

Guidelines for Effective Vocational Rehabilitation Schemes



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EASY-TO-READ SUMMARY

What is in this document?

This document gives suggestions for how to make sure vocational rehabilitation works well.

We will call vocational rehabilitation VR for short.

What is vocational rehabilitation?

There are many different ideas about what VR is exactly.

This document has a suggestion for how to describe VR that makes sense to as many people as possible.

We can say that VR is all the support that is given to someone who needs extra help to get a job.

For example, a person with a disability, someone who had an accident or who has a long-term disease.

Who is the document for?

The Guidelines has information for organisations that are doing VR.

Organisations are a group of people who work for the same thing.

For example, they give:

- ❖ education or training
- ❖ social support
- ❖ health and medical care
- ❖ people jobs or help them to find and keep a job

It also has information for:

- ❖ organisations that give other people jobs
(also called employers)
- ❖ people that make laws

What does the document say about VR?

Good VR supports the person that needs it in all parts of their life.

All people have different needs and might need more or less support or services.

For example:

- ❖ to get more education
- ❖ to improve their health
- ❖ to improve their social life
- ❖ to help them live on their own
- ❖ to be able to find and keep a job
- ❖ to get changes at work so it is better or easier

The Guidelines make suggestions for how this support can be given in the best way

and when different support should be given

For example, it is important for the person

- ❖ to get support services very quickly
- ❖ to be able to decide what they need and want for work and their life
- ❖ to have a plan which says how they will get what they need and want
- ❖ to have the same person support them all the time they are getting VR
- ❖ To have extra help when needed, for example:
 - when they get a new job
 - or when they are ready to go back to their old job

What do the guidelines say to employers?

They explain how employers can support people that work for them and where they can find help to do this.

What do the Guidelines say to education and training organisations?

The teachers must be able to support all the people learning.

It gives ideas to help teachers.

It says that what people learn should help them to find a job.

The Guidelines explain different ways people can get the education they need to get a job

and ways of supporting people in a new job or to stay in a job.

What do the Guidelines say about laws and governments?

They have ideas about how to make good laws for VR.

For example:

- ❖ The law must be clear about who should do what and how they can do it
- ❖ There must be enough money for all the support and help that people need to be able to get and keep a job for as long as they need it
- ❖ The law must support people and organisations to work together to help people get a job or improve their skills

The Guidelines have examples from different countries that have good laws like that.

The Guidelines also include the laws and agreements that are important for VR

in the countries that are in the group called the European Union.



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1. INTRODUCTION: BACKGROUND AND AIMS OF THE GUIDELINES

The [Strategy for the Rights of Persons with Disabilities 2021-2030](#) was launched by the European Commission (EC) in 2021. It aims to improve the situation of persons with disabilities in the European Union (EU) over the ten-year period, making sure that they can fully enjoy their rights, have equal opportunities and access to society and the economy, decide where, how and with whom they live and that they can move freely in the EU, regardless of their support needs.

One of the seven flagship initiatives of the Strategy is the [Package to Improve Labour Market Outcomes of Persons with Disabilities](#) (2022), referred to in this document as the Package. It contains actions focusing on the improvement of the employment rate and the quality of employment of people with a disability. With the European Pillar of Social Rights (EPSR) and the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) as foundations, it covers all stages of employment. For more information on these frameworks, please see Chapter 6 of this document.

One of the deliverables of the Package is the present Guidelines for Effective Vocational Rehabilitation Schemes. They are based on resources from the European Agency for Safety and Health at Work (EU-OSHA), desk research, and most significantly, input from stakeholders. Stakeholder input was gathered from the [Disability Platform](#)¹, both governmental and NGO representatives, in meetings of the Platform and via written contributions, as well as in consultations with the [European Platform for Rehabilitation](#).

As agreed with the European Commission and key stakeholders, the Guidelines are intended to be relevant for all target groups that use vocational rehabilitation (VR) schemes, including individuals with frequent diseases and having experienced frequent types of accidents, but also for individuals with a disability, or additional support needs. This approach is further explained in Chapter 3.

This document aims to build the reader's understanding of VR and what makes VR schemes effective, to promote its uptake and improve its implementation. It addresses the following topics:

- ❖ What vocational rehabilitation is
- ❖ Recommendations for different actors to put in place effective VR schemes, covering the different steps in the process of VR
- ❖ The legal and policy background at international, EU and national levels, relevant resources, as well as information about financing frameworks
- ❖ Success factors for effective policy for national VR schemes

It features examples of different approaches and practices for various stages of the VR process to illustrate the recommendations, as well as links for further information. It also features country case studies illustrating coordinated, effective policy frameworks for VR.

¹ The Disability Platform is one of the flagship initiatives of the Strategy for the Rights of Persons with Disabilities 2021-2030, an expert group to support the implementation of the Strategy and consists of representatives of all EU Member States, 14 civil society organisations and the European institutions.

2. WHAT IS VOCATIONAL REHABILITATION?

There are many different definitions and understandings of vocational rehabilitation across the EU and globally, in legislation, policy, practice and academia. These Guidelines do not aim to define VR, but to ensure a common understanding of the purpose and scope of this document, a working description has been developed that can be found later in this chapter. This chapter includes examples of definitions and descriptions of what is considered to be VR to illustrate this diversity, including in different languages.

VR is part of schemes and measures referred to as “rehabilitation” and that in addition to “vocational” the other two adjectives regularly used in connection to “rehabilitation” (designating different forms of activities) are “medical” and “social”. ESSPROS, the European system of integrated social protection statistics, defines “Rehabilitation” as: *Provision of specific goods and services (other than medical care) and vocational training to further the occupational and social rehabilitation of disabled people.*

One academic definition is “a multi-professional approach that is provided to individuals of working age with health-related impairments, limitations, or restrictions with work functioning and whose primary aim is to optimise work participation” (Escorpizo et al. 2011). A more recent academic definition is that “VR services are a strategy for people with health-related reduction of work ability to return to work. The services can either aim to restore the work ability to stay in a job that is still available or to reintegrate people into working life after a period of unemployment. The understanding and implementation of VR differ internationally, but there is agreement that VR is a process that optimizes work participation” (Sternberg et al. 2024).

VR originated in the medical field but is now generally considered to be relevant for and provided to a broader group than those with health-related challenges. For example, some persons with disabilities would not be covered by this classification of a person with a health-related reduction of ability. Article 27 of the UNCRPD states that Member States should “promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities”. Some would consider vocational and professional rehabilitation as synonyms; another example of the diversity of the concept. Indeed, in French, the usual translation of VR, “*réadaptation professionnelle*”, equates to professional rehabilitation².

ILO Convention No 159 states that the purpose of vocational rehabilitation should be to “enable a disabled person to secure, retain and advance in suitable employment and thereby to further such person’s integration or reintegration into society”. The European Agency for Safety and Health at Work (EU-OSHA) states that: “Vocational (or occupational) rehabilitation aims to enable persons [with disabilities] to overcome barriers to accessing, maintaining or returning to employment or other useful occupation” [our emphasis] (2016). According to the OECD, VR aims to “increase the productivity of people with disabilities by restoring and developing their skills and capabilities so they can participate in the general workforce”. However, VR is also provided to other groups of people, such as in Norway, where people with addictions are eligible.

The conceptual diversity of VR at national level can be seen in the variety of institutional set-ups, policies and practices, as seen in, for instance, Estonia, France, Germany, The Netherlands, and Sweden. In countries where the system is not oriented around the medical dimension, VET is often a core part of VR.

² This is the translation used by the ILO for example, as seen in *Convention (n° 159) sur la réadaptation professionnelle et l’emploi des personnes handicapées*, 1983

In Estonia, there are two types of schemes where the translation VR has been used in English. In one system, *kutser rehabilitatsioon*, education and training are key features of the VR process, and it is available for all people of working age. Education and training are provided by entities specialised in working with persons with additional support needs, or in a regular, “mainstream”, vocational education and training setting, accompanied by other support service providers. The other scheme that has been translated as VR, *töölane rehabilitatsioon*, is also translated as work-related rehabilitation. The recipient of this VR support must need at least three different “rehabilitative services” to be eligible for it, involving, e.g., physiotherapists, psychologists, social workers, occupational therapists, or speech therapists. The same organisation may provide both types of rehabilitation.

