SERVICE PROVISION FOR PEOPLE WITH DISABILITIES DURING COVID-19;

A SHORT STUDY OF RESILIENCE, CREATIVITY AND CO-PRODUCTION

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Learning & Innovating Together

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Easy to Read Summary

ABOUT THIS DOCUMENT

EPR stands for European Platform for Rehabilitation. It is a group of organisations that provide services to people with disabilities and support them.

The idea of the study was to understand what ensured services for people with disabilities and mental health conditions worked well during the time of the COVID-19 pandemic.

We wanted to find changes that were made to the services for labour market and social inclusion and new ways that they were provided which were made because of COVID-19. One example is that we wanted to see how services were moved online instead of taking place face-to-face.

In this document we use the words "service user". A service user is someone who uses a service or services that help them. In this report the service user is the person who is being supported to go back to work, or to get a first job, or improve their life.

We were interested to find out how these changes were made together with the service users. We wanted to know if they actually helped the users to continue their training and to achieve their goals to improve work-related skills or and improve their lives and living skills. We write about what we call "programmes" in this study. This is a word that describes the services or new ways of doing things.

WHO WAS INVOLVED IN THE STUDY

This document was written by Mathias Maucher, EPR Senior Programme and Project Officer.

Programmes from five different countries were included in the study. Below is a list of the organisations included (in alphabetical order), and where they are:

1. Cedar Foundation – Northern Ireland/United Kingdom
2. Fundación ONCE - Inserta Empleo – Spain
3. GTB – Belgium
4. Rehab Group – Ireland
5. SIVA – Latvia

WHAT MADE THE PROGRAMMES WORK WELL?

It was important for the users that the services and support provided were not stopped because of COVID-19, and that they could be provided online. It was helpful that training programmes could be changed so that they could be given to students outside the classroom.

Sometimes it was also possible for users with less money to get money for computers and computer programmes, and to be able to learn how to do new things online. The programmes also worked best when the people working in the services listened to what the users thought when they were changing the programmes or other things, so that the changes could help the users in what they wanted.

For the organisations offering the services during the COVID-19 pandemic it was very important to keep talking with the governments and people giving them money to provide the services. It was also important to help their staff to be able to support the users, to be able to provide services in new ways, and to be able to work online.

SOME PROBLEMS THE ORGANISATIONS HAD

The service providers told us about problems during the COVID-19 pandemic. One problem was that it was difficult to get the computers and computer things that were needed to teach and to work online. Another problem was that not all the people working for the organisations were able to use the computers and computer programmes well enough.

A third important problem was that it was difficult to talk to and meet the service users when it was not possible to see them in real life. They had to think of new ways to support them where they needed it, and to keep them feeling good and continue with their activities.

They also told EPR about problems to get enough money to pay for new programmes. For the future, they have to find ways to get enough money to be able to keep and improve the programmes that were changed or that were new during the COVID-19 pandemic, and to be able to make them better.

About the study

Each year the European Platform for Rehabilitation (EPR) develops a study on a topic related to the support of people with disabilities. Through the collection of good practices and their analysis, the study aims to provide EPR members and other stakeholders with interesting projects, methodologies, and services from which to learn.

In the context of EPR's two-year theme "digital transformation", this year's subject of the study is services, programmes or projects that were developed since spring 2020 to address, respond to or adapt to the emergency situation of the COVID-19 pandemic and at the same time supporting resilience, creativity, and co-production. These services, programmes or projects could be related to distant or hybrid service provision, including services which were/had to be shifted online, materials developed to support service reorganisation or qualifications and skills needed (for people with disabilities and/or the professionals) to successfully realise this transition.

EPR members were asked to share information about any practices covering services, programmes or projects that fitted the subject of the study, and the information templates they filled in were also considered entries to the 2021 EPR prize. Five organisations submitted practices (in the alphabetical order of the name of the organisation: CEDAR Foundation (Northern Ireland/UK), Fundación ONCE (Spain), GTB (Belgium), Rehab Group (Ireland) and SIVA (Latvia). These practices are presented and analysed in this study based on a set of criteria to assess their conceptual approach, quality, participatory and innovative nature.

The seven criteria used to present and vote on the practices are 1) needs driven (i.e., does the practice address a clearly identified unmet need?), 2) systematic approach (i.e., are the problem, the milestones and outcomes well specified?), 3) stakeholders' involvement (i.e., is the practice centred on the client, taking a co-production approach? Do other stakeholders have a role in the initiative?), 4) direct impact (i.e., is the impact on beneficiaries obvious and clearly demonstrated?), 5) strategic/wider impact (i.e., has the initiative derived important lessons learned and can it be transferred to other centres/target groups or generalised to the sector?), 6) practicality (i.e., is the initiative easy to implement and cost-effective?) and 7) inventiveness/creativity (i.e., does the initiative include new ways of thinking or working?)

The analysis of good practices in the study first aims to identify the key success factors (but also the major challenges), to compare different approaches and to understand their impact. The second objective is to support the development, dissemination, and implementation of innovative and successful approaches. In this way, the experience gained can be shared at a European level, encouraging mutual exchange and the identification of features which are (relatively easily) transferrable to other national or local contexts, with the aim to support the improvement of the quality and effectiveness of the services. This will benefit the users, the professionals involved, the organisations delivering them and the public authorities providing financial or other support. The third aim is the elaboration of recommendations to support these practices and their use and/or adaptation to the local contexts across Europe. Insights from also inform. Insights from successful and tested practices from across Europe will inform EPR's future EU-level advocacy work, including EPR's contributions to the implementation of the European Pillar of Social Rights Action Plan[1] and the European Disability Strategy 2021-2030[2].

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[1] See here for more information.
[2] Union of Equality. Strategy for the Rights of Persons with Disabilities 2021-2030. See here for more information.

The EPR Study was presented at the [Public Affairs Event "Resilience, creativity and co-production under COVID-19](#)" organised by EPR online on 1 December 2021. At this event, highlights from the study and the good practices of the winner of the EPR Prize 2021, Fundación ONCE - Inserta Empleo, and of the runner up, GTB, were presented and discussed. The EPR Prize 2021 was awarded to Fundación ONCE - Inserta Empleo. A policy panel, having brought together representatives of service providers, service user organisations and the European Commission, assessed challenges, success factors and policy recommendations.

The five good practices received will soon be catalogued in and can be accessed in the [EPR Knowledge Hub](#).

Resilience and Co-production

The study title refers to "Resilience" and "Co-production" (besides "Creativity"). These two concepts merit a short explanation and contextualisation:

- "Social resilience" is a concept which in recent years has increasingly been used to refer to the ability of social entities, including social service providers, to cope with and to adjust to social, health or environmental challenges or threats. It looks at their capacity to react, but also at the organisational, financial, and regulatory conditions for them to pro-actively build up transformative capacities to be better prepared for and to be able to react to emergency situations such as a pandemic. The study also aims to find examples which illustrate such capacities in practice.

- Concept of "Co-production": In line with a study commissioned by EPR in 2016[3], "co-production" is understood to mean "equal partnership and collaboration between service providers and people using services. Co-production is about recognising that people who use services are experts in their own right, rather than passive recipients of care ('clients', 'service users'), and about involving them in the shaping of services. (…) Instead of having services designed and delivered for people with disabilities, they are designed and delivered with them".

COVID-19 pandemic and social service provision

Social service providers have been essential for coping with the pandemic but had to prove every day that they are able to adapt services, to be innovative and resilient – and this in a context presenting many challenges for the service users and their families, the workforce and for employers. This EPR study should help to promote the understanding of challenges that services to people with disabilities can have during emergency situations, based on the concrete case of the COVID-19 pandemic and including the restrictions or requirements imposed by public policies since February or March 2020.

The COVID-19 pandemic has had a disproportionate impact on PWD including in relation to employment[4], training, education, and access to community activities[5]. They are at risk of poorer social, economic and health outcomes as a result of the COVID-19 pandemic including being more likely to experience isolation and loneliness which impacts on mental health[6]. It has also highlighted inequality in

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[3] EPR Study on Co-Production in Services for People with Disabilities (2016), see [here](#) for the report and for more detailed information.
[4] In Spain, e.g., according to data from the Public Employment Service, compared to the same months in 2019, contracts for people with disabilities dropped by 58.1% in the second trimester of 2020 (the peak of the crisis) and by 27.1% in the 3rd trimester. Training programmes for persons with disabilities, too, were mostly cancelled for the first 6 months; and they were offered again only to a very limited extent immediately afterwards.
[5] European Human Rights Report, Issue 5, Impact of COVID-19 on persons with disabilities (2021)
[6] See as illustration for Northern Ireland: Department of Health: [The Mental Health Impact of the COVID-19 Pandemic in Northern Ireland](#) (July 2020).

the use and availability of technologies for PWD, a challenge policy makers and funders need to be aware of and need to adapt policies, legislation, and investment accordingly to overcome this level of inequality. The COVID-19 pandemic has also highly negative affected the labour market inclusion rates for school leavers from special schools who offer VET-educations with the perspective of paid work on the open labour market[7]. The COVID-19 pandemic thus also highlighted the urgent need to enhance the skills of disabled people to be fully included in an increasingly digitalised world.

In the COVID-19 pandemic some of the most understaffed, under-funded and under-recognised economic sectors became crucial, not least social services. The role of social services – as services in the general interest and services working towards the public good – became visible for everybody. Social services have been at the forefront of the response to the COVID-19 pandemic and will have a vital role to play in the recovery. The COVID-19 crisis made it clear that social services are essential for the well-being of people and that they need to be agile, not fragile, but they had to adapt on different levels – e.g. when it comes to the format of service delivery (with a shift to remote and online provision), the skills, competences and qualifications needed by the staff and the users, new teaching, training and learning material and methods – and to struggle to react to new and increased needs of their users. Resilience is first and foremost a concept for individuals, but it's also an appropriate approach for the social services sector and the social services providers. One key learning point from the COVID-19 pandemic for EPR is that ESF+ and RRF money should improve "sectoral resilience" (see also above). EPR supports the request by Social Services Europe to earmark public expenditure and investments for social policy, social inclusion and social services in the Recovery and Resilience Plans all EU MS had to elaborate, as well as in the EU funding instruments.

European Pillar of Social Rights (EPSR) and the Action Plan

In addition to the goals above, the study aims to support the development, dissemination, and implementation of innovative and successful policies supporting the implementation of the EPSR and to help improve the evidence base for policy developments and reforms. Based on the feedback from the contributing organisations, policy recommendations on how to support the above-mentioned transition have also been developed, and how services can help implement, be supported to implement, the EPSR.

The principles of the EPSR that relate to the work of EPR[8] and theme of the study are 3: Equal opportunities, 4: Active support to employment, 5: Secure and adaptable employment, 12: Social protection and 17: Inclusion of people with disabilities. The most relevant is principle 4 which reads: "Everyone has the right to timely and tailor-made assistance to improve employment or self-employment prospects. This includes the right to receive support for job search, training, and re-qualification. Everyone has the right to transfer social protection and training entitlements during professional transitions. People unemployed have the right to personalised, continuous and consistent support. The long-term unemployed have the right to an in-depth individual assessment at the latest at 18 months of unemployment".

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[7] Recent figures for Flanders show that 38% of them after one year are still unemployed, implying an increase of more than 10% compared to in pre-COVID times.

[8] Please visit here the EPR webpage dedicated to the EPSR. The EPSR Action Plan also contains a number of initiatives relevant for the fields of disability, rehabilitation and long-term care. The national governments of all EU Member States and the European institutions committed to the EPSR in 2017. On 4 March 2021, the EC launched the European Pillar of Social Rights Action Plan (EPSR AP). See also here for more information.

By analysing and presenting good practices in a specific social policy field – in EPR's case of vocational rehabilitation, disability, and mental health services – which are beneficial to their users, families, employers, public authorities and public employment services, the EPR Study 2021 endeavours to help improve the evidence base for policy developments and reforms.

European Disability Strategy 2021-2030

On 3 March 2021 the European Commission issued the new 10-year European Disability Strategy "Union of Equality: Strategy for the rights of persons with disabilities 2021-2030"[9].

One main objective is that all persons with disabilities in Europe have equal opportunities, equal access to participate in society and economy. Among the main recommendations of the European Disability Strategy 2021-2030 are equal access for people with disabilities to health care, employment, public transport, housing and the mainstreaming of the rights of all people living with disabilities into all policies and areas. One flagship initiative deals with decent quality of life and independent living. The European Disability Strategy also lists as one key initiative the includes the elaboration of a framework for Social Services of Excellence for persons with disabilities by 2024.

Summaries of the programmes

The Cedar Foundation, Northern Ireland/United Kingdom "Inclusion Works – Finding Solutions in Challenging Times"

Summary information on the organisation
The Cedar Foundation has operated since 1941. With about 500 staff members, it provides a range of services that enable people with disabilities to get the most out of life and to be fully included in their communities. Services are centred around the individual needs of each person and are delivered throughout Northern Ireland.

Summary information about the programme
The COVID-19 pandemic and consequent lockdown In March 2020, led to concerns about the health and wellbeing of Cedar's service users, particularly those who were clinically extremely vulnerable, socially isolated, those who needed structure and routine or those who did not have the skills and resources to engage with services remotely. We were keen to find ways to support participants to continue to progress with their employability and inclusion goals, but also to address new anxieties regarding the impact of the pandemic, lockdown and post lockdown by having a clear understanding of what this meant for them and building their resilience to cope. We did this by maintaining continuity of service while providing meaningful support for participants to:

- understand the government restrictions for COVID-19 and personal responsibility;
- prepare for re-entry to our community as a result of COVID-19 post-lockdown;
- maintain health and wellbeing;
- identify ways to combat loneliness and isolation during lockdown;
- build personal resilience through regular remote keyworker contact and trying out new skills;
- achieve accreditation for this work.

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[9] For more details see here.

As many of the Inclusion Works participants agreed personal training plan goals of achieving qualifications in work skills and/or life & living skills, we felt that this approach would provide a structured yet flexible platform to continue service delivery to best meet participants' needs when face-to-face service delivery was not possible. We re-focused the evidence requirements so that the learning outcomes were met by developing an understanding of the COVID-19 pandemic and lockdown, considering personal responsibilities during this time and trying out new skills.

Co-produced Personal Training Plans continued to be central to participants' journey, with COVID-19 specific accredited training goals providing a framework of structure and routine when community activity was not possible. Participants were supported to 'attend' in the way most appropriate to them (training on Zoom, WhatsApp, hard copies sent by post, etc) and where required, digital resources were purchased or loaned to facilitate remote learning.

