as early as possible.

At workplaces, work ability management, monitoring and early support mean practices agreed upon in writing between the workplace and its occupational healthcare provider that aim to promote employees' ability to work and prevent incapacity for work throughout one's career. Work ability can be supported on several different levels. At workplaces, supporting work ability relates to daily management and the planning and preparation of operations based on jointly agreed upon practices.

There are significant economic benefits to a management style that anticipates risks related to work ability. Organisations can monitor indicators of personnel-related risks, such as the number of sickness absences, accident frequency, employee turnover, occupational well-being surveys, cost development of occupational healthcare services and disability cases. Predictive analytics ensures that when a risk is realized, it does not come as a surprise. Management will receive notification in good time beforehand that sickness absences will be increasing or the likelihood of disability cases will grow, for example. When this information is received ahead of time, the situation can be affected and course corrections can be made.

Economic impacts of occupational health and safety

Management and Monitoring of Work Ability and Early Support

Work ability management means measures that support and promote work ability.

A functional model requires close cooperation between employer, staff, occupational health and safety organisation and occupational healthcare provider. When agreeing on the operation model, the views of the different parties must be taken into account as much as possible. This model contains a written description of the measures and practices of the management and monitoring of work ability and early support.

A description of these measures includes the following sections:

- drafting and processing of the measures in cooperation
- recognising the need for early support and providing it: content and use of the measures
- forms used as aides at the workplace: survey lists, memos, bringing work ability up in discussions and occupational healthcare negotiations.
- Sickness absence management system: notification practices, how the information is delivered to occupational healthcare, summaries and processing of summaries; support for returning to work
- implementation, reporting and realisation of work ability monitoring and analysis of impacts.

Early support means all those support measures that are taken to improve a person's work ability and occupational well-being.

Taking care of one's own health and ability to work forms the foundation for personal health and well-being. One's ability to work and perform fluctuates during a long work career. Factors that reduce one's ability to work include illness, long-term harmful stress at work, both mental and physical, as well as personal lifestyle and life situation. A person's work ability can be supported at the workplace in a multitude of ways. When work ability is diminished, either temporary or permanent arrangements and changes can be made based on needs and possibilities.

Targets for improving work ability

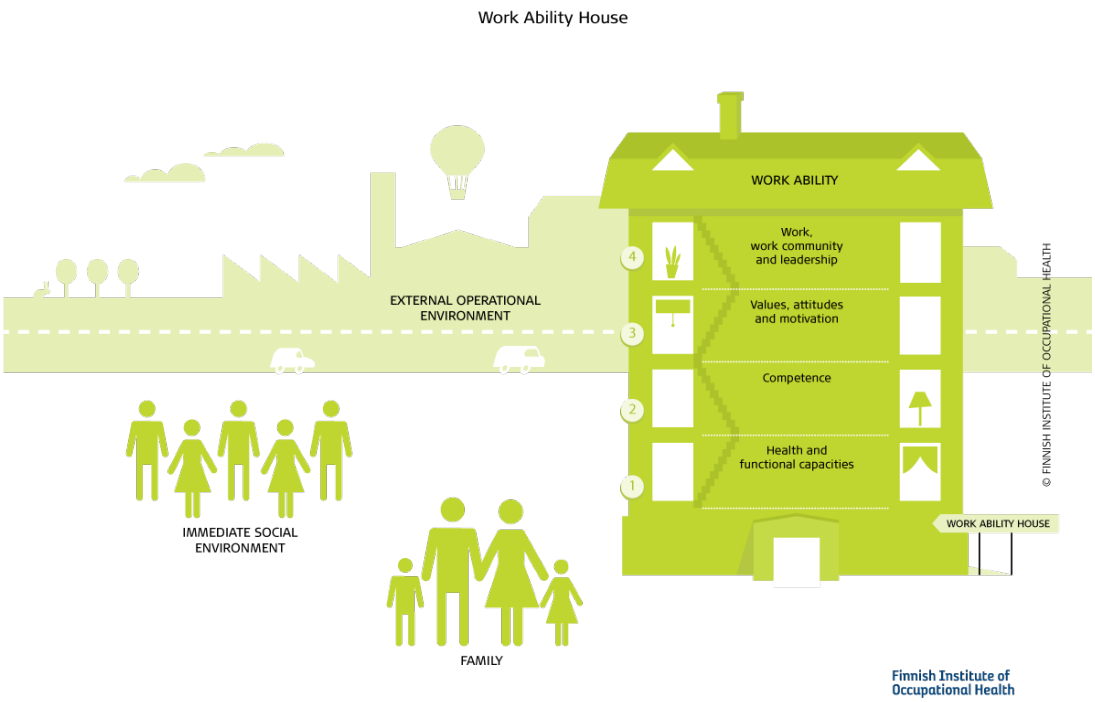
- Individual health and operating capability
- Work environment
- Work community
- Expertise
- Management