In France, “vocational rehabilitation institutions and services³ support people with disabilities in their integration or retraining projects, particularly through internships or training courses” (République Française 2022). The measures covered in these Guidelines are labelled “professional rehabilitation”⁴, as mentioned above.

They also comprise institutions and services for vocational “pre-orientation” which accompany persons with disabilities with the elaboration of an individual “work project”⁵. Individuals may also receive medical and psychosocial support.

In Germany, a distinction is made between “medical rehabilitation”, for measures to reestablish the work capacity in cases where a chronic disease reduces it partially or to 100%, and “vocational rehabilitation” which aims to reintegrate persons with disabilities or chronic diseases⁶. One or two-year vocational training programmes and support to apply for internships (Sternberg et al. 2024) are mainly provided by the Federal Employment Agency and statutory federal or regional pension funds⁷.

In the Netherlands, VR mainly refers to medical rehabilitation with a focus on return to work, with services such as job coaching and employment-related advice. VR is also focused on adults with an acquired disability or a chronic disease, who may not need additional training or education.

Sweden applies the same terminological distinction and dichotomy as Germany but has another institutional set-up⁸. Traditionally, VR is defined as services that “*help someone with a health problem to stay at, return to, and remain in work*” (Johanson et al. 2020).

In order to cover the variety of approaches in use across Europe, and to provide guidance relevant to as many contexts as possible, a broad description of VR is proposed for these Guidelines:

Vocational Rehabilitation can be described as the process of facilitating an individual with additional support needs to overcome barriers, primarily to accessing, maintaining or returning to employment. The process may also involve support for social inclusion. The process involves various services, which will vary for each individual, and may take place in a group or individual setting. VR can be for individuals who are returning to work after a chronic disease, accident, or acquired disability, but it can also be for persons with disabilities that have not yet entered the labour market. It can take place in different settings, including a hospital, in a specialised or mainstream setting, or whilst in employment.

³ The French term used is “*établissement et service de réadaptation professionnelle*”.

⁴ The corresponding French term is “*réhabilitation professionnelle*”.

⁵ The French term used for this form of VR is “*établissements et services de pré-orientation*”.

⁶ The German terms are “*medizinische Rehabilitation*” and “*berufliche Rehabilitation*” (Deutsche Rentenversicherung 2021). The equivalent of “Return to Work” (RtW) is called “*Wiedereingliederung in das Berufsleben*” in German.

⁷ The two other main providers are the statutory health insurance funds and the statutory accident insurance funds.

⁸ Primary healthcare and hospitals are responsible for medical rehabilitation. The Public Employment Service (PES) is responsible for VR for the unemployed and internship placements and may offer specialised rehabilitation services if the clients have specific diagnoses or functional disabilities. Municipal social services may offer social rehabilitation” (Ståhl 2016), such as “sheltered and prevocational rehabilitation” (Johanson et al. 2020). The Social Insurance Agency “coordinates and administers sick leave insurance and the rehabilitation process” (ibid.).

3. THE BUSINESS CASE FOR VOCATIONAL REHABILITATION AND ITS RETURN ON INVESTMENT

Various studies show the return on investment (ROI) of vocational rehabilitation and the business case for it, both for employers and policy makers. There are also numerous studies showing the positive impact of certain models that are referred to in these Guidelines, such as Individual Placement and Support (IPS).

An independent review of the [scientific evidence on Vocational Rehabilitation \(Waddell et al 2008\)](#) for the UK government identified that there is “a good business case for vocational rehabilitation, and more evidence on the cost-benefits than for many health and social policy areas, strong evidence that proactive company approaches to sickness, together with the temporary provision of modified work and accommodations, are effective and cost-effective [and] that effective vocational rehabilitation depends on work-focused healthcare and accommodating workplaces.”

Another study provides evidence for what is claimed in its title: “Vocational rehabilitation. The business case for retaining staff who had recently acquired a disability and those with a long-term health condition”. It quotes research which concluded “sickness absence and disability management is cost effective and may reduce sickness absence between 20% and 60% (RNIB 2011). The study also contains a chapter on “Savings from having a policy of employment retention” and explains what the net savings for employers are and how to calculate the costs.



Research carried out for the National Disability Authority in Ireland cites a study in Sweden showing the ROI for vocational rehabilitation was estimated to be 10 to 1 and coordinated vocational rehabilitation outperformed control services resulting in a saving of €6,000 per person each year. It also cites a cost-benefit study carried out in The Netherlands estimated an average cost benefit ratio of over 4 to 1 for the rehabilitation of people with stroke, heart failure or chronic pain (McAnaney & Wynne 2016).

Research and information illustrating the business case of investments in measures to improve the health and safety at the workplace can be found in chapter 3 of the [Manual for Managing Chronic Diseases and Preventing the Risk of Acquiring Disabilities](#). The return on investments is particularly high for preventive action to eliminate sources of risks or to reduce of cases of professional accidents and occupational diseases.

Various studies on IPS have been carried out globally, including randomised control trials. One recent useful reference is the 2023 transnational publication entitled “A Systematic Review and Meta-analysis of IPS Supported Employment for Young Adults with Mental Health Conditions”, which concluded “IPS appears to be effective in helping young adults with serious mental illness or early psychosis gain and keep competitive jobs”.

4. TARGET AUDIENCES AND RELEVANCE FOR STAKEHOLDER GROUPS

The main target groups of these Guidelines are the actors that lead the process of an individual’s vocational rehabilitation; typically:

- ✓ Providers of vocational education & training (VET) & Vocational Rehabilitation Services, Employers, Public Employment Services (PES).

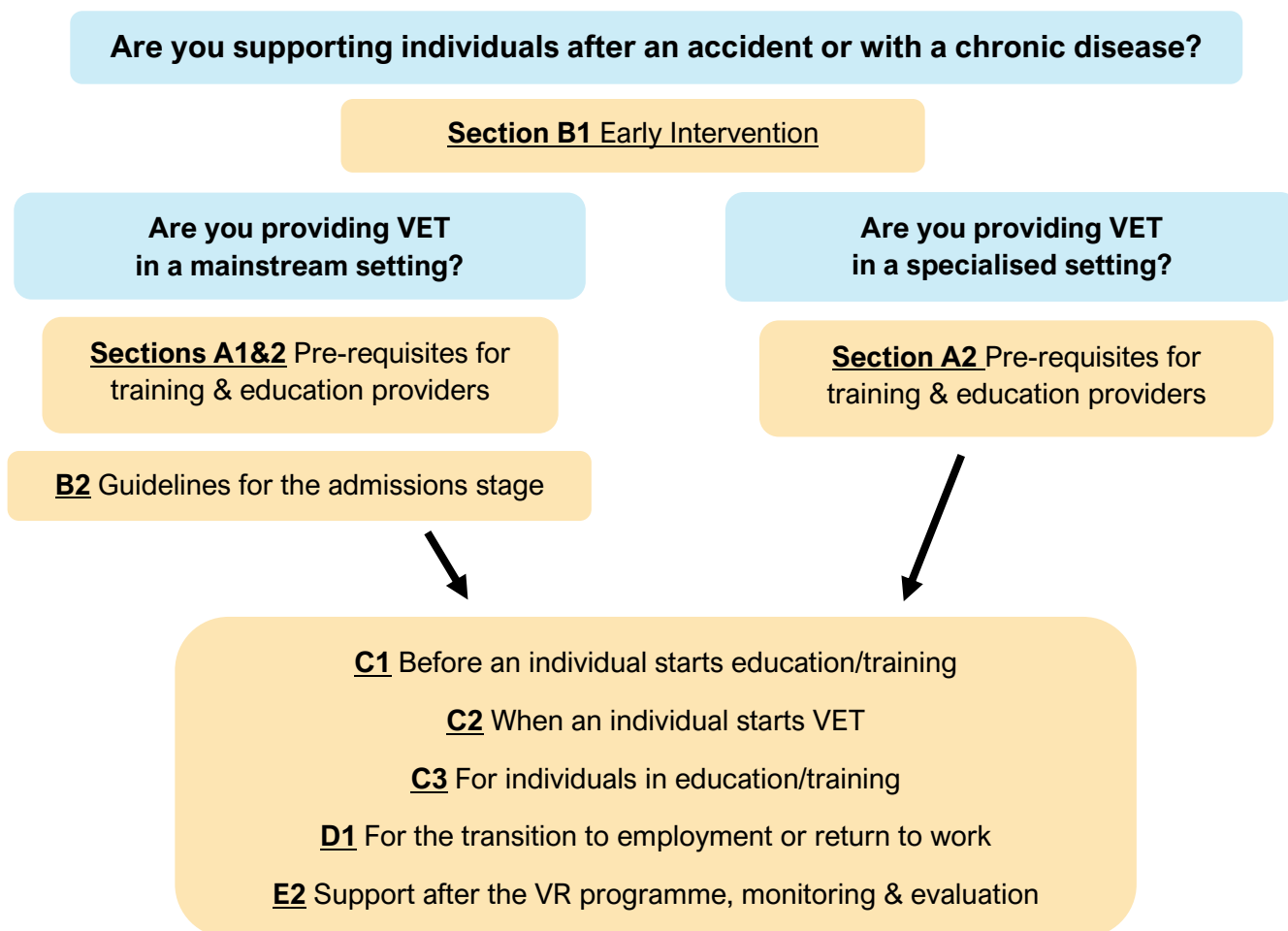
The guidelines also aim to be relevant for the following audiences:

- ✓ The individual themselves, Policy makers, Social Security Institutions, Social partners, Business associations.

