



# Our Model of Reintegration

*The model of reintegration*

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**Institute for Vocational Guidance**



## ■ Reintegration of SCI sufferers into employment

*What support do SCI sufferers need so that they can return to employment? When and where should this assistance be offered? The following document shows how the Institute for Vocational Guidance (IBF) of the Swiss Paraplegics Association understands its role and also shows the success it achieves.*

# From motivation build up to realised reintegration

**If professional reintegration of SCI sufferers is to be successful, it must begin early. The Medical, professional and social effects of SCI cannot each be singularly treated one after the other, therefore the patient must be comprehensively treated from the beginning onwards and guided with specific set goals. It is therefore very important to continuously achieve the right balance between demand and expectation at all levels.**

The Institute of Vocational Assessment and Employment (IBF) of the Swiss Paraplegic Association which is based in the Swiss Paraplegic Centre Nottwil, tries to fulfil these expectations in a process that accompanies the rehabilitation (Process-accompanied Vocational Assessment and Employment). In the first part of the following text the methods of the IBF will be presented. In the second part the consideration of costs and the benefits of the described procedure will follow.

## ■ Three Phases

The process of reintegration into the workplace, as the IBF understands it, takes place in three phases. (Activation or motivation phase; assessment and job-search phase; integration phase.) Indeed the work of the IBF begins earlier: Already while in the ICU the patient receives a visit from a member of Vocational Guidance staff. The aim of this meeting is to build up trust on both sides. It is only when the patient recognises the Institute of Vocational Guidance and its staff as competent partners will he be later ready, for example, to delegate the care of his existing relationship to the workplace and the related issues to them.

## Activation phase

The real professional reintegration work begins after about three weeks. Motivation of the patient into become actively involved is carried out through a motivation programme. He should, for example, take one of the computer courses on offer, a language course or some other activity. The primary purpose is for the patient to motivate himself, discover a new self belief and once more get back to making his own decisions.

## Assessment and job search phase

The second phase can begin if the patient is ready to speak openly about his future occupation. It consists of three parts:

■ Firstly, a process to ascertain what resources the patient has really lost will be carried out. If the SCI sufferer worked as a businessman before his accident, his loss from the point of view of occupation is not as big as, for example, a builder. Depending on circumstances, the chances of reintegration and the time it takes can vary. It should be made clear to the patient that resources lost through injury can possibly be compensated for through the acquisition of new skills.

■ Next begins an accompanied process of occupation and career advice. The combination of occupational advice (choosing of basic occupation) and career (advice based on the patient's previous history) is necessary because, from a total of 250 fundamental occupations, tetraplegics have only 13 to choose from. In these cases occupational advice cannot take place; on the other hand, with career advice it is possible to build up individual occupational plans for the future.



*Karl Emmenegger, Born 1952, grew up in Aarau, and since 1990 is head of the institute for vocational assessment and employment of the Swiss Paraplegic Association. He is a qualified draughtsman and suffered SCI in 1978 during his engineering studies: Therefore through his own experiences he understands the situation in which his clients find themselves. He qualified in business management and adult education and later took further education to become a career guidance officer. He is married and lives in Hochdorf. He devotes his free time to building replica models, music (jazz/blues) and sporting activities.*

■ In the related assessment the patient will be given specific knowledge over a set period of time; his knowledge will be checked at the end of this period. Depending on these results, his ability to learn and his prospective future level of capability can be estimated and on this basis further measures can be planned. If, for example, the patient feels himself unsure or is not in agreement with the analysis of his assess-



*For job interviews with the employer accompaniment is essential*

ment by the IBF, this phase can be repeated. Otherwise the third phase can begin: the actual integration.

#### **Integration phase**

Before occupational integration can begin, a workplace, apprenticeship or a further education course must be available. That requires a professionally lead employment placement service, that knows the exact requirements of the patient on one hand and the demands of the labour market on the other. Concrete planning and setting of definitive goals depend a lot on whether successful

amalgamation of different interests can be achieved. Here the IBF strictly follows the basic rule of the disability insurance: «reintegration before disability payment». (see Table 1)

Similar to the bodies that pay the costs, the employer also informs himself principally of the commercial aims. He must therefore know what possibilities apply in this regard. Sceptics are more easily convinced when different options are available to choose from– from accompanied trial work attempts through to team orientation (i.e. support to the team

in which the patient will work) through to the possibility of breaking off the experiment and later taking the person back. Further to this, employers will come to know that the disabled generally take their work seriously, identify more strongly with it, develop higher concentration ability, are willing to perform and

