



Employment guidance services for people with disabilities



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Foreword

If economic growth is to be maintained and the growing pressure on social security systems eased, Europe needs to increase its rates of employment. A downward pressure on employment figures is being exerted, in part, by the growing numbers of older people as Europe's demographic profile ages. However, another process is removing people from the labour market: the rising numbers of people on long-term sickness and disability benefits seen across Member States in recent years. Moreover, these numbers are likely to increase as the traditional option of early retirement schemes for older workers is progressively closed off.

Many people who are on long-term disability benefits want to work: in the UK, for example, it has been estimated that about 40% of people on long-term sickness benefits would like to return to work. The statistics, unfortunately, indicate that not many actually do. Both the broader European policy objectives and individual citizens would benefit from strategies that enable more people on long-term benefits to return to the workplace. Currently, however, constructing such strategies is hampered by the fact that not enough is known about what works, for which groups and over which timescales.

This report examines the practice of one of the key factors in helping benefits recipients return to work: employment guidance and counselling services. In addressing an issue often absent from political discourse – the situation of people who are on long-term absence from work due to illness or injury – it is hoped that the findings will contribute to a better understanding of the processes that keep individuals out of the workforce, and so assist in reversing a growing trend.

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Deputy Director

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Introduction

This report presents the results of a study commissioned by the European Foundation for the Improvement of Living and Working Conditions ('the Foundation') on employment guidance and counselling services for people with disabilities.

The study had two main objectives:

- to provide an overview of the statistical and definitional/terminological background for people with disabilities¹ with respect to employment guidance and counselling services (EGS) in the Member States of the European Union;
- to identify examples of good practice in relation to EGS in 10 of the Member States.

These objectives focus on two important issues in relation to employment and social exclusion policy:

- First, the study targets a group often neglected in relation to both employment policy and disability policy – those who have become long-term disability claimants during their working lives. This is an important group because it consists predominantly of older workers who are not well served by return-to-work systems. If the targets of the European labour market (concerning the employment of older workers) are to be met, these people should constitute a major target group for reintegration into the workforce.
- Second, employment guidance and counselling services – especially those that adopt a comprehensive and integrated approach – will be needed if this group is to be integrated effectively into the labour force.

Defining disability

The term 'people with disabilities', although widely used, may give rise to confusion when used in relation to the labour market. Normally, it refers to people with visible disabilities who have acquired that disability at birth or early in life, and to people who have been affected by illness or injury later in life. In this context, disability refers to the type and level of physical or mental impairment that affects the individual.

However, when used in relation to labour market issues, disability refers to people who are claiming some form of disability benefit (either short-term sickness benefit or longer-term disability benefit) and who have usually lost their connection with their former employer. These people would generally be suffering from some type of physical or mental impairment (although this does not necessarily apply in all countries, where social situations may also need to be taken into account). Most countries have a third category of benefit payment, reserved for people who have been disabled for long periods (often from an age prior to any potential engagement with the labour market); inclusion in this category usually depends on the person being classified as 'economically inactive'. This type of benefit is often termed a social assistance measure rather than being dependent on social insurance. People claiming this latter type of benefit match the popular view of people with disabilities. The first two types of claimant, however, still have a relationship (in theory at least) with the labour market, and there are a range of measures that can be taken to try to enable such claimants to return to work – either to their original employer or to a new one.

¹ The term 'people with disabilities' carries a specific meaning within the context of this study (see 'Target group of study' section below).

However, the individuals who take up these benefits are not an homogeneous group. Short-term benefit claimants vary considerably in relation to the duration of their claiming period. Most people on these benefits return to work within a relatively short period (usually within the first four to six weeks of absence) and the nature of the impairments they suffer are generally short term or low-level and chronic in nature. People who are absent for longer periods have a progressively lower chance of returning to work: after an absence of more than six months they have a very low chance of returning. By the time people have been absent for more than 12 months (which is often the cut-off point for moving from short-term sickness benefits to long-term disability benefits), their chances of returning to work are minimal.

The reasons for this rapid decline in the probability of returning to work are many; only some of them relate to the severity of the impairment. Also relevant here are factors relating to the type, quality, appropriateness and frequency of services they receive (both in medical, rehabilitation and labour market terms), as well as the relationship they have with their employer. Evidence would suggest that the initial stages of absence are characterised by a relatively high level of intensity of service provision (however appropriate the services may be); over time, however, the frequency of service provision declines. In particular it would appear that services aimed at returning the individual to work (as opposed to ensuring medical rehabilitation) may be lacking, uncoordinated or ineffective.

A further point is the structuring of services that aim to support the engagement of the individual with the labour market. People who have never worked in the open labour market (usually those claiming social assistance disability payments) are the target of set work-oriented measures, such as sheltered employment, that may be unavailable or inappropriate for the newly disabled.

This process – of moving from being in work, through short-term sickness absence, to receiving long-term disability benefits – may be characterised as the ‘disability process’. It illustrates how an episode of illness or injury may be the trigger for a set of individual and system-level responses that culminate in the person being classified as ‘disabled’.

Target group of study

Individuals who did work previously but who have been off work for long enough to qualify for disability benefits comprise the target group for this study. They form a group which is at major risk of exclusion – both socially and in terms of the labour market – and for which the type, level and frequency of services available are problematic.

This group is also expanding: in many EU countries its numbers are increasing as the labour force grows older.

A key feature of people in this study group is the requirement that they have worked previously. This is important because it means that the individuals would have already been active in the labour market, have had prior experience of work and have some level of job-related qualification. When compared to people who have never worked, their labour market-related deficits are considerably less.

This group of people is the subject of increasing interest in the EU at policy level.

Labour market targets aim to sharply increase the participation of older workers in the labour force by 2010. This focus is mirrored in national policy in many countries: the UK, for example, has set itself the target of reducing the number of people claiming disability benefits by 1 million (from a current total of approximately 2.5 million). It seems clear, therefore, that there will be further research relating to, and developments in, service provision for this target group over the coming years.

Employment guidance services

There are many services that could potentially benefit the target group – those who did work previously but now qualify for disability benefits. These services include: services aimed at maintaining or improving the person's health; vocational training services (since returning to work might entail retraining); case management services; and employment guidance services. The focus of this study is on employment guidance and counselling services, which aim to create and maintain the crucial link between the individual and potential employers.

There is considerable variation in the types of services that employment guidance services may provide to the target group, ranging from job advertising to job matching, skills assessment, initiating contact with employers and maintaining contact with employers and employee following placement. This study is interested in identifying examples of good practice in relation to these types of services.

An important issue is the extent to which employment guidance services aim to target people who claim long-term disability payments, since these services have generally been developed in relation to people who are unemployed. Some countries have effectively separated services for people with disabilities from the mainstream labour market; people in the target group have difficulty accessing services that are appropriate to their needs. In effect, this crucial element of employment services contributes to the exclusion of long-term disability benefit claimants from the labour market.

Methodology

The brief for the study called for the development of a conceptual framework covering the following elements:

- the definitions of disability used and the related terminology for the target group;
- comparative statistics on the nature and size of the target group across the EU25;
- information on the type of interventions and initiatives already existing in the area of employment guidance and counselling services;
- information on any evaluations undertaken to assess the impact of initiatives on return to active work.

The first two requirements were met by conducting desk research on a number of available sources at EU level. For definitions, particular use was made of the European Commission's 2002 study

Definitions of disability in Europe: A comparative analysis (European Commission, 2002), while other EU sources were used for general statistical information on economic background, labour market and position of the target group. Full details of these findings are given in Chapter 1.

The study also called for the identification of at least two initiatives in the area of employment guidance services (EGS) for people with disabilities in 10 Member States. These were selected to provide a range of geographical coverage and a mix of 'older' and 'newer' Member States. The Member States selected were:

| | |
|---------|---------------------|
| Estonia | Italy |
| Finland | Poland |
| Germany | Portugal |
| Greece | Slovenia |
| Ireland | United Kingdom (UK) |

Initially, a network of national correspondents working on the project identified suitable initiatives for inclusion as case studies; these were then assessed by the project team and approved. The national correspondents then wrote descriptions of the initiatives, which were subject to a quality control procedure by the project team. Finally, the case studies were incorporated into a structured template, which could then be used directly in a database management system. Where available, information on the evaluation of the initiatives was included in the project description.

This work was supplemented with output from an ongoing project in which the authors are involved – the Opti-Work project. This project *inter alia* has identified the availability of employment guidance services for people with disabilities in the EU25 and provides a useful overview of the Europe-wide situation in this regard. All the work of the project was subject to a quality management procedure, managed by a project team member.

Structure of the report

The report is organised as follows:

- Chapter 1 contains information on the general socio-economic background, the definitions of disability used and the size of the target group in the Member States (where such information is available).
- Chapter 2 describes the conceptual framework for the study. It includes a typology of employment guidance services and a template for the description of the case study initiatives.
- Chapter 3 describes the current practice of employment guidance services within the Member States. It draws on three main sources: the case studies undertaken, the work of the Opti-Work project and the published literature.
- Chapter 4 presents the overall conclusions of the study. These are mainly confined to the operation of the template and the conceptual framework for the study; not enough information is currently available to draw definitive conclusions regarding the operation of employment guidance services.

This chapter presents the statistical background to the issue of employment for the target group of long-term disability claimants, incorporating various definitions of disability. The discussion is organised by country, with a brief statistical and definitional profile of each. Where available, the information provided relates to:

- population;
- labour force size;
- unemployment rates;
- social insurance expenditure;
- disability pension claimant rates;
- eligibility criteria for disability pensions (definitions).

These statistical indicators have been selected in order to provide a broad overview of how the labour market functions within each of the Member States. While it is beyond the scope of this report to discuss in detail the interactions between some of these indicators, e.g. the relationships between unemployment and disability rates, the issue is important in understanding differences between Member States. The fact that information on these indicators was not always available for every Member State is a significant finding in its own right, because it indicates that the target group in question – long-term disability claimants who have experience of working – is not necessarily a statistical or political high priority in many Member States.

The chapter begins with a discussion of the definitions of disability used in the EU15, based on the Brunel University study (European Commission, 2002). This is followed by a discussion of comparative disability rates within the EU, with an overview of national statistics, as available, from a selection of Member States.

Definitions of disability

The 2002 study *Definitions of disability in Europe* covered 14 EU Member States and Norway, and attempted to compare the way in which ‘disability’ was defined and operationalised in each country (European Commission, 2002). As well as documenting the definitions of disability used within various social insurance systems, the study also describes the way in which definitions of disability impact on the nature and methodology of service provision. In addition, it includes reports by individual Member States on the assessment of inability to work, definitions in employment provisions and definitions in assistance with activities for daily living. One of the study’s key conclusions was that there is ‘no ideal method of drawing boundaries between disabled and non-disabled people in social policy’.

Difficulties are created by the fact that a number of Member States blur the boundary between disability and old age by operating early retirement provisions, which require some indication of health-related limitation (OECD, 2003). This makes comparisons of disability rates between countries difficult: in many cases, older workers with disabilities are moved to the early retirement registers, which contain little or no information on the health status of claimants. Statistics on disability claimants of working age are therefore underestimated in many countries.

The OECD report *Transforming disability into ability: Policies to promote work and income security for disabled people* proposes two dimensions of disability: one is focused on integration or

activation, the other on compensation and income replacement (OECD, 2003). The report proposes that there is a potential conflict between income maintenance and participative policies arising out of these dimensions. It goes on to say that the relationship between positive initiatives (such as employment guidance) and passive income maintenance measures may be extremely complex. For example, where benefits are high, this may act as a disincentive for claimants to take part in activation programmes.

The report questions whether there should be a single coherent and systematic definition of disability within a jurisdiction. Citing a review of disability income policy in the USA (Mashaw and Reno, 1997), an argument is presented for ensuring that definitions of disability are properly aligned with the purpose of applying a definition. For example, the definition used for access to personal assistant services should focus primarily on activities of daily living (ADL) needs, whereas access to employment guidance and vocational rehabilitation should emphasise occupationally relevant limitations on activity. Equally, the definition used within non-discrimination or equality systems might focus on the risk of discrimination, while eligibility for income replacement might emphasise loss of earning capacity.

