Early Intervention

Rehabilitation starts by identifying the needs and potentials of disabled persons at an early stage, in most cases during the conduct of acute medical treatment in order to open immediately a way back to work, preferably to the recent workplace. Since most disabilities develop during the course of an individual’s lifetime, particularly during working age, it is important that employers, insurers and physicians implement effective disability management policies and return-to-work programs (RTW). Each medical intervention and evaluation must focus on this goal. Employers also have an important responsibility in relation to health and safety at workplaces and the welfare of employees, which must be linked to RTW programs.

RI calls for effective policies and supports to assist employers in their engagement in rehabilitation, especially on the worksite level. National employment services have an important role as a source of effective support on workplace accommodations and effective disability management guidance, which must be based on a social solidarity and consensus between employers’ and employees.’

Quality Criteria

Rehabilitation in the broad sense of this paper requires criteria to define what services are high-grade or low-grade in order to define structures, processes and outcome elements. Service users, funders and providers must be involved in developing evidence-based methods, benchmarking tools or other programs of quality assurances as well as assessments, which indicate the time and the extent of worksite-based individual case management, including work-readiness.

RI calls for the development, adoption and implementation of quality criteria on an international level. RI believes that, for the benefit of the, global population, occupational rehabilitation must be effectively and efficiently delivered within an outcome focus related to each health and social service measure. One example of global standards which respect diversity, transparency and national consensus, supports people with disabilities is the Code of Practice for professionals in Disability Management (www.idmsc.ca)
**Social Tradition**

Rehabilitation is part of the welfare state provision in each country, some of them articulated in the constitution as social rights. Many states have already ratified the UN Convention on the Rights of Persons with Disabilities (CRPD). RI supports the implementation, mainly of Article 26 (Habilitation and Rehabilitation), which is closely connected to Article 27 (Work and Employment). RI believes that rehabilitation is best advanced through effective policies and legislation as part of a country’s comprehensive health, education and employment services for its population. The individual should be central in shaping their personal plan.

RI calls for diverse vocational provisions, which take into account the individual needs of persons with disabilities and their relatives. National policies must prioritize access to the community-based open labor market including self-employment. Transition from sheltered work places to open employment must be promoted.

**Economic Value**

Without specific preference for any of the various definitions of rehabilitation, rehabilitation means more than just wellness or medical care. Access to services on a community-based level can play a vital role in advancing rehabilitation, including integration into education, work and social life, as part of an inclusive and productive society.

State, employers and employees as well as payers, like insurers, benefit from investing in rehabilitation. Include vocational rehabilitation with a focus on effective support. Research in many countries proves that investing one Euro in rehabilitation will return five. That means rehabilitation is more than “nice to have”.

RI calls for a strategic approach to ensure rehabilitation services are funded and supported to deliver effective outcomes for individuals, particularly supporting participation in employment activities. National strategies and programmes need to include vocational rehabilitation with a focus on effective support systems based in the community and on statutory measures.

**Holistic Approach**

In order to be effective, Rehabilitation requires co-operation between stakeholders. Governments need to address the full spectrum of needs which cross different ministries such as health, labor and social issues. They must mainstream goals for employers, insurers, physicians and other service providers for them to collaborate interdisciplinarily and act comprehensively focusing not only on making disabled persons fit for all-day activities, but also fit for work – preferably in the open labor market.

Payers have to collaborate among each other and together with service providers in order to avoid gaps between medical care and vocational rehabilitation. Prevention, co-ordination and a person-centered approach to individualized planning must be intrinsic parts of comprehensive case management delivering best outcomes for individuals. RI calls for effective structures which support holistic assessment of individual needs and abilities based on the ICF (WHO), which can provide better quality of support for integration into the working life.