Reasons for diminished work ability

- Physical and mental illnesses
- Harmful stress at work
- Problems with expertise and work management
- Factors related to ageing
- Substance abuse problems
- Stressful life situation

Means of individual support and promoting work ability

- Developing the work and work environment to be safe and healthy
- Promoting a healthy lifestyle
- Improving ergonomics and procurement of tools and aides
- Development discussions.
- Model of replacement work agreed upon jointly at the workplace
- Adapting work tasks
- Fixed-term or temporary work and working time arrangements and flexibility
- Reorganisation of work, work rotation
- Job control
- Training, coaching, orientation
- Individual support services of occupational healthcare
- Career counselling
- Work ability coordinator activities
- Possibility of part-time sickness allowance
- Rehabilitation, work trial, rehabilitation survey
- Career choice and career planning
- Professional rehabilitation, rehabilitation support, retraining
- Partial pension solutions



STRONGEST RESEARCH EVIDENCE on the positive impacts of work ability support

Promoting a healthy lifestyle at the workplace
→ positive impacts on both somatic diseases and mental health and the related costs and disabilities.

Individual-centred stress management (mindfulness)
→ positive mental health impacts. Stress management also impacts the prevalence of sickness absences and working while sick, thus reducing costs.

Replacement work model / adaptation of work
→ reduces the amount of time it takes to return to work in cases of musculoskeletal disorders.

Part-time sickness allowance
→ positive impacts on work participation and length of disability in cases of mental health issues and somatic diseases. Positive impacts through reduced need of social security.

Individual psychotherapies (incl. brief therapy, online therapy)
→ positive mental health impacts. Positive economic impacts as a result of reduced sickness absences and working while sick.

REASONABLE RESEARCH EVIDENCE on the positive impacts of support

Psychosocial development of the work environment (developing the work community)
→ positive impacts on the psychosocial work environment, but connection to well-being and work ability on the individual level is unclear, and it may be that this connection is regulated or shaped by one or more characteristic of the individual or the work community.

Improving physical ergonomics
→ improving ergonomics may reduce neck, shoulder and upper limb problems; lifting instructions have little effect on lower back pain; increased number of breaks at work may reduce musculoskeletal symptoms.

Career counselling
→ positive mental health impacts and a positive effect on the number of sickness absences exceeding two weeks in duration.

Work ability coordinator activities
→ positive impacts on work participation in cases of somatic diseases, but evidence regarding mental health disorders is conflicting and thus inadequate.

Source: Impacts of Work Ability Support: Research Survey on the Effects of Support Measures on Work Ability and Costs, GOVERNMENT'S PUBLICATION SERIES ON SURVEYS AND RESEARCH 2022:7

Sickness absence monitoring as part of early support

Sickness absences result in costs for organisations, insurance systems and society at large. The costs accumulate at workplaces because in addition to direct costs they must also pay for production losses and hiring substitutes, for example. Many practical examples demonstrate that the sickness absences can be affected and the number of unnecessary absences can be reduced. However, this goal of reduction must not lead to employees working while sick so that the ailment grows worse or recovery slows down.

An organisation has the need to reduce unnecessary costs and take care of its personnel as part of its regular operations. Therefore it is necessary that workplaces promote occupational well-being and continuing at work with purposeful, appropriate and effective management of absences. This also includes supporting a person's return to work after a spell of disability.

Systematic monitoring of sickness absence statistics is part of supervisory duties, and it helps notice the needs for early support in good time before serious work ability problems develop. A good sickness absence monitoring system always includes the aspect of promoting work ability. Continuous cooperation with occupational health care is crucial. Monitoring of sickness absences also involves cooperation on occupational health and safety.

In relation to this monitoring, it is important define the duties of the supervisor and the occupational healthcare provider beforehand. The employer's representative adheres to the provisions of the Employment Contracts Act and collective agreements while the operations of occupational healthcare are based on monitoring work ability from the perspective of the person's state of health. The goal is to notice signs of diminished work ability, symptoms and illnesses as early as possible and begin treatment, rehabilitation measures and possible corrections on working conditions at the appropriate times. This is the basic idea behind the early support model.