Any international comparison of definitions of disability across jurisdictions and cultures needs to take account of the way in which such definitions are implicitly or explicitly operationalised in terms of assessment systems. The Council of Europe, in its 1997–2000 work programme, conducted a study *Assessing disability in Europe* (Dal Pozzo et al., 2002). The main focus of this study was the basis on which disability benefits or services were allocated. In particular, it looked at the way in which the ‘requirement to be disabled’ was tested in different jurisdictions. The study found that there were four methods of assessing disability. The first method is the ‘barema’ – a set of detailed tabular information. This gives the assessor a way of assessing the degree of disability, one based on a list of specified conditions and impairments. Other methods identified include the assessment of care needs, the measurement of functional capacity or the calculation of economic loss.

The European Commission’s *Definitions of disability* study identified four approaches to the assessment of disability (European Commission, 2002). Two dimensions were used to create these four approaches. The first related to the extent to which the approach was medical or non-medical, while the second related to the degree of discretion available to the assessor. A general conclusion was that low-medical–high-discretion assessment systems tended to be used within social inclusion and employment measures, whereas high-medical–low-discretion models were used in assessing eligibility for income replacement and support. The study also noted the potential for contradictory definitions stemming from the movement of personnel between agencies.

The Council of Europe’s 2002 study encountered a number of interpretative difficulties. For example, legal definitions of invalidity or incapacity did not necessarily refer to similar concepts in different jurisdictions; in some cases, terms such as ‘impairment’ or ‘disability’ were used interchangeably (Dal Pozzo et al., 2002). Such difficulties are likely to be increased by the use of narrative responses from expert informants or by the use of open-ended questions. An alternative approach would be to build on previous attempts to create cross-national comparisons of disability definitions. Current thinking in the ‘Measuring health and disability in Europe’ project is to create an analysis tool to assist informants in judging the elements of definitions and assessment tests on a set of predetermined criteria (<http://www.mhadie.com>).

Definitions of disability can also differ in terms of:

- the extent to which definitions emphasise a ‘medical’ model of disability, which focuses on an individual’s impairment, as opposed to a ‘social’ model, which focuses on the environment in which the person with a disability lives;
- the ways in which current disability status, e.g. receipt of a key benefit, can influence further eligibility for disability services;
- the extent to which definitions use multi-disciplinary descriptions or unidisciplinary distinctions based on a medical/impairment model to determine eligibility for support and services;
- the legal status of the definition of disability: definitions can be enshrined in law, framed in regulation, included in a constitution or simply be part of an administrative mechanism;
- the way in which definitions are operationalised and who carries out the assessment;
- the extent to which the definition is only implicit within assessment procedures, has evolved in an ad hoc fashion over time or is explicitly laid out within a policy document;
- the requirement that certain processes take place before an individual can be defined as disabled, e.g. within the German system, ‘rehabilitation before pension’ is such a ‘process’ definition.

The researchers from the 2002 *Definitions* study drew attention to the World Health Organization’s 2001 classification system ‘International Classification of Functioning, Disability and Health (ICF)’ as a context for the study. Since the ICF’s publication, the European Commission and a number of Member States have begun to apply it to defining disability at a clinical level, as well as at a statistical level. The MHADIE project has attempted to coordinate and calibrate approaches to defining disabilities across 10 Member States based on the ICF.

The ICF is an important framework for analysing differences in current approaches to defining disability for the purposes of employment guidance. In combination with a number of dimensions proposed within the European Commission’s *Definitions* study, the ICF is a useful tool for placing definitions under scrutiny. It represents a ‘universal’ characterisation of disability. In other words, it is a continuum of description that can range from very minor health conditions or functional impairments through to more serious conditions.

The decision about where the boundary is drawn between disabled people and non-disabled people is based on political and economic priorities, current resources and cultural imperatives. As a result, it is important to incorporate the objectives underpinning each definition into an interpretation of definitions. Without a reference point such as the ICF, it is difficult to get a clear transnational comparison of definitions across contexts because of variations in terminology, language, translation, interpretation, goals, values, systems of provision, culture, available resources and priorities. Table 1 outlines the different definitions of disability used and the systems of provision in 14 EU Member States.

Table 1 National definitions of disability and systems of disability benefit

| | |
|-------------|--|
| Austria | Austria operates two disability pension systems – one each for white- and blue-collar workers. Eligibility is defined as the loss of 50% of income compared to a similar job or potential income, depending on work history. Early retirement on grounds of incapacity is allowed for men at 57 years and for women at 55 years. |
| Belgium | A person is considered incapacitated when income falls to below one-third of what a comparable person can earn, due to injuries or functional impairments. This assessment is made in relation to comparable jobs for people with similar qualifications. |
| Denmark | Denmark operates three systems of incapacity benefit: the highest level of pension is awarded to people whose ability to work is negligible; the middle level is awarded to people whose ability is reduced by two-thirds; and the lowest level is awarded to people whose working ability is reduced by at least 50% for either medical or social reasons, and where all rehabilitation measures or active labour market measures have been exhausted. For the two higher-level pensions, some account is taken of education and job history. |
| Finland | Finland operates a mix of public and private pension systems, with a national system covering the entire population and a contributory system with both public and private elements. Approximately two-thirds of people receive payments from both systems. Eligibility for the national pension system is dependent upon a person being unable to do their normal work for reasons of ill health or injury. Under the employee's pension system, eligibility is determined by having sufficient contributions and being assessed as having a 60% reduction in working capacity. People with between 40–60% of working capacity may receive a partial pension. Decisions on eligibility for both systems are made in parallel. |
| France | France has two income support benefits for people who cannot work as a result of injury or illness. The first is an insurance-based system, while the second is a social assistance measure. Eligibility for the insurance-based system requires the person to earn no more than one-third of the earnings of an able-bodied person in a comparable job. Three categories of invalidity are recognised within this benefit scheme – partial invalidity, full invalidity and a separate category of full invalidity where the person needs assistance with daily life activities. The second income support benefit is a non-contributory system and requires both a means test and a capacity assessment (to qualify, an individual must have lost 50% or more of their capacity for work). |
| Germany | The main benefit available is a contributory insurance-based benefit, for which people must be completely incapacitated (unable to work for more than three hours per day) or partially incapacitated (able to work between three and six hours per day). There is also a social assistance measure for people who do not have insurance contributions: eligibility for this measure is based on care and mobility needs rather than on work incapacity. |
| Greece | Greece operates a range of contributory pension schemes (for general workers, public sector workers, farmers and the self-employed) and a non-contributory scheme for people who are unable to work with specific medical conditions. Eligibility for the main scheme defines invalidity in three bands, starting at 50% and finishing at 80%. For the main scheme, invalidity assessment is based on earning capacity. Other schemes provide benefits at a cut-off point of 67% invalidity. |
| Ireland | Ireland operates three main benefits schemes – short-term sickness benefit (less than 12 months' absence from work), long-term invalidity pension (absence for more than 12 months) and a non-contributory, means-tested disability allowance. The criterion for eligibility for any of these schemes is medical assessment. There is no provision for gradations of disability or for partial pensions. Civil servants and some public sector workers are covered by a separate scheme. |
| Italy | Italy operates three main pension schemes – a contributory scheme where workers have lost 67% of their capacity to work; a non-contributory scheme where people have lost 100% of their capacity; and a grant scheme for people whose working capacity is reduced by 74% or more. |
| Netherlands | The main scheme (WAO) is technically a contributory scheme, but the requirements for contribution are minimal. There is also a scheme for people who have never worked, and social assistance may be used to top up payments. Eligibility is based on an assessment of income loss in comparison to what comparable able-bodied people can earn. Partial pensions are payable, ranging from 15–18% of income loss. |
| Portugal | Portugal has both contributory and non-contributory social insurance schemes, as well as a social assistance scheme. Eligibility for the main schemes is based on an assessment of wage losses (a wage loss of two-thirds being the cut-off point). Partial pensions are not granted and entitlements to pensions cease if a person begins work. |
| Spain | Spain operates both a contributory and a non-contributory pension scheme. Though legislation covers both schemes, the definitions of disability used and the administration differ between the two schemes. The contributory definition is related to work incapacity, while the social assistance scheme's definition is related only to the medical condition of the individual. There are four levels of invalidity specified: partial (work capacity reduction of 33% or more); total (permanent total incapacity for usual occupation); absolute (total incapacity for work of any type); and <i>gran invalidez</i> , where the individual is unable to work and is in need of personal assistance. Eligibility for the non-contributory pension is based on having more than 65% disability. |

Table 1 (continued)

| | |
|----------------|--|
| Sweden | Sweden has one main income support measure, which provides different levels of benefit depending on levels of contributions. Eligibility is based on four bands of incapacity rating (from 25% to 85%). Assessment of disability level is made in relation to the average person rather than similar or previous occupations. |
| United Kingdom | <p>The percentage of people economically inactive due to long-term sickness fell by 0.5% between autumn 2004 and winter 2004–2005. Those economically inactive due to temporary sickness fell by 6% in the same time period.</p> <p>The number of people with a long-term disability who were economically active was up by 1% in the period winter 2003–2004 to winter 2004–2005. Employment rates of this group were up 1.1% and unemployment rates were down 0.9%.</p> <p>The UK has amended its benefit system into a single one with three levels – a short-term lower rate (up to 28 weeks' absence from work), a short-term higher rate (28–52 weeks) and a long-term rate (more than 52 weeks). Income support is also available from general social assistance. The assessment of incapacity is based on the person's own occupation. In the period from 28–52 weeks, the assessment is broadened to 'all work'. There are no partial benefits available, although income top-up for low earners is possible.</p> |

Note: No information was available for the definitions of disability used in Cyprus, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Luxembourg, Malta, Poland, Slovakia or Slovenia.

Sources: Eurostat, OECD and national information offices.

Statistics of long-term disability

The European Commission's report *Employment in Europe 2005: recent trends and prospects* provides a comprehensive overview of the situation of people with disabilities with regard to employment, based on a range of EU labour force surveys (LFS) and other sources (European Commission, 2005). The statistics outlined in this report go some way towards estimating the size of the target group of interest and the inflows and outflows of people into the long-term disability claimant category. The report highlights a number of points:

- 44.6 million, or 15.7%, of people of working age reported having a long-standing health problem or disability (LSHPD);
- age, lower educational attainment, being widowed or divorced are all associated with having a LSHPD;
- there were significant national differences in rates of LSHPD, ranging from 5.8% to 32.2% of people of working age. These differences may be of a cultural nature;
- having a LSHPD is strongly associated with being inactive in the labour market – 78% of people with a severe disability are inactive compared to 27% without a LSHPD.

These figures make a persuasive argument that health problems and disability are a significant problem for the European workforce. However, they also raise a number of questions and issues which the *Employment in Europe 2005* report begins to shed some light on.

- Why are these figures generally higher than the number of claimants on disability benefit? Obviously, some people with a LSHPD are employed, but are there other states which they might find themselves in?
- How many people with a LSHPD have worked previously? (This would help to estimate the size of the target group for this current project.)
- What are the inflows and outflows to this group and where do they come from or go to?

Turning to the reasons for labour market inactivity in 2004, the report indicates that after retirement, illness or disability is the second most important reason for inactivity among people aged 25–64 years (European Commission, 2005). (If the 15–24 years age group is included, being involved in education or training is the primary reason for being inactive.)

When reasons for inactivity are broken down by age group, it becomes clear that there is an anomalous finding with regard to disability or illness as a cause of inactivity. Specifically, the strength of the relationship between illness, disability and age would lead to the expectation that for older age groups, there would be an increase in the proportions of people who cite disability or illness as a reason for inactivity. However, this is only the case up to the age of 54. Just over 30% of people aged 45–54 years cite disability as a reason for inactivity, but this figure falls to about 16% in the 55–64 age group. The reason for this appears to be the very large increase in those taking retirement in this age group, with almost 60% of people citing retirement as a reason for inactivity. These findings suggest that many of those citing retirement as the reason for inactivity are probably suffering from an illness or disability. In addition, it suggests that older workers with an illness or a disability are being moved from disability registers to early retirement schemes.

The *Employment in Europe 2005* report also provides information on the numbers moving in and out of disability between the years 2003 and 2004. The findings here suggest that there is a process, strongly related to age, whereby people move from employment through unemployment and disability to retirement. In total, 94.1% of people of working age retained their employed status between 2003 and 2004. Of those who did not remain in employment, 2.9% became unemployed, while the remaining 3% became inactive (0.4% for illness/disability reasons and 0.8% due to retirement). However, 21.6% of people who were unemployed in 2003 became inactive in 2004, with 3.1% becoming so because of illness or disability. Of those who were inactive in 2003, 86.3% remained so in 2004. Some 10.9% of these were inactive due to illness/disability reasons, while 16.9% had retired. This trend in the data is much sharper in the 55–64 age category, where 89.9% of people remained employed, while 1% became inactive due to illness or disability. However, 7.2% of the unemployed group became disabled, while 15.7% of the inactive group also became disabled. The comparative figures for retirement are 5.6%, 8.6% and 54%, respectively.

