

Summary and conclusions

In this project we were asked to provide answers to the following research questions:

- How can a clearer connection between HSE (health, safety, and environment) work and IA make the IA agreement more efficient? What are the challenges related to the distribution of roles and responsibilities?
- In which ways can culture and attitude change be prerequisites to obtain the objectives laid out in the IA agreement?
- How can different models of financing the sick-pay scheme for employers and employees contribute to increased presence and scope of action?
- Do the employers in the municipal sector feel that they have sufficient and adequate means in their IA work, and if not, what other means would be beneficial?
- Which results are obtained with the current means? Is the time spent with the available means adequate relative to the results obtained?

The main sources of data are interviews with various participants in 20 municipalities and a survey that all municipalities were invited to take part in. In the 20 municipalities we interviewed deputy mayors, local government officials, managing directors, HR and personnel managers, HSE/IA contacts, the main safety deputy, trade union representatives, occupational health service (OHS), local NAV (Norwegian Labour and Welfare Service) officers, and NAV Working Life Centre consultants. Both focus group interviews and individual interviews have been conducted. We have interviewed 87 respondents in total. The interviews have been transcribed, coded, and analyzed by various methods. Towards the end of the project period (July/August/September) we conducted an electronic survey in the municipalities. The response rate was good. Among the respondents were 203 personnel managers (47%), 606 primary trade union representatives (78% of the municipalities are represented) and 142 safety deputies (33%). Among the larger municipalities, 77 % of the HR managers responded, so larger municipalities are overrepresented. The report contains many references to relevant research and a large extent of quotations from interviews to provide depth to the content. Therefore, this is an extensive report intended to offer a commentary to the continued development of the IA work in the municipalities.

General findings

For the most part, the municipalities appear to be inclusive workplaces. Managers generally work hard, both in the follow-up of sick-listed employees, in preventive work, and in their efforts to maintain employees that are at risk from falling out of working life. To a large extent, managers and personnel managers feel that they have a social responsibility toward the community in keeping people in working life.

A majority of the respondents have trust in the IA agreement, especially employee representatives. 1 out of 5 personnel managers report a personal lack of belief in the agreement, while the same number answer that they don't know if they believe in the agreement. We think this is largely about the discontent concerning the reporting to NAV when a spell of sickness absence reaches 9 weeks. Moreover, it is also because they feel that employers are given a large responsibility to accommodate for sick-listed employees. The fact that the employees have a greater belief in the agreement could be due to the increased employee rights

entailed in the agreement, without a corresponding change of duties. For the employer, the IA agreement has involved a notably larger responsibility once the employees are on sick leave.

Most likely, there are some municipalities and units that can offer more in terms of preventive work, accommodation, and follow-up, but as a general rule, it seems that the existing possibilities in the workplace are utilized. In general, we find that NAV has quite high expectations to the individual municipality, but there is considerable variation between NAV consultants and offices in terms of what is perceived as the limit for employer responsibility of workplace adaptations.

With regards to personnel management, several municipalities are increasingly strict in the municipal practice of long-term leave of absence due to illness. 1 out of 4 personnel managers say they now, more than before, offer shorter leaves of absence after the rights to sickness benefit have been exhausted. The prevailing attitude is that it is preferential to assist people in finding a new job, rather than offering them a long-term leave from a position to which they cannot return. Regulations, means, and collaboration with NAV appear to represent the potential for development in these cases.

The requirement of a close follow-up of people on sick leave and a strict obligation to provide workplace adaptation has meant an alteration of the manager role. Because managers have to adapt so much it is necessary to get a lot of information from the person on sick leave. The sick-listed employees are generally open about their own health as well as family situation, but this can challenge the divide between work and private life.

The municipalities' IA work takes place within a different setting than many other IA enterprises, because the municipalities to a larger degree have to relate to governmental provisions and areas of commitment. The priority plan for public health and the Coordination Reform make the municipalities create positions and roles in preventive work, fitness program, and public health. In addition, they have people inside the municipality working in IA, HSE, quality systems, and other issues. Therefore, several municipalities have a need to coordinate the activities and for a more overall approach in order to get better effects from the efforts. Perhaps it is also high time to view internal and external activity in a closer connection in the municipalities.

