

# FROM CARE TO EMPLOYMENT

A SHORT STUDY ON PROGRAMMES SUPPORTING  
RETURN-TO-WORK



December 2020

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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 document explains services from this group that help people and work with them to find a job. We call this document a study.

The idea of the study was to understand what made these services work well for people with disabilities and what could help them work even better. We write about programmes in this study. Programmes are when different services are provided.

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 being supported to go back to work.

### WHO WAS INVOLVED IN THE STUDY

This document was written by one of the organisations in the EPR group, called SIVA, from Latvia.

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

1. The Cedar Foundation – Northern Ireland
2. Institut national d'assurance maladie-invalidité (INAMI) – Belgium
3. Fundación Rey Ardid – Spain
4. GTB- Belgium
5. Heliomare- Netherlands

### WHAT MADE THE PROGRAMMES WORK WELL?

Support person: The service user in each program has a support person. The best is when this person is the same person all the time that the service user's needs a service.

Early support and checking asking what people need: It is important for the service user to be able to get the support they need early and to not have to wait a long time. Also, people should often ask what the service user needs, including after they finish the programme.

Working together with others: The study showed that it is important for the programme to link with other organisations that are supporting the service user. This is to make sure that there isn't any confusion about who is doing what to support the service user. It also makes sure that the service user gets all the services they need.

Providing information: It is important for the services that work with service users to share information on what they do with the public. This is to make sure that people know where they can get help from and what type of help they can get.

## SOME PROBLEMS THE ORGANISATIONS HAD

The organisations often found it difficult to work with companies who could employ people with disabilities. Some companies don't want to employ people with a disability.

Sometimes the rules for people getting benefits don't support people enough if they go to work. For some people this makes working less interesting.

Sometimes the organisation providing the services doesn't get enough money from the government to help people go back to work.

## WHAT WOULD HELP PEOPLE TO RETURN TO WORK?

Service users and organisations should be able to work more closely with people who make the rules about people returning to work.

The rules should be changed so that people with a disabilities get more support to work, and do not lose too many benefits if they work.

Organisations who support people to go back to work need to be given money all the time, instead only temporarily. Otherwise it is difficult for them to be able to be able to provide good services

## 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.

This year's subject of the study are programmes, services, projects that, in an integrated way, support clients from illness or the acquisition of a disability into labour market inclusion. EPR members were asked to share information about any practices that fitted the subject of the study, and the information templates they filled in were also considered entries to the 2020 EPR prize. Six organisations submitted practices that are analysed in this study.

The analysis of practices through the study aims to compare different approaches, to understand their impact, identify their success factors and challenges. In this way, the experience gained can be shared at a European level, encouraging mutual learning and the improvement of the quality of the services, and recommendations to support these practices across Europe can be developed.

## The European Pillar of Social Rights

In addition to the goals above, the study aims to support the development, dissemination, and implementation of innovative and successful policies supporting return to work. Based on the feedback from the contributing organisations, policy recommendations on how to support the above-mentioned transition have also been developed, and improvements in the understanding of how services implement and can be supported to implement the European Pillar of Social Rights (EPSR), which governments in the EU committed to take action to implement. Insights will also inform EPR's future advocacy work.

The principles of the EPSR that relate to the 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*. Principle 4 states: *"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"*<sup>1</sup>.

The study also refers to "Active Inclusion"; an EU concept referring to an integrated approach to inclusion, via minimum income, access to quality services and inclusive labour markets<sup>2</sup>. Promoting inclusive labour markets means making it easier for people to join (or re-join) the workforce; removing disincentives to work; promoting quality jobs and preventing in-work poverty; focusing on: pay and benefits, working conditions, health and safety, lifelong learning, career prospects, helping people stay in work and advance in their careers. The study also aims to find examples of this approach in practice.

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<sup>1</sup> [https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles\\_en](https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en)

<sup>2</sup> <https://ec.europa.eu/social/main.jsp?catId=1134&langId=en>

## Summaries of the programmes



### The Cedar Foundation, “Inclusion Works”

The Cedar Foundation delivers a range of services that enable people with disabilities to get the most out of life and to be fully included in their communities.

25 years ago, a gap was identified in that there was no dedicated service to support clients with acquired brain injury (ABI) with employment. The service developed alongside other community brain injury services.

The Cedar Foundation provides:

- Established referral pathways regionally with Health and Social Care Trust (HSCT) teams and a Jobs and Benefits teams, ensuring that the service operates at full capacity and meets the most priority of need.
- A review of personal barriers to inclusion, family and social circumstances/issues and vocational and personal skills.
- This leads to a unique, user-led Personal Action Plan reflecting personal ambitions, disability and skills thereby securing user engagement from the outset.
- Activities are drawn from a menu of choices to implement solutions to address individual barriers to employability and address inclusion goals.

The programme features:

- Progression to and tracking of sustainable outcomes for up to one year after finishing the program.
- Working in partnership with employers, training providers, Colleges of Further and Higher Education and other community and voluntary sector organisations to ensure the foundation’s participants are fully included.
- The Foundation’s service is designed to complement, contribute to and collaborate with local initiatives to best meet the needs of participants.



### Institut national d'assurance maladie-invalidité (INAMI), IPS pilot project

Under the authority of the Belgian Federal Minister of Social Affairs, the INAMI is responsible for administering the country's compulsory national schemes for health insurance and disability benefits and manages a compensation fund for medical accidents.

Needs of the target group and the IPS:

- Based on a literature review the Individual Placement and Support model (IPS) was identified as a successful methodology abroad. IPS involves intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer.
- Mental health disorders represent more than 34% of people in work incapacity in Belgium.
- Several tools (e.g. ICF assessment) are used to identify the needs of clients and help determine the procedure that will be followed.
- The IPS program uses the “place-then-train” methodology (vs. “train-then-place”)
- For the first time, this project is promoted and coordinated by the Belgian government.

8 principles of the IPS model:

- Aims to get people into competitive employment
- Based on the person's choice
- Integrated into the areas of rehabilitation and mental health

- Based on the individual's preferences and choices
- Quick job searches
- Time unlimited individual support
- Personalized recommendations
- Systematic job development.



### Fundación Rey Ardid, “Programme for people with a disability”

Fundación Rey Ardid (FRRRA) is a non-profit organisation created in 1991 to address the needs of people with mental health issues. After 29 years of experience, the

FRRRA organisation has grown and increased its social presence, working with other groups (the elderly, migrants, young people in difficulty, etc.).

The needs of the target group are identified through interviews with the person with a disability, trying to adapt the intervention with the personal needs of each person in mind.

The program includes:

- Individual monitoring motivational support, improvement of their curriculum, etc.
- Group workshops to improve labour and social skills.

FRRRA apply the person-centred methodology.

In terms of innovation, Fundación Rey Ardid have implemented more motivation and positive thinking workshops as this was identified as being an important factor that affects how people with disabilities manage their job searching.



### GTB, “We Go to Work”

GTB is a specialised service provision and counselling service for people with work disabilities or health problems.

GTB promotes job integration into the labour market, empowering persons with special needs and supporting companies to employ persons with special needs.

GTB reaches inactive people with no obligations to go to work but who have complex thresholds to overcome. The job coach is presented with this client and invites them to participate on empowerment actions as a pathway to a suitable job. The GTB’s job coach must work together with health, welfare professionals and of course with the client to reach the same perspectives on goals and pathways to follow.



The personal situation of the participants is mapped according to the methods of strength-oriented coaching and being present. The GTB’s outreach coach meets with the potential client who want to test work wishes/options for several days in the partner’s organizations, no obligations from the client at this stage is needed.

- Module 1. Information session followed by an individual discussion with the GTB outreach coach if needed.
- Module 2. At the partner’s organisation place GTB’s outreach coach and experienced expert provide group sessions with clients focusing on their professional wishes, interests and possibilities.
- Module 3. A Wellness Recovery Action Plan (WRAP): In a group setting a wellness / work recovery action plan is drawn up by partner organization together with GTB’s outreach coach.

Growth in personal competences such as motivation, coping with stress, creation of a personal network is also measured using the ICF-core set on vocational reintegration.

### Heliomare, “Early intervention in vocational rehabilitation”



Heliomare supports children, teenagers and adults with physical or multiple disabilities, traumatic brain injuries (TBI) or autism. The degree of support provided depends on the requirements and the physical and mental abilities of the client.

The early intervention’s main target is to create a suitable rehabilitation programme for individual support, so, clients with different health disorders can get back to work as soon as it is possible with the help of multidisciplinary team and assessment process.



Heliomare uses an assessment tool to assess functional capacity, a ‘quick scan’, which can assess levels of vocational assessment or levels of vocational rehabilitation.