Unfortunately, the report does not provide a breakdown of the number of people moving from disability status to retirement, but it seems that a pathway may exist between disability status and retirement, with significant numbers of people taking early retirement even though they are inactive primarily because of disability or illness.

Comparative disability rates and disability spending

Except at the most general level, attempts at cross-national comparison in relation to disability and employment are fraught with difficulties. There are issues arising from definitions, administrative systems, levels of economic development, social security approaches, cultural connotations of disability (it may be seen as a stigma or accepted as individual variation) and data sources. In addition, different aspects of the data are available from (or within) each Member State for different time periods, thus creating interpretative difficulties when attempting to use or develop comparable indices.

In spite of these concerns, creating appropriate and agreed indices of Member State performance in achieving greater occupational integration for people with disabilities could have substantial long-term benefits in the form of more effective and targeted social and economic inclusion mechanisms. The ability to compare national performance in relation to disability and employment would provide a backdrop against which different approaches to employment guidance and counselling could be compared.

Consequently, this section explores two potential approaches to creating comparative indices:

- The first involves expressing disability pensions as a percentage of total benefits or GDP.
- The second attempts to generate descriptive indices based on standardised information sets that locate Member States at different points along each dimension.

Disability spending

The first approach to creating comparative indices expresses disability pensions as a percentage of total benefits or GDP. (Other disability expenditure could be expressed in the same way.) Table 2 takes this first approach: it presents a comparison of disability spending between the countries of the EU25 in terms of the percentage of total benefits, percentage of GDP and per capita spending for the year 2002. It also illustrates the diversity between the Member States. In particular, comparisons between countries with similar levels of GDP (such as the Nordic countries) indicate that per capita spending varies by as much as 50%. In addition, there is considerable variation between countries in terms of the percentage of GDP spent on disability benefits. This varies between 4.3% in Sweden (the Nordic countries are generally high spenders in this regard) and 0.8% in Ireland. The reasons for this variation are many: they include differences in eligibility for, and the level of, benefits, and differences in age structure of the population. (In Ireland's case, a further reason is the fact that most public servants are excluded from these figures, being covered by a separate benefits scheme.)

Similarly, there is considerable variation in relation to the percentage of total benefits spent on disability. (It should be noted that these figures do not include spending on short-term sickness benefits.) As little as 5.1% is spent in Ireland and as much as 14.2% in Luxembourg, with the Nordic countries, Poland, the Netherlands, Hungary and Portugal all spending in excess of 10%.

Descriptive indices

The second (and more complex approach) to creating comparative indices attempts to generate descriptive indices based on standardised information sets which locate Member States at different points along each dimension. (Given the difficulty in gathering appropriate data, the comparisons are made across selected Member States.)

This approach attempts to reflect the range of factors that are used to estimate Member State performance in the occupational integration of people with disabilities. It is based on the assumption that Member State population, labour force, GDP and social expenditure can be used to 'standardise' disability statistics. On this basis, disability indices can be scaled according to the size of the country, the current level of economic development, social expenditure and the approaches to disability taken by the country.

Table 2 Disability benefits in relation to social spending, GDP and per capita spending (for the year 2002)

| Country | Disability benefits as a percentage of total benefits | Disability benefits as a percentage of GDP | Disability benefits spending per capita |
|----------------|---|--|---|
| Austria | 7.5 | 2.1 | 574 |
| Belgium | 9.2 | 2.4 | 618 |
| Cyprus | – | – | – |
| Czech Republic | 8.3 | 1.7 | 246 |
| Denmark | 12.9 | 3.7 | 1,012 |
| Estonia | 7.8* | 1.1* | – |
| Finland | 13.4 | 3.4 | 841 |
| France | 5.8 | 1.7 | 426 |
| Germany | 7.7 | 2.3 | 541 |
| Greece | 5.2 | 1.3 | 238 |
| Hungary | 10.4 | 2.1 | 272 |
| Ireland | 5.1 | 0.8 | 233 |
| Italy | 6.1 | 1.5 | 370 |
| Latvia | – | – | – |
| Lithuania | – | – | – |
| Luxembourg | 14.2 | 3.2 | 1,466 |
| Malta | 6.4 | 1.1 | 181 |
| Netherlands | 11.2 | 3.0 | 803 |
| Poland | 13.3 | 2.9* | 277* |
| Portugal | 11.5 | 2.6 | 443 |
| Slovakia | 8.5 | 1.6 | 186 |
| Slovenia | 8.8 | 2.1 | 354 |
| Spain | 7.5 | 1.5 | 306 |
| Sweden | 13.9 | 4.3 | 1,096 |
| United Kingdom | 9.3 | 2.5 | 626 |
| EU15 | 8.0 | 2.2 | 520 |

* Figures refer to 2001.

Source: Eurostat

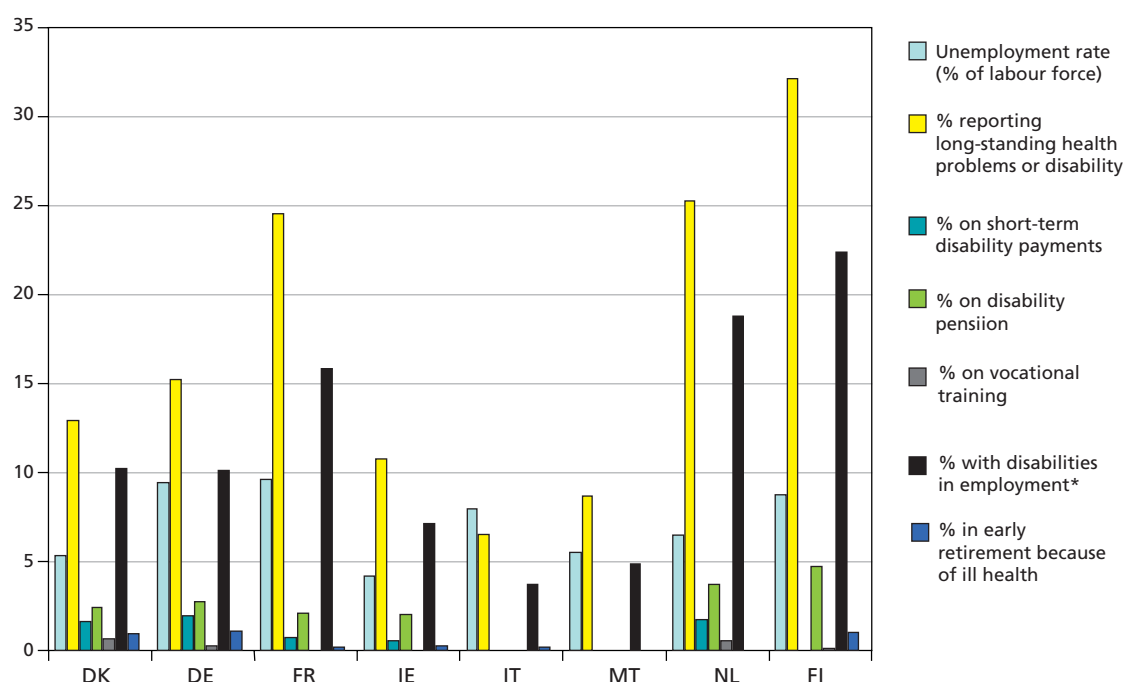
The approach used takes two perspectives. The first presents the status of people with disabilities in a Member State using a number of percentages. These include: the overall unemployment rate (as a percentage of active labour force); the percentage of the population reporting long-standing health problems or disability; the percentage with disabilities who are on short-term and long-term disability payments; the percentage with disabilities who are in vocational training or employment; and the percentage entering early retirement as a result of ill health.

The second perspective examines disability from a fiscal perspective: overall disability costs as a percentage of GDP; the percentage of overall social spending as a proportion of GDP; and the percentage of overall social expenditure allocated to disability pensions and intermediate labour market (ILM) measures for people with disabilities.

A comparison of demographic statistics for eight of the participating Member States (Denmark, Germany, France, Ireland, Italy, Malta, the Netherlands and Finland) illustrates the complexity and diversity within and between jurisdictions in Europe. Two analyses of this diversity provide a warning against making simplistic conclusions about best practice in employment guidance services. Figure 1 presents disability from a demographic perspective. It illustrates unemployment figures for each of the countries alongside a number of indicators relevant to disability (all expressed in terms of a percentage of the working age population):

- the percentage of the working age population reporting long-standing health problems or disability;
- the percentage on short-term disability payments;
- the percentage on disability pensions;
- the percentage in vocational training for people with disabilities;
- the percentage with disabilities who are in work;
- the percentage in early retirement.

Figure 1 Current status of people with disabilities (% of working age population)



*From Eurostat (2004)

Source: Opti-Work (2005)

The most striking characteristic of Figure 1 is the degree of diversity across the Member States in question. Particularly striking is the variation in the number of people within the Member States reporting a long-standing health problem or disability: figures range from 6.6% of the population in Italy to 32.2% in Finland.

Data are not available on all indices for each Member State. Wide variations were evident between the Member States for which data were available. The proportion of people on short-term disability payments ranges from 0.6% in Ireland to almost 2% in Germany. The number of people on disability pensions ranged from 2.1% in Ireland to 3.8% in the Netherlands and 4.8% in Finland. The figures for the number of people with disabilities in work are related to the number of people reporting a long-standing health problem or disability and range from 3.7% in Italy to 22.5% in Finland. The proportion of people taking early retirement for health reasons ranged from 0.2% in Italy to 1.1% in Germany.

Some potential descriptive parameters can be derived from these illustrative comparisons. In particular, it should be possible to characterise Member States on the following parameters:

- unemployment;
- self-reported long-standing health problems or disability;
- numbers on short-term disability;
- numbers on disability pension;
- numbers of people with LSHPD in work or training;
- disability costs;
- social spending;
- disability pension costs;
- active labour market expenditure.

For illustrative purposes, a number of Member States are presented in Table 3 using these parameters. The profiles of Member States vary widely and reflect the complexity of socio-cultural, economic, legal and political imperatives within each jurisdiction. The challenge that this creates in identifying commonalities in best practice across Member State boundaries cannot be underestimated. While the results represent work in progress, they are sufficiently compelling to support the conclusion that exploring good practice in EGS for people with disabilities requires a flexible approach that can be customised to national needs while also operating within a consistent framework to facilitate transferability of conclusions.

Table 3 A comparison of Member States along a number of disability-relevant dimensions (H = high; M = medium; L = low)

| | Germany | Finland | Ireland | Netherlands | Italy |
|--|---------|---------|---------|-------------|-------|
| Unemployment | H | H | L | L | M |
| Self-reported LSHPD | M | H | M | H | L |
| Numbers on short-term disability (STD) | H | – | L | H | – |
| Numbers on long-term disability (LTD) | M | H | L | M | – |
| Numbers in work | M | H | M | H | L |
| Disability costs | H | H | L | L | H |
| Social spending | H | H | L | M | H |
| Disability pension costs | M | M | L | H | L |
| ILM spending | H | M | H | H | M |

Table 3 helps to demonstrate that the backdrop against which good practice in vocational guidance and counselling might be developed is a challenging and complex one. It also illustrates the depth and breadth of variability inherent in the term ‘disability’ across Member States.

Comparative framework for services

2

A major challenge that faced the present project was to capture the diversity of approaches to employment guidance and counselling provision that exists within the EU and internationally, while at the same time providing a systematic framework to enable cross-national comparisons and interpretation.

Guidelines for good practice

The guidelines for good practice developed by the Eurocounsel Programme of Action (Hurley, 1994) outlined some of the characteristics that could be incorporated into a descriptive framework of employment guidance services for people with disabilities. Other sources for the creation of the framework included initiatives that had recently addressed, or were currently addressing, the issues associated with the labour market position of people with disabilities (Rehab Group, 2000; Bloch and Prins, 2001; Wynne and McAnaney, 2002; European Commission, 2002; OECD, 2003; Grammenos, 2003; Wynne and McAnaney, 2004; the 'Leonardo da Vinci II train the trainers in vocational rehabilitation' project², 2004; the 'Stress Impact' project's review and inventory of national systems and policy³; the reports in preparation from Opti-Work on national system profiles of the legislative, regulatory and service provision elements of the labour market system for persons with a disability; and 'Measuring health and disability in Europe'⁴, 2005).