You are...

A provider of Vocational education & training (VET) or Vocational Rehabilitation Services

These guidelines make recommendations for how to ensure effective education/training or vocational rehabilitation in general. You may find ideas to further develop your support for people with additional needs or find ideas from different approaches or practices. There are general recommendations and specific good practices that provide guidance and inspiration, such as on early intervention or individual planning.



Are you leading the planning process for an individual?

Section B3.3 Developing the individual plan

B3.4 The contents of the plan

Guidelines for the plan when: **B3.2** an individual needs education or training, **B3.4** an individual is in education/training, **B3.5** an individual is moving/returning to work

C5 Regularly reviewing and adapting the plan

D1 Career guidance, adapting the plan for transitions, supporting & partnering with employers

D2 Job creation and on the job support and adaptations

An employer

In these guidelines you will find information about what VR is and how it can help your employees, including in the process of them returning to work. It provides recommendations on how you can effectively support your employees to return to work, such as how to develop an effective plan for their reintegration and what kind of services may be available.

It includes examples of support that external organisations give employers, that may be available to you, or that you could propose are created. It includes information about financial support that may be available.

Are you involved in the planning or return-to-work process for an individual?

Section B3.1 Developing the plan – general principles

B3.3 The contents of the plan

B3.5 Guidelines for the plan when an individual is moving/returning to work

C5 Regularly reviewing and adapting the plan

D2 Job creation and on the job support and adaptations

D.3 Information about resources on inclusive workplaces, wellbeing, risk evaluation and prevention

The guidelines provide information about key EU legislation related to workers with a disability (see [Chapter 5](#)) and financial support instruments and financial incentives that are potentially available ([5.3](#))

An individual who has experienced an accident, chronic illness or who has a disability

These guidelines explain what VR can do for you, and how it can do it in the best way. It highlights the importance of involving you in the process and what kind of support could be useful for you. You might find useful practices, services and proposals in the guidelines that could be proposed to a service provider or employer in a specific situation. For example, if you think that you could benefit from a different method of support. If there are services or policies that are not provided in your country, or you are not eligible for them, representative organisations could advocate for change in legislation or funding.

Have you experienced an accident or have a chronic disease?

B1: Early Intervention

Are you going to get VET?

C1 Before you start education/training

C2 When you start VET

C3 When you start education/training

For your individual plan

Section B3.1 Developing the plan – general principles

B3.2 If you are not in education or training

B4 The contents of the plan

C5 Regularly reviewing and adapting the plan

D1 Career guidance, adapting the plan for transitions

Employment

D2 Job creation and on the job support and adaptations

A Public Employment Service, policy maker or Social Security Institution

In these guidelines you will find information about how VR can effectively help people with additional needs to enter the labour market or return to work, including through the development of skills. It makes recommendations for different types of services that are considered essential and important for effective VR, that could be integrated into public support, or provided by external organisations. It showcases practices and policies from the PES and other governmental bodies from different countries that could provide inspiration for your policy or activities. It features EU policy and resources that could inform your activities, and recommendations for national VR schemes.

An employer's association or trade union; workplace representative

In these guidelines you will find information about how VR can effectively help people with additional needs to enter the labour market or return to work, including through the development of skills. You may want to support the development of VR within your remit, to the benefit of your stakeholders or workplace. Examples and proposals from the Guidelines could provide arguments for closer collaboration between the key stakeholders and support for the advocacy efforts of these organisations towards the responsible governments and institutions.

5. STEP-BY-STEP INSTRUCTIONS ON PUTTING IN PLACE VOCATIONAL REHABILITATION

The main part of this document is the following steps, consisting of “instructions” or recommendations on how to ensure an effective VR process, targeted at the actor leading the VR process. There are sections which are differentiated, providing recommendations for different types of actors – such as employers, or VET providers. The term used for the person going through the VR process in this document is “individual”, a broad term for it to fit all cases. When the text is specifically referring to the possible steps of education and training, the broad term “learner” is used, with the same logic.

The key steps and elements can be summarised as follows:

- ❖ Inclusive, supportive education and training, which meets labour market needs
- ❖ Proactive early intervention
- ❖ A well-planned, person-centred, strengths-based, holistic and systematic approach which focuses on empowering individuals to participate in work
- ❖ The development and implementation of individual plans based on co-production and drawing from multidisciplinary teams
- ❖ Effective coordination and communication mechanisms between the actors
- ❖ Career guidance and counselling, including consideration of place then train, as well as train then place models; provide early employment experience and ensure on the job support
- ❖ Workplace and work adjustments and accommodations that facilitate the individual’s work
- ❖ Regular review of the plan and support needed and adapting it, particularly in moments of transition, such as moving to employment



OVERVIEW

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A. Prerequisites for training and education providers involved in VR

Training and education are often, but not always, a part of the VR process. It can take place in a setting dedicated to learning, such as a college or vocational school, on the job, as well as in combination. This section addresses mainstream and specialist education and training providers who are working with learners with additional support needs. It is addressed to providers working primarily in a setting outside of the labour market. It outlines elements that can be considered essential for effective education and training in this context.

1. Mainstream education/training providers:

✓ **Ensure an inclusive organisational culture / values based on inclusive education**

To be able to provide inclusive vocational education/training an inclusive organisational culture is essential. This should include embodying the principle of non-discrimination. Believing and communicating clearly and unequivocally that learners with special needs or learners who have different needs or experiences (including, for example, those with a previous negative learning experience) are welcome, encourages those interested to apply in a more relaxed way.

To ensure effective education/training for all learners – no matter what their support needs – inclusive education should always be the core principle of the organisation’s operation, and should be reflected in its values. *“Contemporary views of inclusive education see it as ‘an organising principle’ that underpins school structures and processes. Inclusive education gives all learners equal learning opportunities in line with a rights-based approach to education”* (European Agency for Special Needs and Inclusive Education 2022).

Common values, a clear vision, mission, and expectations need to be formulated and communicated to the entire staff. Without inclusive education as a core value and concept underpinning the work of an education or training provider, it will be difficult for this to be ensured in a consistent manner in day-to-day activities.

For resources related to inclusive education & VET, see the [European Agency for Special Needs and Inclusive Education publications](#) and the inclusive VET section of the [European School Education Platform](#).

✓ **Provide easily understood information about the VR programmes**

Information should be accessible to all. Texts describing options and courses should not be long or complex. Easy-to-read descriptions can be considered. Clear, concise texts help potential learners to distinguish what is important for them. Verbal explanations and discussion may also be needed. When this information is made available online, it should be readable by text to speech technology for persons who are blind or visually impaired, and material using audio should include captioning for persons who are deaf or hard of hearing.

2. All education/training providers:

Specialised providers may consider some of the following to be self-evident, but there may be some recommendations or proposals they have not yet considered.

✓ **Ensure clear roles and responsibilities of employees**

To ensure efficient working and effective collaboration to support learners receiving different support and services, each employee working at the education/training provider needs to know what their role is, where the places of cooperation are and how information exchange with other employees is organised. The duties of a vocational teacher/trainer, support specialists, group supervisor/mentor etc. must be clearly defined by the provider.

✓ **Ensure well trained and empowered teachers to support learners**

Teachers need to be sufficiently well trained, with the needed competences to support all learners. They need to be empowered and supported to be able to in turn to support learners with additional support needs. Learning assistants must also have the requisite training.

