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1 Background of the contract

In the 60s and 70s, the severe lack of main power produced a strong immigration flow of guest workers into Germany. The former twenty and thirty heroes are today fifty and sixty years old. Some of them are thirty years ancient in the same company. As the time evolves, new production methods require advanced technology of automation and rationalization. Anyway, we still relay on the experience of the ancient workers whose present physical abilities are non longer comparable to the those of the past. In order to make profit of the experience of the old employees, the company should take into account the physical, psychic and social welfare of the targeted group. Therefore, Ford of Europe, Cologne and IQPR create an joint venture of inter-and multidisciplinary experts with the aim to fit job to old experienced employees.

In the term of the year 2000, FMC decides to modernize the production method, replaces the old with the new FORD-FIESTA. That move implies the 100 % use of the production equipment around the clock, increasing the number of the shift from 2 to 3. In fact, c. 500 Ford employees (Fig. 1) were not able to work in the production line. They did principally the so called “easy” jobs. IQPR obtained the mandate to analyze this group with the goal to reintegrate as much as possible into their initial occupation task which is the production work. The majority of the targeted group consists of at least 50 years old guest workers. They were busy in marginal tasks like connecting small units, cutting mats, sticking, and so on. With the implementation of the new

¹ Sozialgesetzbuch IX (Manual of Social Law no. IX)
production system, this kind of jobs will disappear or outsourced to the supplier companies located for the purpose in the newly created Industry Park close to Ford Plant, Cologne. Car doors, armatures, and more will no more be produced in the plant. They will be via hanging line just in time modular supplied at the appropriate assembly station.

2 From the analysis to the intervention

From February 2001, IMBA requirement profiles for the former production lines were systematically carried out in different domains of Ford Plant, Cologne such as sheet metal, press, paint, TRIM, Chassis and Final lines. Simultaneously, information campaign was organized to attract the attention of the employees and Managers on the advantages of IMBA philosophy. Trainings were organized for inter- and multidisciplinary participants such as physicians, representative of handicapped people, masters/foremen, industrial engineers, etc. The seminar gave them the opportunity to exchange their professional experiences and develop a common language on the topic of rehabilitation.
The selected employees were successively checked on medical, and physical conditions. Additionally, the files of all employees were analysed, arranged in accord with the screening method and the integration forecast index. Note that the participation to the screening was on voluntary base. The examinations and additional tests occurred once the secret keeping liability has been signed. The participation rate were about 98%. Many employees (n=55) were no more in work conditions or were totally disable. Honestly, we must recognize that many resistances and obstacles have to be overcome. Thanks the use of IMBA requirement profiles (n=1300 to the term of January 2003) the first rehabilitation candidates were successfully reintegrated in the TRIM and Final lines of the new Ford FIESTA production plant, FoE Cologne. Today, we earn appreciations inside as well as outside of the plant honoured by the third price of Ford of Europe Diversity-Awards.

From April 2001, an integration team was established with the aim of concrete and sustainable integration tasks. The abilities profiles of the employees were established. The comparison of a ability profile with one or more requirement profiles pave the way to fit job to people with reduced ability. The "integration team" discusses the best approach to adopt, and starts, in common accord with the employee, the concrete step in real production task which suits him most. The integration team shows him plausibly his abilities. This new kind of performance management was positively registered by the employees. From there, certified disability cases became very seldom. Certifications such unable to heave and carry, non assembly line work, non shift work, unable to bend down, etc. are no more delivered by the plant physician like it was the years before. The employees are coached and advised about the basic principles of ergonomics (preventive methods). Serious and active implementation produce a positive result. Employees who were long years absent from the assembly line perform there well again, and the majority of them is very satisfied. It is no more matter of disability or handicap, it is about the “activity oriented” point of view. More than the half of the targeted group is already reintegrated in the productive work. As stipulated before, different domains were investigated. Potential work place in sanitary facilities, cleaning, plant security, shuttle service, laundry, adhesive band work places, and material flow work are accounted for.
50 employees are integrated in sheet metal, 13 of them are handicapped people. In order to sustain the integration success, ergonomic measures had to be taken. Inappropriate lifting equipment must be replaced by the ergonomic suitable devices. That is why the cooperation with the integration office was initiated to obtain the government grant equipping the work places of 9 employees with reduced ability. Remote controlled and tipped containers facilitate the displacement of small components into the front and reduce the frequent deep bend to take up the materials. The employees should no more incline more than 35°. That means, the new device allows them to keep a nearly vertical position why operating. The trolleys facilitate them additionally to easily push and pull the loads. The files are redesigned to optimal anthropometric work height. The integration office also purchases the portal steel devices with manual manipulators to easy the material flow at the market place. Healthy, disable, and employees with reduced ability work together in three shifts around the clock. The ergonomic solutions were necessary for the safety of the quality of the product and of many jobs.

