SOCSEO
RETURN TO WORK PROGRAMME
IN MALAYSIA - A Journey Through a Decade
A Handbook 2016
SOCSO RETURN TO WORK PROGRAMME IN MALAYSIA

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PREFACE

The idea that work can be good for an employee’s health is a powerful one. When combined with the notion that returning people to work may also have positive benefits for employers and government, occupational rehabilitation and reintegration assumes even greater significance.

Malaysia’s initiative and experience in introducing a national Return To Work (RTW) system provides the rest of the developing world with a continuously evolving example and benchmark of best practice in this domain. The potential for developments in Malaysia to inform RTW introduction in other parts of the developing world, may however be stunted as a result of a lack of easily accessible material explaining the successful introduction and continuation of RTW in that country. Addressing this concern provided the impetus for the conceptualization of this contribution.
This publication is the culmination of joint work undertaken by senior experts within SOCSO in Malaysian and academics and policy advisors affiliated to the International Institute for Social Law and Policy (IISLP), based in Australia. Material provided by the Malaysia experts in the area of return to work has been drafted by a team of academics in a user-friendly and easy to understand manner. The main purpose of this publication is to convey Malaysia’s return to work experience and operational framework, in a broadly understandable fashion. The publication should, as such, be of relevance to the following key stakeholders:

a) Malaysian RTW stakeholders including government, SOCSO personnel, employer and trade union bodies, the disability movement, health professionals and other service providers in Malaysia;

b) Regional stakeholders, including other ASEAN governments and social security institutions interested in the RTW systems;

c) Other countries, in particular in the developing world, interested in designing and strengthening RTW programmes;

d) The international fraternity involved in implementing RTW interventions and interested international organisations such as the International Labour Organisation and the International Social Security Association;

e) RTW Program Disability Managers, Job Placement Officers;

f) Scientists and scientific institutions with an interest in this area; and

g) Academic institutions wanting to offer Disability Management in the allied health science, occupational safety and health and human resource curriculums to future practitioners.

This book also shares the journey and the evolution of RTW from a humble beginning of a pilot study towards creating greater capacity for the development of Disability Management within ten years of implementation leading towards the establishment of SOCSO’s own rehabilitation centre. Key features, such as the manner in which political and stakeholder buy-in approval was obtained, are also discussed. The publication further details the legislative framework of the RTW system in Malaysia and explains the contribution of the role players such as trade unions, health professionals and the disability movement. The crucial role played by the Government of Malaysia and the tripartite Board of SOCSO is chronicled.

This handbook also includes RTW moving towards a decentralized approach to look into employers playing a more active role in the management of workers with injuries or illnesses apart from greater aspirations which includes taking the lead in Disability Management to become an important professional service industry which contributes to the national productivity benefiting the government, employers and health providers in particular. A simple step by step guide for organisations wanting to implement Disability Management is also included in this handbook.

Finally, the book summarises the use of technology in RTW development in the country and notes the likely future advancements. Areas in need of improvements are also explained. The work concludes with important lessons which may be taken from the Malaysian experience and utilized successfully elsewhere in the world.

The work summarises the need for and justification of introducing the RTW system in Malaysia and details of the historical developments in the country.
MINISTER’S FOREWORD

Social Security is a concept enshrined in Article 22 of the Universal Declaration of Human Rights, which states that every member of society has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each state, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.
Understanding the spirit of social security, it is more than financial compensation alone; but it is about providing opportunity to return to life!

SOCSO’s Return to Work (RTW) Programme was initiated in 2005 and has improved leaps and bounds with only 5 Case Managers in 2007; and now close to over 50 Case Managers nationwide. The programme is also further strengthened with the establishment of the state of the art SOCSO Rehabilitation Centre in Melaka, a 55-acre facility dedicated to Return-to-Work and social reintegration. With these major milestones, the Ministry of Human Resources Malaysia recognises SOCSO’s noble effort in providing such extraordinary services.

This publication records the journey that SOCSO has taken in what I believe to be the modern core business in social security services delivery. The book also records the strategies as well as the struggles and challenges faced by SOCSO in establishing the RTW Programme. I hope this publication would be a guide book to the countries as well as organizations seeking to establish the RTW Programme in their respective jurisdictions and organizations. However, I also wish that those seeking to establish this programme to have the endurance and perseverance; as what SOCSO has achieved was not done in a 100 meter sprint but rather a 10-year marathon.

Last but not least, I would to express my thanks and gratitude to Dato’ Dr. Mohammed Azman bin Aziz Mohammed, Professor Marius Olivier, Professor Avinash Govindjee, Dr. Hafez bin Hussain, Mr. Edmund Cheong Peck Huang, Mr. Roshaimi Mat Rosely and Ms. Gayathri Vadivel and all contributors for making this publication a success. I hope that this book would inspire the world that we should stop at nothing to return the lives of our fellow brothers and sisters.

YB DATO’ SRI RICHARD RIOT ANAK JAEM
Minister Of Human Resources
CEO’S FOREWORD

“Living in a world that is constantly filled with changes and uncertainty and its impact on work on a global level, has led to the development of specific approaches to reduce the inflow of persons with disabilities or workers with disabilities in particular.”
While it is our mission in SOCSO, to provide comprehensive social security protection, timely and adequate provision of benefits in a socially just manner for all Malaysians, we have evolved and stepped up our efforts on a large scale in the last decade through a paradigm shift by moving from being a payer to player. In this journey, we have included many relevant and crucial frameworks, taking into consideration the three dimensional approach as prescribed by the International Social Security Association (ISSA) which focuses not only on compensation but also on preventing risks and promoting health at the workplace, and finally on rehabilitation and return to work.

This Return to Work Handbook- a journey through a decade is a compilation of our journey in Disability Management, better known as the Return to Work Program for the last 10 years since its inception. This book is published with the objective of showcasing our challenges and effective strategies and mechanisms adopted to move forward. Challenges remain and we shall continue to innovate and design effective programs which are abreast with the latest developments in Disability Management globally.

For this publication, I would like to acknowledge Professor Marius Olivier, Professor Avinash Govindjee, Dr. Hafez bin Hussain, Mr. Edmund Cheong, Mr. Roshaimi Bin Mat Rosely and Ms. Gayathri Vadivel and all contributors for their time and tireless effort in producing this publication. We recognize the work and commitment you have put in to produce this book which I believe will benefit many, especially for those jurisdictions keen in implementing a Disability Management Programme.

Dato’ Dr. Mohammed Azman bin Dato’ Aziz Mohammed
Chief Executive Officer
Social Security Organisation
INTRODUCTION

This publication concerns the design and implementation of the Return To Work (RTW) programme by the Social Security Organisation of Malaysia (SOCSO). It discusses the need for and justification of introducing a RTW system in Malaysia with reference to among others the underlying rationale, the relationship between RTW and rehabilitation, the question whether there is any evidence to demonstrate a positive relationship between health and workplace inclusion, the legal imperative and the benefits of RTW for employees, employers and SOCSO.

This publication also provides a decade’s journey of the RTW programme highlighting a shift in demand for Return to Work among key stakeholders, enhancement of its services, establishment of a state of the art rehabilitation centre, as well as becoming the focal point for RTW among developing countries.
A historical overview of RTW in Malaysia is then presented, emphasising lessons learnt from other jurisdictions and the pilots which preceded the actual introduction of the RTW system.

Political and stakeholder buy-in and approval continue to be a key component of the SOCSO RTW programme with key features of the current RTW system in Malaysia, including a case-specific systematic and individualised approach, crucial stakeholder involvement, technological support, infrastructure and adaptation of the decentralised approach.

The legislative framework too provides an extensive basis of support, and foresees several interventions, including government support, dismissal protection, and physical and vocational rehabilitation. However, the role and functions fulfilled by the disability or case manager are indispensable for any successful RTW programme. And yet, without the involvement of certain key stakeholders, in particular trade unions, employers and the affected employee, as well as health professionals and service providers, the disability movement and government, a RTW system cannot be implemented effectively. Technological innovation too is necessary to streamline operations and output.

Important future directions for SOCSO includes working with other stakeholders on a larger scale to have RTW initiatives in their services including insurance agencies, the public sector as well as to include RTW as a core service in relevant medical discipline besides rehabilitation in private and public hospitals which can benefit from RTW e.g. community based rehabilitation across medical disciplines.

Important future directions are indicated. These include moving from a centralised model to a decentralised model by extending the RTW programme to employers and strengthening of the SOCSO rehabilitation centre. It is also clear that the RTW programme has generally had a positive impact. This is evident from a cost benefits analysis: the benefit of the programme outweighs the costs of implementing the same. Also, there are many psycho-social benefits flowing from the programme and appreciated by stakeholders, including the insured person and employers.

Challenges remain. There is a need to further reduce the number of days required to deal with a particular case, a Malaysian based version of the SOCSO Disability Management Guidelines consisting of return to work pathways, establish more integrated rehabilitation centres, alike SOCSO’s Rehabilitation Centre in Malacca, incentivise employers and look into the policy development for RTW to be embedded within Human Resource practices and to effect some legal changes. The understanding of disability has to be also instilled at the grass root levels through disability equality education among the young for greater outcome as a whole.

Finally, the publication reflects on lessons learnt from SOCSO’s RTW system based on its decade experience which may hold for other countries, in particular in the developing world. These include early intervention and a multi-disciplinary approach, stakeholder support, including government involvement, the need to adopt an incremental, step-by-step approach in rolling out different parts of the RTW system and moving on to the next phase of RTW as an industry towards ensuring better social safety net, better productivity among Malaysian workforce and greater collaboration with key stakeholders within the national and international arena.
“I am thankful to SOCSO for implementing the Return to Work Programme. This programme has helped me return to work. With the help of SOCSO, I am able to live my life just like others. Most importantly, I am able to earn a living and support my family back in the village.”

Mohamad Hairuman Miskon
Post Severe Burns & Traumatic Amputee
RTW Participant
CHAPTER 1
THE NEED FOR AND JUSTIFICATION OF RTW IN MALAYSIA

What is RTW?
The return to work policy or system is one which attempts to benefit a number of people by having a positive influence on:

- Disabled employees;
- employers; and
- any existing compensation fund or relevant government institution, such as SOCSO.

Why did Malaysia introduce a RTW system?
The following chart demonstrates the high number of new cases of employment-related permanent disability experienced in Malaysia per year between 2010 and 2014:

Number of Permanent Disablement Benefit Recipients (2010-2014)

Source: SOCSO Annual Report, 2014
What do these graphs illustrate and what are the implications of the figures shown? The first graph illustrates an increasing number of people who are becoming permanently disabled as a result of an employment-related injury, resulting in various difficulties in respect of being able to adjust to the workplace given the disability, alternatively forcing the person to leave their employment. The second graph demonstrates the large number of people in Malaysia who are certified invalid, qualifying for a benefit in terms of the invalidity pension that entitles them to a monthly pension. The invalidity and impairment percentage status is reviewed by an independent medical board comprising of government medical specialists.

Very often, this group is out of work believing that their physical or mental condition implies that they should not be working which is a serious cause of concern for SOCSO and the Malaysian government. This situation, increasingly common in Malaysia, served as one of the main driving forces for the original introduction of a proper RTW system in the country. It has also been determined from the number of injuries or illness claims made to SOCSO that there are an average of 312 workers who become disabled every day, indicating loss of up to 284 million working hours per annum. This working time could instead contribute positively to the Malaysian economy.

As discussed below, Malaysian law (in particular, the Employees’ Social Security Act of 1969) has for a long time promised that SOCSO would work to improve the health and welfare of the people it insures. Rehabilitation and re-employment of disabled or injured persons are specifically mentioned in the law as measures which may be attempted by SOCSO to improve the situation of the people in the country. There is a general understanding on the part of SOCSO that merely paying financial compensation to injured or ill workers will have limited benefits. SOCSO has so far paid out RM 24 billion worth of compensation. Is this an ideal achievement of social security or is it better to envisage the return of workers back to work, enabling them to become economically independent and reintegrate into the community? With RTW, workers have a better chance of again becoming full members of Malaysian society by returning to work (often in addition to receiving financial compensation for their illness or injury).

RTW is possible because a number of injuries or diseases are, in fact, manageable as a result of the advancements in medical science. Well-conceived work-related rehabilitation strategies have proven to be effective in helping people to return to work after an illness or injury. One of the challenges for any RTW system is to return employees who have suffered a work-related illness or injury to the workplace in a way which is sustainable for him or her.
How does RTW help?
RTW tries to assist by eliminating as many negative consequences of disability as possible (including, for example, loss of production for employers, personal disappointment and loss of self-esteem for employees and high compensation costs for SOCSO). By assisting and encouraging injured or ill employees to return to work, the system in fact benefits employers, employees and SOCSO in Malaysia.

What is the precise relationship between RTW and “rehabilitation”?
The term “rehabilitation” has been used to describe a range of responses to disability. These include strategies to improve body function, as well as measures designed to promote broader inclusion in society. The World Report on Disability notes that, “for some people with disabilities, rehabilitation is essential to being able to participate in education, the labour market, and civic life”. The outcomes of rehabilitation include:  
- preventing the loss of function; 
- slowing the rate of loss of function; 
- improvement or restoration of function; 
- compensation for lost function; and 
- maintenance of current function.

**Rehabilitation measures must be appropriate.**
They may, for example, include simple things such as peer support.
They are focused on allowing people with disabilities to reach and maintain a maximum level of independence.
This includes full physical functioning, where possible, as well as enhancing mental, social and work abilities.
Ultimately, rehabilitation tries to achieve full inclusion and participation in all aspects of a person’s life.

RWT and rehabilitation meet at the point where various strategies (including medical, social, educational and work-related measures) are focused on facilitating an individual who has left the work environment because of an illness or injury to return to work.

Is there any evidence to demonstrate a positive relationship between health and workplace inclusion?
A few years ago, Dame Carol Black was commissioned by the United Kingdom government to conduct a review of the health of Britain’s working age population. Her report is particularly significant, and demonstrates the positive relationship between health and workplace inclusion. Some of the report’s findings are as follows:
- Work can be good for health and may reverse the harmful effects of long-term unemployment and prolonged sickness absence.
- The assumption that illness is incompatible with being in work is questionable.
- While employers and employees must recognise the importance of preventing ill-health, attitudes should shift so that the key role of the workplace in promoting health and well-being may be recognised.
- The perception that it is inappropriate to be at work unless a person is 100% fit requires change. Being at work does not necessarily harm the recovery process.
- Early interventions may help to prevent short-term sickness absence from progressing to long-term sickness absence and, ultimately, loss of work.

The Malaysian experience appears to support and confirm aspects of these findings.
What are the other motivations for introducing a RTW framework in a country such as Malaysia?

- The overall focus of RTW is to minimise the cost of disability to both the employer and the employee.
- This is achieved by assisting and encouraging the return to work of injured or ill employees.
- Injured or ill employees are, in this way, encouraged not to become unnecessarily dependent on disability pensions or incapacity payments.
- They are reintegrated into the workforce instead.
- A major benefit which RTW policies and programmes have for employees is ensuring that they either remain in work or return to work in a timely manner.
- A number of studies have shown that RTW limits the impact of an injury on an employee, and also promotes quicker recovery from the injury or illness.
- Cost Benefit Analysis indicating positive financial and psychosocial returns on investment to SOCSO, employers and employees.

Further motivations include:

- The long-term benefits that rehabilitation and RTW can have for injured or ill employees, on an economic, social, physical and psychological level.
- Employment, earning money and being a productive member of society play an important role in the self-value of individuals, and this is particularly important when an individual is recovering from an injury or disease.
- RTW programmes and policies not only have a positive impact on the physical recovery of an individual, but they also have a positive influence on the morale of an employee.
- It also provides for a minimum disruption to the family, and the social and working life of the injured or ill employee.
- RTW provides job and financial security, as well as ensuring that the injured worker will experience a smoother transition back to regular employment.
- Another important area in which RTW benefits an injured employee is by ensuring that occupational injuries or illnesses are identified earlier than might be the case if a RTW programme was not in place.

Are there any benefits and motivations for employers?

- A major benefit of RTW policies and programmes for employers is that it ensures that the employer retains a skilled workforce, rather than losing a skilled employee as a result of injury.
- This assists in maintaining productivity in the workplace and can assist in ensuring that the workplace remains economically viable.
- RTW programmes, by assisting workers to deal with their workplace injury, benefits employers and ensures better communication and relationships between employers and employees. This can have a profound effect on the overall work environment.
- RTW and disability management can also have the added benefit of reducing insurance costs or assessments to be paid by employers. Some of the costs of sick leave may also be saved.
- RTW has proven to have the capacity to reduce the loss of working hours due to a disability. In a study done by the Social Security Research Centre (SSRC), University Malaya, it was found that the RTW Programme significantly reduced the loss of working hours over the period 2010 - 2014 by 24% indicating that through early intervention and effective monitoring of a worker with disability, time available for work can significantly increase.
- RTW implemented by SOCSO does not include any additional cost to employers of employees in their SOCSO contribution / premiums, which has never been increased since its establishment. The RTW Programme is offered as part of the social responsibility of a social security institution in providing a comprehensive safety net for the Malaysian workforce.

In sum, a major motivation for SOCSO is therefore to extend the social safety net through reducing as well as preventing the negative impact of injury or illnesses among workers. This contributes to long-term social security sustainability.
How does RTW benefit SOCSO?
In making RTW a viable reality for the people of Malaysia, SOCSO is able to meet an important legal and moral obligation. In addition, one of the major focuses of the development of RTW policies and programmes in jurisdictions around the world has been on cutting government spending on social security. This has included attempting to cut spending on disability pensions and incapacity benefits and limiting the amount of benefits. Incapacity or disability pensions are often long-term or permanent payments, with the claimant usually excluded from the job market. Especially for young claimants, this can be a major financial burden on a body such as SOCSO.

RTW benefits SOCSO due to its focus on timely and effective rehabilitation and on returning employees to work under modified duties. This ensures that workers are able to recover and return to work in a timely manner, which limits the length of disability or incapacity benefit claims, if there are claims at all.

- There is, in fact, growing world-wide and scientifically-based evidence of considerable financial savings achieved through RTW and disability management. These savings may then be used for other social security-related purposes or to expand the RTW system itself.
- In addition, and equally important, people are reintegrated into the workforce, which makes a direct contribution to Malaysian society.
- The RTW system working in Malaysia has also, allowed SOCSO to fulfil its legal and moral duty to the people it insures (and the broader Malaysian community), as discussed in greater detail below.

The legal imperative in Malaysia
Although the legislative framework of the RTW system in Malaysia receives greater attention below (see chapter 3), it is important to acknowledge the legal imperative for the establishment of a RTW system in Malaysia: namely, various provisions contained in the Employees’ Social Security Act of 1969, (ESSA).

The Act existed for over 30 years before RTW was actually piloted and introduced. It is this legislation which has been identified as having provided the original reason for investigating the merits of early return to work in the country.

Section 40 of ESSA - Organisation’s power to co-operate with existing institutions or promote measures for health, welfare, etc., of insured persons
- This section permits SOCSO to promote measures or co-operate with existing institutions in order to achieve improvement of the health, occupational safety and welfare of insured persons.
- It also allows for the rehabilitation and re-employment of insured persons who have been disabled or injured.