Training: Training in how to adjust teaching methods, to use different pedagogical methodologies and tools/supports, is of course essential to be able to teach learners with different needs, to support them both pedagogically and emotionally. Training to be able to identify additional needs that may not have been identified before the learner started education/training, is also important to ensure learners are provided with the adapted support, education/training they need. Training should also be provided on how to realise when learning materials will be inaccessible to learners with certain disabilities, and how teachers can adapt the materials they use to make them useable by as many learners as possible.

External experts specialised in learners with additional support needs can contribute here. They can provide ad hoc advice and training, advise teachers on teaching methods and tools, as well as about the organisation of the learning environment and general approach to teaching.

There are various online resources available for education/training providers & teachers, including on <https://www.inclusive-education-in-action.org/> from the European Agency for Special Needs and Inclusive Education.

Facilitate the sharing of experiences: Providing a space for teachers to share experiences about how they dealt with different situations, their challenges, what worked etc is an effective way of building their capacity. This can be done through promoting participation in networks, giving opportunities to observe other teachers' classes and job shadowing opportunities in other education institutions.

Empowering teachers can also mean the provision of additional teaching or support staff to accompany the main teacher and support individual learner/s. The role of support staff, such as teaching or learning assistants, must be clearly defined.

✓ **Provide support in-house or bring in external support**

If not all services are available “in-house” to meet the support needs of learners, they must be coordinated with relevant external support service providers or agencies. Developing relationships with these stakeholders and related networks is important in this regard.

✓ **Carefully document support processes**

For example, early detection of needs, dealing with financial debts of learners, support when a learner is in an external working environment, data protection principles and the information flow must be systematically described and implemented in practice by employees. Process descriptions need to be regularly updated to ensure they support a smooth learning journey for the learner.

✓ **Make different study levels available**

If possible, different levels of study of similar subjects should be offered, so that it is possible for the learner to move between different levels of difficulty, for them to be able to reach their full potential. If this is not possible, the provider should have relationships with other providers that provide different levels, and should support the learner to move to another place of learning when relevant.

✓ **Ensure learning material is accessible to all learners**

The learning material should be accessible to persons with disabilities, such as ensuring adapted texts where necessary, for example for persons with intellectual disabilities or who are neurodiverse. Online material should be readable by text to speech technology for persons who are blind or visually impaired, and material using audio should include captioning for persons who are deaf or hard of hearing.

✓ **Ensure training/education meets labour market needs**

It is important that the provider has an up-to-date understanding of the needs of the labour market and evolving or future qualification and skills needs, to ensure the curriculum provides the learner with relevant knowledge and skills. To this end it may be relevant to develop an understanding of the local or regional labour market. Having direct links to the labour market helps, such as partnerships with trade unions and employers' organisations, or individual employers. It is worth considering co-developing curricula with employers and social partners, for an even more targeted approach; increasing the likelihood of learners finding employment.



✓ **Provide recognised qualifications**

If the qualifications provided are not somehow recognised by the labour market, they will be less valuable. This recognition can be done by governments, but more informal routes can also be effective, such as when curricula are approved by employers. Micro-credentials⁹ can play a role in this process of building trust and ensuring quality of labour market driven and inclusive training courses.

For more information on microcredentials see the European Education Area website and <https://microcredentials.eu/>

✓ **Provide mental health support to learners, teachers and trainers**

Providers should have measures to support employees and students; such as how to maintain one's own mental health, how to recognise another person's mental health challenge or concern, what to do, what not to do, so that the working and learning environment is safe and supportive in terms of mental health. Organising mental health support groups is also helpful.

⁹ To consider the COUNCIL RECOMMENDATION of 16 June 2022 on a European approach to micro-credentials for lifelong learning and employability (2022/C 243/02).

B. Developing the individual plan

This section addresses what could be considered the most important stage of vocational rehabilitation, developing the individual plan, which sets the scene for the VR process. The plan is the outcome of understanding the individual's needs, abilities, but also their aspirations, motivation etc.



This section is addressed to all actors that are leading this stage of the process, which could be a VR or other support service provider, an education/training provider, or an employer.

Direct assessment is often part of this process as a distinct activity, which can be done via written or practical tests or questionnaires. However, this approach may not always be needed or preferred, for example, if the assessment of an individual's needs and skills can be understood through other processes, such as conversations and observations.

1. Ensure early intervention

In the case of an acquired disability or a chronic disease, early intervention; ensuring the individual has immediate access to support services once they have completed medical treatment, or even in parallel, is extremely important for successful VR. The sooner a plan is developed, the support is given, the more efficient the approach is and the better the outcome. Persons receiving early support are more likely to feel hopeful and positive about returning to work (Dunn et al 2022). Early intervention can reduce social exclusion, medical treatment, and medicine use, improve mental and physical health and self-esteem, increase work opportunities and reduce social costs (Perry 2017; Reneman 2015).

Practice: Early Intervention Approach in Vocational Rehabilitation, Heliomare (The Netherlands), [Annex 2](#)

Practice: Early vocational rehabilitation, Comète France, [Annex 2](#)

2. If the individual is at the admissions stage in a mainstream vocational education or training setting

In mainstream settings, an admission process may precede the development of an individual plan, as the individual may not be accepted to the place of education/training. However, it would be beneficial for the individual to have at least had some career guidance and counselling prior to this stage, to help reduce the likelihood of rejection from educational choices.

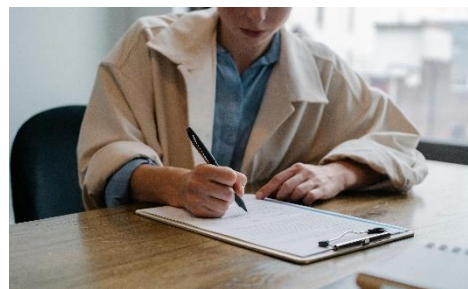
✓ Ensure a person with relevant expertise is engaged in the admission process

At the admission stage, it is important that at least one support specialist, someone who is experienced in supporting individuals with additional support needs, can participate in admission conversations, in addition to the other staff that may be present. This increases the likelihood that potential support needs will be identified in addition to an individual's professional motivation. If a

support specialist cannot participate, it must be ensured that the interviewers are still able to effectively assess the learner, their needs and potential.

✓ **Ensure a thorough admissions interview**

The conversation should be based on the documents submitted by the learner, the admission application, and a structured additional information form to help guide the conversation. As many notes as possible should be taken, so that deciding about admission is based on data and facts.



✓ **Ensure data protection compliance and fairness**

Only essential information should be gathered, and for which there is a legal basis. If an assistant or guardian is involved, their consent is needed. It is important that information provided about additional support needs does not impact the admissions process, so this topic should not be addressed until the individual has been accepted at the place of training. The individual should understand that this is the case. Schools should clearly communicate that students with potential additional needs are not discriminated against and that information is only requested to better support their education.



✓ **Ensure follow up guidance**

If the learner is not accepted for an interview, or into their desired training programme, possible next steps should be suggested to ensure that the individual does not drop out of the VR process. This could include referral to a support service provider.

3. Develop the plan

The individual plan is essential for vocational rehabilitation. This section outlines elements of the planning process and key features of the plan itself, some of which will change depending on where the individual is in their VR pathway. The individual should be empowered to take informed decisions throughout the planning process.

3.1 The plan should (general principles)

- ❖ Be made as soon as an individual starts the VR process.
- ❖ Be co-produced with all relevant actors and service providers, with the individual as lead. These actors typically include: teaching/training/education staff, occupational therapists, psychiatrists, social support service professionals, accessibility specialists, career guidance counsellors, the family, and if an individual is returning to work; those representing the workplace, via Occupational Safety and Health (OSH) experts and human resource managers, line managers or equivalent.

In the case of someone needing medical rehabilitation, it is important that the healthcare providers are engaged to support return to work and the measures needed to do so. Due to the costs of medical rehabilitation, cooperation between service providers and funders of medical rehabilitation is essential to ensure the needed support continues to be provided.

- ❖ Involve the guardian in defining support services if the learner is a minor or is under guardianship. In the case of an adult learner with additional support needs, it should be agreed separately whether the learner wants their family to participate in discussion situations.
- ❖ Take into account previous education, training and work experience and the individual's social/family context.
- ❖ Take a holistic approach to the individual and address social, soft, and independent living skills, as well as psychosocial factors and mental health; and look at the individual's quality of life.
- ❖ Be coordinated and supported by a case manager/coordinator.

