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# **Commentary on the Round Table Project on Safe & Timely Return to Function & Return to Work**

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**Report submitted to: Dr. Lisa Doupe, PWR Health Consultants**

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## Overview

The overriding goal of the Round Table Project (RTP) has been the creation of a better system for helping individuals who are disabled, ill or injured return to function and return to work (RTW/RTF). The RTP approach to disability prevention is multi-stakeholder, multi-disciplinary and multi-dimensional. The hallmark of the RTP's contribution so far is greater efficacy through improved coordination and integration.

The RTP methodology was a high-engagement, participatory process based on shared learning and consensus building. It has provided a catalyst for dialogue that spans organizational, sectoral and professional boundaries. This is how the RTP has laid the foundation for coordinated actions within a common, holistic framework of disability management. It has brought together, for the first time, diverse stakeholders to forge a common vision – the key enabler of joint action that so far has been missing from interventions to assist the disabled.

But in this strength lies the RTP's greatest challenge: it is attempting to transform a system that traditionally has been fragmented and lacking a common agenda for action. System transformation of this scale and scope must be measured in decades, not months or years.

## Major Project Objectives Have Been Met

The RTP's enduring success rests on four pillars: an integrated system approach; disability prevention; proactive strategies for return to function and work; and stakeholder collaboration. Perhaps the RTP's significant achievements have been at the conceptual and capacity levels: an integrated model, knowledge transfer and relationship building. It has provided unique opportunities for shared learning, itself a vital contribution to collaborative action.

Tangible results from the RTP include:

- Communication vehicles such as newsletters, intranet and forums.
- Action-oriented projects that will contribute to knowledge dissemination, social marketing, a common assessment tool, chronic pain disability prevention, and research on a disability action prevention model.
- Several applications for funding from universities in Ontario have involved the RTP as a partner to set up centres of excellence on return to function and work, and disability prevention.

The RTP has appropriately focused on long-term goals and system-level reforms, creating a framework and mobilized a network of participants to achieve them. The RTP has built the capacity for future collaboration. It has firmly established the enabling conditions for key stakeholders to cooperate using a common vision of a preventative, systems approach to effective return to function and work.

A major outcome so far is an increased readiness of these stakeholder organizations and individuals to collaborate in the interests of the disabled. This way, the RTP has generated the

capacity for potentially significant future improvements in RTF/RTW. The RTP has helped build awareness of the need to work together and through this, has created change agents in stakeholder organizations. The next step is to support these change agents to implement strategies that directly benefit individuals facing barriers in RTF/RTW.

Another significant contribution of the RTP is creating a shared understanding of the problems requiring solutions. More than anything, RTP forums have underscored the complexity of the return to function and work process. This is a key insight that stakeholders can use to inform future action. It could take at least ten years to reform a fragmented and complex system, and the way has been paved for this. Only through institutional changes will individuals attempting to navigate the return to work process benefit.

The RTP also has raised awareness among stakeholders of the importance of the need for a broad perspective on supportive workplace cultures. These are cultures that reduce the risk of injury or disability, facilitate primary prevention, and support individuals to return to work if they are disabled. The RTP addresses the work environment drivers of a healthy and safe workplace culture, which also are the foundation for productivity. These were missing pieces of past efforts to support RTF/RTW.

The RTP has established leadership in supporting persons with disabilities in Ontario. One of the most important results from the RTP is a strong desire among stakeholders in Ontario to cooperate in the interests of creating a better RTF/RTW system. Now it is poised to expand this leadership nationally. Its commitment to evidence-based planning and decision making provides a solid foundation for this next step, as it will be perceived as a neutral broker able to bring together stakeholders which, in other contexts, have competing interests.

## **A New Public Policy Framework for RTF/RTW Has Emerged**

Success in addressing the needs of disabled workers, or individuals with disabilities wanting to enter the labour market, requires 'horizontal' public policy thinking and action. The RTP's framework for integrated, preventative and multi-stakeholder action on RTF/RTW marks a significant step in this direction. Notably, this model has been informed by some of the leading experts on the topic of disability management and return to work.

As a backdrop to the policy contributions of the RTP, it is important to note the magnitude of the private and public costs associated with not improving the RTF/RTW system. Statistics Canada reports that 12% of Canadians have an activity-limiting disability. The lost productivity costs are high: employment rates among the disabled are at least 18 percentage points lower than among the non-disabled, and 9.5 days per employee is lost annually due to a disability. Furthermore, there are substantial costs in terms of reduced quality of life and living standards, social exclusion, as well as additional costs born by the health care system. Depression and other mental health problems are a growing burden on workplaces both in terms of lost productivity, health benefit costs and other negative impacts. This is emerging as the next frontier of disability management and there is no doubt that the RTP can support proactive responses.

A key criterion required by Treasury Board for this evaluation is the extent to which the RTP is 'linked' to federal government priorities. Indeed, the RTP is more than aligned to these policy priorities; it has directly contributed to their implementation. It has tackled a well-known gap in our social, health, and labour market support systems – a gap that now is more likely to be closed because of the efforts of RTP participants and partners.