The connection between HSE and IA

If IA and HSE are not seen in connection to each another, the personnel management will handle everything related to IA (follow-up of employees on sick leave, adaptation, and inclusion), while the safety services/HSE service deal with things related to HSE (internal control, safety work, and work environment).

The challenge is often the distribution of roles between the safety deputy and the employee representatives, because traditionally, the safety deputies belong to the HSE sector, while the employee representatives are included in the IA work. There are still some weaknesses to the employee representatives' involvement in the IA work, most likely due to their traditional role with regards to salary and conditions of employment. As the scope for the representatives' involvement appears to be unchanged, while the pressure on other tasks, such as the conditions of salary and employment remains the same, it is most likely hard to expect more involvement in municipal IA work from the representatives. The main representatives have to a larger extent been given more time, but the IA work is to happen out in the departments. This is one of the challenges connected to roles and responsibilities, which can contribute to explaining why close to half of the municipal representatives feel that they are not sufficiently involved in the IA work in the municipalities. Less than half of the main representatives find that the distribution of assignments and responsibility between safety

deputy and representatives in the IA work is clarified, so there is a need for a clarification of roles in many municipalities.

The regulation for HSE is largely developed for the industry and it should be assessed whether the HSE content could be adjusted in order to be more relevant for the municipalities. Nevertheless, we conclude that the IA work in the municipalities can be seen as an extension of the HSE work, where HSE represents the long-term and systematic endeavor performed in order to prevent people from becoming ill or injured, whereas IA work is what is done when people get sick or needs workplace adaptations and inclusion.

Culture and changes of attitude

Systematic work on workplace culture and attitudes is a prerequisite for reaching the targets of all of the three objectives in the municipal IA agreement. Management is a decisive factor in this endeavor. Many municipalities have a weak foundation of IA and HSE in their overall management strategy. Managers on all levels need to assist in getting to know each other's roles as well as the opportunities they have to affect culture and attitude.

Many municipalities are too slow in taking action in a situation where a manager is not functioning. We observe a systematically higher percentage of medical certificated sick leave in municipalities where the personnel manager answers that they are not quick enough to act in situations where the manager is not functioning. We also find that a lack of openness on different perceptions of reality regarding management and work environment can cause "corridor chatter", something which often remains underreported in work environment surveys.

The municipal sectors with the highest sickness absence are the services for nursing and care and kindergartens. Common for these workplaces is a high share of female employees, a close contact with users, and service areas that play a key role in the work on public health. In general, little research exists on these workplaces and on women's health in working life in general.

The sick-pay scheme

We suggest that the changes made in the sick-pay scheme primarily should be a tightening of the use of self-certificated absence where the managers feel there is a frequent and non-legitimate absence; this as an alternative to a tightening of the sick-pay scheme by introducing qualifying days, something which 80 % of personnel managers believe will reduce absence due to illness. The introduction of qualifying days implies a risk of longer absences, and therefore an increase in the total absence. A stronger enforcement of the employer's statutory right to withhold the employee's right to personal declarations will to a larger extent affect targeted individuals. Frequent and non-legitimate shorter absences are more of an exception than a rule, and this is a problem related to certain employees, not the overall staff. Few personnel managers and employee representatives believe that a tightening of the sick-pay scheme on the part of the employer will lead to lower absence in the municipalities. This is in line with previous findings from Sintef, where we concluded that a tightening on the employer's side would lead to a reduced willingness to inclusion, rather than a focus on preventive work to stop an increase of cost. One reason for that is that preventive work is difficult, and little documentation exists on the potential of prevention.

