

Nina Nevala, Jarno Turunen, Raija Tiainen, Päivi Mattila-Wiro

# Persons with partial work ability at work

A study of the feasibility and benefits of the Osku-concept in different contexts



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in working life

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# Tiivistelmä

Tutkimuksessa selvitettiin osatyökykyisten työllistymistä ja työssä jatkamista (työelämäosallisuutta) tukevan Osatyökykyiset työssä -toimintamallin (Osku) toteutumista ja hyötyjä erilaisissa toimintaympäristöissä. Toimintamallissa työkykykoordinaattorit hyödynsivät osatyökykyisen asiakkaan kanssa palvelujärjestelmässä olemassa olevia työpaikan, terveydenhuollon ja sosiaalipalvelujen, kuntoutuksen, koulutuksen, työvoimapalvelujen ja sosiaaliturvan keinoja. Toimintamallia kokeiltiin osana 12 organisaation toimintaa kahden vuoden ajan. Tutkimus oli monimenetelmäinen. Laadullisen aineiston muodosti 24 organisaatiohaastattelua ja 11 tapauskuvausta. Määrällinen aineisto koostui kuuden organisaation taloudellisista tunnusluvuista vuosilta 2012–2015 ja yhteen tapauskuvaukseen liittyvästä taloudellisesta skenaarioanalyysistä.

Toimintamalli toteutui hyvin osana työ- ja elinkeinotoimiston (TE-toimisto), työpaikan henkilöstöhallinnon, työterveyshuollon ja oppilaitoksen toimintaa. Organisaatioissa kehitettiin ohjelman aikana johtamista, osaamista, yhteistyötä, palveluprosessia ja työvälineitä. Palveluprosessi toteutui eri toimintaympäristöissä samojen vaiheiden kautta mutta oli sisällöltään erilainen. Asiakkaat kokivat olevansa osallisia mahdollisuuksiensa rakentamisessa ja kuvasivat yhteistyötä työkykykoordinaattorin kanssa tasa-arvoiseksi, luottamukselliseksi, ratkaisukeskeiseksi ja pääosin oikea-aikaiseksi. Organisaatiot kehittivät osatyökykyisten työelämäosallisuuden edistämiseksi erilaisia uusia toimintatapoja. Taloudellisten tunnuslukujen perusteella kokeiluorganisaatioissa osatyökykyisten tunnistaminen tehostui, työterveyshuollon ennalta ehkäisevä toiminta lisääntyi ja keinovalikoiman käyttö monipuolistui samalla, kun työkyvyttömyys- ja osatyökyvyttömyyseläkkeelle siirtyminen väheni. Tulosten perusteella ei kuitenkaan voida tehdä johtopäätöksiä uuden toimintamallin vaikutuksista työkyvyttömyys- ja osatyökyvyttömyystapausten esiintyvyyteen. Tapaustutkimuksen perusteella vammautuneen nuoren ammatillinen koulutus ja kuntoutus olivat taloudellisesti kannattavia, mutta työkokeiluprosessi vaatii edelleen kehittämistä.

Tulosten perusteella työkykykoordinaattoreiden toimintaan perustuva toimintamalli soveltuu osatyökykyisten työelämäosallisuuden tukemiseen osana TE-toimiston, työpaikan henkilöstöhallinnon, työterveyshuollon ja oppilaitoksen normaalia toimintaa. Jatkossa on tärkeää vahvistaa ammattilaisten osaamista, lisätä organisaatioiden rajat ylittävää yhteistyötä ja arvioida toimintamallin soveltuvuutta myös muissa toimintaympäristöissä.

Avainsanat: Osatyökyky, työkykykoordinaattori, toimintamalli, palvelujärjestelmä, keinovalikoima, työelämäosallisuus

# Abstract

Persons with partial work ability at work

A study of the feasibility and benefits of the Osku-concept in different contexts

The study investigated the implementation and the benefits of the Osku-concept (Working with partial work ability), which promotes the employment and work participation of people with partial work ability, in different contexts. In this model, the work ability coordinators, together with their clients who had partial work ability, used the service systems' workplace, health care and social services, rehabilitation, training, labour services and social security resources. The concept was adopted as part of the operations of 12 organizations for two years. The study used multiple methods. The qualitative data comprised 24 organizational interviews and 11 case studies. The quantitative data was made up of the organizational indicators of six organizations from the period 2012–2015, and the scenario analysis of one case study.

The new concept was successfully implemented as part of the operations of the employment office (TE office), the workplaces' HR management, occupational health care, and an educational institute. During the program, management, competence, cooperation, the service process, and tools were developed in the organizations.

The service process was carried out using the same phases but different contents in different contexts. The clients felt that they were included in the process of creating their opportunities, and described the collaboration with the work ability coordinator as democratic, confidential, solution oriented and mainly correctly timed. The organizations developed several new methods to promote the work participation of those with partial work ability. According to organizational indicators, the recognition of workers with partial work ability was strengthened in the participating organizations, the preventive measures of OHS increased, and the selection of means became more diverse at the same time as work disability and partial work disability cases decreased. However, we cannot draw any conclusions on the basis of the results regarding the concept's effects on the incidence of work disability and partial work disability. According to the case studies, professional training and rehabilitation were feasible, but the work trial process requires further development.

According to our results, the concept, based on the work ability coordinator's activities, is suitable for supporting work participation of those with partial work ability as part of the normal operations of TE offices, workplaces' HR management, OHS and educational institutes. In the future, it is important to strengthen professional competence, to increase cooperation over organizational boundaries, and to evaluate feasibility of the concept also in other contexts.

**Keywords:** Partial work ability, work ability coordinator, concept, service system, selection of means, work participation

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# Introduction

This report has been produced as part of the Osku-concept (Working with partial work ability) implemented by the Ministry of Social Affairs and Health between 2013 and 2015. The goal of the programme was to increase the opportunities for people with partial ability to continue in working life or to find employment as well as to reduce prejudices towards them. The expression person with partial work ability refers to a person who does not have full working capacity.

The need to lengthen occupational careers requires that people with partial work capacity have access to working life as well as that those in different stages of their careers have the possibility to continue working. As the population ages and the retirement age rises, people of working age will increasingly have age-related limitations in their functional capacity and work ability. Partial work ability concerns us all, as we are all likely to be affected by partial work ability at some stage of our lives. In 2011, 1.9 million (55%) people of working age suffered from a chronic disease or disability (Statistics Finland 2014). Some 600,000 of them estimated that the illness or the disability affected their work or possibilities to find employment.

Everyone has the right to participate in working life and is entitled to the necessary services. The service system is, however, complicated and difficult to master for both the client and the professional. None of the actors are comprehensively responsible for the client's situation, but the client moves from one part of the system to another alone. Therefore, clients also need a professional to support them and to combine services, means and benefits into tailored entities for them. The professionals who support people with partial work ability can have varying educational and professional backgrounds and work under different job titles in organizations in the public, private or third sector.

This study looked at the feasibility and benefits of a concept based on the activities of work ability coordinators in different operating environments. The report includes both descriptive and quantitative parts as well as the interviewees' thoughts about the concept. Direct quotations from those interviewed have also been used in the report to enliven and enrich the otherwise compact text.

We would like to express our thanks to the organizations that participated in the Osku-concept for their active development work. The Uusimaa, Pirkanmaa and Etelä-Pohjanmaa employment and economic development offices (TE Offices), the City of Tampere, the Hospital District of Etelä-Pohjanmaa, Altia Oyj, RTK-Palvelu, the cooperative Etelä-Pohjanmaan Osuuskauppa, Terveystalo, Tullinkulman työterveys, Suupohjan peruspalveluliikelaitoskuntayhtymä (joint municipal authority for the provision of basic services) and Tampere Vocational College (Tredu) participated in the study. We would like to thank the Central Finland Health Care District and the Lapland Hospital District as well as the cooperatives Satakunnan Osuuskauppa and Osuuskauppa Suur-Savo for their participation in the economic sub-study, as well as the Local Government Pensions Institution Keva for its help in gathering the economic figures. We would like to thank

those people who participated in the case studies and gave their stories to be used in the study. Sari Lehtinen from the Turku School of Economics and Johanna Surakka from the University of Jyväskylä completed their thesis in the programme. We would like to thank them for their inspiring cooperation. We would like to express our thanks to Tina Vihtonen, DSc (Econ & Bus Admin), for her help in implementing the economic sub-study. We would also like to thank researcher Mirkka Vuorento for comments on the draft report and Communications Officer Anne Koskela for comments on the language. We would like to thank Annanpura Oy for the transcription of the research material, graphic designer Jaakko Kahala for editing and the graphics of the report, and departmental secretary Eija Yliaho for organizing research interviews. Finally, we would like to express our thanks to Deputy Speaker of the Parliament Paula Risikko for launching the entire Osku programme and the research project as well as to the expert team of the programme for the support it has given to the research project.

# I. Background

A variety of services, means and benefits are available for people with partial work ability to support their work participation (Ministry of Social Affairs and Health 2011, 2013a, 2013b, 2015). However, the service system is fragmented and difficult to master for both clients and professionals (Järvikoski 2014, Liukko and Kuuva 2015, Liukko 2015). Clients may have simultaneous client relationships with several different service providers. If the services and measures required by the client are not coordinated, using them becomes more complicated, the process slows down and finding employment or returning to work becomes more difficult (Ministry of Social Affairs and Health 2013, Ala-Kauhaluoma et al. 2005).

Strong expertise is required from the professional coordinating these services. This means that the professional needs good interaction skills, an involving and solution-oriented approach to work as well as an ability to treat the client with respect (Noordegraaf 2015, Kekki 2015, Liukko and Kuuva 2015, Ministry of Social Affairs and Health 2015). The professional's task is to guide and advise the client and to build bridges between different operating practices, client groups and service providers (Blomgren and Waks 2015, Vehviläinen 2014). Noordegraaf (2015) uses the concept "coordination", in which the professional matches and reconciles the goals and expectations of the various parties involved. The professionals also coordinate the operating practices of their own organizations, clients and the profession, and combine them into feasible entities that engage the different parties involved.

From the point of view of participation, clients may be either targets of the services or the action, or so-called consumer clients, who are active and choose and use the services that they need (Niiranen 2002) as well as participate in and influence on the services they use (Social Welfare Act 2014). The professionals must therefore be able to lower the threshold for clients to participate in order to make the clients' role in the process as active as possible (Adler 2013). The interaction between the client and the professional (Capella and Turner 2004, Hein et al. 2005) as well as the client's opportunities to participate in the activity and decision-making are among the factors affecting client satisfaction (Hagen-Foley et al. 2005, Scovotti and Peltier 2005).

The service process may involve professionals with various backgrounds working in different organizations, and this may also complicate the cooperation relationships between them (Janhonen et al. 2015). Therefore, the professionals need clear allocation of responsibilities as well as more professional competence and new operating models for cooperation (Härkäpää et al. 2013, Liukko 2015, Liukko and Kuuva 2015, Kekki 2015). They need more training on the service system and the available selection of means. For example, work ability coordinators felt they needed more knowledge particularly about the means available in labour services and social security resources as well as about planning the selection of means and the evaluation of service processes and outcomes (Nevala et al. 2015).



Legislation as well as the benefits in the social welfare and health care services system are used in supporting the work participation of people with partial work ability (Solovieva et al. 2010, Solstad Vedeler and Schreuer 2011). In addition, attitudes in society, the education system as well as general awareness about disabilities and illnesses affect work participation (Lock et al. 2005, Crooks 2007).

Measures taken in the workplace to support staying at work or return to work are largely related to the activity of occupational health care (Gould et al. 2014). As regards the possibilities of a person with partial work ability to continue to work, support from his or her superior is important (Seppänen-Järvelä et al. 2015, Juvonen-Posti et al. 2014, Tiainen 2014, Manka and Larjovuori 2013, Terävä and Mäkelä-Pusa 2012, Vuorento and Terävä 2014). According to a systematic review of workplace accommodations (Nevala et al. 2015a), a positive feeling of one's capability, the employer's and work community's support, guidance and instruction provided, as well as flexible working hours arrangements and organization of work enhance the employment and work participation of persons with partial work ability and persons with disabilities, and reduce costs. Allaire et al. (2003) and Radford et al. (2013) also state that working arrangements and workplace accommodations are economically worthwhile from the perspective of both the employee and society.

When comparing the means available in social security, we know that persons with musculoskeletal illnesses who are on partial sick leave return to work sooner than those on full sick leave (Kausto 2014). According to Gould et al. (2014), those who have applied for a disability pension, have only seldom received rehabilitation and few plans on vocational rehabilitation have been provided for them.

Vocational rehabilitation is a more economical form of rehabilitation than traditional care (Allaire et al. 2003, Radford et al. 2013). As regards access to the open labour market, more research evidence on the effectiveness of vocational rehabilitation is needed (Rissanen et al. 2008, Khan et al. 2011). In the job coaching included in vocational rehabilitation, the clients' level of education and previous life situation, perceived work ability, capability and motivation to participate predicted their moves in the labour market, although the actual results in finding employment were low (Härkäpää et al. 2013). Supported employment refers to an employment method, in which the necessary guidance (e.g. job coach) and financial support measures are planned and implemented only after a workplace has been found for the person (Pirttimaa 2003). Supported employment is more effective than vocational training in helping persons with partial work ability to access the open labour markets (Crowther et al. 2001). A concept based on the activities of work ability coordinators and more effective utilization of the service system has not been evaluated before.

## 2. Goal and framework

The goal of the study was to investigate the implementation and benefits of the Osku-concept, which promotes the employment and work participation of people with partial work ability, in four different contexts (TE Office, workplaces' HR management, occupational health care, education institution).

The research questions were:

1. How was the concept implemented in the organizations and how did the managements of the organizations and the work ability coordinators view its benefits?
2. How did the organizations improve work participation of persons with partial working ability and what were the barriers and facilitators to its implementation?
3. What kind of economic impact did the new concept have from the point of view of the organization, the individual and society?
4. How did ageing people with partial work ability perceive collaboration with a work ability coordinator? (Case study)
5. How did a work trial support the occupational career of a young person with partial work ability and what kind of alternatives regarding pay development can a young person expect? (Case study)

The study described how the concept developed in the Ministry of Social Affairs and Health's programme "Working with partial work ability" was introduced in the organizations (Ministry of Social Affairs and Health 2013a). The concept combined the key measures available in the service system for supporting a person with partial work ability to find employment and continue at work. The selection of means available included the resources in the workplace, health care and social welfare services, rehabilitation, training, employment services and social security (Figure 1).

In the concept, the employer or the TE Office appointed a person from their existing staff as a work ability coordinator to support the person with partial work ability. The work ability coordinators were trained for the task during the programme. The task of the work ability coordinator was to assess the client's situation and help the client recognise his or her strengths and opportunities. The work ability coordinator helped the client combine and apply for services, financial support and benefits. In addition, the coordinator provided information and advice, and guided the client in matters related to finding employment and continuing to work.



Figure 1. The Osku-concept (Working with partial work ability)

A total of 12 organizations piloted the Osku-concept and developed it as part of the own operations for two years. The organizations comprised three TE Offices, three large companies, two public sector organizations (one municipality, one hospital district), three occupational health care providers and one education institution. The organizations were located in the regions of Helsinki, Tampere and Seinäjoki.

### 3. How was the study implemented?

The study used multiple methods. The qualitative data comprised 24 organizational interviews and 11 case descriptions. The qualitative material comprised the financial indicators of six organizations between 2012 and 2015 and of a scenario analysis of the economic outcomes related to one case description.

## Organizational interviews

The organizational interviews were carried out as half-structured thematic interviews by two interviewers in 12 organizations on two occasions with an interval of one year (2014 and 2015). A total of 31 specialists were interviewed, of whom eight worked in TE Offices, 13 in workplaces' HR management in the private or public sector, seven in occupational health care, and three in an education institution (Figure 1). The persons interviewed were representatives of the organizations' management and work ability coordinators, and 16 of them worked in supervisory positions.

Table 1. Persons who participated in organizational interviews (n=31)

Organization	Locality	Persons interviewed 2014/2015	Job titles of persons interviewed	Position
Uusimaa TE Office	Helsinki	3/3	Specialist* Specialist Service Manager Director of service channel	Employee Employee Supervisor Supervisor
Pirkanmaa TE Office	Tampere	1/2	Specialist* Service Supervisor	Employee Supervisor
Etelä-Pohjanmaa TE Office	Seinäjoki	2/2	Specialist* Director*	Employee Supervisor
Altia Plc	Nurmijärvi	1/1	HR Manager*	Supervisor
RTK-Palvelu Oy	Helsinki	2/2	HR Manager HR Specialist	Supervisor Employee
Etelä-Pohjanmaan Osuuskauppa	Seinäjoki	1/1	HR Manager*	Supervisor
City of Tampere	Tampere	4/4	HR coordinator* HR coordinator* HR specialist* Team supervisor	Employee Employee Employee Supervisor
Hospital District of Etelä-Pohjanmaa	Seinäjoki	5/3	Director of the hospital district HR Manager Senior nurse Occupational well-being coordinator* OSH representative	Supervisor Supervisor Supervisor Employee Employee
Suomen Terveystalo Oy	Helsinki	2/2	Development manager Senior work ability coach* Work ability coach	Supervisor Employee Employee
Tullinkulman työterveys	Tampere	1/1	Unit manager*	Supervisor
Suupohja joint municipal authority/ occupational health care	Kauhajoki	3/3	HR Manager Head nurse Work ability coordinator*	Supervisor Supervisor Employee
Tampere Vocational College, Tredu	Tampere	2/3	Director of adult education Manager of adult education Guidance counsellor*	Supervisor Supervisor Employee

\*The person participated in training for work ability coordinators

Of the organizational interviews, 17 were group interviews (2–5 participants) and seven were interviews with individual persons. Of the persons interviewed, 23 participated in both interviews, four participated in the initial interview only and four in the final interview only. 22 interviews were carried out in the interviewees' workplaces, one was carried out in the researcher's workplace and one was a telephone interview.

All interviews were recorded and transcribed into text form. In the first round of interviews, one interviewer wrote the interview down while it was carried out, and completed the interview by listening to the recording. The objective of the first round of interviews was to describe the background information of each organization, development targets, work ability coordinator's tasks, new operating practices, the service process as well as the barriers and facilitators to employment in each organization (Appendix 3). The material of the second round of interviews was transcribed word for word (altogether 316 pages). The objective of the second round of interviews was to complete the service process that was described on the basis of the first interview, the barriers and facilitators and new operating practices as well as to evaluate the benefits from the programme.

The material from the interviews was analysed using a theme-oriented content analysis. Each interview was first analysed by themes, after which the material was combined into one entity. The material was then condensed and combined into entities on the basis of the research questions.

All those who were interviewed (organizational and individual interviews) were informed about the purpose and topics of the interview in advance. At the beginning of each interview, the interviewees were told about the Osku-concept as well as the goals and content of the study. The interviewees received a written information letter (Appendix 1) and they filled in a written consent form to participate, giving permission to record the interview (Appendix 2). The interview questions were half-structured and were modified if necessary depending on the situation (Appendix 3). The intention was to make the interview situation as open and conversational as possible, and it was also possible to discuss other themes in the interview.

### Economic impact assessment in the organizations

The economic impact of the Osku-concept was estimated by comparing the financial indicators of six organizations between 2012 and 2015. The impact of the concept was assessed in a case – control study implemented in one public and one private sector organization, each of whose results were compared with the results from two control organizations (Table 2). The organizations chosen for the comparison were as similar as possible in terms of their goals and operating environment (Table 3).

Table 2. Organizations that participated in the economic sub-study

Type of organization	Organization	Locality	The position of the person releasing information	Osku concept
Public sector	Etelä-Pohjanmaa Hospital District	Seinäjoki	Occupational welfare coordinator, HR coordinator	Yes
Public sector	Central Finland Health Care District	Jyväskylä	System specialist	No – control
Public sector	Lapland Hospital District	Rovaniemi	Head of office	No – control
Private sector	Etelä-Pohjanmaan Osuuskauppa	Seinäjoki	HR specialist	Yes
Private sector	Satakunnan Osuuskauppa	Pori	HR assistant	No – control
Private sector	Osuuskauppa Suur-Savo	Mikkeli	HR specialist	No – control

Table 3. Man-years and the number of personnel in organizations that participated in the economic sub-study

	MAN-YEARS / NUMBER OF PERSONNEL			
	2012	2013	2014	2015 (6/2015)
Etelä-Pohjanmaan Osuuskauppa, Osku-concept	- / 1,126	1,123 / 1,192	1,104 / 1,188	
Control 1	- / 1,257	1,052 / 1,234	994 / 1,184	
Control 2	970 / 1,260	988 / 1,227	999 / 1,183	
Etelä-Pohjanmaa Hospital District, Osku-concept	2,763 / 3,321	3,012 / 3,496	3,016 / 3,520	- / 3,528
Control 1	3,105 / 4,239	2,990 / 4,088	2,759 / 3,812	- / 3,795
Control 2	1,685 / 1,724	1,674 / 1,730	1,862 / 1,893	- / 1,862

The financial indicators of the private sector organizations were gathered with help of a questionnaire. The questionnaire included questions about the personnel (number of personnel, number of persons with partial work ability, man-years, employee turnover rate), the personnel's absences due to illness (sick leave days, sick leave percentage) as well as other financial information (accident insurance premiums, costs of preventive occupational health care and medical care compensated by the Social Insurance Institution of Finland Kela, use of partial sickness allowance, total employment pension payment, employment pension contribution category as well as the disability payment based on all of them). Public sector organizations gave written permission to request their corresponding information from the Local Government Pensions Institution Keva. Such figures include the wage bill of public sector organizations, wage-based pension contribution, pension expenditure, pension-based payment, early retirement pension payment, use of rehabilitation subsidy, and already payable old-age, disability and partial disability pensions.

## Case descriptions

A total of 11 persons were interviewed for case descriptions (Table 4). In addition, a scenario analysis of economic outcomes was performed on one person's employment process. Six interviews concerned the work trial process of two persons with partial work ability and these were narrative i.e. were described through stories (Valkonen 2002, Baxter 2008, Nevala et al. 2015b, Lehtinen 2015) (Appendices 4–5). The interviewees were two persons with partial work ability, their immediate supervisors at the place of the work trial (pharmacy, day care centre) and two work ability coordinators from the TE Office. One of the persons completing the work trial was a 20-year-old student who had suffered a medium brain injury as a consequence of a road traffic accident 12 years earlier. The second person taking part in a work trial was a 29-year-old person with a family, who had completed comprehensive school and had been diagnosed with non-typical backache. The interviews were used to write six stories, on the basis of which two work trial stories were created. The stories were studied to find common areas for development in work trials.