Some of the above studies focused on workers at an early stage in the exclusion process, i.e. while they were still employed and before they had exited the labour market and moved to long-term benefits and economic inactivity. Others set out to document the factors influencing the job-seeking behaviour and decision-making of unemployed or economically inactive people with disabilities. Many of the studies have attempted to compile overviews of the systems within which they were operating.

The two projects 'Employable' and 'Leonardo da Vinci II train the trainers' focused specifically on employment counselling and guidance services for people with disabilities. The 'Employable' project provided an inventory of return-to-work services and supports in four Member States, while the 'Train the trainers' project provided 13 modules aimed at enhancing the counselling, guidance and job-placement skills of professionals working in the field of vocational rehabilitation.

A number of important conclusions can be reached on the basis of those studies that have been completed and of the initial indications from current projects.

- Core elements of an effective system of response are appropriate guidance and counselling services at an early stage in the unemployment process, combined with active support within the workplace.
- The scope of the guidance process must be widened beyond purely occupational issues to include the social context within which the guidance process is taking place and the personal characteristics of the beneficiary.
- Employment guidance services must outreach guidance to where the person is and not solely operate at a provider's location.

² <http://www.ttvtr.com>

³ <http://www.surrey.ac.uk/Psychology/stress-impact/wp2.htm>

⁴ <http://www.mhadie.org/home.aspx>

- A 'Pathways to employment' approach requires that the role of the employment guidance officer be extended to include follow-up once a person has been placed in a job.
- The need for interagency working and partnerships, including employer partnerships, is widely acknowledged.
- The employment guidance process must involve the creation of integrated and linked opportunities.
- The relationship between the employment guidance professional and the job-seeker needs to expand to include advocacy and coordination roles on behalf of the job-seeker.

Key distinctions for comparative framework

Delivery of services

In addition to these common characteristics, a number of key distinctions must be incorporated into a comparative framework. First, the framework must incorporate differences in the way services are delivered. Services may be delivered in a purely mainstream or integrated way that makes no distinction between people with disabilities and other job-seekers. The services can be customised to the needs of people with disabilities in a mainstream setting. They can be specifically designed to respond to the needs of job-seekers with disabilities, provided by professionals with relevant qualifications and delivered in a segregated setting. Also important is the way in which services are accessed. The Eurocounsel guidelines advocate a diverse range of access points to the employment guidance and counselling process, e.g. by telephone, email, multimedia, the internet or purely face to face. The framework should reflect the extent to which providers have adopted these approaches.

Active and passive services

Second, the framework must distinguish between services that adopt a 'passive' approach (involving information and advice giving, gate-keeping eligibility for employment and social inclusion services and onward referral for vocational training) and more active services (entailing individual career planning, assessment and exploration, case management/advocacy, job preparation, matching and placement and/or post-placement support). This distinction is often reflected in the values underpinning a service. For example, the adoption of a holistic (as opposed to a specific) occupational focus can result in the production of individual career plans rather than an initial job placement. It can also result in progress being measured on the basis of milestones and distance travelled, as opposed to outcomes (the use of hard versus soft measures of outcome). A particular 'active' approach that is gradually being adopted in some Member States is case management, mainly within the private sector and public sector insurance markets. The take-up of this approach is being driven by the conclusion that even where there is a legal case being taken against an insurer, e.g. as a result of a road traffic accident, it is in the best interests of the insurer to provide high-quality, safe and timely interventions to assist the person to achieve maximum participation in the labour market.

Differences in policy contexts

Third, a key issue which the framework must encapsulate is differences in the policy, legislative and regulatory contexts in which services operate. For example, the framework should indicate the

extent to which participation in the service is mandatory or voluntary. Whether the individual can choose to take part or not will reflect the overall policy goal of the service: services that aim to reduce the numbers of social welfare recipients will operate in a very different way, and with a completely different ethos, from services designed to promote economic and social inclusion. Other possible policy-related service goals could include the achievement of diversity in the labour market or the creation of more efficient labour market processes. Access to services can be specified at a legal, regulatory or administrative level. In some Member States, statutory employment quotas are in place, while in others there is a reliance on labour market forces. Most Member States operate a mixed model, which has evolved through an accretion of administrative initiatives with the result that there are inherent contradictions within each system. These differences will impact strongly on service design and implementation.

Existence of standards

Fourth, the existence of service and occupational standards in the field must be clearly reflected in the framework. At the service level, Member States differ in the extent to which they require employment guidance and counselling services to comply with standards or to gain quality accreditation. In the United States, a national standard for vocational rehabilitation services is well established and operated by the Commission for the Accreditation of Rehabilitation Facilities (CARF). In Europe, a continuous improvement model – the European Quality in Rehabilitation Mark (EQRM) – has been adopted by the majority of stakeholders; it incorporates nine principles of excellence and is sufficiently flexible to apply to most systems of provision. At the level of the individual, professional qualification requirements will differ across jurisdictions. The professional qualifications of those involved in employment guidance services, targeted at people who are unemployed and economically inactive, will differ from those involved in the occupational guidance of employees at risk of losing their jobs as a result of disability or ill health. While there is no overall accreditation framework in Europe, in North America, the profession of ‘rehabilitation counsellor’ has a long history and is perceived as a professional designation, separate from but on a par with psychology, social work, occupational therapy or counselling.

More recently, a set of standards has been developed for disability managers and return-to-work coordinators. These individuals are responsible for assisting employees who have been absent for over six weeks in returning to work. This emerging discipline is also subject to professional standards and certification. A further professional designation relevant to employment guidance which has emerged over recent years is that of the case manager. Case management differs from rehabilitation counselling in its narrower focus on assisting individuals in moving from dependence on financial and other supports to a more independent status. A case manager tends to have a qualification in an allied health profession such as nursing, occupational therapy or psychology, with specific skills in advocacy, coordination of complex interventions, negotiation and conflict resolution. The case management movement has established professional standards for case managers in a number of countries, including the UK.

Differences in types of service providers

Fifth, the framework must be able to reflect differences in the type of organisations involved in provision of services, including those that purchase or commission services and those that deliver them. The designated authority for employment counselling and guidance will differ between Member States. Depending on the system, employers, public or private insurance providers, social

protection agencies, employment or health authorities may all have a role in employment guidance. In addition, the nature of providing organisations will differ in terms of whether they are private-for-profit, public service or not-for-profit agencies. This will be influenced by the extent to which the market for employment guidance has been privatised or exposed to market forces.

Dimensions of initiatives

On the basis of the above requirements, seven fundamental dimensions of initiatives in employment guidance services were established:

- delivery and access systems for the employment guidance service;
- target group(s) for the initiative;
- service activities and approach;
- service and occupational standards;
- national context;
- innovative nature and aim of the initiative;
- existence of research or evaluation results.

These dimensions can be explored more closely:

Delivery and access

- the way in which services are delivered (mainstream, inclusive or specialised) and accessed (face to face, email, telephone or multimedia).

Target group(s)

- age;
- gender;
- relationship to work.

Service activities and approach

- **Model of delivery** – passive vs. active elements:
 - provision of information and advice to job-seekers;
 - gate-keeping eligibility for employment/social inclusion services;
 - onward referral to vocational training;
 - individual career planning;
 - assessment and exploration;
 - case management/advocacy;
 - job preparation;
 - matching and placement and/or post-placement support;
 - progress and process measurement.
- **Service elements**
 - general careers guidance;
 - providing access to voluntary work;
 - work placements;
 - training;
 - job search support;
 - job application support;

- financial support/advice;
- confidence-building;
- environmental adaptations;
- awareness-raising.
- The values underpinning the service.
- The implicit and explicit purposes of the initiative.

Service and occupational standards

- qualifications and professional designations of staff;
- existence or non-existence of standards.

National context

- legal and regulatory basis for the provision of services;
- designated authority/purchaser of employment guidance services;
- nature of providing organisations;
- participatory model for job-seekers – voluntary or mandatory.

Innovative nature and aim of the initiative

- delivery of services;
- organisational change;
- policy development.

Existence of research or evaluation results

- these dimensions were organised into a data collection template, which was used to describe 20 case studies (see Appendix 1 for details of the template).

Current practice in selected EU Member States

3

The service elements in the conceptual framework, described in Chapter 2, overlap with the comprehensive list of potential functions, roles or services generated for the Opti-Work project (<http://www.optiwork.org>). Opti-Work applied its system tool to 15 jurisdictions in order to profile the role of legislation, services, supports, benefits systems and attitudes in the decision-making processes of job-seekers with disabilities and the recruitment decisions of employers. A summary of the elements relevant for employment guidance and counselling services is presented here to provide an overview of current approaches within a selection of Member States.

Cross-national perspectives

In developing national system profiles, the Opti-Work project worked with expert informants in each participating Member State to gather the perspectives of stakeholders on the policy approach that underlies system deployment, system design and the system elements focused on promoting labour market participation for people with disabilities. It should be noted that the target group for Opti-Work was all people with disabilities of working age, not just those with previous working experience, as is the case in this study. However, the nature of the services available for this broader group overlaps considerably with the study's target group. Of particular relevance to this report are stakeholders' views on the effectiveness and availability of system elements relevant to employment guidance and counselling.

The Opti-Work profile covered 27 system elements with an individual focus and 14 elements with an employer focus. Of these, 15 elements are relevant to employment guidance services for people with disabilities. The information currently available covers 14 countries (Austria, Denmark, Finland, France, Germany, Ireland, Italy, Malta, the Netherlands, Norway, Portugal, Slovakia, Slovenia and the UK). It should be noted that the ratings in relation to availability, accessibility and effectiveness reflect the views of service providers, umbrella bodies of people with disabilities, service purchasers and commissioners, and statutory authorities. The ratings are not evidence based, but will supplement the views of disabled job-seekers and employers at a future stage of the Opti-Work project. Nevertheless, the system profiles provide a useful indication of the current operational levels of a number of employment guidance services in each jurisdiction.

In completing the system profile, respondents were asked to:

- indicate which elements existed in their country or region, and the extent to which they believed they were effective;
- rate the effectiveness of each element as a mechanism for moving someone into open employment on a scale of 1 to 5 (1 = very ineffective, 5 = very effective);
- rate the extent to which system elements were commonly available within a jurisdiction on a scale of 1 to 5 (1 = not available, 5 = commonly available);
- rate how easy it was to avail of the service elements on a scale of 1 to 5 (1 = very difficult, 5 = very easy).

Based on these ratings, it is possible to gain an insight into the profile of services relevant to guidance services within each jurisdiction and a perspective on each type of service across 14 jurisdictions.

National perspectives

The service elements chosen for this overview are:

- vocational assessment;
- job matching;
- guidance and counselling;
- assistance in accessing grants;
- advocacy;
- information and advice;
- case management;
- specialised vocational education/training;
- vocational rehabilitation;
- pre-vocational training;
- psychological supports;
- job coaching.

From an employer perspective, three service elements were chosen:

- accessibility advisor/ergonomics;
- recruitment supports;
- job–person matching.

Overall, national correspondents in most Member States indicated that all elements existed in some form within their national or regional jurisdictions. The main variation related to the extent to which service elements were available, easily accessible and considered to be effective in moving an individual towards employment. Table 4 summarises the findings from each of the participating countries.