A functional capacity evaluation (FCE) is used to evaluate an individual's capacity to perform work activities related to his or her participation in employment. The FCE process compares the individual's health status, and body functions and structures to the demands of the job and the work

environment. An FCE's primary purpose is to evaluate a person's ability to participate in work, although other instrumental activities of daily living that support work performance may also be used. The FCE consists of a battery of standardized assessments that offers results in performance-based measures and demonstrates predictive value about the individual's return to work.

In the Netherlands every employer has an occupational physician for the health care of their employees. When an employee is off sick they have contact with the occupational physician. The occupational physician work together with the normal health care institutions and doctors.

When an intervention is possible for vocational rehabilitation services the occupational physician refers the client to such a service. Such vocational rehabilitation services can be in the health care situation or on the free market. This gives Heliomare an opportunity for new services and product innovation.



### Sociālās integrācijas valsts aģentūra (SIVA), “The Career development support methodology”

SIVA’s aim is to provide timely, targeted and high-quality

social and vocational rehabilitation services, promoting the client's ability to work and independence. Starting from the professional assessment at SIVA the multidisciplinary team works with each client. There are doctors, psychologists, psychiatrists, physiotherapists, occupational therapists, teachers, social workers, career counsellors and caregivers who work with their own approaches and methods to define each client’s needs and possibilities by evaluating their motivation, theoretical knowledge, skills and health condition. Depending on different abilities of a client all specialists in a teamwork prepare recommendations for:

- further vocational training program;
- development of different social skills;
- different support activities to integrate into the labour market;
- maintaining and improving the client’s health condition.



According to the recommendations developed, specialists compile an Individual social rehabilitation plan for each client.

SIVA's specialists created a "Career development support methodology" that is a set of different tests and methods to better support clients in their integration into the labour market, international tools, Latvian ones and tools developed by SIVA itself. Together with a career counsellor, clients develop Individual career development plans, if specialists notice that client's motivation is reducing during the studying, then the client becomes involved with a psychologist with a Motivation program.

Key elements of the practice include:

- Training and strengthen motivation to achieve set goals
- Creating a variety of specific tests for SIVA clients according to the vocational training programs.
- Creating and approving a career support methodology that starts with a professional assessment and continues during training programs and even after graduation by supporting clients to find and keep their job.



## Success factors and Challenges

### Success factors

Each approach and method described in the study has its own success factors. This section describes the key success factors relating to quality, usefulness and positive outcomes of the services.

**A coordinating support person.** The experience of the organizations featured here demonstrates that one of the biggest success factors in providing effective services is the existence of a coordinating support person. In this study we can see that different organisations use varying terms for this support person, such as Case manager, Case officer, Job coach, Career counsellor or Outreach coach. However, the main feature is common, and clear – this person coordinates services according to the client's needs, provides the necessary tailor-made support to the client and helps increase their self-esteem.

The support person is an essential actor in improving the client's quality of life. They build trust between the client and service provider. To ensure effectiveness the person needs to remain the same throughout the process, building a deep understanding of the person supported. The support person works with the

client to become more self-confident and encouraged to make positive changes in life, taking a co-production approach where the client is a partner in the service.

**Information and outreach.** In the case studies, information campaigns and communication strategies run by the service providers also play an important role, enabling the population of the country and potential clients to find out about the range of support activities that clients can access. Information about services can be shared through varying methods such as leaflets, social media, on a website, organising different meetings with potential clients or organisations that can give information to them. This is linked to the next success factor, partnerships, and networking plays an important role here.

**Partnerships for integrated and comprehensive support.** An important element in providing quality and coordinated services is having a network of partners to ensure that the person served has access to all the right services and support. Partners can include organisations in the field of work, health care institutions, social service providers, employers, employment agencies, education providers and other stakeholders. Each partner has its own role in service delivery to ensure a positive outcome for the individual. The cooperation with other organisations on local or national level gives an opportunity to follow up changes in the labour market, shows where changes and improvements in the services provided needs to be made and to prepare the field for future developments. Networking is important to develop and maintain partnerships.

**Continued access to the programme.** This element is closely linked to the previous one. Situations where clients continue to require support even after their integration into the labour market are quite common, so it follows that access to continued support is extremely important. For example, if the client loses his/her job, if he/she can't work there anymore, or if the client wishes to change their job. In these situations, it is important that clients have an opportunity to access those service providers they were working with.

Depending on service criteria and legislation this opportunity may vary, such as access to the whole service starting from the beginning or by accessing aspects of the service; for example, consultations or participation in different working groups. If the client needs additional support, the support person steps into the dialogue with the client where together they define the needs and possible support requirements. Trusted and supportive relationships between service providers and clients are necessary for clients to know that they have an opportunity to ask for additional help if required. The study shows that organisations provide support to the client at least 3 months after services are first received by clients.

**Monitoring and evaluation.** It is no secret that monitoring and evaluation is essential to ensure that services provided are working as they should and, on the other hand, to get in touch with clients even after finishing support programs and services. Feedback from clients and partners provides information on which part of the service should be improved to get a better result. In the practices, monitoring took place for up to 6 months, or even 2 years. In some programmes, and depending on the context and clients' needs, monitoring can be provided as long as needed or even if the client asks for it. The study shows that phone calls, emails or meeting in person e.g. at the organisations' office, at the client's home, at his/her workplace etc. are the main methods of communication. Face to face consultations and conversations for monitoring purposes give more information about the client's emotional background at that moment, his/her level of satisfaction etc.

**Sustainability.** A significant aspect of providing effective services is that they are efficient not only "here and now" but also consider the future, such as adapting service to the changes in clients' needs, the labour market's needs, employers' needs; making changes to service delivery and accessibility. Only by making modifications to services can organizations guarantee sustainable services for their clients, and this through partnerships and research.

**Early intervention.** The last but not least component of successful service delivery is accessibility of the services for clients as soon as it is possible after the acquisition of a disability or ending of an illness. Practice shows that most efficient approaches and best results are achieved when services for clients are available immediately; the client initially receives the necessary medical treatment and then applies for support services. The sooner the intervention is made, the faster and efficient results can be reached; studies show that the longer a client is unemployed the harder it is to work with their motivation, so, the shorter the period of coming out of employment the higher the opportunities are to re-enter into the labour market.

## Challenges

Challenges are an additional opportunity for development that can highlight the elements of provision, legislation, communication, cooperation and so forth that should or could be improved.

Below are summarized some challenges organizations are facing. Most challenges mentioned by the organisations that provided information about their practices are common to people with disabilities entering the labour market for the first time and those re-entering.

**Financial support – the poverty trap.** Some people may be financially worse off if they would get a job compared to the benefits they receive from government due to their health issues/disability or those they receive by being unemployed. This can be demotivating, and they might not see the value of engaging in a service that could help them to find a paid job.

**Employers.** Unfortunately, there is no one effective way to connect employer and service users. Each organization that is struggling with this issue does their best to motivate employers to be open to the employment of people with a disability and to be socially responsible but there is still a problem with disability stereotypes in society, and therefore also from among employers.

*EPR has developed an online guide to building relationships with employers which provides ideas, recommendations and good practices in this area that service providers can draw from<sup>3</sup>.*

**Psychological and social issues.** Usually (besides health issues) these are issues that need to be overcome so the client can become more self-confident and encouraged enough to apply for a new job. Before starting a new page in a client's life, they may need to get over different barriers such as fear of change, lack of confidence, worries, lack of motivation. This implies the need for a multidisciplinary team to support people in all areas needed. This dimension might be a greater challenge for people returning to work, as they need to come to terms with the fact that they might not be able to do the same job or pursue the same career.

**Budget.** Many service providers report that the government funding is either insufficient for the service to be as effective as it could be and or that more people could be supported if the funding were higher.

**Legislation** that doesn't have enough instruments to motivate employers to hire people with disabilities. State legislation could include certain criteria that would support the employment process of people with a disability by making this as 'normal and constant' on the government level. Until then the whole process of employment is based on the organisations' shoulders, courage of specialists and 'voluntary will' of employers.

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<sup>3</sup> EPR Toolkit on Partnerships with Employers, <https://www.epr.eu/publications/epr-toolkit-on-partnerships-with-employers/>

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## Recommendations for policy

Below is a summary of recommendations for improving legislation and possible government support to facilitate and support the active inclusion of people with disabilities into the labour market.

**Funding.** To provide quality and timely services it is important to have permanent funding from government (or any other source). Some of the programs described in the study are funded by the European Social Fund. Because of the UK exit from the European Union, there is a risk that funds might not be available in the future to provide services in the programme run by Cedar Foundation.

To ensure sustainable and accessible services, funding from the state budget in the rehabilitation sector; social investment in rehabilitation services at all levels (medical, social, vocational rehabilitation).