Applying flexible and innovative approaches to service delivery through the pandemic and focusing on the issues that mattered to participants during this time of uncertainty enabled the Inclusion Works team to be truly responsive to participants needs in a way that maintained continuity of service, with a focus on goal setting and achievement, resulting in many participants learning new skills and trying new activities.

Fundación ONCE – Inserta Empleo, Spain
"Adapting Training and employment services under COVID-19"

Summary information on the organisation
Fundación ONCE, founded in 1938, operates throughout Spain. Inserta Empleo works since 1988, currently employing 416 people. It's main mission is to contribute to the full social inclusion of people with disabilities, it's main fields of activity are training, employment and universal accessibility.

Summary information about the programme
Just a week after the announcement of the first lockdown in Spain in March 2020, Fundación ONCE and Inserta Empleo (its specialized training and employment services) resumed most of their services to jobseekers with disabilities and employers.

Services were adapted and provided remotely, either optimizing and improving processes, or designing new ones, while preserving quality and proximity to clients.

The organisation, which had been immersed in a digitalization process over a few years, took the situation as an opportunity to boost it and consolidate it.

Based on the existing tools, resources, and work procedures, Fundación ONCE and Inserta implemented a series of actions both internally and externally, aimed at enabling a fully remote quality service provision.

We worked on four different areas:
- Staff
- Training Programs
- Employment Services
- Employers

And with three main priorities:
- Being present and available for our clients
- Meeting our clients' needs
- Meeting the requirements of the European Social Fund.

Results show the success of our work. In Spain, the impact of the pandemic on employment was huge, and much more for people with disabilities. According to the Public Employment Service, as compared to the same months in 2019, in the second trimester of 2020 (the peak of the crisis) contracts for people with disabilities dropped by 58.1% and by 27.1% in the 3rd trimester despite the reactivation of activity during the summer months. Additionally, training programs for persons with disabilities were mostly cancelled for the first 6 months, and very limited later on.

Despite the adverse context, in 2020 we got jobs for 7,706 jobseekers with disabilities (81% of the results in 2019) and provided training to around 11,000 (67% of the results in 2019).

The feedback from our clients was also very positive:
- The average satisfaction rate of those jobseekers with disabilities served was 7.87 out of 10.
- The average satisfaction rate of students was 8.93 out of 10.
- The average satisfaction rate of employers was 8 out of 10.

Regarding funding, the ESF Administrative Unit (UAFSE) accepted our revised programs and adapted evidence tracking and reporting procedures.

GTB vzw, Belgium, "Start To Can – A better transition from school to work for young people with disabilities through the use of a user designed webtool"

Summary information on the organisation
GTB has existed for more than 10 years, being founded in 2008. It currently employs about 500 staff and operates throughout Flanders, the Dutch-speaking part of Belgium. The service clients are of working age (17-65 years), with all types of disabilities, health problems and/or specific needs. GTB intervenes where a need for alternative coaching has been defined which cannot be offered by the regular public employment services or job coaching organisations.

Summary information about the programme
The "Start To Can" web tool is not limited by only focusing on the job target, but allows the young person, with disabilities and/or health problems, to reflect on the life domains: living, relationships, health, finances, learning, leisure, work.

Together with young people, an extensive search was made for exercises in every domain that can guide the young person to more self-knowledge, perspective and people who can help them so that their future image is valuable and realistic. The tool makes it possible to develop a strong cooperative relationship with the young person, based on trust and the problem-solving power of the young person. The Coach and the young person(s) think about the future together. The coach believes in the young

person, in cooperation, in growth opportunities, in the added value of workable work. Methodically, the coach focuses on strength-oriented communication from the pedagogical framework of the 'New Authority'. This is elaborated in depth in the training, inter-vision and the manual. The basic principles of Individual Placement and Support are as a framework for elaborating the new services of "Start To Can" coaching associated with the new learning support centers. These support centers must guarantee a more inclusive education and VET-training in Flanders.

The "Start To Can" webtool is useable on a smartphone and this can be done by the individual student themselves or in little groups. The tool was tested by 37 youngsters in Flanders and 45 in Finland during the Covid 19 period. The evaluation from this business cases makes clear that the tool has high scores on user friendly and effectiveness by the youngsters as well as by professionals (teachers, coaches, mediators ...).

The products are developed in Flanders/Belgium and Finland through a Transnational ESF-Project (2019-03/2022). A (password protected) webpage has been set up: https://starttocan.com/en/.

 Rehab Group, Ireland, "Best Practice Reference Group – COVID19 Framework"

Summary information on the organisation
The Rehab Group has existed for more than 70 years, it was founded in 1949. It operates across the whole Republic of Ireland and currently has about 2,800 staff members. Its main mission is to help the people the Rehab Group serves to be more independent, to contribute to and be more included in their communities, to empower them with the skills and confidence to be active in the workforce and to support them to be in charge of the health and wellness.

Summary information about the programme
Rehab Group's response to the COVID pandemic was immediate, with structures quickly developed to provide information, guidance, and support. A COVID-19 response committee was established with senior managers who held appropriate oversight, governance, and decision-making capabilities, we were able to respond quickly to an ever changing/unprecedented landscape.

One of the biggest challenges throughout this crisis, has been responding to the volume of information circulating and changing rapidly. The structures within the Rehab Group and the implementation of our Best Practice Reference Group to respond to information received from Public Health, the HSE and other government agencies ensured we were in a position to track and filter key information and quickly communicate to frontline staff. We showed ability to receive, filter and disseminate information in formats suited to each service.

The Best Practice Reference Group has a membership from across the organisation, individuals who are subject matter experts, with key competencies and tacit knowledge, collaborating throughout. The Best Practice Reference Group's remit continues to be to intercept information from both external and internal sources, reviewing its appropriateness and developing guidance, procedures, and protocols.

Throughout, the team were challenged to ensure that staff had access to the most up-to-date versions of all information.

The team developed a "COVID Framework" that provided information under a number of key areas, for example Governance, Infection Prevention Control, COVID management, Health & Safety, staff training & support etc. Each of these areas had a brief synopsis included, with live links to the most up-to-date information, documents, guidance, sites, processes, easy reads etc. This Framework was accessible to all through the company's SharePoint site. To ensure consistent, accurate information was being disseminated, the Best Practice Reference Group, has one designated person who emails all staff providing an update on key information and links to new /updated documents and the link to the Framework on a weekly basis and more frequently if required. Having one designated person, ensures consistent & direct contact, where queries can be redirected and supported, but also redirecting to Case Management, when additional supports and guidance are required.

The visual aspect of the communications and "COVID Framework" engaged more staff and ensured they were fully informed of the ever-changing environment, of changing guidance and support regarding the pandemic, ensuring we kept people as safe as possible.

The Framework provided management and staff with accurate, accessible information in a timely manner, which removed significant stress at front line level. Therefore, service provision was enhanced, and staff were empowered to support the people who use our services, in the knowledge they had the correct knowledge and tools to do so.

Sociālās integrācijas valsts aģentūra (SIVA), Latvia "Social Mentoring"

Summary information on the organisation
The Latvian Social Integration State Agency (SIVA) was set up in 1991. It currently employs nearly 300 staff members working with clients in vocational rehabilitation, i.e., persons with disabilities or mental impairments, with persons at the risk of getting disability and persons with disabilities who are long-term unemployed. SIVA's mission is to deliver timely, targeted, and high-quality social and vocational rehabilitation services, promoting the client's ability to work and independence. SIVA provides social and vocational rehabilitation and coordinates the State financed long-term social care and social rehabilitation services. SIVA has another thematic focus on vocational rehabilitation with the aim to help the service users to get involved in social life and integrated into the labour market.

Summary information about the programme
Knowing about the importance of keeping up motivation for people with disability in the course of the study and training process in general and in order to allow for a remote teaching and studying during 2020 and 2021, SIVA decided to create a mentoring programme for their students.

Making decorations while stay-at-home

The idea is to allocate all students to a specialist, such as social worker, psychologist, teacher, career specialist, who then works as a mentor for her/his students. Each day during the remote learning situation, mentors were contacting their students to ask about their wellbeing, progress in study process, problems and other issues appearing. This was done to give additional praise, to agree on the tasks to be done (such as cooking healthy food, going for a walk, focusing on hobbies, etc.) and to stay in contact. Staying in touch is even more important for people with different psychiatric and mental health problems.

The contact between students and mentors was mostly ensured via email, phone calls and WhatsApp. Students could be given additional homework (such as filling in different worksheets) in order to maintain their curiosity and logical thinking, to train their math skills, etc. Students were asked to give feedback and to send pictures of the tasks fulfilled, e.g., making dinner, thematically decorating their apartment, or focusing on their leisure activities.

As a result, the clients of vocational rehabilitation services felt that they were taken care of, they didn't lose motivation to get back to study in a face-to-face setup when it was possible, they received attention and they could communicate with their trusted person which was so needed during confusing and uncertain "stay-at-home" period. The clients were reminded of the advantages of keeping up motivation for people with disability during the study and

SIVA clients sent their filled worksheets by post

training process in general and in particular in the context of the COVID-19 pandemic where teaching and studying needed to be organised in a remote/online setup since spring 2020.

Challenges

Challenges can be seen as an invitation to have a closer look at the elements of provision, legislation, communication, cooperation and so forth that should be addressed or could be improved in the future for the benefit of the users, professionals and/or organisations. They are presented with a focus on the service users, on staff and on the service providers.

1. **Users.** For **service users** to **get technical access to the online services and thus to stay "socially connected".** Both forms of connectivity are the precondition for their continued engagement in training and learning services and their motivation to do so, for building psycho-social resilience with the clients to cope with the new situation and the changes and for fighting anxieties, uncertainty, and social isolation for users, in particular with existing mental health challenges (which often were exacerbated by the pandemic and the related restrictions).

2. **Staff**. For **staff** to **get access to IT services** with stable connectivity levels – in particular when working from home/doing telework – and with the technical performance levels needed.

3. **Staff**. For staff to be (up-)skilled in order to be at ease with digital communication, training, and teaching tools and to operate them well in the context of personal social services with PWD and disadvantaged persons

4. **Providers.** For **service providers** to **ensure stable funding from the governments and public authorities** (based on taxes or social contributions) and from the EU funds (often ESF money). For them also to **obtain additional financing** to compensate for the non-reimbursement of services which could no longer be provided at all or to the same extent as before due to lockdowns and/or other restrictions or for increased costs due to a shift to remote services, the investment needed to implement the service design adaptations, etc.

5. **Providers.** For **service providers**, the **additional reporting, assurance, and evidence of continuation of work demanded by funders** compared to the normal contract compliance reporting and submission of evidence. This has placed **additional administrative and time pressure on both staff and managers.**

6. **Providers.** For **service providers** to **get a buy-in from the funders to continue with those service innovations which were developed and/or forced in the context of the pandemic** and rated effective and appropriate by either staff and/or users, **i.e., to integrate them in the catalogue of "regular" and reimbursable services**, programme, initiatives and/or projects. Based on the practices submitted "ingredients" considered essential and innovative in this context are "digitalisation and assistive technologies", "health and wellbeing" of staff and clients, "people orientation" of organisational development strategies and "co-production" with the aim to realise empowerment and maximum autonomy of the PWD, including in the use of available digital tools and technology

Success factors

This section presents the success factors of the services, programmes, initiatives and/or projects in view of their effectiveness and quality. They are presented with a focus on the service users, on staff, on the services and on the service providers/organisations.

A particular attention is put on features which have improved the resilience of the service users or the organisations, which help realising the co-production of the services by involving the service users, knowing about their specific (individual) needs and capabilities and valuing their experiences and view and/or can be considered as creative and innovative solutions

1. **Users. Continued/non-interrupted service provision and support services for the users**
   - to **support their achievement of (better) employability and social inclusion goals** in order to allow the service users to pursue their agreed and co-produced personal training plans and the goals set in view of achieving work- and employment-related qualifications, competences, and skills as well as life and living skills;
   - to **support them to obtain credits/accreditation for their continued participation in the training activities;**
   - to **support them to be or stay technically and socially connected**, i.e., by realising accessibility/technical access, fighting social isolation, and building psycho-social resilience to cope;
   - to **strengthen their resilience** and to **address anxieties and insecurity regarding the impact of the pandemic, restrictions in place, and lockdowns** by having a clear understanding of the pandemic, its causes, and consequences and by building resilience to cope with the situation and changes and by keeping up the motivation of the users to continue with the training and learning;
   - by **elaborating and rolling out job and social mentoring programmes** for PWD, in particular to keep and maintain their motivation and engagement in training and learning services, to address and overcome technical, financial, psycho-social and/or mental health problems the users face (and have faced in particular in the context of the COVID-19 pandemic) as well as to continue a mutual trust relationship between professionals and clients.

2. **Users. Further development and adaptation of existing training programmes or qualification structures** users were also familiar with
   - by **adapting and further developing existing online training, employment and job seeker platforms, e-learning materials as well as different communication channels** (including videocalls, social media, mobile phone and phone);
   - by **adding new learning outcomes** which also helped the users to better understand the COVID-19 pandemic and lockdown conditions;
   - by **supporting the service users for them to meet adapted or new COVID-related learning outcomes**, to learn new technical and social skills (in an online learning and communication environment) and to try new activities in a remote/online or hybrid format;
   - by **shifting service delivery** from exclusively local, face-to-face groupwork **to regional, remote groupwork**;
   - by **elaborating and providing remote guidance, coaching, and mentoring services**

- by **integrating volunteers into the remote/online service delivery**, both ensuring these volunteers were able to continue giving generously of their time and for many service users to get additional support and increased personal interaction.

3. **Users. Offering financial, organisational, and logistic support to users** to get access to the software and/or hardware/technical equipment needed (e.g., by loaning out tablets, laptops from digital resource libraries) to continue the work with the users – even if in an adapted way – the training, teaching, and learning activities as well as all forms of psycho-social support.

4. **Users. Shifting to a user-based design of services or tools**, involving the (young) PWD in an advisory capacity and their development, e.g., to support the individual placement and support of (young) PWD and promoting an approach which builds on solutions, the capabilities of the clients, their successful interactions in the past, their empowerment and autonomy and is not starting from an assessment of their problems or deficits.

5. **Staff. Upskilling and better preparing staff for new needs, challenges, and competences**
   - by **elaborating and launching new online training programmes**
   - by the **collaborative elaboration** (in teams of colleagues and/or by involving experts and by building on the information provided by government and public authorities) **of guidance for staff to share in an easily accessible and digestible way the new knowledge and skills needed** (e.g., for remote service provision, how to best protect them and their clients, how to reach out to family members of the clients and get their support, etc.)
   - by **setting up health and wellbeing libraries or visual central repositories** which helped to shared resources for service professionals and managers on sustaining their physical and mental wellbeing and on keeping/working safe on also for the service professionals and managers to build resilience by finding ways to adapt and manage throughout challenging times. **These "tools" also allowed frontline staff, in particular lone workers, to focus their time, energy and attention on their interaction and support of the clients and the provision of quality services** to the persons in need.