3 Result and perspectives

In the eve of 2003, 1300 requirement profiles were established. 600 employees were examined, and their ability profiles archived. Two successful years of team work lays behind the participants, the old assembly line is destroyed, the new is operational, one of the most modern of the world. The approximately daily meeting of the integration team guarantees the success of the reintegration of employees with reduced ability into the productive work.

- 34 of Ford employees receive IMBA training, 7 of them are physicians.

That sets an important condition of common ground for team work. Thanks the daily meetings of the integration team, more than 50% of the targeted group (n=281) are successfully integrated in the productive work. Most of them produce in FN3. 50 employees are outsourced to the cleaning works, where a high rate of satisfaction and the lowest absence rate (from 25% down to 6%) are recorded. 20 other employees are integrated in different work places. 45 of 500 are definitely not integrated because of motivation lack, permanent work disability. The possible solution to the unsatisfactory situation of these employees will be decided.

IMBA software is implemented in the FMC network. IMBA certified professional have rapid access to the updated requirement or ability profiles. IMBA administrator can grant the read, write, change and compare permit to the user.

In FILM project, the profile comparisons 1:n (1 ability compares to n requirements) were of the highest interest. Compare one ability profile to n requirement profiles in order to find the best appropriate work place for the candidate. Immediately, the employee is informed about the result, the foreman contacted, and the reintegration process coached by the integration team members can begin. The n:1 comparison mode does make also sense, when from a group of employees, one or the best should be selected for a specific job. The ability profile quality safety of an employee
in rehabilitation process is given by comparing his ability profiles in the different phases of the process.

The success of the FILM project is also due to the inter- and multidisciplinary composition of the team. The employees appreciate that their problems are considered and analysed by a group of inter-and multi-professionals. Social professional coaches employees in areas which are not directly related to the job, but certainly of big resonance on their performance. The participation of the works council and the representative of handicapped employees in the integration team makes certainly a good contribution to the success of the project.

The ergonomic oriented organisation of the work place for performance reduced people was made possible by the technology planners of the plant. From all the experiences made in the company, all present and future processes will be conjointly designed with the established concept of reintegration of people with reduced ability. An interface of the plant, insurance, and external partners is targeted. Therefore, a round table of prevention and rehabilitation will be established. Its work will be measured by the rapidity of its intervention, efficiency, and success. One of the major aim of the cooperation will be the implementation of an effective preventive warning system. An close commitment between the plant and the insurances must be created, especially between the human resources management and the BKK\(^2\) Ford. They record important data such as work disability time. These data can be used to initiate certain decisions about what is to do next. This task will be fulfilled by the integration team. But also retirement insurers, accident insurers, employment administrations, service stations, and integration office must make their contributions.

From spring 2003 on, with the participation of the integration office, the social association VdK, a representative of the office of employment, and the coordination by the IQPR will organize training seminars for manager. Managers from the plant, representative of handicapped people, work council, human resources, and more will be skilled on the topic of social law, especially the SGB IX which includes many advantages for handicapped people. An additional target is a possible land scale expansion of the 2\(^{1/2}\) year-experiences of Ford and IQPR. Continue and intensify the common developed understanding in a unique and transparent language in the future. The necessary causes of different kinds of interventions must be as earlier as possible detected, implemented, and coached. Such preventive systems can only be implemented with the full participation of all, inclusive the concerned employee. The positive results profit to all. The motivation and job satisfaction have positive redundancies not only in professional life, but also in private and in social environment. There is also a direct feedback between the professional and the private life. All, that means the employee, the social environment, the company, and social insurers do make direct profit of job satisfaction. Creative job, health, and job satisfaction correlate directly with each other.

4 Economic views in context of social welfare system

\(^2\) Betriebskrankenkasse, a plant related health insurance scheme
The plant is the starting point of rehabilitation processes. So far, when the rehabilitation process is over, the plant should also be the end station. Between the two points, there are many stumbled stones on the rod of the employee and the employer. The path through the German insurance labyrinth requires from the beginning a better knowledge of the system and a profound advise. Who should I address? This is one of the frequently asked question. Connecting the different services of a complex institution can be of advantage for all partners. A flexible and engaged case management is necessary to succeed in the different steps of the rehabilitation.