Table 4 Summary of national perspectives on employment guidance services

| Country | Description |
|---------|--|
| Austria | Apart from advocacy services, all other elements exist in the Austrian system. Only two elements were commonly available (guidance and counselling, and information and advice services). Of these, only information and advice was easy to access. The most effective elements of the Austrian system were vocational assessment, case management, pre-vocational training and psychological supports. Very effective elements within the Austrian system were specialised vocational training and vocational rehabilitation. None of these service elements were commonly available or easy to access. |
| Denmark | All service elements apart from case management exist in the Danish system. All except advocacy services were commonly available. All elements apart from psychological supports were either easy or very easy to access. Job matching and supported employment were considered to be very effective in moving people towards the open labour market; vocational assessment, specialised vocational education/training and job coaching were considered effective in this regard. |
| Finland | All service elements exist in the Finnish system. The most commonly available were vocational assessment, guidance and counselling, assistance in accessing grants, information and advice, specialised vocational training and education, vocational rehabilitation, pre-vocational training and psychological supports. Job matching, advocacy, case management and job coaching were considered to be available sometimes. Service elements that were not easily accessible to people were vocational assessment, job matching, case management and job coaching. All elements, apart from pre-vocational training, were considered to be effective in moving people with disabilities towards the labour market. |

Table 4 (continued)

| | |
|-----------------------|---|
| France | Four service elements were unavailable in the French system. These were job matching, advocacy services, case management and job coaching. The availability of many service elements was not rated highly, with guidance and counselling, assistance in accessing grants, information and advice, and psychological supports being considered relatively unavailable. Most service elements were not easy to access. The most effective elements of the system in terms of moving people with disabilities towards the open labour market were vocational assessment, guidance and counselling, vocational education and training, vocational rehabilitation and pre-vocational training. |
| Germany | All system elements exist in the German system. However, only case management was commonly available but not easily accessible by individuals. System elements not often available included job matching, guidance and counselling, advocacy services, specialised vocational education/training, vocational rehabilitation and pre-vocational training. The most effective system element was job matching. Other effective service elements included vocational assessment, assistance in accessing grants, specialised vocational education/training, vocational rehabilitation and pre-vocational training. |
| Italy (Veneto) | All system elements exist in the Veneto region. The only commonly available elements were job matching and guidance and counselling. Vocational assessment, advocacy services, information and advice, and job coaching were sometimes available. The majority of these were also easy to access for individuals. Apart from assistance in accessing grants, specialised vocational education/training, pre-vocational training and psychological supports, all other system elements were effective or very effective. |
| Malta | While most system elements, apart from vocational assessment, vocational rehabilitation and pre-vocational training, exist in the Maltese system, the availability of services was rated as being relatively low. The most easily accessed services were job matching, guidance and counselling, information and advice, advocacy services and case management. Most system elements were effective or very effective, apart from assistance in accessing grants, advocacy services and pre-vocational training. |
| Netherlands | All system elements exist within the Dutch system. Availability of all elements was rated as relatively high, with most system elements being commonly available. The most easily accessible service elements were job matching, guidance and counselling, and information and advice. The majority of system elements were rated as being effective, apart from assistance in accessing grants and case management. |
| Norway | All system elements were reported as existing in the Norwegian system. The most commonly available service element was vocational assessment. The least available elements were assistance in accessing grants, advocacy services and job coaching. Most service elements were easily accessed by individuals, apart from guidance and counselling, assistance in accessing grants and advocacy services. The system elements rated as effective were vocational assessment, guidance and counselling, information and advice, case management, pre-vocational training and psychological supports. |
| Portugal | All system elements, apart from assistance in accessing grants, advocacy and case management, exist in the Portuguese system. Availability was rated as relatively low, with only vocational assessment, specialised vocational education/training, vocational rehabilitation, pre-vocational training and psychological supports being sometimes available and easily accessible when they were. No system element was rated as being effective, apart from case management, which was not widely available. |
| Slovakia | Most system elements exist in the Slovakian system apart from vocational assessment and case management. Those elements that did exist were specified as being sometimes available, but only information and advice was considered to be easily accessible. The only effective elements were advocacy and specialised vocational education/training. |
| Slovenia | All system elements, apart from psychological supports, exist in the Slovenian system. The most commonly available elements were job matching, advocacy services and specialised vocational education/training. The least available system elements were vocational assessment, vocational rehabilitation, pre-vocational training, psychological supports and job coaching. No elements were easy to access. Apart from job matching, specialised vocational education/training and psychological supports, all other system elements were effective. Vocational assessment, advocacy services, information and advice, and case management were particularly effective. |
| United Kingdom | All system elements exist in the UK. The least available service elements were case management and psychological supports. Advocacy services were also relatively less available. All other elements were commonly available and easily accessible. The most effective system element was specified as information and advice services. Other effective elements included vocational assessment, job matching, guidance and counselling, assistance in accessing grants and job coaching. |

Bearing in mind the limitations of the data source for this analysis, it seems clear that most national systems contain most of the service elements that theoretically constitute a comprehensive and effective system of employment guidance and counselling services. However, many countries report that these services are only available on a limited basis and that they are not always effective. There may be problems of both availability and coordination/integration of services, which contribute to the limited effectiveness of services.

System elements

This section describes the major system elements that constitute employment guidance and counselling services by aggregating the information collected from the countries participating in the Opti-Work project. Table 5 summarises the results from this analysis.

Table 5 Ratings of system elements

| System element | Ratings |
|--|---|
| Guidance and counselling services | Guidance and counselling services exist in all participating countries. They were rated as being commonly available in six Member States and sometimes available in four. Their availability was rated lowest in France and Germany. They were only considered to be very easily accessible by people with disabilities in Denmark. Member States where they were considered to be less easily accessible included Austria, Ireland, Norway, Portugal, Slovakia and Slovenia. They were considered to be effective in nine of the 14 Member States studied. Effectiveness was rated lowest in Austria, Denmark, Germany, Portugal and Slovakia. |
| Information and advice services | Information and advice services exist in all participating countries. Availability was rated high or very high in most countries, apart from France, Malta and Portugal. Ease of access was rated relatively high, apart from France, Germany, Portugal and Slovenia. These services were rated as very effective in Malta, Slovenia and the UK. They were rated as relatively effective in Finland, Ireland, Italy, the Netherlands and Norway. The lowest effectiveness ratings were allocated to Austria, Denmark, France, Germany, Portugal and Slovakia. |
| Advocacy services | Advocacy services exist in most countries apart from Austria and Portugal. However, they were only commonly available in France and Slovenia. Relative availability was specified for Finland, Italy, the Netherlands, Slovakia and the UK. Ease of access was rated relatively low in most countries apart from Finland, France, Italy and Malta. They were rated as very effective only in Slovenia. Other Member States where effectiveness ratings were relatively high included Finland, Italy, the Netherlands and Slovakia. |
| Case management services | Four countries indicated that case management services did not exist within their jurisdictions: Denmark, Ireland, Portugal and Slovakia. Within the remaining countries, these services were commonly available only in Germany. Availability was rated as relatively high in Finland, the Netherlands, Norway and Slovenia. Ease of access was rated high or very high only in Malta and Norway. Most respondents considered case management services to be effective or very effective apart from Germany, the Netherlands and the UK. |
| Psychological supports | Psychological supports exist in most countries apart from Slovenia. They were commonly available in Finland and the Netherlands. Other jurisdictions where they were rated as relatively available were Austria, Ireland, Norway, Portugal and Slovakia. Ease of access was not rated very highly in any country, although it was considered to be relatively high in Finland, Germany, Norway and Portugal. No country rated psychological supports as being very effective, although a number specified it as being relatively effective. |
| Vocational assessment | Vocational assessment exists in most Member States apart from Malta and Slovakia. It was rated as being relatively or commonly available in most countries apart from Austria or Slovenia. Ease of access was not rated very highly in any country, although it was considered to be easily accessible in Austria, Denmark, Norway, Portugal and the UK. Vocational assessment was effective in most countries apart from Ireland and Portugal. It was considered to be very effective in Slovenia. |
| Job matching | Job matching exists in all countries apart from France. It was rated as being sometimes or commonly available in most countries apart from Austria, Germany, Malta and Portugal. Denmark was the only country in which ease of access rated very highly. Other countries in which access was rated relatively highly included Italy, Malta, the Netherlands, Norway and the UK. Job matching was rated as being effective or very effective in seven of the 14 Member States surveyed. Effectiveness was rated less highly in Austria, Ireland, Norway, Portugal, Slovakia and Slovenia. |

Table 5 (continued)

| System element | Ratings |
|--|--|
| Job coaching | Job coaching exists in most countries apart from France. Availability was rated very highly in Denmark, the Netherlands and the UK. Its availability in Finland, Ireland, Italy and Slovakia was rated less highly. Availability was rated lowest in Austria, Germany, Malta, Norway, Portugal and Slovenia. Ease of access was not rated very highly in any country, although it was somewhat accessible in Denmark, Italy, Norway and the UK. Job coaching was rated as being effective or very effective in eight out of the 14 countries surveyed. It was rated most highly in Ireland and relatively highly in Denmark, Finland, Italy, Malta, the Netherlands, Slovenia and the UK. The least effective ratings were in Austria, Germany, Norway, Portugal and Slovakia. |
| Pre-vocational training | Pre-vocational training exists in all countries apart from Malta. It was commonly available in Denmark, Finland and the UK, and relatively available in the remaining countries apart from Italy and Slovenia. Ease of access was rated high in Denmark, Finland, Norway, Portugal and the UK. It was relatively effective in six of the 13 Member States in which it existed. |
| Vocational rehabilitating | Vocational rehabilitation exists in all countries apart from Malta. It was rated as being sometimes or commonly available in the remaining countries apart from Italy and Slovenia. It was rated as being relatively easily accessible in Denmark, Finland, Ireland, Norway, Portugal and the UK. It was rated as being very effective only in Austria. It was rated as relatively effective in eight of the remaining 13 countries. Low ratings were assigned to vocational rehabilitation in Denmark, Norway, Portugal, Slovakia and the UK. |
| Specialised vocational education/training | Specialised vocational education or training exists in all countries and was commonly available in four – Denmark, Finland, Ireland and the UK. Its availability was rated relatively high in France, Germany, Norway, Portugal and Slovakia. Ease of access was rated relatively high in countries where there was good availability, apart from France, Germany and Slovakia. Effectiveness was rated very high only in Austria. It was rated as relatively effective in eight of the remaining 13 Member States. Low effectiveness ratings were allocated to Norway, Portugal, Slovenia and the UK. |
| Assistance in accessing grants | Assistance in accessing grants exists in all countries apart from Portugal. Its availability was rated highly in Denmark, Finland, the Netherlands and the UK. It was rated as being sometimes available in Austria, Germany, Ireland, Slovakia and Slovenia. Ease of access was not rated very highly in any country and only relatively highly in three – Denmark, Finland and the UK. No country rated this system element as being very effective. In all, only four respondents rated it as relatively effective – Finland, Germany, Slovenia and the UK. |

The pattern of system design and system elements in relation to employment guidance and related services under consideration in the Opti-Work project is similar to the disability patterns described above, i.e. one of diversity and wide variability. The perceptions reflected in the system profiles are likely to reflect a positive view of systems and service elements. In this regard, one would expect to be able to identify some commonalities across jurisdictions in those system elements that are considered to be particularly effective. In addition, it might be thought that good system design would involve ensuring that particularly effective system elements would also be commonly available and relatively easy to access. However, this is not the impression gained from the system profiles.

- No respondent rated guidance and counselling services as being very effective in moving people with disabilities towards the labour market.
- Information and advice services were considered to be very effective in three Member States, but only commonly available in one of these.
- Advocacy services were considered to be very effective in only one jurisdiction, but ease of access was rated low in this country.
- Case management was rated as being very effective by only two respondents, but in neither case was it easily accessible or commonly available.
- Vocational assessment was only considered to be very effective in one jurisdiction, but it was neither commonly available nor easily accessible there.

- Job matching was rated as being very effective in four Member States, but ease of access was rated as very high in only one of these.

These patterns suggest that there is a compelling need to apply a more systematic approach to the description of employment guidance and related employment services for people with disabilities. The development of the framework from which the current case study template has been derived provides a useful strategy for beginning to gather and classify service information in a more systematic way.

Key findings of case studies

One of the main aims of the present project was to undertake a set of 20 case studies (two in each of 10 countries) of good practice in relation to employment guidance and counselling services. These were undertaken by a network of correspondents in Estonia, Finland, Germany, Greece, Ireland, Italy, Poland, Portugal, Slovenia and the UK. The collection of this information had two aims: first, to identify examples of good practice as a way of specifying effective approaches to the issue; and second, to test the feasibility of the framework and case study template that was developed as part of the project.

The following discussion provides an overview of the findings from the case studies, structured according to the headings used in the framework and template. Appendix 3 provides summaries of the case studies, while the full studies will be made available on the Foundation website (<http://www.eurofound.europa.eu>).

Aims and activities

In the first part of the data collection template, the main aims and activities of the initiative are outlined.