With a jointly agreed upon model it is possible to establish alarm limits that trigger the agreed upon support measures. Signs of diminished work ability may appear long before sickness absences. Therefore it is important to monitor employees' well-being and coping at work. Here the supervisor plays a key role.

The supervisor is responsible for allocating work resources and the occupational safety and well-being of employees. Therefore it is their duty to monitor the number and duration of sickness absences and to discuss them when needed. As the alarm limits set in the operation model are crossed, the supervisor brings sickness absences up with the employee.

Examples of these limits:

- a total of X days of long or extended sickness absences over the past 12 months
- Repeated short absences (1–3 days) X times in X months.

Jointly agreed upon rules and alarm limits reduce the risk of feelings of unfairness and help the supervisor bring up issues related to work ability and operate in accordance with legislation and jointly agreed upon principles. The early support model concerns all staff groups equally. Ultimately, it is all about caring, providing assistance and equal treatment. When discussing work ability, the aim is to discover the extent to which work-related matters affect a person's ailment and what concrete measures would improve work ability and reduce sickness absences.

Monitoring of sickness absences

Sickness absences result in both costs and practical difficulties for the employer. Absences also put stress on the work community.

Lengthy sickness absences may be a predictor of disability pension. The costs resulting from these pensions vary, and the allocation of these costs depends on the size of the workplace. One must keep in mind that all disability pensions increase the costs of the employee pension scheme and thus increase the pressure to raise employment pension contributions. It is therefore useful to monitor and pay attention to the development of sickness absences.

A sickness absence is an absence that results from a person's diminished work ability and is caused by illness, doctor's appointment or treatment session or medical rehabilitation. Sickness absences also include the unpaid absences that exceed the pay period for sick time.

Accident absence means a loss of work ability as a result of an occupational accident, an accident during work travel or a diagnosed occupational disease. However, if work ability is diminished as a result of an accident on leisure time, it is counted as a sickness absence.

Sickness absence percentage is the most common method of monitoring and comparing sickness absences. To make the comparison reliable, absences must be defined and the percentages calculated in a consistent manner. The basic concept of working time and absence categorization is theoretical regular working time. This means contractual working time, including annual leave. Annual leave is counted work days. Absences due to the illness of a child are not counted as sickness absences.

Theoretical regular working time = regular working time + annual leave.

Regular working time means the agreed upon working time according to a working time or work shift system regardless of whether the employee is at work during that time or not.

Sickness absence percentage is calculated as the share of sickness absences of theoretical regular working time:

$$\text{Sickness absence percentage} = \frac{\text{Time spent on sickness absence} \times 100\%}{\text{Theoretical regular working time}}$$

Sickness absences can also be used to calculate other indicators:

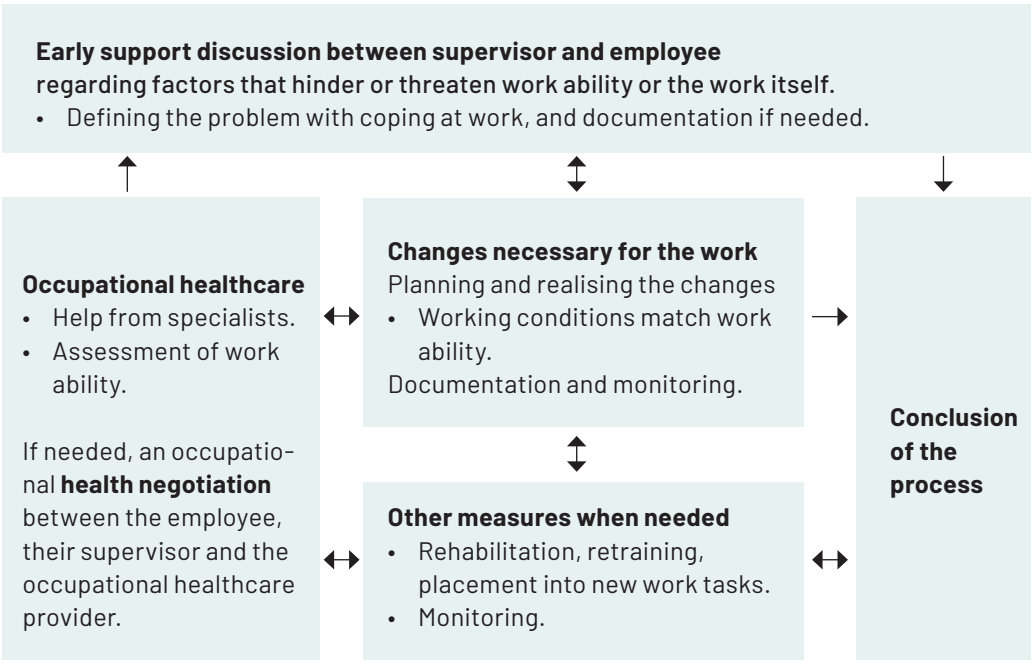
- sickness absence time per person
- average length of sickness absences
- number of sickness absences per person
- relative share of sickness absences.