**Quality of the services.** Regulators should act to ensure vocational rehabilitation and other support services are provided to a high quality. One way is to require the implementation of a quality system or achievement of certain standards of quality, such as the European Quality in Social Services (EQUASS)<sup>4</sup>.

**Social protection systems.** There is the need for a close study of, and work to eliminate, known and hidden poverty traps in social protection systems that sometimes hinder access to work. Ensuring adequate benefits can compensate for people with disabilities who cannot work full time. Labour laws and related programmes should allow and prompt the regular labour market to be more open and flexible to people's evolving needs and heterogeneous working capacities. This includes designing mechanisms allowing flexible means to transition between different forms of employment being it sheltered, supported or mainstream.

**Pathway for legislation development.** Legislation should be co-produced, evaluated and improved with the involvement service users, service providers, policy makers, funders and public employees.

Policy makers should support employers, and especially small and medium sized employers, to encourage the co-production of policies based on the active involvement of persons with support needs.

**Social enterprise.** Social enterprises employing people with a disability, particularly work integrating social enterprises, should be supported and good practices shared, particularly in terms of inclusive work environments, training and career development and transitions to the mainstream labour market.

Funders and policy makers should ensure that tailor-made and specialised support services are available at an “**early intervention**” stage but also during employment, supporting the employee and employers. Supported employment as a model should be promoted.

**Workplaces.** Policy makers should consider the promotion of initiatives to incentivise and support employers to hire people with disabilities. Funding must be available for workplace adjustments and reasonable accommodation

**European Disability Rights Strategy.** The European Commission should ensure that employment and work integration of persons with disabilities is a high priority in the upcoming European Disability Rights Strategy for 2021-2030 and take account of the recommendations above.

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<sup>4</sup> <https://equass.be/index.php>

# Detailed information about the programmes

Following you will find the full descriptions of the practices collected from members of EPR.

## Northern Ireland, The Cedar Foundation

### Factbox

- **Mission:** To support individuals living with a disability and their families to live the lives they choose.
- **Foundation year:** 1941
- **Legal type:** Voluntary sector organisation and company limited by guarantee and registered charity not statutory organisation
- **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:** Approximately 500 in the whole organisation with around 15 Brain Injury Case Officers working in Inclusion Works service
- **Annual turnover:** Approx. € 14M
- **Average number of service users in the whole organisation:** 2,500 supported by the whole organisation employability sector, 200 with Acquired Brain Injury (ABI) within Inclusion Works
- **Geographic area of activity of the organization:** Whole Northern Ireland (6 counties)
- **Target group / service users:** 16+ Inclusion  
Works supports adults with a physical disability, those with a diagnosis of Autistic Spectrum Disorder (ASD) and Acquired Brain Injury

## Inclusion Works

by Employability Services within Cedar Foundation, for people with physical disability, Autistic Spectrum Disorder and brain injury

The **main aim is to ensure** that people with disabilities experiencing exclusion and inactivity have **equality** of opportunity and choice **for inclusion and economic activity**.

Inclusion Works supports adults with disabilities to build employability skills and experience to be work ready, then move into a paid job, a college course or a volunteering role on leaving. Specialist physical disability, ASD and brain injury support is available and tailored to each individual and their needs. Inclusion Works is person-centred, encouraging and supporting individuals **to design** their own **programmes around their needs** and aspirations, **building confidence and independence**. Following initial assessments, participants build an **action plan**, drawn from a menu of choices to address their personal barriers and agree solutions to meet their employability and inclusion goals. Inclusion Works offer goal-directed intervention to support participants to progress from the service when they have achieved their goals.

The **Case Officer** carries out the goal assessment process by **carrying** out a **structured interview** using the Engagement Form, a Rickter baseline interview and a Positive Risk Assessment the Case Officer meets with the participant to agree the Action Plan normally no longer than 4 weeks after the start date. Goals/activities recorded on the Action Plan can be claimed as an outcome on leaving.

Throughout the participant’s programme the Case Officer updates the Action Plan in agreement with the participant as they progress with goals, and as further vocational profiling, review, or risk assessment information is gathered.

**Outcomes:**

The aim is for at least 70% of participants to achieve their individual goals and make a positive progression. Positive outcomes can include employment, further education and training, voluntary work and/or community inclusion.

The aim is for at least 10 % of participants to progress to paid employment.

<p>Informing / procedure to become a client</p>	<p>The Health and Social Care Trusts (HSCTs) are the key partners in delivering Inclusion Works and are the main referral agents. All match funding is commissioned through service level agreements with the 5 HSCTs in Northern Ireland in response to their local commissioning priorities as an integral part of their service delivery pathways. The pathway into the service for people with ABI is normally via the local HSCT’s Community Brain Injury teams. People can also self-refer to the service and other referrals come from jobs and benefits offices, GP’s, charities and workplaces. People can find out about the service via a website, Twitter and Facebook, the service also has leaflets.</p>
<p>Service’s start after the disability is acquired</p>	<p>The time at which the service intervenes with the service user can vary. A typical case following an ABI, the service user accesses their clinical rehab pathway in hospital where they may have surgical intervention and is then referred to a community brain injury team and then Inclusion Works becomes involved. Other referrals to the service can include someone who has an ABI and is already in work and is struggling to maintain their employment.</p>
<p>Continuity / integration between services</p>	<p>Each person has a Case Officer who links with other services including health care workers. Usually a Case Officer works with 10 participants with ABI.</p>
<p>Staff and Resources</p>	<p>Resources vary depending on location, there is a specific premise where service users can meet with Cedar Foundation specialists, all staff have laptops and see people on the premises or in community venues. The organisation provides specific training with ABI training materials and packs and has ICT equipment for participants including iPads.</p>
<p>Duration</p>	<p>Client can participate in the service for up to 2 years with contact and support maintained for one year after the programme has ended.</p>
<p>Budget</p>	<p>The service is funded by the European Social Fund Programme 2014-2020 and the Department for the Economy Match funded by all 5 Health and Social Care Trusts and the Department of Communities. Funding for the service is guaranteed to 2022. Cedar Foundation is involved in a sectoral campaign to ensure continuity of funding beyond this period. There is no co-payment required from participants.</p>
<p>Partners</p>	<p>Partners of the service include employers, training providers, Colleges of Further and Higher Education, Universities and other community and voluntary sector organisations</p>

Other stakeholders	Other Stakeholder include Health and Social Care teams, families, carers, community organisations and other Cedar services.
Information campaigns	<p>An employment engagement strategy and action plan is in place which guides in developing relationships with employers. Staff actively seek out new employers to work with by making direct contact with them and networking.</p> <p>The organisation has information to provide including factsheets, disability awareness training including ABI specific training. When working with new employers Cedar Foundation provides this training and now it can be done online. Advice and guidance is given to employers on individual placements, if setting up a service user with a specific employer, the organisation communicates employer's needs. The service supports companies to comply with disability regulations. They find that promoting benefits of including people with disabilities, increases staff morale and how they are perceived in the corporate world, they support with trying to dispel misconceptions about employing disabled people.</p> <p>Cedar Foundation sponsored the Best Disability Initiative Award this year as part of the Annual Northern Ireland Equality &amp; Diversity Gala &amp; Awards for Employers.</p>
Repeated service accessibility	<p>If people lose their job, they can re-join the programme if this is necessary but in some cases the person may have skills and resources to do it alone. There is no regulation preventing re-engaging in the programme.</p> <p>The organisation can also provide support through other Cedar Foundation's service such as Workable (NI) to help people retain their jobs.</p>
Monitoring	<p>Monitoring is provided 1-year post follow to all participants unless they request not to be contacted.</p> <p>Phone call follow ups are made every six months.</p>
Direct and wider impact	<p>Some benefits that service users gain from the service are qualifications. The service monitors soft outcomes using a measurement tool called the Rickter scale. The main focus of the measurement is on employability and inclusion, the tool is used at start, middle and end of the persons' journey.</p> <p>It is a self-assessment tool. The goal of the service input is that the person is more insightful into what they want to do and how to get there.</p> <p>All staff are accredited practitioners to ensure correct and consistent implementation. This allows The Cedar Foundation to co-produce personally relevant rehabilitation and personal development goals and track progress from the perspective of the individual experiencing the service. During the last 2 years of service delivery 91% have reported progress on targeted skills that build personal capacity and resilience in living with complex disabilities when they were ready to exit the service.</p>
Success factors	<p>Fundamentally the main success factor is use of the person-centred approach which involves completing an individual action plan for each person. Each person has a Case Officer, and the action plan is built around the individual, and involves supporting people at different stages.</p> <p>One success factor is local knowledge and partnership with training organisations colleges and local community. In general, the service taps into opportunities as close to home as possible to the service user. If this is not</p>