**Table 4. Background information of the case study (n=11) participants**

Gender	Age, years	Education	Reason for partial work ability	Solution, task supporting work ability
Male	20	Upper secondary school graduate	Brain injury	Participant in work trial, pharmacy assistant
Male	33	Head pharmacist	-	Supervisor at the place of work trial, head pharmacist
Female	46	Social psychologist	-	Work trial, work ability coordinator
Female	29	Comprehensive school	Musculoskeletal disorder	Participant in work trial, childminder
Female	45	Kindergarten teacher	-	Supervisor at the place of work trial, kindergarten teacher
Male	55	Qualification organised by the Ministry of Labour, social sciences (sosionomi)	-	Work trial, work ability coordinator
Male	59	Matriculation examination and diploma in business administration (merkonomi)	Musculoskeletal disorder	Relocation, workplace accommodation, office worker, work 60%/ partial disability pension 40%
Female	60	Nurse	Musculoskeletal disorder	Relocation, workplace accommodation, nurse, work 50%/partial disability pension 50%
Female	54	Cook	Musculoskeletal disorder	Work trial, florist's assistant
Female	55	Site facilities operative	Musculoskeletal disorder	Work 60%/ partial sickness allowance 40%
Male	54	Elementary school	Musculoskeletal disorder	Relocation, workplace accommodation, porter

Five thematic interviews were related to the perceptions ageing persons with partial work ability had about working with a work ability coordinator. The persons interviewed were recruited through the work ability coordinators participating in the programme. The criteria for selecting the clients for the interviews were that they were aged 45 or over, had reduced work ability due to musculoskeletal disorders, and were clients of a work ability coordinator. Three women and two men aged between 54 and 60 were interviewed. The feasibility of the collaboration between the client and the work ability coordinator was assessed by asking the client about client satisfaction, sense of inclusion and success of the interaction.

In addition to the narrative review, one case description also includes a scenario analysis, which was used to compare the possible career developments of the person in question. The analyses used different scenarios to produce information about the financial outcomes from the individual's and society's point of view. The actual personal history of the person with partial work ability in question up to the time of the study served as a basis for the analysis. Information from various sources was utilized in the case description. The person's background information and the information about the public and private sector services used by him were obtained from the person himself. Information about the average costs of the services and the compensated amounts for loss of earnings were obtained from the Motor Insurer's Centre. The information about profession-specific income levels used in the scenario analysis was obtained from the collective agreements of the professional field in question. The tax percentage used for calculating the tax revenue for different income levels was calculated using the tax percentage calculator of the Finnish Tax Administration for both earned income and pension income. Both the entire occupational career and the facts regarding the time preceding the career were taken into consideration: 1) implemented support measures and their average cost, 2) loss of earnings compensated by the motor insurance, 3) potential career in the profession either in part-time or full-time employment, 4) taxation as well as the income received by the tax authority and the person in different situations. Scenarios were built on the basis of this information and assessed from the point of view of the individual and society (e.g. income levels, incentive traps).



## 4. How did the organizations introduce the new concept?

### 4.1. Selection and responsibilities of work ability coordinators

The organizations appointed a work ability coordinator from their own personnel by advertising the position internally or by naming the person without an application process. The number of clients of a work ability coordinator in one TE Office was reduced to about one third of the normal number of clients to allow that coordinator to also develop the operation in addition to working with clients. The appointment of a work ability coordinator did not affect the personnel resources in any of the other organizations.

Those who were appointed to the position of work ability coordinator had varying education backgrounds and work experience. TE Offices selected their work ability coordinators from the specialists in the service channel of supported employment. They had a Master's degree in Social Sciences (political sciences or social psychology) or a Bachelor's degree in Social Services (sosionomi). The work ability coordinators working in the workplaces' HR management were selected from those who worked as HR managers, HR specialists or occupational well-being coordinators. They had a Master's degree in political sciences, were specialised nurses or had a Bachelor's degree in Business Administration (tradenomi). Work ability coordinators working in occupational health care had a Master's degree in health sciences, or were occupational nurses, occupational physiotherapists, specialized nurses or rehabilitation advisers. The work ability coordinator working in the education institution had a Master's degree, had completed guidance counsellor's training, and was a qualified teacher. Work ability coordinators participated in continuing education (9 contact learning days, a development task, regional cooperation day, regional seminar), and additionally received professional guidance for working with clients or for cooperation carried out with workplaces.

A work ability coordinator's duties and client groups were different in different organizations. Work ability coordinators in TE Offices were looking for employment solutions for unemployed jobseekers who had partial work ability. In one participating TE Office, the clients of the work ability coordinator were restricted to young jobseekers and in another TE Office, the clients were people with mental disorders. Work ability coordinators working in HR management worked close to the management of the workplace. Their task was to report their activity to the highest management, to support supervisors in the implementation of the work ability management model and in the search for solutions to support work ability as well as to participate in occupational health negotiations. The work ability coordinators working in occupa-

tional health care were members of a multi-professional team. They worked together with clients, the occupational health care personnel, employers and other cooperation partners. Their clients were employees of companies that were customers of the occupational health care services. The clients of the work ability coordinator working in the education institution were people interested in vocational education and training whose work ability was changing as well as students of the education institution, who received guidance and support in finding a suitable qualification and a place to study as well as in planning their studies and their degree.

## 4.2. Development targets in organizations

At the beginning of the programme, the organizations set themselves targets for supporting the employment and work participation of people with partial work ability for the following two years. The definition of targets drawn up in writing by the organizations served as a working plan for them and guided the work ability coordinator's work. The targets set by the organizations fell into four themes on the basis of their content: development of management, strengthening of competence, increasing cooperation and networks, and development of processes and tools.

TE Offices and the education institution determined as their targets to increase employment and education and training among persons with partial work ability who were not in employment. Providing support to persons with partial work ability to enable them to continue working and return to work was emphasised in the targets set by workplaces' HR managements and occupational health care providers. Furthermore, developing work ability management and work ability models and integrating these in the organization's strategy, influencing the personnel's attitudes, establishing work ability coordinators' activities and clarifying the service processes were mentioned in the targets.

The targets for development of competence included an earlier start of vocational rehabilitation, clearer roles of service providers, a more diverse selection of means, and the identification of barriers to finding employment. All organizations wanted to improve cooperation both within their own organization and with the other local and regional actors. The targets of some organizations included smoother processes and development of tools related to partial work ability.

According to the targets, there was willingness to support persons with partial work ability so that they would have fewer sickness-related absences and would continue to work longer and retire later. Additionally, the organizations were seeking lower pension contributions as well as profitable operation from an economic and human point of view, as the following descriptions of targets show.

*“Our aim is to develop the company’s work ability management by improving recognition and monitoring of work ability problems. At the same time, we will develop uniform operating practices for solving work ability problems and for coordinating cooperation. Our aim is to adopt a shared operating model in which employees with partial work ability are supported immediately and in a responsible way to restore their work ability. The aim is economical and sustainable operation and reduced pension contributions.”*

*“Our aim is to obtain additional information about the selection of available means to improve the employee’s reduced work ability. At the same time, we will intensify cooperation with the different actors. The specialist role of the work ability coordinator will be integrated into occupational health care. Additionally, we will clarify and enhance support to persons with partial work ability who are in employment. Our measures aim at reducing morbidity and premature retirement.”*

*“Our aim is to develop operating practices that promote work participation of persons with partial work ability as well as to work more closely with our cooperation partners. The company will draw up shared operating practices and rules for improving employee’s work ability. In addition, we will influence the attitudes and the culture of work ability management constructively. The aim is to help employees stay at work.”*

## 5. How was the service process implemented in the different operating environments?

Although the ways of implementation were different, the service process was implemented through the same phases (Figure 2) in the different operating environments. The most important reasons for being directed to use the services were the client’s musculoskeletal or mental disorders. The people interviewed were of the opinion that it was the work ability coordinator’s responsibility to assess the client’s matters from a vocational point of view at the earliest possible stage and to look for solutions together with the client. The following part of the report is a short description of the service process in the four different operating environments: TE Office, workplaces’ HR management, occupational health care and an education institution.

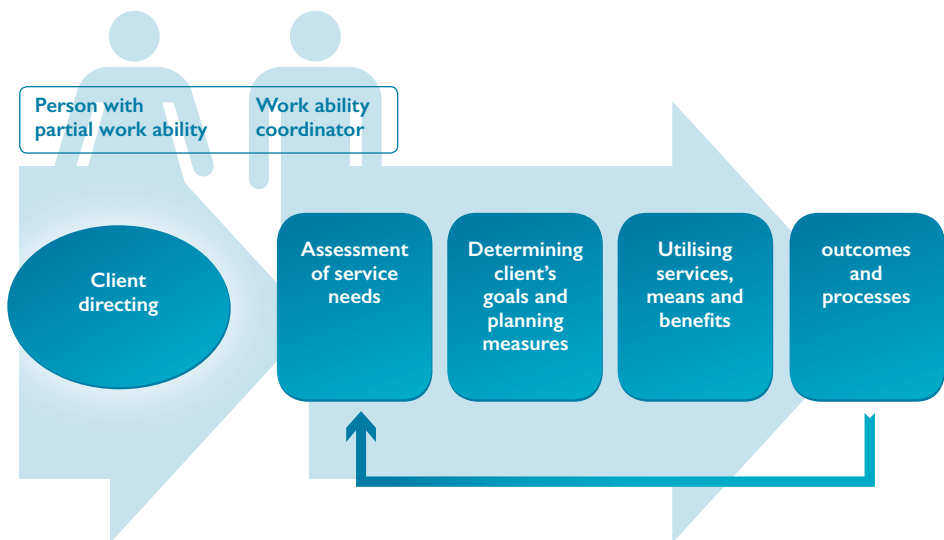


Figure 2. The different stages of the service process in the different operating environments

## 5.1. Service process in the TE Office

In TE Offices, clients with partial work ability became clients of a work ability coordinator through the online service open to all jobseekers ([www.mol.fi](http://www.mol.fi), “E-services”). Persons receiving disability pension could also register as an unemployed jobseeker. The client filled in a questionnaire in the online service, thus providing a preliminary “personal assessment”, i.e. describing the services he or she might need.

Within two weeks (the service guarantee at TE Offices) of the electronic registration, a specialist from the TE Office rang the client and conducted a telephone interview. On the basis of the electronic questionnaire and the interview, it was determined what services the client needed, and he or she was directed to the correct service channel. The TE Office’s service model is based on three service channels: 1) employment and business services, 2) competence development services and 3) supported employment services. If the client’s state of health affected his or her ability to work and find employment, the client was directed to the service channel for supported employment. Clients who needed multi-professional employment services (TYP) were also directed to supported employment services.

If it was difficult for the client to fill in the electronic questionnaire, he or she had the possibility to also come and visit the TE Office personally, for example, accompanied by a support person or a job coach. At the TE Office it was possible for the client to have assistance for registering online. However, the large numbers of clients affected the quality of the service provided, as the following quotation shows:

*“I feel that the number of clients assigned to one official is so large that this sounds like there are people planning this who don’t know the reality. We’ll be able to provide hardly any service for the majority of clients in practice. I mean the kind of in-depth service that would be needed here in channel three. That’s what it’s like here. We have three or four hundred clients per official, and some have even more, so it’s just not possible. I’m afraid that we will not be able to proceed according to a very structured plan with a large proportion of clients.” Person 1, TE Office)*

The work ability coordinator assessed what services the client needed on the basis of the electronic questionnaire and the interview over the telephone. Special attention was paid to the need for the so called multi-professional services (TYP). For the purposes of standardising telephone interviews, the officials used a written guideline (a guidebook for making a preliminary assessment). The information from the electronic questionnaire and telephone interview were recorded into the URA system. The client brought the possible doctor’s certificates to the personal appointment, and the official only recorded health information relevant to finding employment or, for example, applying for employment subsidy into the diagnosis section of the URA system.

The official drew up an employment plan in the URA system together with the client, and the client’s primary and interim goals as well as concrete means to achieve those goals were recorded into the plan. The work ability coordinator followed up with the goals and means with the client at different stages of the service process.

Means utilized by the services of the TE Office were especially employment subsidy, support for workplace accommodations, work trial and career planning. The work ability coordinator in the TE Office cooperated most with Kela and municipal social services (TYP). Health care (e.g. the unit for rehabilitation examinations), insurance companies and the third sector were also involved in the cooperation.

Assessment was part of the management system and was governed by performance targets. Follow-up indicators were determined for each service channel and, in addition to that, TE Offices also performed self-evaluation. The process was evaluated by monitoring the number of clients using the services, the reasons for partial work ability, employment results, participation in education and training, and other outcomes as well as the clients’ processes. Work ability coordinators also had the possibility to run their clients’ follow-up reports themselves. In addition, TE Offices used a sample-based client satisfaction, employer and jobseeker survey to assess clients’ satisfaction with the services, including clients with partial work ability. According to the persons interviewed, no employee-specific assessment of results was carried out in TE Offices, nor did the employees carry out any self-evaluation of their own activity and its effectiveness.

## 5.2. Service process in the workplace's HR management

Persons with partial work ability were directed to use the services of work ability coordinators in HR administration in companies and public sector organizations mainly on the basis of sick leave monitoring (e.g. rule 30-60-90) (Uitti 2015). Some work ability coordinators had access to real-time monitoring of sick leaves. Supervisors received a sick leave report at regular intervals and additional reminders in their email to help them to comply with the model of early intervention. Another reason for being directed to use the services was the employee's weakened work performance, which was recognised by either the co-workers or the employee himself or herself. The employee might have mentioned that to the supervisor, for example, in an appraisal. In the trade industry the employee's weakened work ability might have been detected in customer feedback or in discussions in social media. An early intervention model in one organization provided complete questions for supervisors to help them assess the client's possible underachievement, absences, need for assistance and work arrangements.

The work ability coordinator working in HR management attended occupational health negotiations or tripartite negotiations (employee, supervisor, occupational health doctor, local union representative) increasingly during the 12 months. In one organization, work ability coordinators participated in the development of the guidelines for occupational health negotiations and the occupational health form.

The client and the work ability coordinator discussed the client's own goals during appointments. The responsibility of the work ability coordinator was to provide the client with information about different options and to direct the client's thoughts away from disability pension. The client's goal in continuing to work was mainly determined in occupational health negotiations, which the work ability coordinator also attended. In one organization the client's goal (e.g. full-time or part-time work) was already determined together with the employer before the client started using the services of the work ability coordinator.

The methods most typically used by HR management were workplace accommodations, work trial, relocation and education and training arrangements (qualifications, degrees, partial qualifications, apprenticeship), which were also discussed in the occupational health negotiations. Use of partial sickness allowance and related arrangements were agreed on by the employer and the employee together. The lists of vacancies were one of the tools used by the work ability coordinator when working with clients. Work arrangements required creating an entity of work to meet the needs of both the client and production, as the following quotations show.

*“The person wasn't able to do so physical work continuously, so we had to make the job description a bit more varied. We started to split the work into different parts. Laundry service was included as one duty. In a way, that duty was taken from the other employees and included in this job description, which was built from different duties. The job descrip-*

tions have been cut into smaller pieces so that the work isn't just cleaning but it also includes office work and instruction. The work has to a large extent been tailored." (Person 5, HR management)

"And induction. Do we do that enough and do we do it in the right and uniform way? We do have the documents and the material for it. But it could well be a kind of lighter task when we get new staff. We keep getting new people constantly and we have people from different countries. We could have a tutor. It's one role that would involve physically less strenuous work and it's worth considering." (Person 7, HR management)

There was cooperation particularly with HR management in companies and public sector organizations, occupational health care and employment pension institutions. Cooperation between the city's HR department, occupational health care and education institution developed as a new form of cooperation. Cooperation with the TE Office, Kela and the university of applied sciences increased during the 12 months.

The outcome i.e. how the targets of work ability management were achieved was evaluated in the HR management either once, three times or four times a year. HR management evaluated the activity using financial indicators: number of sick leaves, sick leave percentage, health percentage (proportion of employees who have not had sick leave), number of accidents, number of disability and partial disability pensions, number of rehabilitation subsidies, number of those retired, age at retirement, category of employment-related pension and the category of early retirement pension.

Two organizations had introduced a client survey for those who had found employment or had been relocated. The questionnaire was carried out three or six months after the employee had started employment. The questionnaire was implemented in an electronic form and was aimed at assessing the client's situation and the adequacy of support measures. Personnel units monitored customer numbers (including the work ability coordinator's clients), the number of occupational health negotiations and work trials as well as how clients found fixed-term or permanent employment. Employment paths of persons with partial work ability were made into case descriptions that were used in training supervisors and in internal communications.

### 5.3. Service process in occupational health care

In occupational health care, the employee was referred to the services of a work ability coordinator as a rule by an occupational health care professional, i.e. by an occupational doctor or an occupational nurse. If the work ability coordinator had a qualification in occupational health care, it was possible for the employer to claim compensation from Kela for using the services (preventive work). At that stage, the service comprised information, instruction and guidance on vocational matters provided at an early stage as well as tasks related to work ability negotiations.

As service at a later stage, the employee had a possibility to be referred to the work ability coordinator at the expense of the employment pension institution. In addition, if the employee's performance at work had weakened, it was possible for the supervisor to refer the employee directly to the work ability coordinator. The clients of two occupational health care services were also able to seek the services of a work ability coordinator on their own initiative, and in one occupational health care service together with their personal nurse or doctor.

Work ability coordinators in occupational health care assessed what kind of services the client needed by familiarizing themselves with the client's background (e.g. reports from occupational health care, statements by specialised physicians) and by interviewing the client. Attending occupational health care negotiations was one way to obtain information about the services the client needed. In some cases, the work ability coordinator visited the workplace in order to find out about the client's work and working conditions. In one occupational health care service, the work ability coordinator used storytelling in assessing the client's strengths, education and work history, as the following quotation shows.

*“People talk to us about themselves and it makes them stronger. It's my responsibility to find the right direction for the client and the client's strengths. What you pay attention to becomes stronger.” (Person 8, occupational health care)*

The work ability coordinator assessed the clients vocational goal in a discussion with the client and possibly also in an occupational health care negotiation. The work ability coordinator's task was typically to give the client information about how the pension affected the client's income and to introduce other possible future prospects in addition to the pension, as the following quotation shows.

*“In the old days, even staff at occupational health care used to start these pension-oriented discussions. People may have decided to seek disability pension themselves. As a matter of fact, they don't have accurate information about what it means in terms of their income. When we start investigating things they soon change their minds. They say Oh, but it isn't possible after all, there must be something that can be done. For as long as we are aiming at a pension, they tend to look for statements and evidence for that they are not able to work. Once we reverse the aim, they remember that they can speak English and like customer services work, so in fact they have capabilities and there are opportunities for them. What is most important about the client's aim is the direction, in other words whether we are going towards work or away from it.” (Person 16, occupational health care)*

The work ability coordinator in occupational health care provided the client with information, advice and guidance on vocational matters. Work ability coordinators worked in cooperation with the client and the employer and used the means available in the workplace, such as work arrangements and workplace accommodations, as well as



means provided by education and training, such as partial qualifications. In addition, occupational health care took advantage of work trials implemented as vocational rehabilitation and health care resources. Partial sickness allowance and support for workplace accommodations granted to the employer were the benefits that clients were mainly informed about. One of the occupational health care service providers arranged early rehabilitation to support work ability of persons in employment.

The people interviewed were of the opinion that cooperation between occupational health care services and workplaces regarding matters related to partial work ability intensified during the 12 months. Cooperation increased particularly with education institutions, the employment pension institution, apprenticeship office, occupational health care, the TE Office and Kela.

Occupational health care services were responsible for gathering and reporting employees' sick leaves and other required follow-up information to the customer companies. A client of one service provider was involved in the so called Kaari calculator, a service provided by Keva to monitor the implemented support measures for work ability. During the last 12 months, particularly the number of apprenticeships and relocations had increased. In one occupational health care service, the work ability coordinator compiled statistics on the measures, commissioners of rehabilitations and the employment outcome of persons with partial work ability. The participating occupational health care services did not systematically estimate the number of the work ability coordinator's clients, client processes and their effectiveness or the work ability coordinator's own work processes. The evaluation of the results of the work ability coordinator's work was one of the areas for further development in occupational health care services.

## 5.4. Service process in an education institution

Students sought the services of the work ability coordinator in the education institution on their own initiative after having heard about the education opportunity e.g. from the employer, occupational health care or the TE Office. If the student was in preparatory or rehabilitative training, he or she could also be referred to a work ability coordinator through rehabilitation or health care. The work ability coordinator also received some clients from rehabilitation courses organized in different rehabilitation institutes.

The work ability coordinator working in the education institution assessed the client's need for services by interviewing the client and going through the client's education and work history, competences and strengths with him or her. The work ability coordinator was involved in drawing up the client's personal study plan, which defined the client's goals. The goals described the vocational competence the person aimed to gain through the training and what kind of means would be used to achieve the goals. The guiding principle in the education institution was self-advocacy and that the student would be studying from his or her own free will, as the following quotation shows.

*“Clients can make the decision themselves, they are told that it’s possible to get in touch with the education institution. There’s a guidance counsellor there who you can contact if you feel like it. This has always worked on a voluntary basis and the client is the one who has the expertise. The client is the one who decides whether he or she will start the education path. The client is also the one who decides what he or she is going to say in the work ability assessment. The client takes the information further and decides whether he or she wants to start acting in that direction or not. We have no sanctions. This has worked well in these situations in which work ability is changing because the client’s own motivation increases and the client starts to commit himself or herself to the plan. A person that needs special support can successfully complete qualifications and partial qualifications.”*  
(Person 14, education institution)

*“People are terribly conscious about their limitations. In my experience, those clients who come here know exactly what they are able and not able to do, and there’s no longer any need to investigate that so much. It’s more about creating something new and opening up opportunities, and that’s what I’ve been concentrating on.”* (Person 14, education institution)

The education institution used methods such as guidance counselling, competence-based qualifications and their parts irrespective of how competence had been acquired as well as training that prepared for them, apprenticeship, and training trials and familiarizations. During the programme, cooperation improved particularly with the city’s HR management and the occupational health care service provider. In addition, the education institution worked in cooperation with the TE Office and Kela. From the point of view of the education institution, it was important to have their work ability coordinator involved in the regional partial work ability network.

As for the evaluation, the education institution gathered information on the employment of all students (8,000–9,000 per year), their further plans as well as completed qualifications and partial qualifications. Evaluation data was not separately collected on students with partial work ability as it was difficult to identify those students. The education institution monitored the development and demand for products developed for people with partial work ability. The work ability coordinator received feedback from clients and employees about the progress as well as the outcome of the processes. It was utilized constantly in developing the services, but the feedback was not yet compiled into evaluation data developing the work ability coordinator service.

## 6. How did the client perceive the collaboration with the work ability coordinator?

*“I asked a question and she answered, she asked a question and I answered.” (client)*

*“I was told several times that everything is now done on my terms.” (client)*

The client’s experiences of working with a work ability coordinator are based on interviews with five ageing persons who had partial work ability (Surakka 2015). After the collaboration they had found employment or continued working in their old workplace. The interviewees felt that they were allowed to participate and be involved in creating their own opportunities. They considered the collaboration with the work ability coordinator mainly democratic, confidential, correctly timed and solution-oriented (Figure 3). The interviewees found that it was possible for them to plan and decide on their own matters themselves most of the time. A work ability coordinator was available and supported them. At the beginning of the collaboration, most of them felt they were an object for a moment, but the feeling gradually changed and they became independent participants and actors. The people interviewed described how their sense of being included constantly become stronger during the collaboration. Even after the collaboration had ended, they felt that the work ability coordinator was still backing them.