Sickness absence notification practices and delivering a doctor's certificate

The workplace must have agreed upon procedures for how sicknesses and accidents are reported. Usually the supervisor is notified of the absence immediately by phone. If the supervisor is unavailable, a deputy person must be assigned for this purpose. It is important that the employee keeps their supervisor updated on the continuation and length of their sickness absence. The threshold for seeing a doctor must be low. Employees must immediately notify their supervisor and occupational health care provider of occupational or work travel accidents.

- A doctor's certificate has been defined in collective labour agreements as proof that grants the right to sickness absence. Employer may require a doctor's certificate for each sickness absence day.
- Some collective agreements also accept certificates from registered nurses or public health nurses.
- The employer can also decide that a person's own notification is enough.
- The employee might be instructed to primarily use occupational health care, but this requirement cannot be unconditional.
- For a justified reason, the supervisor may require the employee to visit occupational health care even though they have already presented a certificate from another doctor.
- When assessing work ability, the occupational health physician is usually the most knowledgeable. The employer is responsible for the costs when they demand a visit to a certain doctor.

Early support model



Main stages of early support.

Building and implementing a successful early support model is best achieved via good cooperation at the workplace. The model and the procedures are shaped on a workplace-specific basis. The occupational health and safety committee or a similar cooperative body is often the most natural forum for building the model. In a small workplace these matters can be discussed in a joint meeting.

An in-house specialist network can support supervisors and contact external support networks in situations where the support measures of the workplace and occupational healthcare are inadequate. These measures are agreed upon in an occupational health negotiation. Examples of these external networks include employee pension institutions, the Social Insurance Institution and labour administration.

It is important to describe the duties and responsibilities of the various cooperative parties in the early support model to ensure that the operations become systematic, long-term and fruitful. When the tasks and division of responsibilities are defined in advance it ensures smooth operation and facilitates solving situations quickly.

Duties of the supervisor

- systematically monitors risks related to health and work ability, as well as the work ability and absences of staff
- directs an employee to occupational healthcare if they have a health issue
- has the early support discussion with an employee
- health reasons that restrict a person's work ability should not be discussed in the early support discussion without the employee's approval
- begins to look into the matter and takes corrective measures if the early support discussion indicates that work performance is hindered by factors related to a lack of expertise or the atmosphere at the workplace, for example
- if necessary, documents the matters agreed upon jointly in the discussion on a form designed for the purpose, for example; health information or other sensitive information is not documented
- makes the necessary changes to working conditions or the content of the work
- cooperates with the occupational safety delegate and occupational safety officer.

Duties of human resources management

- monitors staff absences
- cooperates with supervisors, occupational health and safety, occupational healthcare and external partners
- participates in occupational health negotiations if needed
- plans and develops matters related to the promotion of occupational well-being
- coordinates the implementation of a possible reassignment together with supervisors
- leads and coordinates communication with possible external parties (rehabilitation centres, pension insurance companies, etc.)
- cooperates with the occupational safety delegate and occupational safety officer
- ensures that the workplace's operation model takes into account the employee's option to invite an occupational safety delegate or other support person into the early support discussion.

Duties of occupational healthcare

- monitors sickness absences and a person's work ability and their possible health-related limitations
- when needed, organises an occupational health negotiation based on doctor visits or at the initiative of the workplace (from the employee or their supervisor)
- ensures whether the employee wishes to have an occupational safety delegate or other support person with them in the negotiation and invites them to it
- assesses the need for treatment and/or rehabilitation, initiates it and arranges its monitoring
- conducts an assessment of work ability in relation to a specific work tasks as agreed and issues a written statement on it
- is in constant cooperation with the employee and the supervisor and provides specialist help when changes are being made to the work
- cooperates with the occupational safety delegate and occupational safety officer
- ensures that the negotiations required by the Health Insurance Act are held and prepares the related statements.

