

Round Table Project on Safe and Timely Return to Function/Return to Work Phase II Report, March 2000

Executive Summary

Ontario leaders in health, labour, insurance and business have recently started to talk to one another about how their organizations provide services, such as income support, health care, education, and modified work, to persons with disabilities. This increased communication among stakeholders is a positive step since historically they have worked in isolation. Today, it is widely acknowledged that barriers to the full and equal participation of persons with disabilities in society are often created when one stakeholder provides a service(s) without considering its impact on services provided by other stakeholders.

The *Round Table Project* on Safe and Timely Return to Function/Return to Work was formed in 1998 as a result of the vision of Dr. Lisa Doupe, PWR Health Consultants. Her vision was that stakeholders work together to create a system that would remove *systemic* barriers to return-to-function/return-to-work for persons with disabilities. Julyan Reid, Assistant Deputy Minister of Ontario Region HRDC, shared this vision. Together, they were able to bring to one table key stakeholders who embraced the value of collaboration and cooperation in this process.

A second important factor leading to the formation of the *Round Table Project* was the strategic direction of Human Resources Development Canada Ontario Region. The *Round Table Project* was and continues to be one of the external harmonization components of the Region's service delivery strategy for persons with disabilities.

The *Round Table Project* also builds upon the work of the physician community in return to work. In 1994, the Ontario Medical Association approved a landmark policy on the role of the primary care physician in timely return to work. The British Columbia Medical Association and the Yukon Medical Association supported the OMA policy. The Alberta Medical Association endorsed a policy similar to the OMA's. The national association, the Canadian Medical Association, released its policy on the issue in 1997.

First Round Table Project meeting, April 1998

Approximately 22 organizations from various sectors involved in safe and timely return to function/return to work (RTF/RTW) attended the first *Round Table* meeting in April 1998. At the meeting, stakeholders met, many for the first time, learned about each other's roles and identified preliminary opportunities to work together. By the end of the meeting, stakeholders agreed that the *Round Table* dialogue should continue and that the next phase of the process should focus on three activities: development of a vision, common language and a client-centred service delivery model. Stakeholders were seeking concrete opportunities to collaborate and cooperate in safe and timely RTF/RTW.

Phase II, Round Table Project

In March 1999, HRDC Ontario Region, through its Local Labour Market Partnerships Program, contracted PWR Health Consultants to facilitate Phase II of the *Project*. Phase II activity was deemed to be appropriate under a funding program intended to encourage partnerships.

Twenty-three organizations representing 11 stakeholder categories agreed to participate in Phase II. Phase II comprised activities leading up to and including a two-day meeting in September 1999 at the Ontario Medical Association, Toronto.

Vision

Because of consultation prior to the September meeting, stakeholders were able to move quickly and with ease to select a vision statement for the *Round Table*. *The vision is: "To improve the systems that help people with illness, injury or disability from any cause, develop and secure their*

social, personal and economic self-sufficiency and to help stakeholders in the field identify and overcome barriers together.”

The ease with which the vision was developed is evidence of two positive aspects of the relationships among Round Table stakeholders: a desire to work together and a high comfort level in doing so.

Common language

Developing a common language was identified as a priority during Phase I. At the time, stakeholders believed that a common language would enable them to have a dialogue and to work together more effectively. However, it became clear during Phase II discussions that this approach was impractical and time-consuming. Each organization's definitions for common terms, such as disability, return to work and return to function, evolve over time to suit particular organizational values and objectives, and sometimes in response to legislation. Even if the *Round Table* could develop a common language, it was not reasonable to expect that stakeholder organizations would or could embrace it.

Stakeholders decided that the solution to the language barrier was to become familiar with each other's terms and definitions. They formed a strategic action group to work toward this goal. The strategic action group identified two desired outcomes. The first outcome was to identify the common elements among definitions already in use. The second outcome was ready access to information on services and benefits related to disabilities.

Service delivery model

McMaster University, a *Round Table* partner and stakeholder, led the *Round Table* research project. In its research with stakeholders, the University identified opportunities where stakeholders could collaborate and cooperate in service delivery with respect to safe and timely RTF/RTW. The opportunities identified by McMaster involved two-way and some three-way partnerships between and among stakeholders.

A policy coherence tool being developed by the Roeher Institute, York University, was introduced to the *Round Table* stakeholders. The tool illustrated the opportunities for multi-stakeholder partnership and confirmed stakeholders' understanding about how to resolve barriers to employment of persons with disabilities. According to Roeher, to develop policies and programs that will result in greater employment for persons with disabilities, the locus must shift from interventions in discrete policies and programs to the interfaces between policy and program sectors. Otherwise, they argue policies and programs of one sector may cancel out the benefits of policies and programs in another sector.

Stakeholders formed a second action group to develop the components of an effective, integrated, cross-sector model of service delivery for safe and timely RTF/RTW. At the same time, the Rehabilitation Council of Ontario, a stakeholder and partner, will work in consultation with the *Round Table* to develop an integrated interdisciplinary model for the delivery of rehabilitation services to persons with disabilities. The RCO model is a subset of the larger service delivery model envisioned by the *Round Table Project*.

Legislation

Stakeholders also formed a strategic action group around a third priority, legislation. This priority is part of the evolution in stakeholder objectives. Lack of coherence in policies brought stakeholders together in the first instance in Phase I. By selecting legislation in Phase II, stakeholders indicated an interest in moving beyond policy to tackle legislative issues with respect to safe and timely RTF/RTW.

The first desired outcome of the action group is to develop a proposal for a persons-with-disabilities act that would encompass employment strategies. The second desired outcome is to

develop a proposal for mandatory workplace return-to-work committees for *all* persons with disabilities.

Next steps

The three action groups developed preliminary action plans to achieve desired next steps. They agreed to meet on their own to take action and develop more comprehensive strategies. At the meeting, stakeholders agreed they needed the commitment of their colleagues at the Round Table and the organizations they represented to achieve the goals they had set for each respective group.

When Phase II of the *Round Table* project began in early 1999, HRDC Ontario Region was the only financial sponsor. By September 1999, four other organizations had subscribed to partner status by contributing financial and/or human resources. They were Glaxo Wellcome, McMaster University, the Ontario Medical Association and the Rehabilitation Council of Ontario. With these additional new partnerships, the requirements of HRDC's program funding were satisfied.

The next phase of the *Round Table Project* will focus on the work of the strategic action groups. Stakeholders also recommended that financial resources be identified and secured to support the activity of the three groups and the continued work of the *Round Table Project*.

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