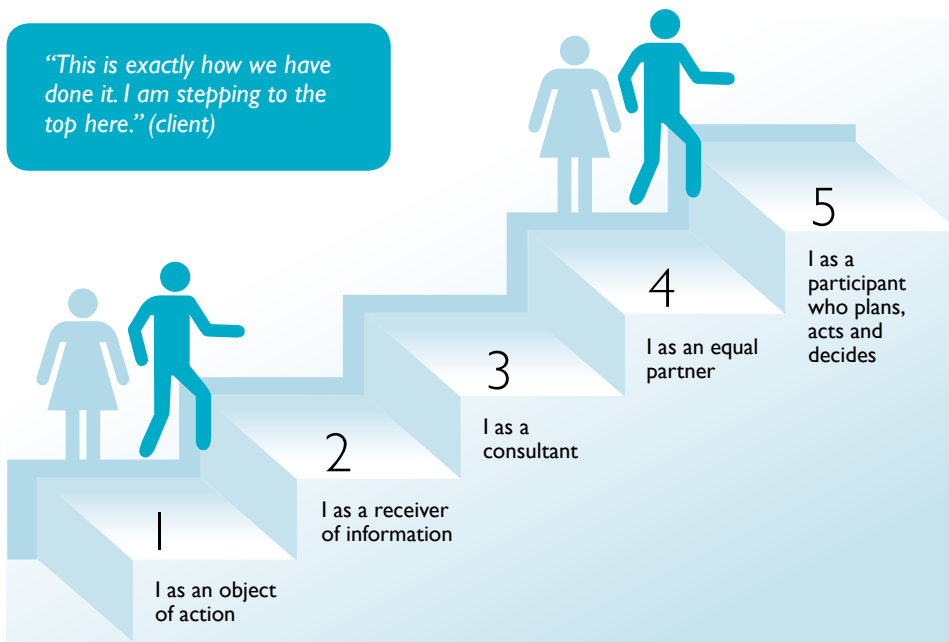


Figure 3. The client’s perception of participation in the collaboration with a work ability coordinator (adapted from Arnstein 1969).

What a client-oriented approach meant to the interviewees was that the work ability coordinator listened to, respected, helped and supported them when they were looking for solutions and making decisions. The starting point for collaboration was always what the clients wanted for their future. The solution-oriented approach manifested itself as collaboration between the client and the work ability coordinator. They worked together to plan and anticipate the future, compared different options and looked for the most suitable solution.

The persons interviewed found the collaboration with the work ability coordinator important especially when there were setbacks, for example, when applying for benefits and the decisions were negative. All persons interviewed felt that the collaboration was confidential because they were able to talk to the work ability coordinator about their personal matters. Some of the persons interviewed found that they received services at the right time whereas others thought the services had come too late for them. Waiting for the service or the decision had caused them most anxiety and also made them worry about the future. The persons interviewed felt that their collaboration was democratic and worked both ways. They felt they were allowed to contact the work ability coordinator when necessary and that the work ability coordinator also kept in touch with them.

*“We were anticipating future situations. In other words what you have to do if you can’t find work.” (client)*

*“It worked quite naturally, there was mutual trust from the beginning.” (client)*

*“Filling in the papers and other information was always done at the right time. It’s something that would be difficult to even start thinking about yourself.” (client)*

The interviewees found it easy to reach the work ability coordinator. The atmosphere in the appointments was informal and they thought the work ability coordinator was genuinely present during the appointments. In the clients’ opinion, the work ability coordinators familiarized themselves well with the clients’ background and their circumstances at the time. In the service process, they proceeded towards the agreed goal through interim goals. The work ability coordinator scheduled the progress and cooperation with the different actors.

The collaboration between the client and the work ability coordinator included mutual exchange of information and informing the other party of the progress of the situation. In personal appointments they discussed the means and options available, after which they made a joint decision about the way to proceed. The work ability coordinator helped the client to fill in the necessary applications and to obtain the necessary documents.

*“I would never have known when to apply for what. I would have had to wait for those decisions for months.” (client)*

*“She did all the paperwork and also managed to involve the supervisor. It is definitely worth trying this if you want to return to work.” (client)*

According to the clients, the work ability coordinator was like their own representative between the workplace and the other parties, especially in difficult situations. In those cases the work ability coordinator brought up the clients' perspective, suggested alternatives and served as a mediator in the situation. The work ability coordinator also helped the work community to receive a person with partial work ability and, with permission from the client, told the community about the client's situation. Clients' experiences of failing were mostly related to the way the work community received them. The persons interviewed found that the work ability coordinator helped them to find work or to continue working.

*“It would be great to have a work ability coordinator and a job. You would start work with a meeting and they would be told about the person who would soon start to work with them. Otherwise you will have to tell them yourself and that is not easy.” (client)*

## 7. What were the barriers or facilitators to work participation of persons with partial work ability?

According to the persons interviewed, the same things made work participation possible for persons with partial work ability as do for other people, i.e. good education and competence as well as motivation to work and good language skills (Figure 4). Good language skills also included sufficient knowledge of Finnish. As regards finding employment, it was considered important that the person was confident about his or her opportunities to learn and was interested in learning something new.

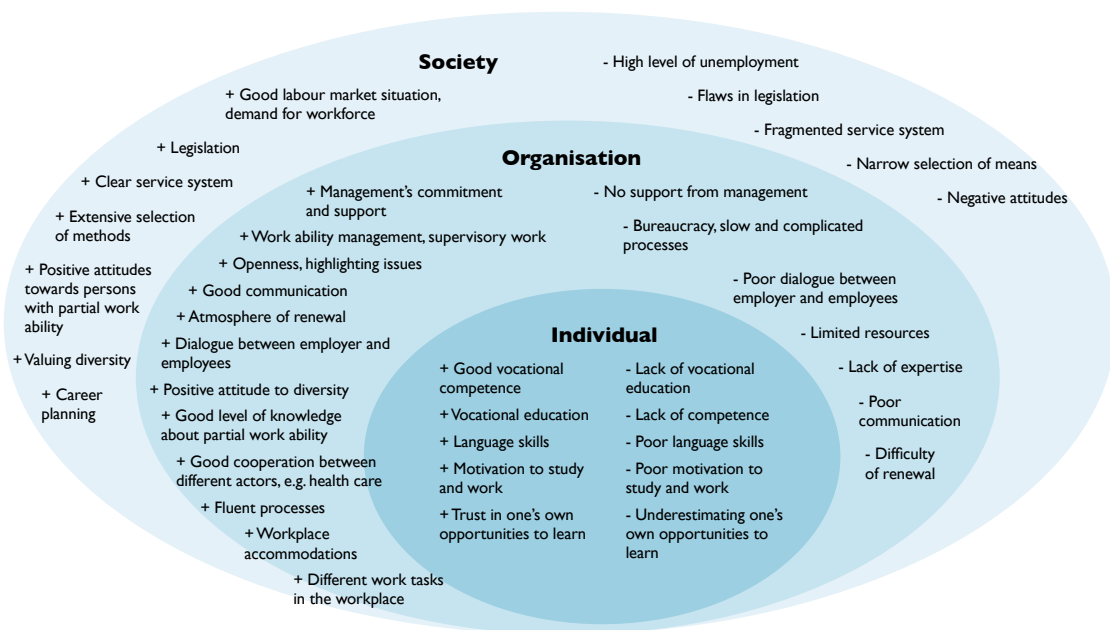


Figure 4. Facilitators and barriers to work participation of persons with partial work ability.

At organizational level, the supervisor or manager was regarded as the most important support and creator of opportunities for a person with partial work ability. The supervisor knew both the employee and the work, and was able to influence, for example, the work arrangements. According to the interviewees, a negative attitude among the supervisor and the work community made working and the possible accommodations difficult. However, attitudes had been changing gradually, as the following quotation shows.

*“During the last 12 years in the old world, a person was a problem if he or she didn't proceed according to the system. The person, or in other words the problem, was being recycled and nothing was done about the situation. It was left as it was and then that person was granted disability pension. Now everyone understands that all means will have to be used and people must be kept working. Supervisors' and managers' attitudes and the way they speak have really changed, now they try to help the person and find solutions.” (Person 10, HR management)*

The weak level of knowledge about partial work ability, services and solutions was a barrier to work participation for persons with partial work ability according to the interviewees. The service system is so fragmented that it is not possible for anyone to master it properly. Professionals send the client to each other because they do not master the whole system themselves, as one of the persons interviewed described the situation.

*“The client had already been to a couple of service channels in the TE Office and was then directed to us because he had health issues. He had from the beginning tried to tell the official that he already had a job waiting, but that he would need employment subsidy. He then went through the whole process in the TE Office and finally came to me. It didn’t take more than five minutes to grant him the employment subsidy.” (Person 5, TE Office)*

## 8. What kind of new operating practices did the organizations develop?

### 8.1. Collaborative development

The organizations developed new operating practices to support the employment and work participation of people with partial work ability. The solutions were mainly related to development of management, competence and tools. New ideas were in most cases born in everyday work situations or in shared training or development events in the workplace. Some of the new solutions were based on initiatives made by employees, development tasks given to the work ability coordinators in their training or legislative reforms.

Development was carried out in cooperation with the management and personnel of the workplace, which required the management’s support. In some cases, occupational health care, employment pension institutes, the education institution or the clients were also involved in the development. New solutions were usually introduced immediately without a trial or evaluation. If problems were discovered in the new operating practice, they were not usually corrected until after the implementation on the basis of feedback from personnel or clients. Some organizations first made a preliminary version of the new operating practice or method, which was tested and evaluated in practice. The new operating practice was not implemented until after the solution had been improved on the basis of the feedback received.

New operating practices were disseminated through the structures and the processes in the organization. In order to make the implementation as fluent as possible, some organizations used preliminary information letters, video recordings and guidance over the telephone. Some organizations used so called pioneer teams or persons, who first implemented the new operating practices in their work and then reported their experiences to the others. New operating practices were mainly reported within the organization only. In the work ability coordinator training, the participants also told about the new operating practices to the other participants.

New operating practices were developed to help people with partial work ability find employment and continue to work as long as possible. The managements of the workplaces and work ability coordinators found that the new operating practices benefited all parties: the persons with partial work ability as well as the employers and society. By developing new operating practices it was possible to e.g. clarify the basic task, influence common attitudes, utilize the services available, reduce costs and increase cooperation between the different parties.

## 8.2. Management

*“Well, it’s only just a couple of months ago that we redesigned our strategy regarding personnel. I mean this personnel strategy. We had coping at work as a key focus area and especially how we can actively try to take into account people with partial work ability at this strategic level, too.” (Person 10, HR management)*

Supporting persons with partial work ability was included in the personnel strategy of some of the organizations. According to work ability management models, it was the supervisors’ responsibility to intervene in sickness-related absences and reduced work performance at the earliest possible stage. Supervisors received training about the importance and benefits of work ability management and they were given solutions for taking care of and regaining work ability. There was an attempt to change the point of view so that supervisors would focus on the person’s existing work ability instead of the reduced work ability. The people interviewed thought that, thanks to sick leave reports delivered by the occupational health care and the alarm notifications received by supervisors in their emails, it was easier for supervisors to intervene in matters related to work ability. Especially the work ability coordinators working in HR management guided and supported supervisors in their management duty and in the search for suitable solutions for persons with partial work ability.

*“This service process and customer service, they require choices. We can’t give the same service to everyone. We need a strategy for what we focus on and how we offer this service.” (Person 5, TE Office)*

*“We have managed to disseminate the principles of work ability management to immediate supervisors. Regular sick leave reports to immediate supervisors and to occupational health care, discussions in the early intervention model, and work ability meetings in occupational health care have started to produce results. In addition, reports of the costs of occupational health care and sick leaves as well as their reasons have been introduced.” (Person 10, HR management)*



## Examples of management

**PERSONNEL STRATEGY** Supporting persons with partial work ability was mentioned as part of work ability management in the company's personnel strategy. Ambitious goals were set for the activity and their implementation was monitored. Persons with partial work ability were also mentioned in the models for early intervention/supporting work ability. Supervisors were expected to make early interventions in the employee's reduced work performance and absences due to sickness. Supervisors' actions were steered with alarm notifications sent to them by the HR management's system

**MANAGEMENT OF COMPETENCE** The company managed the competence of the personnel. The operating practices of the organization as well as management procedures were explained and justified to supervisors and personnel with help of economic indicators. The composition of early retirement pension payments and the possibilities to lower them were discussed in the training of supervisors. Furthermore, they looked at successful examples in which a person with partial work ability had found employment or returned to work.

### **EMPLOYMENT OF PERSONS WITH PARTIAL WORK ABILITY OR DISABILITY**

The company had a programme for employing persons with learning disabilities and other practices for persons with partial work ability or disability. It was possible to tailor the work duties to suit the person on the basis of open work applications. Persons with partial work ability were also recruited as agency workers through the centre for social psychiatry. Agency workers had a chance to demonstrate their competence, and the employer was also able to evaluate the person's suitability for the job. The company also offered work placements to students from special education institutions.

**CLIENT QUESTIONNAIRE** The city had introduced a client questionnaire for employees who had found employment or been relocated. The personnel unit sent an electronic questionnaire to the employee three months from the beginning of employment. The questionnaire was used to assess the employee's situation and the adequacy of the support measures.

**RELOCATION** The city had a relocation unit that recorded vacancies into an electronic system. In vacancy meetings held twice a week, the possibilities of persons with partial work ability to relocate were also discussed.

## Examples of management

**RELOCATION** The hospital district used a system of relocation of employees. A personal fixed-term vacancy (U vacancy) was created to relocate a person with partial work ability when necessary. The job description was tailored according to the person's capabilities and resources as well as the employer's needs. The organization's administration financed the vacancy and the person's salary was determined on the basis of the job description. The U vacancy was closed when the person moved to a different position or retired.

**COMMUNICATIONS PLAN.** The city had a communications plan related to partial work ability. The goal of the plan was to influence supervisors' and personnel's attitudes towards persons with partial work ability and their work contribution, to intensify cooperation between different actors, to increase awareness about the city's relocation service and to lower the threshold for contacting the service. One of the goals was also to help supervisors and personnel understand the costs of disability and the possibilities to reduce them.

**ORGANIZING WORK.** The education institution and a workplace cooperated to organize work in a new way. In the so called clubhouse model ("two in one"), two persons who received partial disability pension shared one job. In the so called short fixed-term work model (keikkatyö), the person with partial work ability proceeded one day at the time and decided on the working days and hours himself or herself.

**ORGANIZING WORK.** The work of the specialists in the TE Office was organized so that once a week, a day was reserved for ringing their clients. They could then concentrate on client calls and on listening to the clients better. This had eased the specialists' work and reduced the amount of distraction.

### **MULTIPROFESSIONAL ACTIVITY IN OCCUPATIONAL HEALTH CARE.**

The occupational doctor or nurse directed the customer to an occupational physio-therapist if a musculoskeletal disorder was identified in the employee's pre-employment examination or solutions were sought for adjusting work for a person in employment.

**ACCESSIBILITY SPECIALIST.** The public sector organization appointed a person responsible for accessibility, who paid attention to issues related to accessibility in all planning and repair projects in the workplace as well as in furniture and equipment acquisitions.

## Examples of management

**WORK ADJUSTMENTS.** One of the company's normal production lines was made adjustable, enabling employees to adjust the speed and height of the line. The work location was also equipped with different assistive devices that made working easier. The employee was able to use the line, for example, during partial sick leave or after having returned from sick leave.

**CONTACT DURING SICK LEAVE.** It was the work coordinator's responsibility to call an employee on sick leave to ask how the employee was. The intention was to make it easier for the person to return to work.

**MANAGEMENT ROUND ON WELL-BEING AT WORK** The city's HR management and occupational health care services cooperated to organize a meeting on well-being at work to the management boards of the city's public utilities and production areas in order to discuss promotion of well-being at work and the operating concepts in the units.

**"OSKU SENIOR NURSES"** The hospital district had introduced Osku senior nurses. The aim was to have the higher and the immediate managements assume responsibility for supporting persons with partial work ability and highlighting the issue in the units. Senior nurses in turn disseminated this to the departmental sisters.

**"ESIMIESTANO".** The hospital district used the so called "esimiestano", a system of occupational health care providing information, advice and guidance to supervisors. It was possible for a supervisor to make an appointment with an occupational doctor or nurse for discussing matters related to his or her unit, such as supporting persons with partial work ability.

## 8.3. Competence development

*"In my view, the benefit is maybe that we try to improve these things and make them work. We need to make more information available for everyone about these things. This is one of the key issues in our supported employment channel. But we have a challenging situation in our personnel resources, client pressure and a lot of other things that both supervisors and specialists have to be developing." (Person 5, TE Office)*

Professional competence was improved by increasing knowledge about partial work ability, management models for work ability, the selection of services and means and successful employment projects among supervisors and personnel in the organization. Training was organized both independently and together with the third sector (organizations for the disabled, job coaches), companies and training organizations.

The persons interviewed found the role of the work ability coordinator important because the coordinator also helped other professionals develop in their work. The coordinator worked in close cooperation with his or her work community, employers and other professionals and shared his or her expertise. Competence was improved by organizing training related to the topic, recording successful operating practices, discussing client cases together and learning to use new tools.

The competence of supervisors was increased by constantly highlighting matters related to partial work ability and by delivering sick leave reports regularly to all supervisors. One way to support supervisors was centralized guidance of supervisors, which meant that the same HR management specialists guided supervisors in questions related to partial work ability. That way HR specialists also accumulated versatile knowledge about guidance of supervisors. For example, supervisors were advised about relocating persons with partial work ability and about pension-related matters.

Work ability coordinators in occupational health care worked in a multi-professional team. They provided guidance to the team as well as immediate supervisors in workplaces in matters related to partial work ability and vocational rehabilitation. Two occupational health care service providers managed the competence of their personnel systematically. One occupational health care organization arranged a training day on partial work ability for all personnel. At the beginning of the training, an initial survey was carried out to assess how the means available in the service system were used. The training aimed at strengthening the personnel's shared understanding of that all professional groups operating in occupational health care had to acquire the competence required for dealing with partial work ability. The work ability coordinator in occupational health care is not responsible for matters related to partial work ability on his or her own, but those matters concern everyone. The entire field of rehabilitation was also discussed in the training. Additionally, research data on how effective different measures were regarding return to work was utilized in the training. The other occupational health care organization also arranged training for vocational rehabilitation to all its units across the country.

*“Our aim in training work ability coordinators was to give the same competence to all our personnel. We planned a structure, in which each training event for work ability coordinators was always followed by our own internal training event for those who work in occupational health care. Our personnel, just over 100 people, had been divided into six multi-professional groups. Our consultant and senior registrar had been given the task to give the same presentation to all those groups. That’s how it permeated the entire personnel, and this training model was excellent.” (Person 16, occupational health care)*

*“There is some expertise in vocational rehabilitation in occupational health care quite naturally, but in my opinion, we have managed to increase it. We’ve had this training on rehabilitation in the occupational health care units, in other words, we have discussed in depth particularly what it means in practice, and introduced these different systems to the personnel. Occupational doctors and nurses are to a large extent familiar with the systems and know how people need to apply to them and who grants rehabilitation, but now that we also attend occupational health care negotiations, we have definitely made them more aware of how it all happens in practice and how the processes work and progress.” (Person 20, occupational health care)*

TE Offices arranged morning video training sessions discussing, for example, rehabilitation services, encountering a challenging client, solution-oriented approach and legislative changes related to partial work ability. When TE Offices acquired a new service product, the service provider came to introduce the product in a morning video training session. The training materials were put online, where they were available for the personnel to use.

Some organizations discussed client cases regularly together with the client, psychologist and work ability coordinator. These meetings were aimed at finding a solution for the client together, which also enhanced the competence of the professionals. Some organizations discussed anonymous client cases for training purposes, in which case successful and unsuccessful client cases served as training material.

The persons interviewed were of the opinion that expertise in services provided for persons with partial work ability should be enhanced on all three service channels. At the moment, expertise is not evenly distributed because some officials have previously worked as rehabilitation instructors, while some do not have sufficient knowledge about the services provided for persons with partial work ability or the selection of means available. The persons interviewed were of the opinion that it was the responsibility of the work ability coordinator to enhance the expertise and cooperation skills of the entire personnel. The persons interviewed in TE Offices regarded it as particularly important that cooperation be improved between the TE Office and Kela.

*‘It doesn’t only mean that we have one work ability coordinator. One of the key issues on the way was definitely that this expertise was gradually spread across the entire TE Office. This expertise is needed in all service channels in the TE Office. Especially in the service channel of supported employment, but almost equally strong awareness is required in competence development because in that service channel we often face situations in which the starting point for competence development is that the client is not capable of carrying out the duties required in the previous occupation for some reason. In my opinion, from that client’s perspective, it is important to identify the background and know how to take advantage of all possibilities available in vocational rehabilitation. (Person 5, TE Office)*

## Examples of competence development

**OCCUPATIONAL HEALTH CARE AS WORK ABILITY COORDINATOR.** Occupational health care divided its entire personnel into six multi-professional teams and trained them to be work ability coordinators according to the training programme in the Osku project. The content of the training was tailored to complement the expertise in occupational health care.

**GUIDANCE FOR SUPERVISORS.** The city's HR department provided centralized guidance and advice to supervisors, offering them support and advice in, for example, matters related to partial work ability. Hence also the expertise of HR specialists improved.

**COMPETENCE DEVELOPMENT.** The education institution gathered good practices and made them available online (e.g. employment among people with partial work ability). Good practices were introduced to the entire personnel annually.

**PERSONNEL TRAINING SCHEME.** One public sector organization had a training scheme for its personnel. One of the goals of the training was to enhance the personnel's expertise in matters related to partial work ability.

## 8.4. Cooperation

*“We should join our forces as we are really all dealing with the same people and same issues in our own areas. So there would be flexible cooperation between us. It's important.”*  
(Person 18, HR management)

The client's situation could require cooperation both within one's own organization and with the other actors in the region. Fluent cooperation required an understanding of the other professionals' work and named contact persons, who were easy to contact. This way it was possible to join the expertise and resources of the different actors. Cooperation was developed between the public sector, private sector companies and the third sector as the following quotation shows.

*“We were looking for a work trial place within the city authority for one of the breakfast waiters in our restaurant, and he was given a chance to complete a work trial as a classroom assistant and as a result completed a qualification in that field. That way the private and public sectors worked in cooperation.”* (person 10, HR management)

The work ability coordinator in the TE Office worked in cooperation with, for example, a work ability advisor or an insurance secretary at Kela. They met the client together and the three of them attempted to find solutions for the client. The client was not present in some of the situations, but a permission had been acquired from the client for discussing his or her matters. The work ability advisor at Kela carried out some of her work in the labour service centre (TYP), which made cooperation easier. TE Offices carried out similar ‘tripartite’ cooperation with social services and health care as well as with the third sector and companies – including social enterprises.

*“Some of my clients are young people with partial work ability and I needed a partner at Kela. I contacted Kela and their director named a contact person. The three of us – the client, myself and the person from Kela met up and discussed the client’s situation together. In my opinion, this way there is a low threshold for meeting the insurance secretary at Kela. I contact the person at Kela and we agree to meet up. What’s significant is that Kela has named a contact person. I have a similar cooperation partner in the city’s mental health and substance abuse services. We discuss clients who have problems with their mental health.” (Person 8, TE Office)*

One TE Office had specialists in change security as well as business career advisers, who passed on current information about the situation in the labour markets to the personnel and clients of the TE Office. The specialists in change security were responsible for interviewing people who were in the statutory employer–employee negotiation process and people who had been made redundant in order to inform them about the available work opportunities as soon as possible. The employment pension institution could at the same time consider possible retraining for a person with partial work ability.