Occupational healthcare always operates confidentially, and they are bound by an obligation to confidentiality with regard to health information.

Duties of occupational safety personnel

- participates in the workplace's risk assessment, workplace surveys, realisation of personnel surveys and monitoring of sickness absences

- plans, develops and evaluates the operations of occupational healthcare in the occupational safety committee or other similar body
- makes suggestions to develop occupational healthcare and build shared procedures and models
- the occupational safety delegate may support the employee in occupational health negotiations.

Help from external specialists

When solving work ability problems, the situation often requires the help of external specialists. It wise to chart those specialist entities beforehand that your workplace will turn to already in the initial stages of planning measures that promote work ability.

Early support discussion held by the supervisor

Goal and principle

In addition to a person's own observations, the first signs of diminished work ability may be observed by the person's supervisor or colleagues, at occupational healthcare or by an occupational safety organisation.

When a problem relates to work or the work community, the nature of the problem is probed at the workplace in discussions between the supervisor and the employee as much as possible. The supervisor must take action as soon as possible when signs of diminished work ability have been observed.

The supervisor discusses the situation with the employee while taking into account that information related to the employee's state of health is always confidential. The discussion may be documented for both parties in ways agreed upon together for the purposes of later monitoring while ensuring privacy protection. A representative from human resources management can be involved in the discussion if needed. The employee also has the right to request that the occupational safety delegate or other support person is present at the discussion. The early support discussion form will not include information related to illnesses.

How to hold the discussion

Discussions related to reduced work performance, concerning behavioural changes or suspected diminished work ability must always be constructive and work-related. The

discussions are not about the employee's ailments or the reasons that led to them. Situations that hinder one's ability to perform in their work are depicted using clear examples. Stressors and resources affecting work ability are evaluated from the perspective of the work, and issues are brought up openly and in an appreciative spirit without pressuring the employee.

In the early support discussion the supervisor and the employee come together to define and list the factors affecting work performance. At this juncture, possible changes to work arrangements are considered and further measures and schedules are agreed upon and put on paper.

The supervisor then makes the agreed upon changes to the working conditions or the content of the work. If a possible health issue that limits the employee's ability to work comes up in the discussion, further measures are discussed with occupational healthcare.

It is good practice to have a ready-made form for the early support discussion that contains questions that facilitate dealing with the issue. This also allows for the results of the discussion and suggested measures to be recorded for future monitoring purposes.

The central topics of the discussion are: expertise, stressors, working conditions, work ergonomics, tools and atmosphere.

Example questions

- You have been absent from work frequently due to illness. Are these absences connected to each other? Is it the same ongoing health problem?
- Has your work performance diminished as a result of illness or other health issue?
- Let's arrange a visit to occupational health care and hold an occupational health negotiation.
- If it is not due to illness, is there something in the conditions of the workplace or are there distractions that hinder your performance?
- What would you consider the most significant reason for your diminished coping at work?
- Are there factors outside of work that affect your reduced work performance? Would you like to tell me about them?
- If not, can you/would you tell me whether the situation is temporary?
- Is there something that we could do at the workplace to alleviate the situation?
- Do you feel that your work is mostly too stressful? In what way?
- Which factors would help you cope better with your work?
- What would be the most important temporary or permanent change that would help alleviate your stress?
- Is there something in the conditions, atmosphere or ergonomics of the workplace that needs fixing?
- Do you need support or training to develop your expertise and know-how? What kind of support?

Assessment by occupational healthcare is not necessarily required if the problem is clearly caused by factors related to the work itself. These factors can include conflicts in the work community, inadequate expertise or dissatisfaction with the work or one's career development.

If a health problem comes up in the early support discussion held at the workplace, the expertise of occupational healthcare is then utilised. Medical assessment of health and work ability is conducted in occupational healthcare in confidence. Possible further measures may include diagnostic examinations, workplace visit or referral to further

examinations, for example. Occupational healthcare makes the initiative to organise the occupational health negotiation.

If nothing concerning is observed in the employee's state of health, no further healthcare measures of the early support model are required.

Occupational health negotiation – when and why?

Problems with work ability often require cooperation between the employee, the supervisor and occupational healthcare. In problem situations related to work ability, a joint negotiation is a good starting point. This form of cooperation is called an occupational health negotiation. Negotiations that occur on the initiative of the occupational healthcare provider may only be had with the consent of the employee, but the employee may not refuse an occupational health negotiation initiated by their supervisor. The employee may also suggest the negotiation themselves. These discussions are always had while respecting data privacy and privacy protection.