#### **Box 1**

#### **Definition of pension entitlement in Switzerland**

*Among the main concerns following SCI are questions surrounding occupation and the related financial situation. The question is not so much whether a doctor can continue to work as a doctor or whether a forester can work as a business administrator following occupational re-training; far more crucial is how many hours per day he or she can work and much they can earn. The entitlement to a disability pension in Switzerland is defined entirely on the degree of ability to work. (see example at the end of this paragraph).*

**Table 1**

#### **Success of occupational reintegration measures of the Institute for Vocational Guidance in the years 2002 and 2003**

<b>Occupational direction</b>	<b>2002</b>	<b>2003</b>
1. Clerical Assistant	12	13
2. Service provider, Media, Telecommunication	2	4
3. Office	2	9
4. Higher grades	9	6
5. Academic further education	4	4
6. Technical drawing CAD	7	4
7. Work training, business studies	5	6
8. Craftsman	1	1
9. Self employed	5	0
10. Housewife/House husband	3	0
11. In assessment/temporary solution	6	2
12. No solution	0	2
<b>Total of Disability Insurance Assessments</b>	<b>56</b>	<b>52</b>

*Disability is, according to Article 8, Paragraph 1 of the general section of the social insurance law (ATSG) «the anticipated permanent or long term total or partial inability to work». Inability to work is defined by the ATSG as follows: «Inability to work is caused by impairment of the physical, mental or psychological health and also, following reasonable treatment and reintegration, total or partial loss of ability to work in a suitable equal opportunities labour market» (Art.7 ATSG).*



*It doesn't always have to be a computer*



*Call Centre workplaces are also ideal for severely physically disabled*

can give their work colleagues completely new and unexpected motivation. Finally the patient needs to get the reliable feeling that he is welcome back in the workplace and that he is taking on a new challenge through his re-start, which in turn brings him an increase in self esteem, personal respect and real integration. We see ourselves generally as advocates of the people concerned who demand their legitimate rights. We are therefore obliged to support the institutions concerned and to work closely with them to solve interface problems and seek solutions to any specific questions related to the disability. Our offer is not only valid for the reintegration period but for the whole working life of the person concerned.

#### ■ **Considerations of cost effectiveness**

That the systematic process of reintegration is a successful system is

borne out by statistics from the last 13 years: By 95% of all new accident victims, continuity plans could commence at the end of the first rehabilitation. In the last two years this figure has even increased to 98% (see Table). Annual ambulant checks are carried out in all cases so as to scrutinize the results. The IBF will continually be developed so as to guarantee this success in the long term (see box 2).

The strategy of comprehensive accompanied reintegration into the workplace incurs relatively high costs in the beginning. Therefore the IBF has signed a contract with the Federal Office for Social Insurance in accordance with Statute (Art. 27 IGV) whose clearly stated task (vocational assessment and employment phase) is paid for by the disability insurance. However, the costs incurred in the motivation phase and the job placement phase (integration phase) are not paid for by the disability insurance: These costs are borne by the Swiss Paraplegic Foundation. No contracts exist either with the health insurances or accident insurances. In the short term it seems understandable that the social insurances don't want to carry the costs of motivation and placement. Considering on the other hand the success rate, as well as the personal aspects and also the benefits to society of SCI sufferers being employed – tax collection in contrast to paying out social welfare – these investments are certainly worthwhile in the long term.

#### **Box 2**

##### **New offer from the Institute of Vocational Guidance**

*Because the patients in the Swiss Paraplegic Centre have so many demands on their time due to the medical and therapeutic treatments, only a reduced amount of time is available to them for occupational reintegration. Experience shows that the energy of the in-patients is enough for about one to two hours per day when dealing with the topic of occupational reintegration. Therefore the comprehensive infrastructure provided by the Institute for Vocational Guidance is not constantly operating at full capacity. For this reason they now take out-patients where the disability assessment is carried out during a period of four to six hours per day. The primary duty of each reintegration institution is to pay attention to the jobs market, build up lists of employers, and generally attend to the special needs of their clients (in our case SCI sufferers). In addition it needs new approaches to to-days workplace. The Institute for Vocational Guidance wants to take a new path, whereby the infrastructure for a new call centre will be provided which can be used by a business. The business can use the infrastructure of the call centre free of charge. In return they provide the IBF with workplaces for individual assessments, work trials and work practice. The aim is to make assessment of SCI sufferers possible within the workplace and make the employer more involved in the responsibility of assessment of employees who are victims of accident or injury.*

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