In addition to working in cooperation with their multi-professional teams, work ability coordinators in occupational health care also cooperated with the employer, immediate supervisors and employment pension institutions (Figure 5). If necessary, work ability coordinators in occupational health care and in workplaces’ HR management participated in the occupational health care negotiations concerning the client. The work ability coordinator was responsible for finding out what the employer’s view on the employee’s situation was before the negotiations. In nationwide workplaces, the work ability coordinator served as a link between the different locations and explained and justified the necessary solutions, such as work arrangements, workplace accommodations or work trials, to supervisors and the work community.

*“In my opinion, the fact that a work ability coordinator attends occupational health care negotiations proves that the company really wants to find solutions, such as for example part-time work. Immediate supervisors usually only think about their own work unit and are not necessarily able to consider the situation in the entire workplace and the alternatives in the other units. The work ability coordinator sees the entire organization and speaks for the whole workplace in the negotiations.” (Person 15, HR management)*

*“In one year, the number of our specialists (work ability coaches/work ability coordinators) has grown from one to four people, so there is quite clearly a need and of course, we only increase the service if there is a demand. So now that the awareness about this service is increasing both among our occupational health care professionals and our clients, the demand keeps growing.” (Person 20, occupational health care)*

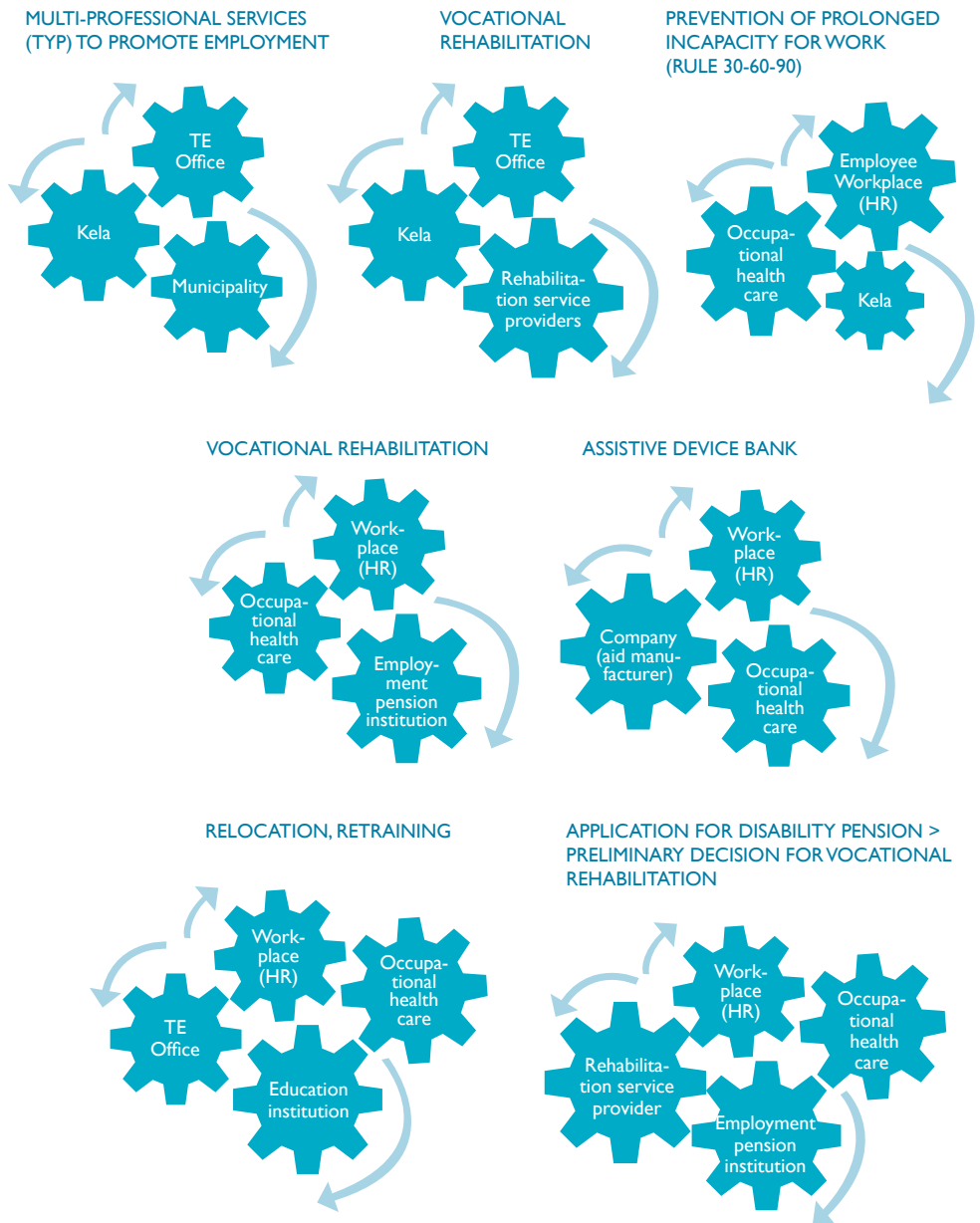


Figure 5. People with partial work ability were supported in new cooperation networks.



## Examples of cooperation

**CONTACT PERSON.** The work ability coordinator at the TE Office had a named contact person at Kela, who could be contacted through email or Lync.

**SPECIALIST ADVICE LINE.** Professionals were able to call Kela's specialist advice line and discuss rehabilitation with a specialist.

**INTERMEDIATE LABOUR MARKET COORDINATOR.** The specialist at the TE Office was responsible for developing cooperation between the TE Office and actors in the third sector (e.g. directing the customer to a work trial or rehabilitative work activity in the third sector).

**WORKING LIFE COORDINATOR.** The specialist in the TE Office was responsible for developing cooperation between the TE Office and employers to enhance employment among clients.

**WORK TRIAL.** The company carried out cooperation related to work trials with other companies in the region and with the city. The companies and the city looked for suitable workplaces for work trials and organized work trials for each other across their workplaces.

**VOCATIONAL REHABILITATION SERVICE.** The service provider of the employment pension institution contacted those employees who had received a preliminary decision on vocational rehabilitation. The service provider looked for solutions for the clients and ensured that the workplace had taken all the necessary support measures.

## 8.5. Tools

*“We have received this tool called rehabilitation line graph from the pension institution. It is a timeline and it shows all our employees who have received a decision on rehabilitation allowance or on rehabilitation subsidy or a decision on a pension from the pension institution. It shows whether it is a partial sickness allowance or full disability pension and also whether it is a decision on an old-age pension.” (Person 10, HR management)*

The operating model for early support served as a tool in all organizations. It helped supervisors act systematically and intervene as soon as possible if factors causing partial work ability emerged. Organizations used different economic indicators in managing the work ability of their personnel. Monitoring of sick leaves was in use in all organizations, as the following quotation shows.

*“So, we get all those indicators for all the targets that have been set. All in the system so that you don’t have to handle any paperwork anymore. Those indicators also provide information about coping at work and about people with partial work ability to supervisors so that they can monitor them in their own units to see how they relate to the targets set for the whole workplace.” (Person 10, HR management)*

Work ability coordinators had the possibility to use some tools for describing the processes. The central tool used in TE administration was the online service, through which the client applied to the service process and through which his or her details were recorded in the electronic system (URA). One public sector organization recorded all events in the service process of persons with partial work ability in a shared database (Request). One company recorded all services, means and benefits received by clients in a simple Excel list that was used to describe the service process.

In one company, a so called work ability map was compiled to help the supervisor see in a concrete way how he or she should proceed in different situations related to work ability. Clients’ service needs were assessed using a so called working life radar (työelämämatutka), questions drawn up for supervisors or an electronic questionnaire. Occupational health care services improved especially the health care negotiations process for persons with partial work ability and the forms used in the different stages of the process as well as clarified the instructions for the negotiations. Electronic equipment (video conferencing technology and Lync) were used in cooperation networks, training and meetings with clients.

## Examples of tools

**ASSISTIVE DEVICE BANK.** The company had a bank of assistive devices that the employee was able to borrow to make his or her work easier when recommended by occupational health care, for example, when returning from sick leave. If a suitable aid was not available, the employer acquired it and it was recorded in the bank. The company had an agreement on acquisitions with one aid manufacturer. Once the employee no longer needed the device, he or she returned it to the bank. In order to keep the assistive device bank up-to-date, the company had drawn up a locality-specific aid register.

**VIDEO TECHNOLOGY.** The TE Office used a video connection in meetings with clients, briefings to clients about training, personnel team meetings and morning video training sessions. For example, the official in the TE Office used a video connection to contact the client and the municipal social worker, who attended the meeting together in their own locality.

**INSTRUCTIONS AND A FORM FOR OCCUPATIONAL HEALTH NEGOTIATIONS** Instructions and a form were developed for occupational health negotiations in order to make the negotiations as efficient and effective as possible.

**NOTES.** The work ability coordinator used note slips to revise what had been discussed in meetings with the client. The client was then able to form a picture of what was important for him or her at the time and what should be done next.

**SERVICE TRAY.** Through the service tray, the client got an impression of the available means and optional solutions.

## 9. What were the benefits of the new concept?

### 9.1. How did the organization and the person with partial work ability benefit?

*“Well, then of course, in practice, the client benefits and the matters are dealt with.”  
(Person 16, occupational health care)*

The most important goal in the Osku-concept was to support persons with partial work ability to find employment or continue working. The benefits of the concept from the point of view of the person with partial work ability can be found in chapter 6 “How did the client perceive the collaboration with the work ability coordinator?” and in chapter 11 “Two work trial stories”.

According to the people interviewed, the implementation of the development targets set by the organizations was successful. Competence related to partial work ability improved both among service providers and in the workplaces. They learned to recognise changes in the work ability of employees at an earlier stage, the means available were taken advantage of in a more versatile way and the activities of supervisors became more systematic. Cooperation improved especially within organizations, between occupational health care, customer companies and pension institutions as well as between the TE Office and Kela.

*“Kela and TE administration are trying to intensify their cooperation and all employees have received common instructions for how vocational rehabilitation progresses at Kela. How we direct clients to each other, in other words how the TE Office directs clients to vocational rehabilitation at Kela and how Kela then directs clients to us.” (Person 5, TE Office)*

It was possible to have a positive influence on the attitudes of the different parties. It was possible to change the management's, immediate supervisors' and the work community's perspective from incapacity to work to the existing work ability and to appreciating it. In training and communication carried out in the workplaces, economic cost calculations were also increasingly used to justify the employment of persons with partial work ability.

*“We have now completed the calculation model for demonstrating the costs of disability in the organization. We've run this report in which we can see all components of disability and what it costs. We hope it will open the management's eyes in this matter. And perhaps*

*in future, we'll be able to give the management target figures for how much the costs of disability must fall in euros, which in turn will affect how the work ability of the employees is looked after. We have now brought it up at management board level. But I think we will probably have to develop this so that we rather bring it up at supervisory level.” (Person 10, HR management)*

What was discovered about the organization’s targets was that they wanted to develop new operating practices to increase work participation among persons with partial work ability. During the concept, operating practices in the workplaces became more uniform (e.g. work ability management, models for managing work ability, the process of occupational health negotiations, recognition of the needs of employees and companies), which made the operation more efficient, the processes smoother and increased equality among employees. During the concept, novel tools and documentation practices as well as new training entities and teaching and information materials were produced.

Some organizations decided to establish the activities of work ability coordinator as part of their operations. In addition to working with customers, work ability coordinator’s work included training and advising other personnel as well as building cooperation networks. According to the persons interviewed in occupational health care, the demand for the service provided by work ability coordinators as well as its acceptability increased after social welfare specialists’ activities were included in services compensated by Kela.

*“Bringing the start of vocational rehabilitation forward has probably been implemented quite successfully. Of course, the service was recently included in services reimbursed by Kela and this has made it possible especially for companies to use it more. It may be significant psychologically; when a service is reimbursed by Kela it becomes somehow more official.” (Person 20, occupational health care)*

The shortness of the pilot project, changes in one’s own organization and in the responsibilities of persons participating, a low level of regional collaboration and the passive attitude of customer companies in occupational health care were identified as barriers to success by the interviewees. The work of work ability coordinators became more difficult if they also had to carry out all their previous responsibilities alongside the new responsibilities, in which case there were no resources left for developing new activities. Other barriers were a low level of support from the management, inadequately defined job descriptions or client groups, or unclear responsibilities.

Along with the programme, partial work ability and the participating organizations received publicity in both national and regional media. Furthermore, partial work ability was also more visible topic in the internal communication of the organizations. This created a positive impression about partial work ability and brought the topic to the general discussion in the workplace. The persons interviewed thought that partial work ability was now more clearly something workplaces had in common and a matter of common interest, and not a problem of an individual workplace, as the following quotations show.

*“Well, of course, the programme has been discussed in public and it has also had regional visibility. And not seeing people with partial work ability as some kind of separate group, but especially that every workplace has people with partial work ability. All of us know someone with partial work ability. In my opinion this programme has highlighted that we shouldn’t label people or create a separate group, but that this is something that may affect any of us. And then again, different organizations give a slightly different point of view. In my opinion, it has provided a new perspective, that partial work ability at work concerns everyone.” (Person 5, TE Office)*

*“We have made it visible even in client communication that we are taking part in the project. Yes, and indeed we have also made it visible in internal communication as well as external communication to clients.” (Person 16, occupational health care)*

*“Taking part in this kind of national project makes it easier to advance things. We’ve also been building a certain internal operating concept, and particularly also this project in mind. This is not only our responsibility, but we are all working on this together.” (Person 19, HR management)*

*“It has highlighted the importance of this issue. We’ve been allowed to talk about it. I have brought it up in all the monthly discussions with my superior, in other words the CEO, reported what is happening. Not in detail, but I’ve outlined the situation. And then always highlighted what work ability management entails in the meetings of our management board.” (Person 10, HR management)*

Along with the programme, it was possible to make partial work ability a more visible part of management. The organizations were supported in their work to develop management and given justifications for implementing new operating models. The persons interviewed found that, along with the programme, it was possible to better explain and justify to supervisors the significance of their role and the importance of systematic operating practices. The interviewees hoped to see clear strategic choices especially regarding the clients included in the service.

*“When we talk about it internally between ourselves and say that we’re developing our internal operation with employees who have partial work ability. So, in my opinion, that we in a way communicate about it internally, talk to supervisors and management about taking part in it. You could perhaps say it puts more emphasis on what we are doing. These things that have to do with work ability and partial work ability will be in the spotlight internally. Our participation has given a certain boost, you could say it really has helped to put flesh on the bones.” (Person 19, HR management)*

Cooperation between the different actors intensified and deepened both within organizations and between organizations. Novel operating practices and cooperation procedures were born in the organizations and they were disseminated in the network. Acting together, meetings around one table and clarification of the roles of professionals who came from different organizations were considered important. The persons interviewed felt that cooperation was like peer support, which gave them confidence and an understanding of the diverse opportunities in finding employment. In 12 months, a problem-oriented approach gradually turned into a solution-oriented approach, as the following quotation shows.

*“Before, there was a smaller group of people that was dealing with it, and it easily turned into blaming people when this was not working there and that was not working there. Of course we would do it, but... Now we have genuinely and enthusiastically started to talk about these things together, to discuss how we are going to solve this, so we’re not talking about problems in a negative way, but in a solution-oriented way, and we have started to promote these things in a good atmosphere. We get much better results now and it’s more inspiring than the old way.” (Person 21, HR management)*

## 9.2 How did the work ability coordinator benefit?

The persons interviewed found the work ability coordinator training the most important benefit from the programme from the point of view of both professional competence and networking. During the training, the students had a chance to network at national as well as at regional level. Participants were given a learning material bank and they also completed a development task related to their own work on promoting employment and work participation among persons with partial work ability. The development tasks helped the group learn together and develop the organizations’ own operations. The persons interviewed in one occupational health care service brought up the fact that the work ability coordinator system also increased multi-professional work. One occupational health care service provider took advantage of the work ability coordinator training for the benefit of the entire organization and arranged similar training for the entire personnel after each training day.

*“Then we had this work ability coordinator training. One of our goals was to extend the competence to all our personnel. We designed this structure that whenever there was a training event in the work ability coordinator training, we had our own internal training straight after.” (Person 16, occupational health care)*

*“And the network that we have built there has been very useful. It has opened up new ways to find solutions even through education institutions and other routes. Then of course we’ve had our customer company so we’ve in a way been able to learn together how we*

*can promote these things. Both of us always had the same understanding of it after the training, so it has of course been very significant. And also, the information content that has been discussed there has been a very well-structured whole, so it has also been a valuable package.” (Person 16, occupational health care)*

*“The best thing was the work ability coordinator training and the networking it made possible. Especially at these two levels, so that on the one hand you network with your own colleagues across Finland and on the other hand at regional level. I think it was built in an excellent way in this training.” (Person 23, TE Office)*

Participation in the programme gave most work ability coordinators the possibility to focus on people with partial work ability and develop novel work practices, work methods and cooperation networks. The organizations tested different evaluation systems (e.g. TE Office’s working life radar and the electronic questionnaires implemented by HR and occupational health care), organized specialists’ work in a new way, investigated workplace accommodations carried out in work units and organized training. For the work ability coordinator to be able to develop operations, organize training and work in cooperation with service providers and other development projects, one TE Office reduced the number the work ability coordinator’s clients during the programme. However, the job description of some work ability coordinators had to be changed during the year, which made it difficult for them to follow the programme.

*“And of course this more flexible job description has made it possible to take part in these events. So I’ve been invited or I have given presentations in some events. If I’d been given all the normal everyday work to do, all this development would have been in a way left out and communication would have been much less efficient.” (Person 8, TE Office)*

## 10. What kind of economic effects did the concept have?

The Osku-concept was piloted in 12 organizations, in two of which (private sector and public sector) the impact of the operating concept on the organization’s economic indicators and on factors affecting these indicators were also examined. The private sector company was part of a national chain of shops and had two similar controls (size of company, targets, structure of personnel, average age of personnel). The public sector organization operated in the field of health care and was compared with two similar controls. The organizations operated in different localities, which was the main difference between them. It was assumed in the examination that partial work



ability was equally common in both organizations. The comparison of the financial indicators first describes the indicators of the pilot organization (the Osku-concept in use) and then the indicators of the control organizations. The indicators described by the broken line are based on the figures at the beginning of 2015 (January–June) and on an estimate for the whole year construed from those figures.

### Recognising persons with partial work ability

It is important to detect partial work ability as early as possible so that the necessary services, means and benefits can be taken advantage of to support the employee. The pilot organizations employed fewer persons with partial work ability than their control organizations, and private sector organizations in turn employed fewer than the public sector organizations (Figures 6–7).

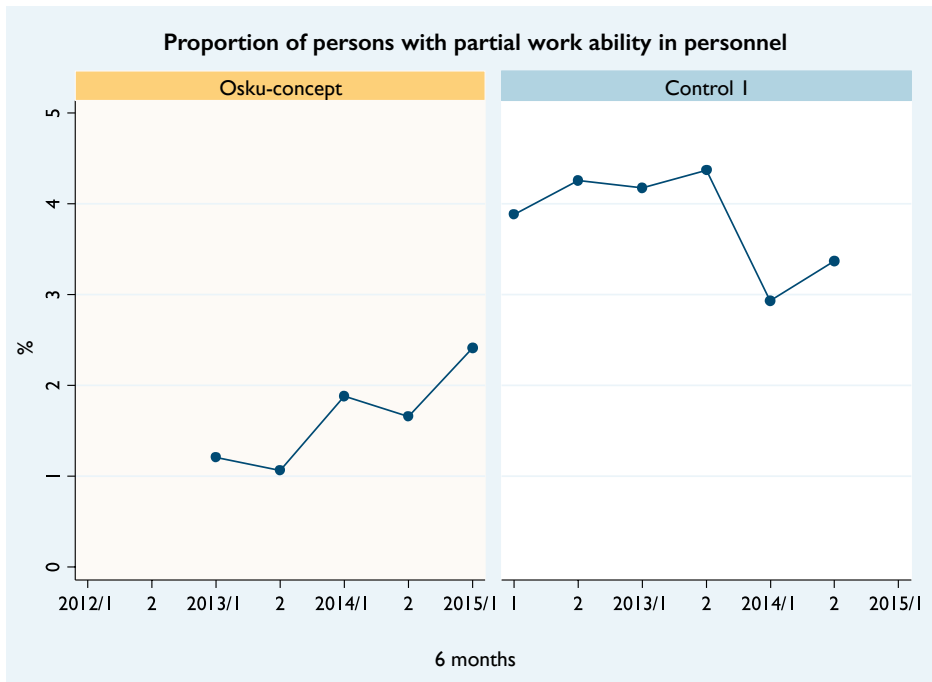


Figure 6. The relative proportion (%) of persons with partial work ability in the personnel of the private sector organizations 2012–2015.

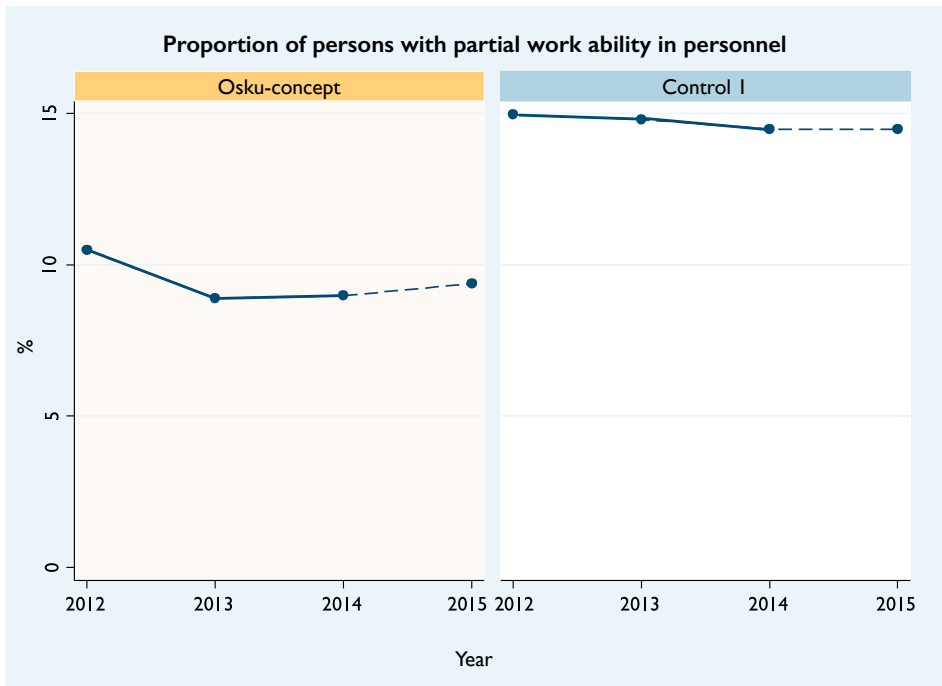


Figure 7. The relative proportion (%) of persons with partial work ability in the personnel of the public sector organizations 2012–2015.