When the employee so wishes, the occupational safety delegate, shop steward or other support person from the workplace may be present at the negotiation.

In the event that an illness has diminished the employee's ability to work to the extent that they are no longer able to perform their work tasks, the work tasks need to be adapted to suit their remaining work ability. In these cases occupational healthcare will help assess and plan the reorganisation of duties.

Work ability may be diminished temporarily or permanently. When work ability is permanently diminished, more extensive solutions are often required. In such cases it is also necessary to involve a representative from human resources management in the planning, if the workplace has a HR department.

The primary goal is that the employee continues in their old duties. In many cases, slight changes to work tasks made at an early stage are enough. Sometimes the opportunities for reassignment are limited.

If the changes to the work are not enough to support the employee's work ability, cooperation between several different specialist entities is required. The solution could be professional rehabilitation, new duties at the old workplace or a new workplace through re-education. In such cases the cooperation also needs to involve the pension insurance company.

Partner entities

- The Social Insurance Institution: rehabilitation services, sickness allowance/partial sickness allowance, pension solutions
- Authorised pension insurance companies: cooperation in the promotion of occupational well-being, professional rehabilitation service, pension solutions
- Labour administration: re-education, changing workplaces
- Industrial safety administration: specialist and official services related to occupational health and safety
- Labour market organisations: judicial and other counselling
- Centre for Occupational Safety: training, specialist services related to occupational health, safety and well-being
- Institute of Occupational Health: training, specialist services related to occupational health and safety.

Returning to work after a long sickness absence

Returning to work, especially after an extended sickness absence (over 20 days), requires preparedness and support measures also at the workplace. Often an illness causes a certain degree of disability for a certain period of time, sometimes permanently. The extent to which this disability affects work ability depends on the requirements of the work. The hindering effects of symptoms, the worsening of the illness and further reduction of work ability can often be prevented by altering the working conditions. Work ability is not an either-or phenomenon, but a continuum. Usually one's work ability gradually returns. When recovering from an illness, gradual return to work is often a better option for recovery than extending the absence from work.

Even during long periods of sickness absence, it is good to maintain a connection the workplace. For this purpose, there can be two-way communication between the supervisor and the subordinate. They can agree that occupational healthcare assesses the need for communication and support.

The purpose of this communication is to facilitate the return to work, promote the employee's health and reduce the risks of long-term reduction in work ability and exclusion from working life. Work tasks should be arranged to match the diminished or changed work ability to the extent that it is possible.

When the supervisor shows interest towards the employee's state of health, it demonstrates that they care about the employees' situation. This feeling of appreciation reduces the threshold for returning to work, and knowing about what happens at the workplace reinforces the feeling of coping at work. The employee also gets to influence the planning of their return to work and is able to prepare for the possible changes at the workplace. It is good to already start planning the return to work in good time before the sickness absence period ends.

Planning the redistribution of work together with the work community and making the substitute arrangements required for the duration of the absence period are an important part of functional work ability management practices. A person returning to work after a lengthy absence may be anxious and fearful about how people will receive them at the workplace.

An encouraging and understanding atmosphere promotes recovery. Work ability follow-up visits at the workplace's occupational healthcare provider are also important when evaluating the timing of one's return to work and in the planning of the support the person needs in their work. Communication is realised according to the agreed upon model.

Occupational healthcare is also tasked with evaluating the necessity and benefits of various rehabilitation methods. Kela has a statutory obligation to arrange and compensate for professional and medical rehabilitation and rehabilitative psychotherapy. Professional rehabilitation is arranged to prevent inability to work or to improve one's earning capacity and ability to work. Medical rehabilitation is arranged for persons who have been granted the right to demand-

ing medical rehabilitation to secure or improve their ability to work, study or function

Rehabilitative psychotherapy is arranged to support persons whose ability to work or study is threatened by a mental disorder. In addition to this statutory rehabilitation, Kela can arrange and compensate for discretionary rehabilitation within the limits of an annual grant issued by parliament. The goal of discretionary rehabilitation is also to secure or improve one's ability to work or function. In addition to organising rehabilitation, Kela can pay a rehabilitation allowance for the rehabilitation period with the aim of securing a person's income during that period.