Feature: Case management or a coordinating support person has been shown to be effective in ensuring successful coordination of support, based on the principles of co-production, cooperation and coordination of all relevant stakeholders and providers, for the benefit of the individual. They aim to support the individual along their path to return-to-work and the management of their disease or disability, and to facilitate their interactions with stakeholders, including the employer. To ensure maximum effectiveness, it is recommended that the person remain the same throughout the process. The relationship with the individual is important, as well as with other stakeholders, and over time they can building a deep understanding and trust of the person supported, and build trust between the individual and service provider/s. They can provide tailor-made support and help increase an individual's self-esteem. Good coordination also helps to avoid duplication of procedures, such as evaluations or assessments.

A good example for such a case management approach is the appointment of a “work ability coordinator” in Finland to support the return to work of workers/employees with a partial disability, and the Case Manager model implemented in The Netherlands. More information can be found in the Manual for Managing Chronic Diseases and Preventing the Risk of Acquiring Disabilities. (EC 2024).

- ❖ Be based on individual needs, abilities, but also aspirations, motivations etc. There are various techniques and tools (as presented in the guidelines) to support a professional in gaining an understanding of these, or for the individual to better understand themselves. A strengths-based rather than deficit approach is more motivating for the individual and expands horizons and ambition.
- ❖ Be revised and updated regularly, typically at least twice a year, and especially at transition moments (for example, prior to starting education/training, employment).

3.2 When an individual is not already in education or training, discussions to develop the plan should consider and include where relevant:

- ❖ **Employment options**

It is important that individuals discuss employment or return to work options at an early stage, to ensure services and training are supporting them to progress towards their future career. Career guidance within the context of an individual plan can take place at different phases of the VR process, as reflected in these guidelines. It is particularly important when an individual is moving from one context to another, such as from education to employment, as seen in section C, and can even take place in an admissions interview.

Career guidance typically includes information about various career options, including the nature of work and required qualifications, but should also address practical issues such as preparing job applications, CVs and cover letters, and preparing for interviews. It should also empower people to be able to identify possible exploitative forms of employment where their rights as workers are not protected. Other elements in the individual planning process can also be considered as career guidance, such as goal setting and identifying future education or training. In some cases, this support will be given by a career guidance specialist but may also be given by a job coach; depending on the exact model used. In any case, in depth knowledge and understanding of the labour market and potential employers is essential.

❖ **Place then train/on the job training models**

This approach can be described as follows “the person is first placed in a suitable job position that reflects his wishes, interests, and abilities for work, and then receives training on work-specific skills and broader topics like work-life management. Placement in an ordinary job therefore is not seen as the end point but as a key first step in successful training” (EPR 2022). This model also often includes the possibility of working towards a qualification at the employer’s facilities.

This is one of the main elements of the **Supported Employment (SE)** model; the provision of support to persons with disabilities or other disadvantaged groups to access and maintain paid employment in the open labour market. The core concept behind it is that anyone can be employed if they want to work and sufficient support is provided. It is based on the principles of individuality, paid work, inclusion within the open labour market and ongoing support.

For more information, see www.euse.org

- ❖ **Individual Placement and Support (IPS)** is a specific supported employment-type model that involves intensive individual support, a rapid job search followed by placement in paid employment and in-work support for both the employer and employee for an unlimited period of time. It is historically focused on supporting people with severe mental health issues, but increasingly used with people with other support needs, such as people with addictions. In IPS there is an additional emphasis on the co-location of employment and clinical staff (EPR 2022).

For more information, see for example the [European Monitoring Centre for Drugs and Drug Addiction page](#) on IPS.

❖ **Education/training options**

If it is concluded that place then train is not an option, discuss options for education and training. Provide counselling and information about VET possibilities, and when it is delivered in-house, give information about specific programmes that are available. An individual’s characteristics and learning styles should be taken into account to find the best training setting.

- ❖ **Entrepreneurship** can be an option for individuals to be explored. Support should be given throughout the whole business development process, from idea generation to planning, implementation, review and adaptation. Some countries offer specific funding to persons with disabilities to facilitate the creation of a business.

Practice: Entrepreneurship Support Program (ONCE Foundation) ONCE Foundation has been running an Entrepreneurship Support Program since 1988 with the aim to contribute to full social inclusion by offering support to entrepreneurs with disabilities throughout the whole entrepreneurship process. Trained Entrepreneurship Facilitator guides the person through the itinerary programme to gain specific business skills and develop their entrepreneurial ideas and business plans. When business plans are solid, participants can apply for financial grants.

For more information on this and other national support measures for entrepreneurship of people with a disability, see pp11-12 of [Pathways to employment: Analysis of policies and practices for pathways to the mainstream labour market: Annex of Good Practices](#) (EPR, 2022)

- ❖ **Vocational profiling** can be considered as an approach to personal planning that focuses on employment, taking into account the elements of the plan listed in this section. It “differs from the traditional assessment process within rehabilitation programmes where individuals are tested in sheltered surroundings and are presented with different support alternatives by rehabilitation specialists” (EPR 2022).

For more information see the [European Union of Supported Employment paper](#).

- ❖ **Opportunities for work trials**

Consider work trials, where possible under national law, to give opportunities to the individual to better understand their interests and abilities. They can take place in-house, i.e., at a VET centre, or at a company, lasting from one hour to several days, and should be carefully monitored. They help understand the learner's behaviour and cooperation skills with other learners, and possible additional support needs. The learner should have clear instructions about what is expected from them in the work trial and how it will take place, and their possible nervousness should be taken into account.

- ❖ **Specialised work-based learning**

There are models of “on-the-job” training that are tailored to people with additional support needs, including Work Integration Social Enterprises (WISEs). For the purposes of these Guidelines, the most relevant type of WISEs are those that provide “transitional occupations that provide work experience and on-the-job training with a view to supporting the inclusion of the target group in the open labour market” (EPR 2022) – not aiming to provide long-term employment. They aim to integrate workers with support needs into work and society through work, paying them a salary that is equal or at least comparable to that of other workers.

Vocational training in a work setting is another approach to VR. In this model individuals are not in employment, but are trained and supported in a working environment, which can include working in a public setting, to ease their transition to employment.

Practice: Integrative Unit Model (IUM) for the rehabilitation of persons with psychosocial disabilities in the labour market. The IUM, developed by Shekulo Tov (Israel) uses a person- and recovery-oriented approach based on training, skills development and 3 main steps: preparation, placement, and progress. The users are supported by a team of specialists and can choose to work among several social businesses that operate in the open labour market as integrative business units within the community. In 2023, 35% of participants transitioned to the mainstream labour market.

For more information, see [here](#); [Pathways to employment: Analysis of policies and practices for pathways to the mainstream labour market: Annex of good practices](#) and [Good Practices on securing vocational rehabilitation schemes in case of sickness or accident](#). (EASPD 2023)

❖ **Functional capacity assessment activities**

These can help understand the physical abilities of individuals where this is relevant to potential education/training or future employment, and how these might be improved.

4. The plan should always include

- ✓ the individual's goals (regarding employment, education and training, as well as from a social/inclusion perspective, where relevant)
- ✓ the timeframe of final and intermediate goals, any relevant deadlines
- ✓ a bullet point list of steps and measures agreed on, to take a systematic approach and prevent misunderstandings
- ✓ the list of all the support that is needed, including with mental health, independent living, social or family issues, and how to integrate all the services needed
- ✓ **if needed:** pre-employment training; social, soft and job seeking skills
- ✓ the list of people responsible for the support and education/training (such as the teachers/trainers)
- ✓ the individuals' own responsibilities

4.1 If the individual is in education/training, the plan should include:

- the adaptations necessary in the learning environment to achieve education/training goals
- information about the ways of evaluating the effectiveness of the activities
- the size of learning group that is suitable

4.2. When the individual will move into/is planning to work/RTW, is should include:

- Plan services, approaches, and adaptations for transition to/RTW work – [see Section D](#).