6. **Staff. Re-organisation of "service formats" in a way for them to be flexible, safe for the users and strengthening their resilience, supporting the co-production of services, but also adapted to an online set-up**, preserving the quality of services and proximity to the clients,
   - to **support the professionals to be truly responsive to the (new) needs of the users in an adapted manner** without compromising (too much) on the quality and effectiveness of the training and support offers. This was done, e.g., by **offering a range of personalised communication options** (including video calls, video conferences, WhatsApp, Facetime, e-mail, and text messaging) to keep the communication channels open and to realise the continued co-production of the services. This was also realised by **introducing or enlarging** (compared to pre-COVID-times) **regular one-to-one contact and follow-up sessions with the users** to purse the continued use of individual training and learning pathways and a continued enrolment and engagement under changing circumstances;
   - to be able to **reach out to family members** and to make them part of the joint efforts.

7. **Services. Building in monitoring and evaluation procedures and mechanisms** in the newly designed and/or adapted services programmes, initiatives and/or projects
   - by **building in risk assessment and management tools**;

- by **asking the staff** who was doing training, using new technical tools, and offering one-to-one contact and follow-up sessions with service users **to assess their usefulness, effectiveness, acceptance, and complexity** (e.g., based on questionnaires or surveys, in feedback sessions) with the aim to improve the tools and to facilitate mutual learning;
- to allow for an **adaptation of caseloads for the staff** when using new (digital) services and tools in emergency situations or as part of the "regular" service delivery, for the **assessment of service outcomes** (e.g., based on success rates) and for the **calculation of future staff capacity** (with the relevant qualifications, competences, and skills).

8. Services. Shifting to or giving more weight to a co-production approach
- by **doing surveys with their users gathering feedback** on a range of aspects such as 1) the work and communication methods or channels used, 2) the frequency and quality of contact, 3) the technical support and guidance provided, 4) the barriers the clients faced to engage in training, learning or other support activities, 5) the appropriateness of adaptations made during COVID to the employability and social inclusion goals agreed and the individual training plan in place and 6) the preferred methods of engagement in "post-COVID-times". **The feedback received** – e.g., by means of service surveys and evaluations or from user focus groups – was also **used to help reshape the service delivery, incorporating new working practices and ways of engaging with the service users**;
- by **testing and implementing conceptual innovations**. This can mean the elaboration of (digital) tools which focus on the solutions needed and the capabilities of the clients and not on their problems and deficits. They also look beyond labour market-, employment- and job-related aspects and requirements and cover the life domains of PWD (such as living, relationships, health, finances, learning, leisure) as well as their aspirations and dreams;
- by mainstreaming the **cooperative elaboration of (digital) tools to support the integration into training or at the workplace** in line with a cooperative approach between professionals/job coaches and (young) PWD based on mutual trust and the problem-solving power of the user. Such an approach reflects the general **aspiration to design and provide services in line with "Nothing about us without us"**.

9. Services. Making adaptations in the services with or for employers
- by elaborating **new guides for employment promotion for employers, of applications and chatbots for the recruitment of PWD and job offer trackers**;
- by **developing and using digital tools to continue the awareness raising with employers** for the legal requirements and benefits regarding the employment of PWD, inclusive enterprises and organisations, inclusive and diverse workplaces, and reasonable accommodation (e.g., on the basis of "Disability Awareness Training");
- by **designing and launching dissemination, information and awareness raising campaigns** using social media, showcasing good practices of recruiting and retaining PWD and pointing out benefits of inclusive enterprises/organisations and workplaces.

10. Providers. Improving the resilience of organisation
- by setting up a **central information and coordinating unit or committee** bringing together (senior) managers and staff with appropriate oversight, governance, and decision-making capacities to respond quickly to the challenges and demands created by the COVID-19 pandemic. Such a unit or committee could track and filter key up-to-date information and quickly disseminate and communicate it to frontline staff, by different communication tools, including a **dedicated webpage** (e.g., a "Company SharePoint Site") of the service provides.

It also is well equipped to **elaborate or put together guidance and protocols** for various purposes, the different staff categories, and the whole range of services and to ensure consistent contact for enquiries by frontline staff. In the good practice analysed, one innovative aspect was the **development of a visual central repository for all information collected and shared**.

- by **elaborating COVID-19 Recovery Plans**. They, e.g., included elements 1) outlining how to continue service delivery while managing still insisting risks of infections, etc., 2) reviewing caseloads for the professionals/staff members, 3) identifying those users with the highest risks of exclusion, isolation, or other problems and/or the highest needs of face-to-face engagement, 4) adapting service delivery in the future **by rolling out a blend of remote support and face-to-face contact and engagement** and/or by integrating new services and support offers assessed as effective by users and/or staff to extend the range of services and/or to improve the service quality. 5) They also incorporated the guidance for staff and users on safe service delivery.

11. Providers. Building in creating and innovative methods of operating

- by **further developing and implementing models of "agile working".** This includes the continued use and updating of the digital resources which have been newly developed since the outbreak of the COVID-19 pandemic as well as of the guidance for safe service delivery. This also means a responsive management approach and structures in place to enable speedy resolution of issues and the rolling out of arrangements for telework (discussed and/or negotiated between staff/staff representatives and management);
- by **setting up new institutions and services realising multi-disciplinarity** and supportive of inclusive education and training and co-production models between job coaches and (young) PWD;
- by **supporting a shift towards inclusive education, training, and transitions from school to work** for (young) PWD to make "inclusion and diversity the 'new normal'" and by step-by-step realising this objective by means of **assisting employers with inclusive job and workplace design**.
- By institutionalising the contact and cooperation with family members and relatives of PWD which had to be established during COVID times to provide support for the service clients, e.g., by **the setting up of competence centres for support persons** to teach them different skills how to better cooperate and support PWD.

12. Providers. Maintaining a strategic and operational exchange and engagement with key external stakeholders such as local, regional, and national governments, National Health Services/health insurance institutions, Public Employment Services (PES), ESF Managing Authorities, employers, and higher/vocational training institutions. This was done in different forms and formats, including

- the **incorporation of guidance and information made available** by them into the guidance produced for their users and staff by the service providers themselves;
- a **continued financial support** by the relevant funders and the reassurance of not making cuts;
- a **cooperation on the necessary revision of caseloads** for the professionals/staff members and on the identification of those users with the highest risks of exclusion, isolation, or other problems and/or the highest needs of face-to-face engagement;
- by inviting the funders and regulators to **assess the effect of internal coordination units and visual central repositories set up by the providers** on the well-being of staff and the

effectiveness of the processes and procedures in place in reply to the COVID-19 pandemic, found to be very positive;

- by **adjusting internal procedures and work processes** in a way to offer a full-fledged remote service range meeting the changed needs of the clients and also meeting the requirements of funders, including of the European Social Fund (ESF);
- by **involving public authorities, Public Employment Services (PES) and ESF Managing Authorities in pilot projects** to jointly identify the mainstreaming of the innovative successful features into the "regular" service provision and possibilities how this can be funded in a sustainable way. A practical example for which this **"partnership working method"** was applied in the practices analysed are new transition pathways for (young) PWD;
- based on **support from the ESF Managing Authorities** provided in a flexible way (e.g., also **allowing for the reprofiling of targets**) and with the aim to find solutions to facilitate the maintaining of service delivery and different forms of support to users. The practices submitted underline a cooperative and solution-oriented approach for Belgium and Spain where the **ESF Managing Authority accepted revised programmes and adapted evidence tracking and reporting procedures.**

Recommendations for policy

Based on the feedback from the contributing organisations and from other EPR members during the pandemic, policy recommendations on how to better or in a more sustainable manner address pandemics and support the above-mentioned adaptations and transitions from short to long-term have been developed. These recommendations, addressed to service providers, funders and decision makers in national, regional, and local governments, social security institutions and Public Employment Services (PES) as well as to European institutions, could also pave the way for addressing future similar emergency situations.

1. **Providers.** In countries where this is not yet the case, the service providers should mainstream job and social mentoring programmes for PWD into the "regular" service offer as the mentoring programmes have high success rates, i.e., they have significantly reduced the shares of services users who did not drop out and clearly helped to have high rates of return to service after time of lockdown.
2. **Providers.** Digital tools and platforms on employment, education and training and social protection need to have an inclusive user design.
3. **Providers.** Service providers need to maintain and/or extend their service offer to assist employers with inclusive job and workplace design, including in the context of an integrated and comprehensive disability management approach, based on support by the relevant funders. Inclusive workplaces, education, and vocational training should become the "new normal".
4. **Funding agencies.** Training courses on the use of digital services and tools needs to be made available in sufficient numbers (and also funded), with the appropriate quality and tailored to specific needs for PWD, including young PWD, but also for service professionals.
5. **Funding agencies.** Service providers in the field of vocational rehabilitation, disability and mental health need the continued financial support by the relevant funders and the reassurance by them that they will not making cuts in post-COVID-times. This is mainly needed for (additional) frontline staff and to integrated new services into the range of "regular" services, e.g., a blend of remote/online support and face-to-face contact and engagement, to roll further out the co-production of services with their users – to make "Nothing about us without us" a reality – and to continue the shift towards inclusive education, training, and transitions from school to work.

6. **Decision makers (policy; legislation).** Service providers, being part of the social economy, including social enterprises, and offering training, support and/or employment to PWD, including Work Integration Social Enterprises (WISE), should be supported and promising practices further shared, particularly in terms of inclusive work environments, training and career developments and transitions to the mainstream labour market.

We present below recommendations in view of the implementation of the two most relevant current EU-level policy frameworks for the work of EPR and also setting the frame for the EPR Study 2021, the European Pillar of Social Rights Action Plan and the European Disability Strategy 2021-2030. They could not be distilled from the good practice examples but add well to and are complementary to the recommendations elaborated when analysing them.

Delivering on the **European Pillar of Social Rights and its Action Plan (EPSR AP)** is a shared political commitment and responsibility of the national, regional, and local authorities, social partners, civil society, and the EU institutions which all have to play a decisive role in line with their competences. In addition to the EU Budget 2021-2017, the 27 EU Member States can make use of an array of EU funds available to support reforms and investments to support the green and digital transitions, but also towards a more social and inclusive Europe: European Social Fund Plus (ESF+) 2021-2027, NextGenerationEU and set up to help the countries to better face and overcome the economic and social consequences of the COVID-19 pandemic also the Recovery and Resilience Facility (RRF) – this latter tool is mainly linked to coordinated efforts to channel investments to support economic, employment/labour market and social reforms in the context of the European Semester.

EPR shares the key points made by Social Services Europe (SSE) in its Statement[10].

- Among other points, SSE welcomes that the EPSR AP positions the social services sector as an essential actor and part of a well-functioning welfare system in the EU.
- The same holds for the recognition of the growth potential of the social services sector in terms of employment and service provision, the need to invest in it, and the ambition to improve its attractiveness which are highlighted in the EPSR AP.
- The headline targets set until 2030 for the EU on employment, education and training, and poverty reduction are important hooks for policy initiatives and to gear the EU funding also to the social services sector.
- SSE also positively assessed the strong links included in the EPSR AP to the use of EU funding, starting with the Recovery and Resilience Facility. The planned delegated act to define a methodology for reporting on social expenditure under the Recovery and Resilience Facility will set the tone for social investments to follow from the Multiannual Financial Framework 2021-2027.
- SSE expressed the expectation that investments in reform-triggering initiatives in the social services sector should be encouraged when using money from the European Social Fund Plus and the European Regional Development Fund. For both EU funds, in addition specific enabling conditions corresponding to the EPSR apply which is helpful.
- EPR supports SSE's proposal to review the Voluntary European Quality Framework for Social Services (2010) to ensure that it can serve as reference document for initiatives aiming at an improvement of the quality of social services.
- EPR also is fully in line with SSE's call to fully involve not-for-profit social service providers and their national and European umbrella organisations in all steps of policy making, implementation

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[10] Social Services Europe issues Statement on European Pillar of Social Rights Action Plan (4 May 2021)

and monitoring processes related to the EPSR AP within the EU Members States and at EU level. Such a comprehensive and structured involvement is the precondition for a successful implementation of the Action Plan and the basis to make national governments and European institutions accountable.

The **Porto Social Commitment** was signed on 7 May at the Porto Social Summit by the Prime Minister of Portugal on behalf of the Council of the EU, the President of the European Parliament, the President of the European Commission, the European Social Partners and the Social Platform.

EPR supports the calls on the governments of the EU MS and the European Commission highlighted in the Statement[11] issued by Social Services Europe at this occasion: "*Social services Europe "calls upon the national governments and the representatives of the European Parliament and European Commission to join forces for an inclusive, socially just, rights-based and sustainable recovery, to endorse the Action Plan and the 2030 headline targets and to commit to ambitious national and EU-level social targets. With the Action Plan the support for the social service sector needs to be stepped up for it to act as a lever to bring social justice on a par with economic and sustainable recovery from the COVID-19 pandemic, to revamp the current economic, social and ecological system and to put the social agenda on an equal footing with the green and digital agendas. (….) For Social Services Europe, EU policy guidance needs to emphasise the priority to invest in people, in the quality of social services and in leaving no one behind in our societies. Bigger shares from the EU funds and the Recovery and Resilience Facility and better earmarking would support the recovery in the social services sector and much help the social service providers to effectively fulfil their missions and tasks*."

As highlighted above, the **European Disability Strategy 2021-2030** is another essential EU-level policy framework to support and promote the use of the promising practices collected from EPR members and presented in this study.

When rolling it out, the recommendations stemming from this study could help to make people with disabilities, their families, and organisations representing them and their interests an integral part of the policy dialogue on its effectiveness and impact.

EPR had contributed to an analysis of the "old" strategy 2010-2020 and had made proposals for priorities of the follow-up EU-level policy framework on disability policies and services[12].

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[11] Social Services Europe issues Statement on Porto Social Summit, 7 and 8 May 2021 (6 May 2021)
[12] EPR (2016): European Disability Strategy 2010-2020: Analysis of the Mid-Term Review and proposals for the next steps. EPR had highlighted the key role of disability-related health and social services – including services include rehabilitation as well as education, training, vocational (re)integration and independent living activities – play in achieving the objectives of the European Disability Strategy 2010-2020. EPR had suggested to better cover, amongst other initiatives 1) models that promote the employment of people with disabilities, particularly Supported Employment Models for the successful integration of people with disabilities in the labour market, 2) education and vocational training programmes that engage employers and mainstream the needs of persons with disabilities. It had also asked the European Commission to promote the Voluntary European Quality Framework for Social Services.