### Costs of occupational health care

The costs of occupational health care (compensation claimed from Kela) are presented per person and man-year according to preventive activity (Kela compensation category 1, provision of information, advice and guidance, occupational health care negotiations) and curative care (Kela compensation category 2).

Preventive activity increased in the organizations that piloted the concept, but there is no clear trend in the changes in costs that took place during the monitoring period (Figures 8–9). In the private sector pilot organization, the level of preventive activity was lower than in the control organizations, although the proportion grew in the pilot organization while it fell in the controls. Preventive activity increased in pilot organization in the public sector during the monitoring period. The portions of costs of preventive activity (36–75%) in pilot organizations in the public sector were higher than in the private sector organizations.

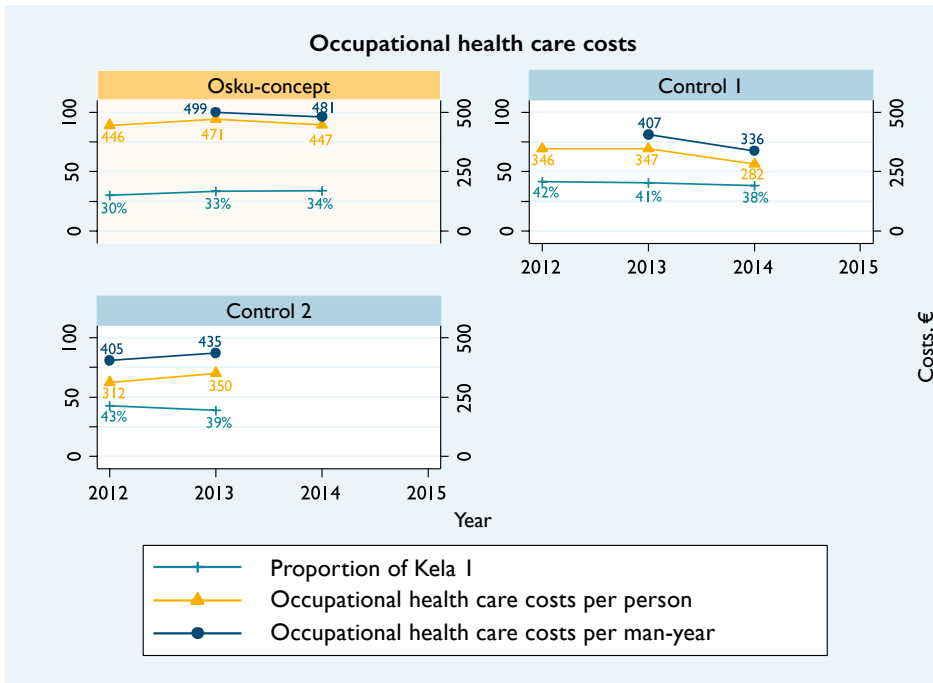


Figure 8. The proportion (%) of the costs of preventive activity (Kela I) in occupational health care costs in the private sector organizations 2012–2015.

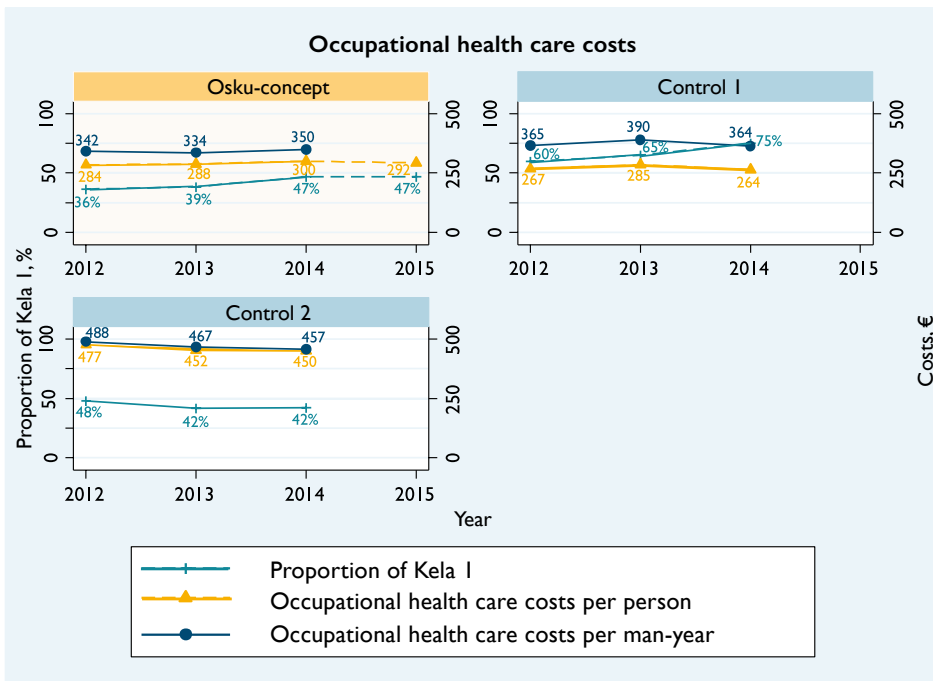


Figure 9. The proportion (%) of the costs of preventive activity (Kela I) in occupational health care costs in the public sector organizations 2012–2015.

## Disability costs

The direct costs of sick leaves in the organizations were different (Figures 10–11). The calculated total costs were divided by the number of personnel and man-years to make comparison easier. The development in the costs of sick leaves does not show a trend that would be common to all organizations. The costs of sick leaves remained the same during the monitoring period in both the private and public sector pilot organizations.

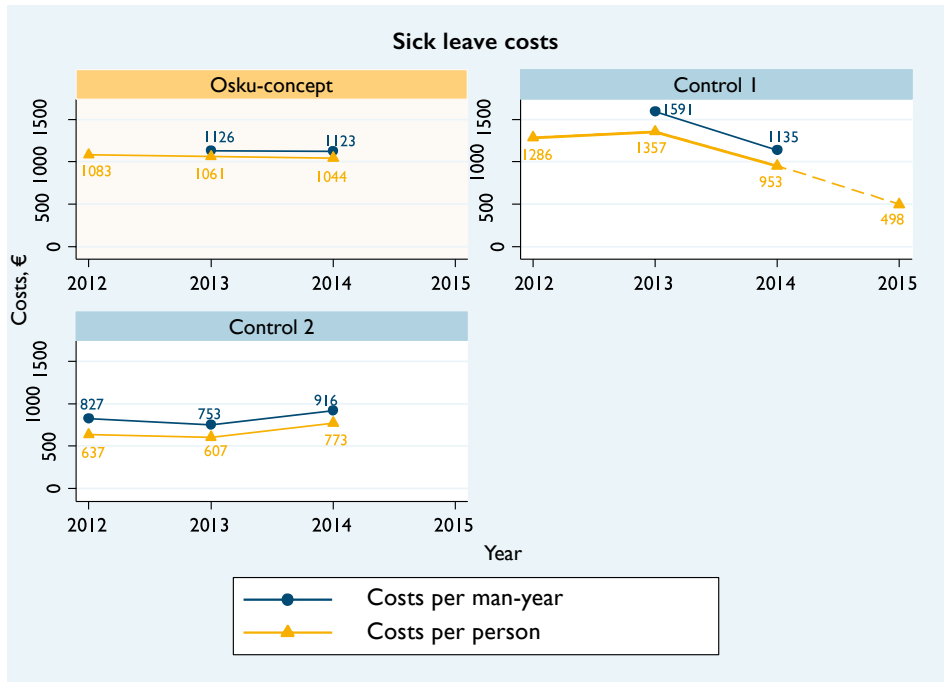


Figure 10. Costs of sick leaves in the private sector organizations 2012–2015.

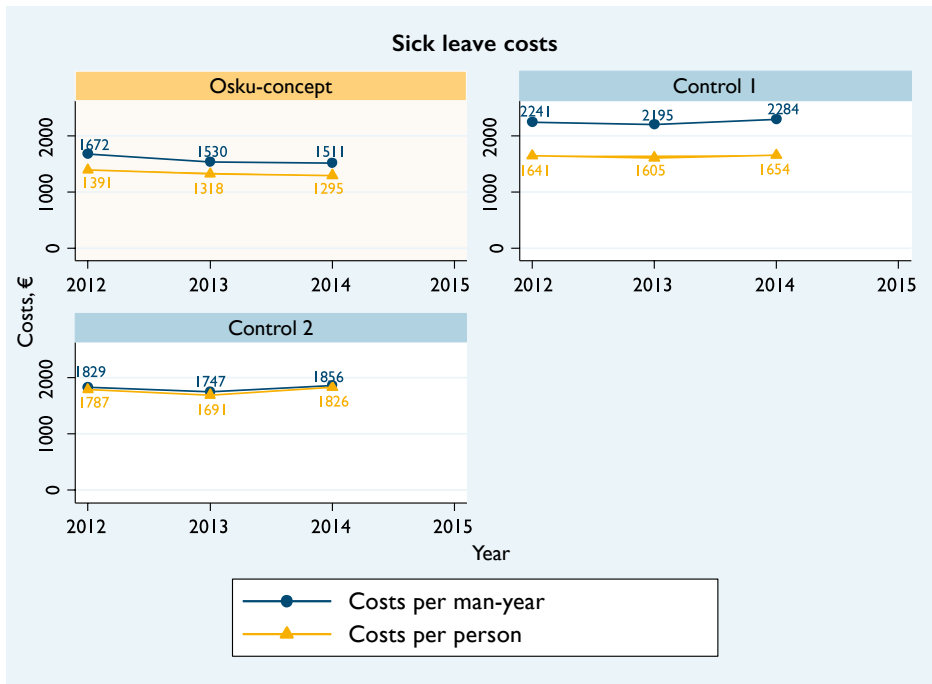


Figure 11. Direct costs of sick leaves in the public sector organizations 2012–2015.

The experience rating in disability insurance determines the premium i.e. the size of disability costs carried by employers. The experience rating category of the pilot organization fell since 2012 and was the lowest category in 2015 (Figure 12). The decrease in experience rating category showed that the pilot organization had also invested in supporting the work ability of its personnel before the Osku pilot. There was a difference of six experience rating categories between the experience rating category of the pilot organization and that of the first control organization. Considering the organizations' wage bills, it meant a difference of about €650,000–€700,000 per year in disability insurance premium. (Figure 12).

The company's personnel structure and the wage bill determine the effect one experience rating category has on disability costs. The experience rating category (I–II) is determined on the basis of the disability pensions of the previous years. This directs companies to avoid disability pensions among their personnel. The payment category affects the premium paid in private organizations whose wage bill exceeds €2.5 million. The payment category affects the disability payment in full, if the wage bill in the company exceeds €35 million. A change by one experience rating category means costs of about €100,000 in lower categories but costs of over €300,000 in higher categories of experience rating.

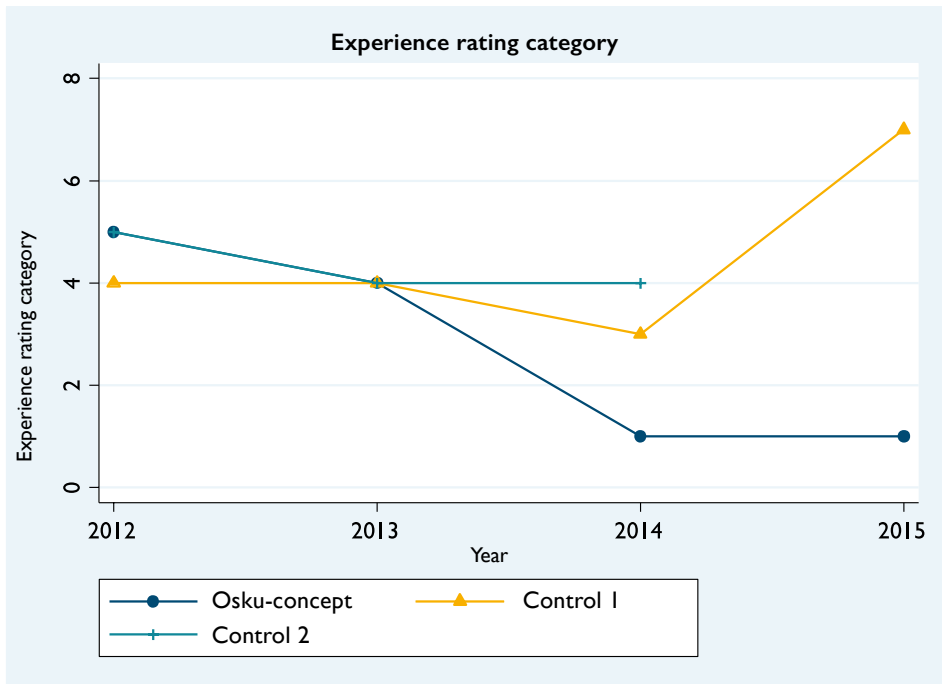


Figure 12. Disability insurance experience rating category in the private organizations 2012–2015.

The disability insurance experience rating (so called “varhemaksu”, payments of early retirement pension) of public sector organizations with large wage bills is based on early retirement pension contributions. If employees go on disability pension, individual early retirement pension, unemployment pension or rehabilitation subsidy i.e. fixed term disability pension, the premium paid will grow. This steers the operation of public sector organizations and leads employers to invest in supporting the work ability of their personnel and in the prevention of problems.

From 2012 onwards, the premium grew in the pilot organization and in both control organizations (Figure 13). The payments of early retirement pension per person and man-year in the pilot organization were less than half of the premium paid in the control organizations.

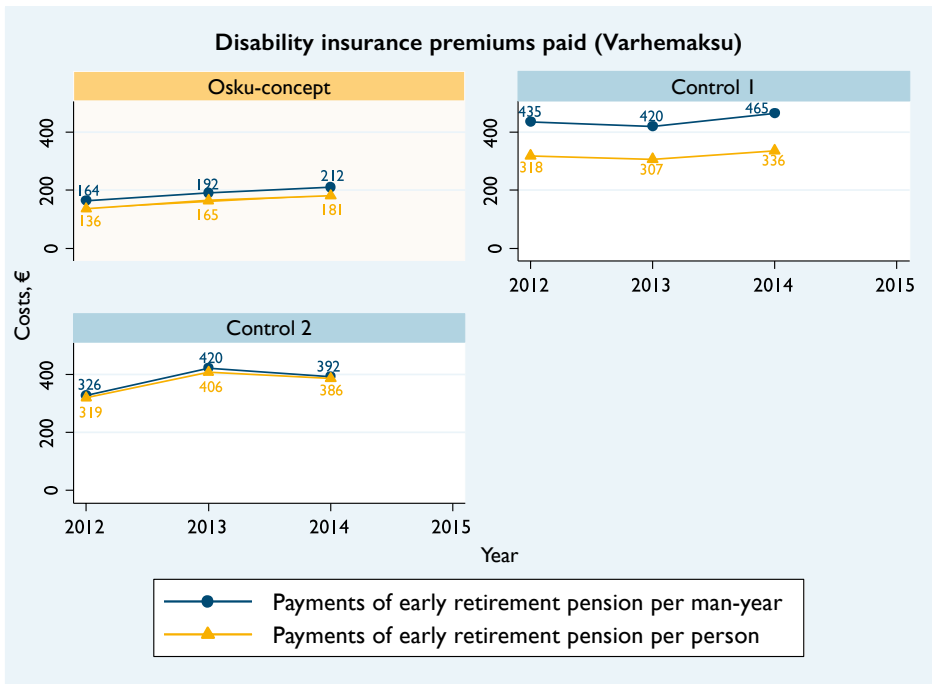


Figure 13. Disability insurance premiums paid in the public sector organizations 2012–2015.

### Utilization of the selection of means

New disability pension cases anticipate future costs in both private and public sector organizations. Disability and partial disability pensions as well as rehabilitation and partial rehabilitation subsidies available in the selection of means can be used alternatively. Partial disability pension and rehabilitation subsidies are more affordable alternatives than disability pension for both the organization and the person in question. A partial disability pension amounts to half of a disability pension and usually the person receiving partial disability pension continues to work part-time. Partial rehabilitation subsidy is a partial disability pension granted for a fixed term and rehabilitation subsidy is a disability pension granted for a fixed term.

There is no clear trend visible in disability pensions and partial disability pensions (Figures 14–15). In most organizations the variation in partial disability pension cases was greater than variation in full disability pension cases. More flexible means were used in all organizations. In one of the two control organization in the private sector, no one went on disability pension in the last two years (2013–2014) (Figure 14). Public sector organizations used partial disability pensions and partial rehabilitation subsidies more than full disability pensions. There was seasonal variation in the way the means were used in the other control organization in the public sector (Figure 15).

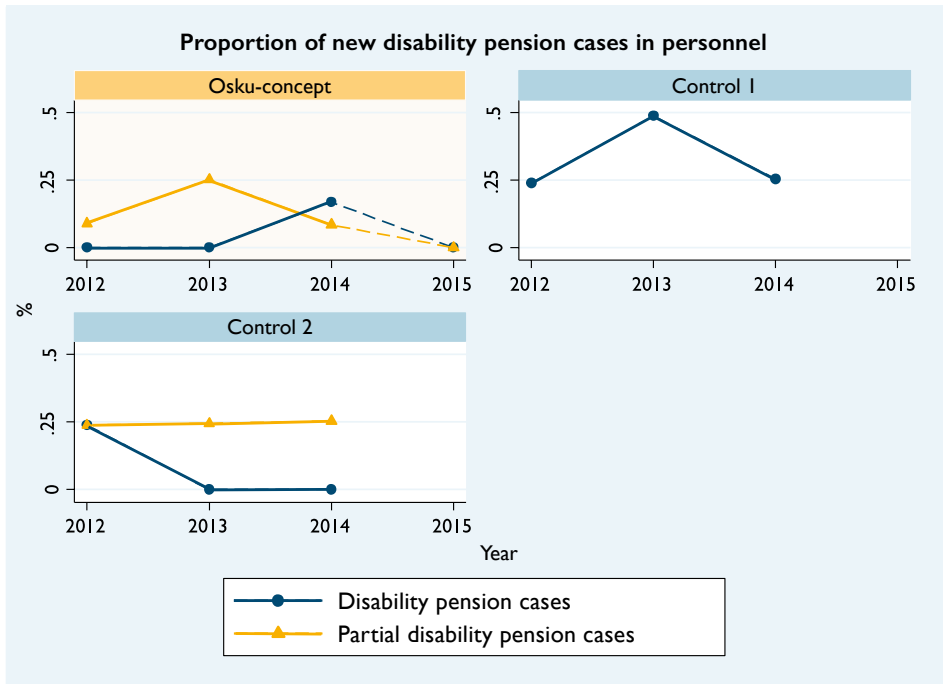


Figure 14. The proportion (%) of new disability pension cases in the personnel of the private organizations 2012–2015.

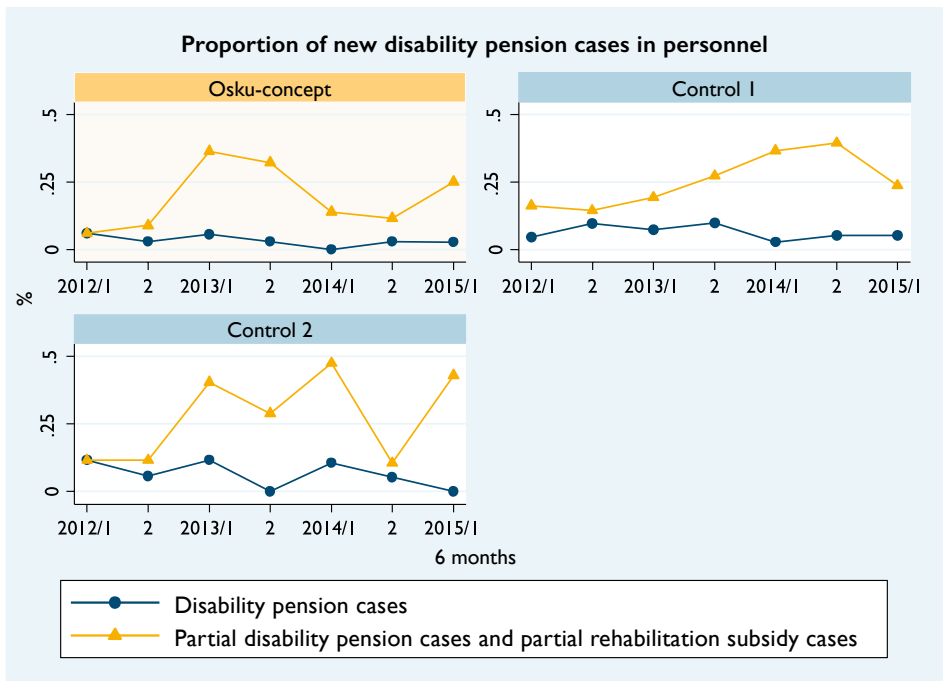


Figure 15. The proportion (%) of new disability pension cases in the personnel of the public organizations half-yearly 2012–2015.



Rehabilitation subsidy and partial rehabilitation subsidy are full or partial disability pensions granted for a fixed term. Use of rehabilitation subsidies increased in both pilot organizations during the monitoring period and fell in the control organizations (Figures 16–17).

One of the two control organizations did not use partial rehabilitation subsidies. Use of rehabilitation subsidy varied in the public sector pilot organization. In the first control organization, use of rehabilitation subsidies increased during almost the entire monitoring period and in the other control organization, rehabilitation subsidies were taken advantage of seasonally.

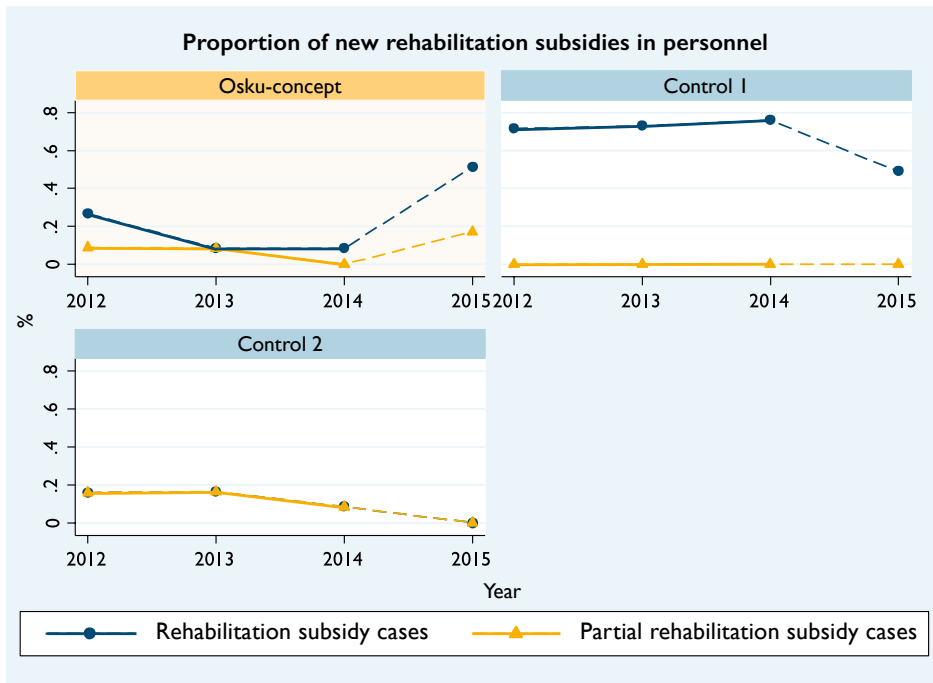


Figure 16. The proportion (%) of new rehabilitation and partial rehabilitation subsidies in the personnel of the private organizations 2012–2015.