Section 57 of ESSA - Facilities for physical or vocational rehabilitation
- Any insured person who suffers from (or who claims to suffer from) invalidity or permanent disablement may be provided (by SOCSO) with free usage of facilities for physical or vocational rehabilitation.
- These facilities should be of an appropriate nature and be available on a sufficient scale.
- In particular, the section provides that an insured person suffering from invalidity or permanent disablement may, if his or her condition so requires, be provided with prosthetic, orthotic or other appropriate appliances (as determined by SOCSO) free of charge.

Section 39 of ESSA - Establishment and maintenance of hospitals, etc
- The organisation may establish and maintain such hospitals, dispensaries, and other medical and surgical services as it may think fit for the benefit of insured persons.
- The Organisation may enter into agreement with any Government, local authority, person or private or individual in regard to the provisions of medical treatment and attendance for Insured Persons, in any area and payment of the cost of it.
RTW; A Win-Win for All

The following is a case study of a RTW participant, aged 25 who met with an accident. Due to the severity of his injury, which resulted in a bilateral amputation, he was awarded 94% of a whole person impairment which entitled him to the monthly invalidity pension. At 25 and a young father, and a person still able to contribute given his skills as a telecommunication engineer, he opted to return to work and not receive the invalidity pension as it was clear to him that the benefits outweigh the disadvantages of return to work.

Interventions through the Return to Work programme included intensive rehabilitation, discussion with treating providers and facilitating appropriate prosthesis and orthotic appliances, car modification facilities enabling him to drive to work, providing ramps for better accessibility and negotiations with employer to ensure he is able to return to similar duties. After returning to work, he also engaged in sporting activities and is a regular at many competitive runs.

This would not have been possible without effective case management, collaboration with his treating doctors, good support from his employers and family members. Looking at the issue from the worker’s perspective, if he opted for the invalidity pension he would be receiving an annual pension of RM15,900 as opposed to up to more than 50% of his annual pension if he returned to work. The negative dimensions of unemployment should also be factored in when considering this type of situation, bearing in mind the many examples of medical evidence indicating possible depression, and other psychosocial impacts for unemployed persons, including becoming vulnerable to poverty. However, if the person opts to work, he is not only able to be economically independent, but also entitled to his annual increment and a likely beneficiary of typical career development, including protection against any calamity by SOCSO and the ability to save for retirement.
“The Return to Work Programme provides hope and aspiration for SOCSO contributors with challenges to return to work. We are confident that the Return to Work Programme participants, comprising of workers with injuries or illnesses are able to be given the opportunity to start a new life. Thank you SOCSO for introducing such a programme.”

Nor Afikah Kamil
Human Resources Executive
Giant Superstore Kuala Selangor
CHAPTER 2
RETURN TO WORK IN MALAYSIA: A SHORT HISTORICAL OVERVIEW

SOCSEO has, with the assistance of other key role players and political figures, been largely responsible for RTW achievements in Malaysia. This section provides some further information about SOCSO. It highlights the key dimensions and features of SOCSO’s role concerning RTW in Malaysia. Reference is made, in particular, to the following:

- The introduction of RTW was informed by careful planning and research;
- It was first tested by way of a pilot study;
- RTW was introduced and implemented gradually and progressively in the country;
- The experience of other countries, notably Australia, Austria, Canada, Japan and Germany, contributed to the development of RTW in Malaysia;
- The involvement and buy-in of key political stakeholders was a factor which contributed to the ultimate success of the initiative;
- It served as a focal point for the study of return to work among developing countries;
- Learning from the experience gained during the initial years of specialisation in RTW, SOCSO’s Rehabilitation Centre was established in 2014;
- A further development concerned the decentralisation of Return to Work, including developing Case Managers within organisations; and
- The human resource development capacity of Case Managers was increased within SOCSO and external institutions through the Disability Management Professional / Return to Work Coordinator Certification.
Introduction to SOCSO

SOCSO is the organisation established by law which governs the employment injury insurance and invalidity pension scheme in Malaysia. It exists to provide comprehensive social security protection for Malaysians. SOCSO strives to ensure and guarantee the timely and adequate provision of benefits in a socially just manner, while promoting occupational health and safety.

Early reintegration initiatives:
The SOCSO rehabilitation unit

Initiatives by SOCSO to reintegrate injured and rehabilitated Malaysian workers began in the 1970s when SOCSO started appealing to employers to allow rehabilitated workers to resume work.

Such endeavors included the establishment of a rehabilitation unit at SOCSO. Workers who were being rehabilitated in terms of the SOCSO rehabilitation scheme could now look forward to job-search assistance from the SOCSO rehabilitation unit. The rehabilitation unit also provided information to workers on the proper procedures for making occupational injury claims or for obtaining medical treatment.

Injured workers were specifically assisted by the SOCSO rehabilitation unit to obtain places in existing rehabilitation centres. The rehabilitation centres provided artificial limbs and trained injured workers to recover the use of injured limbs. In addition, the rehabilitation centres provided vocational training programmes that enabled injured workers to be reskilled. This was particularly important in cases where the condition of injured workers made it difficult for them to continue in their old jobs.

Planning and conceptualising RTW in Malaysia:
The first pilot project

Despite these early SOCSO initiatives to reintegrate injured workers, plans for the introduction of a formal RTW programme only started in earnest during 2004. The conceptualisation of the first pilot project occurred during late 2004 when service providers were appointed in accordance with section 57 of the Employees’ Social Security Act of 1969 (ESSA). Matters progressed swiftly after these early tentative steps:

- The RTW programme commenced formally in 2005 as a pilot project focusing on the appointment of rehabilitation service providers. The pilot project favoured a multidisciplinary approach to RTW.
- The evaluation of the pilot project occurred towards the end of 2005 and during the early part of 2006.
- This yielded positive results, focusing primarily on physical rehabilitation.
- What was found to be lacking, however, was the performance of necessary coordination / case management functions.
- At that stage the project was managed by the Medical and Rehabilitation Department of SOCSO.

Lessons from Australia’s Commonwealth Rehabilitation Services

In order to address the shortcomings of the system at the time and to improve RTW success rates, SOCSO proposed the introduction of a case management system. The SOCSO Board, in response to this, decided that a comparative study should first be conducted.

The Commonwealth Rehabilitation Services of Australia (CRS) was selected as the appropriate benchmark and two SOCSO officers were sent to learn from this system. The SOCSO proposal recommended the customisation of the CRS’s protocols to suit SOCSO’s needs and legal mandate. The protocols used by SOCSO were very similar to the CRS case management practices of the time. The key difference related to the (broad) scope of clients and services which could be provided in Malaysia as a result of the wide provisions of the ESSA.
The following diagram provides a brief outline of the step-by-step approach to RTW which SOCSO adopted:

The second pilot project: Introducing case managers

The results of the Australian benchmarking activity were presented to the SOCSO Board. Permission was received to commence another pilot study, this time with the additional involvement of appointed Case Managers. In 2007, five Case Managers were appointed and two trainers from CRS visited Malaysia in order to train these appointees. After the training, the following protocols were developed:

- Qualification referral criteria;
- Information needed during Initial Assessments;
- Rehabilitation Plan Protocols;
- Vocational Assessments;
- Worksites Assessments;
- Monitoring; and
- Return to Work / Reintegration.

Case Managers in 2007 were involved in carrying out all the above processes including Job Placement, which is a subset service of the Return to Work Programme. As caseloads increased while the scenario of disability employment in Malaysia was still at a very infant stage, this part of the process became a burden to Case Managers—it was rather challenging to concentrate on the rehabilitation monitoring activities and simultaneously look for new employment for workers who were not well received by previous employers.

Hence, it became evident that there was a need to have an officer designated to look for employment as this was an equally demanding standalone process, which required separate vocational assessments, seeking for job opportunities, job matching, job coaching, preparation for interviews and writing good resumes to enhance prospects of employment.

Addressing this need, a Job Placement Unit was established in 2008 to assist Case Managers to ensure that workers who were not able to return to their previous employers could return to work with different employers. The Job Placement Unit currently has 10 officers dedicated to look for employment for Insured Persons who are unemployed and not able to return to work with their previous employers.

This pilot project was restricted to the Klang Valley (incorporating the areas surrounding Kuala Lumpur), but was extended during 2008 to a few additional states (namely, Penang, Perak, Melaka and Negeri Sembilan).

- An additional five Case Managers were appointed in time. The effect of this extension was that results from different states could be compared and benchmarked and geographic and economic differences amongst states could be identified and accommodated.
- Accountability of the project was ensured via quarterly Departmental reports to the SOCSO Board.
The German contribution and nationwide expansion
During the second quarter of 2009, the Honourable Minister of Human Resources of Malaysia visited Germany and was impressed with the successes of the RTW programme operating in that country and administered by the German Statutory Accident Insurance (Deutsche Gesetzliche Unfallversicherung).

Subsequent to this visit, the Minister instructed SOCSO to commence with the nationwide expansion of the programme. Two Case Managers were sent to Germany in order to benefit and learn from that country’s experience.

The above-mentioned interventions culminated in the entrenchment of RTW in Malaysia in the following ways:

- By the end of 2009, twenty five Case Managers had been appointed and all states were now covered by the RTW programme;
- A Job Seeking Unit was also formally established in order to assist the RTW Unit; and
- In 2010, the Ministry of Human Resources announced that the RTW project would be a Key Performance Indicator for the Ministerial Key Results Area (MKRA), an idea stemming from the Prime Minister of Malaysia.

Lessons from Japan through the Japan International Cooperation Agency (JICA)
In 2008, SOCSO was chosen by the Ministry of Women, Family and Community Development to be part of a project to develop human resource competencies in the field of supported employment to enhance employment prospects for Persons with Disabilities. This project included the exposure of seven Job Placement Officers to the Japanese supported employment model, to enable them to become trainers with the objective of developing human resource potential for Job Coaches trainers and practitioners within Malaysia. Following this exposure, the existing Return to Work Model evolved by the addition of two particular components, namely Natural Support (support from the colleagues and family) and Fading (contribution towards achieving better retention rates and sustainable employment) (see p.26). Spiritual aspects are also embedded in this model. The trained Job Coaches continue to work with the Welfare Department of Malaysia to provide training to NGO’s, employers as well as to develop trainers.

Natural Support
The Natural Support element is an entirely new introduction to SOCSO’s Return to Work Model. It takes cognisance of the importance of having a more comprehensive and systematic and formal support system in place to provide the necessary support to the worker or Insured Person once they have returned to work following an injury or illness. The rationale is that following an injury or illness, and the accompanying functional loss or impairment, it is only natural for a worker to face challenges and adjustments during his transition to gainful employment. Whilst a Case Manager is required to provide the support from the time of injury / illness right up to return to work, he or she may not have the capacity to provide further direct support for extended durations as there are existing caseloads that would require his / her attention and interventions.

The natural support is performed by colleagues or supervisors at the workplace. Family members also form a part of the natural support which is less formal in structure when providing the right kind of support and motivation for the worker concerned, outside the workplace. It is therefore important for the transfer of support to be done systematically to ensure that the worker with an injury or illness is provided adequate support and that his or her general well-being is taken care of even after the cessation of the period of case management. Nevertheless, a Case Manager’s or Return to Work Coordinator’s assistance will always be accessible if the natural support is inadequate.

Fading
Fading is a process that is executed once the worker with injury or illness has returned to work and is more or less stable at the workplace after having gone through a comprehensive rehabilitation program. Fading is also executed only when the natural support system has been put in place, which usually happens several weeks before the Case Manager ceases intervention. The introduction of these two processes into SOCSO’s Return to Work Model is targeted to increase the retention rate of workers with injuries or illnesses directly at the workplace and at the same time enabling the Case Manager to focus on other caseloads.
Prevention
The prevention element, which is a tertiary aspect of Disability Management, is an existing core pillar in providing total social protection for its contributors, and is widely implemented with continuous initiatives by SOCSO and relevant stakeholders. Nevertheless, as the Return to Work Programme focuses more on post-injury rehabilitation, SOCSO recognises that all efforts on prevention of work accidents must be concerted efforts. Continuous emphasis on prevention is necessary to ensure that similar injuries or occupational hazards do not occur. Hence the integration of the preventive aspect into SOCSO’s Enhanced Return to Work Model would include preventive worksite assessments within the case management process.

Conclusion
The Malaysian example provides an interesting and important source of information as a successful initiator of a RTW system. Certain characteristics of the historical introduction and progression of the system are especially noteworthy. For example:
- The introduction of the system was based on detailed research and investigation, going back as far as 2002;
- The system was motivated by a variety of considerations, including the legal and moral obligation of SOCSO, as well as the high costs associated with the system prevailing in Malaysia at that time;
- The actual roll out of the programme was not done simultaneously across the country, but was first implemented by way of a pilot project;
- The results of the pilot study, concentrating mainly on back pain cases, were closely monitored and indicated that justification for the formal introduction of a RTW programme for Malaysia had been clearly established;
- This acknowledgement of the benefits of RTW by Malaysia, some of which have been highlighted above, facilitated the introduction of a formal RTW programme in the country.
- The RTW continues to evolve through the introduction of other Disability Management facets, including extension of the programme through the establishment of SOCSO’s Rehabilitation Centre, continuous engagements with key stakeholders as well as formalisation of Memorandum Of Understanding (MOU). All of this has been achieved within a decade of implementation.
Awards received by SOCSO’s RTW Programme

Innovative Policy, Zero Project, World Future Council, Austria (2013)

ISSA Good Practice Awards Asia And The Pacific Competition For Return to Work Programme (2014)

SUHAKAM Human Rights Award (2013)

Excellence in Government Sector Marketing (2015)
# Introducing and expanding the operations of RTW in Malaysia

**SOCSO Return To Work Programme Timeline**

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction of the RTW Programme</strong></td>
<td><strong>Introduction of 5 Disability Case Managers (Pilot)</strong> under the Medical and Rehab Department of SOCSO</td>
<td><em>166 Insured Persons returned to work</em></td>
<td><strong>Addition of another 5 Disability Case Managers (10 Case Managers)</strong></td>
<td><strong>International Collaboration</strong></td>
<td><strong>Professionals Certification (15 CDMPs)</strong></td>
</tr>
<tr>
<td><strong>Appointed service providers with biopsychosocial rehabilitation approach</strong></td>
<td><strong>Covers 2 states</strong></td>
<td><strong>1st RTW Conference</strong></td>
<td><strong>Establishment of a Job Placement Unit</strong></td>
<td><strong>2 Case Managers were sent to Germany for 3 months</strong></td>
<td><strong>Ministerial KPI (Target of 1050 RTW)</strong></td>
</tr>
<tr>
<td><strong>Focus on physical rehabilitation</strong></td>
<td><em>6294 Insured Persons returned to work</em></td>
<td><strong>5th RTW Conference</strong></td>
<td><strong>Covers 5 States</strong></td>
<td><strong>Addition of 25 Case Managers (35 Case Managers in total)</strong></td>
<td><em>2518 Insured Persons returned to work</em></td>
</tr>
<tr>
<td></td>
<td><strong>Awarded to host the International Forum on Disability Management 2016 (First in Asia)</strong></td>
<td><strong>3rd Job Carnival</strong></td>
<td><strong>Commencement of SOCSO’s rehabilitation centre planning</strong></td>
<td><strong>Covers all states</strong></td>
<td><strong>Established as a RTW Department</strong></td>
</tr>
<tr>
<td></td>
<td>The Right to Work: Innovative Policies and Good Practices for Persons with Disabilities by World Future Council in 2012</td>
<td><strong>2 Job Coach Trainers attended the first train the trainer program for Job Coaches in Japan</strong></td>
<td><em>391 Insured Persons returned to work</em></td>
<td><strong>2nd RTW Conference</strong></td>
<td><strong>1st Mini Job Carnival</strong></td>
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<tr>
<td></td>
<td></td>
<td><strong>744 Insured Persons returned to work</strong></td>
<td><em>8184 Insured Persons returned to work</em></td>
<td><strong>Websys - The first Disability Management System</strong></td>
<td><strong>3rd RTW Conference</strong></td>
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<td></td>
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<td></td>
<td><strong>Innovative Policy, Zero Project, World Future Council, Austria (2013)</strong></td>
<td><strong>Seventy Seven Disability Management System</strong></td>
<td><strong>Ground Breaking for Rehabilitation Centre</strong></td>
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<td><strong>Human Rights Commission Award, SUHAKAM (2013)</strong></td>
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<td></td>
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<td></td>
<td><strong>4th Job Carnival</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional Certification (21 CDMPs)</strong></td>
<td><strong>Professional Certification (31 CDMPs)</strong></td>
<td><strong>Professional Certification (35 CDMPs)</strong></td>
<td><strong>Professional Certification (35 new CDMPs)</strong></td>
<td><strong>Professional Certification (42 CDMPs)</strong></td>
<td><strong>Ministerial KPI for 2011 (Target increased from 2000 RTW to 2228)</strong></td>
</tr>
<tr>
<td><strong>Ministerial KPI for 2011 (Target increased from 1050 RTW to 1700)</strong></td>
<td><strong>Ministerial KPI for 2011 (Target maintained)</strong></td>
<td><strong>Ministerial KPI for 2011 (Target increased from 1757 RTW to 2000)</strong></td>
<td><em>10767 Insured Persons returned to work</em></td>
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<tr>
<td><em>4330 Insured Persons returned to work</em></td>
<td><em>6294 Insured Persons returned to work</em></td>
<td><em>8184 Insured Persons returned to work</em></td>
<td>The operationalisaton of SOCSO’s Rehabilitation Centre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th RTW Conference</td>
<td>5th RTW Conference</td>
<td>6th RTW Conference</td>
<td><strong>ISSA Good Practice Awards Asia And The Pacific Competition For Return to Work Programme (2014)</strong></td>
<td>MOU with University Malaya (Social Security Research Centre) on the implementation of Disability Management</td>
<td></td>
</tr>
<tr>
<td>2nd Job Carnival</td>
<td>3rd Job Carnival</td>
<td></td>
<td><strong>5th Job Carnival</strong></td>
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<td></td>
</tr>
<tr>
<td>Pilot Co-operation with the orthopaedic department of Queen Elizabeth Hospital, Kota Kinabalu - Early Intervention Project - possible role out nationwide</td>
<td><strong>Awarded to host the International Forum on Disability Management 2016 (First in Asia)</strong></td>
<td><strong>The operationisation of SOCSO’s Rehabilitation Centre</strong></td>
<td></td>
<td>MOU with the Malaysian Employers Federation and Malaysian Trade Union Congress on the implementation of Disability Management for Employees</td>
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</tr>
<tr>
<td>Job Carnivals (1 large scale and 1 small scale)</td>
<td>The Right to Work: Innovative Policies and Good Practices for Persons with Disabilities by World Future Council in 2012</td>
<td><strong>6th RTW Conference</strong></td>
<td></td>
<td>Pilot Community Rehabilitation for patients with mental disabilities (Placement Success of 48%)</td>
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<td>Completed development of Motion IT (2nd phase of Websys)</td>
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<td>Early Intervention (E Pulih Roll Out)</td>
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<td></td>
<td>Commencement of Return to Work Coordinators (RTWC) Training for Employers</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Excellence in Government Sector Marketing (2015)</td>
<td></td>
</tr>
</tbody>
</table>

*Represents accumulated number of cases which have successfully returned to work*
“I am very thankful as through my participation in the Return to Work Programme, I have been given the opportunity to return to work despite my physical limitations. With the opportunity given by the employers, I am able to carry on my life and continue to provide for the family.”