Practice: Examples of plan development – GTB's strength-focused mediation. GTB (Gespecialiseerd Team Bemiddeling; Specialised Team Mediation) has developed a method of strengths-based personal planning. The strength-focused mediation puts the (future) employee at the centre of the job placement and retention process. It focuses on the strengths and capabilities of people with disabilities or health conditions, not their limitations. The programme puts the cooperation between all relevant actors at the centre of the efforts, builds on their shared experience and needs their full engagement throughout the programme.

It uses a chronological 4-step approach, with conversations around 4 topics: 1) Wishing for change, 2) Visualising the dream, 3) Building on what works in line with the capacities, experiences, and aspirations of the persons with disabilities or health conditions and 4) Planning small steps towards change. The strengths-focused mediation also takes into account the type of relationship between the person with a disability or health condition and the service providers and how it affects the type of job mediation offered by GTB. The method elaborated and rolled out by GTB is supported by financial compensation for the employers for "productivity loss" and on-the-job guidance of the employee. The beneficiaries of the programme receive a regular wage. It is part of a concerted effort by key stakeholders in Flanders, including the relevant public authorities, to move away from sheltered workplaces towards individual tailor-made workplaces in the regular/open job market

Practice: The EU funded Erasmus project Jump2Job focused on training peer mentors and job coaches for young people with disabilities with an approach to empower young people. It aims to support young people to gain faith and confidence in their own values and qualities, and to increase their competences to make decisions that are good for them and their desired future. It is an approach that helps with an individual's planning. It was based on the [FROG programme](#), which has also been used with other age groups.

For more information and project resources, see the EPR webpage [here](#).

C. Implementing VR – general

1. Before an individual starts education/training

✓ Provide clear and specific information

Information about the beginning of the academic year or course facilitates a smooth start. When and where to come, what to bring, what not to bring, basic rules to be followed at the place of learning, information about the student residence where relevant, possible subsidies.

✓ Ensure clear understanding of additional support needs

It is important to clearly communicate learners' needs to all involved (teachers for example), to ensure learner support and to reduce the risk of dropping out.

✓ Ensure support specialists are known

They should be known to learners and staff and be easily contactable. There should be a primary contact for the learner to facilitate them reaching out for support or information if needed.

2. When starting VET

✓ Support the individual's integration

The place of education/training can be introduced to families, and personal assistants/other support persons where relevant, such as through visits and presentations. This helps them in turn to support the individual. It is important that the learners understand the processes and rules, not only in writing, but they should also be discussed together. Social activities can help integration and for the learner to feel comfortable in the new environment and with fellow learners.

3. For individuals in education/training:

✓ Monitor and address new support needs

If a challenge or new need is detected early, the support to address it is more effective for both the provider and the learner. An internal process must be created – regular meetings involving both teachers and support staff to share information about students' progress and pick up on challenges before they get bigger and involve the individual's case manager where there is one. The involvement of parties, including parents, also depends on the severity of the challenge. If possible, the people at the individual's usual place of residence (e.g. family) should be aware of what is happening at the place of education/training, so that, if possible, the family can support and guide the student.

It is important that the early detection process is known to all parties involved (teachers, canteen staff, dormitory staff, cleaners, students, etc.), so that no signal of a learner's challenge goes unnoticed.

✓ **Ensure access to support**

The educational/work setting must ensure access to all needed support services, as well as medical rehabilitation where appropriate.

✓ **Ensure early opportunities for work experience when following training**

The earlier the contact the learner has with the workplace, the easier it will be for them to settle in a future job and feel comfortable in a work environment. Ideally there should be the opportunity for the learner to get to know different jobs in different companies. In this way, it becomes clearer to the learner what interests them and which job or way of working suits them more. Successful work experience needs the cooperation of all parties – the learner (and, if necessary, the parent), the provider and the company. Employers can also be invited to the place of training to speak about the work and opportunities.



Practice: DuoDay brings together disabled people, supported employment agencies and employers for one day to promote equal employment opportunities across Europe. It highlights the positive contribution disabled people make in our workplaces. See the Scottish Union of Supported Employment's website [here](#) for example, for more information.

4. If the individual is living in a student home:

✓ **Ensure independent living support is available**

Some learners may not have lived outside of the family and may not have the skills, for example to socialise with others, manage their finances, or carry out everyday life activities. For this reason, support in the living environment may be essential.

✓ **Ensure good communication between the student home and place of learning**

To ensure that an individual is able to successfully follow education or training, and that they are accessing all needed support, the staff involved need to have clear communication between these two environments. This will ensure the identification of any challenges that may arise, and to be able to address them.

5. For all individuals:

✓ **Regularly review and adapt the individual plan**

The plan should be reviewed regularly with the individual, including taking into account their context, changes in the environment and in their symptoms, where relevant.

Support and accommodations at the place of learning or work should be adapted where needed. The learning pathway/field may also need to be changed, or the level of education/training, where relevant.

D. Implementing VR – transition to employment/return to work

1. If the lead organisation is a training/education provider:

- ✓ **Provide career advice and counselling / guidance for employment or further study**
- ✓ **Ensure the individual plan is adapted for the transition.**

At this stage the plan can include information about the learner's skills and knowledge, describing them as an employee. Expectations should be discussed. The plan should include specific goals for the work experience or job.
- ✓ **Develop partnerships with and support employers**
 - This can include providing information to employers about VR opportunities for employees absent from work and trainees with additional support needs, disability / chronic disease specific support, inclusion and accessibility.
 - Ensure good communication & monitoring if the learner is still in training

Practice: See examples in the [Catalogue of positive actions to encourage the hiring of persons with disabilities and combating stereotypes](#), such as Ripples in the Water, Norway (p. 14), Value-added brunch with an employer (p. 33) and the Inclusive SMEs in Europe project (p. 16).

- ✓ **The transitional or complementary workforce model** provides a placement and support service for persons with additional needs. The provider identifies employers with both a need to supplement their existing workforce and who are interested in having a more diverse and inclusive workforce, then it completes a comprehensive job analysis and person specifications to recruit persons with disabilities who are motivated to gain employment and have an interest in the type of work offered. The jobseeker with a disability receives an initial work-related training from the organisation and then goes to work.

For more information see [Pathways to employment: Analysis of policies and practices for pathways to the mainstream labour market: Annex of Good Practices](#) (EPR, 2022)

2. For all lead organisations:

- ✓ **Consider job creation methodologies**

Job design and job redesign aim to establish a match between the individual and the tasks to increase well-being. When it comes to employees with additional support needs, these processes help to design tasks that better take their abilities or changed abilities into account.

Customised employment is a method of identifying the strengths, challenges and interests and meeting the needs of both employees and employers. Customised employment is an umbrella term that can include various approaches, such as job carving (the practice of rearranging and adapting tasks by carving out activities from existing jobs to create new positions) and job crafting (the practice of employees designing their work tasks themselves).

Employers can integrate these approaches themselves, and providers can learn to support employers in carrying them out.

For more information see [Pathways to employment: Analysis of policies and practices for pathways to the mainstream labour market: Annex of Good Practices](#) p. 16 (EPR, 2022)

✓ Consider Supported Employment methods & implement on the job support

Even if an individual has gone through training outside of the workplace, they can still benefit from the approach. Job coaching is a core feature of SE. It is part of a person-centred approach which takes into account the needs and wishes of both workers and employers, supporting them both. “Job coaching may be used outside of the SE model but there is a risk that the tasks of a job coach will be narrowed down to only on and off short-term job support, without taking into account the other important aspects that make a job sustainable and career progression possible”. (EPR 2022)

Practice: In France, a scheme initiated by LADAPT West, called the Supported Apprenticeship Scheme, aims to support access to training leading to qualifications for people with disabilities and to secure their pathway to sustainable employment. The scheme is complementary to ordinary apprenticeship contracts. It provides support to the apprentice, as well as to the training centre and the hosting company. For further information in French see the LADAPT website [here](#). The scheme is being reviewed in, in the framework of the SAS project, in order for it to be functional in other national contexts. For more information see the EPR website [here](#).

In the UK, Supported Internships are a work-based study programme for 16-24 year olds with “special educational needs”. or more information see the British Association for Supported Employment’s website [here](#).

To prevent any stigmatisation, and to facilitate integration, job coaches should ideally be in-house to the employer. Mentor-type programmes within a company can help integration and support an individual who needs less formal support. If there is another employee with a similar background or diagnosis, empowering them to provide peer support is effective; they may better be able to understand the needs and ways of working of an individual.