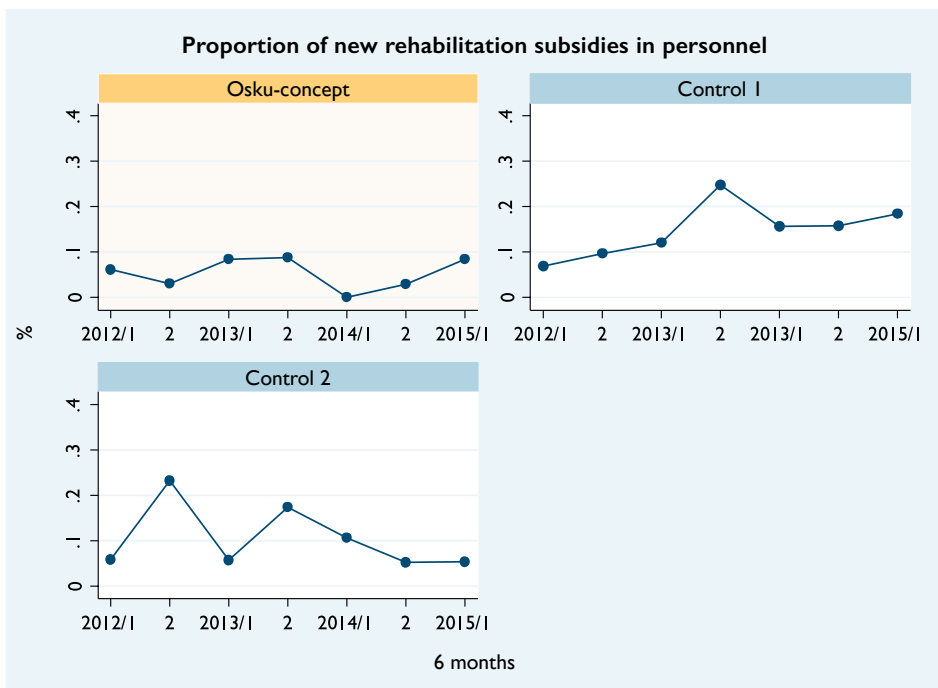


Figure 17. The proportion (%) of new rehabilitation subsidies in the personnel of the public sector organizations half-yearly 2012–2015.

The number of persons receiving partial sick allowance in the private sector pilot organization increased from 2013, while the proportion started to fall in both control organizations (Figures 18–19). The proportion of persons receiving partial sick allowance in the public sector pilot organization increased from 2013. Use of partial sick allowance in the public sector organizations was 1.5 per cent in 2015. Private organizations used partial sick allowance more than public sector organizations.

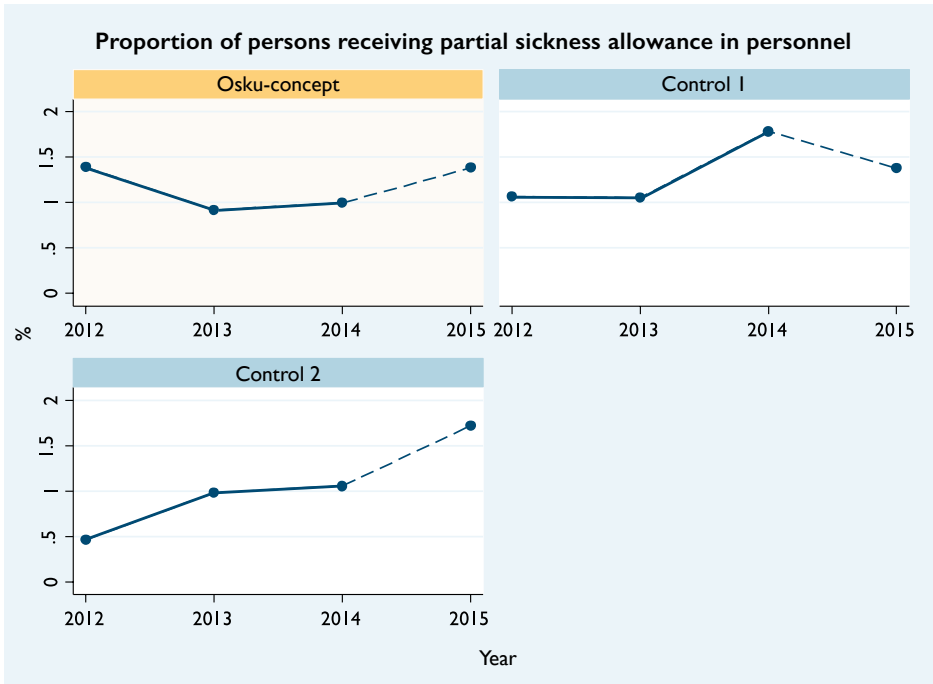


Figure 18. The proportion (%) of persons receiving partial sick allowance in the personnel of the private sector organizations 2012–2015.

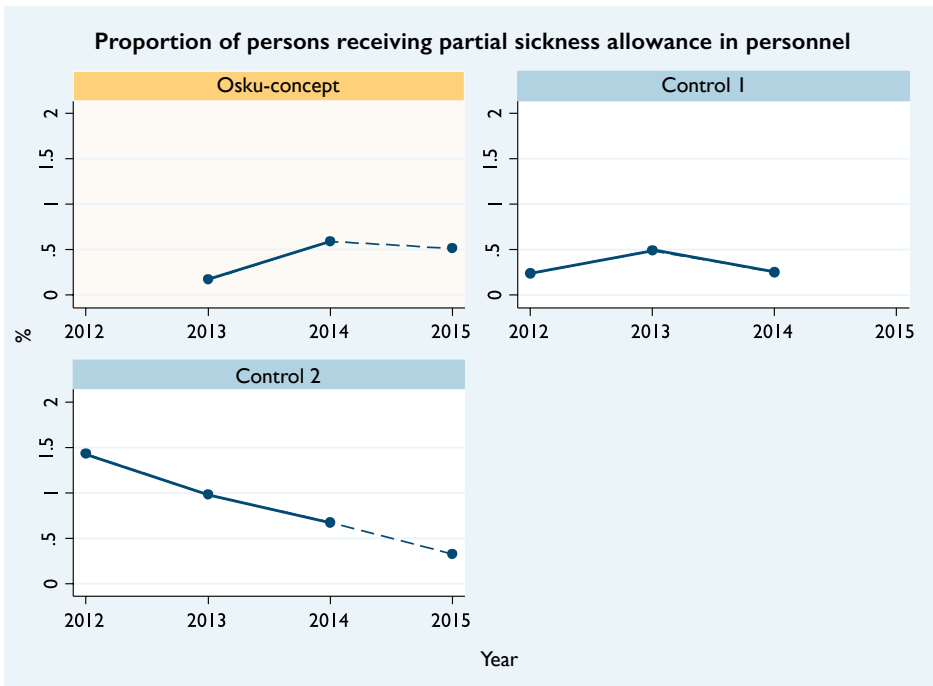


Figure 19. The proportion (%) of persons receiving partial sick allowance in the personnel of the public sector organizations 2012–2015.

## II. Two work trial stories

### II.1. Matias' story

#### Matias' story



Matias is a 20-year-old upper secondary school graduate, who is contemplating his future occupation. When choosing the occupation, his moderate brain injury and partial blindness in one eye due to a traffic accident at the age of 12 must be taken into consideration.

During upper secondary school, Matias was interested in working as a nurse, therapist and teacher. After the matriculation examination, he applied to study nursing; however, he was not admitted. At the same time he had a rehabilitation period, during which the doctor was blunt about his aspirations to work. The young man's dream was wrecked. He took it very hard and was feeling low. His future seemed grey at that point. He talked about the situation with his family and they tried to find a suitable field for him together. Matias was interested in working with people in a respectful field. Suddenly, in one of their discussions, they had a groundbreaking idea – pharmacy was a field that met all these criteria.

The work ability coordinator responsible for Matias first contacted the manager of the local pharmacy to enquire about the possibility for Matias to complete a work trial in the pharmacy. The manager discussed this with the head pharmacist who was the supervisor of the employees in the pharmacy, and they decided to offer Matias a place for the work trial. However, a work trial was a subject they were not familiar with so the head pharmacist found out about it online.

It was important to Matias to be able to go to the pharmacy as himself and not tell anyone about his disability in advance. The colleagues were wondering about his shorter working hours a little, but Mathias found this a good way to do it. He wanted to talk with each colleague separately first and not tell them about his disability until after that. That way his colleagues were first able to learn to know him as the person he was. On the other hand, had the supervisor informed the staff about Matias' situation and work arrangements beforehand – with his permission – it would have been possible to avoid many of the situations that caused bafflement in the work community.

At the beginning of the work trial, the supervisor and Matias agreed on the duties of a pharmaceutical assistant (farmanomi) i.e. work at the cashier, gathering medicines and delivering the ordered medicines to care homes. Matias gradually took on new work tasks under the guidance on a senior employee. In Matias' opinion, the work was largely what he had thought it would be in advance. However, he was positively surprised about the gathering of medicines because he had not anticipated that. During the entire work trial, Matias felt equal with his colleagues. He was responsible for his own work and had the same duties as the other technical staff. He also participated in all the training and recreational events organized at the workplace.

Matias worked five hours a day, which was agreed on with the supervisor on the basis of the work trial and previous experiences. Matias told his supervisor that he had managed five-hour days reasonably well in upper secondary school. Longer days were strenuous for him. One of the purposes of the work trial was indeed to find suitable working hours for him. Matias had a few work days that lasted longer than five hours. He found them exhausting and it took him long to recover. He found it especially difficult to start an early morning shift straight after a late evening shift. After that particular shift pattern, his condition started to fluctuate so he told about it to his supervisor. In future, they avoided such successive evening and morning shifts. In fact, this was the only stumbling block during the entire work trial in Matias' opinion.

The work trial lasted for six months and it was paid for by the Motor Insurers' Centre and the organizing body Vakuutuskeskus (VKK). In the beginning, a three-month work trial was agreed on with Vakuutuskeskus and the employer. Matias took the initiative and asked to be able to continue the work trial, and the insurance company granted him another three months. He wanted to continue because he already knew the job well and, when working, his days were clearly structured. Nice colleagues and supervisor also contributed to his willingness to continue. During Matias' work trial, there was also a student pharmaceutical assistant completing a work placement in the pharmacy. They had a good opportunity to familiarize themselves with the work tasks together and at the same time it was possible for Matias to ask the student about pharmaceutical assistant's studies. After a successful work trial, Matias decided to apply to study to become a pharmaceutical technician and to his delight, he was admitted. The work experience and competence gained in the work trial contributed to his getting the study place. His studies have progressed well and he will qualify as a pharmaceutical technician in spring 2016.

In Matias' opinion, the most important outcome of the work trial was realizing that he could cope in working life and was capable of doing this kind of work. He gained more confidence through the work trial and thought that the study place was also one result of the trial. In Matias' opinion, the success of the work trial reflected on his entire life. He now has many kind of dreams about his future and different career options.

### The supervisor's account

The work experience was carried out in the pharmacy with a long-standing tradition in the centre of Matias' home locality. In addition to the manager, almost 20 employees worked in the pharmacy: head pharmacists, pharmacists and technical staff (pharmaceutical assistants and technicians). The hierarchy was low as the manager was the supervisor of the head pharmacist and the head pharmacist in turn was the supervisor of the other employees. Nearly all were permanent full-time employees; only a few worked a shorter week. In addition, some so called occasional workers sometimes

worked at the pharmacy at weekends and evenings. The head pharmacist thought the starting point for work was good in a work community like this.

When the head pharmacist and the manager discussed having a person on work trial, what weighed in the balance was a willingness to help and a new experience for the personnel. According to the head pharmacist, the contact request from Matias came at a critical time from the point of view of the company, as they were waiting for a decision about a new owner. At the time, it was important for them to know that the work experience would not increase labour costs in the pharmacy. According to the head pharmacist, the most decisive factor was Matias' enthusiastic and positive attitude. The head pharmacist said he had thought from the start that "a work trial will definitely be successful with a person like that".

He said he had talked about what he could tell the work community about Matias' situation with Matias in advance. According to what they had agreed on, he could tell them about factors that affected working, such as the fatigue caused by long days as well as working hours arrangements. They agreed that he would not tell the other employees about Matias' disability or its reasons.

During the work trial the owner of the pharmacy changed and the new manager took over. Along with the new owner, the development of operations had a new boost. From management perspective, a changing situation like this was strenuous for everyone because new operating practices were introduced at the same time. From Matias' point of view, the change was carried out well, and the supervisor was the key contributor to the success. The supervisor himself gave the honour to the work community as a whole, as it maintained a good community spirit, pulled together and supported each other in a difficult situation.

The work trial was a learning process for the company, too. The person completing the work trial as well as the student completing the work placement contributed by providing new ideas. According to the head pharmacist, any company needs these new ideas and improvement suggestions to be able to develop. This way a small company had an opportunity to look at its operating practices because, being new to the place, the person completing the work trial was able to see matters from a different viewpoint and was not afraid to propose development ideas.

The field of pharmacy is very strictly regulated, but the pharmacies also have some "leeway" for organizing their own operations. In the head pharmacist's opinion, what affected his own work as a supervisor was that he had also done customer service work for some years. He strongly believed in a conversational management style, which produces better results than ordering. The way this showed with Matias was that induction was mainly carried out in the form of conversations. However, with hindsight, the supervisor estimated that more written material could also have been included in the induction. That way the person completing the work trial would have been able to familiarize himself with the materials at his own pace and to revise things. The induction and its more detailed documentation were the next development areas according to the supervisor.

In the supervisor's opinion, Matias himself was the key person in the whole process. He contacted the pharmacy and initiated the process. The supervisor found him a nice, enthusiastic, hard-working, conscientious and accurate worker. Other important people were the work ability coordinator, rehabilitation planner at Vakuutuskeskus and the owner of the pharmacy, who made the final decision about the work trial. Of course, he had played an important practical role himself as a supervisor and advanced matters. In his opinion, there was a lot that contributed to the success of the outcome, above all good cooperation.

According to the head pharmacist, they have been reminiscing this good experience in discussions at the coffee table. The supervisor said: "We have been happy for Matias, as everything worked out so well here. And for the perfect ending to the story." Matias has been popping in to the pharmacy even after the work trial to say hello to his colleagues and to tell them about his studies. Still, there had also been difficulties on the way. In addition to the sale of the pharmacy, the pharmacy also experienced a large number of sick leaves at the same time. The supervisor remembers how he sometimes had to apologize for how little time he had for Matias at the time. Again, they overcame the problems with support of the work community, as colleagues assumed responsibility for instructing Matias. Although the induction and instructing the person completing the work trial tied up some of the personnel in the workplace, the supervisor did not find this a hindrance. The workplace does not incur any actual costs from a person completing a work trial. What he wanted to say to other employers was that the experience was beneficial to the whole work community. After that they were happy to embark on new work trials, too. However, it is worth keeping in mind that the person on work trial is not a "free employee". The person is there so it is possible to help him or her to get on in his or her life – with the means that the workplace can provide.

### Work ability coordinator's account of the work trial

Matias' work trial was organized by a work ability coordinator at the local TE Office, who had a long experience in labour administration. In her opinion, what was discovered in Matias' case was a fragmented field of actors and, consequently, unclear roles of the actors. Occasionally she felt that none of the parties was accepting comprehensive responsibility for the progress of the situation. She mentioned two examples. The work trial was part of Matias' vocational rehabilitation, but the party organizing the work trial did not tell the employer who really was paying the salary. As a second example, she said the organizing party announced at the very last minute that, because there was no mention of the work trial in Matias' original rehabilitation plan, it could not be carried out. In the work ability coordinator's opinion, during the work trial, the organizing party kept in touch poorly with both the person completing the work trial and the workplace. Hence, the work ability coordinator says she finally took the lead in the process. She did not need to be familiar with all sections in legislation nor

know everything. A good network and having the competence and courage to use it were enough.

According to the work ability coordinator, as in most cases, the situations in Matias' case were complicated and a professional was required to form a complete picture of the situation. She considered this perhaps the most important role in the work ability coordinator's work. She also stressed the significance of advancing matters as a continuing process by saying that the work ability coordinator can see the time span and how the events overlap better than the person with partial work ability. Managing the client's employment process can therefore be described in terms of process management: it is a series of activities, all of which have an input and an outcome. In Matias' case the application for the work trial can be seen as the input and the decision by the authorities as the outcome. In the work ability coordinator's opinion, the different means and services should overlap in a better way in order to make the client's employment process shorter.

The other important role the work ability coordinator had was to accompany and support the person completing the work trial. She and Matias did discuss what Matias was entitled to, what opportunities there were and what he was able to do. The supportive role of the work ability coordinator was pivotal especially when the organizer of the work trial made a negative decision on the work trial. Matias was shocked about the negative decision and, at the time, no longer had the strength to start everything from the beginning. He felt strongly that, unless rehabilitation could be started then, his only option for the future would be disability pension. Such a fate for a young man sounded devastating to the work ability coordinator. In the end, the work ability coordinator contacted the manager responsible for compensations directly. Fortunately, the application was reconsidered and this time, a positive decision was made. The work ability coordinator said that a 20-year-old young person would never have been able to take care of all on his or her own. Even she faced problematic situations, although she was used to reading legal texts and dealing with bureaucracy. At times, discussions with the authorities really were a struggle.

Both Matias and the work ability coordinator considered the supervisor of the workplace the key to the success of the work trial. However, to be successful, the work trial process required the contribution of all parties involved. The role of the work ability coordinator was to engage the parties involved in the process to support Matias' work trial. Hence the parties involved in the implementation of the work trial were the pharmacy, Matias, Vakuutuskeskus and the work ability coordinator. He emphasises that honest and open discussions between all parties must be carried out in the initial, interim and final meetings. That way matters will not remain unclear to anyone. Feedback will then also be openly available to all parties, which is beneficial to both the person on work trial and the employer. The work ability coordinator reminds us that it may even be easier for an outsider to see the positive effects of different measures. Matias found both the pharmacy and its employees so nice that he chose the field as his future career and started studying. It is a significant compliment to the workplace.



## 11.2. The scenario analysis of Matias' career

This section describes the different financial future paths possible for Matias using a so called scenario analysis. The support measures, i.e. the services, means and benefits he received form the basis of the analysis. At the age of 12, Matias was in a traffic accident, which affected both his choice of profession and vocational studies. In future, his disability will also affect his working life and earning possibilities.

The different scenarios (future paths) are built on the assumption that, having graduated as a pharmaceutical technician, Matias will work at a pharmacy full time (100%) or part time, in which case he will work a 75% or 60% of normal working hours. One additional scenario would be receiving the earned income of a person who has suffered injuries when under 18 years of age (Government Decree 408/2014, in Finnish). The scenarios do not take into account the use of public services and other possible support.

### Matias' support measures and their costs

Matias' rehabilitation and education required different support measures, i.e. services, means and benefits during the previous 10 years (from the accident to graduating as a pharmaceutical technician). These consecutive support measures were paid for by either the hospital district or the Motor Insurer's Centre (Figure 20). During upper secondary school, Matias had consultations with a psychiatrist and in addition was in neuropsychological rehabilitation 40 times. After the matriculation examination he had a one-month rehabilitation period in a rehabilitation institute, after which he started a bi-weekly trauma therapy that lasted two years. Because one of Matias' eyes is nearly blind and sensitive to light, he received compensation for two visits to an eye specialist and two different pairs of glasses (prism and sunglasses). At 20 he completed a work trial in a pharmacy and started to study to become a pharmaceutical technician. The rehabilitation allowance for a young person, included in vocational rehabilitation, accounted for most of the costs compensated to Matias (Figure 21).

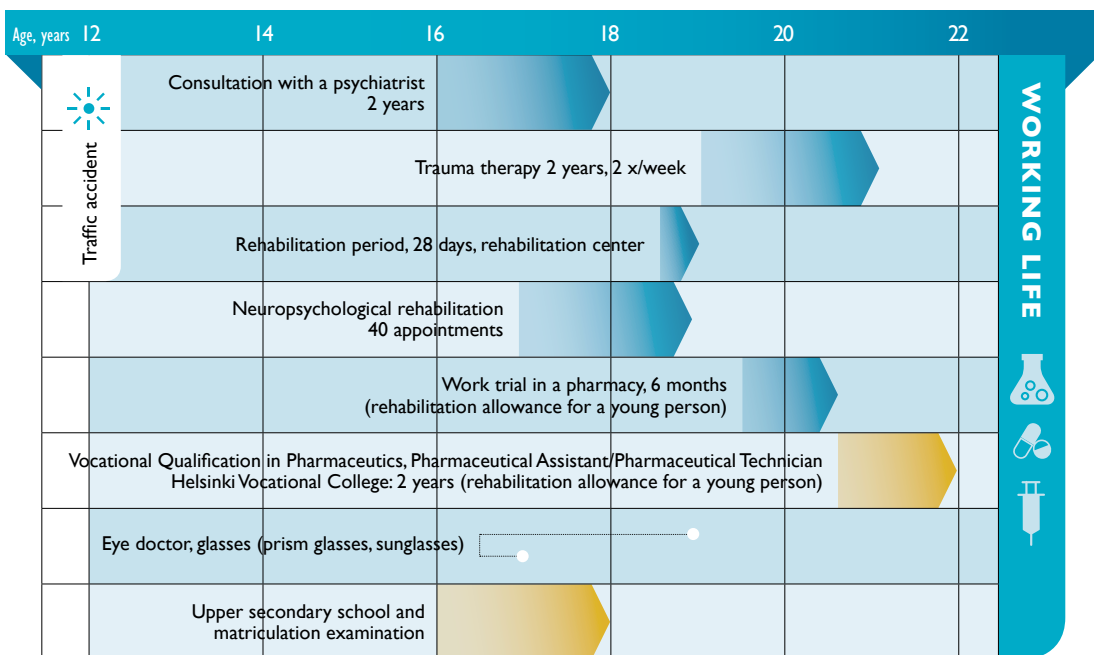


Figure 20. Services, means and benefits received by Matias during 10 years.