	<p>possible the organisation helps to identify opportunities elsewhere and support the participant to access these.</p> <p>Often, it's the smaller companies embedded in the local community that become involved in providing employment opportunities. Often the context of the person is very important.</p>
Dialogue with policy makers	<p>The service has a strong relationship with policy makers. The service tries to effect change by demonstrating through change, influence strategy and policy that way, develop services and push them through, breaking down barriers. It has been found that in the past things were more segregated, now it's better with a move towards more integration within the community. Now there are people with more complex disability coming through and the organisation is working with service users with ASD.</p>
Adaptation for other countries	<p>It is felt that the model of person centeredness and partnership working is transferable to other counties and that third sector organisations can bridge the gap that statutory health and social care sector cannot fill.</p>

*Future development will focus on employer engagement. Currently with lockdown measures the service is developing remote training. Also, the service is working on skilling people up, and engaging companies with online disability awareness training. We have noticed some older ABI clients have difficulty engaging with the move to IT. And we are developing capacity building support to help overcome this.*

## Belgium, Institut national d'assurance maladie-invalidité

### Factbox

- **Mission:** To guarantee access to health care for all people covered by the social security system and managing compensation in case of work incapacity (incapacity benefits).
- **Foundation year:** 1964
- **Legal type:** Governmental agency
- **Principal area of activity:** Health care coverage and work incapacity benefits through Social Security
- **Total number of employees:** 1200
- **Average number of service users in the whole organisation:** For health care, all people covered under the social security system (99% of the population in Belgium).
- **Geographic area of activity of the organization:** National level
- **Target group / service users:** For health care, all people covered under the social security system. For work incapacity benefits, all private sector's contract employees and self-employed workers.



## Individual Placement and Support (IPS) pilot project

by the Quality & Research Unit (Work Incapacity) of the Disability Benefits department of the NIHDI for people in work incapacity due to mental health disorder (moderate to severe)

This study is a pilot project. The design of this research is a Randomised Control Trial (RCT) launched in 2016 and studies 1200 individual reintegration interventions. 600 people are included in IPS methodology (**place-then-train**) and 600 others follow a usual return to work program (care as usual) (train-then-place, control group).

The study is divided in 3 phases:

*Phase 1.* Partner engagement and program construction, in relation to the Belgian context (structurally). Identification of barriers and facilitators. This step was completed in 2017.

*Phase 2.* Launching. Completed in 2018.

*Phase 3.* Monitoring and evaluation (ongoing).

There are approximately **23 job coaches** involved with a maximum of **20 clients** per 1 job coach.

With the “care as usual” the medical advisor sends the client to a regional employment service in order to get support. This support is temporary and focuses on the determination of a professional project and the trainings needed. The follow-up is minimal and is time limited.

The IPS methodology is a client-centred approach based on the individual situation of the client. The **support is** much more **intensive** and there is **no time limit**. Job coaches and clients immediately seek competitive employment. Job coaches are proactive in **contacting employers** and **build long-term relationships with them**.

This study will help to understand what **types of support** are most appropriate **to help** people with mental health problems in finding suitable employment. This will support equal access to employment for all.

<p>Informing / procedure to become a client</p>	<p>Medical advisors select clients based on inclusion criteria, clients who do not require intensive medical support. To avoid bias, clients cannot choose if they belong to the intervention group or to the group receiving standard care. Medical advisors are not aware if the client will be in the intervention or the control group. Clients cannot apply directly to get this service as now it is a pilot project and therefore not yet implemented.</p>
<p>Service's start after the disability is acquired</p>	<p>Return to work phase. It can be at any stage of work incapacity. It can be from day 1 but in practice usually these are people that are already a significant period away from the labour market and in need for specialised support. The medical advisor together with the client decide on inclusion (free choice of the client is a basic principle).</p>
<p>Continuity / integration between services</p>	<p>The integration of health and employment services is part of the IPS principles. The articulation and synergy of several actors allow this continuity of services. The NIHDI is responsible for this coordination. Several meetings are organized with the stakeholders (for example regional employment services, medical advisors and job coaches) which allow problem solving, monitoring and coordination. Meetings are organised:</p> <ul style="list-style-type: none"> <li>- Monthly NIHDI with the supervisors and the job coaches.</li> <li>- Monthly NIHDI with the supervisors and if needed the researchers also attend the meeting.</li> <li>- Whenever needed with the supervisors by mail.</li> </ul> <p>Furthermore, fidelity review processes were completed several times to harmonize the process across the country and to check the IPS methodology was effectively and correctly applied.</p>

Staff and Resources	<ul style="list-style-type: none"> <li>- Steering committee: NIHDI &amp; research team</li> <li>- Research team: Université Libre de Bruxelles</li> <li>- Supervisors: from regional employment services who share guidelines to job coaches</li> <li>- Job coaches (competences are more important than educational background, therefore several kinds of support are foreseen and coordinated by NIHDI.</li> <li>- Resources are adapted based on the project and the needs of clients.</li> </ul>
Duration	<p>The duration of support is unlimited, depends on clients' needs. The research ends in 2022 (duration of 5 years). For follow-up after 2022 discussions will be done in the future.</p>
Budget	<p>State funding. It can only be guaranteed if the study provides conclusive results on whether this pathway helps people with mental health needs. This is one of the merits of the project: accepting that everything isn't known yet and evaluating whether this type of pathway makes sense in Belgium.</p>
Partners	<p>Partners include, GTB, Article 23, L'équipe, Socrate, regional employment services: VDAB, FOREM, ACTIRIS and the 6 Belgian sickness funds. Employers are not official partners in the project</p>
Other stakeholders	<p>Other partners include medical advisors, general practitioners, vocational practitioners and all other actors involved in the return to work process. Medical advisors are the entry point for the study as they select clients. The job coaches communicate at key moments with the medical advisors to give them feedback. Key moments can be for example when the client starts the project, when the client starts work, the project is on hold due to clinical or social reasons, etc. Contact between job coaches and medical advisors happens at least every 2 months. The doctors such as GP's and/or psychiatrists can support the client, the job coach and the process. Preferably there is close cooperation between them. Vocational practitioners from the regional employment services can help the job coaches when required to support the need for training and in sharing their employers' network.</p>
Network	<p>The project allows the employers to learn from the advantages of IPS, which can help a client to obtain and keep a job. The job coaches are searching (pro)actively for employers through formal and informal contacts. The search for interested employers is not only based on specific cases but also more general. The IPS job coaches provide a close follow-up of their clients and support the employers which represents added-values for all.</p>
Repeated service accessibility	<p>The job coach of a client continues his support throughout the return to work for an undetermined period.</p>
Monitoring	<p>Follow-up should normally be of indefinite duration. Currently, the pilot project only exists for 5 years. The IPS methodology could be implemented afterwards.</p>
Direct and wider impact	<p>The first results will be in 2021. The main hypothesis is that the clients with moderate or severe mental health needs having an IPS coaching will have a faster, more sustainable and</p>

	<p>qualitative return to work. Another hypothesis is that the service user's quality of life will improve. Macro-economic data will be considered and analysed to understand the impact on the Belgian social security.</p>
Success factors	<p>A sustainable return to work for the client.</p>
Dialogue with policy makers	<p>The steady increase in the number of individuals on sick leave represents an added financial pressure on government and insurers' expenditures. In a policy-making context, it is therefore important to identify the cohorts more at risk of spending longer periods away from the labour market. Mental health is involved in one third of these cases. That's why the Belgian government decided in 2016 to take several measures (including research financing) to reverse the trend. Thus, the project is directly linked to the willingness of the public authorities to move forward in this area.</p> <p>Relations also exist with the administrations of other branches of social security. If the results are positive, the aim will be to strengthen this cooperation so that people can be supported throughout their lives, regardless of their social status.</p>
Adaptation for other countries	<p>Several scientific publications show positive results (cost-effectiveness) in USA, UK, NL, CAN, etc.</p>

*Since the results of the research will be positive, there is a possibility for future developments.*

## Spain, Fundación Ramón Rey Ardid

### Factbox

- **Mission:** Rey Ardid is a group of organizations that develops activities aimed at the attention, care and integration of vulnerable people, generating services and facilitating environments of greater personal autonomy, through efficient management of available resources and based on the person-centred care model.
- **Foundation year:** 1991
- **Legal type:** Foundation
- **Principal area of activity:** Inclusion of vulnerable people
- **Total number of employees:** 1,511 employees corresponding to: 120 employees in mental health, 875 employees in elderly care, 60 employees in training and employment, and 456 employees in Emprey (social enterprises).
- **Annual turnover:** 46.91 million corresponding to: 5.75 million in mental health, 30.20 million elderly care, 1.78 million in training and employment, and 9.18 million in Emprey (social enterprises).
- **Average number of service users in the whole organisation:** 5,810 people corresponding to: 521 people cared for in mental health, 2,081 people cared for in the elderly, 3,094 people cared for in training and employment, and 114 people cared for in Emprey (social enterprises).
- **Geographic area of activity of the organization:** National (different regions: Aragón, La Rioja, Valencia).
- **Target group / service users:** People with mental illness from 18 years old, people over 65 years old, immigrants, people in social exclusion and people with disabilities from 16 years old.