Rajashegaran Doraisamy
Right Upper Arm Amputee
RTW Participant
CHAPTER 3
LEGISLATIVE FRAMEWORK OF THE RTW SYSTEM IN MALAYSIA

Legislation in Malaysia provides an extensive framework of support to rehabilitation and re-employment, and to help ensure the success of the RTW system. The interventions foreseen by the legal framework include:

- government support towards rehabilitation and assistive devices, including financial support;
- dismissal protection;
- physical and vocational rehabilitation;
- relevant conditions imposed on employees to ensure that the objective of effective rehabilitation is met.

The main law providing for this is the Employees’ Social Security Act of 1969 (ESSA). The most important provisions of this Act appear in the table below, as far as they relate to the SOCSO’s Employee Injury Scheme and the Invalidity Pension Scheme respectively. The Act in summary provides for the following:

- A focus on the improvement of the health, occupational safety and welfare of affected persons, and not merely on paying benefits;
- The provision and funding by SOCSO of, among others, physical and vocational rehabilitation and of assistive devices and their upkeep;
- Protection against dismissal and prejudicial treatment by employers; and
- Imposing conditions: a disablement benefit for temporary disablement may be suspended if the employee fails to cooperate. It is expected of employees to submit to medical examination and to medical treatment, even if on an ongoing basis; and not to act in a way which might prejudice chances of recovery;
### Employment Injury Scheme

**Section 40**

1. The Organization may, in addition to the scheme of benefits specified in this Act, promote measures or cooperate with existing institutions for the improvement of the health, occupational safety and welfare of insured persons and for the rehabilitation and re-employment of insured persons who have been disabled or injured and may incur in respect of such measures expenditure from the funds of the Organization within such limits as may be prescribed by the Minister.

2. Measures under subsection (1) may include provision of artificial limbs and appliances, opportunities for gainful employment under suitable conditions and convalescent homes.

---

### Invalidity Pension Scheme

**Section 40**

1. The Organization may, in addition to the scheme of benefits specified in this Act, promote measures or cooperate with existing institutions for the improvement of the health, occupational safety and welfare of insured persons and for the rehabilitation and re-employment of insured persons who have been disabled or injured and may incur in respect of such measures expenditure from the funds of the Organization within such limits as may be prescribed by the Minister.

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### Section 57

1. An insured person suffering from or claiming to suffer from invalidity or permanent disablement may be provided by the Organization, free of charge facilities for physical or vocational rehabilitation.

2. Facilities under subsection (1) shall be of such nature and scale and shall be provided to such insured persons and on such conditions as may be specified by the regulations.

3. An insured person suffering from or claiming to suffer from invalidity or permanent disablement may, if his condition so requires, be provided free of charge with prosthetic, orthotic or other appropriate appliances as may be determined by the Organization and such appliances may be renewed, when necessary, free of charge.

4. An insured person who has to undergo physical or vocational rehabilitation or who is or is to be fitted with prosthetic, orthotic or other appliances may be paid or reimbursed, as determined by the Organization, expenses reasonably incurred or to be incurred by him on travelling or maintenance in connection with such measures, or the fitting of prosthetic, orthotic or other appliances.

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### Employment Injury Scheme

**Section 53**

(1) The Organization may, in addition to the scheme of (1) No employer shall, except as provided under the regulations, dismiss, discharge, or reduce or otherwise punish an employee during the period he is in receipt of disablement benefit for temporary disablement.

(2) No notice of dismissal or discharge or reduction given to an employee during the period specified in subsection (1) shall be valid or operative.

### Invalidity Pension Scheme

**Section 16**

(1) An insured person shall be considered as suffering from invalidity, if, by reason of a specific morbid condition of permanent nature, he is incapable of engaging in any substantially gainful activity.

(2) For the purposes of subsection (1) -

(a) a morbid condition shall be deemed to be of permanent nature if it is either incurable or is not likely to be cured:

(b) a person shall be deemed to be incapable of engaging in substantially gainful activity, if in consequence of the specific morbid condition of sickness or infirmity, he is no longer capable of earning, by work corresponding to his strength and physical ability which, in view of his training and former occupation, might reasonably be assigned to him at the place of his employment or at a similar place in the neighbourhood or in the same district, one-third of the customary earnings of a mentally and physically sound person with similar qualifications and training;

(c) in determining whether the claimant is suffering from invalidity, account shall be taken of any permanent improvement in the state of his invalidity which results or is expected to result from such measures of physical or vocational rehabilitation as may be offered to him free of charge by the Organization.

### Section 46

(1) A person who is in receipt of disablement benefit (other than benefit granted on permanent disablement) -

(a) shall remain under medical treatment at a dispensary, hospital, clinic or other institution provided under this Act and shall carry out the instructions given by the medical officer or medical attendant in charge thereof;

(b) shall not while under treatment do anything which might prejudice his chances of recovery;

(c) shall not leave the area in which medical treatment provided by this Act is being given, without the permission of the medical officer, medical attendant or such other authority as may be specified in this behalf by the regulations; and

(d) shall allow himself to be examined by any duly appointed medical officer or other person authorized by the Organization in this behalf.

(2) Disablement benefit for temporary disablement may be suspended, if a person who is in receipt of such benefit fails to comply with any of the requirements of subsection (1), and such suspension shall be for such number of days as may be decided by the Organization or any other person authorized in this behalf by the Organization.

### Section 49

(2) The Organization may suspend the pension if and so long as the invalid pensioner-

(c) refuses or neglects without good cause to comply with any directive issued to him by or on behalf of the Organization in regard to any process of physical or vocational rehabilitation or vocational training which he is required to undergo free of charge;

Provided that he shall not be required to undergo any operation that is capable of endangering his life or health.
Further forms of support in favour of persons with disabilities appear from the provisions of the Persons with Disabilities Act of 2008. Persons with disabilities would logically include occupationally injured and diseased employees who suffer disablement. To a large extent this Act reflects the requirements of the UN Convention on the Rights of People with Disabilities (UNCRPD) of 2008, ratified by Malaysia in 2010. Among others, this Act lays down the principle that persons with disabilities should have access to gender-sensitive health services, including health-related rehabilitation (section 35). The most prominent provision, however, is section 29 (quoted below), which deals with access to employment. It requires equal treatment with persons without disabilities, and suggests that dedicated measures, including affirmative action interventions, should be taken. These measures include:

- Proper evaluation of the abilities of persons with disabilities and the provision of suitable employment to them.
- Protection against harassment.
- Special training opportunities for persons with disabilities.

**Persons with Disabilities Act of 2008**

29. (1) Persons with disabilities shall have the right to access to employment on equal basis with persons without disabilities.

(2) The employer shall protect the rights of persons with disabilities, on equal basis with persons without disabilities, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, protection from harassment and the redress of grievances.

(3) The employer shall in performing their social obligation endeavour to promote stable employment for persons with disabilities by properly evaluating their abilities, providing suitable places of employment and conducting proper employment management.

(4) The Council shall, in order to promote employment of persons with disabilities in the private sector, formulate appropriate policies and measures which may include affirmative action programmes and other measures.

(5) The Council shall promote opportunities for training for persons with disabilities in the labour market as well as opportunities for self-employment, entrepreneurship, the development of cooperatives, starting one’s own business and creating opportunities to work from home.

(6) For the purposes of this section, “employer” includes the Government.
Finally, mention should be made of the way in which favourable tax treatment provides significant support to persons with disabilities, including workers who have become disabled. In this way SOCSO’s RTW programme is effectively supported. The measures contained in the Income Tax Act of 1967 and other related instruments include the following:\textsuperscript{12}

- Personal tax relief made available to / for:
  - A disabled individual (additional personal relief of RM6,000)
  - A disabled husband / wife (annual deduction of RM3,500)
  - A disabled child (tax relief of RM5,000-and additional relief if the child is involved in tertiary education)
  - Purchasing basic supporting equipment / assistive devices, for use by a disabled individual, husband, wife, child or parent (maximum of RM5,000)

- Tax benefits for those who employ disabled persons:
  - Double deduction of remuneration paid to a disabled workers
  - Double deduction for expenses spent for training of non-employee disabled persons
  - Expenditure on any equipment to assist a worker with a disability, including the alteration or renovation of the workplace.

- Tax deduction for an individual who makes a donation or contribution for the provision of facilities in public places for the benefit of disabled persons.
“The Return to Work Programme has given me a profound impact. I am so happy with the compassion shown by SOCSO. Thank you so much.”

Vasantha Kumar Kavisalvan
Post Traumatic Head Injury
RTW Participant
CHAPTER 4
THE SOCSO REHABILITATION CENTRE

SOCSO has observed the need to provide specialised and targeted rehabilitation services in order to meet its RTW targets. Many hospitals in Malaysia only provide a few general rehabilitation services.

This results in patients having to scout for various required treatments from different hospitals. This unfortunately also causes patients to pay for different administrative and logistical costs, in addition to their actual treatment fee. There is, in addition, a great level of shortage of rehabilitation hospitals and rehabilitation services:

- There is a shortage of available personnel;
- There are not enough centres to meet the demands of the public.

General rehabilitation services are now no longer viewed as being sufficient for the people of Malaysia. Best practice implementation dictates the following in this regard:

- There is a need to offer a specialised multi-disciplinary rehabilitation service, which SOCSO has now established through the development of one of the first multi-disciplinary rehabilitation centres focusing on RTW;
- This ought to be coupled with vocational services provided by an interdisciplinary team of professionals;
The existence of a "one stop" multi-disciplinary services centre is an important milestone to be reached;

i. Dedicated physicians and therapists can provide patient-centred programmes to individuals who have various work injuries / conditions or diseases such as:
   - stroke;
   - arthritis;
   - carpal tunnel syndrome;
   - neuromuscular injuries;
   - orthopaedic injuries;
   - speech and language problems; and
   - amputees.

ii. These services, together with other disciplines where necessary, will be provided in a single location / venue, making them easily accessible to the people who require them;

iii. In promoting optimal levels of recovery, the RTW teams will combine the expert contributions of multi-disciplinary care professionals and para-professionals with various vocational rehabilitation services geared towards return to work and quality of life improvement:
   - These professionals should be able to individually prepare a comprehensive array of evidence-based services for users of the system;
   - It is hoped that the presentation of these services will be characterised by their competency, consistency, continuity, high levels of co-ordination and collaboration.

The SOCSO Rehabilitation Centre started its operations on 1 October 2014. It has a 350 bed facility which consists of medical rehabilitation services and focuses on areas such as Physiotherapy, Occupational Therapy, Optometry, Audiology, Work Hardening and Vocational Rehabilitation. Each of the patients will receive treatment which covers the entire end to end service with assistance and care from doctors and other rehabilitation professionals.

The main focus of SOCSO Rehabilitation Centre is to provide optimum rehabilitation treatments for all the Insured Persons and workers from all over Malaysia and at the same time to accomplish the mission of returning them back to work and improve the social well-being of insured persons.

The SOCSO Rehabilitation Centre has natural elements and is characterized further by environmentally friendly building technology which is full of natural greenery which also contributes not only to the medical aspects but also the spiritual state of a person. The construction of this centre combines not only architectural planning and design, but also equipment characterised by optimum use of information technology and high quality.
One of its core-operations is Disability Management. Disability Management focuses on providing a comprehensive rehabilitation plan for the injured workers, which integrates all multidisciplinary services. Case Managers will facilitate the implementation of a rehabilitation plan according to the current ability and disability of the client and help in achieving their goal in return to work or improve the well-being in Activity of Daily Living (ADL).

As part of disability management, the SOCSO Rehabilitation Centre provides medical care services through skilled nurses, clinicians and therapist. The full-dependent client will be placed in the ward with the assistance of the nurses, who also helps in providing a comprehensive description of a client's healthcare problems and/or needs.

Apart from that, the SOCSO Rehabilitation Centre also provides vocational retraining and job-readiness programmes to enable the SOCSO Insured Persons to be prepared for work integration.

The designated Disability Management system is provided with one goal in mind; to promote the highest degree of independence, recovery and improving well-being in order for an injured worker to be placed back into the job market.

**Fulfilling the UNCRPD**

By establishing the SOCSO Rehabilitation Centre, Malaysia is indirectly preparing to fulfill its international responsibilities in terms of the United Nations Convention on the Rights for People with Disabilities (UNCRPD). In particular:

- Article 26 specifies that member countries shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life by organising, strengthening and extending comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services.

- Article 27(1) imposes an obligation on Member States to “safeguard and promote the realisation of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation.” Rehabilitation, including occupational rehabilitation, job retention, placement services, the promotion of employment opportunities and reasonable accommodation are some of the measures to be introduced, as stipulated in the Convention.
"I am very thankful to SOCSO. I consider myself lucky as with the help of SOCSO, I have managed to get a job which I am pleased with. They have a very good understanding of my limitations. Once again, a million thanks to SOCSO and my employers."

Zaini Hussein
Post Fracture of Left Tibia, Fibula & Femur
RTW Participant
CHAPTER 5
THE RETURN TO WORK LANDSCAPE KEY DIMENSION & FEATURES

KEY FEATURES OF THE CURRENT RTW SYSTEM IN MALAYSIA
The Malaysian Social Security Organisation controls both the Employment Injury Scheme and the Invalidity Pension Scheme. These schemes are provided to all private sector workers earning a salaried income of RM4000 and below (as of June 2016).
As at August 2016, 15,996,870 workers were registered with the organisation with 6,417,469 active workers as at July 2016. The contribution rates are presently as follows:

<table>
<thead>
<tr>
<th>EMPLOYMENT INJURY SCHEME</th>
<th>INVALIDITY PENSION SCHEME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.25% of the salary - fully funded by employers</td>
<td>1% of the salary - equally split between the employer and employee</td>
</tr>
</tbody>
</table>

The following benefits are made available by these schemes:

<table>
<thead>
<tr>
<th>EMPLOYMENT INJURY SCHEME</th>
<th>INVALIDITY PENSION SCHEME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporary Disability Benefit</td>
<td>Invalidity Pension</td>
</tr>
<tr>
<td>Permanent Disability Benefit</td>
<td>Survivors’ Pension</td>
</tr>
<tr>
<td>Medical Benefit</td>
<td>Constant Attendance Allowance</td>
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<tr>
<td>Rehabilitation Benefit</td>
<td>Funeral Benefit</td>
</tr>
<tr>
<td>Constant Attendance Allowance</td>
<td>Rehabilitation Benefit</td>
</tr>
<tr>
<td>Dependents Benefit</td>
<td>Educational Benefit</td>
</tr>
<tr>
<td>Funeral Benefit</td>
<td></td>
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<tr>
<td>Educational Benefit</td>
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The RTW Programme covers workers suffering from employment injury (which includes all workplace accidents, commuting accidents and occupational disease) and those who seek to access the invalidity pension. The Invalidity Pension scheme provides 24 hours coverage for diseases and accidents not related to the employment context.

Several key features appear from the RTW Programme. These include:

- The systematic but individualised approach which is adopted for each case.
- A supportive legislative framework, in particular the relevant provisions of the Employees’ Social Security Act (ESSA) of 1969 (discussed in p. 42).
- Stakeholder involvement, especially the leadership at Ministerial level and by SOCSO. Also, the involvement of the tripartite Board ensures that the programme benefits employees, employers and the government.
- The programme’s evidence-based approach, which is one of its successes. In accordance with this approach case managers are required to use evidence-based medicine to make sure that the rehabilitation plans are executed accordingly.

  - Rehabilitation Supporting Services-Quality services provided by the SOCSO Rehabilitation Centre, private rehabilitation centres appointed by SOCSO as well as government hospitals with and without early intervention RTW Clinics.
  - Technological support, in particular the use of technology to enhance the programme with a seamless processing and structured data collection system. This enables data mining and continuous research to improve the current system, as part of a dynamic approach to managing disability.

**Political and stakeholder buy-in and approval**

Political and stakeholder buy-in and approval of the SOCSO RTW programme contributed to the introduction and successful implementation of the programme:

- The Pilot Project that was carried out in 2005 was approved by the SOCSO Board. The expansion and extension of the programme was also approved by the Board.
- In general, as is the case with such a joint agreement, the programme had the initial buy-in and approval from the stakeholders represented on the SOCSO Board.
However, some members of the employees’ groups (e.g., trade unions) indicated their concern about the RTW programme. Feedback on their concern was normally received from discussions with these groups and from presenters during seminars. Their concerns related to the fact that SOCSO, in promoting the RTW programme, seemed more interested in reducing compensation/financial benefits to injured workers. However, it was later clarified that SOCSO’s intention was not to reduce benefits, but to rehabilitate and reintegrate the workers back to work and the community.

Politically, there were also questions (from internal stakeholders) on SOCSO’s legal mandate in running such a programme. Sections 16, 40 and 57 of the ESSA, which pre-date the introduction of the RTW programme, were presented as SOCSO’s legal mandate.

In addition, SOCSO’s leadership accepted the idea of introducing RTW as it was a means for SOCSO to improve its service delivery. Promoting RTW for injured workers ensured that SOCSO could provide comprehensive social security coverage.

Role and responsibilities of the trade union, employer and affected worker
The responsibility to ensure early and safe return to work and full productivity of an affected worker is one that is shared between various categories of stakeholders, including trade unions, employers and affected workers. Trade unions, employers and affected workers have certain roles, responsibilities and obligations towards the successful implementation of a rehabilitation and RTW programme.

Role and responsibilities of trade unions
The general role of trade unions is the protection of the rights of workers and of their quality of life. They are committed to equity, solidarity and social justice. Therefore, they are able to promote equal opportunities for and equal treatment of disabled workers.

Trade unions are an important stakeholder in the rehabilitation and RTW programme. The relevant trade unions need to communicate with case / disability managers as joint labour-management support and empowerment is the foundation of rehabilitation and RTW.14

As social partners (also in the SOCSO Board) Malaysian trade unions have been participating in the formulation and implementation of legislation and disability management and rehabilitation programmes to ensure adequate protection of disabled or injured worker rights.15 Trade unions ensure that the affected worker’s rights are respected and that they do not suffer adverse consequences as a result of the occupational injury or disease.

Trade unions also have knowledge and experience of labour policies affecting many core issues related to rehabilitation, including disability prevention, safety and health, absence management, employment, and reasonable accommodation. Reasonable accommodation means the modification or adjustment to a job or to the working environment to enable an affected worker to have access to or participate or advance in employment.16 Therefore, they provide practical information and support to the case / disability manager such as information on the jobs or tasks within a given occupation or industry. This ensures that an injured or disabled worker is given duties which he/she can perform within their specific context.

Trade unions also provide information on legislation and agreements guaranteeing the rights of people with disabilities. Legislation and agreements include provisions on non-discrimination, accommodation, return to work and benefits and leave.

