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EXECUTIVE SUMMARY

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Cooperation in the management of working capacity problems

Study based on interviews with customer service professionals

In this study, we examine which concrete factors affect the cooperation of the actors that work with problems relating to working capacity. A key question is how the professionals in the management of working capacity problems experience the communication, flow of information and distribution of liabilities between the actors. The study depicts, on the one hand, the views on the nature and, in particular, the problems relating to the interfaces of cooperation that the professionals in different fields have and, on the other hand, the observed best practices. Our report focuses on describing the problematics of the cooperation and related suggestions of improvement. In addition to factors relating to the organisational level, our study depicts how recent legislative amendments come across in the interaction between the actors.

The research data consists of theme interviews with 24 customer and expert service professionals who work with issues relating to working capacity. The interviewees are professionals from the most central organisations involved in the management of problems relating to working capacity. Five of the interviewees worked at rehabilitation providers, four at earnings-related pension providers, four at Kela (some of them also worked at Labour Force Service Centres), three at Employment and Economic Development Offices, three in special health care, two in occupational health care, two in personnel administration at workplaces and one at a Labour Force Service Centre. The interviews were conducted individually, apart from one interview, in which two persons from the same organisation were interviewed at the same time. In order to examine regional differences, half of the interviewees were from the capital region and half from the Southern Savonia region. The interviews were conducted in May and June 2014. The majority of the interviewees were professionals specialising in social welfare

or rehabilitation. The titles of the interviewees included rehabilitation expert, rehabilitation planner, pension specialist, work ability coach, career coach, rehabilitation manager, social worker, psychologist, insurance secretary, working capacity advisor, company physician, personnel coordinator and personnel manager.

Our study focuses on three main themes. Firstly, we depict the management of problems relating to working capacity from the point of view of the process, where the main focus lies on the cooperation and distribution of liability between the actors in the various stages and points of transition of vocational rehabilitation. Secondly, we review how successful the cooperation is in terms of the communication and flow of information between the actors. Thirdly, we review the improvement of the cooperation and how the interviewees have experienced the renewing of the system.

Some of the central questions of the cooperation and distribution of liability between the actors in the rehabilitation process include how the need for and opportunities of rehabilitation should be determined and how rehabilitation can be planned and timed correctly. Relating to the determination of the rehabilitation opportunities, the interviewees criticised, in particular, the insufficient know-how of the personnel in health care when it comes to working capacity issues and drawing up rehabilitation plans. The determining of the need of rehabilitation by 60 days of sickness allowance that is the responsibility of Kela seems to be realised variably according to the interviewees.

The interviewees found that many of the recent legislative amendments have improved the practices of cooperation at least in relation to the early stages of the rehabilitation process. Most positive comments were generated concerning the 30–60–90-day rule that came into force in 2012 and that is based on amendments of the Sickness Insurance Act and the Occupation Health Care Act. According to the interviewees, the reform seems to have improved the coordination between the workplace, occupational health care, other health care and Kela and to have increased the opportunities to intervene with the protracted periods of disability earlier than before. Another reform which the interviewees brought forth as improving the prerequisites of early cooperation was the government decree that outlines the practices and principles of occupational health care as of the beginning of 2014. The decree depicts the principles of good health care practices, of the content of occupational health care and the training of professionals and experts. In addition, the mitigated conditions for the partial sickness allowance were seen by most interviewees as a positive reform from the point of view of occupational health care cooperation and the employee rehabilitation process.

According to the interviewees, the largest problems in the realisation of vocational rehabilitation relate to the distribution of liability in so-called double customerships. The problematics often relate to situations in which a person who experiences problems with working capacity is simultaneously a customer of an Employment and Economic Development Office and an earnings-related pension provider or Kela (or all three). As a rule, the cooperation of Kela and the earnings-related pension providers in vocational rehabilitation has become clearer in

recent years. However, unclarity remains particularly in the distribution of liability between the earnings-related pension providers and the Employment and Economic Development Offices.

In addition to the distribution of liability, a problem relating to cooperation seems to be that the information flow between professionals working in different organisations is quite varied. Nevertheless, according to the interviewees, the information flow between the health care actors, as well as the health care actors and Kela, seems to have improved. Similarly, the communication between occupational health care and employers was felt to have developed favourably. Not all interviewees found the communication between special health care and occupational health care to be flawless. The success of this communication varies greatly from case to case. It also became clear in the interviews that the health care social workers are often in a crucial role in terms of the information flow between the actors. A special area of problematics is posed by the cooperation relating to the situation of the unemployed who are experiencing problems with their working capacity. Despite the favourable development in this area, many shortages persist.

Based on the interviews, the information flow and interaction between earnings-related pension providers and rehabilitation providers is successful. The success is largely based on a service network for rehabilitation for employment (Työhönkuntoutumisen palveluverkosto) and a related data system (KuntoutuNET), which have received a large amount of positive feedback. The communication between Kela and the earnings-related pension providers was also seen as fairly functional, although the electronic communication was not without flaws. One of the key problems relating to the communication that the interviewees pointed out was the “facelessness” of the Employment and Economic Development Offices and Kela. This makes the handling of customers’ cases and the professional cooperation stiff and slow since the communication has to go through official channels. The professionals of other organisations seem to have trouble reaching the correct contact persons in time in particular at Employment and Economic Development Offices. However, this problem is clearly regional: in smaller communities, the individual networks of professionals make the communication and handling of cases smoother, while the professionals in the capital region are considerably more dependent on official channels.

The most important areas of improvement outlined by the interviewees were, first of all, an increase in the number of individual support persons for clients. In the best case scenario, these support persons would have some kind of long-term overall responsibility for the rehabilitation and return-to-work process, even though the service providers and the payers would change in the course of the process. Second, the interviewees called for more flexibility in the distribution of liability between the organisations by increasing, among other things, case-specific discretion and coordination between the actors. Third, the interviewees emphasised the need for an improvement of the communication and joint data systems of the actors. The interviewees also called for more well-planned forums of cooperation and information events at which they can network and get acquainted with other professionals.

In addition, they called for an improvement of the level of training and know-how of the professionals engaged in working capacity and rehabilitation issues. Further training was seen as particularly important for health care professionals.

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