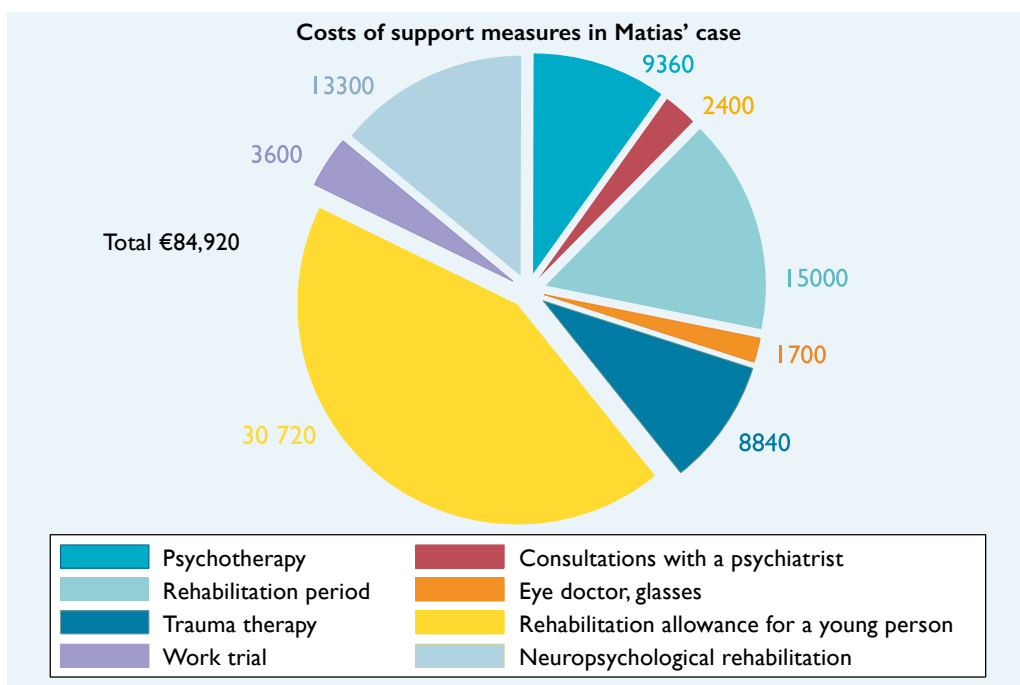


Figure 21. The costs of support measures received by Matias (information from the Motor Insurer's Centre)

## Matias' annual income

Motor insurance is a system of full compensation, in which the loss of earnings from a traffic accident is compensated in full. Each person's situation is always individual. If Matias worked 60% of normal working hours, the insurance would compensate him for 40% of the salary. In the same way, if he worked 75% of normal hours, he would be compensated for 25%. This requires that his ability to work as a pharmaceutical technician despite the traffic accident can be proved. If Matias proved that he would be working in a different occupation had he not had the traffic accident, he would be compensated for the difference between the level of earnings in that occupation and the salary earned working as a pharmaceutical technician. The younger the person in question, the more likely it is that the level of earnings would be compared with the earned income determined in the Government Decree 408/2014. This would require Matias to prove that he ended up as a pharmaceutical technician as a consequence of the traffic accident having affected his career development.

The following scenarios focus on his occupational career (18–65 years). The assumption is that, without an education or an occupational career, Matias would receive the earned income determined by the Government Degree 408/2014. The earned income would then increase in phases, and an 18-year-old adult would receive a compensation of €8,610 per year, a 23-year-old €36,890 per year and a 35-year-old €45,060 per year. The income earned when working as a pharmaceutical technician was calculated using the collective agreement of pharmacy workers (1 June 2014–31 January 2017) (Apteekien työnantajaliitto 2014).

According to the collective agreement, the income level of a newly qualified pharmaceutical technician is €1,786 per month, at least €1,860 per month starting from the fourth year at work, at least €1,926 from the seventh year and at least €1,993 after the ninth year. The calculations present a net present value, using an interest factor of 2 per cent – the yearly inflation target of the European Central Bank.

The total earned income during his entire career would be €1,118,824 in the first scenario (determined by the decree) (Figure 22). If Matias worked full-time (100%) as a pharmaceutical technician, the earned income during his occupational career would be €716,058, and €429,635 if he worked 60% of normal working hours.

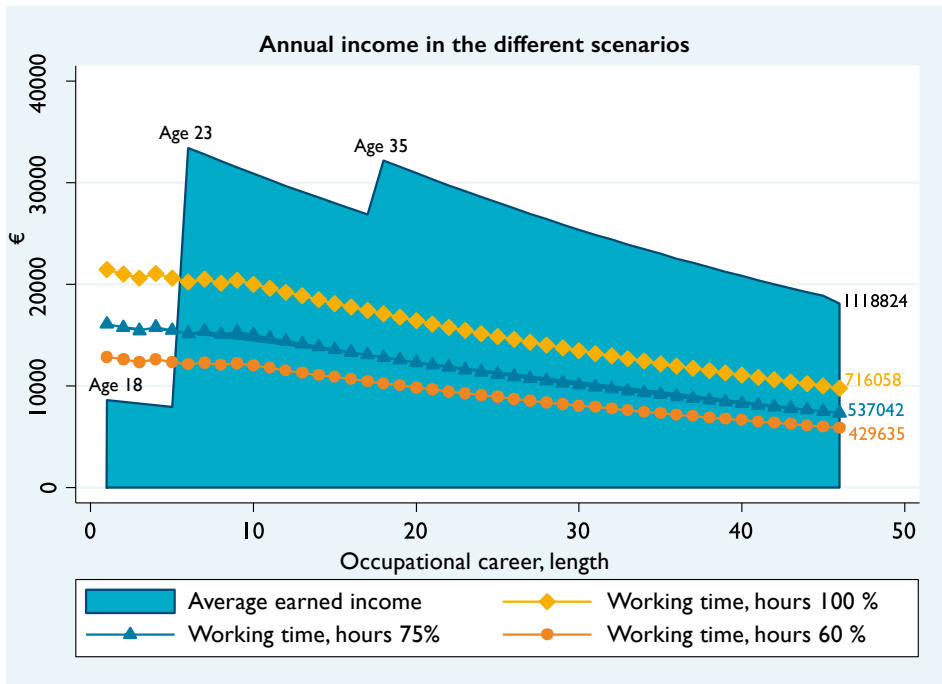


Figure 22. Matias' annual income (net present value) in the different scenarios 1) average earned income, 2) working 100% hours, 3) 75% hours and 4) 60% hours as a pharmaceutical technician (average earned income, Government Decree 408/2014). The dots in the curves describe the annual income, the figures on the right describe the income earned during the entire occupational career.

### Insurer's costs

The insurer's costs (the compensations paid to Matias for his loss of earnings) depend on Matias' earned income (Figure 23). The insurer's costs related to compensation for earnings between the ages 18–23 would be €0 because the income earned at work would exceed the earned income determined in the decree. After that, the annual costs would be linked to the income earned by Matias at work, so that his earnings would lower the amount of the average earned income compensation. If it could be proved that, despite the traffic accident, Matias would work as a pharmaceutical technician and, that as a consequence of the traffic accident, he would work 60% of normal working hours, the insurer's costs would be 40% of the salary of a full-time employee, i.e. €286,423.

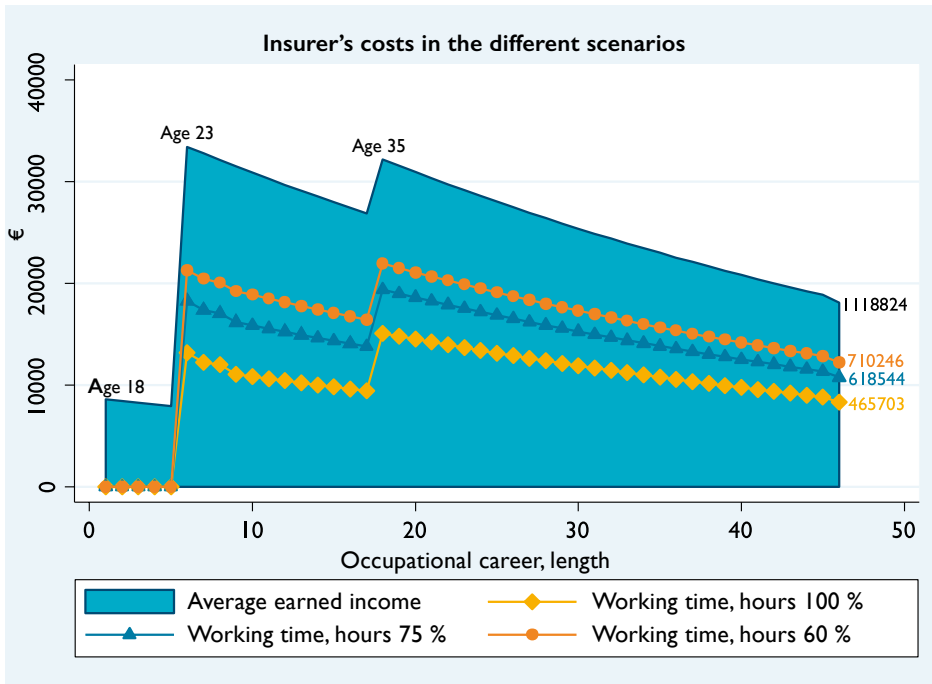


Figure 23. The insurer's (net present value) in the different scenarios: 1) average earned income, 2) working 100% hours, 3) 75% hours and 4) 60% hours as a pharmaceutical technician (average earned income, Government Decree 408/2014).

### Accrued tax in the different scenarios

The income taxation in the scenarios presented here were calculated for the different earned incomes using the calculator in the vero.fi service (vero.fi 1, 2015) for a person living in Helsinki with a full disability deduction and no church tax. State and local taxation were not separated in the scenarios. The amount taken home after income tax, the structure of consumption in Finnish households (Statistics Finland 2013) and the standard VAT rate (vero.fi 2, 2015) were used to calculate the accrued VAT. The estimated accrued VAT was calculated by multiplying the VAT rate by the structure of consumption, from which an index was obtained for the description of consumption and the VAT rate. The earnings taken home were multiplied by this index.

The income accrued from taxation by the public sector varied in different scenarios (Figures 24–25). The accrued income tax from the earned income determined by the decree would be €350,523 during the entire occupational career. The income tax accrued from full-time work as a pharmaceutical technician would be €142,138. A decline in the income would reduce both the income tax and VAT accrual. The estimated amount of VAT accrued from the earned income determined in the decree would be €95,607 and the amount from full-time employment as a pharmaceutical technician €70,870.

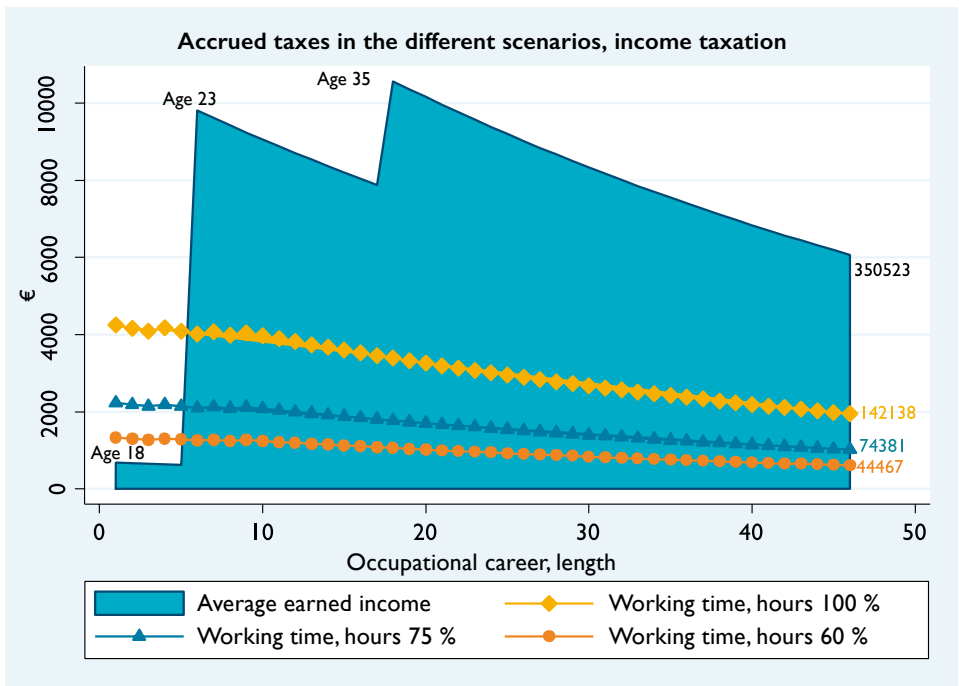


Figure 24. The accrued income tax in the public sector in the different scenarios 1) average earned income, 2) working 100% hours, 3) 75% hours and 4) 60% hours as a pharmaceutical technician (average earned income, Government decree 408/2014).

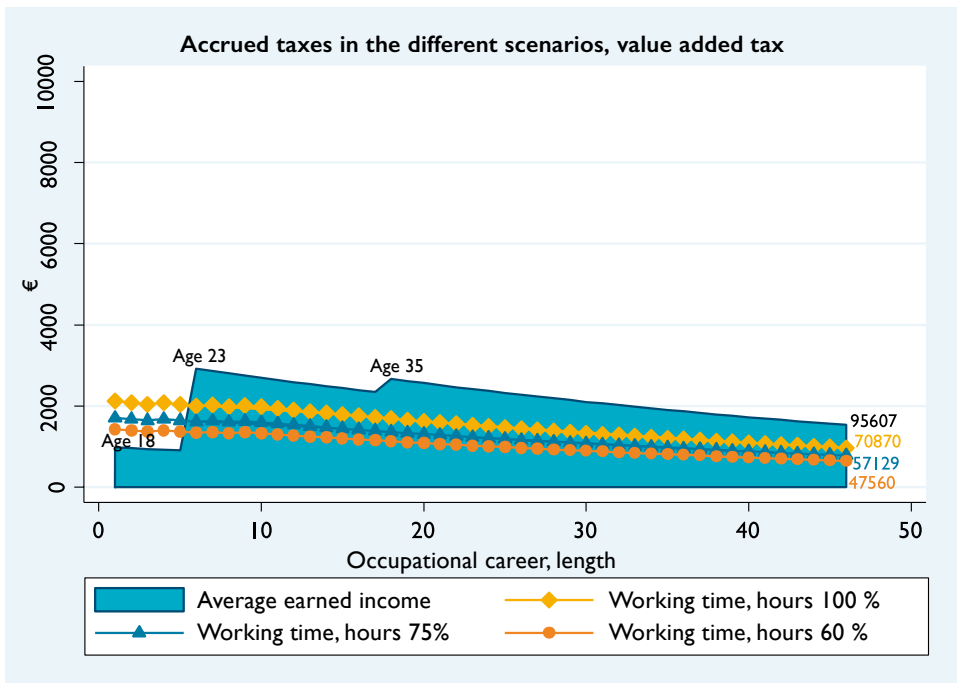


Figure 25. The accrued VAT in the public sector in different scenarios 1) average earned income, 2) working 100% hours, 3) 75% hours and 4) 60% hours as a pharmaceutical technician (average earned income, Government decree 408/2014).

## Incentive trap in the different scenarios

Employment in work with a lower salary would not be financially worthwhile, if it risked the earned income determined in the decree. This would be a gradually changing incentive trap (Figure 26). When the different scenarios were compared with the earned income determined in decree 408/2014, there was no incentive trap before the person turned 23. The incentive trap would decrease with the time because the earned income would increase in comparison with the income determined in the decree. When Matias turns 23, the earned income would rise to €36,890, which would be more than the earned income as a pharmaceutical technician. In full-time work as a pharmaceutical technician, the incentive trap in Matias' case would be about €7 500, and at the age of 35, it would be over €8 000.

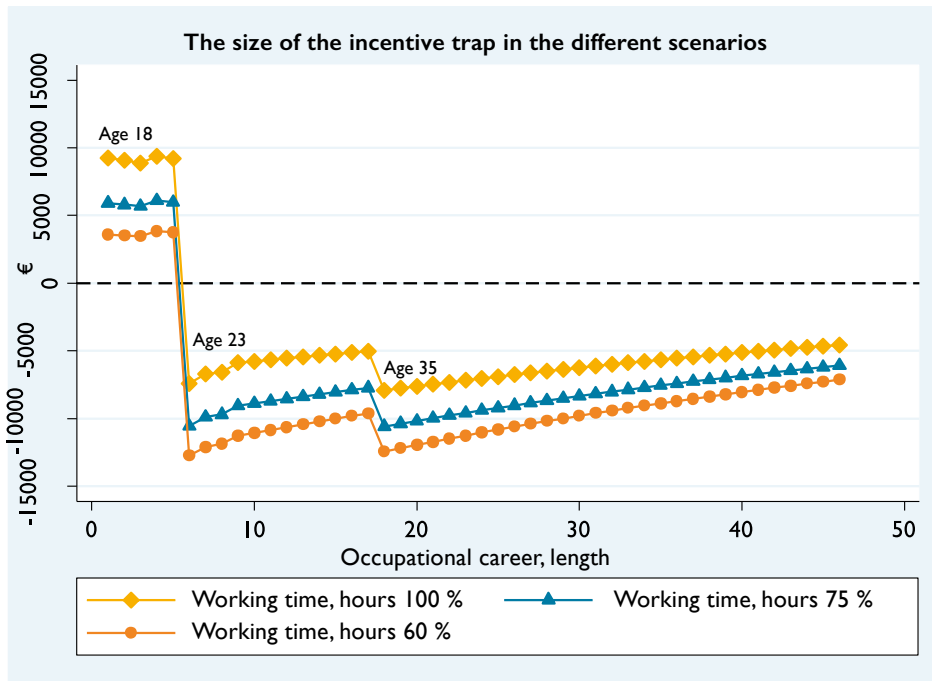


Figure 26. The size of the incentive trap in different scenarios 1) average earned income, 2) working 100% hours, 3) 75% hours and 4) 60% hours as a pharmaceutical technician (average earned income, Government decree 408/2014).

## 11.3. Anna's story

### Anna's story



Anna is a 29-year-old mother of four children aged between 6 and 10. After comprehensive school, she started to study the Vocational Qualification in Hairdressing in a vocational institution. After two years of studying, she moved to a different locality and had to interrupt her studies as she became pregnant with her first child. She stayed at home with her children for several years, so she would have had to start her hairdressing studies from the beginning.

When her youngest child was a year and a half old, Anna wanted to find a new direction in her life. She was admitted on the Startti tulevaisuuteen (“A start to the future”) course intended for unemployed young people who had completed comprehensive school. The aim of the course was to help the young person to find a field that he or she would be interested in. In the training, she had a chance to familiarize herself with workplaces and education institutions in different fields. The course comprised theoretical instruction and a two-month work trial, which Anna completed in a senior care home. During the work placement, she familiarized herself with care for the elderly and work in the kitchen. During the course, she also acquired the Hygiene Passport and completed some IT studies. After the course, she was admitted to study catering and started her studies. However, she began to suffer from back problems and had to give up her studies. At the time, the back pains and trying to arrange how to support her family consumed all her time and energy.

At that stage, Anna was admitted to a rehabilitation course for persons suffering from musculoskeletal disorders, which was organized for a group of people and also comprised intensive weeks in a rehabilitation institute. What she found important was the support of the group and the individual instructions for exercises to do at home. She received personal instructions for her situation from both doctors and physiotherapists. The days in the intensive weeks were filled with exercise and other rehabilitative activity. In her opinion, the rehabilitation helped her back to heal so that she was again able to look for employment.

Anna completed a two-month work trial in a day care centre, which was part of career training organized through the TE Office. She worked in a group of small children, i.e. children between 1 and 3 years of age. In order for her to test her back was and to see how she could reconcile family and work, her day at work was six hours. Although she was familiar with caring for children, she would have hoped for a more thorough introduction to the everyday life and tasks in the day care centre. According to her, no written plan for the work trial was ever drawn up, nor were any clear targets determined for the work trial at any stage.

All information about different options advanced her process and gave her strength and new ideas. There were many difficulties on the way, but they also lead to a lot of good things. Anna did say that she always got help when she needed it. She had both



dreams and plans for her future. She had just been in the entrance exam for the field of social welfare and health care. If she were not admitted in this application process, she would also have another two options in mind. Her solid intent was to get a qualification and find access to working life.

### The supervisor's account

Anna completed her work trial in a city-owned day care centre. Diversity was an integral part of everyday life in the centre because the children, parents and employees represented several nationalities. Liisa is a teacher in the day care centre and was Anna's supervisor during the work trial. The day care centre had an administrative manager and the kindergarten teachers were responsible for the groups. They were in charge of the daily operation and of the pedagogical planning together with the team. The day care centre had fourteen full-time and two part-time employees: kindergarten teachers, childcare workers and a cleaner.

Liisa said that Anna started her work trial at the same time with a teacher student. The beginning of the work trial was indeed very busy. In the beginning, they only had time to go through the basic details, such as confidentiality, the rights and responsibilities of the staff as well as the operating practices in the workplace. Liisa praised Anna's positive attitude. Anna was motivated in her work from the start, so the trial started off well and smoothly.

Liisa also described Anna as a hands-on, active person. She said it was probably the first time things had progressed so fast. According to Liisa, Anna's work trial started off better than with many child care professionals. In child care work, it was important to remember to be careful when giving a new employee responsibility for children in the beginning. She kept an eye on how Anna was getting on and it was not possible to ask a new employee take a baby outdoors on her own, for example.

Anna was able to perform work tasks quite naturally, so Liisa started to guide her through work more than through talking and explaining. An induction folder was available for everyone in the coffee room. An individual induction plan was not drawn up. In Liisa's opinion, Anna's work trial was successful and Anna had a good attitude. "It is important to be positive and willing to do things, to take initiative and to be active, warm and child-centred. Of course, you don't have all the skills needed when you start, but when the person has a good attitude and is motivated, he or she will definitely learn and develop." Team work skills were also important. According to Liisa, matters had to be talked about truthfully and everyone had to be treated equally. With small children, it was necessary to be present 100%.

In addition to Anna, Liisa named the work ability coordinator in the TE office and the whole day care centre team as the key persons of the work trial. At times, Liisa was slightly worried about Anna's work ability, although she did not know about Anna's illnesses. Luckily, the sick leaves were short and did not hinder the continuation of the

work trial. Liisa saw supporting Anna's motivation and strengthening her self-esteem during the work trial as her most important task. In her opinion, it was important to highlight the good qualities of the person completing the work trial and give her positive feedback. Liisa said that this was where the difference between the person completing a work placement and the person completing a work trial could be seen. A person on a work trial had some health related restrictions, so they had to proceed gradually and on an individual basis, whereas it was usually possible to follow the same plan with persons completing a work placement.

Anna's work trial started off smoothly. With hindsight, it would have been a good idea to have an initial meeting and consider how to proceed with the work trial. Liisa said that it would have been a good idea to get to know Anna a little better in the very beginning. "Who are you and where do you come from?" They should also have discussed the goals of the work trial together in the beginning. They should have considered together in more detail what kind of targets the different parties involved set to the work trial and what would be a desirable outcome from the points of view of each of them. It was still not too late to hold an interim meeting and it would be a good idea to have a final meeting.

The doors to the studies of practical nurse did not open for Anna, yet. The members of the work community were all hoping that Anna would get a place to study. According to Liisa, Anna made a good contribution to the work community and her positive attitude influenced the others, too. "Anna would be a good example to many people," said Liisa.

### The work ability coordinator's account

Ismo works as a work ability coordinator in the TE Office and Anna was his client. He was a special employment counsellor for persons with limited work ability as early as in the 80s and worked in a different position for 15 years after that. Labour administration is under strong pressure, and one official is responsible for a large number of jobseekers. In his current position as a work ability coordinator, he has the possibility to work with a limited range of clients, which is people under 30. Anna is a typical client of his.