For a person to be eligible for professional rehabilitation, they must have an appropriately diagnosed illness or injury. The diagnosed illness must have a connection to significant loss of work ability. In addition to the illness, the person's overall situation is equally important. When evaluating the need for rehabilitation, the illness does not have a specified share or importance in the assessment. The situation must be viewed comprehensively, with the illness being a part of it. Kela customers need a B statement written by a doctor to attach to their application when they are seeking professional rehabilitation organised by Kela or authorised pension providers.

Partial work ability

Partial sickness allowance makes it easier to return to work sooner after an extended sickness absence. Partial disability pension allows a person to stay in working life for longer in a situation where their work ability has been diminished on a more permanent basis. A person with partial work ability means a person who has some of their work ability left and the desire to use it. When work is adapted to the diminished work ability, it rarely affects the person's work contribution. The meaning of partial work ability varies by individual and is connected to the reason the person's work ability is diminished and the content and requirements of the work.

There are many kinds of people with partial work ability – those recovering from a serious illness, those who have gone through a crisis in their lives and disabled people, for example. The most common reasons for diminished work ability are depression and musculoskeletal disorders. Those with partial work ability are a diverse group.

The work contribution of an employee with partial work ability can be harnessed by customizing their work tasks and working hours. Slight changes to working conditions may also yield major advantages that increase the readiness of persons with partial work ability to engage in gainful employment. Partial work ability is one of the individual characteristics defined in the Non-Discrimination Act on the basis of which a person cannot be discriminated against and placed in an unequal position as an employee.

Communication and training

It is important to notify the entire staff of the early support model for the promotion of work ability already when it is being planned.

Staff will be informed on

- the purpose and goals of the model
  - tool for supporting the occupational wellbeing of individual employees
  - bringing the topic up early
  - supports supervisory duties
- persons participating in the building of the model
- the model's implementation plan and schedule
- confidentiality of the discussions.

It is important to train supervisors and occupational safety personnel before implementing the model. Early support requires expertise and commitment to its goals. All operators must be familiar with the agreed upon operation model. The discussed issues are sensitive. Illnesses are of great significance to people, therefore handling these matters requires special skills and discretion. Supervisors especially require training, coaching and support in bringing up and processing difficult matters.

It is important to notify the entire staff about the implementation of the early support model. Its materials should be available to everyone. The activity must be transparent, open and include everyone.

The main statutory obligations and support measures for promoting working capacity and supporting return to work

Work-related discussions on topics such as training needs and the fluency and organisation of work are part of regular supervisory duties.

Occupational safety

The Occupational Safety and Health Act obliges the employer to ensure the health and safety of employees at work through necessary measures. The employer must take into account factors related to the work itself, the working conditions and the work environment more broadly, as well as factors that affect the individual readiness of an employee. If an employee is found to be stressed in their work to the extent that it jeopardises their health, the employer must take action immediately after being notified of the matter using all available means to discover the stressors and avoid or reduce the danger.

Occupational health cooperation

The Occupational Health Care Act obliges employers to organise occupational healthcare. The employer, the employee

The Occupational Health Care Act and the Health Insurance Act provide the following instructions for monitoring sickness absences

- **30** absence days (yearly accumulation): The employer notifies occupational health care of the sickness absence so that the employee's ability to work and continue to work are evaluated and supported.
- **60**: The employee must apply for sickness allowance within two months of the beginning of the disability, and partial sickness allowance within two months of the desired starting date of the benefit.
- **90**: A statement from the occupational health physician on the employee's remaining ability to work and possibilities of continuing to work is required when there have been 90 sickness allowance days over a two-year period, at the latest. The possibility to continue at work is discussed between the employer and the employee in co-operation. The purpose of the physician's statement is to evaluate the possibilities of returning to work and the need for supportive measures at the workplace. The statement is also used to create a plan for the employee's return to work. The employee must deliver this statement to Kela before any sickness allowance can be paid.
- **150**: Kela will send the employee a letter discussing the possibilities of rehabilitation. Rehabilitation requires Medical Statement B.
- **230**: When needed, Kela will look into the rehabilitation needs before the number of accumulated sickness allowance days reaches 230.
- **300**: Sickness allowance will be paid for 300 weekdays at most.

and the occupational healthcare provider cooperate to promote the health and work ability of employees at different stages of their career. Occupational healthcare must be organised and realised in the extent to which the needs arising from the work, work arrangements, personnel, workplace conditions or changes to these require.