Trade unions ensure that workers are protected during employment. Workers’ families are further assisted with information and other assistance if workers are injured or contract an occupational disease. They are also involved in the design and operation of the RTW programme and to enhance occupational injury and disease prevention plans.17
Additional responsibilities of trade unions include:\textsuperscript{18}

- Reassuring affected workers that rehabilitation and RTW are the best possible outcomes after an occupational injury or disease (after briefing by case / disability manager on the objectives of the rehabilitation and RTW programme);
- Informing the affected worker of other options and targets besides rehabilitation and RTW (where available);
- Provision of information regarding collective agreements,\textsuperscript{19} safety and health legislation and the employer’s duty to accommodate injured / infected employees;
- Advocacy on behalf of affected workers and the provision of support throughout the rehabilitation and return to work process;
- Negotiation with organisations regarding return to work programmes according to collective agreements;
- Assisting in job placement for workers with temporary or permanent restrictions;
- Consultation with other unions to determine if opportunities are available for temporary or permanent work where a worker is unable to perform work under his / her collective agreement;
- Assisting the worker with conflict resolution and effective communication with SOCSO;
- Supporting workplace accommodation measures; and
- Working with employers to address barriers or challenges stipulated in a collective agreement pertaining to the process of recovery of workers with injuries / illnesses.

SOCSO has obtained the Disability Management Curriculum from NIDMAR\textsuperscript{20} for the purpose of creating the human capital in disability management of the potential roll-out of RTW programmes (including case management) at enterprise level.

Since the RTW programme is rolled out by SOCSO as a public scheme, the role and responsibilities of employers are largely restricted to cooperating with SOCSO within the framework of the programme. They also ensure job protection for injured and diseased workers who are on the programme, in accordance with protection available under the labour laws of Malaysia.

Employers also need to plan and coordinate with the case / disability manager to ensure a successful RTW. They have a role in the vocational rehabilitation of affected workers. In addition to vocational retraining, vocational rehabilitation also covers aspects of integration processes that involve employers. Such integration processes include workplace modification, process re-engineering, support or assistive aides, job coaching, placement in suitable jobs and worksite assessments. In order to ensure employer cooperation, some of these integration processes (e.g. modifications for disabled people at the workplace) are tax deductible according to Malaysian laws.

Besides that, the employers must also play a role in informing affected workers of their importance to the company; and that participation in the rehabilitation and RTW programme is one of the options available to them after an occupational injury or disease.

In order to encourage employer participation in the RTW programme, their cooperation is regarded as part of their corporate social responsibility (CSR). RTW as CSR is part of the process of promoting the SOCSO RTW programme. When a case is referred for the RTW programme, case managers arrange for worksite assessments. During worksite visits the idea of having RTW as CSR is suggested to employers. The cooperation of employers in the RTW programme is acknowledged by the issuing of recognition certificates by SOCSO.

Role and responsibilities of employers
The role and responsibilities of employers in Malaysia’s RTW programme are currently limited. This can be attributed to the absence of a legislative basis for explicit employer obligations in Malaysia; and the fact that the present roll-out of the RTW programme is a SOCSO-initiated activity. Employers often lack the capacity to implement RTW and disability management principles. This implies that RTW and disability management are essentially centrally co-ordinated within SOCSO. Case management services are provided by SOCSO, although enterprise-based deployment is foreseen.
Role and responsibilities of the affected employee

Affected employees also have a role towards the successful implementation of rehabilitation and RTW. The injured employee must ensure early notification of the injury. He/she must also actively participate in the RTW programme. The employee participates in the development of an agreed rehabilitation plan together with the case/disability manager.

The employee also has the obligation of attending relevant therapy and rehabilitation sessions, as well as communicating and interacting with their employer as well as SOCSO. This is due to an obligation in the Employees’ Social Security Act 1969 on an employee to comply with a rehabilitation plan designed for them.21

MOU SIGNING CEREMONY BETWEEN SOCSO, MALAYSIAN EMPLOYERS FEDERATION AND MALAYSIAN TRADE UNION CONGRESS.
Memorandum of Understanding with the Malaysian Employers Federation & Malaysian Trade Union Congress

The Malaysian Employers Federation and the Malaysian Trade Union Congress, are key players representing the employers and employees in Malaysia. In order to formalise the relationship through further engagements, a Memorandum of Understanding was signed. The MOU which materialised on the 21st of April, 2015 is to enable cooperation between three parties where it is envisioned to further guide employers, employees and union members in integrating disability management in respective organisation policies, human resource practices and programmes for the purpose of:

i. Providing disability management support to employers in managing workers with injuries and / or illnesses to enable a safe and fast return to work.

ii. Creating a more inclusive workforce.

iii. Enabling workers with injuries and / or illnesses to return to work and contribute to the nation’s economy.

iv. Ensuring a sustainable social system.

v. Increasing workers’ social well-being.

Following the MOU, SOCSO has conducted several training sessions for employers who see the importance of having a Return to Work system within the organisation. This training has been included in SOCSO’s strategic plan to have more stakeholder involvement in the field of Disability Management—there is a need to collaborate with SOCSO to minimise the negative impact of disability among workers.

Implementation of Disability Management Experience by Brahim’s SATS Food Services

Brahim’s, formerly known as Brahim’s Airline Catering Sdn Bhd, was one of the organisations, among other employers, that received training for the Return to Work Coordinators for employers. The training was held with the objective to have a Disability Management mechanism within the workplace. Following the training, Brahims set up their own RTW Committee comprising of the CEO, Union Leader, HR Director & team as well as the Occupational Safety & Health team—an ideal RTW team composition.

One may wonder why the union leader was included? Buy in from both the management and union is crucial to the success of RTW, and requires commitment from both ends. Within nine (9) months after the training was held, Brahims has showed great commitment to the effort that they have have included physiotherapy facilities within the organisation by working with a rehabilitation doctor and a team of physiotherapists to look into early intervention. This facility, shall allow its employees to undergo physiotherapy within the premise without having to travel outside. Brahims recognises the importance of having this system and has included this as a policy in managing absenteeism and workplace injuries. This commitment is indeed exemplary and a good model to be duplicated among other organisations.
The employer’s perception

SOCSO has also seen a shift in demand among employers in that more referrals are coming from employers, as is the case with enquiries by employers and their willingness to retain or hire a worker who has been a participant of the RTW programme. The graph above indicates that a good majority of employers (88%) are interested to participate in the RTW programme where only a small percentage of 6% seem not to be interested.

SOCSO responds to this by providing Disability Equality Training, a joint cooperation with several NGOs and the Malaysian Social Welfare Department. This is a programme to educate employers about disability as a social issue of rights and equality rather than merely an issue of an individual’s functional ability. The training is based on the Social Model of Disability, and not the Medical / Individual Model of Disability. This training further aims to support participants to learn about causes and mechanisms which create disability (i.e. social exclusion, participation restrictions and discrimination); and to become agents of change to create and inclusive society that acts proactively. This training is run five times a year at various states within Malaysia and is strictly conducted by a Person with Disability.

A good 100% among Insured Persons have a good perception about this programme. These are Insured Persons who are commonly interested to return to gainful employment. 6 years ago, only 68% among the Insured Persons had a good perception whereas the remaining 32% possibly felt that receiving an invalidity pension would still be a better option.

Nevertheless, with good awareness, testimonials and being able to see the objectivity and evidence-based outcome on an individual basis through systematic case management, this change in perception is now evidently seen among Insured Persons.
The role and responsibilities of the disability / case manager & other practitioners
Disability management and RTW by SOCSO is a collaborative process that facilitates the provision of recommended efficient treatment to injured workers or those who contract diseases. This ensures that appropriate medical care, compensation and other benefits under the ESSA are provided to disabled, ill or injured individuals to ensure that they return to employment.

Disability management includes the planning and coordination of health care services appropriate to achieve the goal of medical rehabilitation. Medical case management consists of:

- Care assessment, including personal interview with the client;
- Assistance in developing, implementing and coordinating a medical care and vocational plan with healthcare providers, as well as the clients and the clients’ family; and
- Evaluation of treatment results while promoting cost-effective care.

The role of the disability / case manager
Disability / case managers are central to the successful implementation of the SOCSO RTW programme as they design and implement rehabilitation and Return to Work programmes. As the National Institute of Disability Management and Research (NIDMAR) has remarked, such disability / case managers or Disability Management Professionals (DMPs) are:

- Working internally within SOCSO, their own organisations (i.e. Brahims Catering) (see p.45) or externally as a (service) provider;
- Although they may provide direct services to workers with disabilities, they often perform executive functions which may include but are not limited to:
  - Administration of disability management services;
  - Development of policies and procedures;
  - Promotion of RTW concepts through education and training;
  - Consulting with joint labour-management committees; and
  - Undertaking programme evaluations.

SOCSO’s disability / case managers are tasked with the design, coordination and implementation of disability management. Apart from that, the disability / case managers also engages with employers to ensure that prevention strategies are taken to avoid future accidents / incidents.

The disability / case managers play critical roles in the successful design, implementation or management of the RTW programme. They focus on workplace intervention and ensuring that an injured or disabled worker is returned to the workplace within their particular and individual context. Since the disability / case managers facilitate the Return to Work of injured or disabled employees, they provide the link between the injured employee, the employer, unions and medical workers. They ensure that all the parties involved with the rehabilitation and Return to Work of the injured or disabled employee know their roles, understand how the employee is being rehabilitated and the purpose of the rehabilitation. Disability / case managers also ensure that the injured employee receives proper information and guidance regarding their rights and opportunities within the Return to Work system, and also the relationship between rehabilitation and compensation as well as their obligations. SOCSO’s disability / case managers could therefore be considered to provide “support, communication, coordination and cooperation among the relevant parties.”
The diagram below illustrates the role of the disability / case manager as facilitator / coordinator of the RTW programme.

**Functions of the disability / case manager**

SOCSCO’s disability / case managers perform a broad scope of functions relating to disability management and RTW. They perform a variety of tasks to ensure that the injured employee return to work. As stated above, disability management and RTW by SOCSO is a collaborative process. Disability / case managers are central to such a process. They provide a link between all the relevant parties, including the injured employee, the employer, SOCSO and medical staff assisting in the rehabilitation of the injured employee.

Some of these tasks include the following:

- Assisting the injured worker to either stay at work within the context of the injury or to return-to-work as soon as possible after the injury, if this can be done safely;
- Liaising with SOCSO after the injury has taken place (this includes assisting the injured worker to fill out the necessary claim forms, and also liaising between him / her and SOCSO);
- Liaising with service providers and professionals involved in the rehabilitation of the injured worker (either to gain information in order to keep the employer updated on the rehabilitation of the injured employee, or to inform the doctor / medical experts assisting in the rehabilitation of the injured employee about possible alternative duties for the employee);
- Monitoring the progress of the injured worker in being able to return to work, perform suitable duties, and further developing those duties as the rehabilitation process progresses;
- Putting in place measures which aim to prevent the occurrence of secondary injuries;
- Providing support to the injured worker, and also designating duties which the employee can undertake at various stages of their rehabilitation;
- Ensuring the promotion of RTW at the injured employee’s place of work;
- Communicating with the relevant trade union(s);
- Educating workers on RTW; and
- Creating the RTW programme and developing policies to improve RTW programme.
Job placement & employment services
Disability Employment in Malaysia is very much at an infant stage. There is yet a stigma among employers regarding the employment of persons with disabilities causing workers to lose employment after a significant injury or illness. Statistics indicate an average of 20% of cases are placed within different employers every year.

Some of the factors contributing to the stigma includes the anxiety or apprehension of how to manage them once they are back to work, fearing having to incur further medical related costs and etc. Other challenges include having to manage the perception of co-workers, superiors and others in providing adequate support in enabling them to work effectively, providing suitable jobs and retaining them at the workplace. The key feature to this service includes individualised placement and employment support. Each case is assigned to a Job Placement Officer (JPO) who is responsible in doing the Placement Assessments, designing an Employment Support Plan which includes key interventions that are required to address barriers to employment and facilitate as well as monitor the entire plan. The JPO also conducts worksite assessments, attends interviews together with the insured person, meets with doctors, family members and ensures that they are successfully employed. Job fairs and Disability Equality Trainings are offered as part of its service for employers with the objective of changing their perception of disability by looking at the ability.

CASE MANAGEMENT APPROACH
“Intensive employment services, individual case management and mixed strategies with selective referrals to long-term labour market programmes tend to have the largest impacts”
(Source OECD Employment Outlook, 2005)
Capacity building - increasing human resource competencies
The main drivers of the Return to Work Programme are Case Managers and Job Placement Officers. The skills set and human resource composition of these drivers is an option that may differ in various contexts or different country settings. In 2007, the first batch of Case Managers comprised skill sets including economics, applied psychology, human resource and communication. While this choice or combination was not entirely a wrong strategy, it also brought about a different set of challenges especially when dealing with the medical fraternity. There was at times misconception about questioning medical doctors on long medical certificates given and the authority to question such, despite them being trained in Disability Management or using impairment guidelines. Recognising that this was perhaps not the best composition of skill set for Disability Managers, allied health are currently the skills sets required for them to become Disability Managers.

The Job Placement team on the other hand comprises of human resource, physiotherapy or occupation therapy (diploma level) where this cross-combination provides a structure which allows the placement officer to discuss and cross-share the respective expertise in the placement of workers with injuries or illnesses.

Apart from these skill sets, SOCSO has set the Certified Disability Management Professional (CDMP) and the Certified Return to Work Coordinators (CRTWC) qualification administered by the National Institute of Disability Management and Research (NIDMAR), CANADA as the main qualification a Case Manager or Job Placement Officer is expected to have apart from a related tertiary or Master’s Degree. Since the examinations have been carried out in Malaysia, the pass rate has not been very promising. The examination has been reported as being tough and comprises a set of 300 question with modules provided without any past papers for reference. From an analysis done, it was found that a major factor for a low pass rate is attributed to the questions that are based on the Canadian legal framework and culture as well as language barriers.

SOCSO has taken the next step to improve the Case Manager’s competencies through a Memorandum of Understanding with the Social Security Research Centre, University of Malaya to become a test agency that will look into the translation of the questions as well as the training modules into the national language, Bahasa Malaysia besides including the Malaysian legal framework for localisation of content. The partnership also extends the cooperation in other areas including training and research. With this, SOCSO will be able to expand its ties across other countries by becoming a centre of excellence and a training hub for Disability Managers from neighbouring countries including Singapore, Brunei and Indonesia.
Involvement of health professionals and service providers

The occupational rehabilitation and early return to work programme utilises a seamless multi-disciplinary and multi-skilled team approach. This implies that a variety of professionals and service providers contribute to the overall management of an affected worker.

An occupational rehabilitation and return to work programme begins with diagnosis and early effective medical treatment of the affected worker. It requires an assessment of the physical and mental capacities of the individual, and of the demands of the job, and the provision of counselling, training and selective work placement. Furthermore, workplace modifications and retraining may be needed to enable an early Return to Work.

Therefore, the different components of such a programme include:

- Medical rehabilitation (medical treatment);
- Vocational rehabilitation (re-integration into the workplace);
- Social rehabilitation (focusing on social functioning);
- Provision of assistive devices; and / or
- Provision of personal support services (if necessary).

SOCSO has appointed private rehabilitation service providers as panels to provide active rehabilitation according to the medical and vocational rehabilitation plans designed for affected workers. Contractual arrangements have been entered with more than 100 over service providers besides SOCSO’s Rehabilitation Centre.

SOCSO has contracted private health professionals and service providers because Malaysia’s public health facilities are not sufficiently suitable for RTW purposes. Service providers contracted by SOCSO must be officially accredited and must comply with criteria set by SOCSO. Payment is done in accordance with a schedule of payment. The health professionals and service providers involved in rehabilitation and RTW include medical professionals, vocational or occupational rehabilitation professionals, social rehabilitation professionals and personal support service providers.
Medical professionals
Medical professionals are key persons involved in the development and implementation of an injured worker’s rehabilitation plan. They maintain central involvement across various stages of injury management and return to work. However, their primary role is to support injured workers in their return to their pre-injury level of functioning. Medical professionals are responsible for providing timely health or medical and functional abilities information, in order to make timely decisions both on benefits and on return to work.

Some of the medical professionals involved in the SOCSO RTW programme include Rehabilitation Specialists, General Physicians, Physical Therapists, Occupational Therapists, Occupational nurses, Occupational Health Doctors and Prostheticians. The involvement of any one of these professionals in the rehabilitation and reintegration of a worker depends on the personal injury and health circumstances of the affected worker. In involving any one of these professionals, the objectives and the process of RTW are taken into consideration to ensure that the affected worker returns to gainful employment.

In general, medical practitioners are currently being trained to play a major role in early intervention in disability management. These practitioners are taught on how to identify cases which fit the criteria for referral to SOCSO for inclusion in the RTW Programme.

Physical rehabilitation service providers
Physical rehabilitation service providers are required to achieve the functional requirements needed for return to work. Such targets are provided by the case / disability manager during the worksite assessment. These service providers also play a role in the mental development of affected workers where RTW is considered to be beneficial and is set as a goal for these workers.

Vocational or occupational rehabilitation professionals
Vocational or occupational rehabilitation professionals such as rehabilitation advisors, vocational guidance psychologists and labour force advisors provide support in the rehabilitation process. At present, these roles are played by SOCSO Case / Disability Managers as well as by social workers provided by non-governmental organisations.

The vocational rehabilitation planning of injured workers consists of a number of phases, during which the worker receives personal guidance, counselling and individual support measures.

Vocational retraining service providers are appointed when required due to the diversity of skills required for RTW. Case / disability managers play an important role in vocational assessments to identify the proper skills, intellectual capacity and functional ability needed for RTW. These factors are then combined with the availability of the required training within the geographical area of affected workers. The demands of a particular industry are also a factor in providing vocational retraining.

Social rehabilitation professionals
Social rehabilitation professionals focus on social functioning. This is to ensure that a worker with the disability is able to function in society. Social rehabilitation professionals facilitate an affected worker’s further participation in community life. Their tasks include home conversions (e.g. conversion of sanitary facilities, installation of wide doors, lifts, ramps) and conversion or purchase of specially-equipped vehicles.

Personal support service providers
Personal support service providers provide rehabilitation and employment support services to prevent ill health developing into a disability at work, help recover working capacities and skills, and support re-adjustment to work. They also adapt the working environment to the needs of the affected worker.

Prosthetic / Orthotic providers
Prosthetic / orthotic providers play a role in supplying products which are suitable for these workers to return to their duties. In other words, these providers shall not under-provide or over-provide prosthetic / orthotic equipment for such workers to return to work.
Rehabilitation services
Rehabilitation Services are one of the core functions in the Return to Work Programme. Apart from the growing number of panel rehabilitation clinics and SOCSO’s own rehabilitation centre, there has been several enhancements in the rehabilitation services, which include the Return to Work Early Intervention Programme within Hospitals, Audit Programmes, and a new legal framework for vehicle and workplace modifications to increase better employment prospects.

Return to work early intervention programme
The Return to Work Early Intervention Programme commenced for the first time in 2012 through a pilot project with the Queen Elizabeth 2 Hospital in Kota Kinabalu, Sabah. The objective of this pilot was to have a platform for accident cases to be referred to the programme as early as possible, increase the worker’s functional capacity, to minimise disability and to quicken the rehabilitation process and improve return to work outcomes. The pilot was a successful project which benefited all three key stakeholders including the worker with injury or illness, the doctors as well as SOCSO. This early intervention programme has now become a service offered in 28 major public hospitals throughout the country with an increasing number of participating hospitals every year. The evolution of this programme include the digitisation of the early intervention project through e-Pulih, which have diminished interventions from weeks to hours allowing doctors to provide better reporting and care for their patients.