## Programme for people with a disability

by the Training and Employment Department of Fundación Rey Ardid, for people with any kind of disability

The Monitoring-Employment project's main **goal** is to socially **insert** people with disabilities **into the labour-market**. To accomplish this goal, the employment consultants of Rey Ardid design a **personal intervention plan** for each participant. It is personal because the employment consultants make sure to adapt the plan to the needs, motivation and abilities that each person has or wants.

**Step 1.** When people come to the employment agency, foundation's specialists **interview** them to know what type of job they are searching for. In this interview it is valued if the person can participate or not in an employment program. In this case, if it is some with a disability, they get an offer to participate in Monitoring-Employment project.

**Step 2.** In a second meeting Social Workers and Labour Consultants, **diagnose** the needs and motivations of the people with disabilities interested in the project. Together with the client's different obstacles are analysed and main targets to work on during the intervention are identified.

**Step 3.** In the next meetings, the foundation's specialists **work on** service users' **social ability skills** to help them integrate in work groups, by developing group workshops to improve their labour and social skills. On the other hand, in the individual monitoring sessions, the labour professionals work on individual skills, the improve their curriculum, etc.

**Step 4.** When the person is ready to enter a labour offer, because he or she has completed the itinerary with his or her professional labour consultant, Fundación Rey Ardid works as an

**intermediary** between the person with disability and the enterprise that is searching for a new worker. Fundación Rey Ardid has Special Job Centres where the client could be hired in the Monitoring-Employment project, as in other local Special Jobs Centres. The idea is to socially **insert** people with disabilities **in companies** that do not have a special work program for people with disabilities, but if the circumstances of the person whom we are working with needs these types of centres for the social inclusion, we offer then this alternative.

*Step 5.* Once the person **gets a job**, the foundation still **monitors** them whilst the support is needed. This monitoring can continue between 6 months and 2 years.

<p>Informing / procedure to become a client</p>	<p>People can find about the programme through the foundation's website and on Social Media.</p> <p>Other ways to find out about the programs is through other institutions: Medical care, Social Services, etc. Fundación Rey Ardid is known in Social Enterprises through its wide intervention with people with disabilities, 28 years of experience in this area.</p> <p>The programme is for anyone with a disability. People can register with the Employment Agency through an on-line site or by asking for an appointment with one of foundation's employment consultants.</p> <p>Both options end up with a physical appointment with a short interview, about 30-45 minutes, where the professional analyses the work profile of each person, in order to help them find a job or to improve their curriculum. If the person is interested, after this first intervention, they are asked if they are interested in monitoring programs that are aimed to help people with disabilities to find a job or to improve their job skills to have more opportunities.</p>
<p>Service's start after the disability is acquired</p>	<p>This programme works for people that have been recognized by the government as having a disability, or people who have a disability but are not recognized by the certificate issued by the government.</p> <p>People can access the programme at any point in their lifetime or diagnosis.</p>
<p>Continuity / integration between services</p>	<p>By taking care of the quality of the intervention with each person, gaining their confidence and keeping them motivated to find a job.</p> <p>Clients continue to have individual sessions to get help to find a job. It could be in Special Job Centre or it could be in another enterprise, e.g. GRUPO EL SOL, Flores Narvona, Adecco, Arapack, Centro Especial Empleo Aneto, CEE Oliver, etc.</p>
<p>Staff and Resources</p>	<p>9 employment consultants 2 personnel selection 4 monitoring offices 1 staff selection office 1 workshop class</p>
<p>Duration</p>	<p>1 year</p>
<p>Budget</p>	<p>All projects from the Employment Department are co-funded by public and private funders such as the Regional Public Employment Agency; Municipalities, National Ministries, private enterprises, Banking Foundations, ESF, etc.</p>
<p>Other stakeholders</p>	<p>The Project has several stakeholders such as the enterprises who are looking for employees; users' families who can see the improvement of</p>

	<p>well-being and autonomy of users; other associations working in Employment projects in order to exchange best practices; and several networks at regional and national levels related to Employment and people with disabilities (such as Aragonese Association of Insertion Companies; Spanish Committee of Representatives of People with Disabilities; Aragonese Entrepreneurs Confederation).</p>
Awareness	<p>Internal general Training is implemented in the organization and provides awareness and knowledge about needs and problems that people with disabilities can have in their job. This Internal Training is for every worker of Fundación Rey Ardid, with or without disabilities.</p> <p>This is an annual process organized by the organization and public funds. This internal training is provided by experts for the rest of the staff. For example: How to interact with someone who is having a mental health crisis.</p>
Repeated service accessibility	<p>Once the person finds a job but later one loses it or wants to find something better, they can contact Fundación Rey Ardid and ask for an appointment with their labour consultant and start a new plan to find a better or an alternative job.</p>
Monitoring	<p>Monitoring is provided always when the person asks for it. The monitoring sessions do not have a final deadline. If the person still needs the monitoring sessions or wants to participate in a group workshop, they can always ask for it from Fundación Rey Ardid's Employment Agency.</p> <p>The Foundation can recommend them to continue with the monitoring sessions, but this is an individual choice.</p>
Direct and wider impact	<p>During 2020 the foundation worked with 80 people with disabilities during this monitoring program, and 60% of them have found a job.</p> <p>Labour insertion is shown to improve people's self-confidence, especially people with disabilities.</p> <p>Foundation's specialists register all the improvements in a data base, which interventions and improvements the person has made during their intervention are documented.</p>
Success factors	<p>The Foundation service has a high rate of labour insertion and the feedback that is received from the people who form part of these programmes is very positive. They also provide Fundación Rey Ardid with a lot of suggestions on how services can be improved for future projects. Which is very helpful, and the foundation usually gets this information from quality surveys that are given after each workshop.</p> <p>All workshops where clients work in groups with other people to improve their social skills are efficient. Also, the need for personal and individual interviews and monitoring sessions has been found very important.</p>
Dialogue with policy makers	<p>In the entity's governance structure there are representatives of administrative entities (policy and Public Service's representatives) who exercise their functions, insofar as they have political representation. In addition, the entity participates in entities of sector representation: CERMI (Spanish Committee of Representatives of People with Disabilities); Network for the fight against exclusion (EAPN European antipoverty</p>

	network); PADIS (Representatives of Companies of People with Disabilities); Aragonese Coordinator of Volunteering. Foundation's specialists explain the needs of the social sector on Regional level to the policy and Public Service's representatives.
Adaptation for other countries	The service is possible to adapt and implement in other countries' practice.

*All people who participate in these programs or similar to them, have the option to enter into other projects to improve their labour and career goals, can still be beneficiaries of the Employment Agency and still receive labour orientation from Foundation's professionals.*

## 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:** 504
- **Annual turnover:** € 26M
- **Average number of service clients in the whole organisation:** 11 440
- **Geographic area of activity of the organization:** Flanders/Belgium
- **Target group / service users:** working age (17-65 y.o.); all types of disabilities or health problems where there is a need for greater or alternative coaching as regular public employment services or job coaching organisations can foreseen

## We Go to Work, outreach to inactive people due to a disability and/or health problem

by GTB-outreach coach that is active in care teams who deliver rehabilitation services, for inactive persons of working age in a rehabilitation program or activity/day care centres and with no direct perspective on return to work

Apart from specific medical diagnosis (chronic pain - physical rehabilitation - psychological vulnerability - oncology – rheumatism etc.), GTB see processes of coping by the patient in the field of pain, fatigue, loss of concentration and memory and psycho-social difficulties. Clinicians coach these coping processes by relating to dreams and fears to achieve maximum quality of life. Too little is the domain of "work" involved in this coaching; nevertheless, the perspective on workable work can have important therapeutic effects because

the patient has more self-confidence and more social contacts. This strengthens the person's motivation to focus on rehabilitation and to take back control of their quality of life.