For resources on these topics, see for example the Change4Inclusion project. Information can be found on p. 18 of [The Manual for managing chronic diseases and preventing the risk of acquiring disabilities](#), on the [EPR project webpage](#) and the [project website](#) in Dutch. The goal of the initiative is to achieve an inclusive business culture that can achieve sustainable entrepreneurship and economic growth.

✓ Decide on adjustments/accommodations

In the case of an individual moving into work or returning to work, the plan should include any workplace or other adjustments or accommodations needed to ensure the individual can do the job. These are to be discussed with the individual and employer.

The European Commission publication “Reasonable accommodation at work. Guidelines and good practice” (2024) contains extensive, detailed practical guidance for employers on this essential instrument, as well as information on how EU members states are providing it.

For a summary of possible accommodation and adjustments see pages 27-28 of the [Manual for managing chronic diseases and preventing the risk of acquiring disabilities](#). It addresses adjusting work programmes and physical accommodations as well as other possible support measures. It also addresses evaluating work tasks and individual risks on p26.

The plan can integrate a step-by-step approach, gradually increasing work hours and complexity of tasks, but in the case of an individual returning to work care should be taken to avoid “subdividing the return-to-work process into (too) small steps”, when individuals would be capable of working more, but are left feeling they were not making enough progress.

For more information, see pp. 31-38 of [The Manual for managing chronic diseases and preventing the risk of acquiring disabilities](#). It includes resources and recommendations for supporting people with specific diagnoses to return to and stay in work, as well as to prevent workplace chronic diseases.

It covers cancer, cardiovascular diseases, musculoskeletal disorders, rheumatic and musculoskeletal diseases, and pain, Long COVID and psychosocial risks in the workplace.

3. If the lead organisation in the VR process is an employer:

The Manual for managing chronic diseases and preventing the risk of acquiring disabilities provides insights on:

- ❖ Developing an inclusive work environment and wellbeing in the workplace; covering topics such as accessibility
- ❖ Risk identification, assessment & prevention, including the involvement of employees
- ❖ Building trust among staff to talk about and address risks and challenges, and facilitating conversations
- ❖ Building staff capacity to support colleagues with a disability or chronic disease
- ❖ Evaluating work activities and individual risks
- ❖ Which actors to involve in the VR process, including in the development of an individual plan

For more information see pages 18-28 of the [Manual for managing chronic diseases and preventing the risk of acquiring disabilities](#)

Information about subsidies to support the employment of people with a “reduced work capacity” can be found in Chapters [5.2](#) and [5.3](#).

E. Employment support to individuals after VR programmes, monitoring and evaluation

1. Employers

✓ Continue to provide on the job support

Most individuals will benefit from and perform best with ongoing internal support and guidance.

2. Education/training providers:

✓ Continue to offer support where possible

Both for the individual and the employer. If job coaches are involved, this is a key role they would fulfil; addressing any challenges or questions that might come up as the individual is working.

✓ **Maintain monitoring and evaluation**

Ensure monitoring to be able to evaluate the VR process. Ask learners for their consent on whether you can keep their contact information to ask for information about their status in the future. For example, collect statistics about people's employment/training status 6 and 18 months after graduation to support the assessment of the education/training given.



6. LEGAL, POLICY AND FINANCING FRAMEWORKS

This chapter deals with the EU-level regulatory and policy frameworks for vocational rehabilitation, including return to work measures. It also identifies the main features of the institutional frameworks and the financing of the national vocational rehabilitation schemes, as well as measures to support the return to work of persons with chronic diseases and disabilities.

6.1 EU-level legal/regulatory frameworks

At EU level, the legal and policy frameworks mentioned below overarch the national vocational rehabilitation schemes covering frequent diseases, frequent types of work accidents and persons with chronic diseases and disabilities. For the topics covered by these Guidelines, there is no dedicated EU legislation. This is due to the fact that the regulation, organisation, provision, financing and evaluation of social protection schemes falls under the exclusive competence of the EU Member States, including vocational rehabilitation schemes¹⁰. Still, some pieces of EU legislation have an indirect effect on the setup and functioning of vocational rehabilitation schemes and the design of return-to-work measures, which are covered below.

Disadvantaged workers¹¹: In EU State Aid Legislation, the General Block Exemption Regulation (GBER) foresees exemptions from the notification of different types of state aid to the European Commission (EC) which are relevant for the provision of services for persons with disabilities and disadvantaged workers. These rules concern public financial support for the training or recruitment of disadvantaged workers and of workers with disabilities in the form of wage subsidies and compensation of the additional costs of employing these workers, e.g., for workplace accommodations. In Article 2, the GBER contains definitions for persons with disabilities, for disadvantaged workers and for severely disadvantaged workers. They impact national definitions used for eligibility conditions for social protection schemes, including for invalidity and (vocational) rehabilitation, as well as for entitlement conditions in those schemes. They also influence policies to support the labour market integration of persons with disabilities and (severely) disadvantaged workers. The article cited above also specifies what is understood by “sheltered employment”: “Employment in an undertaking where at least 30% of workers are workers with disabilities”¹².

For more information see EASPD’s report: [Impact of State Aid on the Development of the Social Economy and on Service Providers for Persons with Disabilities](#) (2023), particularly chapter 2.1, section 3.2 of Annex II.

¹⁰ This fact is not changed by article 153 of the Treaty for the Functioning of the European Union (TFEU) indicating that social security and social assistance fall into the category of shared competences of EU Member States and the EU. It is also not altered by the categorisation of VR as a social service of general interest. This is a sub-category of services of general economic interest as set out in article 14 TFEU and in Protocol N° 26. These legal bases are underpinned by the articles 34 “Social security and social assistance”, 35 “Health care” and 36 “Access to services of general economic interest” of Chapter IV “Solidarity” of the European Charter of Fundamental Rights.

¹¹ For details see EASPD (2023) and particularly chapter 2.1, section 3.2 of Annex II

¹² This threshold of 30% is also used as a “minimum requirement” in the EU Public Procurement Legislation as stipulated for reserved contracts in line with Article 20 Directive 2014/24/EU.

Legal definitions of specific categories of workers in the General Block Exemption Regulation

Person with disability: “This is a person who (a) is recognised as a worker with disabilities under national law; or (b) has long-term physical, mental, intellectual or sensory impairment(s) which, in interaction with various barriers, may hinder their full and effective participation in a work environment on an equal basis with other workers” (GBER, Article 2).

Disadvantaged worker: “This is a person who (a) has not been in regular paid employment for the previous 6 months; or (b) is between 15 and 24 years of age; or (c) has not attained an upper secondary educational or vocational qualification or is within two years after completing full-time education and who has not previously obtained his or her first regular paid employment; or (d) is over the age of 50 years; or (e) lives as a single adult with one or more dependents; or (f) works in a sector or profession in a EU MS where the gender imbalance is at least 25 % higher than the average gender imbalance across all economic sectors in that EU MS, and belongs to that underrepresented gender group; or (g) is a member of an ethnic minority within a EU MS and who requires development of his or her linguistic, vocational training or work experience profile to enhance prospects of gaining access to stable employment; (...)”. (GBER, Article 2)

Severely disadvantaged worker: “This is a person who (a) has not been in regular paid employment for at least 24 months; or (b) has not been in regular paid employment for at least 12 months and belongs to one of the categories (b) to (g) mentioned under the definition of “disadvantaged worker””. (GBER, Article 2)

Workers with disabilities feature in and are protected by EU anti-discrimination and EU occupational health and safety (OSH) legislation. Both sets of EU law define minimum requirements that cannot be undercut in an EU Member State, but the national legislators may go beyond them and may enact specific laws or provisions, including on return to work.

The **Employment Equality Directive 2000/78/EC** both puts in practice and defends non-discrimination as a core principle of EU legislation in the field of employment. It requires employers not to discriminate at work and secures the right of employees not to be discriminated against. Article 5 of the Directive obliges employers to provide reasonable accommodation for persons with disabilities to enable them to have access to, participate in, or advance in employment, or to undergo training under the condition that implementing such actions is not imposing a “disproportionate burden on the employer”.