- Almost all (18) of the 20 initiatives are engaged in service delivery, with eight having a stated aim of organisational change and five being involved in policy development. The initiatives in case studies appear to have multiple aims: not only do they provide a range of services, but many also aim to change policy in the area of employment guidance services, as well as develop organisational structures to enable innovations in service delivery.
- Fifteen of the initiatives display an essentially 'passive' approach that entails general careers guidance, support for job-seeking and referral for training. More 'active' features noted in the initiatives are: awareness raising (14 initiatives); work placements (15 initiatives); financial support and advice (eight cases); assistance with environmental adaptation (six initiatives); and access to voluntary work (two initiatives).
- All the initiatives provide a traditional face-to-face service, with six additionally using telephone, email and/or multimedia technology. Best practice in the area would indicate that making multiple contact methods available constitutes a more effective approach.

Target groups and their relationship to work

In this part of the template, the main target groups for the initiatives are identified. In addition, the relationship clients have with the workplace is characterised – their distance from both the labour market and former employers.

- All of the initiatives provide services for people (with disabilities or illnesses) who have never worked; 15 also target those with a work history.
- Ten case studies provide services for unemployed people with other specific job-seeking needs; seven explicitly target unemployed people of under 30 years of age; eight provide services for those who are employed but are long-term absent from work.

It proved to be difficult to identify initiatives set up *specifically* for the target group of interest. To the extent that they catered for the target group, initiatives tended to do so in addition to providing services for other target groups.

Services and staffing

This part of the data collection template gathered information on the kinds of services which the initiatives provided. In addition, it provided information on the qualifications of the people who staffed the services.

- Eleven of the initiatives provide a customised service for people with disabilities outside the mainstream of counselling services; seven provide an inclusive service that provides flexible options within a mainstream context. Of the initiatives, 16 have a voluntary model of participation.
- Eighteen of the initiatives provide information, advice and job preparation for job-seekers and 15 offer individual career planning, assessment and preparation; 11 also provide onward referral to vocational training and post-placement support. Fourteen stated that their practice involved the principles of case management.
- Only three of the initiatives employ only staff with specific professional qualifications in counselling for people with disabilities. In the remaining cases, counselling staff have generic qualifications and experience and/or additional training with the target group.

Generally, the initiatives provided a wide range of services to clients. However, few provided a full range of services that conformed to the highest standards of best practice. Notably, the qualifications of staff providing the services were not specific to the target group of interest in this study.

Evaluation and accreditation

This part of the template examined whether the initiative had been evaluated. It also gathered information on whether the services were accredited via some recognised standards scheme.

- Eleven of the initiatives have been the subject of research or evaluation, and seven are subject to national quality standards.
- Thirteen are part of wider national programmes, while one is part of a European programme.

The levels of evaluation reported showed that evaluation is a relatively rare occurrence. In addition, even fewer of the initiatives were the subject of accreditation.

Innovations in counselling services

This part of the template explored the nature of the innovation taking place in the initiative. The intention here was to describe how it differed from normal practice nationally. There was a wide range of responses to this issue; some of the more common features were:

- the provision of integrated and flexible services, i.e. professional and social activation of disabled people by means of multi-level and complementary activities;
- case management services based on an individual approach for users with specific needs;
- the promotion of a more active attitude among stakeholders in the training, recruitment and retention of employees with disabilities.

Generally, innovation in the initiatives took the form of more active approaches to service provision. In addition, there was a trend towards integrating new activities into existing services. Some initiatives also appeared to be adopting a more proactive approach with employers.

Reasons for establishment of initiatives

This part of the template collected information about the issues that led to the initiative being established. Most of the responses pointed to attempts to improve the employment prospects for what is regarded as a very disadvantaged group in the labour market. The specific needs listed included:

- the very low proportion of disabled people who were economically active and in 'real jobs';
- a failure to match the work environment to the needs of the person, in the form of architectural, mental and social barriers;
- a lack of appropriate programmes for rehabilitation, training, job integration, job reintegration and job retention.

Dissemination of good practice

This part of the template enquired about the plans the initiative had for disseminating information about its practice. Most initiatives had such plans and these involved mainly standard methods of dissemination – personal presentations, the print media and electronic media and internet. Other approaches included:

- participation in seminars, conferences and symposia;
- local media;
- the development of further projects and formation of legislation;
- disability management and training programmes.

The employment situation for people with disabilities is universally recognised as being poor. Estimates vary between countries, but such people are invariably among the most marginalised of any group on the labour market. However, such statistics conceal major differences within the group. Not all people with disabilities are the same: they vary in terms of the nature, severity and duration of their type of disability and in their level of employability, i.e. the types of occupational skills they possess. Another important factor is the individual's previous experience of work, if any.

Most people of working age with disabilities acquired their disability during their working lives. This phenomenon is strongly related to age, with large increases in rates of disability being seen among people aged over 45. This group, who often suffer from chronic physical or mental illness, are particularly at risk of social exclusion since many of the employment services that target people with disabilities cater for people who acquired their disability before reaching working age.

This study focuses on this often-neglected group of people who have acquired a disability during their working lives. For the purposes of the study, this group was defined as comprising individuals with previous working experience and who had been absent from work for long enough to qualify for long-term disability benefits (usually a minimum of 12 months). They were selected in order to focus on the nature and quality of the employment services available to them, since these are central to their prospects of getting back to work.

This study had two main aims: to provide an overview of the statistical and definitional background of the situation for this target group and to identify examples of good practice in relation to employment guidance and counselling services for the group. The latter aim involved a number of intermediate steps:

- developing a framework for the description of employment guidance and counselling services;
- developing a template for the description of initiatives providing employment guidance and counselling services;
- identifying and describing examples of good practice in 10 Member States.

A summary of the study's findings in relation to both of these aims is presented below.

Defining disability

The study investigated currently used definitions of disability, both from a theoretical perspective and in relation to how disability is defined within the social insurance systems of Member States (information was not available for all of the EU25).

As might be expected, there is considerable variation in how disability is defined among the Member States. In essence, all of the definitions aim to define eligibility either for various social insurance benefits or for labour activation measures. These would typically include short- and long-term illness (disability) benefits, which are defined in relation to social insurance arising from labour market participation, and what might be termed social assistance disability benefits (where people have been in receipt of benefits without reference to the labour market).

However, the situation with regard to social insurance-related benefits is blurred due to the relationship between illness-related benefits, early old-age pensions and in some cases

unemployment benefits. To be eligible for early old-age pensions, an individual may need to give some indication of health limitations, while people who are long-term unemployed may be 'transferred' to disability benefits for the purposes of reducing unemployment rates. Both of these factors make it difficult to get a true estimate of the numbers of people with disabilities within Member States and of their employment status.

When comparing disability rates between Member States, a further complicating factor arises: the thresholds and the definitions used for eligibility for disability benefits differ, often significantly, between countries. In addition, there are major differences in the levels of benefits available to claimants, a factor which can distort the numbers of claimants. This means that comparisons between countries are extremely difficult to make.

There is one further element to definitions of disability that is relevant here. A report by the OECD (2003) points out that some definitions also relate to the activation or integration of people into the labour market. It also indicates that this definition may conflict with the income replacement elements of approaches to disability. However, the report also suggests that such distinctions are generally appropriate from the perspective of what the benefits are intended to achieve, even if they sometimes lead to confusion for claimants of benefits and difficulties in estimating what might be regarded as a 'true' level of disability.

Statistics on disability

The study also described the national and transnational statistics available on disability rates within the EU25. The European Commission's report *Employment in Europe 2005: recent trends and prospects* (2005) provides one of the few sources of information in this regard.⁵ The statistics reviewed indicated that there was wide variation between the Member States in relation to the numbers of people claiming disability benefits. As indicated earlier, this is due largely to differences in how eligibility is defined in each country. However, it is clear from the review that in many Member States there are more people on disability benefits than on unemployment benefits. The review of transnational statistics also points to national differences in relation to how disability is defined and to differences between self-defined disability and social security-defined disability.

Statistics in relation to the costs of social security spending reinforce this picture of diversity between the countries and of disability being a significant issue. A comparison of Eurostat statistics on spending on disability as a percentage of GDP between 11 Member States indicates that such spending can vary between 1% and 1.5%. In addition, spending on disability pensions as a proportion of total social spending also varies considerably, with as little as 4.3% being spent in France and as much as 21.4% being spent in the Netherlands.

The *Employment in Europe 2005* report confirms much of what is already known about the situation of people with disabilities: their numbers increase with age, they are more likely to be poorly educated and have fewer skills and they are far less likely to be in work. The data presented in this report also suggest that the true numbers of people with disabilities and their position in the

⁵ This was, however, augmented by a number of other transnational and national sources where available.

labour market may be underestimated, especially among older age groups: there is evidence that people – particularly in the over 55 category – move from disabled status to early retirement.

This group is likely to increase significantly in size in coming years due to the increasing numbers of older workers in the labour force and also to the closure or restriction of early retirement schemes. A further consideration is the redefinition of retirement age which is taking place in many countries and which will *inter alia* further increase the numbers of people who are inactive in the labour force due to chronic illness.

Employment guidance and counselling services for people with disabilities

The study also focused on the issue of employment guidance and counselling services for people with disabilities. These services provide the mechanism whereby people with disabilities may return to work. In this part of the study, the concern was to develop a framework for describing these services in a structured way, thereby facilitating a comparison between services and providing a basis for developing a model of good practice. In brief, the main dimensions of the framework developed are:

- the way in which the employment guidance service initiative is delivered;
- the target group(s) for the initiative;
- the service activities and approach;
- the service and occupational standards;
- the national context;
- the innovative nature and aim of the initiative;
- the existence of research or evaluation results.

These seven dimensions have been generated for two purposes – first, to provide a comprehensive basis for describing the full range of activities of the services (essentially a model of good practice) and, second, to provide a template for the description of case studies of initiatives in 10 Member States.

The first four of these dimensions constitute a conceptual framework for understanding the nature of employment guidance services. The first refers to whether services are mainstreamed or specialised, or whether some mixed model is used. It also refers to how the service is delivered, i.e. the kinds of ways in which clients can access the service.

The second dimension concerns the target groups for the service, i.e. whether it is a generalised service or whether it is available only to specific target groups of interest.

The third dimension refers to the activities or services offered by the employment guidance and counselling service. These include such elements as the model of delivery used and the range of service provided.

The fourth dimension refers to the kinds of standards used in the service – whether they involve professionally trained staff and whether the services are audited for quality.

The remaining dimensions of the framework refer to issues that are important in the description of the case studies of good practice (See Appendix 1).

The practice of employment guidance and counselling

The study also undertook a review of current practice of employment guidance and counselling services for people with disabilities. A search of literature revealed little, but the reanalysis of data from the ongoing Opti-Work project provided a comprehensive overview of the situation in 14 of the Member States.

This analysis revealed that there was a wide diversity of approaches among the Member States regarding the design and elements of employment guidance and counselling services. The analysis focused on three issues in relation to these services – their existence, effectiveness and accessibility. It revealed that the majority of countries had all or most of 15 service elements of employment guidance and counselling services. However, there were substantial differences between Member States with regard to the accessibility of these service elements and to the ratings of effectiveness attached to them. Between countries, there were also differences in ratings of the effectiveness of many service elements. Moreover, there appeared to be little correspondence between the availability of service elements and their effectiveness. In other words, the most effective elements were not necessarily the most widely available.

The reanalysis of data from the Opti-Work project should be interpreted with caution since the project is still in progress and the data are limited. But the data nonetheless provide a unique illustration of the complexity of the EU situation with regard to employment guidance services for people with disabilities and will provide the basis for further investigations in the future. Overall, the analysis suggests that while countries share a more or less common approach in terms of the types of services offered, they differ considerably in the design and coordination of these services.

Case studies of good practice

A total of 20 case studies of good practice were undertaken as part of the project. Two were undertaken in each of 10 Member States (Estonia, Finland, Germany, Greece, Ireland, Italy, Poland, Portugal, Slovakia and the UK). These were undertaken primarily to illustrate what might be good practice in each of these countries, to point to innovative approaches in these countries and to demonstrate the range of approaches to employment guidance and counselling services. A further aim of this part of the work was to field-test the descriptive template for models of good practice developed earlier in the project. It should be noted that it was not an aim of this part of the work to undertake a comparative analysis at national level nor to identify a definitive model of good practice.

The evidence from the case studies suggests that the template was easy to use. In particular, the instructions given with the template meant that third parties had no difficulty in obtaining the required information. In addition, the mixed response format of the template meant that accurate information was obtained and that the template produced adequate amounts of contextual information. Not all dimensions of the template were relevant to specific projects, but, overall, it is felt that the template could be used in future projects in this area with little, if any, modification.