It is precisely on 'whether or not to work' that patients, practitioners, employment mediators, employers, advisers and doctors are at risk of falling into dogmas. Work is all too often an all or nothing story (and only starts after rehabilitation), while by providing insights and inspiring coaching, the patient (already at the start of inactivity) can gain perspective on reasonable adjustments, learning opportunities, growth jobs, job crafting etc. The patient **acquires insights** by objectifying their possibilities and capacities, by examining what they really dream of and what prevents them from going for this, knowing about support options. By properly documenting this at the right moments in the treatment and by focusing on strong mutual communication - in which the customer is central - all actors achieve supported treatment goals and results in job coaching and mediation. The advisory and occupational physician have a documented treatment file in which job (re)integration is a topic so that they become partners in the process instead of remote decision makers.



*(In the picture: the doctor – specialist in the treatment of pain, a physiotherapist and the GTB-coach are planning a care-action plan with coping to work elements at one of the hospitals in Antwerp (ZNA).*

With the outreach project, GTB aim to **reach patients** in the phase 'before they are ready to take steps to work' and we go for collaboration / interaction with GTB and the treating hospital team. Due to the outreach project, the GTB-outreach worker is present in the team, bringing the perspective on work into the treatment goals and sets up inspiring coaching with patients to this end. Conversely, practitioners, together with the patient, provide the GTB employee with these insights that are important to make decent working feasible. GTB systematically improve quality of action by measuring outcomes quantitatively and qualitatively. GTB's impact analysis is based on the Theory of Change, the Self-Determination Theory and the insights on New Authority.

A **We Go To Work worker** is a seeker, inventor, divider and doer. Someone who **dares** to "jump" together with the customer, together with the partner organization and together with the We Go To Work colleagues. A We Go To Work worker thinks and acts "**outside of the box**". They are knowledgeable in regular mediation work of GTB and are a specialist in IPS work (Individual Placement and Support) and at the same time can use their professional knowledge with some reluctance and hesitation.

A We Go To Work worker **feels** a strong bond with GTB and enjoys working embedded in, together with and from a partner organization. They quickly "**sense**" the expectations of a partner organization, manages to **behave** accordingly and combines this with the heart and soul of GTB and the We Go To Work assignment.

An outreach methodology is based on: The Theory of Presence / Baert; Solution based coaching /Korbinsky; New Authority /Hame; The ICF-coreset on job integration/WHO\_VDAB. The Supported Employment Principles/EUSE.

Procedure to reach a client

At outreach GTB, the worker meets the client in their context, so instead of the client having to come to GTB's job mediation offices they go to client at their rehabilitation hospital, day care or activation centre, at home etc. It's very important that 'work' comes as quick as possible in the form of the rehabilitation process, so the GTB-outreach worker becomes part of the care-team and together they organise individual or group information sessions about possibilities and make a work recovery action plan. Peers are actively involved in the outreach actions.



<p>Service's start after the disability is acquired</p>	<p>Returning to meaningful work as quickly as possible is an important element of quality of life. Statistics shows that after 4 months without employment only 40% of people return to work. GTB actively invites persons in rehabilitation to reflect on work-possibilities and help to bring their goals into the rehabilitation process.</p> <p>There is no standard time period the client is asked by the care team to reflect on return to work actions. By being 'present' as much as possible the GTB-outreach worker supports the service user with his/her internal motivations. Strengthening the internal motivation is a key point for the success of the rehabilitation. Being 'present' is an active process of the GTB-outreach worker through actions such as:</p> <ul style="list-style-type: none"> <li>- Open information access points to talk about work.</li> <li>- Group session on return to work.</li> <li>- Storytelling information about return to work on the internal television channels.</li> <li>- Individual coaching possibilities on establishing personal return to work action plans.</li> </ul>
<p>Continuity / integration between services</p>	<p>Between GTB and the care organisation there is a signed agreement with clear defined objectives, the input of staff and a project steering committee in each of the 5 Flemish counties. GTB puts efforts into learning circles and will do an impact-evaluation. Based on costs/benefits calculations we can presume our stakeholders (the public authorities on unemployment benefits and sickness benefits) to invest in outreach-programs.</p>
<p>Staff and Resources</p>	<p>1 FTE 'outreach staff' can reach about 200 potential clients per year in outreach and guarantee that 15% of them take active steps to work by following a VET-course, a workplace training and reach paid employment.</p> <p>As the activities take place on the locations of the care provider no additional infrastructure is needed.</p>
<p>Duration</p>	<p>The maximum duration 'outreach' is 2 years.</p> <p>The outreach service is a mixture of information, individual coaching and group empowerment sessions. All these actions take place at health-welfare locations in which the client is already active. On average at each location the GTB job coach is 350 hours/year available and uses 100 hours on individual coaching, 100 hours on group information and activation (10 months/year – 3 sessions/3 hours), 100 case and team consultations, 50 hours' administration/preparation. It depends on the individual needs of the clients if he joins more the group sessions or needs more individual coaching.</p>
<p>Budget</p>	<p>The outreach program is 80% financed by the ESF and 20% by the partners themselves. Service users pay nothing to join the outreach activities. The ESF-budgets are guaranteed until the end of 2022. A cost/benefit analyse must show the financial benefits for society and convince the public authorities to invest.</p>
<p>Partners</p>	<p>18 hospitals with rehabilitation units and pain clinics which include 2 university clinics. 7 outpatient welfare centres and more than 10 activity centres involved in mental health rehabilitation. GTB is a promoter of the 5 regionals partnerships.</p>
<p>Other stakeholders</p>	<p>The public employment service (VDAB) participate actively in the 5 regional project steering groups. The social partners and user-organisations are present on the board of GTB and stimulate the outreach-program. 85% of the GTB-staff are willing to employ their service outside the local job shop. In 2 regions</p>

	<p>mutuality's / sickness insurance companies are partners and can be an influencer on the National Social Security Agency (RIZIV/INAMI).</p>
Information campaigns	<p>Employers are not directly involved in the scope of the outreach project. GTB use the Talentoscope service model to reach employers, so that each employer interested in diversity on their work floor has the guarantee of a SPOC (Single Point of Contact). By promoting the We Go To Work project to care partners GTB facilitates the job integration as the care providers can count on specialists in job-mediation and in networking with employers.</p>
Repeated service accessibility	<p>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.</p>
Monitoring	<p>The GTB outreach coach is active in the 'care team' of the rehabilitation service as well as in the job mediation team. So after the outreach program the trainee can access the GTB-mediator as his coach. GTB try to ensure that this is the same person but certainly the service is based in the same team. It can be guaranteed that if necessary the monitoring can be provided systematically for 18 months after the outreach-program. Above that GTB provides after care for at least 2 years after the end of the mediation.</p>
Direct and wider impact	<p>To gain a paid suitable job is a significant boost to the quality of life of the trainee. Also, society benefits if the employment rate is high, in Flanders the target is 78% activity rate and to realise 45% activity rate for persons with a disability. For the outreach project it must be guaranteed that 15% of the contacted persons will make further steps towards employment. Currently it's too early to measure the outcomes.</p>
Success factors	<ul style="list-style-type: none"> <li>- Bringing in the focus on work in an outreach way within the recovery process.</li> <li>- Converting theoretical insights on outreach into practical tools for field workers and job brokers, including from the theory of presence - new authority.</li> <li>- The use of experiential expertise in drawing up action plans and empowerment group processes.</li> <li>- Realizing good monitoring to arrive at policy recommendations. What are the main barriers that prevent steps to work and how can we respond to this?</li> <li>- Strengthening the ICF as a bio - psycho - social thinking and language framework across the sectors work - care - welfare.</li> <li>- Let care and welfare counsellors connect with the focus on work and job placement.</li> </ul>
Dialogue with policy makers	<p>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.</p>
Adaptation for other countries	<p>In Flanders there is a unique organisation structure. GTB is the largest organisation for job mediation for people with a disability or health problems and works with a connection with the public employment service VDAB. So, the</p>

welfare or care organisations don't carry out mediation actions with employers. GTB offers employers a SPOC so that the inclusion in the labour market is well organised. An employer is not reached by a lot of job mediators asking to solve problems. On the contrary GTB uses their knowledge with healthcare providers on what competences are asked by employers and how both can act on building the capacities of a jobseeker of a worker.  
This model can be integrated in other countries.

*Now GTB is creating a duo partnership between the GTB-outreach coach and the care partner. Future developments include:*

- Group modules for learning offered across the organizations, so that rapid starts and smooth regional distribution is possible.*
- There is a central platform for video calling so that online (group) coaching is possible. The participants who are not skilled in video calling have.*
- Using custom apps / new technology to improve the work and quality of life of the customers.*

## Netherlands, Heliomare

### Factbox

- **Mission:** Heliomare provides professional attention in the areas of labour integration, education, rehabilitation, exercise and sport, so that people can continue to live independently for as long as possible. Heliomare also organizes vocational training courses and helps people to reintegrate.

