



GOOD PRACTICE FINLAND

City of Pori

Contact person (NCO)

Name and organisation

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General information about the MOGP

Name of organisation and short description

The municipality of Pori has approx. 7200 employees, with an average age of 45.9 years. The model focuses on work ability and has three levels (promotion level, early support level, active support level). The entire model is based on cooperation.

Contact person

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Information on the good practice 'City of Pori'

Aims

The organization has developed the Healthy Pori model to decrease sick leave and related costs, and to increase employee well-being at work. The model involves all stakeholders – HR, supervisors, employees, occupational health and safety, and occupational health care services – in responsibilities and measures for situations in which work ability is good (promotion), decreased (alarm limits for intervention), or strongly decreased (recovery of ability to work).



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The Healthy Pori model includes several principles: a wide perception of work ability, “good work supports health” (returning to work as soon as possible after sick leave is recommended, the work should be adjusted to be good), and the principle of informing the supervisor (according to what is confidential or what is not).

Target group

- The promotion level targets everyone (prevention).
- The early support level targets those whose work ability is decreasing (due to sickness or chronic illness for example).
- The active support level and repositioning level target those whose work ability has clearly decreased.

Description

1. Promotion level

- Guidelines on how the management / supervisor, employee, occupational health and safety, and occupational health care services can contribute to prevention.
- Definition of an action plan.

2. Early support level

- Alarm limits have been defined – sick leave monitoring, work ability plan and return to work arrangements.
- Action models – early support models, substance abuse programmes, etc.
- Repartition of responsibility and tasks at this stage:
 - supervisors take the initiative, they monitor coping and they are trained: the model includes a discussion template and sample questions, who to contact in case of health-related issues etc.
 - the initiative can also come from occupational health care services, in that case a work ability plan is prepared, guiding the employee to ask the supervisor for an early support discussion.

3. Active support level (Short-term / long-term work incapacity)

- Guidance for both supervisor and employee to contact occupational health care services well in advance before the 30th day of absence (alarm limit).
- A return-to-work plan is set up and in almost all cases a work ability discussion is carried out, discussing how the supervisor can facilitate the return to work. Occupational health care services provide support in this regard.
- There is a predefined form, in which the supervisor records measures to support return to work (such as work arrangements, part-time sick leave allowance, work experiments...)

Measures and their monitoring are agreed upon together by the supervisor – the employee – and the occupational health care service within a specified date.



Why is it a good practice?

The model was developed in a very interactive way in cooperation between the Human Resources (HR) administration of the City of Pori, occupational health and safety delegates and occupational health care services.

Employees' representatives are involved if necessary, and the insurance company rehabilitation centre and health specialist care also take part in the cooperation if necessary.

Results

Evaluation

An evaluation is made every year in the HR report of the City of Pori.

According to the annual wellbeing at work survey, as the result of all cooperation, perceived work ability has improved, the rise in sick leaves has stopped and the retirement age has increased.

Incentives for success

There are early retirement pension-based contributions from the Local Government Pensions level.

Barriers for success

Implementing the model is still under way and it is not known well enough yet at the supervisor level.

The strict legislation on personal data does not facilitate the exchange of information.

Society's tight current financial situation does not allow much support for external sustainable employability of workers with disabilities and chronic illnesses.

