



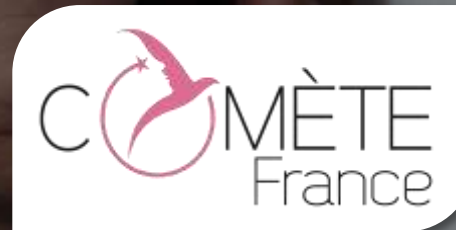
**A French network for early  
and global re-integration  
for the disabled worker**

**J-M Mazaux & A. PICARD**

**Funders  
& policy supervisors:**



**Management  
Committee  
(CO PIL)**



**A private association  
with public supervision and funders:**

**Ministry of Health (55%), Office for employment of disabled persons AGEFIPH (36 %) and Office for employment of disabled public service officers FIPHFP (9%)**



**PHILOSOPHY & VALUES**

**ORGANIZATION & FUNCTIONING**

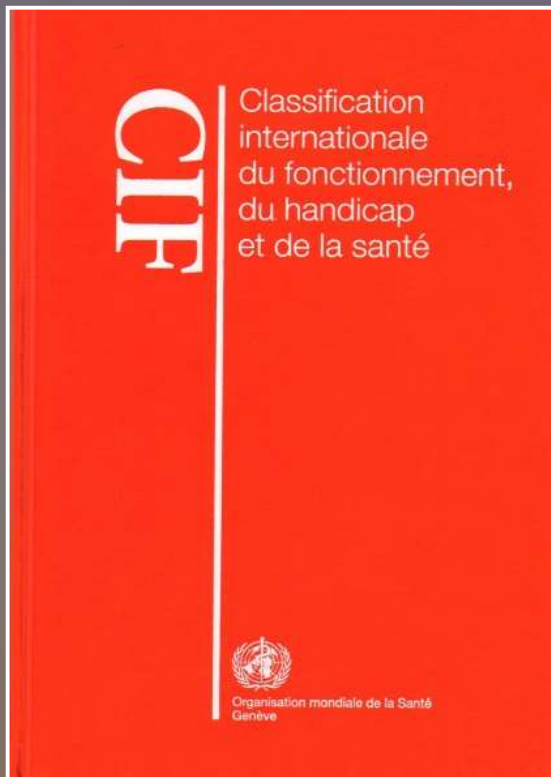
**PARTICIPANTS**

**RESULTS**



## Early intervention

vocational reintegration is a priority as important as medical care and rehabilitation, and should be undertaken as soon as possible



## ➤ **A global, comprehensive systemic approach**

In the context of ICF model and systemic theories, all dimensions relevant for the re-integration of workers have to be addressed.



- Beyond Impairments and activity limitations interventions on the environmental factors may facilitate reintegration.



## ➤ **Pluri-interdisciplinarity**

All competencies within the team and from “outside the walls” with actors from social and work services are brought together and coordinated



### ➤ **A personal project**

the plan is tailored to the wishes/preferences and expectations of those to be re-integrated and he/she engages actively in.



**PHILOSOPHY & VALUES**

**ORGANIZATION & FUNCTIONING**

**PARTICIPANTS**

**RESULTS**



Direction & Executive Committee



56 Rehab settings  
43 teams  
350 professionals



➤ **Public & private Rehab settings**

➤ **Basic team: 2,7 FT Eq**

PMR specialist, Neuropsychologist, Psychologist of work, Occupational therapist, Social worker, Physiotherapist, Job counsellor, Nurses, Secretary

HOSPITALIZATION



**A plan in four phases**

HOSPITALIZATION



**Assessment**

**Identification**



## ➤ Identification

### ➤ 1. Contact and assessment

- who is he/she, 1<sup>nd</sup> what he/she can still do, 2<sup>nd</sup> what he/ she can do no more, and 3<sup>rd</sup> finally what he/she wishes and expects

HOSPITALIZATION



2

Planning



## 2. Drawing a plan

All competencies are mobilized and concrete actions are undertaken: appropriate facilities are designed, helpful partners are identified and involved in the process.

Professional skills are concretely checked, in real-life situations.

The on-going plan is periodically addressed, its feasibility and accuracy are verified

HOSPITALIZATION



**2 years Follow-up**  
**Implementation**



### **3. Implementation**

Procedures and actions required by the plan that has been accepted by the person and validated by partners and professionals are undertaken and achieved.

### **4. 2 years Follow-up**

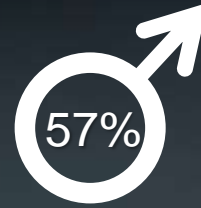
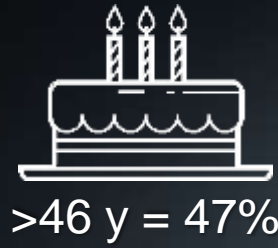


PHILOSOPHY & VALUES

ORGANIZATION & FUNCTIONING

**PARTICIPANTS**

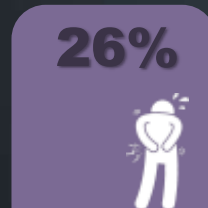
RESULTS



## NEUROI



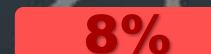
## Neck & LBP



## ORTHOP TRAUMAT



## OTHERS



> Mostly neurological impairments.  
Always complex medical and social situations



PHILOSOPHY & VALUES

ORGANIZATION & FUNCTIONING

PARTICIPANTS

RESULTS

2020

[illegible]






## Outcome:

69% employed

10% learn a new job

5% back to studies

15%no viable project

	53%
	16%
	10%
	5%
	15%

Follow-up:

One year: 81% employed

Two years: 79% employed

# Perspectives



Take home message :  
Early and global



Thank you for attention !

Thanks to Direction of Comète France for helpful assistance