Detailed information about the programmes

Below you will find the full description of the practices collected from members of EPR (in the alphabetical order of the name of the organisation). The EPR Prize 2021 was won by Fundación ONCE, Spain, the good practice example from GTB, Belgium, scored second best.

Northern Ireland, The Cedar Foundation

Factbox

- **Mission:** Our mission is to support individuals living with a disability, autism, and brain injury to live the lives they choose.

- **Foundation year:** 1941

- **Legal type:** Voluntary Sector Organisation, company limited by guarantee and registered Charity.

- **Principal area of activity:** Providing a range of services that enable people with disabilities to get the most out of life and to be fully included in their communities. Services are centred around the individual needs of each person and are delivered throughout Northern Ireland.

- **Total number of employees** *(staff)***:** Over 500 in the organisation as a whole with approximately 60 staff in the Inclusion Works service

- **Annual turnover:** Approx. € 16.2M

- **Average number of service users in the whole organisation** *(per year)***:** 2,500 supported by the whole organisation with approximately 700 within the Inclusion Works service*.*

- **Geographic area of activity of the organization** *(municipality, national level)***:** Regionally across Northern Ireland.

- **Target group / service users** *(including variety of disability, age range):* Inclusion Works supports adults with physically disability, brain injury, learning disability and autism.

Inclusion Works – Finding Solutions in Challenging Times

- by the Inclusion Works Employability & Inclusion Service within Cedar Foundation
- for adults with physical disabilities, acquired brain injury, autism and learning disability

SERVICE/PROGRAMME/PROJECT/INITIATIVE	
Methodologies and approaches used to develop and carry out the initiative; service/s or activities that were developed	Cedar shifted from predominately face-to-face service delivery to offering a range of personalised communication options including video conferencing, WhatsApp & Facetime, email, and text messaging. This kept channels of communication open with service users therefore enabling co-production of COVID-19 specific goals.

The move to remote service delivery was primarily facilitated via video calls and video conferencing platforms. Although this was a novel approach to service delivery in Cedar, many of our service users owned SMART phones, tablets and computers and were able to access a service using these mediums. For those who did not have the digital resources, we were able to loan out tablets, laptops, etc from the digital resource library.

We also introduced regular one-to-one contact and follow-up sessions with participants to promote the continued use of individual strategies for programme engagement and to adapt these to maintain effectiveness in changing circumstances.

"How To" guides were designed to upskill staff, so they had the skills and knowledge required to effectively deliver a service remotely. This included practice runs of remote sessions facilitated by managers and links to training providers to build staff competence. This has led onto the formation of a series of sharing best practice sessions, focused on developing the skills of staff in applications that would be hugely beneficial for service delivery e.g., video conferencing platforms, Microsoft applications. These sessions are facilitated by staff with each session evaluated by the attendees.

Elements of innovation and creativity	Cedar utilised an existing qualification structure that our participants were familiar with and re-focused the evidence requirements so that the learning outcomes were met by developing an understanding of the COVID-19 pandemic and lockdown focusing on: - individual responsibilities - taking part in daily routine activities - keeping safe - having your say - healthy living - using ICT to communicate - travelling within the community - making the most of leisure time - creating art & crafts Cedar's Inclusion Works service shifted service delivery from exclusively local, face-to-face groupwork to regional, remote groupwork. This enabled service users who were working towards the same level of accreditation to work together, regardless of where they lived in Northern Ireland. A number of Cedar's Volunteers, who, in normal circumstances, also provided local face-to-face support, moved to deliver remote support via phone calls, emails and video conferencing which enabled them to provide support within the local area but also regionally. This innovative approach to volunteering ensured volunteers were able to continue giving generously of their time and ensured that many of our service users had additional support and increased personal interaction. To protect the health and wellbeing of our staff and service users the Cedar Foundation set up a health and wellbeing library where we shared resources under 4 themes – "Looking After Your Body", "Looking after Your Mind", "Activities4All" and "Let Me Entertain You". Accessing these resources helped sustain mental and physical wellbeing and build resilience by finding ways to adapt and manage throughout challenging times.

| How did the initiative demonstrate resilience or build resilience of the programme or organisation? | The transition from face-to-face to remote service delivery challenged Cedar to be a responsive, flexible, resilient organisation in changing times. Cedar rose to this by adapting services, managing risk and engaging in innovative practices that facilitated continued, safe service delivery. This included:
• skills development of staff to utilise a wider range of communication tools for service user engagement;
• supporting service users to identify suitable ways to continue engaging in Cedar services;
• using co-production to revise training plans to include COVID-19 specific goals to ensure continuation of services that are relevant and meet service users' needs.

As lockdown eased, a new set of challenges arose. To address these, Cedar implemented an organisation-wide COVID-19 Recovery Plan, developed in line with the Northern Ireland Executive's "Pathway to Recovery" 5 plan and other partner agencies. This included:
• implementing service specific recovery plans outlining how we would continue to deliver our services while managing the risk;
• reviewing our caseload, in consultation with referral agents, to identify those at higher risk of exclusion and in need of face-to-face engagement;
• adapting service delivery using a blend of remote support and face-to-face contact where remote working was not possible or suitable;
• developing a set of new tools and resources to help navigate this safely including premises, staff and service user COVID-19 specific risk assessments and 'How to…' guides.
Cedar's response to the COVID-19 pandemic is evidence of our organisational and personal capacity for resilience. We demonstrated our ability to respond to unplanned change and successfully adapt both to protect our people and to continue service delivery for our service users and the most vulnerable in our communities. |
| Staff and resources (skills qualifications, infrastructure, materials) mobilised | As an organisation already prepared for agile working, the infrastructure was in place and the digital resources were available for all operational staff to move to working from home and remote service delivery. As challenges arose and barriers to delivering/accessing a remote service became apparent, Cedar collaborated with staff and service users to find workable solutions to mitigate these. This included:
FOR STAFF
• learning how to use the full range of communication tools available to us via 'How to…' guides;
• provision of digital resources to support staff to enable them to continue working from home;
• having a responsive management structure in place to enable speedy resolution of issues.

FOR SERVICE USERS
• matching the communication tools to service users to promote access and engagement;
• upskilling staff so they can support service users learn to use communication tools; |

- co-producing training plan goals to promote continued service delivery throughout the COVID-19 pandemic;
- re-designing the evidence required for accredited training already delivered by Cedar to focus on COVID-19 specific information, personal responses and alternative activities that helped maintain health, wellbeing and resilience, while achieving a qualification.

LONGER TERM SERVICE DEVELOPMENT
- offering a more flexible service to include blended learning;
- taking a regional approach to aspects of service delivery therefore removing geographical barriers;
- sharing best practice through targeted training sessions, facilitated by staff with specific skills/knowledge and attended by staff who want to build their skills/knowledge in specific areas.

Were specific needs of the target group/s identified or people with a disability consulted in the changes made? If yes, how? (co-production approach)	Cedar adoped a co-production approach to the adaptations made to Inclusion Works service delivery. As well as ongoing, informal communication with our service users, where feedback was encouraged, we sought the views of all participants about the support they received from Cedar during lockdown via 2 surveymonkey surveys – one in April 2020 and one in December 2020. These surveys gathered feedback on: • methods of support • frequency of contact • support and guidance on using technology • continuation of training plan activities (new and existing goals) • barriers faced by service users that effected engagement • prefered methods of engagement once lockdown measures were relaxed. The barriers identified by service users that prevented them from fully engaging in remote services were considered, and contributed to the recovery focused quality improvement plan. Consistent, ongoing communication with service users helped us to understand how to reshape our service delivery, incorporating new working practices and ways of engaging with participants. Regular review and update of training plans, meant that the service users continued to be at the core of the service, with staff listening and responding to changing need in an uncertain world. Through a co-production approach, training plans reflected goals that were on hold as community activity was not possible as well as new goals resulting from lockdown.
Were other stakeholders or partners (employers, families, associations, informal network, etc.) involved? If yes, how?	Throughout the COVID-19 pandemic, Cedar has maintained strategic and operational engagement with all key stakeholders including the ESF Managing Authority and all 5 Health & Social Care Trusts who are our main match funders. The support and guidance from these stakeholders have been extremely important in providing ongoing reassurance and financial stability that has helped us to continue to deliver and reshape the Inclusion Works programme and to inform recovery planning. As key referral sources returned to their usual caseload work following re-deployment, we worked in partnership with them to: • review our service user caseloads

- identify those at higher risk of exclusion
- prioritise service users to receive face to face engagement
- engage with new referrals to the project.

Communication with other key stakeholders has been maintained through regular contact with employers, colleges, and community organisations to share information and to help maintain and develop jobs, work placements, external courses, and social inclusion opportunities. We developed an online version of our Disability Awareness Training which employers and community partners had access to via Cedar's website. This, and our ability to move to delivering Disability Awareness Training via video conferencing enabled partner organisations to continue raising awareness of disability during lockdown.

Family members became an integral part of setting up and maintaining a remote service for some of our service users. At the initial stages, we often we relied on them to set up calls and work with Cedar staff to introduce communication platforms to service users until they became competent users.

MONOTORING AND EVALUATION

What have been the main impacts on your users/clients, staff and the organisation?	There have been positive and negative impacts as a result of the COVID-19 pandemic, but the overarching impact has been creative service development based on empirical evidence and feedback.

For some of our service users, remote service delivery did not suit their needs. Some did not have the skills, knowledge, and resources to access a remote service and preferred to wait until face-to-face service delivery resumed. Some of our service users had high levels of anxiety regarding the pandemic because of their disabilities and complex health conditions and this influenced their willingness to engage in a service.

Within a very short time period, staff moved to working from home. For many of them, this included other adults within the household also working from home and children being home schooled. The situation was the same for many of our service users. High levels of flexibility were required to support staff to:
- continue service delivery while meeting the challenges now faced at home;
- be responsive to service users and arranging meeting at a time that best suited them

As an organisation, our ability to move to working from home and remote service delivery quickly, minimised the negative impact and highlighted how responsive and resilient Cedar is by being able to maintain continuity of services which provided structure and routine which was so important during uncertain times. We have also considered what worked well during this time and are incorporating these into normal service delivery so that we can offer more options for service user engagement. |
| How are you measuring/assessing the impact the changes implemented or the initiative on | Cedar issued a COVID-19 specific questionnaire at the initial stages of the pandemic to identify the impact of the pandemic on service users. The same questionnaire was issued later in 2020 to identify the impact of changes in practical terms. |

your users/clients, staff and organisation? Do you e.g. have any evidence or studies to show the impacts?	The Inclusion Works service continued to issue annual service evaluations and to organise service users focus groups which provided the opportunity for them to tell us how satisfied they were with the service, what we do well, what we could improve on and to measure the quality of the service against 6 quality indicators - Outcomes/outputs, Assurance, Responsiveness, Reliability, Empathy and Tangibles. The feedback from these contributed to the recovery focused quality improvement plan.

These tools have provided evidence of the impact of the initiative with feedback from participants reporting they had been supported to build their personal capacity to:
• overcome challenges in a safe environment;
• knew where to source accurate, up to date information about the pandemic;
• maintained structure and routine in their day;
• discovered what they could do to stay healthy during lockdown;
• had the opportunity to think about their responsibilities when going back into the community;
• progress employability and inclusion goals with 129 service users gaining an accredited qualification and 74% of participants reporting soft skills progression

They also show that high levels of participant satisfaction were sustained throughout the year despite the challenges presented by the pandemic. The end of year service evaluation showed overall satisfaction levels of 100% (74% very satisfied), with one participant commenting:
"Cedar has always met my support needs even through the Covid-19 outbreak". |
| What are, in your experience, the "success factors" or support measures which allowed your organisation to adapt or innovate successfully? | Infrastructure & Resources: At the initial stages of the COVID-19 pandemic, Cedar's ability to move to working from home and remote service delivery because the infrastructure and resources were already in place, was a primary factor in the organisation's ability to adapt and succeed.

Listening Organisation: It was important for us to listen and respond to our staff, service users and stakeholders and to do this quickly so challenges, fears and anxieties were addressed, and solutions put in place to overcome these. Early consultation with staff and service users via a Surveymonkey survey, provided feedback to guide actions and innovative practices.

Existing Culture: The existing culture in Cedar is one of responding and adapting to change and this is viewed as an opportunity for development and enhancement of the services we provide.

Co-production: Co-production is at the core of Cedar services, by involving our service users in the life of the organisation through listening, facilitating engagement and ensuring they have a voice.

Social and Personal Resilience: Resilience is an existing value of the Cedar Foundation. We as an organisation aspire to be adaptable and forward thinking and see difficult situations as opportunities. We support each other to have the individual and collective strength to achieve this. |

	Strong Relationships: Strong relationships with service users and key stakeholders are important to Cedar, building relationships based on honesty, trust, respect, and a desire to be the best that we can be.
What were, in your experience, the biggest hurdles or problems which made the changes difficult to be developed or put in place?	FOR STAFF Although staff were equipped with the digital resources to move to remote service delivery, some did not have the connectivity at home to enable a successful transition. It was necessary to provide access to or boost wifi connection to facilitate home working. Although basic IT skills and knowledge were a pre-requisite for operational staff in Cedar, there was no expectation for them to deliver a service remotely and therefore, for many staff, they had no or limited knowledge of video conferencing platforms which became the communication tool of choice for many of our service users. Working from home posed challenges for staff due to other family members working from home or being home schooled. This meant that connectivity could be erratic, dedicated workspace could be limited and time management required high levels of flexibility to meet the demands of family and work. FOR SERVICE USERS One of the biggest hurdles for service users moving to a remote service was having the ability and digital resources to access this. Lack of confidence in using digital resources, meant that some service users chose only to communicate via phone calls which limited the scope of the service we were able to offer them during lockdown. Another hurdle for service users was the high levels of fear, anxiety and uncertainty some of them felt about the COVID-19 pandemic and the impact of this. Their concerns about what might happen affected their mental health and exacerbated already existing mental health challenges and anxieties.

FUTURE DEVELOPMENTS AND TRANSFERABILITY

How do you see the initiative developing in the future?	We want to build on the learning, and the new ways of delivering services which have worked well over the last 18 months within Inclusion Works. We recognise that, while we have responded positively to meet service user needs, the COVID-19 pandemic has had a significant impact on many, particularly those affected by digital exclusion. Therefore, we plan to use an evidence-based approach to equip disabled people with skills and support to engage online effectively and safely, as active digital citizens, making sure they are fully included, both for the purpose of educational/work outcomes and their broader development and wellbeing. This will involve Inclusion Works embedding a range of flexible and innovative approaches to participant engagement in response to the pandemic, including: • online and blended learning • providing digital resources to facilitate remote learning • supporting health and wellbeing of participants • post COVID-19 specific accredited training

Increased flexibility for service users and by staff members will be key to this. The frequency of activities can be tailored to individual requirements and scheduled on demand. Participants' service experience is based on assessed need with levels of activity reflecting individual action plan goals and personal circumstances.