Working towards the future Heliomare wants people who need help now to be able to get the professional guidance they need, so that they can think of a future again. Heliomare continuously invests in research and innovation to offer its clients the best support.

- **Foundation year:** 1932
- **Legal type:** NGO / medical rehabilitation centre
- **Principal area of activity:** labour integration, education, rehabilitation, exercise and sport
- **Total number of employees:** approx. 1 600
- **Annual turnover:** € 70M
- **Average number of service users in the whole organisation:** 3000 client contacts a week
- **Geographic area of activity of the organization:** Heliomare has approximately 40 locations throughout the province of Noord-Holland and Zuid-Holland
- **Target group / service users:** physical/complex disabilities including Traumatic brain injury.

## Early intervention in vocational rehabilitation

by Vocational rehabilitation department, for 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 chronicle multifactorial problems

The early intervention service **is aimed at** individual **support** and drawing up a **rehabilitation programme** in consultation with the company doctor and the rehabilitation specialist. Within one week after the consultation by the rehabilitation specialist, the client will have an appointment with a **multidisciplinary team**. Here the **Quickscan procedure** will serve as an instrument of evaluation. This Quickscan, a screening procedure, will consist of a multidisciplinary intake, according to protocol and standardized, *(In the picture: group session)*



questionnaires and measurements of the person involved. The Quickscan is composed of various sub examinations and is administered by professionals, namely a rehabilitation specialist, a psychologist, a physical therapist and a vocational rehabilitation counsellor. The objective of the multidisciplinary assessment is to give an answer to the question whether the rehabilitation can be **accelerated** by means of a labour-specific intervention.



When the examinations have been executed, the rehabilitation specialist and the examiners will confer the matter, each from their own discipline. In this question will be answered whether a **labour-specific intervention** is indicated **or** whether the person involved needs **additional treatment**.

The data of this qualitative intake will be converted into a final report by the case manager. The outcomes of this screening will serve as a basis for assigning interventions for service users advising them within the rehabilitation process. When the examiners think the person involved is indicated for a labour-specific intervention a **proposal** is made **to the company doctor**. The proposal consists of the **findings** of the examinations and the **objectives** of the advised labour-specific intervention. The proposed programme and *(In the picture: physical examination)* the advised interventions are discussed with the rehabilitation specialist and the company doctor.

Mostly the labour specific interventions consist of a work hardening program in which physical training and psychosocial coaching are centralized. After mutual consultation the rehabilitation plan is discussed with the client and employer and is implemented when approved. A **case manager** coaches the entire process and they are in touch with the employer. Whenever advice is asked for or interventions need to be realized the case manager will **support** the process. For those clients who have additional needs e.g. clients with communication/cognitive difficulties we actively engage family members in the consultation.

### Informing / procedure to become a client

The service user becomes informed through the consultation with the company's doctor, Heliomare's website, through the Internet or social media.

Service users can be referred to the service by their employer / General Practitioner or other health professional.

Inclusion criteria includes being 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 chronicle multifactorial problems.

Once the client is referred, there is no waiting list. The targeted time for intervention once the client is referred is 5 days.

Service's start after the disability is acquired	People can access the service as soon as possible after acquiring a disability.
Continuity / integration between services	<p>Early vocational rehabilitation reduces social exclusion for the unemployed. Early intervention will prevent the chronicity of complaints and as a result less claims will be laid to the budget of the care system.</p> <p>Aims of the program are prevention of long-term sick leave, to determine health care or vocational rehabilitation, reduce medical treatment and medicine use, reduce social benefits and social costs.</p> <p>The strategies Heliomare uses to ensure integration between different services are direct contact by phone, emails, physical meetings and online meetings.</p>
Staff and Resources	<p>Staff of the program include a rehabilitation doctor and a multidisciplinary team of professionals in the domains of physical, psychological and reintegration.</p> <p>Training facilities include counselling rooms, space for training groups and medical fitness.</p>
Duration	10 -15 weeks, 8 hours a week
Budget	The service user's healthcare provider or health insurance funds the program along with part funding by the service user's employer. If a service user does not yet have employment only the service user's healthcare provider or health insurance funds the program.
Partners	The vocational rehabilitation project has been recognised as a success story in The Netherlands. The network works with Fit for Work (NL/EU) and consists of 9 rehabilitation centres with 17 locations spread out through The Netherlands.
Other stakeholders	Stakeholder include employers, company doctors, rehabilitation team (Rehabilitation doctor and a multidisciplinary team of professionals in the domains of physical, psychological and reintegration) and case managers.
Information campaigns	<p>Vocational rehabilitation training and reintegration information.</p> <p>Information sessions about several important re-integration subjects (coping, physical information, re-integration information and law specific information).</p>
Repeated service accessibility	Clients can apply for services even after receiving it once and everyone gets an information book.
Monitoring	<p>Monitoring is provided for 3 months.</p> <p>At 6- and 12-month questionnaires are given and contact with the patients is provided.</p> <p>Once a client finishes the vocational rehabilitation program they are able to contact Heliomare again or access it again in the future if they have further difficulties.</p>
Direct and wider impact	<p><i>Purpose:</i></p> <p>- 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.</p>

- 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 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.

Success factors	Improved mental and physical health, increased self-esteem and independence. Increased work opportunities for the target population. Positive economic analysis.
Dialogue with policy makers	Heliomare's board of directors meet policy makers if necessary.
Adaptation for other countries	Heliomare feel the program is possible to implement in European countries.

*In the future it is planned to develop a service which is more focused on different rehabilitation groups.*

## Latvia, Sociālās integrācijas valsts aģentūra (SIVA)

### 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:** 309
- **Annual turnover:** € 5,7M
- **Average number of clients in the whole organisation:** approx. 4975 including: 3940 social rehabilitation clients, 400 clients for professional assessment, 235 clients for vocational rehabilitation, 250 long-term unemployed clients via State Employment Agency's project<sup>1</sup>, 100 clients for professional assessment via ESF project<sup>2</sup> and 50 clients for vocational rehabilitation (skills training programs) via ESF project<sup>2</sup>
- **Geographic area of activity of the organization:** National level, SIVA clients come from the whole of Latvia.
- **Target group / clients:** For vocational rehabilitation – working age<sup>3</sup> 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 35-40 years, it is possible to have a very different aged group within one study group – right after the graduating school and until retirement age.

<sup>1</sup> ES fund project "Subsidized jobs for the unemployed" Nr.9.1.1.1/15/I/001, the support activity "Professional assessment"

<sup>2</sup> ES fund project "Integration of persons with disabilities or mental disabilities into employment and society", Nr.9.1.4.1/16/I/001

<sup>3</sup>According to Latvian legislation working age starts at 15 y.o. until 63 years and 9 months (2020).

## The Career development support methodology

By the Professional Assessment Department, Jurmala Vocational Secondary School and College, Vocational Rehabilitation Support Department, for persons with different kinds of disability or predicted disability or persons with intellectual disabilities

Starting from the professional assessment, a career counsellor (CC) works with service users to define their interests and needs according to the professional field. At this stage service users discover the most suitable profession taking into consideration their health condition, skills and knowledge. They write down their own Individual career development plan (ICDP) with concrete goals to achieve to obtain a new qualification and a new job. The main goal is divided into several small aims, so the service user can follow them step by step.

- If for some reason the service user is unable to participate in vocational training, then the ICDP can be continued by the service user himself.
- When the service user returns to SIVA for vocational rehabilitation, the ICDP is continued during the studies in cooperation with the CC.

Then, during the studying process the CC works with clients in groups or individually. The main support provided by the CC whilst the client is studying is to: support service users with how to prepare a good CV and application letter, explore available working places to go for an in-company practice, train how to act during the job interview and to be more self-confident. At this stage the CC helps service users to find an in-company practice with an opportunity to have a job after graduation. Service users pass the qualification exam and defend the qualification practice.

After graduation the CC is the one who contacts service users, interviews them about the success at the work place, if needed they help to check and find the most suitable job places and provide CC consultations by phone or one-to-one.

• For clients with mental impairments all basic procedures during career development is the same except the form of CC working (according to the level of intellectual development of a service user). The support is mainly provided one-to-one with the client and in a simpler way whilst maintaining all the principles and rules. All steps, methods and tests are summarised, described and approved in the “Career development support methodology”, this is a manual for CCs on how to work and support service users on the way to integrating them into the labour market.



(In the picture: SIVA career counsellor conducting group work with service users on identifying professional aims)

Below is an outline of the support activities provided by a career counsellor:

- Sum up employer’s offers and/or website addresses for vacancies to the graduate;
- Assists in the preparation of the application letter;
- Provides recommendations for CV improvement;
- Provides support in preparing for a job interview;
- Provides information on further education opportunities;
- Provides information on subsidized job activities and services for people with disabilities.
- Motivates, encourages and provides other necessary support as needed.