Community rehabilitation programme for workers with mental disability
A community rehabilitation programme for workers with mental disorders commenced following a call after challenges faced by the placement team in placing workers with mental disability with new employers. Besides a general stigma present regarding the employment of persons with mental disabilities, the placement team reported that there were a number of employers who were willing to hire if there were an adequate support system. This was also found to be true of supported employment practice of the Job Club at the Hospital Permai of Johor Bahru which mooted the idea to have further discussions with the Head of the Psychiatry at the General Hospital Kuala Lumpur to discuss placement challenges among workers with mental disability. With that, a pilot project featuring 7 hospitals to support the placement of workers with mental disability commenced in early 2016. The pilot project included medical officers, occupational therapists who would join together with placement officers to speak to employers, provide medical support or negotiate with employers whenever the need arises. Support from the specialists were also available throughout the project. A total of 83 cases were enrolled in the pilot project with successful placement of 26 cases (48%). This initiative has been deemed favourable by the core members of this pilot project where it is in discussion stage that this initiative becomes part of a service provided in all major hospitals.

PILOT COMMUNITY REHABILITATION PROJECT ACHIEVEMENT

- N = 83
- RTW
- JOB SEEKING
- REHAB
- NOT MOTIVATED
- NOT READY
- PENDING LP / UNCONTACTABLE
- UNCONTACTABLE
- DEFAULTED
ININVOLVEMENT OF DISABILITY MOVEMENT
Reference to the “disability movement” relates to organisations which represent persons with disabilities and advocate for their rights. These can be organisations of or for persons with disabilities. These organisations recommend the adoption of policies which aim to promote the rights of people with disabilities to participate as fully as possible in society, including policies to improve their employment opportunities. Disability organisations also educate people with disabilities about their rights and collaborate with partner organisations to assist persons with disabilities to exercise their rights to access services and opportunities.

The disability movement in Malaysia includes the following organisations:

- Malaysian Council for Rehabilitation (MCR);
- Majlis Kebangsaan Bagi Orang-orang Terencat Akal Malaysia (National Council for the Mentally Handicapped);
- Majlis Pusat Kebajikan Semenanjung Malaysia (Central Welfare Council of Peninsular Malaysia);
- Malaysian Association for the Blind (MAB);
- Malaysian Confederation of the Disabled;
- Malaysian Federation of the Deaf (MFD);
- Malaysian Spinal Injury Association (MASIA);
- National Council for the Blind, Malaysia;
- National Society for the Deaf Malaysia (NSD);
- National Stroke Association of Malaysia (NASAM);
- Perkhidmatan Pemulihan Orang Cacat (Rehabilitation Services for the Disabled);
- Persatuan Orang-orang Cacat Anggota Malaysia (POCAM) Society of the Orthopaedically Handicapped, Malaysia;
- Malaysian Confederation of the Disabled;
- National Council of Senior Citizens Organisations, Malaysia;
- Golden Age Welfare Association of Malaysia; and
- National Council of Women’s Organisations.

Some of these organisations are affiliated with international movements such as Rehabilitation International (RI). These organisations play a role in advocating for the rights of people with disabilities in areas such as public facilities, transportation, government support and employment. NGOs also augment the provision of social services to people with disabilities by government institutions. They provide complementary safety measures in institutions to care for and protect vulnerable groups including people with disabilities.

The various organisations provide vocational training to enable people with disabilities to seek employment in the open market, sheltered workshops or as home workers. Other measures include empowering them through education and the use of computers with special software and exposing them to new programmes in an effort to make them more inclusive in society. Some of these organisations run Community-Based Rehabilitation Programmes (CBR). There are about 400 centres with 14,000 people with disabilities receiving training and rehabilitative activities at the centres.

The disability movement is also involved in the development of the legal framework for the protection of persons with disabilities. Their full support and commitment led to the adoption of the Persons with Disabilities Act (PWDA) which came into force on 1st July 2008. The PWDA underlines Malaysia’s statutory commitments to overcome obstacles faced by people with disabilities.
The disability movement further influenced Malaysia’s ratification of the United Nations Convention on the Rights of People with Disabilities (UNCRPD) in August 2010. The introduction of the PWDA and the ratification of the UNCRPD affirm the establishment of a structured and formalised approach and a broader protection for people with disabilities in Malaysia, including the rights to life, freedom from discrimination, equal recognition before the law and access to justice, education, employment and health.

These organisations were active in advocating for and protecting the employment rights of people with disabilities well before the enactment of the PWDA and the ratification of the UNCRPD. They advocated for the right of persons with disabilities to rehabilitation and RTW to assist them in retaining employment. However, their rehabilitation and RTW approach was less systematic and had to be remodelled on the basis of experiences gained from SOCSO’s RTW programme. In addition, rehabilitation and RTW programmes of most of these organisations are concerned with the process of habilitation (i.e. they mainly cater for people with a disability that was present at birth-congenital disabilities) although they also assist people who have acquired disabilities. In contrast, SOCSO’s RTW programme caters mainly for people who acquired their disabilities (process of rehabilitation) as well as for those with congenital disabilities who have joined the workforce and are defined as a worker under the Employees’ Social Security Act 1969.

The disability movement ensures that persons with disabilities continue to be in employment, as they also undertake job coach initiatives together with government ministries.34

The disability movement is also involved in SOCO’s initiatives to educate companies on the prevention of accidents and diseases. SOCSO has developed safety guidelines and health programmes for this purpose, including videos on office safety, agriculture industry and ergonomic practices. These videos ensure that workers can be informed and protected.35

The involvement of the disability movement in rehabilitation and RTW would be bolstered by Malaysia’s ratification of the International Labour Organisation’s (ILO’s) Vocational Rehabilitation and Employment (Disabled Persons) Convention No. 159 of 1983. Since ILO Conventions require a tripartite machinery (public authorities, employers’ and workers’ organisations) to promote the implementation of international labour standards, this would increase the involvement of other stakeholders. It will thus encourage the involvement of the disability movement in Malaysian rehabilitation and RTW.

The idea behind RTW in Malaysia is not to reduce benefits but to actually rehabilitate and reintegrate the workers back to work and the community.
“In the last few months, I did not have employment due to my disease. With this programme, I am now able to carry on living. Thank you SOCSO.”

Sanjivirajah Maniam
Diagnosed with Plaque Psoriasis
RTW Participant
CHAPTER 6
SOCSEO AND THE
ISSA RETURN TO WORK &
REINTEGRATION GUIDELINES

As we live in a world that is constantly filled with changes and uncertainty that have a significant impact on work globally, it is crucial that Social Security Systems need to be proactive and prepared to continue to accelerate in becoming dynamic and adapted to successful concepts or frameworks which include the Decent Work Agenda, Dynamic Social Security and the Return to Work and Reintegration Guidelines, which the ISSA has introduced.

The Return to Work and Reintegration Guidelines by the International Social Security Association (ISSA) stress the importance of social security institutions to engage in the promotion, advocacy and support of effective return to work programmes, an approach very much embedded in SOCSO’s Return to Work Programme. A strategic plan based on the Return to Work and Reintegration Guidelines was presented as a conference resolution in 2014 as seen in p. 58.
SOCSO's REGIONAL RETURN TO WORK CONFERENCE RESOLUTION 2014

Preamble
The Regional Return to Work Conference 2014 resolution includes strategies and mechanisms that are in line with the International Social Security Association (ISSA) Return to Work & Reintegration Guidelines that are required towards empowering workers with injuries or illnesses by providing health and labour market interventions and platforms to enable them to have equal employment opportunities, access to decent jobs and to be able to contribute to the nation's productivity and reintege themselves into society through a systematic and comprehensive disability management programme.

Objective
This resolution aims to set standards of disability management in Malaysia and to guide stakeholders comprising of the employers, employees, medical fraternity, union members and others in integrating disability management in respective organisations' policies, human resource practices and programmes for the purpose of:

a. Providing disability management support to employers in managing workers’ with injuries or illnesses to enable a safe and fast return to work.

b. Creating a more inclusive workforce

c. Enabling workers with injuries to contribute to the nation's economy

d. Ensuring a sustainable social system

e. Increasing workers social well-being

GENERAL STATEMENT OF THE CONFERENCE RESOLUTION

1. To increase leadership & building capacity for return to work

2. To expand disability management within the existing legal framework

3. To enhance awareness of disability management among stakeholders

4. To strengthen inter agency cooperations for economic empowerment

5. To adopt intervention strategies towards societal reintegration
### A. LEADERSHIP & CAPACITY BUILDING

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>OBSTACLE</th>
<th>ACTION PLAN</th>
<th>KEY STAKEHOLDERS</th>
</tr>
</thead>
</table>
| HOW TO INCREASE LEADERSHIP & CAPACITY BUILDING FOR RETURN TO WORK | Organisations working in silo  
Lack of knowledge in disability management | i. At least one (1) Return to Work Coordinator to be appointed in larger scale industries to facilitate workers with injuries and illnesses.  
ii. Disability Management to be included as part of human resource management and to introduce this as module or subject in Human Resource Management courses across public and private institutions.  
iii. Disability Management to be embedded in Occupational Safety & Health Policies within organisations.  
iv. Case Managers to be trained by the Centre of Excellence if ISSA | SOCSO, MEF, MTUC, SOCSO, MOE (Higher Education), Public & Private Universities  
SOCSO, MEF, MTUC, DOSH  
SOCSO, ISSA |

### B. EXPANDING DISABILITY MANAGEMENT

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>OBSTACLE</th>
<th>ACTION PLAN</th>
<th>KEY STAKEHOLDERS</th>
</tr>
</thead>
</table>
| HOW TO EXPAND DISABILITY MANAGEMENT WITHIN THE EXISTING LEGAL FRAMEWORK | Lack of legal framework | i. To incorporate Disability Management as a policy in public and private institutions  
ii. To encourage private institutions/organisations to employ Persons with Disabilities as a Corporate Social Responsibility.  
iii. To work with the legal fraternity on The Return to Work Act. | SOCSO, MEF, MTUC, Department of Social Welfare, PSD  
SOCSO, MEF, MTUC, Department of Social Welfare, Ministry of Domestic Trade, Cooperative and Consumerism, Standards Division (Ministry of Human Resources Malaysia)  
SOCSO & Ministerial Legal Department |
### C. Disability Management Awareness

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>OBSTACLE</th>
<th>ACTION PLAN</th>
<th>KEY STAKEHOLDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How to Enhance Awareness of Disability Management Among Stakeholders</strong></td>
<td>Poor awareness of disability management among key stakeholders</td>
<td>i. To increase awareness of disability management programmes across organisations through:</td>
<td>SOCSO &amp; All Stakeholders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Disability Equality Training Programmes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Conferences / Seminars</td>
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<td></td>
<td>• Occupational Ergonomics</td>
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<tr>
<td></td>
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<td>• Integrated approach to Disability Prevention</td>
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<tr>
<td></td>
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<td>• Career Fair for PWDs</td>
<td></td>
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<td></td>
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<td>• International Dialogues on RTW</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Establishment of a Kuala Lumpur Joint Statement</td>
<td></td>
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</tbody>
</table>

### D. Inter Agency Cooperations

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>OBSTACLE</th>
<th>ACTION PLAN</th>
<th>KEY STAKEHOLDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How to Strengthen Inter Agency Cooperations for Economic Empowerment</strong></td>
<td>Agencies working in silo</td>
<td>i. To establish a Steering Committee to look into Disability Management comprising of key stakeholders (MNDMC)</td>
<td>SOCSO, MEF, MTUC, DOSH, Labour Department, MOH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ii. To increase Research &amp; Development in the field of Disability Management in Malaysia to create improvement on Disability Management outcomes</td>
<td>SOCSO, MOE, MOH, Private &amp; Public Higher Education Institutions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>iii. To collaborate with insurance providers to expand social protection through disability management in their existing coverage.</td>
<td>SOCSO, LIAM, PIAM, MOF</td>
</tr>
<tr>
<td></td>
<td></td>
<td>iv. To work with ISSA on adhering to the national standards and best practices of Return to Work</td>
<td>ISSA, SOCSO</td>
</tr>
</tbody>
</table>
### E. SOCIETAL REINTEGRATION

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>OBSTACLE</th>
<th>ACTION PLAN</th>
<th>KEY STAKEHOLDERS</th>
</tr>
</thead>
</table>
| HOW TO ADOPT INTERVENTION STRATEGIES TOWARDS SOCIETAL REINTEGRATION | Lack of national / global benchmarks | i. Application of best practices of institutions practicing:  
- Early Intervention  
- Case Management Procedures  
- Case Loads  
- Transitional Work Options  
- Workplace Accommodations  
- ISSA Centre of Excellence  
- Prevention Embedded in Case Management | All Stakeholders |

**NOTES:**
SOCSO : Social Security Organisation Malaysia  
MEF : Malaysian Employers Federation  
MTUC : Malaysian Trade Union Congress  
MOE : Ministry of Education  
MOF : Ministry of Finance  
MOH : Ministry of Health  
PSD : Public Services Department  
DOSH : Department of Occupational Safety and Health  
LIAM : Life Insurance Association Malaysia  
PIAM : General Insurance Association Malaysia
The Return to Work & Reintegration General Principles highlight five essential guidelines which include:

- stakeholders;
- legal and policy basis;
- working within the legal framework;
- understanding and learning from international good practice; and
- influencing the system.


Both internal & external key stakeholders play a very important role right from workers themselves, their family members, the care givers, employers and others. At the beginning of the implementation of SOCSO’s Return to Work Programme in the year 2007, there were many challenges including internal challenges, stemming from resistance to change as well as external challenges from several stakeholders who were not convinced about the programme.

However, great stakeholder engagement, communication, and involving them in the programme has brought about significant changes where a reverse in demand is noted. Today the programme includes having doctors referring patients or employers calling to ask if there are suitable candidates with disabilities who can work for them and even setting up their own employment quotas to support the employment of persons with disabilities. The important aspect is to identify the role of key stakeholders in the process, communicate these roles and involve them in the programme. Once communication has been established, the second level of engagement can be built through smart or strategic partnerships.

As the ISSA suggests, the ability of an institution to begin, support, promote or regulate Return to Work Programmes is strongly influenced and often regulated by its governing legislative framework. In the case of Malaysia, there are laws and circulars to support the employment of people with disabilities, which include the People with Disabilities Act 2008. Nevertheless, there is lack of enforcement mechanism embedded in these laws and this causes SOCSO to rely solely on promotional measures. Of course, to have punitive actions or reward those who have supported persons with disabilities may not on their own be the perfect solution considering countries such as Germany and Japan, which implemented enforcement measures experience low rate of employment of disabilities as reported in the World Disability Report, 2011. SOCSO relies on alternative and creative ways which can empower the implementation of return to work activities.

The Return to Work Programme is supported by public policy, legislation, standards and various declarations. Knowledge and understanding of the requirements of each of these instruments is important to meet reporting and accounting obligations. This would include educating internal and external stakeholders of these relevant laws or standards and allow them to understand how they are reflected in the return to work process. Standards such as those contained in the United Nations Convention on the Rights of Persons with Disabilities or the Incheon Strategy are great international standards and convention. They are also good benchmarks which allow us to compare ourselves with the other jurisdictions, to determine how compliant we are as far as the standards and legislation are concerned and how far these have been implemented effectively.

The variety of social security institutions has produced a broad range of experiences to be used as a valuable learning resource for return to work policy and programming. Most of these experiences are unique, effective and relevant with regards to how they are operationalised, based on demographical or cultural needs. However, there is no one size fits all approach to an effective return to work programme. The important element is to adapt best practices and carefully align them to your own jurisdiction. In the case of Malaysia, the Commonwealth Rehabilitation Services (CRS) of Australia, Return to Work practice was the most practical for SOCSO to align itself with, given their relatively suitable return to work process. SOCSO continued to expose itself to various models including DGUV of Germany, NIDMAR of Canada, AUVA of Austria, the Job Coach Model in Japan and many others, while SOCSO’s own current model is being followed by many other developing regions.
The success of a Return to Work Programme can be measured by assessing how much it has managed to influence the system. Assessing if SOCSO has managed to influence the system, could mean that the system has seen the Return to Work Programme as a necessity that can fill in both the macro and micro gaps, ranging from the maximisation of functional restoration in a clinical setting to increasing the purchasing power of persons with disabilities in the economy. When influencing or working with the system, strategic initiatives typically include the implementation of incentives and the imposition of various regulatory requirements, ranging from enforced obligations to administrative reporting. For instance, initiatives such as working with hospitals for early referrals or the welfare department to support the employment of persons with disabilities are good examples. The Return to Work Programme has certainly influenced the social security system within Malaysia as well as externally. Within Malaysia this is the case since this practice is now widely known across rehabilitation departments in government hospitals, thereby creating a change in the management of SOCSO related cases within the government sector, as they want to include SOCSO’s Return to Work practice in the enhancement of the 1% Quota of employment of Persons with Disabilities within the public sector. Externally this is true since quite often SOCSO is regarded as a focal point for implementing Return to Work in developing countries. Nevertheless, it is yet to become a policy or compulsory mechanism to have employers implement Return to Work in Malaysia. This is further discussed in chapter eleven concerning areas in need for improvement.
“I am delighted to be able to return to work and support my parents as I want to be independent.”

Mohammad Fairoq Simanja
Fracture of Left Upper Arm
RTW Participant
CHAPTER 7
EVALUATING A RETURN TO WORK PROGRAMME

This research one SOCSO’s cost benefit analysis is done by the Social Security Research Centre, University Malaya

The impact of the RTW programme can be measured in terms of the success rate of return to work and the benefits received from returning to work.

The proportion of injured workers who have successfully returned to formal employment ranges between 61.3% in 2012 to 70.1% in 2010, with an average success rate of 65% (Table 1). Successful return to formal employment refers to returning to the same employer or a different employer. This study does not include RTW programme participant who are self employed.

<table>
<thead>
<tr>
<th>Year</th>
<th>Participants</th>
<th>Successful</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>2,815</td>
<td>1,974</td>
<td>70.12</td>
</tr>
<tr>
<td>2011</td>
<td>2,456</td>
<td>1,623</td>
<td>66.08</td>
</tr>
<tr>
<td>2012</td>
<td>2,625</td>
<td>1,609</td>
<td>61.30</td>
</tr>
<tr>
<td>2013</td>
<td>1,954</td>
<td>1,245</td>
<td>63.72</td>
</tr>
</tbody>
</table>

Quantitative impact can also be measured by calculating the costs of implementing the RTW programme and the benefit of having a successful RTW outcome, that is, return to formal employment. Total cost includes cost of orthotic, prosthetic, special equipment, medical treatment, implant, physical rehabilitation and transport. Benefit is measured by the workers’ contribution to SOCSO upon returning to formal employment until their compulsory retirement at 60. The calculation of contribution is based on current salary with five percent increase for every five years. Thus contribution to SOCSO from both the employee and employer is adjusted accordingly for every change in the salary. Data used in this calculation was obtained from the RTW database from July 2014 to June 2015 consisting of 1007 insured persons.
From SOCSO’s perspective, the average benefit to cost ratio is as follows:

<table>
<thead>
<tr>
<th>SOCSO’S PERSPECTIVE</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cost of implementing RTW programme</td>
<td>1,448,374.52</td>
</tr>
<tr>
<td>Average programme cost per Insured person</td>
<td>1,438.31</td>
</tr>
<tr>
<td>Total contribution to SOCSO</td>
<td>4,163,669.70</td>
</tr>
<tr>
<td>Average Return to SOCSO</td>
<td>4,134.73</td>
</tr>
<tr>
<td>Net average benefit for SOCSO</td>
<td>2,696.42</td>
</tr>
<tr>
<td>Ratio of benefit to cost</td>
<td>1.87</td>
</tr>
</tbody>
</table>

**SOCSO’S PERSPECTIVE**

<table>
<thead>
<tr>
<th>RM</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1,435.33</td>
<td>4,134.73</td>
</tr>
</tbody>
</table>

**Average programme cost per Insured person**

**Average Return to SOCSO**
From the worker’s perspective, the average possible return to insured person is the average possible earnings after deducting contribution to SOCSO.