We are also implementing an Agile Working Strategy to provide greater flexibility for staff and support an enhanced work-life balance and wellbeing. We will build on what is already working well and learn from our experiences and those of other similar organisations to coproduce solutions that enable high performing teams and deliver excellent services.

What are the major challenges you see for the future in relation to the initiative, for your users/clients, staff, and organisation and for employers? How does your organisation try to overcome them?	The major challenges in relation to this initiative include: • Infrastructure • Service User resources • Staff capacity/competence • Buy-in from all stakeholders (service users, staff, funders) We plan to overcome these challenges through innovation and improvement work associated with 4 key areas of Cedar's new organisational strategy: Digitisation Before the COVID-19 pandemic, we had begun to capitalise on technology to enhance digital inclusion for disabled people, including use of SMART technology in our supported living accommodation and adaptive technology in our training and employment services. We plan to enhance this ICT infrastructure and facilitate agile working for our staff. We will build on this to ensure all the systems we use, both in service delivery and service management, are the most up-to-date and effective technology available. We will focus on ensuring systems enable staff and enhance the experience of our service users. Health and Wellbeing Our new Mental Health and Wellbeing Strategy will enable sharing of good practice already emerging as a result of the COVID-19 experience and build the capacity of staff to collectively respond to new ways of working. People People and Organisational Development Strategy will be a live and dynamic plan, responding to changes in employment legislation, trends, and best practice to ensure we provide an inspiring place for people to work and achieve their full potential. Co-production Our Co-production Strategy will ensure co-production is an embedded culture throughout our organisation and central to all we do. We will continue to ensure services users are supported to make informed choices at all stages of their programmes and that there are no barriers to full user engagement.
Do you think initiative could work in another	Yes, we believe many aspects of the new approaches we have taken within our Inclusion Works service can be applied in other countries. Along with the vast majority of organisations working with disabled people across Europe and

country? If so, which aspect/s and why?	beyond, Cedar has traditionally focussed its service delivery on face-to-face interventions with our service users. Part of the rationale for this approach has been to address the social isolation of disabled people in their own homes by providing opportunities to engage in training and employment activities within their local communities.

However, the impact of the pandemic has undermined this approach to some extent as the requirement to embrace remote, technology-based contact and interventions has exposed other disadvantages faced by many disabled people. The boom in remote learning activated during the COVID-19 pandemic has highlighted the limited autonomy of disabled people in the use of available technologies.

Sharing the new approaches and methodologies adopted by organisations over the past 18 months will help to promote and enhance the digital and social inclusion of disabled people in the future. It will also offer more choice and flexibility for disabled people to access service and engage in training and employment. |
| **POLICY** ||
| How would you describe your organisation's cooperation and dialogue with policy makers and/or public authorities as to adaptations you had to make? | Our cooperation and dialogue with policy makers and public authorities has been positive in relation to the changes we have made to the delivery of Inclusion Works. We have maintained strategic and operational engagement with all key stakeholders including the ESF Managing Authority and all 5 Health & Social Care Trusts who are our main funders.

The support and guidance from these stakeholders have been extremely important in providing ongoing reassurance and financial stability that has helped us to continue to deliver and reshape the programme and to inform recovery planning. The ESF Managing Authority provided flexible supports and solutions to enable project providers to focus on maintaining service delivery and support to participants and a very welcome opportunity to reprofile targets to reflect some of the COVID-19-related challenges experienced beyond Cedar.

Likewise, the HSCTs who match fund Inclusion Works have responded by giving assurance of continuation of funding, however, there was no easement in terms contract targets. Overall funders have requested additional reporting, assurance, and evidence of continuation of work in addition to the normal contract compliance reporting and submission of evidence. This has placed additional administrative and time pressure on both staff and managers. Following initial redeployment to work in crisis response many of our key referral sources have returned to their usual caseload work. This has supported us in reviewing our participant caseloads to identify those at higher risk of exclusion who can be prioritised to receive face-to-face engagement and also to engage with new referrals to the project. |
| Have there been changes in legislation or regulations that positively or negatively affected the adaptions due to | The main changes from a legislative and regulatory perspective have related to compliance with the shifting government guidance and restrictions over the duration of the pandemic. Cedar implemented an organisation-wide COVID-19 Recovery Plan in in line with the Ireland Executive's "Pathway to Recovery" 5-step plan and guidance from regulators, funders, and partnership agencies. As part of this overarching plan, we also implemented service specific recovery plans including one for Inclusion Works. Our recovery plan set out how we would |

the COVID-19 pandemic? If so, could you briefly describe what changed and with what effect for your users/clients, staff, and organisation and for employers.	continue to deliver our services within the parameters of protecting from risk of infection. Within Inclusion Works this entailed operating a 'remote first' approach as the safest option in line with government advice.

However, we also began to adapt our service delivery using a blend of remote support and face-to-face contact with service users where remote working was not possible or suitable. This involved a full review of our caseload, in consultation with HSCT referral agents, to identify those at higher risk of exclusion and in need of face-to-face engagement. These service users were provided with additional face to face engagement, through safe provision of service guided by an individual risk assessment.

To support the recovery process, we developed a set of new tools and resources to help us navigate this as safely as possible. This involved revising our staff and service user risk assessments with enhanced guidance for these as well as carrying out Health & Safety Executive COVID-19 risk assessments for all our premises, with purchase of PPE relevant to our needs. |
| What would need to change in funding, policy, and regulatory frameworks to better support adaptations and operating in a pandemic in the future? | The COVID-19 pandemic has had a disproportionate impact on disabled people including in relation to employment, training, education, and access to community activities.1 Disabled people are at risk of poorer social, economic and health outcomes as a result of the COVID-19 pandemic including being more likely to experience isolation and loneliness which impacts on mental health.2
    1. European Human Rights Report, Issue 5, Impact of COVID-19 on persons with disabilities (2021)
    2. Department of Health: The Mental Health Impact of the COVID-19 Pandemic in Northern Ireland (July 2020) https://www.health-ni.gov.uk/sites/default/files/publications/health/mh-impact-covid-pandemic.pdf

It has also highlighted inequality in the use and availability of technologies for disabled people. Policy makers and funders need to be aware of this and focus measures and resources to address this level of inequality. There is an urgent need to enhance the skills of disabled people to be fully included in an increasingly digitalised world.

An important publication highlighting how the issue of digital exclusion can be addressed in the UK for disabled people and others facing marginalisation is: Bowyer, G., Grant, A, White, D. Learning from lockdown: 12 steps to eliminate digital exclusion (2020) https://www.carnegieuktrust.org.uk/blog/learning-from-lockdown-12-steps-to-eliminate-digital-exclusion/

The recommendations in this report build on work on digital inclusion over the past 10 years as well as drawing on learning from the COVID-19 pandemic and lockdown experience. |

Planned/Possible Future Developments & Transferability

- *Further development of the service offers to equip PWD with skills and support to engage online effectively and safely, as active digital citizens, making sure they are fully included, both for the purpose of educational/work outcomes and their broader development and wellbeing. The Cedar Foundation plans to do this by embedding a range of flexible and innovative approaches to participant engagement in response to the pandemic, including 1) online and blended learning, 2) the provision of digital resources to facilitate remote learning, 3) supporting health and wellbeing of participants and 4) offering post COVID-19 specific accredited training.*
- *Rolling out of an "Agile Working Strategy" to provide greater flexibility for staff and to support an enhanced work-life balance and wellbeing.*
- *The Cedar Foundation believes that several aspects of the new approaches they have included into "Inclusion Works" could be applied to other countries. This mostly concerns the integration of remote, technology-based contact and interventions into the "regular" service provision. They thus see the transferability aspects mostly linked to the sharing of the new approaches and methodologies adopted by organisations over the past 18 months will help to promote and enhance the digital and social inclusion of disabled people in the future. They will also offer more choice and flexibility for disabled people to access service and engage in training and employment.*

Spain: Fundación ONCE - Inserta Empleo

Factbox

- **Mission:** To contribute to the full social inclusion of people with disabilities

- **Foundation year:** 1988

- **Legal type:** Foundation

- **Principal area of activity:** Training and employment and universal accessibility

- **Total number of employees** *(staff)***:** 416

- **Annual turnover:** [not indicated]

- **Average number of service users in the whole organisation** *(per year)***:** On average 300,000 persons with disabilities in our database, and around 35,000 clients served every year.

- **Geographic area of activity of the organization:** *(municipality, national level)***:** Spain (at national, regional and local level)

- **Target group / service users:** *(including variety of disability, age range)***:** All types of disabilities, working age (16-65).

Adapting training and employment services under COVID-19

- by Inserta Empleo and Fundación ONCE's Training and Employment Department
- for persons with disabilities at working age and employers

	SERVICE/PROGRAMME/PROJECT/INITIATIVE
Methodologies and approaches used to develop and carry out the initiative; service/s or activities that were developed	The basis for our timely response to the situation were the technological tools and systems already existing in the organisation, such as our accessible online training and employment platform Portalento, e-learning materials, and our different communication channels (phone, videocall, social media…). Building on those resources, we worked to reinforce and adapt our online activity and our remote communication and service channels, and to adjust our processes and procedures, with three main priorities: • Being present and available for clients • Meeting clients' needs • Meeting the requirements of the ESF Regarding jobseekers, we reinforced and increased our e-learning and online training offer, with courses on digital skills, digital or technological jobs, professional skills and languages. When not fully accessible or difficult for certain types of disabilities, our staff offered monitoring and mentoring by e-mail or phone. We launched new training programs: • Plan #StayatHome: Our staff was provided with different materials, resources and guidelines from previous projects and programs, and designed customized training itineraries and mentoring to jobseekers.

	- Remote training and mentoring program to Empower Women over 45 years old, long-term unemployed - Digital Transformation Training program for Entrepreneurs We provided remote guidance, coaching and mentoring services for women victims of gender violence. Regarding employers, we produced some videos and campaigns; supported their own campaigns; invited them to webinars, provided information, guidance and support regarding pandemic-related regulations, schemes, and measures; shared good practices and updated job profiles according to labour market demands.
Elements of innovation and creativity	The main elements of innovation and creativity were the quick and sensible reaction to the situation through the adaptation of the services taking advantage of existing resources, the design and development of new services adapted to the needs of the clients, and the launch of specific campaigns. The Plan #StayatHome, the mentoring program for women victims of gender violence, our Empowerment Workshops for women, our Training Program our E-learning services are some examples of programs adapted or designed for jobseekers. We also adapted our services to the new needs of employers and designed new services such as the production of a guide on existing schemes for employment promotion, including best practices in labour inclusion of persons with disabilities during the pandemic, the creation of a chatbot on recruitment of persons with disabilities, the launch of the Portalento app associated to the Portalento platform, a job offer tracker, research on labour market demands during the pandemic, online micro-sessions with relevant news, new regulations and restrictions, etc. Additionally, we designed and launched different dissemination, information and awareness-raising campaigns. Some examples are: - *Multiplícate*100* (Multiply yourself by 100), a social media video addressed to young people with disabilities, where companies in our Employers Forum were showcased and engaged in promotion and dissemination, (https://www.youtube.com/watch?v=CmEz2wbg6rU&feature=youtu.be-YouTube automatic captioning in English available), - Campaigns showcasing good practices in labour inclusion of persons with disabilities - Video highlighting the value of people with disabilities as essential workers: https://youtu.be/3HS00wQBBYE (YouTube automatic captioning in English available)
How did the initiative demonstrate resilience or build resilience of the programme or organisation?	Although the organisation started to digitalize some processes and services a few years ago, those changes were being implemented sparingly and slowly. The forced adaptation of our services to the exceptional situation of the pandemic has pushed the acceleration of our digital transformation process. In term of staff, this situation has helped employees to overcome resistance to change. Training in digital skills has enriched their professional profiles and they

developed new competences. Remote working has improved their efficiency and their versatility, and involvement in new services during the pandemic has increased their motivation.

Our initiatives have shown really positive results in terms of reach, efficiency, flexibility, and client satisfaction. This has resulted in the continuity of most of the services specifically designed for the pandemic period, so they have now been included in our ongoing service offer. The adaptations implemented to our previous services have also been adopted as alternatives to the online service provision.

The work done over this period has also helped us to identify opportunities to create new ad hoc services with future prospects.

Staff and resources (skills qualifications, infrastructure, materials) mobilised	The whole staff of Inserta Empleo and the Training and Employment Department of Fundación ONCE were involved. Staff was provided with the equipment and technological tools needed to work and provide services remotely (Office 365, Zoom, CRM Hubspot…), as well as the necessary training in digital skills.
Were specific needs of the target group/s identified or people with a disability consulted in the changes made? If yes, how? (co-production approach)	We worked jointly with different stakeholders (persons with disabilities, employers, service providers…) in order to identify their needs, establish priorities and define and design the services and projects to be implemented: • Information gathered from one-on-one service to clients with disabilities, as well as through a specific needs or suggestions mailbox. • New specialized channel for women victims of gender violence. • Monitoring of the state of the pandemic and the associated impacts • Research on the 'Effects and consequences of the COVID-19 crisis on persons with disabilities', based on 1,460 surveys. • Work meetings with employers and service providers. • Research on employers' workforce's short- and medium-term needs, analysis of new required profiles, their digital component and the new requirements caused by the adaptation to a COVID scenario. • Identification of new work niches in a COVID-19 context, as well as the sectors less impacted by the COVID crisis in order to provide employers with the best matching. • Support to employers on new regulations, temporary lay-off schemes, health and safety measures, accessibility, and technical aids… • Actions addressed to job consolidation and retention of persons with disabilities.
Were other stakeholders or partners (employers, families, associations, informal network, etc.) involved? If yes, how	We involved different stakeholders: • Disability organisations • Families (especially in the case of clients with high support needs) • Employers • Business, professional, and sectorial associations at national, regional and local level (Spanish Employers' Organisation, Confederation of SMEs, Administrative Agent Associations, Chambers of Commerce, Spanish Association of HR Managers, etc.) • City Councils and Regional Governments

We also promoted solidarity collaborations with different companies and organisations (Food collection campaigns, donation of personal protective equipment, donation of tablets, monetary donations…).

Finally, campaigns were also launched to raise awareness of the society and promote volunteering and donation to help reduce the impact of the COVID crisis on persons with disabilities.

MONOTORING AND EVALUATION

What have been the main impacts on your users/clients, staff, and the organisation?	In 2020 we served 34,293 persons with disabilities, we managed almost 23,000 job offers and submitted nearly 40,000 candidates.