The company (Figure 3) has a special role to play. It manages to keep the extra costs as low as possible by avoiding too high absence rate, maintain the employees satisfied and in good health until the retirement. If not, the extra costs in the company will increase, and

- the health insurance will have to pay, additionally to the salary, the medical cares costs for the rehabilitation processes
- the retirement insurance will have to pay, additional to the rehabilitation costs, the costs of early retirement or reduced ability
- the employment office will have to pay for possible unemployment status of the contributor
- the accident insurance will have to pay for the profession caused disability or disease

The so produced and increased costs charge the companies through the mean of government imposed salary extra costs. Therefore, the companies do pay twice for the mismanagement of the health of their employees. That point is not yet clear to the company managers. The enterprises are the most important solidarity partners and can directly influence the social overcharges. Especially in the era of high taxes and insurance rates, all partners should operate in the same direction, and fulfill their social and legal obligations.

Figure 3
A rehabilitation network system is required. All partners must seat around a table, in order to find a dynamic solution to the actual problem. Preventive measures save money. By the mean of the network procedure, the company might make important business profits.

Cost saving by the company:
- c. 300 employees are reintegrated in productive works in production, in 3-shift clocked assembly work. The cost of new hiring were saved.
- Cost for training new employees were saved
- Integration steps were financed by the government grant and secures in long terms the integration success.

Cost saving by the health insurance scheme:
- c. 14% of insurance rate will be pay by c. 300 employees until their retirement
- Salary payment from the 6th week of disability are reduced. Cumulatively, the cost reduction due to medical and rehabilitative cares as consequence of motivation and satisfaction improvement.

Contribution:
Government grant makes considerable contribution to the ergonomic reorganization of the work places suitable for people with reduced ability.

Cost saving by the retirement insurance:
- c. 300 employees continue to pay for the legal retirement age. Knowing that the contribution rate amounts to 19,5%, we deduce that the cost saving is considerable.
- the employees make an important contribution to the generation contract.

Contribution:
Government grant such as job assistance, technical supports, etc. could contribute to secure the job.

Cost saving by the office of employment
- c. 300 job cancel have been avoided. The 300 employees were certainly no more able to find another job, and consequently the office of employment would have to pay them.

Contribution:
Government grant as well as financial help could contribute to secure the job.

Cost saving by the accident insurance:
- a reduction of job caused disease and a reduction of job accidents can be achieved through preventive and health oriented measures.

Contribution:
Government grant as well as financial help for ergonomic work place could contribute to secure the job.

A solid cooperation between all partners make possible to reach a considerable rate of cost saving. A smart preventive detection system or better a preventive avoidance system has to be implemented. The first steps have been made at Ford Plant, Cologne. The most important element which is the employee should not be forgotten. The slogan “healthy employee – healthy company” should be extended to: “healthy employee – healthy company – healthy social insurance system”.

5 The first „Disability Establishment“ in Germany – Commitment with IQPR

The major result of the two years cooperation is the nomination of the former production manager Heinz Breidenbach to the first Disability-Manager in the 100 years history of FMC. His team is 100% devoted to problems relating to employees with reduced ability.

The fundamentals of the Disability-Managements are based on the “Code of practice of disability management” of the Canadian „National Institute of Disability Management and Research“ which currently finds practice by Weyerhaeuser (61 000 employees in 13 countries) and good resonance in the German social insurance milieu. Tasks of the Disability Management is e.g. the coordination of measures relative to keep the work places, the perpetual update of IMBA profiles, evaluation of government grant possibilities, interface to all social insurers, management of the integration steps, building and expansion of the prevention and rehabilitation councils, node between the company, the external rehabilitation institutions and the physicians. The profile comparison plays an important role in that process.

It is the common language of all the interdisciplinary experts of the integration team. The Disability Management integration team consists of the members listed in Figure 4. The team meets daily in different departments of the company. The daily meeting will remain obligatory in the future.
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The (Disability Management) Integration team

Consists of representative of:
- Work council
- Human resources council
- Handicapped people
- Medical service
- Foremen/Supervisor
- Production Management
- Ergonomic performance
- IQPR

This is the logical consequence of the second part of SGB IX which stipulates that the integration team represents the necessary organ to people with reduced ability in professional as well as in social society.