<table>
<thead>
<tr>
<th>WORKER’S PERSPECTIVE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average programme cost per insured person</td>
<td>1,435.33</td>
</tr>
<tr>
<td>Average possible return to insured person</td>
<td>232,754.88</td>
</tr>
<tr>
<td>Net benefit of worker’s perspective</td>
<td>231,319.55</td>
</tr>
<tr>
<td>Ratio</td>
<td>161.16</td>
</tr>
</tbody>
</table>

THE WORKERS’ PERSPECTIVE

Indeed the benefits of having injured workers back to work outweigh the costs involved. On the part of the workers, returning to employment assures workers of a stable income which in turn ensures their continued contribution to SOCSO. Employers benefit in terms of regaining productivity loss, reducing work pressure of colleagues at work and costs of new recruitment. In addition the qualitative impacts as measured by the psychosocial indicators which shows a significant improvement in self-esteem, self-confidence, health condition, pain tolerance as well as a reduction in the levels of depression, anxiety and stress among workers who have returned to work are key in assessing the success of the RTW programme.
Prescribing to the Anderson & Spine (Spine Journal, 1981) graph above, SOCSO has taken the initiative to implement early intervention at various levels, including educating investigating and other officers, also at the treating institutions. This initiative has translated into significant reduction in the number of days taken for a person to be able to return to work. In 2010 it took an average of 182 days for workers to return to work, where as in 2015, workers were able to return to work within 105 days on average.

A large percentage of employers generally return to the same employer which amounts to 68% indicating the supportiveness of employers in retaining their injured employers. 22% return to entirely new jobs requiring individualised support for job placement. 90% are able to return to open job markets where as 10% become self-employed because they are not able to commute to open job markets (including those who are interested in entrepreneurship).
Psycho-social Benefits
It is particularly important to note the psycho-social benefits of RTW. Factors such as worker skills, independence, self-esteem, self-confidence, health and tolerance for pain show remarkable improvement post-RTW intervention in Malaysia. Similarly, as indicated below, depression, anxiety and stress appear to decrease as a result of RTW initiatives. This, cumulatively, serves to enhance the quality of life of workers in the country:

Quality of Life

<table>
<thead>
<tr>
<th>PSY COSOCIAL FACTOR ASSESSMENT</th>
<th>BEFORE AND AFTER RETURN TO WORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills</td>
<td>Career goal</td>
</tr>
<tr>
<td>Pre</td>
<td>Post</td>
</tr>
<tr>
<td>5.65</td>
<td>6.36</td>
</tr>
<tr>
<td>7.38</td>
<td>7.89</td>
</tr>
</tbody>
</table>

Depression, Anxiety and Stress

<table>
<thead>
<tr>
<th>DEPRESSION, ANXIETY AND STRESS SCORE (DASS-21)</th>
<th>BEFORE AND AFTER RETURN TO WORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Pre</td>
<td>Post</td>
</tr>
<tr>
<td>7.92</td>
<td>2.68</td>
</tr>
</tbody>
</table>

Pre | Post
“Congratulations SOCSO for implementing the Return to Work Programme. This programme gives motivation to workers without showcasing their disability. Our organization fully supports the RTW and shall continue to work together with SOCSO in the years to come.”

Sumathi Krishnan
Business Development Director
UGL Solutions (M) Sdn Bhd
CHAPTER 8
THE ROLE OF INFORMATION TECHNOLOGY IN DISABILITY MANAGEMENT

Introduction
The experience of Malaysia has demonstrated that there is no reason why state of the art, internationally recognised RTW principles, practices and tools cannot be implemented in the developing world.

There is, however, a need to factor in the particular reality of socio-economic considerations applicable in the context of the developing world. This, it has been argued, requires:

- Innovative and original approaches and solutions; and
- A gradual and systematic development of the RTW and disability management system.

The various examples of the appropriate use of technology, discussed below, underline the innovative approach which has characterised the Malaysian RTW experience.

The challenge of manual processes
As explained elsewhere in this publication, disability management is a relatively new concept in Malaysia. As a result, SOCSO (which depends a great deal on its information technology system for its claim management processes) did not initially make provision for an online disability management application system. As a result, the RTW programme in Malaysia commenced by way of human-oriented manual processes.
This turned out to be an extremely tedious process, because all approvals, as well as the processing of documentation, were done manually. Once the RTW department of SOCSO grew, manual processes and approvals became increasingly challenging. The manual approach also resulted in some delays in response on the part of SOCSO. To counteract this, the RTW department started developing its own, technologically-based, application process. Currently, the latest versions of the disability management application are being applied for the purpose of managing insured persons under the Return to Work Programme.

THE SOCSO APPLICATION PROCESS

The appropriate use of technology has resulted in the development of an online application process which is cutting-edge. For example:

- The application system can be accessed remotely by case managers;
- The system is now a “one-stop resource” for the case managers;
- The system is integrated with SOCSO’s medical and rehabilitation services for quick referrals;
- The application contains information on all previous cases, the Employees’ Social Security Act, rehabilitation plans and modification guidelines;
- Case managers are able to utilise the wealth of available information to the benefit of clients and employers. This is as a result of a detailed “search” feature which has been built into the system, as illustrated by the website depiction, below:
  i. Case managers are able to search an inventory of rehabilitation plans based on previous cases and on a variety of criteria;
  ii. The more cases logged in to the system, the better the outcome of search results;
  iii. As such, the system is heavily based on available evidence.
- The system may, as a result, be described as being a “learning system”. This is because it continuously gathers information from the details of the various cases which are typed into the system. This allows for a range of detailed data to be collected, for example regarding the types of most prevalent injuries and diseases in Malaysia, as well as more detailed data regarding specific types of conditions (such as depression, stress and anxiety). The following diagram illustrates this:
- The benefit of this technologically advanced “learning system” is that case managers are able to use the system to extract information from previously successful rehabilitation plans. These plans may then be implemented to the benefit of other people where the context of their injuries or illnesses is similar;
- Apart from that, the increasing number of cases has also caused the case managers to lose track of activities for the clients. With this, improved solutions on the application have been made to assist the case manager to track their activities.
- The application system also manages to serve as a communication network for quick approvals and opinions.
Some technical jargon

- WebSys today is the computer system currently being used to manage Malaysia’s RTW / Disability Management workflow.
- The system is based on a Content Management System (CMS) which comprises a model-view-controller (MVC) Web application framework that can be used independently.
  i. WebSys is written in PHP and uses object-oriented programming (OOP) techniques and software design patterns.
  ii. It stores data in a MySQL database, and includes features such as page caching, RSS feeds, printable versions of pages, news flashes, search, and support for language internationalisation.
- Its goal is to reduce the administrative functions of the clients / users so as to focus on the actual rehabilitation work itself.


The online system is user-friendly, also when it comes to login access, as is evident from the sample web page depicted below:
It is also able to track the activities of the various case managers and highlight upcoming events (as illustrated below):

![Disability Management 1.0 Beta](image)

The Standard Operating Procedures of the system have now been compiled and serve as a particularly useful reference point for users of the system.
Apart from that, the rehabilitation plan is now integrated into SOCSO’s services such as treatment request, prosthetic and orthotic request and vocational retraining application. The rehabilitation plan also comes with a new graphic user interface to assist the case managers in tracking the complete as well as incomplete plans.

A more recent innovation is the e-Pulih Project (literally meaning: electronic-rehabilitation). The application is a newly developed product by SOCSO which links most of the trauma / orthopaedic departments throughout Malaysia. The system enables the doctors to directly request implants for SOCSO Insured Persons who suffer from accidents. The main innovation for the e-Pulih would be the intervention time for identifying potential return to work cases. With the new e-Pulih, cases are identified within hours of an accident which would further improve return to work outcomes.

**Conclusion**

As indicated above, the technological advancements made by SOCSO have resulted in a number of positive spin-offs. The present web-based system is now renowned for the following attributes:

- It is a learning system;
- It is rule-oriented;
- It is conducive for future analysis;
- It facilitates consensus-based decision-making;
- It results in greater flow of communication on a range of relevant issues;
- Technology works as an enabler for early intervention;
- It contributes towards rapid action on the part of SOCSO.
“We appreciate the support by SOCSO in making the Return to Work Programme a reality for employers. As employers, we believe that all employees should have similar opportunities which is in line with our vision to always be there for you. We are proud to be able to work with SOCSO and the participants in providing job opportunities for them.”

Ellyana Tajuddin
Recruitment Executive
7-Eleven Malaysia Sdn Bhd
CHAPTER 9
GOVERNMENT INVOLVEMENT AND KPI

The Government of Malaysia has a social and economic interest in ensuring that workers return to work safely and as soon as possible following a workplace injury or illness. The Government is thus a stakeholder in the successful rehabilitation and reintegration of workers who are injured or contract disease at work.\(^{37}\)

The Malaysian Government has also been involved in the formulation and implementation of legislation and Disability Management and rehabilitation programmes to ensure adequate protection of the disabled or injured worker’s rights through its participation in the SOCSO Board.\(^{38}\)
As social partner in the SOCSO Board, the government was thus involved in the approval of the SOCSO RTW Pilot Project in 2005 and in the expansion and extension of the programme.

The adaptation of the Persons with Disability Act in 2008 (PWDA) is evidence that the government of Malaysia is actively involved in the Disability Management agenda. The PWDA makes provision for the establishment of a National Council for Persons with Disabilities. The establishment of the National Council for Persons with Disabilities presents a formal channel for agencies representing people with disabilities to voice their concerns. SOCSO has recently, since 2014, been included as part of the Council, which provides a platform to discuss disability issues pertaining to workers. This allows bigger agendas, including the need to streamline disability services, disability employment and the need for a single window, to be discussed.

**SOCSO’s ALIGNMENT WITH THE GOVERNMENT STRATEGIC PLAN**

**SOCSO RTW Programme as Ministerial Key Performance Indicator**

The Return to Work Programme is regarded as an important programme in providing comprehensive social protection through provisions in the law which dates back to 1969 with the enactment of the Employees Social Security Act (ESSA). Apart from the ESSA, RTW has also been included in the Ministry of Human Resources’ Strategic Plan. In the strategic pillar or trust no. 6 of the Human Resource Ministry Strategic Plan, which includes providing a comprehensive social security net to the citizens, RTW has been included as the Ministerial KPI (MKPI) which falls under the Government Transformation Plan (GTP). The GTP is an ambitious, broad-based initiative aimed at addressing key concerns to Malaysian citizens (the Rakyat) while supporting Malaysia’s transformation into a developed and high-income nation as per its Vision 2020. Seven National Key Results Areas (NKRA’s) requiring immediate attention like education, urban public transport, rural basic infrastructure, low-income households, crime and corruption have been part of the GTP since its introduction in 2010. The RTW Programme has been included under the 4th NKRA which is Raising Living Standards of Low-Income Households to increase the quality of life of the Malaysians towards achieving the aspirations of Vision 2020. This can be classified as the only programme in this strategic plan, which is looking at the well-being of workers with injuries and illnesses to facilitate their recovery and enable them to become productive once again while preventing them from further vulnerability.
The graph above indicates the performance of the RTW Programme under the MKPI since 2010. The achievement and the success of the programme is seen to be positive as most often it has exceeded the target significantly. The exception was in 2013 where there were several uncontrollable circumstances which included the human resource capacity as well as the type of cases referred. The programme continues to be an MKPI as it is seen as an important programme that benefits the ‘rakyat’ or citizens, in particular the workers. The SOCSO Rehabilitation Centre has also recently been included as an MKPI commencing the year 2016.
“This programme has help me to get a job and to build my career.”

Pathmashri Pandian
Upper Limb Amputee
RTW Participant
CHAPTER 10
IMPLEMENTATION OF RETURN TO WORK IN THE NATIONAL AND GLOBAL ARENA

SOCSO Malaysia, has become a focal point for developing countries wanting to implement their own Return to Work Programme. In fact, reference to Malaysian developments in the area of return to work is often made by the International Social Security Association (ISSA).

This may be largely due to the success of the SOCSO RTW programme, its transferability and scale. Since its implementation, SOCSO has assisted organisations including the Motor Vehicle Fund (MVA) Botswana, the Social Security Commission of Namibia, BPJS Ketenagakerjaan Indonesia and the Ministry of Manpower, Singapore. On the national front, SOCSO has also assisted Talent Corporation and the Public Service Department (both discussed below) in enhancing or developing a return to work programme respectively. The assistance that has been given is in the form of knowledge transfer and the performance of advisory roles through workshop participation.
Transferability
The Return to Work Programme structure in Malaysia relies on a service that essentially integrates available resources in the medical, rehabilitation and vocational setting. The commencement of the programme began after several existing rehabilitation centres consisting of government and private hospitals were identified along with private rehabilitation centres and vocational training centres designed to accommodate referrals for the rehabilitation of workers with injuries or illnesses from SOCSO.

The appointment of these facilities, and creation of partnerships, did not require additional contributions or premiums on the part of employers and employees. Instead, the identified facilities and centres were considered to be an extension of the rehabilitation services already offered in Malaysia for employment injury and invalidity. As a result, countries that have a similar social security setting are able to duplicate and make similar services available for their workers with relative ease.

In SOCSO’s experience of transferring knowledge to the countries mentioned above, BPJS Ketenagakerjaan, Indonesia has implemented a full-fledged Return to Work Programme whereas the other institutions have adapted some of the SOCSO best practice in their core services, alternatively are at various stages of implementation, including stakeholder engagement and policy development.

Scalability
The scalability of a RTW programme is an important consideration in respect of the transferability of the programme to other jurisdictions. This is to ensure that growth can be properly supported, without compromising efficiency and effectiveness. The two main considerations that enhance the scalability of SOCSO’s Return to Work Programme are its “service approach” and infrastructure, particularly the Information System applied by SOCSO’s Return to Work Programme.

Experience with BPJS Ketenagakerjaan, Indonesia
The experience with BPJS Ketenagakerjaan commenced with visits to Malaysia by BPJS board members and several senior management members to understand and experience the operation of the Return to Work Programme in Malaysia. This included a detailed exposure to the standard operating procedures and visitations to rehabilitation centres as well as employers who have been supportive of the programme. Subsequently, SOCSO was invited to speak at the Social Security Reform in 2014, where further engagements were held.

Prior to the launch of the Return to Work programme, SOCSO was once again invited to train their first batch of 11 Case Managers to equip them with the necessary skills to enable them to carry out the Return to Work Programme independently. The advantage BPJS Ketenagakerjaan had was that the human resource composition comprised of medical doctors, affording them a significant advantage on the medical front. The training provided was more skewed to vocational aspects, infrastructure development (which included the information technology dimensions) as well as other Disability Management related protocols. “The programme in BPJS Ketenagakerjaan launched in April 2015 where BPJS Ketenagakerjaan currently has cooperation with 2,600 traumatic centres facilities and 721 enterprises that have agreed to hire workers with disabilities. The programme begun with 11 Case Managers and currently has 70 Case Managers.” (Source: BPJS Ketenagakerjaan)
Recent developments in Namibia
The Social Security Commission of Namibia (SSC) recently conducted a feasibility study on the possible introduction of a Return to Work (RTW) programme in Namibia. The decision was motivated, at least in part, by the desire to progress in respect of the achievement of the ideals espoused in the Social Protection Floors (SPFs) initiative launched by the International Labour Organisation.41

It is clear that the successful developments of RTW arrangements in Malaysia, particularly in respect of the well-developed case management system, have impacted on the research that has been conducted in the Namibian context. The SSC undertook study visits to Germany and Malaysia to gain insights from these experiences, and to use such insights for benchmarking and costing the possible implementation of the SSC RTW Programme.42 The Research Report prepared for the SSC makes copious reference to the successes of the Malaysian experience.43 As the research report suggests, “Learning among others from the Malaysia experience, there may be value in linking OHS compliance to RTW interventions (e.g. dual purpose inspection of and advice to employers), and employer support of the RTW system to corporate social responsibility; supporting self-employment and entrepreneurship may also be required.”

Significantly, developments in Namibia suggest that a crucial lesson has been drawn from the Malaysian experience and extrapolated for developing countries pursuing similar ideals; namely that it is necessary to develop unique and country-sensitive RTW approaches in the developing world, bearing in mind the nature of the national labour market, and effective means to ensure stakeholder participation.44
The Research Report informing RTW thinking in Namibia concludes that, “The results emanating from the Malaysian experience provide a benchmark. It is clear from the advancements in Malaysia, and lately also South Africa, that Namibia should be encouraged to introduce a RTW system for occupational injured and diseased workers. A critique of the Malaysian approach results in the conclusion that a proper legislative framework for the introduction of RTW is imperative. This needs to be coupled with appropriate incentives and disincentives targeted at both employers and employees. In addition, the Malaysian example illustrates that large employers could ideally be required to appoint their own Disability Managers (as is proposed in South Africa), so that they can demonstrate a hands-on approach to RTW and alleviate some of the pressure on the state in this regard.45

Transferring Knowledge to Talent Corporation Malaysia
TalentCorp, an agency operating under the Prime Minister’s Department, was established in January 2011 to address the availability of talent in line with the needs of the country’s economic transformation. In 2015, they launched a career comeback programme to encourage employers to employ and retain women. The Career Comeback Programme team faced several challenges similar to what SOCSO Malaysia initially faced when placing workers with disabilities who were unable to return to their previous employers, requiring placement with new employers. The placement team from TalentCorp was exposed to how placements occurred in the SOCSO realm, as well as assessment protocols and best practices that could be applied. Several job placement officers were linked with SOCSO’s job placement team and it was reported that the SOCSO placement method assisted in the achievement of better results.

Public Service Department (PSD)
Recognising the need for Disability Management to be provided to civil servants and a cooperation to facilitate the employment of Persons with Disabilities within the public sector, SOCSO on several occasions interacted with the policy division of the PSD to engage with them on the need for a Return to Work Programme for civil servants. Following the engagement in the beginning of 2015, the policy division presented the concept to the top management as an idea to also support the implementation of the envisaged 1% employment of Persons with Disabilities within the public sector. Not long thereafter, SOCSO was invited to provide its expertise on Return to Work together with other stakeholders from the medical and rehabilitation fraternity to provide inputs for the policy development that can be put into practice for civil servants. Since the engagement, five counsellors from the PSD have been trained to conduct a Return to Work Programme. The PSD is currently in the midst of developing its policies and continuing various engagements.
“I am happy with my new job as I am able to utilise my existing skills which my employers appreciates.”