With regard to the content of the case studies, a number of tentative conclusions can be drawn.

- There was little evidence that the selected initiatives focused exclusively on the target group of interest to this project (people on disability benefits who had worked before). All initiatives

included this group in the services they offered, but it was not necessarily seen as a target group of special interest.

- Generally, the initiatives provided a fairly wide range of services to their clients, but none provided all the elements defined in the framework of good practice.
- Few of the initiatives were staffed by people who had a qualification in providing counselling services for people with disabilities.
- The innovations offered by the initiatives mainly took the form of extending and better integrating services, providing active case management services and extending services to include employers as well as clients.
- The main reason for undertaking the initiatives was to address the very high unemployment rates among people with disabilities.

This set of findings from the case studies raises a number of important issues. First, the relative failure to find initiatives that specifically target people with disabilities who have worked before would seem to indicate that this group does not have a high priority in many countries. If employment targets are to be met, there would appear to be an awareness gap regarding the need to focus on this group.

Second, most of the initiatives provided a relatively wide range of services to their clients. However, none provided all of the service elements described in the framework developed in this project. While not necessarily surprising in itself, it may also indicate that there is a need and an opportunity to increase the level of sophistication of services, especially for the target group in question. This may mean, for example, ensuring that appropriately trained staff administer the employment services (although this might have cost implications); a more proactive and earlier approach to interventions is made; or that service provision is brokered or integrated through employment guidance services.

These two conclusions would indicate that there is a significant need for further research work in the area. Specifically, a research programme is indicated that aims to discover more about the nature of the services offered by initiatives; strengthen the level and type of services offered; and raise the profile of the target group. Such research might usefully use an action research model to achieve these aims.

This proposed research could also focus on the provision of timely information about what works in relation to return-to-work strategies for the target group. Such research outputs would support the policy-making process in particular, but would also assist in the development of practice by employment guidance services themselves. In doing so, the research would achieve both policy relevance and widespread dissemination and impact among the major stakeholders of the Foundation.

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Appendix 1

Template used in the case studies

Name of initiative:

Member State:

Postal address:

Contact person:

Email address:

Website:

Year that initiative started:

Number of clients per year:

PART 1 *[Please delete options that do not apply]*

Aims of this initiative:

- Delivery of services
- Organisational change
- Policy development

Overall activities:

- General careers guidance
- Providing access to voluntary work
- Work placements
- Training
- Job search support
- Job application support
- Financial support/advice
- Confidence-building
- Environmental adaptations
- Awareness-raising

Please write a 300-word description also.

Availability of services:

- Face-to-face
- By email
- By telephone
- Multimedia

Target groups:

- The long-term unemployed
- The short-term unemployed
- Unemployed people with additional job-seeking needs
- People with disabilities or illnesses
- Men
- Women
- Job-seekers over 50 years of age
- Job-seekers under 30 years of age

Relationship to work of service users:

- Have never worked
- Are unemployed, but have a history of work
- Are employed, but long-term absent from work
- Are short-term unemployed

Type of service for people with disabilities:

- **Generic** [*mainstreamed/integrated service with no disability-specific options, but with reasonable accommodation where this is appropriate in relation to physical access or interpretation*]
- **Specialist** [*customised service for people with disabilities outside the mainstream of counselling services*]
- **Linked** [*an inclusive mainstream service that provides flexible options, including disability-specific supports within a mainstream context*]

Participatory model for people with disabilities:

- Mandatory
- Voluntary

Services for people with disabilities:

- Provision of information and advice to job-seekers
- Gate-keeping eligibility for employment and social inclusion services
- Onward referral to vocational training
- Individual career planning
- Assessment and exploration
- Case management/advocacy
- Job preparation
- Matching and placement and/or post-placement support
- Progress and process measurement

Application of the principles of case management:

- Active coordination of services
- Negotiation/mediation
- Monitoring progress
- Evaluation of options

Employment guidance and counselling staff:

- Have basic professional qualifications in counselling for people with disabilities
- Have a generic qualification (with either experience or some additional qualification for counselling people with disabilities)

PART 2 [*Please delete Yes/No as applicable and provide supplementary information as requested*]

Research and evaluation

- Has the initiative been the subject of research or evaluation? Yes/No
If Yes, please provide references or web links.

Standards and accreditation

- Is the counselling service subject to national quality standards? Yes/No
If Yes, is this initiative accredited? Yes/No
- Does it operate an internally recognised quality system? Yes/No
If Yes, please specify which one.

National context

- Is this initiative part of a larger national programme? Yes/No
If Yes, please provide a brief (about 100 words) overview of this programme and a web link to further information.
- Which government department(s) have overall responsibility for this programme and/or initiative?
- Does the legal and regulatory basis for the employment of people with disabilities involve quotas and/or incentives to employers?

Innovative aspects (*about 50 words per item*)

- How does this initiative differ from traditional approaches to the provision of counselling services in this jurisdiction?
- What particular needs led to the establishment of this initiative?
- What plans are in place to transfer and/or disseminate the approaches adopted by this initiative?

Are there any further comments you would like to make?

Appendix 2

List of case studies

| English title | Year started | Country |
|--|--------------|----------|
| Career guidance service | 2004 | Estonia |
| Supported employment service for disabled people | 2002 | Estonia |
| Employment service centres and one-stop-shops | 2004 | Finland |
| Social enterprises | 2004 | Finland |
| Cooperative vocational training and guidance | 2005 | Germany |
| Jobs without Barriers | 2003 | Germany |
| NetJob Hellas | 2002 | Greece |
| Development consortium 'Proteas' | 2002 | Greece |
| Training of Trainers project | 2002 | Ireland |
| Mainstreaming employment services | 2000 | Ireland |
| Employment access service | 2000 | Italy |
| Job integration service | 1988 | Italy |
| Integralia | 2004 | Poland |
| Foundation supporting physically disabled computer specialists | 2004 | Poland |
| Vocational Rehabilitation Centre | 1991 | Portugal |
| Neuropsychological rehabilitation programme | 2001 | Portugal |
| The New Way programme | 1998 | Slovenia |
| Cooperation with neighbouring countries | 2005 | Slovenia |
| Want2Work | 2002 | UK |
| Work Preparation for Disabled People | 2005 | UK |

Appendix 3

Summaries of case studies

Estonia

Career guidance service

<http://www.astangu.ee>

In general, there is no traditional approach in Estonia of career guidance or counselling for people with special needs. Such individuals usually learn in either special schools or groups. If they need career counselling, they can turn to local career guidance centres, but the specialists there are generally not prepared to counsel people with special needs. In 2002, it transpired that students who were about to graduate from their vocational training centre did not actually know much about the open labour market: they were unaware of the demands of the speciality they had been studying for three years and they did not know how to find a job.

A recent initiative, started in 2004, is now offering career counselling to this target group. Astangu's mission is to develop human resources not only in the Estonian vocational education system, but more broadly in the context of lifelong learning.

Contact: Lemme Palmet, Employment Service Specialist, Astangu 27, Tallinn 13519
Email: astangu@astangu.ee

Supported employment service for disabled people

<http://www.astangu.ee>

Case management is a methodology that is based on an individual approach. Employment services in Estonia's State Employment Offices were, until a few years ago, very formal and did not prove very helpful in integrating, or reintegrating, people with disabilities into the labour market. Improvements have, however, been made in recent years.

Now, after people with disabilities undergo vocational training in Astangu Vocational Rehabilitation Centre, they are provided with an individualised supported employment service. In addition, other NGOs in Estonia provide supported employment services solely for the chosen target group. The results of this project will be an employment scheme for disabled people and it will be shown by using a supported employment model.

The project's team will be presenting its conclusions and proposals in the near future to the Ministry of Social Affairs and the National Labour Market Board. The proposals aim to have supported employment services upheld by legislation.

Contact: Lemme Palmet, Employment Service Specialist, Astangu 27, Tallinn 13519
Email: astangu@astangu.ee

Finland

Employment service centres and one-stop-shops <http://www.kuntoutussaatio.fi>

The job centres focus on self-administered services, i.e. IT-based services and supported self-services, such as individual advice for job-seeking and training in writing CVs; they also provide job clubs. The local employment offices provide personal services, including personal employment counselling (interviews, action plans, provision of jobs, training, active programmes, advice about education and professions), vocational rehabilitation for people with disabilities and career guidance.

The services of the employment service centres (ESCs) are based on multi-professional individual counselling. The ESCs are joint service points for local authorities (employment offices, municipal social and health services, social insurance institutions) and other service providers. They offer a variety of rehabilitation and activation services for their clients. The aims of the ESCs are to improve the activation rate and active labour market support and to improve their clients' work ability, functional capacity and participation.

The clients of the ESCs include long-term recipients of labour market support who also have social and health problems. The number of clients in 2005 was estimated to be 20,000, about 20% of whom were people with disabilities. At present, there are 35 ESCs and one-stop-shops in operation and it is planned that about 40 ESCs will be established by 2007.

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Social enterprises <http://www.kuntoutussaatio.fi>

A new form of social enterprise has been established in Finland that aims to provide work opportunities for people with disabilities or the long-term unemployed. It is estimated that 20-30% of unemployed people with disabilities would benefit from special employment schemes, such as employment in a social enterprise. The public employment service aims to support the job-seekers' employment or improve their labour market potential. The legislation on social enterprises gives a more solid status to already established social enterprises and supports new businesses that are setting up.

The ultimate goal is to create new jobs, particularly for unemployed people with disabilities and the long-term unemployed, and to improve their chances of getting a job in the open labour market. Of particular relevance to the long-term unemployed, the social enterprise can act as a transitional job to the open labour market. For some people with disabilities, the social enterprise can offer a more permanent place of employment.

This initiative is based on new legislation on social enterprises, which came into force in 2004. According to the legislation, 30% of employees of social enterprises should be either people with disabilities or people with disabilities who are long-term unemployed. The employees are paid normal wages and the employer is paid a long-term wage subsidy. The Ministry of Labour has so far approved 26 social enterprises in its register.

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Germany

Cooperative vocational training and guidance

<http://www.kvjs.de>

'Finishing' vocational training courses are required for young people with intellectual and learning disabilities after they have left school (for obtaining job and apprenticeship contracts from employers in the free labour market). These courses are normally organised in supplementary school classes or in vocational training centres. In these courses, 'group coaching' is part of the curriculum, but case management and personal guidance are not included.

In this project, set up in 2005, a system of individualised job coaching is implemented. Over a fixed time span and with a specific person and a particular workplace in mind, an assistant follows the well-structured but flexible concept of a 'waning mandate'. This is agreed with the client: every possibility to reduce professional responsibilities and initiative is pursued, the aim being for the client to achieve maximum independence as soon as possible. The pilot project has been very successful to date.

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Jobs without Barriers

<http://www.projekt-router.de>

There are companies that can make productive use of unskilled workers, as long as they are reliable, trustworthy and can relate to colleagues and managers. However, without the systematic provision of information about such companies, arranging work placements for people with intellectual, learning or multiple disabilities is almost impossible.

The 'Jobs without Barriers' project, started in 2003, provides a job coach. This person provides an effective workplace screening for people with disabilities; they also provide the usual services of training and assisting the job-seeker and accompanying him or her (during the initial employment phase) into simple, paid work. An alternative to sheltered workshops is thus provided.

This regional project results in a 'win-win' situation: all three sides (job-seekers, integration service providers and employers) gain from the improved allocation of existing resources.

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Greece

NetJob Hellas

<http://www.eworx.gr>

The NetJob Hellas project began in Greece in 2002. Vocational training for 15 physically disabled individuals started with IT and new technology. This 'Model Training Programme' entailed the transfer of the Danish NetJob training programme for disabled people to Greece. This programme has an 85% success rate in placing graduates in IT positions in Denmark. The programme gave only very limited financial aid to participants, covering the cost of transport and a daily allowance for meals.

NetJob Hellas provides high-level training in IT skills and project management to trainees with a disability. The course covers graphic design tools and methods, database construction and management, web-based tools and IT project management. A key feature of the course curriculum is that local employers are asked to define their needs for new skilled staff; training is then targeted to enable trainees to go into specific job placements, where they have a mentor to advise them.

The programme was conducted by an ad hoc consortium of training organisations and NGOs. These entities operate under the regulatory supervision of the Hellenic Ministry of Education and Hellenic Ministry of Social Affairs.

