

# ROUND TABLE PROJECT

on Safe & Timely Return to Function & Return to Work  
*Where the process supports the person*

## A Common Language: A Common Policy On Safe and Timely Return to Function, Return to Work



Canadian  
Physiotherapy  
Association

Association  
canadienne de  
physiothérapie



Ontario Society of  
Occupational Therapists



Human Resources & Skills Development  
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Social Development Canada



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**THE ROUND TABLE PROJECT**  
**SAFE AND TIMELY RETURN TO FUNCTION AND RETURN TO WORK (May, 2006)**

**BACKGROUND:**

Despite the guarantees of the Canadian Charter of Rights and Freedoms, and Federal and Provincial Human Rights Codes, Canadians with disabilities have continued to feel marginalized. Even with the specific recommendations and statements regarding the obligation of accommodation for disability established constitutionally by statute and common law principle, there remains a gap between what has been mandated and what has been achieved.

A new cooperative structure is required, as opposed to the efforts of individual groups working in silos when serving people with disabilities. This absence of cooperation weakens the potential positive effect of these organizations. The structure itself becomes disabled.

With an aging population, better management of human capital is needed to achieve optimum functioning, and improvements in individual, workplace and societies' productivity.

**The Round Table Project**, established in 1999, to address these problems, was so named to emphasize cooperative principles required. Stakeholders have both a common purpose and equal place in our council.

**Mission Statement of 1999, and reaffirmed in 2003:**

“To improve the system that helps people with illness, injury or disability from any cause, develop and improve their social, personal, and economic self-sufficiency, and to help stakeholders in the system to identify and to overcome those barriers together.”

### **Purpose of A Common Policy and A Common Language:**

In 1998, through the analysis of stakeholders' policies, it was identified that there was a lack of common understanding, common language or process about issues affecting persons with disabilities, as well as limited communication among stakeholders. A Common Policy Project was designed to support various sectors to work together to develop a common goal on maximizing function and return to work. This policy supports people with disabilities, enables them to regain maximum function, while improving their work and varied environments. Without the implementation of the Round Table's philosophy and policy, stakeholders will continue to deliver health care and social services isolated from each other, thus creating frustrated stakeholders and frustrated persons with disabilities. The Canadian Charter and Human Rights Codes mandate the right of all citizens to full and productive lives, unhampered by disability.

### **POLICY STATEMENT:**

To provide, through collaboration, timely and appropriate services that maximize ability, participation and independence. This is to be achieved within the context of a bio-psycho-social context of human functioning, and environmental factors that limit or promote human functioning.

**POLICY PRINCIPLES:** Disability is the outcome of interactions between individuals and their psychological, physical, and social environment. The cause of the disability is irrelevant.

Emphasis is on ability and personal experience. The Policy should enable us to identify and assist citizens genuinely unable to function in the home or workplace. The International Classification of Functioning, Disability and Health (ICF), developed by the World Health Organization, will be used to provide a scientifically validated framework for examining and evaluating the experience associated with various health conditions. It establishes a common language to improve communication and compare the data across countries, times, services, health care and disciplines. A multi-disciplinary approach is critical to successful implementation of an interactive model of functioning and disability. It will promote critical early intervention and involvement in disability, which is essential to return to function. Several countries in Europe, Italy, for example, have committed to implementing the ICF principles in addressing their labour market challenges.

**ROLES, RESPONSIBILITIES, AND ACCOUNTABILITIES:**

Leadership must accept responsibility for Policy implementation. Stakeholders must have a common understanding of their roles, responsibilities and accountabilities. They must:

1. Recognize that the fundamental purpose of health care is to optimize functional capability, and provide assistive technology and environmental modification to minimize the destructive impact of injury or illness in personal lives.
2. Understand that full recovery is not required to support safe and timely intervention and return to work.
3. Focus on ability to function, not on disability.
4. Identify and remove barriers.
5. Identify and focus on abilities, and the assistive technology, accommodations, and

environmental modifications required.

6. Cooperate fully with respect to timely intervention.

7. Begin treatments and other interventions early.

8. Consider all aspects of the patient and his or her living experience and environment, using the bio-psycho-social model.

9. Address the behavioural and circumstantial realities that create and prolong disability.

10. Recognize that prolonged absence from normal roles, including work, is detrimental to mental, physical, and social well-being.

11. Work collaboratively with all stakeholders and participate in all assessments.

12. Communicate in an open, inclusive manner on a regular basis.

## **DEFINITIONS:**

*Functioning* (what one can do) and disability (limitation or restriction on what one can do) is a dynamic interaction between conditions of health (disease, disorder, injury, trauma) and contextual factors (personal, environmental).

*Environmental factors* can either facilitate function and reduce disability or act as barriers which limit the former and create the latter.

*Return to function* means achieving an optimal level of physical, social and mental well-being in an accessible environment that enables resumption or engagement in meaningful activities, occupations and a role in society.

*Return to work* is both an outcome and a process, achieved through collaboration that involves the person, employer, health care provider, work representatives and insurers. This process must

include an open process of information and ongoing dialogue to support informed and shared decisions.

**RENEWAL CLAUSE:**

This policy should be reviewed every two years with next review due May 2008

**REFERENCES:**

1. Charter of Rights and Freedoms, Constitution Act, Part B 1990, Ontario Human Rights Code, RSO 2000 c. H 19, section 17 and [Andrews v. Law Society of British Columbia, \[1989\] 1 S.C.R. 143](#), at p. 169
2. World Health Organization (2001). *ICF: International Classification of functioning, disability and health*. Geneva: WHO.
3. Shaw, L., Segal, R., Harburn, K. & Polatakjo, H. (2002). Understanding Return to Work Behaviours: Promoting the importance of individual perceptions in the study of return to work. *Disability and Rehabilitation*, 24(4), 185-195.
4. See acknowledgements for list of stakeholder organizations.

## Acknowledgements

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