The employer must work in cooperation with employees or their representatives when preparing the realisation of occupational healthcare, processing the occupational healthcare action plan and when evaluating their impacts. These matters are dealt with in the occupational health and safety committee, or if the workplace does not have one, together with the occupational safety delegate. The employer must provide the necessary information early enough so that the issues can be adequately processed.

Support provided by Kela

Partial sickness allowance

The purpose of the partial sickness allowance is to help persons who are unfit for work to remain in working life and support their working capacity. Returning to work on a part-time basis is a voluntary arrangement that requires the consent of both the employer and the employee. The working hours must be reduced by 40–60% from what they were before. The employer shall pay wages for the hours worked. Kela shall pay partial sickness allowance (50%) to the employee for this period. If the employer pays the employee a full-time salary during part-time employment, the partial sickness allowance shall be paid to the employer. The partial sickness allowance is payable for a minimum of 12 working days and a maximum of 120 working days. Cooperation and follow-up with the employee, supervisor and occupational health care is important here as well, and it should be systematic. It is assumed that without these arrangements, the employee would be completely out of work and entitled to full sickness allowance.

Rehabilitation

Kela organizes versatile rehabilitation for working-age people, the aim of which is to improve and support one's working capacity and to promote entry into and return to working life. The rehabilitation courses organized by Kela include rehabilitation and adaptation training courses specific to different disease groups. Rehabilitation allowance is paid during the rehabilitation period. The vocational KIILA rehabilitation is for those who are already in working life. Its aim is to improve working capacity and to support retention in working life.

Employment pension rehabilitation

Employee pension institutions are responsible for the vocational rehabilitation of people with permanent employment. Kela is usually responsible for the vocational rehabilitation of young people and those who have been in working life for only a short time. If there is a risk that an employee's or entrepreneur's illness may lead to incapacity for work within the next five years, the person who has fallen ill has the right to receive appropriate vocational rehabilitation to prevent incapacity for work or to improve working and earning capacity.

Vocational rehabilitation is individual-based. It is carried out according to a rehabilitation plan, which is based on the needs of the person being rehabilitated. The first step is usually to find out whether the rehabilitee can continue in their former job with the help of work arrangements or whether they can be transferred to other tasks at the workplace. Other methods include work try-out, job coaching and training.

Work try-out

In order to make returning to work easier after a long sick leave, the employee may apply for a work try-out from their employee pension institution. In addition to the application, a medical certificate B is required, which is preferably prepared by an occupational health doctor. The employer, employee and pension institution shall agree on the work try-out together. If necessary, the work try-out can also take place in a new position at the workplace or with another employer.

The length of the work try-out is usually 1–3 months, but it can be extended if necessary. The employee pension institution shall pay rehabilitation allowance during the work try-out period. If the rehabilitee currently receives rehabilitation allowance, the allowance is paid at an increased rate. There will be no salary costs incurred to the employer, but the employer must provide the necessary work tools and clothes to the employee.

A written contract shall be drawn up for the work try-out, detailing e.g. the length of the work try-out, work tasks, working hours, follow-up measures and contact persons for further communication. It is also advisable to have an occupational health care representative monitor the progress of the work try-out.

Job coaching

Job coaching is intended for situations where a person needs more expertise for a new job or for employment after retraining. Vocational training may be an option if the person can no longer continue in their previous job due to illness.

Support in the case of prolonged work incapacity

Rehabilitation allowance is a disability pension for a fixed period

If an employee's or entrepreneur's working capacity has decreased by at least 60 percent during the course of a year due to illness, they may be entitled to a disability pension or a temporary rehabilitation allowance. Before granting a pension, it should always be first determined whether vocational rehabilitation could improve the situation. The amount of the rehabilitation allowance is equal to that of the disability pension, and it is applied in a similar way.

Partial rehabilitation allowance or partial disability pension

If an employee's or entrepreneur's working capacity has decreased by at least 40 percent due to illness so that they are unable to handle their daily work tasks but still have some working capacity left, they may be granted a partial disability pension.

Management and Monitoring of Work Ability and Early Support

At workplaces, work ability management, monitoring and early support mean practices agreed upon in writing between the employer, employees and the occupational healthcare provider that aim to promote employees' ability to work and prevent incapacity for work throughout a person's career.

The principles of early support are central to cooperation on occupational health and safety. The purpose of this guide is to help workplaces create and implement an early support model to help maintain employees' ability to work. The goal is to notice when a person's ability to work is diminished and implement support measures as early as possible.

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