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Development consortium Proteas

<http://www.equal-greece.gr>

Through the EU initiative EQUAL, which is funded partly by the Greek Ministry of Labour and the European Social Fund, the development consortium Proteas was set up in 2002 with the aim of combating discrimination against people with physical disabilities by integrating them into targeted workplaces.

In order to strengthen the abilities and skills of this particular target group, the NGOs – in cooperation with the employers in Proteas – designed and implemented competitive vocational training courses in sports, journalism and mass media, information technology, catering and insurance through teleworking. To secure jobs for the target group, an awareness campaign was carried out. Moreover, to overcome problems of accessibility, two assessment tools were designed and used to carry out evaluations of both the individual and the potential workstation, with a view to creating a better match between the individual's abilities and the needs of a particular workplace. Studies of the adaptations that employers need to make in their working environments were carried out and efficient ergonomic solutions were proposed. To further assist the individual, technological aids, especially in the IT environment, were provided. The key aim of the initiative was to help individuals retain their job position.

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Ireland

Training of Trainers project

<http://www.fas.ie>

FÁS is the statutory agency responsible for training and employment in Ireland. The Training of Trainers project involved all employment services officers (ESOs) in the organisation being provided with a three-day disability awareness programme. This addressed all aspects of career guidance for people with disabilities, including assessment, exploration, job matching, placement and supported work options. The programme also introduced ESOs to the main characteristics of a range of job-seeker groups, including those with mobility or sensory impairments, intellectual impairments, brain injury and mental health difficulties. The WHO International Classification of Functioning, Health and Disability (ICF) was used as a conceptual framework for the programme. An introduction to computerised guidance systems was also included.

Prior to this programme, the ESOs had had no training in how to respond to the needs of job-seekers with disabilities. As a result of the course, there were a number of follow-up meetings with management about creating a more inclusive employment guidance service for people with disabilities.

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Mainstreaming employment services

<http://www.fas.ie>

This initiative arose from a national review, conducted in the late 1990s, of all legislation, policy and services relating to people with disabilities in Ireland. In line with the principles of non-discrimination and integration, a new policy of mainstreaming employment services was established, which in practice meant closing previous specialist services and encouraging people to use the mainstream services provided by FÁS, the government employment and training agency.

Generic services are made available to all clients, including people with disabilities. In addition, a number of services, practices and benefits are made available to people with disabilities. These include having their case prioritised, workplace adaptations, enhanced benefits, funding of external training, supported employment, wage subsidies and a range of financial grants. Take-up by people with disabilities has been relatively low in comparison to the supposed demand for services. Reasons for this slow take-up might include the existence of benefits traps, the relative novelty of the services, disabled people using alternative employment routes and many people being happy to work in the voluntary sector (FÁS only provides services in relation to the open labour market).

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Italy

Employment access service

<http://www.centrodoncalabria.it>

The Law 68/99, 'Right to employment of people with disabilities', revised the former law on compulsory employment of disabled people. This law promotes ad hoc employment through public and private work integration services. A technical commission evaluates residual abilities that can be used in suitable jobs and environments through the support and monitoring of competent offices and mediation services.

The Don Calabria Centre's employment access service promotes an active attitude of companies in the recruitment and maintenance of employees with disability, and works closely with labour market requests and training offers. This involves networking between private and public services, and between rehabilitation, vocational training, labour offices and companies.

Specific programmes are financed by the European Social Fund as regards the definition of methods of accompanying disadvantaged people into the labour market, and the definition of a unit of evaluation of work abilities. These projects are developed in partnership with public and private services.

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Job integration service

<http://www.ulss22.ven.it>

SIL22 was established by regional law (16/2001) and comprises networks between private and public services, vocational training, labour offices and companies.

People with disabilities are identified by the social services and the vocational training centres of the referring area – the region of Veneto and its 37 municipalities. As the service has been set up in the field of social health, this helps in the development of a global approach and a networked method; it also helps in the dissemination of the service as part of the provincial and regional coordination of job integration services. There is also participation, as a partner, in initiatives financed by the European Social Fund.

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Poland

Integralia

<http://www.integralia.pl>

Ergo Hestia Group Foundation feels that people with disabilities are discriminated against in the labour market in Poland. By supporting such people at the start of their career, the Integralia programme helps them to find their place in society (and fulfilment) and aims for their comprehensive development by providing vocational training, work opportunities and further development options.

Integralia provides a number of coordinated services, including market research, counselling, job-seeking advice and vocational training, e.g. computer courses, as well as keeping in touch with people even after they have found a job.

The foundation has only existed for a little over one year; its progress and achievements will be interesting to follow as it becomes more established. Information is disseminated through Integralia's website and brochures, and cooperation with local media (radio and newspapers) promotes its activities. There are plans to create new branches of the Foundation in other Polish cities.

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Foundation supporting physically disabled computer specialists

<http://www.idn.org.pl>

The Biuro Karier ON initiative is targeted at a specific group of people with disabilities and a specific occupation – those who wish to work as computer professionals. Unlike most other Polish employment services for people with disabilities, it provides comprehensive services: these include both psychological rehabilitation and vocational rehabilitation measures to improve the activation of the individual and ultimately their employability.

After almost a year of operation, it is clear that such an initiative is not only highly popular among disabled people, but also necessary. The numbers speak for themselves: 400 people have already registered in the foundation's database and employment has been found for 30 of them.

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Portugal

Vocational Rehabilitation Centre

<http://www.crbg.pt>

The Gaia Vocational Rehabilitation Centre sees the problem facing its clients as the mismatch between their condition and consequent needs, and the environment. The ethos, instead of being one of assistance, is one of promoting an individual's rights and equality of opportunities. Therefore, the main goal is not healing but professional retraining, eliminating barriers and promoting compatibility.

The centre takes an alternative approach to rehabilitation. Instead of institutionalising people, the services that the centre provides are based on the idea of community. Power and control are not limited to professionals. The culture is not 'disabling'; rather, it is enabling. The objective is not to soften the situation or to compensate a person, but rather to seek to promote their human rights. Instead of focusing on a disabled individual, the focus is on social groups and/or the entire population.

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Neuropsychological rehabilitation programme

<http://www.crbg.pt>

This initiative is aimed at people who have suffered a traumatic brain injury (TBI) and focuses primarily on neuropsychological rehabilitation. It is a transition programme between clinical rehabilitation and vocational rehabilitation, with the aim of bridging the gap between the two. The programme was established in response to the increasing numbers of people with TBI who had found no specific response (in traditional medical structures) to their particular rehabilitation needs.

The programme combines various components – cognitive, psychotherapeutic and physiotherapeutic – with the aim of promoting self-awareness, flexibility, compensation, adjustment of psychosocial interaction and the acceptance of the consequences of the injury, as well as physical/functional adaptation.

The services are part of Portugal's National Policies of Vocational Training and Employment and, more specifically, the National Plan of Employment.

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Slovenia

The New Way programme

<http://www.ir-rs.si/>

The New Way programme is aimed at increasing the employability and employment of – primarily but not exclusively – disabled persons. This is done through professional and coordinated service provision, the coordination of different service providers, the raising of employers' awareness and increasing their participation in employing disabled people.

Methods include a holistic, interdisciplinary team approach that involves a vocational instructor, a social worker, an occupational therapist, a psychologist and an occupational physician. The programme combines individual and group activities and continues with vocational assessment and vocational rehabilitation plan development; vocational training; supported employment; on-the-job training; and follow-up and on-the-job intervention.

The New Way programme has been followed up for short- and long-term outcomes. The last comprehensive analysis, in 2002, showed that the programme had resulted in 62% of participants solving their employment problems.

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Cooperation with neighbouring countries

<http://www.ucnopodjetje-irrs.org>

The aim of this programme, set up in 2005, is to develop economic, societal and cultural links between the neighbouring countries of Slovenia and Austria to prepare for the effective exploration of the new opportunities opened to Slovenia with its accession to the European Union.

In the Podravje region of Slovenia and in Styria in eastern Austria, the project team will investigate the knowledge and abilities that are expected of the administrative and office employees of small companies, sole proprietors and institutions. Based on the results, a model for training employees in such workplaces in information and communications technology will be developed. Measures will be put in place for developing a professional standard of expertise, and the transparency of the initiative will be ensured by means of cooperation with an Austrian partner.

The programme will facilitate the transition from an educational institution to a workplace; it will focus on building on formally or informally acquired skills and on making training more flexible and more responsive to the requirements of individuals and the demands of the market.

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United Kingdom

Want2Work

<http://www.jobcentreplus.gov.uk>

The Welsh Assembly has collaborated with Jobcentre Plus Wales to deliver the joint Want2Work initiative to help economically inactive people find work. The initiative is funded through the European Social Fund to a total of €16 million and is being delivered in the local authority areas of Cardiff, Merthyr and Neath/Port Talbot.

The primary aim is to help people claiming incapacity benefit to move voluntarily into sustained employment. Delivery is through outreach provision in local community outlets. The focus will be shifted within these local authority areas during the lifetime of the pilot projects to engage with as many potential clients as possible. It is hoped to help at least 1,000 people find work, and remain in it.

Advisors offer advice on the full range of in-work benefits and support beneficiaries in accessing them. Additional support, such as a return-to-work bursary, will also be available for the management of any existing medical condition or disability in the workplace.

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Work Preparation for Disabled People

<http://www.momentumscotland.org>

This is a Jobcentre Plus initiative that enables unemployed people with a disability and/or long-term health needs to explore employment opportunities through a timed programme of external work placement and corresponding support. The aim is to provide a 'no risks' programme that will allow disabled people to try out different work opportunities on a six- to 18-week trial basis without losing unemployment or disability benefits. It is delivered from three centres – in Glasgow, Fife and Aberdeen.

The service mode is a combination of centre-based training and support, supplemented with work placement activity and corresponding on-site support. The period of intervention depends on the nature of support required and the extent of an individual's disability. For service users with a brain injury, the intervention period tends to be at the upper time limit.

The activities that take place within this programme are all focused on enabling a positive job outcome where possible. However, there is also a clear focus on activity that builds up and enhances personal skills, such as confidence building.

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Appendix 4

National statistical offices online

| | |
|-----------------|---|
| Austria: | http://www.statistik.at |
| Belgium: | http://www.statbel.fgov.be |
| Cyprus: | http://www.mof.gov.cy/mof/cystat/statistics.nsf/index |
| Czech Republic: | http://www.czso.cz |
| Denmark: | http://www.dst.dk |
| Estonia: | http://www.stat.ee |
| Finland: | http://www.stat.fi |
| France: | http://www.insee.fr |
| Germany: | http://www.destatis.de |
| Greece: | http://www.statistics.gr |
| Hungary: | http://portal.ksh.hu |
| Ireland: | http://www.cso.ie |
| Italy: | http://www.istat.it |
| Latvia: | http://www.csb.lv |
| Lithuania: | http://www.std.lt |
| Luxembourg: | http://www.statec.public.lu |
| Malta: | http://www.nso.gov.mt |
| Netherlands: | http://www.cbs.nl |
| Poland: | http://www.stat.gov.pl |
| Portugal: | http://www.ine.pt |
| Slovakia: | http://www.statistics.sk |
| Slovenia: | http://www.stat.si/eng/index.asp |
| Spain: | http://www.ine.es |
| Sweden: | http://www.scb.se |
| United Kingdom: | http://www.statistics.gov.uk/ |

European Foundation for the Improvement of Living and Working Conditions

Employment guidance services for people with disabilities

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The number of people on long-term disability benefits in Europe is rising and this group is particularly at risk of social exclusion. Although many of those away from work for a long period due to illness or injury would like to rejoin the workforce, very few actually do so in practice. This situation means that potential workers are absent from the labour market and there is pressure on social security systems. One of the key strategies for reversing this trend and helping long-term benefit claimants to return to work is a system of effective employment guidance and counselling services. By looking at case studies in 10 Member States, this report identifies examples of good practice in employment services for people who have become disability claimants in the course of their working lives. It concludes that there is overall a lack of awareness of the specific needs of people on long-term disability benefits and a need for a wider range of initiatives specially targeted at this group.

The European Foundation for the Improvement of Living and Working Conditions is a tripartite EU body, whose role is to provide key actors in social policymaking with findings, knowledge and advice drawn from comparative research. The Foundation was established in 1975 by Council Regulation EEC No. 1365/75 of 26 May 1975.



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