Lam Wee Yik
Leg Amputee
(Diabetic Complications)
CHAPTER 11
AREAS IN NEED FOR IMPROVEMENT

SOCSO’s RTW system has made an important contribution to the rehabilitation and reemployment of workers with disabilities.

One of the areas of improvement relates to the average number of days it takes for a Return to Work case to be completed. In 2009, the disability duration was at 712 days, 189 days in 2011 and 150 days as at October 2016. This shows a reducing trend, signaling an improvement in the overall efficiency of case management.

This improvement in efficiency may be attributed to the high levels of commitment, particularly from the rehabilitation practitioners within the government hospitals, which has resulted in utmost importance being placed on early intervention for SOCSO’s Return to Work Programme participants, including the establishments of RTW Clinics in many of the hospitals throughout the states.

Nevertheless, the international benchmark of 59.4 days still remains a target for SOCSO's Return to Work Programme. To achieve this, more early intervention programmes and awareness-raising amongst key stakeholders is necessary.
RETURN TO WORK DAYS - SOCSO VS INTERNATIONAL

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<td>DG (Pathways)</td>
<td>57.14</td>
</tr>
<tr>
<td>RTW CM</td>
<td>150</td>
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Also, while the legislative framework has generally been supportive of the RTW framework, some legislative changes appear to be necessary. Two issues need to be particularly highlighted:

a. Section 11 of the Employment Act allows for the termination of a contract of service. However, this provision does not require the protection of an occupationally injured or diseased worker’s position. This provision should be brought in line with the protection available under the Employees’ Social Security Act of 1969. Workers who are subject to a rehabilitation programme aimed at their reintegration into the labour market, should not be exposed to losing their work.

b. Consideration should be given to increase the scope and duties of a Safety and Health Officer under the Occupational Safety and Health Act of 1994 to include disability management.
"I thank ‘Allah’ for it is with His Will that i have been able to continue working at AEON.Co (M) Bhd. and i thank all parties involved in assisting me to continue working even after being diagnosed with ‘Muscular Dystrophy’.

Mohamed Farouk Shaik Mohamed
RTW Participant
CHAPTER 12
THE NEXT MILESTONE

EXPANDING THE DISABILITY MANAGEMENT SCOPE
The SOCSO RTW Programme in its first few years, placed emphasis on the operationalisation of RTW itself, enhancing its processes, quality, infrastructure and engagement.

After stabilising the operational framework, it is now looking into expanding the Disability Management scope, in realisation of the need and the potential this has to offer to employers, employees, the medical fraternity, NGO’s and the government. In this respect, SOCSO will be looking into a few areas which need to be enhanced to enable this expanded scope, also to enable Disability Management to become a professional industry.
Decentralisation of Disability Management
The decentralisation of Disability Management is currently not stipulated in any legislation at present. Nevertheless, given the Memorandum of Understanding between the Malaysian Employers Federation and the Malaysia Trade Union Congress on the implementation of Disability Management, it is believed that in the next five years, more employers would receive the knowledge transfer and hand-holding support for proper implementation to take place. Constant review and monitoring on this decentralisation to ensure the improvement of service delivery in this regard.

Disability Management Council
SOCISO is the primary institution looking after the welfare of workers with injuries or illnesses, whereas the Welfare Department of Malaysia is more responsible for congenital disabilities. While both groups may face potential and similar barriers, there is lack of attention given to Disability Management where key stakeholders, including employers, have low levels of awareness on this subject matter and what it entails. Very often, it is mistakenly thought that this is about the employment or management of persons with congenital disability. A distinction is needed as the management of both groups are entirely different. For example, an individual with congenital disabilities may have gone through all the necessary treatment or rehabilitation at a very early stage of their life and may have accepted their limitations, whereas the situation may be very different for a worker who has suddenly lost both his / her limbs due to an accident. Such an individual may not only grapple with the issue of losing both limbs but will also take time to accept the situation, possibly requiring counselling for post-traumatic stress and the like. Hence, a council dedicated to discuss pressing issues, coupled with the establishment of a committee that operates similar to how the safety and health council functions, is necessary, so that this becomes a body responsible for determining the direction and policy of the nation in relation to Disability Management for workers in Malaysia. Through this body, other pressing areas including the following could be discussed and implemented in greater detail:

- Disability Management legislation
- Incentivisation for employers
- Bridging gaps and issues faced by other key stakeholders

Disability Management Standards
At present, as the only practising agency on Disability Management in Malaysia, a benchmarking with other Disability Management providers globally must be available to allow SOCISO to continuously innovate and improve its services. While there are various Disability Management Standards available in the market, the International Social Security Association is currently developing the Key Performance Indicator on Return to Work and Reintegration that will translate into some benchmarking which may be executed.

In respect of standards, SOCISO also aims to establish the Malaysian Occupational Disability Guideline (ODG) for Disability Managers in order to follow more realistic pathways. At present the ODG which is internationally based is being used as a guide when planning for appropriate rehabilitation interventions for their respective cases. Good IT Infrastructure and database management should enable SOCISO to make this vision a reality, and allow SOCISO to subsequently share such experiences with other countries who possess a similar geographic and cultural composition.
ISSA Key Performance Indicators on Return to Work and Reintegration (RTW)
The ISSA has also produced Key Performance Indicators on Return to Work and Reintegration (RTW) as an outcome measure to evaluate RTW Programmes across jurisdictions. The ISSA survey covers parameters such as:
- Percentage of eligible workers who actually received RTW services
- Percentage of supported beneficiaries, who returned to work
- Ratio of frontline facilitators to supported beneficiaries
- Number of days counting from the moment the condition occurred to the actual start of the RTW intervention
- Percentage of satisfaction of beneficiaries with the RTW services provided
- Number of successfully implemented monitoring, evaluation or benchmarking activities related to reintegration or return to work processes within the previous three years
- Proportion of the total annual budget of the organisation that is allocated to reintegration and return to work activities

With parameters above, it would be interesting to have the SOCSO RTW programme to be benchmarked with other Return to Work Programmes across other jurisdictions or systems. At the time of publication, the ISSA Benchmarking for Social Security Administrations’ Key Performance Indicators on Return to Work and Reintegration (RTW) is still at the developmental stage and more reports on this activity would be published in the near future.

Disability Management Legislation
As Disability Management is becoming more widely practiced, there is a need to look into developing a specific regulation or act which can define Disability Management with provisions to further govern Disability Management. This is to ensure that the interest of workers and employers are taken care of, while ensuring appropriate care is applied. While the employment of persons with disabilities is not an enforced requirement under any law, it is important for SOCSO to ensure all Insured Persons are given the opportunity to maximise their function through a Disability Management Programme prior to attending Medical Board sessions. In this manner, the medical board and other key stakeholders will be assured that all treatment or rehabilitation has been executed and that the maximum restoration of function has been administered.

Addressing Disability at the grassroots level
While the Welfare Department, NGOs and other organisations continue to provide awareness on Disability, concerted efforts are needed to provide understanding of what disability means. In school, the curriculum discusses disability in such a manner that a child generally does not go beyond understanding what are the limitations associated with disability, garnering a feeling of sympathy and a desire to assist the individual. Instead, every child must be inculcated to look into persons with disabilities’ ability and not just their disability. As it will take generations for this mindset to be changed, practicing institutions including SOCSO must work together with other agencies educating the children from the preschool level to achieve a more barrier-free mindset when working with persons with disabilities.

Improvement of Infrastructures
SOCSO is currently servicing a part of the SOCSO claimant population given the number of Case Managers. The ideal ratio of Case Managers to Insured Person is 1 Case Manager to 70 Insured Persons, suggesting the need for more Case Managers to manage cases effectively in the SOCSO environment. Along with enhanced human resource capacity development, SOCSO is also looking into establishing more rehabilitation centres as well as working with several hospitals to integrate the rehabilitation services for the benefit of SOCSO’s contributors. In order to bridge other logistical challenges surrounding Insured Persons attending RTW activities prescribed by Case Managers, SOCSO will be developing further cooperation initiatives to enable it to work with transportation providers, private rehabilitation providers and the like in so as to alleviate the financial burden of participants.
“I wanted to prove to his family and friends that disability was not an end to gainful employment.”

Muhamad Aman Nazari
Abdul Taib
Spinal Cord Injury
CHAPTER 13

A GUIDE FOR RTW COORDINATORS’

SETTING UP AN INTERNAL RETURN TO WORK PROGRAMME

This section sets out a step-by-step guide for organisations which plan to implement an Internal Disability Management or Return to Work Programme.

It is pertinent to mention here that the effectiveness of an Internal Disability Management or Return to Work Programme critically lies in the mandate or support given by top management and the commitment of the Disability Management Committee. Through this, all employees regardless of status or designation would be expected to cooperate in all return to work initiatives, be it at the policy or implementation level, with the objective of making the organisation a sustainable and productive organisation and one that cares for the general well-being of its workers.
5 Simple Steps for A Successful RETURN TO WORK PROGRAMME

1. Establish a Disability Management Committee

2. Appoint a Return to Work Coordinator

3. Establish Policies and Procedures

4. Engaging with Stakeholders

5. Monitoring and Evaluation

Roles and Functions of a Disability Committee

- Develop terms of reference and responsibilities of stakeholders involved.
- Monitor implementation and effectiveness of the Return to Work Programme within the organisation.
- Create awareness on importance of disability management / early intervention in all stakeholders.
- Develop policies and procedures that are necessary to support the implementation of Disability Management.
- Address safety and health issues arising from Disability Management cases.
- Providing provisions for reasonable accommodations Communicate with relevant stakeholders and Return to Work partners including SOCSO on Disability Management related issues.
- Discuss Disability Management related macro issues and provide solutions.
- Develop Grievance Resolution Procedures.

STEP 2:
APPOINT A RETURN TO WORK COORDINATOR

A Return to Work Coordinator (RTWC) shall be the key person in your organisation who will manage workers with injuries or illnesses at the workplace. RTWCs shall assess, understand the employee’s limitations and strengths, plan and implement interventions together with other stakeholders as well as monitor the overall implementation of each case. A RTWC does not need to wait for an injury to take place or receive a notice of illness by an employee, but needs to be proactive to identify symptomatic manifestations of an employee’s behavior that would probably require disability management intervention.

WHO IS AN IDEAL PERSON TO SELECT AS A RTWC?

An ideal person for this role is a representative from the Human Resource Department as such a person is usually the key contact for matters of this nature. However, dealing with workers with injuries or illnesses requires further qualities befitting a RTWC which one of your employees within your organisation may possess. Some of the qualities or competencies include:
Qualities:
- Passion for helping others;
- Good interpersonal communication skills;
- Counseling knowledge (an advantage);
- Good orientation for planning and coordination;
- Proactive;
- Trustworthy; and
- Reliable.

Suggested Additional Competencies:
- SOCSO’s Return to Work Coordinator Training.
- Certified Return to Work Coordinator (CRTWC), * NIDMAR (Canada).
- Any certification in the field of Disability Management by accredited institutions.

* The National Institute of Disability Management and Research (NIDMAR, Canada) is affiliated with SOCSO Malaysia which is licensed to offer the Certified Disability Management Professional (CDMP) and Certified Return to Work Coordinator (CRTWC) Examinations.

SOCSO’S DISABILITY MANAGEMENT MODEL

As every case is unique with workers having different psychosocial attributes, a particular approach will not fit all cases. Interventions that are designed should be individualised and made to meet individual as well as organisational goals. This will ensure that the core elements in the Return to Work Model, such as retention of employees, coordination of plans and preventive measures are instituted as part and parcel of case management for sustainable employment.

Return to Work interventions that are typically performed by Return to Work Coordinators include:
- Identifying symptomatic manifestations from employees such as prolonged medical leave, absenteeism, under-performance which may require disability management intervention;
- Assessing limitations arising from injuries or illnesses;
- Worksite Assessment;
- Assessing work-related impediments;
- Identifying support requirements;
- Designing a Return to Work Plan;
- Implementing the plan (i.e. communicating with treating doctors, job modifications, workplace accommodations);
- Monitoring the Return to Work Plan;
- Evaluating the Return to Work Plan; and
- Communicating DM related matters and progress to the DM Committee.

STEP 3:
ESTABLISH POLICIES AND PROCEDURES
Formal policies and procedures initiate consistency and sustainability of a Return to Work Programme in your organisations. Written policies and procedures may include the following:
- Mission statement of the program.
- Objectives.
- Programme administration.
- Roles and responsibilities of stakeholders.
- Referral process and information on how one can access this programme.
- Grievance resolution
- Evaluation of programme.

UNDERSTANDING THE ROLE OF THE RETURN TO WORK COORDINATOR
The Return to Work Coordinator is responsible to assess the worker with an injury or illness. This is to identify the barriers to his return to work and enable the coordinator to implement and coordinate interventions that will enable the worker to return to work at the soonest and safest, as well as to ensure that a support system has been put in place prior to closing a case.
STEP 4: ENGAGING WITH STAKEHOLDERS
Once the Return to Work Programme framework has been set in your organisation, it is recommended that an engagement plan with stakeholders is designed. This is because the programme’s effectiveness lies in the commitment received from all parties, including the non-injured workers and union members. Therefore an awareness programme to educate your workers and their managers on the avenues your organisation has created to assist them through this programme will not only showcase your social responsibility but also enhances the image of your organisation as one that cares for their employees.

STEP 5: MONITORING AND EVALUATION
The Return to Work Programme’s effectiveness can be measured when the programme is evaluated regularly. Through monitoring and evaluation, the employer would be able to identify areas for improvement and implement effective strategies accordingly.

The programme can be evaluated through various aspects which may be of relevance for your respective organisations. Some of these areas which you may be keen to assess and evaluate:
- Cost Benefit Analysis
- Disability Duration (measuring if there has been a significant reduction in absenteeism)
- Employment outcomes (increased work hours / able to work on shifts, etc)
- Productivity
- Savings on operational and administrative costs (i.e. salary replacement costs, costs of interventions, and health care costs).

THE INTERNAL RETURN TO WORK PROCESS

1. REFERRAL
Referral of cases for Return to Work may come from two sources:

Reported injury at the workplace from the Safety and Health Officer, head of department, line manager or any employee;

Or

Early identification by RTWC or Unit Heads of cases with frequent absenteeism, negative behavioral manifestations at the workplace, reduced performance, etc.

2. ASSESSMENT
Assessment of the Worker
During the assessment process, RTWCs are expected to identify limitations of the worker following an injury or illness and barriers towards his gainful employment. Some of the elements that an RTWC may want to assess are the following:

- **Activities of Daily Living and Limitations**
  Routine activities, driving, daily activities, social activities, work, confidence, tolerance, concentration, coping strategies, general health condition and etc.

- **Impact of Disability**
  Support system at workplace or home, family / childcare responsibilities, access to transportation, emotional state, financial situation and etc.

- **Work Capacity**
  Self-reported capacity, ability to perform current work duties, requirements for work modification or work accommodation and etc.

Worksite Assessment
Following an assessment of the worker, it is imperative that the RTWC does a worksite assessment to understand the job tasks or functions of the worker. Reviewing the job description or job scope is only a part of the assessment as job descriptions are usually not detailed. For instance, the physical dexterity involved in lifting a product depend on how heavy the product is. Therefore, a thorough assessment including a visit to the workstation will give the RTWC a clearer picture in determining if the requirements of the task matches the physical capacity of the worker when designing a plan. This information is important for the treating physician or rehabilitation specialist so that a common goal, which is to enable the worker to return to the same job, is worked upon.

3. DESIGNING A RETURN TO WORK PLAN
Following the initial and worksite assessments, the next step would be to determine the employees’ return to work goal. A return to work goal can be divided into an overall goal and a specific goal. An overall goal indicates the main objective that the worker would like to achieve whereas specific goals entail a set of plans which are directed to address limitations which will help the worker achieve the overall or main goal. Each specific goal includes planned activities, time frame, persons responsible as well as costs involved.
Example of a Return to Work Plan

The following is an example of a Return to Work Plan for a production operator whose job tasks include assembling 50 chip boards, requiring to stand for more than six hours a day. He has shown a reduction in performance of late and has been frequently absent in the last six months. Following an initial assessment by the Return to Work Coordinator, findings yielded that the reduction in performance and frequent absenteeism was attributed to lower back pain. The following are some of the interventions that have been designed by the Return to Work Coordinator in consultation with various stakeholders to help the worker concerned to address his physical limitations as well as to help achieve the monthly production target.

When identifying a Return to Work goal, it is important that the goal is realistic, achievable and measurable. For example, an unrealistic goal for a supervisor with a brain injury with cognitive impairment would be to reinstate him in the supervisory role. It is in such cases that adjustments and modifications to the work or task may be needed.

Client’s expectation is another element which an RTWC would need to manage. The worker with an injury or illness may request for the best model of a specific assistive device or a complete change of role, wanting to take advantage of his current situation. However, the RTWC should use his discretion to recommend suitable equipment or interventions based on the needs of the worker in consideration in line with the guiding principles and management’s expectations.

The Return to Work Plan is a document of commitment to the interventions that have been planned together and requires that the worker agrees to it by affixing his signature. A breach of commitment may indicate that the worker is not eager to return to work or that he potentially faces other problems which require the RTWC to address.

<table>
<thead>
<tr>
<th>Name: Mr. Ahmad Shah</th>
<th>Date: 12th January 2015</th>
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<tr>
<td>Specific Objective: To increase the physical capacity and to be able to assemble 50 chipboards in a day.</td>
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<tr>
<th>Activities</th>
<th>Targeted Commencement Date</th>
<th>Targeted Completion Date</th>
<th>Persons Responsible</th>
<th>Cost</th>
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<tbody>
<tr>
<td>To communicate with the treating doctor on suitable medical intervention/ requirements for rehabilitation</td>
<td>14 January 2015</td>
<td>14 January 2015</td>
<td>RTWC</td>
<td>N/A</td>
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<tr>
<td>To conduct a worksite visit and discuss work / task accommodations to assist Mr. Shah to be able to assemble the chipboard without hurting his back further.</td>
<td>16 January 2015</td>
<td>16 January 2015</td>
<td>Production Unit, RTWC, Mr. Ahmad Shah</td>
<td>N/A</td>
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<tr>
<td>To attend physiotherapy twice a week to increase the physical capacity (Input from worksite assessment to be obtained)</td>
<td>20 January 2015</td>
<td>20 April 2015</td>
<td>Production Unit, RTWC, Safety &amp; Health Representative</td>
<td>RM80/session (GL by Insurance Provider)</td>
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4. IMPLEMENTING THE RETURN TO WORK PLAN

In designing a Return to Work Plan, it is most important to address any limitations or weaknesses that are hindrances or barriers to return to work. It is these barriers or limitations which require the RTWC’s careful planning to ensure appropriate interventions are administered for a safe and fast return to work. The type of interventions that are typically involved may be seen in the following scenarios.
Scenario 1
When a worker with an injury has a physical or cognitive limitation, it is the goal of the Return to Work Coordinator to increase his physical or cognitive capacity to match the work demands at the workplace. Interventions such as medical treatment, physiotherapy, occupational therapy, prosthesis, orthotics as well as assistive devices may be necessary in the quest to increase the physical and cognitive capacity to match the work demands that may be the same, similar or different from his previous work task.