Graduates of the educational programs “Accounting and Taxes”, “Hotel Service Organizer”, “Computer Systems, Databases and Computer Networks”, “Catering Services”, “Computer Use”, “Floristry Services” and “Commercial Science” have become more active in the labour market.

As of 2019, 58% of vocational rehabilitation clients / graduates have found a job as college graduates.

Informing /  
procedure to become  
a client

*First step.* Potential clients are informed about the SIVA services via different information channels - by the municipality’s Social service providers, via State Employment Agency, State and municipal unified customer service centres, NGO’s, social networks, Career days, different educational institutions exhibitions etc.

*Second step.* Clients participate in professional assessment sessions where they can define their strengths, skills and possibilities. And as a result, clients are given recommendations by SIVA to participate in the most suitable vocational rehabilitation training program according to their knowledge, interests and health condition.

*Third step.* Clients participate in a vocational rehabilitation training program where they gain new knowledge, skills and practical experience while getting a new qualification like Accountancy, Programmer, Chef, Carpenter’s assistant etc. Overall SIVA provides 26 different training programs. During the studying process clients go for in-company practice and pass the final qualification exam.



	<p>The “Career development support methodology” is provided by SIVA career counsellors throughout all three steps and continues even 6 months after graduation.</p> <p>Service users (or anyone in their social network such as an assistant, social worker, State Employment agency’s worker etc.) can apply for SIVA services just by calling or sending an e-mail. To apply for SIVA services, the client needs to fill an application form themselves and they can do that when they are arriving to receive the service or send it by post or signed with electronic signature and send it by e-mail. No other specific referral process is needed and provided. If the service user meets all the inclusion criteria for target group (having a disability or predictable disability and being of a working age), then they can receive the services almost immediately.</p>
<p>Service’s start after the disability is acquired</p>	<p>Application for services does not depend on when the disability was acquired. Mostly SIVA service users have a disability from childhood (or birth) or acquired the disability during their lifetime, in this case usually clients already know how to act and how to be independent (as much as it is possible) and can participate in vocational training programs on their own. Also, people with predictable disability can apply for SIVA services, so they can receive the services of vocational training along with social rehabilitation in a timely manner and probably not get the disability status.</p> <p>The only criteria for applying for services is that the client should have a disability or predictable disability or has a mental impairment and is of working age. Any other recommendations or opportunities depends on the result of professional assessment and recommendations during the assessment process.</p>
<p>Continuity / integration between services</p>	<p>The Career development activity is one of the many support activities during vocational rehabilitation and is an integral part of all the processes. This process unites all other support activities, so, service users receive a person-centred service to support them with achieving their aims and goals in life.</p> <p>Meetings with State employment agency are organised by necessity. Approximately once per year SIVA organises regional conferences for employers to inform them about SIVA services and share good practices about people with disability in employment.</p> <p>SIVA has created an advisory board to find effective, innovative and sustainable solutions to deliver services for service users. The advisory board’s members are different experts from different fields such as a representatives of Latvian association of employers’ organisations, Ministry of Welfare, NGO’s, Latvian Saeima etc. The main aim of the advisory board is to discuss and find solutions to better support SIVA service users in the process of getting a new qualification and integrating them into the labour market. Meetings with partners are organized and planned in connection with changes in services offered or as needed approximately once every six months. The advisory board’s members represent specialists from different fields of activity to find a better solution by creating dialogue between different state and non-governmental organisations and policy makers. Therefore, in this dialogue there are represented interests of different kind of organisations and service users.</p> <p>All SIVA’s services are provided at the place in the agency. Therefore, it is easy to coordinate them and attract any other specialist if necessary.</p>

(In the picture: SIVA student council's meeting with SIVA director)



<p>Staff and Resources</p>	<p>Specialists that are involved in career development during the professional assessment and training programs are: 4 career counsellors and 6 social workers. Also, when needed psychologist, psychiatrist and medical staff are involved. SIVA provides an adapted environment for people with different disabilities, material and a technical base for the studying process that is improving all the time.</p>
<p>Duration</p>	<p>Career development is a complex support activity that goes through three stages: 1. Up to 10 days during the professional assessment  <ul style="list-style-type: none"> <li>• There is also support provided for clients to maintain and keep their motivation before they start the vocational training program</li> </ul> 2. Starting from 5 months up to 4 years during the vocational training programs. 3. Up to 6 months after graduation.</p>
<p>Budget</p>	<p>The professional assessment and vocational rehabilitation services are funded by the State budget or ES fund projects and no co-payment from clients is required. Sustainability is ensured by continuously implementing new service by analysing previous outcomes and achievements.</p>
<p>Partners</p>	<p>State Employment Agency Employers Internal teaching staff – teachers and lecturers</p>
<p>Other stakeholders</p>	<p><i>NGO's and different associations for people with disabilities</i> that inform their members about SIVA services. <i>Municipality's Social service providers</i> with which SIVA usually have a common client: social services also inform their clients about SIVA services and SIVA give feedback to the Social service providers about the progress while working with clients. <i>State and municipal unified customer service centres</i> that help clients to apply for services all over the country. Also, SIVA gets information and good practice examples from all partners to help improve services according to individual and special needs of people with different disabilities.</p>

Information campaigns	<p>SIVA career counsellors provide consultations and practical advice (in cooperation with occupational therapists) about how to cooperate, communicate and adapt the working place for people with disabilities, about the suitable working hours and duties employers can give to SIVA service users during an in-company practice for example. Through these consultations employers becomes informed about the different needs of people with disabilities.</p> <p>SIVA conducts employer surveys by getting feedback from them; organises conferences for employers where they can share good practices and suggestions to encourage other employers to hire people with disabilities and promote social responsibility, decrease stereotypes etc.</p>
Repeated service accessibility	<p>According to Latvian legislation clients can participate and use the professional assessment and participate in vocational rehabilitation training programs (along with the career development support) to get a new qualification once in three years or once a year if the clients health condition changes.</p> <p>There are no specific limitations if a client contacts the career counsellor for support or has questions about finding a new job.</p>
Monitoring	<p>After receiving a new qualification SIVA's career counsellors provide support and consultations to service users during the next 6 months (according to legislation).</p> <p>Six months after obtaining a qualification, graduates can consult with vocational rehabilitation specialists (doctor, psychologist, occupational therapist, social worker, career counsellor) for support in establishing contacts with employers, solving problems, evaluating the workplace and making recommendations for its adaptation. Also, in assessing the conformity of work capacity.</p>
Direct and wider impact	<p>One of the most important vocational rehabilitation aims is to ensure people with disabilities integrate into the labour market and improve their quality of life. Each year SIVA gathers statistics on how many of the service users are involved in any working place.</p> <p>SIVA specialists study statistics on provided programs – to examine if they are still as efficient with achieving employment rate (according to defined outcome rates from the government).</p> <p>Employer surveys and the exploration of labour market demands in relation to different study programs offered by SIVA are completed and outcomes obtained are used to make improvements.</p> <p>For example, with help of ES fund project SIVA created 5 new vocational training programs according to the needs of the labour market, and this year all Jurmala Vocational Secondary School's training programs are supplemented with 10%-20% of different computer skills studies.</p>
Success factors	<p>The most important factor is that the career development support activity is not just a single consultation, but is a complex set of activities, which involves clients discovering their interests and strengths, becoming involved in the most suitable vocational training program for them and receiving support from qualified specialists with trying to find the best working place. The "Career development support methodology" is a unique set of activities that are spread throughout the entire vocational rehabilitation process. It is provided through an individual approach, and includes a variety of methods in it, ensuring sustainability, is suitable for any aged client having any kind of disability, allowing people with disability to plan their future life and career.</p>

Dialogue with policy makers	SIVA is a State institution and is supervised by the Ministry of Welfare. The policy makers seek SIVA's opinion and vision on regulatory documents. The 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 from different fields that contribute in changes of legislation. Also, SIVA cooperates with the Ministry of Education and Science and makes proposals for amendments in the field of education.
Adaptation for other countries	The “Career development support methodology” could be used in other organisations in different countries that work with people with disabilities. It may require adaption according to differences in mentality and demands from the employer side.

*SIVA's specialists are adapting existing methods and creating new ones, so each client can get a high quality and meaningful service.*

*SIVA is continuously seeking to prove their services and the “Career development support methodology” is a sustainable service during which it is planned to analyse the results and supplement with new methods, tests, approaches etc.*

*Also, it is planned to start up the “Branch with the employer”, so employers can get more information about the work of SIVA, decrease stereotypes and encourage other employers to employ people with disabilities.*

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