The RTP has provided the federal government and its provincial-territorial partners with a framework for moving in this direction. RTP has generated a robust conceptual framework for horizontal policy. Beyond its integrative and system approach, the framework has at least three additional strengths.

First, the RTP addresses the continuum of productivity, from permanent absence from work to partial functioning and presenteeism to high productivity. Second, it focuses on transitions along this continuum. Disability and work involve major transitions in the life course of individuals. Institutions are not well adapted to help with transitions, especially ones that sometimes lack predictability. In this way, it is possible to link health, employment and productivity. Third, part of the limitation in the past has been that the federal government had few policy levers at its disposal to address workplace practices affecting health and productivity outcomes. The RTP has created a partnership strategy that can lead to effective action within workplaces at the provincial/territorial, regional, and local levels.

## Links to Social and Economic Policy

The RTP has contributed to the overall social and economic policy agenda of the federal government. In terms of economic policy, a comprehensive human capital strategy for Canada must include efforts to improve individual productivity, and to enhance labour market entry and transitions. As the RTP deliberations have underscored, this strategy must include as key goals self-sufficiency and employability for disabled persons, and return to optimal functioning after illness or injury.

Canada's capacity to maintain its GDP per capita will depend increasingly on tapping into underutilized sources of human capital. Persons with disabilities comprise one of the largest groups in society which is not contributing to its full potential, and the numbers increase if ill or injured workers facing return-to-work barriers are also counted. In short, this is a major target group for increased labour force participation, and with the contributions of the RTP, we know what needs to be done to set realistic targets and take appropriate action to achieve this goal.

Closely linked with this human capital focus, the RTP also has contributed to social policy goals. As the Scott Task Force report argued, there are citizenship implications of inaction regarding the needs of persons with disabilities. A clear goal of the RTP has been social integration and inclusion of a disadvantaged group: workers with disabilities, illness or injury who face barriers to participation in economic and social activities to the fullest of their abilities. Indeed, the RTP has focused on reducing or eliminating barriers to participation, which is the key to increased equality of opportunity in Canadian society.

More generally, it is important to emphasize that the RTP has operated at the macro level of public policy, taking on the difficult challenge of linking labour market, health, and economic goals within a unifying framework. The pay-offs of a proactive strategy for return to work and function include reduced public and private health care costs, increased productivity for employers, and improved quality of life for the disabled person. Therefore, the costs of inaction on this issue would include increased health care costs, lost productivity and diminished quality of life. The indirect costs to Canadian society of the federal government being passive in this area are substantial, dwarfing the small costs involved to sustain the RTP.

## Recommendations

Based on this evaluation of the Round Table Project, we recommend that the following actions be taken:

1. A consistent theme in the RTP forums is the need for strong government leadership. This is role the federal government should continue to play through the partnerships forged in the RTP. This will help develop a pan-Canadian approach for RTF/RTW.
2. Lack of stable and predictable funding has hampered the RTP. Furthermore, shifts in thinking and practice of the magnitude proposed by RTP require long-term efforts and resources. HRSDC therefore should make a 5-year funding commitment to the RTP, for half of its projected financial needs based on a detailed business plan. This will strengthen partnerships and accountability by requiring the RTP to raise the remaining funds required.
3. The RTP should collaborate with HRSDC to create a 5-year business plan that will be the basis for this funding and serve as an accountability and reporting framework for tracking outcomes.
4. To build momentum from the work of the RTP it is essential to move quickly to capitalize on the high readiness for change to improve the system among stakeholders. This is a fragile creation and the social capital – basically, the capacity for cooperation among a disparate network – the RTP has developed will quickly diminish. A lot of people have invested time, expertise and leadership into the RTP. Rebuilding this foundation at some future date would be far more costly than maintaining the RTP. Therefore, future funding must be put in place quickly.
5. Within the next five years, the RTP should be transformed from a project into a formal non-profit institution, either as a stand-alone institute or hosted as a discrete entity within an appropriate existing structure. If the latter approach is taken, it is important to preserve the independence of the RTP and not link it too closely with an existing stakeholder's interests. Another important consideration is finding an institutional model which enables effective fund-raising.
6. The December 2004 Forum report to HRSDC is evidence-based, presenting a framework for a disability prevention model that meets stakeholders' needs in Ontario. Within the next five years, the Round Table Project should develop a systematic plan for

replicating this work in selected jurisdictions across Canada, contingent on readiness and resources within a jurisdiction.

7. The RTP should give priority in future initiatives to engaging employers, insurers and the legal profession. These groups are key stakeholders in the RTF/RTW process, as well as potential sources of support and resources for pilot projects and related initiatives.
8. The RTP should give priority to developing its integrated planning tool, a useful resource that can guide the pilot projects developed by the RTP, as well as future actions. Pilot projects provide the feedback loop needed to refine the planning tool.
9. As the RTP initiates pilot projects involving individuals in transition to work, it should apply rigorous cost-benefit evaluations to these interventions. Tools should include but not be limited to quality-adjusted life years, the cost of disability, and the contribution made by the RTP towards returning people to function and work.
10. The RTP should use every opportunity to pilot and refine its integrative RTF/RTW model so that it is able to guide action in a wide range of settings and meet the needs of diverse groups of persons with disabilities.