Scenario 2
It is not always possible to increase the physical or cognitive capacity that may be necessary, after an injury or illness, to match a person’s work demand. Nevertheless, this does not indicate that return to work is impossible. There are in fact various other interventions such as modified working strategies, job coaching, workplace modifications and vocational retraining that enable an individual to continue working despite a disability.

Types of Disability Management Interventions:
The following are types of interventions that may be implemented in a disability management process. The list below is not exhaustive neither are they in order.
  • Medical Treatment
    Includes acute inpatient care and any medical-related intervention that is deemed necessary to allow a patient to achieve maximum medical improvement.
  • Physical Rehabilitation
    Includes physical and occupational rehabilitation, counseling, psychological intervention, Prosthesis and Orthotic Aids.
  • Workplace Modification
    Includes a range of modifications from simple cases such as installing ramps, a handle in the lift or major modifications such as renovating a toilet to be Persons with Disability (PWD) friendly. The Government has designed several fiscal and monetary benefits such as double tax deductions to encourage organisations to be more disabled friendly. More details can be obtained from the benefits section of this guide.

Work Accommodation which includes:
  • Assignment to alternative duties or work;
  • Review of work schedules;
  • Temporary change of duties;
  • Job Restructure / Job Redesign;
  • Assistive Device to facilitate work (i.e. CCTV for low vision, JAWS software for the blind or visually impaired); and
  • Temporary / Permanent re-allocation of work duties.

For Work Accommodation ideas for various types of disability, Job Accommodation Network (JAN) has an exhaustive list on types of accommodations which Return to Work Coordinators can use as reference at http://www.askjan.org.
Job Restructure

An example of job restructuring may include extracting work tasks which the worker may not be able to do and include other work tasks which they can perform. Collecting favourable tasks may be also considered when including other portions of tasks.

What is Redesign of Job Duties?

Redesign of job duties is to change all or parts of the job descriptions expected by the organisation if the worker is unable to perform the task.

Slide: Courtesy of JICA
• Natural Support
  The process of identifying a peer to provide support for the worker with injury or illness.

• Job Coach
  Job Coach is a process which provides direct support for workers with cognitive impairment in particular

IMPORTANT ELEMENTS TO BE CONSIDERED IN A RETURN TO WORK PLAN.
Elements that need to be considered in a Return to Work Plan include:
• Cost effective plan / strategies
• Hierarchy (it is important to retain the skills of workers and ensure cost effective accommodations. Therefore, the RTWC may consider the following hierarchy to help him identify a suitable plan based on the desired hierarchy)
  - SAME JOB SAME EMPLOYER
  - SIMILAR JOB SAME EMPLOYER
  - DIFFERENT JOB SAME EMPLOYER
• Time frame for each plan
• Person responsible for each plan
• Cost (if applicable)
• The Return to Work Plan is a live plan and can be modified to adapt to the changing needs of the worker.

5. MONITORING AND COORDINATING THE RETURN TO WORK PLAN
Any plan without proper monitoring or coordination is an ineffective plan. A RTWC’s most important role is to monitor and coordinate the Return to Work plan. As the plan is individualised, it is a dynamic and live plan. RTWC’s must be vigilant to alter the plan as and when necessary through consultations with stakeholders involved in the plan as well as the consent of the individual concerned.

The RTWC must also monitor an individual’s progress for at least 3-6 months after his return to work to ensure that adjustment issues are addressed and that the worker concerned has settled well at work. From then on, the natural support system will take over to provide further support at the workplace.

6. FADING
Fading is a process that is executed once the worker with injury or illness has returned to work and is stable at the workplace after having gone through a comprehensive rehabilitation program. Fading is also executed only when the natural support system has taken over from the RTWC. This usually takes place several weeks before the RTWC is about to cease intervention.
7. CLOSING
Once the fading process has been successfully implemented, the Return to Work Coordinator may close the case on condition that the monitoring period is complete and there are no problems at the workplace. If there are recurring problems, the Return to Work Coordinator must address any challenge or problem at the soonest and consider whether a revisit of his rehabilitation plan is required. However, when all plausible steps have been taken and unresolved challenges remain, it is important that this case is brought to the Disability Management Committee to deliberate and determine suitable outcomes for the worker concerned.

8. EVALUATION
Evaluating the outcomes and effectiveness of each return to work case is essential as per any business plan. Through this process, we recognise best practices and identify what went well or did not go well for the worker and the organisation. What worked could be replicated for other cases as well. Some of the indicators which an organisation could utilise to measure success and effectiveness are:

- Cost Benefit Analysis.
- Reduced Healthcare-Associated Costs.
- Employment Outcomes (i.e. number of hours, wages, competitive employment and etc.).
- Qualitative Indicators (Self Esteem, Pain Tolerance, Career Goals, Depression, Anxiety, Stress and etc.).

OTHERS
Record Keeping
Keeping an accurate and up-to-date account of all events in the RTWC’s engagement with the worker and his dealings with all parties concerned is extremely important. Good record keeping is an excellent referral for on-going and future case managements. Human memory is short. Hence keeping records allows other RTWCs to refer to the records at any point of time. A client’s record should contain the following documents:

- Case Notes / Progress Notes.
- Demographic Information.
- Return to Work Plan.
- Initial and Worksite Assessments.
- Medical and Rehabilitation Reports.
- Consent Forms.
- Quality Assurance.

CONFIDENTIALITY
Maintaining confidentiality is an integral responsibility of Return to Work Coordinators. A worker’s personal health information should be confidential and released only with the consent of the worker. This is a very important consideration for if confidentiality of information is not protected, trust that binds the worker-RTWC relationship would diminish. The worker would be less likely to share sensitive information, which could negatively impact the outcome of his return to work.

IDENTIFYING RESOURCES
Prior or parallel to implementing the Return to Work Program in your organisation, you may want to identify resources to assist you in providing the necessary medical support. One may want to speak to their panel doctors about the program and identify the likely persons to provide the support required. This would also help the coordinators identify counseling support or rehabilitation centres incorporation into the group insurance coverage so that rehabilitation support is available for workers who require it.
1. STANDARD OPERATING PROCEDURE FOR EARLY INTERVENTION

RTWCs may refer to page 29 for types of disability management interventions that may be included in a Return to Work Plan.
2. STANDARD OPERATING PROCEDURE FOR IDENTIFICATION OF ILLNESS OR INJURY AT THE WORKPLACE

REFERRAL

IMMEDIATE MEDICAL INTERVENTION?
YES
NO

NOTIFY SAFETY & HEALTH SOCSD

INITIAL ASSESSMENT

REQUIRE MEDICAL TREATMENT?
YES
NO

REFER TO DOCTOR/TREATING SPECIALIST

WORKSITE ASSESSMENT

RETURN TO WORK PLAN

PHYSICAL/COGNITIVE MATCH WITH JOB DEMANDS

REQUIRE MEDICATION?
YES
NO

REQUIRE JOB COACH?
YES
NO

REQUIRE JOB MODIFICATION?
YES
NO

RTWC may refer to page 29 for types of disability management interventions that may be included in a Return to Work Plan.

CLOSE CASE

RTW?
YES
NO

READY FOR RTW?
YES
NO

MONITORING

EVALUATION

NATURAL SUPPORT

FAIING

JOB COACH

JOB MODIFICATION

SOCSO Return To Work Handbook 2016
TESTIMONIES
MUHAMMAD HAIRUMAN MISKON

RTW Participant

The palm oil estate where Hairuman worked was a second home to him, his brother and two disabled sisters from the time they were orphaned. One day while plucking the palm fruits, Hairuman was thrown unconscious, struck by a high voltage wire. He was rushed to the new Tanjung Karang Hospital as he sustained burns all over his body. Hairuman’s injury was very severe requiring intensive care. He was subsequently rushed to the Klang Hospital to undergo surgery. Both his hands were amputated up to the elbow as a result of the injury. He lost his left toe too. Hairuman was subsequently transferred to the Kuala Lumpur General Hospital for further treatment when a blood vessel burst in his left leg, requiring an amputation up to the knee. Hairuman also had a foot drop on his left leg making him wheelchair-bound as he was not able to walk.

At the Kuala Lumpur General Hospital, the rehabilitation specialist assessed Hairuman’s condition and advised him to participate in Socso’s Return to Work Program as she felt that with the right prosthesis and proper management, Hairuman was warded for a few months to undergo intensive rehabilitation and training for familiarisation and use of the prosthesis to enable him to become independent to carry out his day to day activities.

Two years after his injury and rehabilitation, Hairuman attended a job carnival organised by SOCSO. Here Hairuman was interviewed by a few companies and was offered a job at Efinite Value Sdn Bhd. Being very supportive employers, Hairuman’s return to work experience was bliss to him, which he cherishes till today. A year later, Hairuman, on his own initiative embarked on a further study in Information Technology and has successfully completed and received his certificate. Hairuman has also obtained a Persons With Disability (PWD) driving licence. He has adjusted well and integrated himself within the society.
GANASAN ANDIAPPEN  
RTW Participant

A father of three children and the sole bread winner, an accident on 19 July 2012 was the beginning of a nightmare for Ganasan. A mechanical supervisor nearing age fifty at that time he thought of the worst, the incident fresh in his mind.

In a commuting accident which occurred on his way home from work, Ganasan sustained severe injuries on his left knee with anterior cruciate ligament and meniscus tear. He underwent several treatments including a post left knee arthroscopy.

Ganasan was referred to the Return to Work Program by the orthopaedic specialist in Hospital Pantai, Ipoh. As he had limited left knee flexibility, his stability was compromised. After discussions with the rehabilitation specialists, he was referred for intensive physiotherapy. During his physiotherapy sessions, his Case Manager ensured that Ganasan was always in good spirits and kept him motivated that he would soon resume work. Orthotic equipment including a knee guard with patella support was provided so that he would have better stability when working or when carrying out his activities of daily living. A visit to Ganasan’s workplace was undertaken by the Case Manager who observed Ganasan’s workstation to safe working conditions as a preventive measure. Further discussions were held with Ganasan’s Human Resources (HR) Manager to determine if he was able to return to work following rehabilitation.

Ganasan’s employers were very supportive, consenting to accept him despite his disability as he was still able to perform his previous duties. During the monitoring process over a period of six months, the Case Manager was happy to hear positive notes from Ganasan’s supervisor on his work performance. Ganasan is now able to return to his usual activities and maintains his responsibilities as a father and husband. He is very thankful for the early intervention and support from the Case Manager and supervisor as his limitations could have been worse had he not been rehabilitated at the right time, and face the possibility of being unemployed.
LAM WEE YIK
RTW Participant

Lam Wee Yik worked as a supervisor at an engineering firm in Batu Pahat. Apart from his supervisory tasks, he was also required to perform duties of a welder having to carry heavy loads of steel. To Lam, safety aspects were a must. One evening, rested after one of his breaks and about to resume his duties, he accidentally stepped on a nail. Lam was bleeding profusely. Being diabetic, the wound became infected very rapidly and the doctors had no recourse but to amputate his left leg as it would otherwise become life threatening.

Lam was on a prolonged disability duration. He had initially applied for the temporary disablement benefit, a benefit provided by SOCSO as replacement income during the period of being absent from work due to an employment injury. However, as his condition worsened with continuous fluctuations in his blood sugar level and poor mobility, Lam decided to apply for the Invalidity Pension should he be unable to return to work. Lam was subsequently referred to the Return to Work Programme where an initial assessment was first done by the Case Manager to determine if Lam was motivated to return to work. Guided on how the program was going to assist him to become productive once again, Lam agreed to participate actively.

SOCSO provided Lam with a prosthesis as per recommendations made by the treating specialist upon consultation by the Case Manager. However, in the course of getting adjusted to his prosthesis, Lam faced several challenges as he was still dealing with the notion of a phantom limb. His Case Manager supported and motivated him reassuring him that this feeling was common among many amputees.

As Lam’s gait was rather unstable, additional physiotherapy which included gait training was provided by one of SOCSO’s rehabilitation providers in Batu Pahat. Lam underwent vigorous therapy for improvement of his gait. In the meantime, his Case Manager began preparing him for re-entry to work, with a new employer. Lam was adamant that he wished to continue as a welder as that was something he was good at and liked doing. As the Case Manager began to look for suitable jobs through the traditional and digital media, Lam came across an advertisement that suited his interest, and to his benefit, with a higher starting pay.

After an interview with the Human Resources Manager, Lam was given the job as his technical skills were very much appreciated. The HR Manager was pleased with his capability and did not mind providing him a chair to sit on while performing his tasks. Lam was assigned with working on steel components used for making bread and oven appliances. Lam is happy as he is not required to carry heavy loads and is blessed to have a thirty percent increment over his previous income.
bin Mansor AH Representing the rights of injured or disabled worker Presentation made at the SOCSO RTW Conference on Breaking Down Barriers and Moving Forward held at the PWTC Putra World Trade Centre, Kuala Lumpur (4-5 July 2011)

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Olivier M “RTW and Disability Management in Third World Countries: Comparative experiences and the UN Disability Convention: Opportunities for SOCSO and Malaysia” (Presentation made to the SOCSO RTW Conference, 2011)
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(Kuala Lumpur) 15 January 2007
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Shaari A Disability Management and the Malaysian Tax System Presentation made at the SOCSO RTW Conference on Breaking Down Barriers and Moving Forward held at the PWTC Putra World Trade Centre, Kuala Lumpur, 4 - 5 July 2011


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http://www.perkeso.gov.my

Soh CS Social security: concept and reality with reference to Malaysia


WHO/World Bank World Report on Disability (2011)

World Report on Disability(2011)
END NOTES

1. World Report on Disability 95.

2. Ibid. 97.


4. Ibid. 10.

5. Ibid. 11.

6. Ibid. 12.


8. Section 40 reads as follows: ‘(1) The Organization may, in addition to the scheme of benefits specified in this Act, promote measures or cooperate with existing institutions for the improvement of the health, occupational safety and welfare of insured persons and for the rehabilitation and re-employment of insured persons who have been disabled or injured and may incur in respect of such measures expenditure from the funds of the Organization within such limits as may be prescribed by the Minister. (2) Measures under subsection (1) may include provision of artificial limbs and appliances, opportunities for gainful employment under suitable conditions and convalescent homes.’

9. Section 57(1) of ESSA.

10. Section 57(2) of ESSA.

11. Section 57(3) of ESSA. Section 57(4) states: ‘An insured person who has to undergo physical or vocational rehabilitation or who is or is to be fitted with prosthetic, orthotic or other appliances may be paid or reimbursed, as determined by the Organization, expenses reasonably incurred or to be incurred by him on travelling or maintenance in connection with such measures, or the fitting of prosthetic, orthotic or other appliances.


13. The SOCSO Board is a tripartite board, consisting of representative from the employers, employees and the government.


15. bin Mansor Representing the rights of injured or disabled worker Presentation made at the SOCSO RTW Conference on Breaking Down Barriers and Moving Forward held at the PWTC Putra World Trade Centre, Kuala Lumpur, 4 - 5 July 2011.


17. bin Mansor Representing the rights of injured or disabled worker Presentation made at the SOCSO RTW Conference on Breaking Down Barriers and Moving Forward held at the PWTC Putra World Trade Centre, Kuala Lumpur, 4 - 5 July 2011.

18. See Case management and Return to Work programmes, Available at http://www.wcb.mb.ca/download/employers_return_to_work/ RolesandResponsibilities.pdf. See also bin Mansor Representing the rights of injured or disabled worker Presentation made at the SOCSO RTW Conference on Breaking Down Barriers and Moving Forward held at the PWTC Putra World Trade Centre, Kuala Lumpur, 4 - 5 July 2011.

19. The Employment Act of 1955 and the Industrial Relations Act of 1967 provide for the conclusion of collective agreements between employers and trade unions. The Industrial Relations Act states that a “collective agreement” means an agreement in writing concluded between an employer or an employers’ organisation on the one hand and a trade union of employees on the other relating to the terms and conditions of employment and work of employees or concerning relations between such parties. Therefore, in this instance, collective agreement refers to agreements entered into between employers and trade unions on the management of occupational injury or disease and reintegration of an affected worker (i.e. the process of rehabilitation and return to work).

Section 46 of the Employees’ Social Security Act 1969 states as follows:
(1) A person who is in receipt of disablement benefit (other than benefit granted on permanent disablement) -
   (a) shall remain under medical treatment at a dispensary, hospital, clinic or other institution provided under this Act and shall carry out
      the instructions given by the medical officer or medical attendant in charge thereof;
   (b) shall not while under treatment do anything which might prejudice his chances of recovery;
   (c) shall not leave the area in which medical treatment provided by this Act is being given, without the permission of the medical officer,
      medical attendant or such other authority as may be specified in this behalf by the regulations; and
   (d) shall allow himself to be examined by any duly appointed medical officer or other person authorized by the Organization in this behalf.
(2) Disablement benefit for temporary disablement may be suspended, if a person who is in receipt of such benefit fails to comply with any
   of the requirements of subsection (1), and such suspension shall be for such number of days as may be decided by the Organization or
   any other person authorized in this behalf by the Organization.

International Disability Management Standards Council (IDMSC) Certification Process for Certified Disability Management Professional
PDF.


Muenchberger et al “Creating Successful Rehabilitation Partnerships Between Health Professionals and Employers” International Journal

Thornton International Research Project on Job Retention and Return to Work Strategies for Disabled Workers: Key issues ILO, Geneva
1998.


ILO et al CBR: a strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities


Ibid.

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National Council for the Blind Malaysia Abilities and not Disability. Opportunities and not Pity accessed at (http://www.rtwmalaysia.com/fail/

Issue/articleType/CategoryView/categoryId/3/Vol/ume-1.aspx.

Olivier “RTW and Disability Management In Third World Countries: Comparative experiences and the UN Disability Convention: Opportunities
for SOCSO and Malaysia” (Presentation made to the SOCSO RTW Conference, 2011).

Section 40 of ESSA empowers SOCSO to promote measures or co-operate with existing institutions for the improvement of the health,
occupational safety and welfare of insured persons and for the rehabilitation and re-employment of insured persons who have been
disabled or injured. The measures may include provision of artificial limbs and appliances, opportunities for gainful employment under
suitable conditions and convalescent homes. Section 57 also requires SOCSO to provide facilities for physical or vocational rehabilitation
free of charge to an insured person suffering from or claiming to suffer from invalidity or permanent disablement.

bin Mansor Representing the rights of injured or disabled worker Presentation made at the SOCSO RTW Conference on Breaking Down
Barriers and Moving Forward held at the PWTU Putra World Trade Centre, Kuala Lumpur, 4 - 5 July 2011.

The SOCSO Board is a tripartite board which consists of representatives from the employers, employees and the government.

The Minister of Human Resources made the RTW programme his Ministry’s KPI in 2010 and 2011. The RTW programme will also be the
Minister’s KPI for 2012.

pdf).

(July%202015).pdf p 6.)

The Research Report prepared for the SSC makes copious reference to the successes of the Malaysian experience (see http://www.ssc.

