

WELL NIDMAR MATTERS

CDMP SUPPORTING MATERIALS

ESTABLISHING THE NEED: In the UK returning to work following an accident or sickness can cause an individual and the workplace many previously unconsidered issues.

As far back as 2008 Dame Carol Black said in her **Working for a Healthier Tomorrow Report**, “Any improvement in work-related support for those who develop health conditions will need to be underpinned by a fundamental change in the widespread perception around fitness for work; namely, that it is inappropriate to be at work unless 100% fit and that being at work normally impedes recovery.”

Emerging evidence suggests that for many people, early interventions help to prevent short-term sickness absence from progressing to long-term sickness absence and ultimately worklessness.

The review, **Working for a Healthier Tomorrow**, sets out a new approach to supporting the health and wellbeing of all working-age people in Britain. Delivering this change will depend upon having a workforce of health professionals who are equipped to meet current and future needs. For this they need the right skills, evidence base and organisational structures.”

By 2013 Lord David Freud responded (Fitness for Work) to the Black/Frost report Health at Work (2011) by saying Keeping people in work or getting them back to work more quickly if they do go off sick is now known to be a key factor in protecting their long term health and wellbeing.

POSSIBLE ANSWERS: Occupational Health may provide solutions to organisations, but for many the medical model does not necessarily provide all of the answers. Indeed many organisations may not have Occupational Health support in place. The Government is rolling out its **Fit-for-Work** scheme which will provide advice to workers returning to work, but does not provide support to employers or on-going support to all parties as the process continues.

One possible answer may be the **Certified Disability Management Professional (CDMP) and NIDMAR**. This designation was formed by the **National Institute for Disability Management and Research (NIDMAR)** in Canada.

The aims of NIDMAR are broadly speaking, to provide leadership and innovation in reducing the socio-economic cost of disability to workers, employers and society. Specifically, the aims are to develop leading edge policies, programmes and quality standards designed to support effective Disability Management / Return to Work.



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NIDMAR has developed as a global Centre of Excellence in Return to Work Planning agreed with the International Social Security Association (ISSA), a United Nations body, developing Best Practice Guidelines. The designation gives holders standards and ethical procedures to adhere to, thus improving the confidence of employers in the quality of the service they will receive.

CDMP EDUCATION Is based on a model which identifies the competencies required on the job. It is a 24 module programme that:

- Allows for national and international transferability.
- Offers continuous upgrading.
- Is subject to ongoing delivery, outcome and evaluation.

It is consensus based and has been developed collaboratively by:

- Unions
- Employers
- Health professionals
- Educators
- Insurance providers
- Advocacy organisations
- Internationally recognised experts in Disability and Absence Management

CURRICULUM DESIGN

The delivery of the Modules can be either face-to-face, by distance learning, or a combination of both; depending on the group and indeed the size of the group. Pre-reading preparation is required for both delivery methods.

For face-to-face training each module consists of one day of “in class” training with an experienced facilitator. This day usually runs from 9:00am until about 4:30pm. After the one day of in class training, there is also an assignment for each module. As a general guideline, each module requires ten to twelve hours of study. Upon completion the assignment is individually assessed and commented upon and a certificate of completion is issued.

On-line training is being developed. A two hour, facilitator led session, covering the training materials will introduce the modules. The candidates will have access to materials over the course of a week with set periods within the week when the candidates can work on ‘break-out’ sessions and feed back to the facilitator. There is also an assignment that is graded and individually commented on.

Experience in the UK has shown that candidates do not need to take all of the Modules., Somewhere between 8-10, plus some revision, is enough for the individuals to take and usually pass the exam.

To whom does the CDMP Apply? The main groups are:-

- Health Professionals
- Insurance Rehabilitation Teams
- Private Rehabilitation Providers
- There is an increasing interest from groups in the voluntary and public sectors, specialist interest groups, trade unions and HR

The Modules cover the following topics:

MODULE TITLE

- A Effective disability management programmes
- B Introduction to return-to-work coordination
- C Physical impairments, rehabilitation services and return to work
- D Mental health issues, rehabilitation services and return to work
- E Job analysis
- F The role of assessment
- G Communication and interviewing skills
- H Interviewing and helping skills
- I Legislation and disability management
- K Introduction to conflict resolution
- L Insurance and other benefits
- M Problem-solving with groups
- N Disability management in unionised organisations
- O Disability and diversity in the workplace
- P Disability management from a human resources perspective
- Q Management and organisational skills for Return to Work Coordinators
- R Assistive technology and accommodation
- S Managing change
- T Evaluating the return to work process and disability management programmes
- U Marketing and education in disability management and return to work
- V Information management
- W Injury prevention and health promotion
- X Professional conduct
- Y Managing the return-to-work process

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Legislation is required to drive organisational change and to ensure that the human, social and financial cost of disability is reduced.

Service providers need to develop practices that supports people back to mentally, physically and socially beneficial work, following injury or illness.

Participation in coordinated and evidence-based absence/disability management has been proven to provides a successful result for all concerned.



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