What have been the main impacts on your users/clients, staff, and the organisation?

In 2020 we served 34,293 persons with disabilities, we managed almost 23,000 job offers and submitted nearly 40,000 candidates.

Despite the adverse labour market context, in 2020 we got a job for 7,706 jobseekers with disabilities (81% of the results in 2019) and provided training to around 11,000 (67% of the results in 2019).

Out of the over 2,400 women victims of gender violence registered in our program, 600 were provided with employment services and over 200 got a job.

40 new or renewed agreements were signed with companies to promote employment of persons with disabilities, accessibility, responsible purchases and dissemination of CSR-D (Corporate Social Responsibility and Disability) policies to their stakeholders.

Adhesion of companies to the *Don't give up Program,* that promotes training and employment of unemployed youth with disabilities.

Positive feedback from our clients:
- Average satisfaction rate of jobseekers with disabilities served: 7.87 out of 10.
- Average satisfaction rate of students: 8.93 out of 10.
- Average satisfaction rate of employers: 8 out of 10.

Staff overall satisfaction, with an average rate of 4.33 out of 5, where some of the most rated aspects were work-life balance, resources and means provided and cooperation.

Acceleration of the digital transformation of the organisation.

Satisfaction of the ESF Administrative Unit (UAFSE) with our revised programs and adapted evidence tracking and reporting procedures

How are you measuring/assessing the impact the changes implemented or the initiative on your users/clients, staff, and organisation? Do you e.g. have any

We have been measuring our impact through different means:
- Satisfaction surveys for jobseekers with disabilities
- Satisfaction surveys for employers
- Evaluation questionnaires for students in our training programs
- Work climate survey (Employees)
- External audit of quantitative results (job placements, students, clients served…).
-

In terms of evidence, we have the responses of all the above-mentioned surveys and questionnaires, as well as the External Audit Report.

evidence or studies to show the impacts?	
What are, in your experience, the "success factors" or support measures which allowed your organisation to adapt or innovate successfully?	The success factors were: • The existing technological tools such as the platform Por Talento. • The expertise and qualification of the staff, that allowed a quick and successful swift to remote activity. • The provision of the necessary technical equipment to the staff • The training program in digital skills for the staff • The flexibility of the ESF to allow the adaptation of programs, deadlines, and objectives • The collaboration and consultation to identify the needs of our clients • The design of ad hoc services and programs
What were, in your experience, the biggest hurdles or problems which made the changes difficult to be developed or put in place?	Regarding jobseekers with disabilities, when trying to offer remote services, we found out that many of them didn't even have access to internet connection, online tools, computer equipment…, and many of them didn't have the digital skills to participate remotely. Accessibility was also an issue for some clients. During the peak of the pandemic and the first lockdown, the fear of infection of some clients and their families was a barrier to labour inclusion. The changing regulations and restrictions, not only in terms of the state of the pandemic, but from region to region, was a challenge, not only to design and implement programs, but to provide information and advice to clients with disabilities and employers. The collapse of public administrations, especially those in charge of labour market procedures (Public Employment Service) and the difficulty to complete administrative procedures, was also a barrier to labour inclusion.
FUTURE DEVELOPMENTS AND TRANSFERABILITY	
How do you see the initiative developing in the future?	Most of the actions (activities, methodologies, processes, services) have been permanently integrated into our service offer both for jobseekers and employers. Digital transformation will be further developed. A Transformation Plan has already been approved, including the use of telematic tools, the systematisation of telework, the development of new tools, data science, and the use of technologies such as artificial intelligence. Our services will be reinforced, improved, and updated based on the experience and the learnings of the pandemic period. For instance, we have already launched a "Digital Grant Program" to finance access to technological devices and support the participation of low-income jobseekers in online and remote activities, trainings, and services.
What are the major challenges you see for the future in relation to the initiative, for your	The uncertainty about the evolution of the pandemic and the impact of the pandemic on economy will highly affect our services in the near future. Our services will be also impacted by the changes in the labour market (digitalization, automation, digital job profiles, higher qualifications, telework, temporary employment, salary reduction, weaker business fabric…).

users/clients, staff, and organisation and for employers? How does your organisation try to overcome them?	In this context, it will be crucial to increase the digital skills of our clients, so that they are not left behind.
Adaptation for other countries	Several scientific publications show positive results (cost-effectiveness) in USA, UK, NL, CAN, etc.
Do you think initiative could work in another country? If so, which aspect/s and why?	The pandemic has affected persons with disabilities in a similar way all over the world. According to the information available at national and international level, the needs and challenges are quite similar in other countries. To a shorter or larger extent (determined by the social and economic context and the availability of material, technological and human resources), most of our measures could be easily replicated in other countries, such as remote mentoring programs, digital skills training, support to employers.

POLICY

How would you describe your organisation's cooperation and dialogue with policy makers and/or public authorities as to adaptations you had to make?	As an organisation that has been an intermediate body of the European Social Fund for over two decades, our alliance with the European Union is solid, and our dialogue with the ESF administration unit in Spain is very fluid. We also collaborate with Public Authorities at European, national, regional, and local level.
Have there been changes in legislation or regulations that positively or negatively affected the adaptions due to the COVID-19 pandemic? If so, could you briefly describe what changed and with what effect for your users/clients, staff, and organisation and for employers.	The outbreak of the COVID-19 pandemic generated a very intense regulatory activity in a very short period of time, at national, regional and local level. Public Administrations absence of a virtual/distance service system to provide those services usually provided in person, negatively affected our clients, who found it difficult to complete some administrative procedures essential to access our services (disability certificate, for instance). Also, in some cases where services were provided online, there were no alternative channels available for users with difficulties to access them (due to different reasons, such as lack of access to technology, accessibility, usability…). The implementation of COVID-19 measures and restrictions, such as lower student ratios, social distance, etc. was a challenge when organising and delivering training, especially because of the continuous changes and the different approaches across regions. The changing and heterogeneous regulations were also a challenge to provide information and advice to clients with disabilities and employers.
What would need to change in funding, policy, and regulatory	• More homogeneous and coordinated regulations and measures • Higher support to employers to minimize job destruction • Actions plans and protocols for emergency situations

frameworks to better support adaptations and operating in a pandemic in the future?	• In public funding, more agile administrative procedures, reduction of response times and bureaucracy.

Planned/Possible Future Developments & Transferability

- *Fundación ONCE - Inserto Empleo has already integrated most of the actions (activities, methodologies, processes, services) set up in the context of the COVID-pandemic and described in the promising practice example into their set of services offered to both jobseekers and employers. They thus have already (largely) ensured both sustainability and the upscaling of innovative approaches. And they intend to reinforce, improve, and update the service innovations based on the experience and the learnings of the pandemic period.*
- *A Transformation Plan has already been approved. It includes the use of telematic tools, the systematisation of telework, the development of new tools, data science, and the use of technologies such as artificial intelligence. Fundación ONCE - Inserto Empleo has also already launched a "Digital Grant Program" to finance access to technological devices and support the participation of low-income jobseekers in online and remote activities, training courses and services.*
- *Regarding the transferability of the learning and service innovation across countries, Fundación ONCE - Inserto Empleo considers that this should be possible rather easily and in a straightforward manner as the COVID-19 pandemic has affected persons with disabilities in a similar way all over the world and needs and challenges are quite similar in other countries. Most of the measures contained in their promising practice thus could be quite easily replicated in other countries, such as remote mentoring programs, digital skills training, support to employers – if material, technological and human resources can be mobilised to a similar extent.*

Belgium, GTB

Factbox

- **Mission:** job mediation for vulnerable persons due to health problems and/or disabilities

- **Foundation year:** 2008

- **Legal type:** NGO

- **Principal area of activity:** job mediation

- **Total number of employees** *(staff)***:** 504

- **Annual turnover:** € 26.5M

- **Average number of service clients in the whole organisation** *(per year)***:** 12,000

- **Geographic area of activity of the organization** *(municipality, national level)*: Flanders/Belgium

- **Target group / service users** *(including variety of disability, age range)*: working age (17-65 y.o.)**;** all types of disabilities or health problems and/or specific needs. GTB intervenes where a need for alternative coaching has been defined which cannot be offered by the regular public employment services or job coaching organisations.

Start To Can – A better transition from school to work for young people with disabilities through the use of a user designed webtool

- by the GTB – Transition From School/VET To Work Department and the University of Lapland/Finland – Department of Social Work
- for young people with disabilities or health problems from 17.5 until 29 years + risk at becoming NEET (i.e., persons neither in employment nor education and training)

SERVICE/PROGRAMME/PROJECT/INITIATIVE	
Methodologies and approaches used to develop and carry out the initiative; service/s or activities that were developed	The products 'web tool + training manual and peer review + policy recommendations' are highly developed from a methodological point of view. A base line audit has been drawn up to get a clear view of the VET structures in Flanders and Finland, what their strengths and weaknesses are and where there are opportunities for improvement. This showed that being able to connect well with young people implies tool which do not focus on problems but on solutions and the rights skills for this. Literature research shows that digital tools can be a good medium to make young people think systematically about their dreams for the future, what they are already capable of and who can help them in realising concrete actions from the action plan. Together with about 100 young people from Finland and Belgium, a list of requirements has been drawn up that such a tool must meet. Subsequently, various paper versions of the tool were drawn up and tested with the young people, after which they entered into a dialogue with about the look and feel of the

	tool. Based on this, an online version was created that was subsequently tested. In addition to developing the tool, there was a need to train the teacher, job coach and mediator in his/her interaction skills with young people. This three-day training with inter-vision has also been tested with 50 professionals from Flanders and Finland.
Elements of innovation and creativity	In many conversations about problem situations with young people, there is a nervous search for the 'tips and tricks' that are needed to get rid of the problem, preferably as soon as possible. This is mainly due to the persistent conviction that every ailment must be tackled with a specifically chosen remedy: linear-causal reasoning. When we talk about the approach here, we are not talking about the 'selection of the right trick' but rather about accurately mapping successful interactions in the past and what lessons we can draw from them. Which approach has worked? How did we prepare or adapt the difficult situations? How have we made agreements and how do we monitor them? When did we feel it 'clicked'? The digital "Start To Can" web tool with targeted questions and possibly in-depth exercises has introduced us to a powerful medium that can be used in blended form by young people. Professionals connect with young people in a strength-oriented way, young people have a better view of what they really want and the network they want to use. The project partners have developed a service design so that their services are strengthened. The vision behind the service design is that of Individual Placement and Support (IPS) and the outreach presence of job coaches and mediators in the school
How did the initiative demonstrate resilience or build resilience of the programme or organisation?	All professionals work together to develop a vision and mission based on the IPS principles: • Zero exclusion, every young person who wants guidance can start a trajectory. • The content and speed of the trajectory are determined by the young people. • Depending on the trajectory goal of the young person and finding a trusting connection, the young person has one coach who is the single point of contact for his private and professional network. • The young person is always informed so that he can make informed choices about the next steps in his learning and/or working process. • Focusing on a wide range of "empowering" actions for the young person and his private network so that the relationship skills and self-management of the young people are increased. The realization of strengths-oriented networks together with the young people. • The young people themselves are demonstrably involved in an advisory capacity in the development of tools, methodologies, and services.
Staff and resources (skills qualifications, infrastructure, materials) mobilised	The products are developed in a partnership promoted by GTB and the University of Lapland. The partners involved are UCLL as a high school (= bachelor in special education), PULSO Europe as a specialist in the development of mental health digital tools, the VET-centers of Redu, 15 Flemish schools on special VET-education. The Flemish ESF-budget is 290.000 euro.

Were specific needs of the target group/s identified or people with a disability consulted in the changes made? If yes, how? (co-production approach)	User based design is one of the innovative core elements of the STC-project. 100 youngsters from Belgium and Finland were questioned about the demands of the online tool. Each step in the development of the STC-webtool is tested and retested. Through all this stages, 82 young people were involved. The tests were done by the transition coaches and the schoolteachers, so that we had their impression too in using the webtool.
Were other stakeholders or partners (employers, families, associations, informal network, etc.) involved? If yes, how?	We did 2 online multiplier events in Flanders by use of Microsoft Teams and reached 80 VET schoolteachers and the Flemish user forum for people with disabilities. We demonstrated the online tool and the necessary coaching guidelines. In the project steering group, the Ministries of education and employment are involved so that the developed service design is realistic and in line with political initiatives on inclusive VET-education. We made a paper on the political recommendations, and this is introduced by several advisory bodies on political levels. We demonstrated the products to a panel of experts on activation and integration. This initiative was taken by the Flemish ESF-agency and the ministry of Work. From October 2021 until March 2022, we will disseminate the tool in Flanders, and we offer 3 training courses to 45 professionals, this on the ESF budget.
MONITORING AND EVALUATION	
What have been the main impacts on your users/clients, staff, and the organisation?	We have an agreement from the GTB-stakeholders that we can re-organise the transition pathways, to make them based on the principals of Individual Placement and Support + outreach. The GTB-mediator thus has no longer a caseload of 60 to 80 youngsters but 25. Due to this reduction of the caseload the GTB-professional can really connect him/her selves to the youngsters, if needed build together up networks and take empowerment initiatives. Inter-professional communication becomes possible as the Transition-coaches, teachers and coaches have support from training initiatives on solution based coaching and new support organisations (36 regional based centers in Flanders/Belgium) to realise more inclusion into VET. The use of the STC-webtool becomes mainstream for youngsters with disabilities and risks to become NEET.
How are you measuring/assessing the impact the changes implemented or the initiative on your users/clients, staff, and organisation? Do you e.g. have any evidence or studies to show the impacts?	We calculated that in 3 years' time we need a capacity of 1952 transition coach pathways in Flanders based on the IPS-model. The actual regular 700 transition coaching trajectories have a success rate of 32% towards paid work. Several evidence-based studies on IPS shows that if the guiding principles are followed a success rate of at least 40% is possible. In the project we made monitoring tables on the time to enter the service as a client, the duration of the different actions into the service, the success rate towards employment and the duration to keep the job, the intensity of the coaching service.

Repeated service accessibility	GTB is the structural partner of the VDAB (The Flemish Public Employment Agency) and is obliged to offer services to unemployed and workers with disabilities of working age. GTB regularly contacts the service users to find out if all goes well or if there are some more service needs, even if the client is at work. So, the client has an opportunity to apply for service even after receiving it at once.
What are, in your experience, the "success factors" or support measures which allowed your organisation to adapt or innovate successfully?	Consequent and continue measuring the impact of the new service. We made a clear Business Model Canvas (BMC) of the STC-service and calculated that the new service needs an investment of about 9,360 mio. € for 1952 youngsters. If we realise a paid fulltime job for 234 youngsters for 1 year the social investment is paid back. As the objective is to realise 780 jobs a year every public invested euro has a return of 3 even in one year.