Means in the IA agreement

There is large variation among municipalities in the effect of the IA measures. A large share of the personnel managers, main safety deputies, and employee representatives find that the adaption subsidy in particular has an effect on the absence. Slightly more than half of the total granting of adaption subsidies is given to

the municipalities. Arguably, this is a correct allocation of subsidies, as the municipalities also have the highest sickness absence. Moreover, we find that a large percentage of the respondents attribute great importance to having a contact person at NAV Working Life Centre. However, fewer main safety deputies and representatives feel this than personnel managers. This discrepancy could be because in practice, the management has the most dealings with NAV Working Life Centre, even if the Centres put emphasis on including both employee representatives and managers when they are in touch. Many of the employee representatives do not know about the possibility of refunding the OHS fee, which is natural since it is the manager and the OHS who apply for it. On the other hand, the employee representatives believe in the extended self-certification more often than the personnel managers do. This could have something to do with that the personnel managers experience that many employees get a sick leave certificate also within the self-certification period anyway.

There are mixed feedbacks as to the indirect instruments not following as part of the agreement, but which have occurred as a consequence of the IA collaboration. The indirect instruments are primarily the follow-up regime and the use of graded sick leave. Most personnel managers find that developing a follow-up plan and the dialogue meeting 1 in the beginning of the follow-up regime have a good effect on the absence. Fewer still feel that the OHS' participation in dialogue meeting 1 has any effect, while well over 50 % of the personnel managers feel that the doctor's presence in dialogue meeting 1 has an effect on the absence. Few find that the reporting from employer to NAV has any effect on the absence. We observe a similar trend with the sanctions placed upon the employer: few believe that this has any effect on the absence. On the other hand, many personnel managers believe in sanctions placed upon the person on sick leave if they don't cooperate. This is also connected to the large share of personnel managers who have faith in the qualifying days as a means to reduce absence. There are also mixed experiences with graded sick leave. In some places, this works well, while others face considerable challenges. Previously, we have concluded that the graded sick leave leads to a decrease of absence (statistical correlation), but that the increased use of graded sick leave has shifted the costs of absence from the national insurance scheme to the employers (lack of productive work assignments to do for a person with adaption, the problem of finding a stand-in to cover the percentage of the person on graded sick leave, adaption for one person leads to increased workload for others, for example).

Concerning new potential instruments for the 3 sub-goals, a number of people suggested the introduction of qualifying days in reference to sub-goal 1 (reduction of absence). Many are also preoccupied with instruments enabling the manager to connect with the employee *before* the sick leave certification is signed, in order to consider adaption. The revitalization of the awaiting sick leave certification would come a long way in meeting the criteria. Another possibility is that the general practitioner limits his or her writing of medical certificate in the self-certification period, but rather asks the employee to hand in a personal declaration. In this way, the employer could initiate adaption measures before the leave of absence occurs. If the use of self-certification for absence shorter than 8 days increases, there will also be an opportunity to spend more of the short absences by using the right to revoke the employee's right for personal declarations if a suspicion exists that there is a misuse of the scheme mentioned above.

With regards to sub-goal 2 of the IA agreement to include more people with reduced functional ability, many personnel managers answer that they already have several employees who are in need of workplace adaption. It can be difficult to define who people with "reduced functional ability" are. Some imagine that they are people with a physical handicap who perhaps sit in a wheelchair. This particular group seems to not be a topic in some of the over 200 municipalities that have responded to the surveys. They say that they

rarely or ever get applications from this group and that if they do they assess their competence on the same level as the rest of the applicants. Concerning the most difficult group; people with mental disorders and psychological distress, often in combination with a few formal qualifications, the managers say it will be difficult to include these without governmental subsidies. The reason they provide is the financial situation in the municipalities. Parallel to sub- goal 2 in the IA agreement, we find that for sub-goal 3, many personnel managers feel that the time of retirement is more than high enough in the municipality and that they succeed in keeping people at work for a long time. Few are preoccupied with the economic instruments beyond the pension system incentives, but say that a good work environment, suitable job assignments (interesting and challenging tasks or less demanding) and flexibility in the work schedule is more important. Thus, sub-goal 2 and 3 are not in so much focus in the municipalities, but by better defining the target group for sub-goal 2 it will be easier to see which measures are necessary.

All in all, we conclude that many efforts are made in IA work in the municipalities, but there remains a lot of unrealized potential that could be used to reduce unnecessary absence. If the wrong means are used and too much pressure put on reducing absence, the spirit for inclusion in the municipalities can end up being diminished. In this way, it can be more difficult to obtain the overall goal of an inclusive working life.