6 SGB IX and its implementation in the enterprise

As shown below, the integration team put in practice directly and indirectly the recommendations of the SGB IX (Rehabilitation and participation of disable people). The tasks of the integration team is as follow:

- Constitute an integration team (§§ 93, 95 and 98, Part 2 SGB IX)
- Encourage disable people and risk group to participate to work activities (§1 SGB IX) and (§81 Sect.2 SGB IX)
- Introduce demand for found sponsoring the participation of disable people (§§ 33 SGB IX)
- Organize seminars in the company in order to sensitise employees to their disable colleagues.
- Support employees with minimal rate of disability (< 30%) to obtain the equivalence status (§2 Sect.3 SGB IX)
- Prevention through ergonomic organization fitting job to the employees (§84 SGB IX)
- Contract the integration commitment (§83 SGB IX)
- Training managers on the disability issues
- Connect the company and the external social structures
- Extend the implementation of assessment instruments
- Prevention and health sponsoring as integral part of health oriented supply in order to avoid future disability problems
- Consult the local service station to clarify some ambiguous questions (§§ 22-25 SGB IX)
- Implement flexible work time system in specific cases (e.g. exempt someone from shift work liability; §81 Sect. 4, No. 4 SGB IX)
- Hire disable people - Avoid firing disable employees (§71 SGB IX)
Use the instruments given by all social laws inclusive those of SGB IX (SGB III - Job sponsoring; SGB V - Legal health insurance; SGB VI – Legal retirement insurance; SGB VII – Legal accident insurance)

In the future, particular attention will be focussed on the avoidance of the disability or the chronic disease. The §3 of the SGB IX assigns the priority to the prevention. The distinction between prevention and rehabilitation is virtually sharp. The upcoming implementation of a preventive warning system should enable the disability integration team to prevent and avoid disability or health risk by carrying out a task. That will require a good cooperation between the plant physicians and the health insurance scheme. In an homogeneous clientele such as members of BKK Ford, it is easy to implement the §29 Sect.2 SGB V requiring the sponsoring of measures improving health as well as training, information campaign, work place oriented therapy in close association of the accident insurances.

7 Conclusions

Many milestones to the edification of a preventive management are achieved, but the job has right now begun. The slogan is to move from acute intervention to prevention. A systematic prevention system has to be established in order to predicate the upcoming problems from different perspectives (work medicine, ergonomics, psychosocial aspects). Plant insiders and outsiders must cooperate, and that in respect of the approved law of secret keeping. Data from human resources, health service, health insurance scheme should be set together, and make accessible to the members of the integration team. When a rehabilitation demand is formulated, it is most of the case too late. Major costs are the consequences for all interested, and the wheel of history is not easy to be reversed. Ford Motor Company will continue, might be with the support of IQPR, through the established Disability Management to act innovatively and successfully for the interests of the employees. The preventive warning system will sustain the leadership of FMC in matter of job safety and the best CI by all partners of the German social systems.

Many thanks in name of IQPR employees for the extraordinary and successful years of cooperation with Ford of Europe, Cologne.

Cologne, March 2003
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8 Bibliography

Biefang S, Potthoff P, Schliehe F. Assessmentverfahren für die Rehabilitation. Göttingen u. a.: Hogrefe-Verlag

Bundesministerium für Arbeit und Sozialordnung (Hrsg.):
IMBA - Integration von Menschen mit Behinderungen in die Arbeitswelt, Essen, Siegen 1996

Bundesministerium für Arbeit und Sozialordnung (Hrsg.):
IMBA 98 - Software für Fachkräfte der beruflichen Rehabilitation, Essen, Siegen 1998

Gagel, A., Schian, H.-M.
Die Dominanz der Rehabilitation bei Bearbeitung und Begutachtung in Rentenverfahren – zugleich ein besserer Ansatz zur besseren Bewältigung der Anforderungen des §43 SGB VI, Die Sozialgerichtsbarkeit, Heft 10, Oktober 2002, 49. Jahrgang, Seite 529-536

Greve J.


Kaiser, H. / Kersting, M. / Schian, H.-M.:
Der Stellenwert des Arbeitssimulationsgerätes ERGOS als Bestandteil der leistungs-diagnostischen Beurteilung, Hinweise, Blatt 19, Die Rehabilitation 2000, 39(3):175-184

Kaiser, H.:

Schian, H.-M. / Kaiser, H.:
Profilvergleichssysteme und leistungsdiagnostische, EDV-gestützte Technologie - Ihr Einsatz zur Verbesserung der Beantwortung sozialmedizinischer Fragestellungen und Begutachtungen sowie der Planung von Rehabilitationsmaßnahmen
Hinweise, Die Rehabilitation 2000, 39: 56-64