Besides clear economic aspects the BMC makes clear what the vision and mission of the new service is and what the key activities and benefits are for each actor.

As the most important stakeholders are involved into the permanent steering committee 'transition from school to work' we have a platform to monitor the realisation of the BMC. These stakeholders can influence the political decision takers.

We will communicate through press media the success stories the STC service realise. |
| What were, in your experience, the biggest hurdles or problems which made the changes difficult to be developed or put in place? | The change process towards a more inclusive VET education, starts in September 2022, so the STC service has to convince local school networks as an opportunity and not as something extra. It really depends on the local school leaders if the support inclusion initiatives or block them.

As, in our vision, the GTB transition coaches need to be present into the schools and the new learn support centres we have to tackle the GDPR-regulations, but this is not the biggest problem as GTB established already some good experiences on this (see our outreach projects). More focus is needed on the differences in organisational culture, professional support on organisational change is essential. |
| | **FUTURE DEVELOPMENTS AND TRANSFERABILITY** |
| How do you see the initiative developing in the future? | The social partners, the mutuality's as well as user organisations are involved in the policy board of GTB, 5 members are also involved in the board of VDAB (PES). GTB delivers advice directly to the National Social Security organisation (RIZIV/INAMI), the Socio-Economical advisory board of Flanders and the departments of work, welfare, education. |
| Adaptation for other countries | As already mentioned in the summary, we would like to create (or being involved to) a European network not only to promote the webtool but also to exchange evidence based good practices on inclusive education and the transitions from school to work for people with special needs. At this moment we have already a good relationship with the Baltic Flagship from School to Work.

On the Flemish level the STC-partners will continue update and monitor the use of the STC-webtool. We will deliver the training courses to teachers, |

	job mediators, and coaches. In a second phase we will expend the training to organisations working with NEET-youngsters. We have an NGO SUEM (supported employment) as a platform from VDAB (the public employment service in Flanders); GTB; the user organisations; the umbrella organisations of social workplaces … . The focus of this NGO will be also on supported inclusive education. As work-based learning becomes a major reality into the VET-initiatives in Flanders, there is an instant need of good learning places into compagnies. The transition coaches of GTB are specialist in advising workplaces to become inclusive and in creating the best learning places.
What are the major challenges you see for the future in relation to the initiative, for your users/clients, staff, and organisation and for employers? How does your organisation try to overcome them?	To realise a more inclusive society (school, labour market) global actions on different levels are needed. As support-organisations we have to demonstrate by ourselves that inclusion is the new normal. We mean that not only more workers with disabilities and cultural backgrounds needs to be part of this organisations but also that the support-organisations integrate themselves into regular services. GTB is an NGO in Flanders for the job mediation of people with disabilities and/or health problems, we are a structural partner of the VDAB (PES) and make use of the same offices and equipment. The social partners involved in the board of GTB and VDAB are the same organisations . As a jobseeker - employee or self-employed person with disabilities or health problems has enough support on the VDAB coaching there is no need to refer to GTB. As these persons needs more or a different kind of support, GTB can take up such a service. This service becomes more and more integrated into schools (or rehabilitation units). The GTB-staff is specialised in mediation towards employment, to do job design on the workplace or to realise workplace trainings. To get people with disabilities aware that they can do paid work, the GTB service must be reachable also in an inclusive outreach manner into schools. Planned organisational change between organisations to make the best service to people with disabilities a permanent focus of the policy of GTB and this supported by VDAB, the Belgian Social Security Service INAMI, the Ministry of Education and the social partners.
Do you think initiative could work in another country? If so, which aspect/s and why?	Yes, the STC-webtool is tested and already in use in Belgium/Flanders and in Finland. In Flanders the tested target group are youngsters (17-21 year) in special education. In Finland the youngsters are between 16 -29 years with difficulties and in regular VET. Exercises can easily be adapted on specific target groups. The basic framework of the STC-tool is available in English, Dutch and Finnish. The training course on solution-focused contact with youngsters based on the insights of 'New Authority - Omer Haim' and the IPS-methodology can be spread out in Europe. The involvement of young people with disabilities in each step in the creation of the STC-tool can be transferred as a good praxis with the motto "nothing about us, without us".

POLICY

How would you describe your organisation's cooperation and dialogue with policy makers and/or public authorities as to adaptations you had to make?	The project started with a baseline audit on the VET-systems in Flanders/Belgium and Finland. We made a SWOT-analysis of both systems with as common conclusions: • Online tools can create better connections with youngsters as these tools can be blended used in a solution focused coaching. • The need of inter-disciplinary co-working between professionals and together with the private network. To realise this job coaches, teachers and welfare/health workers have to work together in outreach-teams. • Individual Placement and Support-guidelines, the actions of the European Pillar of Social Rights, the EU Disability Strategy 2021-2030 must be in the centre of each job mediation service. • The important need to create perspectives on the quality of live and employment are urgent for the motivation of the youngsters. Based on these conclusions we made a service design (Business Model Canvas) of the new STC-service. At this moment we have meetings with the VDAB (PES-Flanders), The ministry of Education and the Socio-Economic strategic advisory committee of Flanders (SERV) and user organisations. We will do a tour of Flanders in each of the 5 provinces in the first two months of 2022 to also create a joined need of the STC-service with teachers, school leaders and social workers… We will thus create a common interest to the new STC-service. To coordinate the implementation actions and to monitor the results of the STC service we embraced the NGO SUEM (supported employment/education). This is an umbrella organisation from VDAB - GTB - social workplaces and job coaches and will be expanded by inclusive VET-organisations. Experts from VDAB/GTB have the dedicated task to realise this
Have there been changes in legislation or regulations that positively or negatively affected the adaptions due to the COVID-19 pandemic? If so, could you briefly describe what changed and with what effect for your users/clients, staff, and organisation and for employers.	COVID-19 has highly negative affected the employment results for school leavers from special schools who offer VET-educations with the perspective of paid work on the open labour market. The most actual figures shows that 38% of them after one year are still unemployed. This is more than 10% higher as in pre-covid times. All policy makers agreed the urgent need to take action for these youngsters (see the Youth Guarantee Plan). The money is available, but we need a common strategy on job guidance and employment. GTB is now much more focussed to assist employers in inclusive job design. We have 15 VTE staff dedicated on these services to employers and in 1 year we realised, even during COVID, more than 90 action plans on inclusive employment.
What would need to change in funding, policy, and regulatory frameworks to better support adaptations and operating in a	• Online tools and digital platforms (on employment, welfare, education) needs an inclusive user design, so that they can be blended used also by youngsters with special needs. These tools/platforms must be embedded in coaching process which can be online -individually - in small groups based on the needs of the target groups. • Trainings to use digital tools must be available for youngsters with special needs. These trainings have the focus that they are able to use digital tools.

pandemic in the future?	• Employers needs support in coaching youngsters with special needs. These coaching can be online - internal mentoring - external job coaching. If during a pandemic working is impossible, there are easy to realise training initiatives to upskilling the competences of these youngsters. • We have seen that schools for special education were much longer closed during the pandemic and that these youngsters last education. We urgently need a much more inclusive school system with sufficient professional support. The new learning support services which will become in place in Flanders from September 2022 needs expertise on online coaching and digitalisation.

Planned/Possible Future Developments & Transferability

- *GTB would like to create (or being involved to) a European network not only to promote the webtool but also to exchange evidence based good practices on inclusive education and the transitions from school to work for people with special needs. Currently they already had a good relationship with the Baltic Flagship from School to Work.*
- *The Start to Can-webtool is tested and already in use in Belgium/Flanders and in Finland. In Flanders the tested target group are youngsters (17-21 year) in special education. In Finland the youngsters are between 16 -29 years with difficulties and in regular VET. Exercises can easily be adapted on specific target groups. The basic framework of the STC-tool is available in English, Dutch and Finnish.*
- *This activity will be embedded in a broader approach to make organisational change happen and to work towards inclusive organisations and enterprises which are better prepared to offer the best service to people with disabilities and to best use what they can bring to them.*
- *GTB assumes a relatively high transferability potential for the promising practice presented.*

Ireland, Rehab Group

Factbox

- **Mission:** Helping the people we serve to be more independent; helping them to contribute to and be more included in their communities; empowering them with the skills and confidence to be active in the workforce; and supporting them to be in charge of the health and wellness.

- **Foundation year:** 1949

- **Legal type:** Charity

- **Principal area of activity:** Community care, Education & Employment

- **Total number of employees** *(staff)***:** approx. 2,800

- **Annual turnover:** € 145M

- **Average number of service users in the whole organisation** *(per year)***:** 5,000 aprox

- **Geographic area of activity of the organization** *(municipality, national level)***:** National Level

- **Target group / service users** *(including variety of disability, age range)***:** Persons with a disability from childhood to the older person

Best Practice Reference Group – COVID19 Framework

- by Best Practice Reference Group (working group from various departments with the expertise & tacit knowledge to provide guidance and information)
- for all frontline management & staff

SERVICE/PROGRAMME/PROJECT/INITIATIVE	
Methodologies and approaches used to develop and carry out the initiative; service/s or activities that were developed	This project evolved and developed according to the rapidly changing environment and the need for revised and new guidance. Information was changing on a daily/weekly basis, all stakeholders needed to be kept fully informed, the Best Practice Reference Group were fully aware of the challenges for frontline staff, where there was limited time to read, research and locate the correct information. Therefore, it was imperative that the information was disseminated in a visual, easy to read accessible manner, with alerts to identify where information had been updated. We ensured psychologists and behaviour therapists were on hand to support students and people who use our services to digest and understand the information provided specifically around COVID-19, hand hygiene, coughing and sneezing etiquette, isolation, and testing. We collated easy read information, posters and videos, and teams linked with families using the phone, text, email, and video conferencing to further disseminate key guidance and support, ensuring communication was maintained and individuals did not feel isolated.

	The Framework provided information in a visual, easy to read format that did not require staff to search through emails, intranet sites and also to try and interpret that information in line with their service needs.

Regular feedback and consultation from a number of stakeholders enabled the reference group to develop and enhance the Framework to meet the needs of all users. |
| Elements of innovation and creativity | The innovative aspect of this project was visual engagement with all stakeholders. The development of a visual central repository for all information, no matter how many times information was updated, and staff were able to access the material in one location, with new and updated information tagged. These signposts were indicators on what they needed to review and update locally.

The Group also forwarded a visual weekly email to provide staff with a list of information they needed to update (the email was easy to read, colourful and visual so drew people's attention and provided signposts to any changes or updates).

Where there were individual challenging situations and teams required enhanced support in decision making, the Best Practice team provided 'virtual' case management sessions with subject matter experts. This has proved hugely successful throughout and will be continued into the future. |
| How did the initiative demonstrate resilience or build resilience of the programme or organisation? | Through providing frontline staff with accessible, timely, accurate, information and guidance during an unprecedented period, and at a time when they were at their most vulnerable, they felt assured by the organisation's support and consistent approach.

Our approach enabled all of Rehab's centres, employees, service users and students to receive reliable and coherent information.

Local teams were then able to utilise the information, build capacity through team meetings and learning days. This enabled them over a 12-monthperiod to become more independent in decision making in a turbulent time.

The visual Framework & other communications also improved engagement from staff across the organisation, as they felt informed and knew where they could access appropriate information when required.

Well-being and emotional supports were also included as an integral part of the Framework, further building individual and team capacity and resilience.

Because staff felt supported and informed, this then allowed them to concentrate on the provision of quality supports to the people who use Rehab Services. The Framework removed the need for employees to have to interpret national guidance and information, which was complex and often sector specific. |
| Staff and resources (skills qualifications, infrastructure, materials) mobilised | A combination of internal expertise and tacit knowledge and external guidance informed the structure and processes applied. The team included representatives from various therapeutic disciplines, risk, health & safety, nursing, regulation/governance, and operations. |

Were specific needs of the target group/s identified or people with a disability consulted in the changes made? If yes, how? (co-production approach)	Due to the diversity of the organisation, our frontline employees required information to be presented and disseminated in a variety of ways. For example, lone workers, who were at times the most vulnerable and often without access to direct on-line material, required information to be accessible, written and often verbal. All relevant information was designed in easy read format, by our teams, each individual was supported at local level in understanding the information. This became critical in establishing an individual's ability to understand the consent process at it relates to vaccination and testing, including those who were engaging remotely.
Were other stakeholders or partners (employers, families, associations, informal network, etc.) involved? If yes, how?	We ensured regular communication throughout the pandemic with families and more specifically we engaged at critical times with the purpose of facilitating a greater understanding of COVID-19, vaccination, and their role within that process.

MONITORING AND EVALUATION

What have been the main impacts on your users/clients, staff, and the organisation?	This project provided • timely accurate and accessible information removing the stress of the unknown • strong leadership presence instilling confidence in the organisation's response to COVID-19 • successful management of COVID-19 outbreaks, where staff felt supported and informed • consistent approach across the organisation • timely decision-making processes • high levels of compliance with regulators • the service user was the end beneficiary, as staff could concentrate on providing quality supports • low numbers positive COIVD-19 cases and low onward transmission when compared with community and sector rates.
How are you measuring/assessing the impact the changes implemented or the initiative on your users/clients, staff, and organisation? Do you e.g. have any evidence or studies to show the impacts?	The impact of these changes has been measured and assessed in a number of ways. The most immediate was the improved engagement from staff of all levels and their understanding of their role in implementing COVID protocols, • 78% of staff in a recent survey indicated that they felt well informed on changes and measures taken in response to COVID-19 • Regulatory audits have reported compliance levels of 94% on infection prevention controls • 95% of regulatory audits identified compliance with COVID protocols • Regulators have complimented on the organisation's processes and procedures and the implementation at local level • Internal Health and Safety audits have identified 100% compliance with Health and Safety Authority COVID-19 requirements. • Low incidence of COVID in Residential Services • Following the success of the Best Practice Framework in managing COVID-19, the organisation now plans to adopt and embed the approach across other areas of practice.
What are, in your experience, the	The main success factor was the agility of the organisation to adapt to new ways of working and communicating.