Anna became Ismo's client when the rehabilitation counsellor in the rehabilitation institute contacted him about Anna after a rehabilitation review had been carried out. They had come up with an understanding of Anna's occupational career in the rehabilitation review. Ismo said that he already got a sufficient and better than average understanding of Anna's situation in the very first meeting with Anna and the rehabilitation counsellor. Thanks to a good review, it was easier to take charge of this case than it would have been normally. Ismo considered his role in managing Anna's situation relatively small. However, Anna found it important to have her own contact person in the TE Office. It made using the services considerably easier in her opinion. Anna kept Ismo up-to-date by emailing him about the progress of her process.

According to the original plan, Anna's first alternative was to try to access working life through a work trial. In the very beginning, Ismo was wondering whether Anna's social situation might restrict her finding a place for the work trial. They therefore also made plan B, according which the goal was to proceed through career coaching. Because they did not find a suitable place for the work trial, they launched plan B. Anna was now waiting for the decision for a place to study to become a practical nurse. The field remained the same but she was now trying to reach the goal through a different means. Anna's matters made slow but steady progress. In Ismo's opinion, the willingness to enter a different world after having spent years at home with the children described Anna as a person. From the start, acting on the children's terms formed the framework for all discussions. In spite of that, Anna has all along wanted to find a place in working life.

According to Ismo, his role is a combination of a TE specialist and a work ability coordinator. The title work ability coordinator reveals the links to the vocational rehabilitation network, whereas TE specialist reveals that all applicants are clients of the TE Office. In Anna's case, he took advantage of both of these roles. There was an emphasis on the role of the specialist when he was dealing with the bureaucracy related to the job-seeker and the job search as well as when searching for the place for the work trial. The role of the work ability coordinator in turn was emphasized when there was a need to create a more comprehensive view and when the different cooperation partners, such as rehabilitation providers, were involved.

According to Ismo, Anna was an untypical case in a positive way. When she became Ismo's client, she had already been through a long path and had reflected on where she was heading and how. Ismo said that TE Offices went on terms of the masses because it was not possible to provide a very customised service with the available resources. It was therefore important that the client was motivated and also active herself. In addition to the work ability coordinator, it was also a good idea to have other support persons around. In many cases, it was worthwhile to have an "outsider" available for the client from the very beginning to provide a different perspective. The support person could be, for example, the client's own mother or father or an instructor from the housing services who knew the client and the situation well. In Anna's case that outsider was the vocational rehabilitation counsellor who carried out the rehabilitation review. The client was the best expert in her situation. However, the outsider somehow made the situation more live and real. The more pillars of support there were, the better everyone was able to focus on their core expertise and it was possible to benefit fully from the professional competence of the specialists.

## 11.4. Needs for further development in the work trial process

The common feature in both work trials was that the workplaces only had little knowledge about the work trial as well as about its goals and progress. In both work trials, a written work trial agreement was drawn up between the organizer of the work trial and the workplace, but the immediate supervisor of the person completing the work trial was not aware of this agreement. Also, the supervisors were not kept up-to-date with the progress of the work trial process, and did not know who paid the salary or who the contact persons of the different parties were and what their roles were.

Both persons completing a work trial would have hoped for personal induction material, which they could have taken their time to familiarize themselves with in the beginning and in which they could have made their own notes. There was no meeting organized in the beginning of the work trial, in which the organizer of the work trial, the supervisor of the workplace, the work ability coordinator and the person completing the work trial could have discussed the goals, implementation and responsibilities in the work trial, nor had either organization agreed on an interim or a final evaluation. All persons interviewed thought that everyone should have been made aware of the goal of the work trial from the beginning. That way it would have been possible to test the limits of the work trial better and at the same time evaluate the need for accommodations, such as working hours arrangements or changes in the work environment. Immediate supervisors were also not aware of the possibility to increase the working hours of the person completing the work trial gradually during the work trial. Both persons completing the work trial were of the opinion that the supervisor could have told the work community about their situation in advance because they had given permission for that. They would then not have needed to explain their situation and the possible special arrangements to each colleague separately.

The supervisors found the work trial a rewarding experience and it benefited all parties involved. However, employers would need more information about the goals and ways of organizing a work trial. Support of a work ability coordinator and other employer's positive experiences would be important from the point of view of employers.

A successful work experience would require individually defined goals, of which the person completing the work trial and the supervisors would be aware. A successful work trial would also require that, for example, working hours and the progress of the work trial be individually tailored. It would be important to have clear meeting practices in the work places so that the success of the work trial could be assessed from the point of view of both the person completing the work trial and the employer. It would then be possible to give and receive feedback about how successful the work trial has been and make the required changes. The work trial involves simultaneous work and learning, for which a good induction and guidance to the actual work is re-

quired. This case study and earlier studies show that, for a work trial to be successful, the person completing the work trial, the employer and the organizer of the work trial must commit themselves to it and familiarize themselves with the subject in a wide variety of ways.

## 12. Discussion

The concept based on the service system's selection of means and on the activity of work ability coordinators was suitable for supporting work participation of people with partial work ability as part of the operations of the TE Office, the workplaces' HR management, occupational health care and education institution. The concept was piloted in the operation of 12 organizations in different parts of Finland for two years.

The implementation of the concept required that the organization's management supported it fully. At least one person from each organization was selected for the work ability coordinator training. It comprised nine contact learning days, a development task, a regional cooperation day and a regional seminar. In addition, participants had an opportunity to receive professional guidance for working with clients or for the cooperation carried out with the workplace.

Organizations integrated the operating model into their own daily operation. The emphasis of the work ability coordinators' tasks was on working with clients, in addition to which they strengthened their own and the entire personnel's professional competence, carried out multi-professional cooperation across organizational boundaries and developed the service process as well as their own tools. This all required that work ability coordinators were motivated and had the time to do it. All organizations and work ability coordinators stayed in the programme until it was completed, which demonstrated their strong commitment to it. The organizations also used resources for conducting research interviews, gathering financial figures and compiling case descriptions.

The Osku-concept (Working with partial workability) lasted for a total of three years. Regarding that the intention was to change both the attitude toward persons with partial work ability and the operating practices of organizations, the programme period was reasonably short. The time period was also short in terms of the study, so the study focused on describing the introduction of the concept, the development of the operating practices, the activities of the work ability coordinator and the development of financial indicators. The research used multiple research methods in order to obtain a varied material and to gather views on the implementation of the concept from the different parties involved. The thematic interview made it possible to hear the voices of the organizations' managements, the professionals as well as the clients, and a thematic interview was well suited to a practical task like this. Additionally, the purpose of the case

descriptions was to highlight the practical experiences of people with partial work ability, supervisors and work ability coordinators. The quantitative part of the study paid attention to those financial indicators that organizations used to assess their own operation.

Organizations set their development targets themselves. TE Offices emphasised enhancing the employment of people with partial work ability, HR management and occupational health care providers helping employees to continue to work or return to work, and the education institution the student's self-advocacy and finding a suitable study option. In contrast, creation of new jobs or recruitment of persons with partial work ability were not mentioned in the goals set by the organizations.

The study reinforces the earlier impression that the service system is fragmented and difficult for professionals, supervisors in workplaces as well as for clients. A simpler service system or closer cooperation would be necessary, as e.g. Gould et al. (2014) and Liukko and Kuuva (2015) have suggested. The service process, which progressed through the same phases in the different contexts, was one shared way to form a whole picture of the system. Additionally, it would be necessary to determine the goals and responsibilities of the different actors, agree on shared rules and create clear operating practices for directing clients from one service to another. A shared web service and integrated tools as well as descriptions of successful solutions would make the work of the professionals easier.

Persons with partial work ability should be able to access work ability coordinator's services as early as possible. A person or a student with partial work ability was directed to the TE Office's or the education institution's service process in the same way as other jobseekers and students. The disability or the illness causing partial work ability was regarded as one of the person's qualities that might affect employment or studying. HR management of the workplace or occupational health care directed the client to use the services of a work ability coordinator on the basis of a reduced work performance or sick leaves. This required recognition and intervention as early as possible. A model for supporting work ability or early intervention in the workplace facilitated the activities of the supervisors. Early recognition of the client's need for vocational services by the occupational doctor or occupational nurse was important in occupational health care services.

According to the interviewees, the supervisor was an important source of support to the person with partial work ability. This has also been demonstrated in several earlier studies (e.g. Seppänen-Järvelä et al. 2015, Nevala et al. 2015, Juvonen-Posti et al. 2014, Tiainen 2014). Supervisors in the participating organizations were supported and advised by a work ability coordinator for how to utilize different means, such as work arrangements, workplace accommodations, work trials or relocation. The case descriptions also showed that the supervisor was the key to the success of the work trial. According to the case study, more information would be needed about the goals, content and benefits of the work trial as well as about other means in vocational rehabilitation.

The organizations had developed new operating practices to promote work participation of persons with partial work ability, mainly to meet the needs arising in everyday situ-

ations. Solutions had usually been developed together with the different parties involved. Furthermore, they had been tested and assessed in practice, which increased the value of the new ideas. However, the dissemination and implementation of solutions should be enhanced in order for other workplaces to be able to also take advantage of them.

Financial figures described development over a longer period of time and showed that the pilot organizations had been pioneers even before the Osku-concept. Even at the beginning of the programme, their situation was in many respects better than in their control organizations and they continued to develop their activities during the programme. Gathering financial figures required a lot of work in the organizations. Furthermore, different information systems and changes in the systems made obtaining information more difficult.

The pilot organizations had fewer persons with partial work ability working for them than their control organizations, and private sector companies in turn fewer than public sector organizations. This may mean that, thanks to the concept and work ability management, the pilot organizations were able to recognize persons with partial work ability at an earlier stage and could guide and advise them in vocational matters even earlier than before. This was also found out in the interviews with the management and work ability coordinators.

The concept was tested and assessed in different contexts, so an actual implementation or introduction is not necessary any more. Demonstration of the effectiveness of the concept would require a randomised control study. The operating model could also be tested in other contexts such as health care, the third sector, and small and medium-sized enterprises. Furthermore, it would be important to create new jobs for people with partial work ability by, for example, tailoring new kinds of combinations of duties, increasing the number of part-time duties and supporting entrepreneurship among persons with partial work ability.

## 13. Conclusions

The concept based on the service system's selection of means and on the activity of work ability coordinators was suitable for supporting work participation of people with partial work ability as part of the operations of the TE Office, the workplaces' HR management, occupational health care and education institution. The implementation of the concept required the support of the organization's management, multi-professional cooperation across organizational boundaries and strong professional competence. The service system comprised a wide selection of services, means and benefits supporting the employment and work ability of the client, but they were divided across the different parts of the system as an entity that was difficult to master from the points of view of both the client and the professional.

The person with partial work ability was supported by a work ability coordinator, whose task was to assess the client's situation and help the client to recognise his or her strengths and possibilities. In addition, the work ability coordinator provided information, advised and guided the client in matters related to finding employment and continuing to work. In addition to the work ability coordinator, professionals with different educational backgrounds working in different organizations carry out work that guides the client and coordinates services. It is important to develop this professional competence further and to create possibilities for expert work across organizational boundaries.

Clients should have the possibility to receive so called low threshold services throughout their studies and occupational career. Hence the person could, for example, receive guidance counselling, career planning, work ability coaching, vocational guidance and advice on pensions when necessary. The client's health and its impact on work ability and functional capacity would be taken into account in all services.

The expertise of professionals should be strengthened. It would be necessary to determine the goals and responsibilities of the different actors, agree on rules and create clear operating practices for guiding clients from one service to another. A web service designed to support the work, tested tools for working with clients and descriptions of successful solutions would make work easier for the professionals.

Supervisors were the key persons from the point of view of those with partial work ability. Therefore, supervisors' knowledge should also be improved in order for them to be able to recognise an employee's reduced work performance and direct the employee to occupational health services if necessary. Supervisors should be familiar with the work ability management process and the suitable means available at the workplace for a person with partial work ability, such as work arrangements, workplace accommodations and relocation. Easy-to-understand training and information material about partial work ability and the service system would be needed in the workplaces.

Professionals operating in the service system would need clear, tested operating practices and tools that would make their work easier. The 30–60–90 rule, which determines the process, measures and responsibilities and has improved cooperation between the employee, employer and occupational health care, could serve as a good example. Professionals would also need an up-to-date web service and process management tools, which would help them to describe and manage several clients and their simultaneous processes.

In future, it would be important to also try the concept in other operating environments, such as health care, the third sector as well as small and medium-sized enterprises. Furthermore, it would be important to create new jobs for people with partial work ability by, for example, tailoring new kinds of combinations of duties, increasing the number of part-time duties and supporting entrepreneurship among persons with partial work ability.



## 14. Summary

The goal of the study was to investigate the feasibility and benefits of the Osku-concept (Working with partial work ability), which promotes the employment and work participation of people with partial work ability in different contexts (TE Office, workplaces' HR management, occupational health care, education institution). In the concept, a work ability coordinator was appointed in the organization and given training for utilizing the means and benefits available in the service system (resources in the workplace, health care and social welfare services, rehabilitation, education and training, labour services and social security). The task of the work ability coordinator was to assess the client's situation from a vocational point of view at the earliest possible stage and look for solutions together with the client.

The concept was piloted in 12 organizations for two years. A multi-method approach was used in the study. The qualitative data comprised 24 organizational interviews and 11 case descriptions. A total of 31 representatives of the organizations' management as well as work ability coordinators were interviewed. The qualitative material comprised the financial indicators of six organizations between 2012 and 2015 and of a scenario analysis of the economic outcomes related to one case description.

Work ability coordinators' duties and client groups were different in different organizations. Work ability coordinators in TE Offices looked for employment solutions for unemployed jobseekers who had partial work ability. The work ability coordinators in the workplaces' HR management helped supervisors implement the model for managing work ability and look for solutions to support work ability, as well as took part in occupational health negotiations. The work ability coordinators in occupational health care worked together with the clients, occupational health care personnel, employers and other cooperation partners. Their clients were employees of companies that were customers of the occupational health care services. The clients of the work ability coordinator working in the education institution were persons interested in vocational education or training whose work ability was changing.

The service process was implemented through the same phases in all of the organizations: directing the client to the services, assessing the service need and planning measures, utilizing the services, means and benefits, and assessing the outcome. In all organizations, the clients were mainly directed to the services as a consequence of musculoskeletal or mental disorders that impaired their functional capacity or work ability.

Recognition of persons with partial work ability became more effective and they were able to use the services at an earlier stage. Preventive activity by occupational health care increased in the organizations that piloted the concept, and use of partial sickness allowance and rehabilitation subsidy as well as partial rehabilitation subsidy increased more than in the control organizations. Use of pay subsidy, subsidy for working conditions arrangements, work trial and career planning became more efficient in

the TE Office's services. HR management increased use of workplace accommodations, work trials, relocations and training solutions. Occupational health care increased provision of information, advice and guidance, and use of work arrangements, workplace accommodations and means provided by training and education. The education institution increased and brought to new contexts guidance counselling, information about competence-based qualifications and partial qualifications irrespective of the way the skills have been acquired as well as education that prepares for them, apprenticeships, and implemented training trials and familiarizations.

The clients of the work ability coordinator felt that they were included and allowed to participate in the creation of their opportunities. Collaboration with the work ability coordinator was democratic, confidential, solution-oriented and mainly correctly timed. According to the clients, the work ability coordinator was like their own representative between the workplace and the other parties, especially in difficult situations. In those cases the work ability coordinator brought up the clients' perspective, suggested alternatives and served as a mediator in the situation. The work ability coordinator also helped the work community to receive the person with partial work ability, for example, by telling them about the person's work situation if given permission.

Cooperation between pilot organizations and other actors increased during the trial. Work ability coordinators in TE Offices increased cooperation with Kela and municipal social services. Work ability coordinators in HR management participated in their clients' occupational health negotiations more than before. Work ability coordinators working in occupational health care increased cooperation with the education institution, pension institution, health care, TE Office and Kela. The education institution developed its cooperation especially with the city's HR management and the occupational health care service provider.

Factors that enabled people with partial work ability to participate in working life were good education, professional competence, work motivation and language skills. As regards finding employment, it was considered important that the person was confident about his or her opportunities to learn and was interested in learning something new. The supervisor was regarded as the most important support and creator of opportunities for the person with partial work ability. Professionals' insufficient knowledge about the entire service system resulting in sending the client back and forth between services was mentioned as one of the barriers to employment for persons with partial work ability.

New operating practices were being developed to support the employment and work participation of persons with partial work ability. The solutions were related to management, improvement of professional competence, strengthening cooperation and development of tools. New ideas were born in the organizations mainly in everyday situations, in the workplace's training and development events or as a consequence of initiatives made by the personnel. Some of the new operating practices that were introduced were related to legislative reforms or the implementation of instructions from the authorities. New operating practices were developed in cooperation with supervisors and person-

nel. In some cases, occupational health care, pension institutions, the education institution and clients were involved in the development work. The solutions were usually not piloted or tested, but implemented straight away, and any possible flaws were corrected afterwards. Work ability coordinators were tasked with supporting the introduction and dissemination of new operating practices in addition to working with clients.

The financial figures described development over a longer time period and showed that the participating organizations had been pioneers even before the programme. Even at the beginning of the programme, their situation was in many respects better than in their control organizations and they continued to develop their activities during the programme.

The pilot organizations had fewer persons with partial work ability working for them than their control organizations, and the private sector companies in turn fewer than public sector organizations. This may mean that, thanks to the concept and work ability management, the pilot organizations were able to recognize persons with partial work ability at an earlier stage and could guide and advise them in vocational matters even earlier than before. This was also found out in the interviews with the management and work ability coordinators.

According to the case study, it was economically worthwhile to provide vocational education and rehabilitation to the young man with a disability. The stories describing work trials showed that work trials clarified young people's career choices and were also a rewarding experience to the work community. The employers said they needed more information about the goals of work trials and the ways work trials can be organized. They regarded support provided by the work ability coordinator as important, but they would have liked information about the experiences of other employers.

It would be necessary to assess the effectiveness of the concept with help of a randomised controlled study. In future, a concept based on work ability coordinators and utilization of the service system could also be tested in other operating environments, such as health care, the third sector, and small and medium-sized enterprises. Furthermore, it would be important to create new jobs for people with partial work ability by, for example, tailoring new kinds of combinations of duties, increasing the number of part-time duties and supporting entrepreneurship among persons with partial work ability.

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## Appendices

- Appendix 1. Information letter participants of interviews
- Appendix 2. Consent to participate in interview
- Appendix 3. Interview themes
- Appendix 4. Consent to participate in a narrative interview
- Appendix 5. Narrative interview



## Appendix I



### Information letter

to a participant of the research interview

#### Osku-concept (Working with partial work ability)

##### Study

Working with partial work ability. A study of the feasibility and benefits of the Osku-concept in different contexts.

##### Goal

The goal of the study is to assess the feasibility and benefits of the Osku-concept in the pilot organizations. The concept takes advantage of the existing services, means and benefits.

The employer or the TE Office appoint a work ability coordinator to support the person with partial work ability.

The work ability coordinator plans and tailors a combination of different services, means and benefits with the person with partial work ability to help this person to continue working or to find employment.

##### Research methods

The feasibility and benefits of the concept are assessed from the point of view of the individual, the organization and society. The research methods used in the study are interviews, case descriptions, and financial and economic assessments.

##### Research schedule

The first interview in the study will be conducted during April–June 2014, and the second in spring 2015. The evaluation of the economic impact will be made between 2014 and 2015 in some of the organizations. The project will be completed at the end of 2015.

##### Utilisation of results

The results of the study can be utilized in further development of the Osku-concept, building a website, training different professional groups (e.g. work ability coordinators), legislative preparation and communications.

##### Further information:

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## Appendix 2



### Osku-concept (Working with partial work ability)

Research interview

#### CONSENT TO PARTICIPATE IN INTERVIEW

I have received sufficient written and oral information about the Osku-concept and the included study, of which the interview is a part.

I would like to participate in the interview. I am aware that participation is voluntary and that I can end the interview at any time I want to without any consequences to how I will be treated now or in future.

I give permission to record the interview.

- 1 Yes
- 2 No

Place    Date    /    2015

Signature:

Name in capital letters:

Signature of the person  
receiving the permission

Name in capital letters:

## Appendix 3



### Osku-concept (Working with partial work ability)

#### Research interview

#### Interview themes, spring 2014.

Background information about the organization  
Development targets set by the organization  
Appointment and duties of the work ability coordinator  
Supporting employment/work participation of person with partial work ability – good practices  
Service process  
Barriers and facilitators to employment/work participation of people with partial work ability

#### Interview themes, spring 2015

Achieving the goals set by the organization  
Implemented tasks of the work ability coordinator  
Supporting employment/work participation of person with partial work ability – changes that have taken place and measures taken during the past year  
Service process, changes that have taken place  
Barriers and facilitators to employment/work participation of people with partial work ability, changes that have taken place  
Benefits of the concept

## Appendix 4



Työterveyslaitos



SOSIAALI- JA  
TERVEYSMINISTERIÖ



Osatyökykyiset  
työssä

Osku concept, Sub-study, narrative case description

*“Narrative case description supporting the concept to employ people with partial work ability”*

### CONSENT TO PARTICIPATE IN A NARRATIVE INTERVIEW

I have received sufficient written and oral information about the study “Narrative case description supporting the concept to employ people with partial work ability” and would like to participate in the narrative interview in the study. I am aware that participation is voluntary and that I can end the interview at any time I want to without any consequences to how I will be treated now or in future.

I give permission to record the interview.

- 1        Yes
- 2        No

Place      Date      /      2014

Signature:

Name in capital letters:

Signature of the person receiving the permission

Name in capital letters:



## Osku concept (Working with partial work ability)

### Narrative interview

#### I Questions to the person completing the work trial

Tell me about yourself.

Tell me about the work trial in your own words.

What made you choose this particular field and this workplace for the work trial? What were your expectations for the work trial?

How did you perceive the place of the work trial?

How do you see the roles of the person completing the work trial, the supervisor and the work ability coordinator?

What is your own view on what you gained from the work trial? Were your expectations met and did you achieve your goals?

If you could start from the beginning now, what would you do in the same way and what in a different way?

What kind of advice would you give to someone else in the same situation?

#### II Questions to the supervisor

Background questions about the organization, personnel

What does diversity mean in your organization? Tell me about the work trial in your own words.

What made you offer a work trial place?

In your opinion, what do the employer and the workplace gain from the work trial?

What would you do in the same or in a different way now?

What would you like to tell other employers about the work trial?

How do you see the roles of the employer, the person completing the work trial and the work ability coordinator?

#### III Questions to the work ability coordinator

Tell me about yourself and about your background. Tell me about the person completing the work trial.

What means and benefits were used the work trial?

How do you see your role in relation to the person completing the work trial and the employer? Why were this specific field and this workplace chosen for the work trial?

What was the best outcome of this work trial? What was your impression of the workplace?

If you could start from the beginning now, what would you do in the same way now and what in a different way?

What would you like to tell other work ability coordinators about this work trial?

How do you see the roles of the work ability coordinator, the person completing the work trial and the employer?

Ministry of Social Affairs and Health  
Finnish Institute of Occupational Health  
2015  
ISBN 978-952-00-3809-0 (PDF)  
ISBN 978-952-00-3810-6 (bound)