"success factors" or support measures which allowed your organisation to adapt or innovate successfully?	• The rapid turnaround of high-quality information and guidance in a very short timeframe • The development of a visual Framework that was accessible to all stakeholders • The engagement of staff from all levels – as information and guidance was accessible and easy to understand • Low incidence of COVID-19 • High levels of compliance with regulators.
What were, in your experience, the biggest hurdles or problems which made the changes difficult to be developed or put in place?	There were a number of hurdles that needed to be considered: Rehab as an organisation is diverse, providing a variety of services to persons with disabilities, such as community care, education, and employment services, therefore the Best Practice Reference Group needed to be cognisant of the different requirements. • Our frontline employees faced both the challenge and risk of dealing with COVID-19 on a daily and very real basis. It was really important that we engaged with people quickly and garnered the trust of our employees, so they felt reassured and equipped to work in those environments • The expectation from different service models to provide guidance and support specific to their needs. • Expectation from different funders, customers, and regulators, to meet their specific requirements • The rapidly changing environment, which led to guidance and information being updated frequently. The challenge was to ensure that staff could only access the most up to date version of any document, so we needed to streamline and eliminate older versions of documents. • Engaging staff as they were overwhelmed with information overload and regulatory requirements. They had limited time to digest and implement information / guidance etc., If it was too lengthy or complex, it reduced the chances of correct interpretation and implementation.
Direct and wider impact	*Purpose*: - To reduce medical treatment, medicine use and social costs. Early intervention prevents the chronicity of complaints and, as a result, the cost to the care system will be reduced in the longer term. - To improve vocational rehabilitation for the unemployed and/or economically inactive population, employees who are (long-term) absent, employees with physical and coping disabilities, people with frequent (para)medical contacts, people with chronic musculoskeletal pain. *Outcomes*: - Improved mental and physical health, increased self-esteem and independence. - Increased work opportunities for the target population. - Vocational rehabilitation strategies based on good practices and *(In the picture: vocational training process)* experiences from the network's members. - Members of the network provided with vocational rehabilitation knowledge and skills. - Research and development on vocational rehabilitation carried out. - Improved vocational rehabilitation for other target groups, such as people with brain injury or hearing problems.

FUTURE DEVELOPMENTS AND TRANSFERABILITY

How do you see the initiative developing in the future?	The Framework has provided all stakeholders with a clear consistent approach to managing COVID-19 that all services and managers could clearly work with. This concept is already being adapted for use at operational level, for different service models, incorporating their standard operating procedures, policies etc. The Residential Services Documentation Framework has improved regulatory compliance levels under Governance from 70%-95%. Work is underway to develop a Framework for Day and Home support services in advance of new regulatory requirements.
What are the major challenges you see for the future in relation to the initiative, for your users/clients, staff, and organisation and for employers? How does your organisation try to overcome them?	• Stepping down, moving from an emergency response to living with COVID-19 • The maintenance of the Framework • Ensuring all information is accurate and up to date, that the Framework is reviewed and updated in line with changing requirements • Encouraging staff to continue to source their information in one location. The Best Practice Reference Group is now reviewing the Framework, to move it onto the next stages of 'Living with COVID' so it becomes a one for all handbook, as guidance and information becomes more streamlined as we progress through the different stages of the Pandemic.
Do you think initiative could work in another country? If so, which aspect/s and why?	Yes, I believe this concept can be developed in any organisation. The Framework is about: • The strength of leadership, direct and confident communication at every level of the organisation • Planning the Framework by breaking it into key thematic areas • Providing accessible and meaningful information in an easy read format through a central repository • Mapping an organisation's processes and procedures in line with their business need and objectives.
POLICY	
How would you describe your organisation's cooperation and dialogue with policy makers and/or public authorities as to adaptations you had to make?	Both public authorities (HSA) & regulators (HIQA) have indicated that Rehab's Framework meets their requirement's and makes it easier for them to understand our systems and approach.
Have there been changes in legislation or regulations that positively or negatively affected the adaptions due to the COVID-19 pandemic? If so,	The Health and Safety Authority (HSA) Return to Work Protocols–remote/hybrid working, IPC measures in place, learning and development requirements, compliance training, office layouts, audits, and inspections. HR process and procedures including sick leave entitlements, the approach to safely support women who are pregnant and those who are medically vulnerable. The collation and retention of personal and sensitive information. The reduction in capacity of face-to-face service provision, on a temporary basis, access to transport.

could you briefly describe what changed and with what effect for your users/clients, staff, and organisation and for employers.	
What would need to change in funding, policy, and regulatory frameworks to better support adaptations and operating in a pandemic in the future?	Sufficient funding in relation to • Implementation of IPC measures • Appropriate capacity in buildings and on transport • Additional frontline employees • Digital technology • Availability of isolation facilities within local communities HR polices and frameworks that enable • The swift redeployment of employees • The Well-being of employees and appropriate supports The Government to have in place a clear Roadmap in how to live through a pandemic. Planning for COVID related illness, including long-COVID.

Planned/Possible Future Developments & Transferability

- *Use the insights of the Best Practice Reference Group COVID19 Framework for the adaptation of other service models or protocols, incorporating its standard operating procedures, policies etc. This concerns the Residential Services Documentation Framework and a Framework for Day and Home Support Services.*
- *The adapted Residential Services Documentation Framework has improved regulatory compliance levels under Governance from 70%-95%. The Rebab Group has work underway to develop a Framework for Day and Home Support Services in advance of new regulatory requirements.*
- *Concerning the transferability of the practice to other countries, the Rehab Group believes that the promising practice shared can be developed in any organisation as the Best Practice Reference Group COVID19 Framework is about 1) the strength of leadership, direct and confident communication at every level of the organisation, 2) planning the Framework by breaking it into key thematic areas, 3) providing accessible and meaningful information in an easy read format through a central repository and 4) mapping an organisation's processes and procedures in line with their business need and objectives.*

Latvia, Sociālās integrācijas valsts aģentūra (SIVA) /Social Integration State Agency

Factbox

Mission: To provide timely, targeted and high-quality social and vocational rehabilitation services, promoting the client's ability to work and independence.

- **Foundation year:** 1991

- **Legal type:** State administrative institution

- **Principal area of activity:** SIVA provides social and vocational rehabilitation and coordinate's the State financed long-term social care and social rehabilitation services. Further the focus will stay on vocational rehabilitation with the aim of helping the service users to become socialized and integrated into the labour market.

- **Total number of employees** *(staff)***:** 298

- **Annual turnover:** € 6,1M

- **Average number of clients in the whole organisation** *(per year)***:** approximately 5226 including: 4323 clients for social rehabilitation, 350 clients for professional assessment, 250 clients for vocational rehabilitation, 250 long-term unemployed clients via State Employment Agency's project[1], 30 clients for professional assessment via ESF project[2] and 23 clients for vocational rehabilitation (skills training programs) via ESF project[2]

- **Geographic area of activity of the organization** *(municipality, national level)***:** National level

- **Target group / service clients:** For vocational rehabilitation – working age[3] persons with disability (not specified), mental impairments or with a predictable disability, long-term unemployed persons with disability. The average age of our clients are 30-35 years, in one study group it is possible to have a very different aged people – right after the graduating school and until the before retirement age.

[1] ES fund project "Subsidized jobs for the unemployed" Nr.9.1.1.1/15/I/001, the support activity "Professional assessment"
[2] ES fund project "Integration of persons with disabilities or mental disabilities into employment and society", Nr.9.1.4.1/16/I/001
[3] According to Latvian legislation working age is starting from 15 years until 64 years (2021).

Social Mentoring

- by Jūrmala Vocational secondary school, SIVA College, Vocational rehabilitation support department
- for vocational rehabilitation clients – people with disability or at the risk of getting disability, persons with psychiatric and/or mental health problems; working-aged

SERVICE/PROGRAMME/PROJECT/INITIATIVE	
Methodologies and approaches used to develop and carry out the initiative; service/s	The idea for social mentoring approach were taken from other EU countries including EPR member organisations that are providing mentor's service. So far in each SIVA specialist's job description paper it wasn't mentioned being a mentor for clients, during pandemic this necessity was born keeping in mind specific health, motivation, will and ability capacity of the client

or activities that were developed	Each specialist voluntarily became a closest and trusted person for concrete clients to support them during confusing period of life. Since each client's technical equipment at home and computer skills differs, it was challenging to adapt way of communication with each of them. SIVA specialists used telephone, email, WhatsApp, Zoom and even were printing and sending materials via post office to clients so they could receive them. Communication style, way of working with each client and concrete tasks to do together born in the process of contacting with each of them since each client has its own interests, skills and working capacity. Client sending report of going for a walk
Elements of innovation and creativity	In Latvia mentor's support might be available for different target groups only during different specific projects, but it is not a typical support system in general. Mentoring program as itself isn't something new on the European level or even worldwide but is definitely a new approach and way of working with clients for SIVA. During this voluntary mentoring program, it was stated that the program is needed, is useful and resultative as itself. So far, the mentoring approach is described as guidelines for working with clients during emergency situation and is kept as additional plan of communication. The Mentoring approach worked as a driving force for SIVA specialists as well. SIVA specialists had to learn to be creative and gained different additional technological skills.
How did the initiative demonstrate resilience or build resilience of the programme or organisation?	 Clients sendind report of leisure activities and healthy cooking During the emergency situation in the country, self-isolation period and remote learning process when there was lack of the used to communication the Mentoring program was showed itself as a huge support system for clients. As a result, it was possible to follow more closely to each client's emotional and psychological condition while being at home. Therefore, all clients returned back to vocational rehabilitation at the place when it became possible and successfully finished training programs to achieve new skills for future job.
Staff and resources (skills qualifications, infrastructure, materials) mobilised	Psychologists, social workers, career specialists, teachers. All of them with their own educational background. No specific infrastructure used besides standard working place equipment.
Were specific needs of the target group/s identified or people with a disability consulted in the changes made? If	People with disability and especially people with psychiatric and mental/intellectual health problems are more sensitive and they are looking for additional support and trusted persons. It is important for them to have one concrete person they trust to tell and talk about different issues that are bothering them.

yes, how? (co-production approach)	Moreover, keeping in mind unclear pandemic situation it is relevant them even more. Therefore, additional support and attention to the target group might be useful during the whole vocational rehabilitation process in general.
Were other stakeholders or partners (employers, families, associations, informal network, etc.) involved? If yes, how?	While SIVA clients were studying remotely in some cases there were added additional work and communication with relatives and family members of SIVA clients.
	There were situations when because of the lack of motivation, depression and anxiety SIVA clients refused for example to answer the phone calls or emails and they didn't give any feedback. In that kind of situations mentors contacted the family members: firstly, to be sure that clients are fine, well and healthy; secondly, together with relatives to make new cooperation models to "pull clients out" from the depressive mood.
	As a result of cooperation with clients' relatives and family members born new ideas to create a competence centre to teach support persons different skills how to better cooperate and support persons with disabilities.

MONOTORING AND EVALUATION

What have been the main impacts on your users/clients, staff and the organisation?	For clients: definitely to keep the motivation for study process itself; to have any social contacts outside their household while self-isolation; motivate for healthy lifestyle; to receive additional explanatories about the necessity of epidemiological rules to follow.
	For staff: created guidelines for working with clients during emergency situation; additional computer and technology user's skills gained.
How are you measuring/assessing the impact the changes implemented or the initiative on your users/clients, staff, and organisation? Do you e.g. have any evidence or studies to show the impacts?	The results of social mentoring showed that all clients who received mentor's support returned to study process instead of totally loosing motivation for learning. Because of Mentoring it was possible to keep the communication with clients who were more likely exposure to fall into depression, being ignorant to their responsibilities or with ones who had a lack of communication. This approach showed the necessity of being in contact with clients constantly to support them to finish vocational training program and additionally teach them responsibility.
	There were 17 SIVA's clients for vocational rehabilitation, who received services via SIVA's project for persons with severe disability and/or mental health/ psychiatric issues, got a very special Mentoring support. All of them successfully returned to study process when it was possible, and all 100% of them successfully finished skills training programs they were studying. As a result, zero of students dropped out of study process because of the lack of motivation thanks to this special support
What are, in your experience, the "success factors" or support measures which allowed your organisation to adapt or innovate successfully?	The pandemic itself made all staff to be more creative and adaptive. During all brainstorming about how to provide services and not to lose connection with students was born the idea to try Social mentoring as additional support system for clients who needed it the most.

What were, in your experience, the biggest hurdles or problems which made the changes difficult to be developed or put in place?	The lack of technology using skills among SIVA staff.

FUTURE DEVELOPMENTS AND TRANSFERABILITY

How do you see the initiative developing in the future?	Having a mentoring system during the vocational rehabilitation and searching for constant job place in the future is a must have approach. It must be additional funding allocated for that because of the fact that staff members have their own job description and daily responsibilities, it is not possible to take additional management. So, in the future there should be individual specialists to work as mentors. Social mentoring as a sustainable service is seen in the future not only during the vocational rehabilitation but also as a support system even 6 months after graduation to provide wholesome service for successful integration into the labour market.
What are the major challenges you see for the future in relation to the initiative, for your users/clients, staff, and organisation and for employers? How does your organisation try to overcome them?	-
Do you think initiative could work in another country? If so, which aspect/s and why?	The mentor's programme is already working in other countries.

POLICY

How would you describe your organisation's cooperation and dialogue with policy makers and/or public authorities as to adaptations you had to make?	SIVA is a State institution and is supervised by the Ministry of Welfare. The policy makers are the ones who ask for SIVA opinion and vision on regulatory documents. Our organisation makes proposals for amendments in the legislation. SIVA created an advisory board to find effective, innovative and sustainable solutions to deliver services for clients. The advisory board's members are different experts in different fields such as a representatives of the Latvian Association of Employers' Organisations, the Ministry of Welfare, NGO's, the Latvian Saeima (Parliament) etc., that make a contribution in changes of legislation. Also, SIVA cooperates with the Ministry of Education and science and also makes proposals for amendments in the field of education.
Have there been changes in legislation	On the national level there was developed regulation "Epidemiological Safety Measures for the Containment of the Spread of COVID-19 Infection" that include

or regulations that positively or negatively affected the adaptions due to the COVID-19 pandemic? If so, could you briefly describe what changed and with what effect for your users/clients, staff, and organisation and for employers.	different restrictions and rules on how to organise the study process, cultural public events etc. All restrictions due to the COVID-19 pandemic which we faced for the study process worked as a driving force to develop and create a Social Mentoring system at SIVA.
What would need to change in funding, policy and regulatory frameworks to better support adaptations and operating in a pandemic in the future?	More elastic public procurement procedures, developed guidelines on how organise and provide different services during different restrictions.

Planned/Possible Future Developments & Transferability

- *For SIVA, having a mentoring system during the vocational rehabilitation and searching for a permanent job is a must have approach and should become an integral part of the service offer. This service innovation, however, needs proper funding to be sustainable and to train and employ individual specialists to work as mentors.*
- *SIVA sees social mentoring as a part of the vocational rehabilitation process, but also as a support system to reach beyond the graduation of the trainees to provide an integrated service package for successful integration into the labour market of (young) persons with disabilities.*
- *Regarding its potential for transferability, SIVA rightfully underlines that job and social mentoring programme are already operating in a number of other countries. It is thus easily doable.*

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