The **EU Occupational Safety and Health (OSH) directives** protect workers against work-related risks and occupational diseases and promote measures to prevent work accidents¹³. They define a legal duty for all employers to prevent risks by conducting **risk assessments**, as stipulated in the **Framework Directive 89/391/EEC**. This Directive is binding for all employers and obliges them to take appropriate preventive and protective measures to make work and work environments safer and healthier. EU OSH law also obliges employers to particularly protect **vulnerable groups** of workers (Article 15 of the legislation above), including persons with disabilities and those with chronic

¹³ They form the basis for systems for employee representation and participation in the design and enforcement of OSH provisions and procedures in specific economic sectors (in line with the systems and structures of collective bargaining), and at the workplace, too. This can be carried out through OSH workers' representatives, OSH committees, in order to identify the needs for and effectively realise reasonable workplace or job adaptations.

diseases¹⁴. This focus and the preventive and protective purpose of the EU OSH legislation is in line with the missions of VR schemes. For more information on this topic and on the implementation of this Directive, see the [Manual for the Management of Chronic Diseases and Preventing the Risk of Disability](#).

5.2 EU-level policy frameworks

At the EU policy level several interrelated and complementary initiatives which are relevant for the functioning and financing of vocational rehabilitation schemes and return to work measures exist. Six initiatives are spotlighted below:

1. The [European Pillar of Social Rights](#) (EPSR) (2017), underpinned by an [Action Plan](#) (2021), includes 20 principles and expresses rights which can be seen in the EU's vision for employment, social, health and vocational education policies, and its “social rulebook” essential for fair and well-functioning labour markets and welfare systems. 5 principles are highly relevant when looking at the purpose and scope of these Guidelines:
 - ❖ Principle 3 “Equal opportunities” states that everyone has the right to equal treatment and opportunities regarding employment, social protection, education, and access to goods and services available to the public, and that equal opportunities of under-represented groups shall be fostered.
 - ❖ Principle 8 “Social Dialogue” points to the need to consult with social partners.
 - ❖ Principle 10 “Healthy, safe and well-adapted work environment and data protection” (i.a.) underlines that “workers have the right to a high level of protection of their health and safety at work” and “to a working environment adapted to their professional needs and which enables them to prolong their participation in the labour market”.
 - ❖ Principle 16 “Healthcare” stipulates that “everyone has the right to timely access to affordable, preventive and curative healthcare of good quality”.
 - ❖ Principle 17 “Inclusion of people with disabilities” states that “people with disabilities have the right to income support that ensures living in dignity, services that enable them to participate in the labour market and in society, and a work environment adapted to their needs”.
2. These legally non-binding principles of the EPSR are backed up by EU “headline targets”. The most relevant target for these Guidelines is the objective to have at least 78% of the population aged 20 to 64 in employment by 2030, requiring particular and coordinated efforts from Member States in view of persons with chronic diseases and people with a disability, given their low employment rates. The realisation of the targets is supported by dedicated EU funding, such as the European Social Fund (ESF+). They are also underpinned by a European Employment Strategy¹⁵, with common EU-wide priorities and targets for employment policies, the “Employment Guidelines”, and the key messages and recommendations of the Joint Employment Report (see [here](#) for the 2024 edition) which monitors the employment situation in the EU and the implementation of the Employment Guidelines in line with art. 148 TFEU.

¹⁴ For more details on the main features and the impact of the EU legislation on health and safety at the workplace see the Manual for Managing Chronic Diseases and Preventing the Risk of Acquiring Disabilities.

¹⁵ For a number of years it constitutes part of the Annual Sustainable Growth Survey (see [here](#) for the 2024 edition) and it is implemented through the [European Semester](#), an annual process promoting close macro-economic policy coordination among EU Member States and EU Institutions which also incorporates employment and social policies.

3. The EU OSH legislation is complemented by the [EU Occupational Safety and Health Strategic Framework 2021-2027](#), aiming to update protection standards for workers and to tackle new and traditional work-related risks. It highlights the role of vocational rehabilitation schemes for people experiencing chronic diseases or people who have been the victim of accidents. It puts an emphasis on actively supporting employers in view of the reintegration, non-discrimination, and adaptation of working conditions of workers experiencing cancer. The preceding EU Strategic Framework on Health and Safety 2014-2020 had emphasised the importance of adapting workplaces and work organisation to the needs of ageing workers and identified and promoted reintegration and rehabilitation measures as key to avoiding the permanent labour market exclusion of workers.
4. The [Strategy for the Rights of Persons with Disabilities 2021-2030](#) and the [Disability Employment Package](#) as one of the so-called 7 Flagship Initiatives of the Strategy. The topics addressed by the six deliverables of the Disability Employment Package are: 1) strengthening the capacities of employment and integration services, 2) promoting hiring perspectives through affirmative action, and combating stereotypes, 3) ensuring reasonable accommodation, 4) securing health and safety at work in case of chronic diseases, work accidents or disabilities, 5) ensuring vocational rehabilitation schemes, and 6) exploring quality jobs in sheltered employment and pathways to the open labour market. The first deliverable published was the [Practitioner toolkit on strengthening Public Employment Services to improve the labour market outcomes of persons with disabilities](#), the second the [Catalogue of positive actions to encourage the hiring of persons with disabilities and combating stereotypes](#). The [Guidelines and Good Practices for Reasonable Accommodation](#) at Work and a [Manual for Managing Chronic Diseases and Preventing the Risk of Acquiring Disabilities](#) are also particularly relevant and linked to vocational rehabilitation.
5. As vocational rehabilitation and return to work is a sub-sector of social services, EU-level quality frameworks come into play, too. The main “tool” is the [Voluntary European Quality Framework on Social Services of General Interest](#) (2010). Based on the definition of quality principles covering various aspects of service provision¹⁷ and elements for a methodology to develop quality tools, one aim was to foster a common understanding on social services quality within the EU. One key deliverable of the [Strategy for the Rights of Persons with Disabilities 2021-2030](#) is the “**Framework for social services of excellence for persons with disabilities**” which will focus on the service users and providers one of the three main sub-sectors of social services. It is expected at the end of 2024.
6. As vocational rehabilitation schemes and return to work measures are part of the national social protection schemes, EU Member States can also use mechanisms of mutual exchange and learning to cooperate and to organise discussions on what constitutes a good practice, and how it could be best transferred¹⁸. In this context “MISSOC” and “ESSPROS” provide up-to-date comparable empirical evidence.

¹⁶ It reflects several innovations: 1) It takes into account of the diversity of disability; 2) It promotes a cross-cutting approach to better address multiple potential vulnerabilities for persons with disabilities, such as being female, a child, an old person, a refugee or somebody at the risk of poverty and/or social exclusion.

¹⁷ It is broken down into 12 quality principles: availability, accessibility, affordability, continuity, person-centeredness, outcome orientation, user rights, participation and empowerment, partnership, good governance, good working conditions and working environment/investment in human capital, adequate physical infrastructure.

¹⁸ Article 156 TFEU foresees this possibility (i.a.) for the fields of employment, labour law and working conditions, basic and advanced vocational training, social security and the prevention of occupational accidents and diseases.

The “**Mutual Information System on Social Protection**” (**MISSOC**) contains comparative tables with institutional information on all fields of social protection and their organisation and financing for EU Member States and EFTA Countries. It includes invalidity, accidents at work and occupational diseases, sickness, health care and pensions¹⁹. The online database available in English, French and German is annually updated. The fact that these five types of social protection schemes are relevant for vocational rehabilitation and return to work already illustrates well the diversity of institutional set-ups across the EU Member States.

ESSPROS is the “**European system of integrated social protection statistics**”. The data it covers includes the “sickness/health care function”, and the “disability function²⁰” which are the two most relevant categories²¹ for the schemes and measures covered by these Guidelines.

5.3 Financing of the benefits to individuals of the national vocational rehabilitation schemes and of support measures for employers

The main source for information about the organisation of the national social protection schemes²², for the specific eligibility conditions regarding national VR schemes and for the entitlement conditions for benefits to support the employment of persons with health problems and disabilities is **MISSOC**. It has no specific category for VR, benefits for those needing VR and financial support to employers are scattered across different functions²³.

Public funding, to a different extent across the EU Member States, is available to implement VR measures and return-to-work programmes. Employers can also get financial support to comply with legal obligations to do reasonable accommodation of workplaces or the work environment.

✓ **National vocational rehabilitation schemes.**

National VR schemes are funded by a mix of:

- a) social contributions – if they are organised as social insurance schemes for the risks of invalidity, sickness or work accidents and occupational diseases and
- b) by general or ear-marked taxes, i.e., government contributions.

¹⁹ **MISSOC** contains information on possibilities of cumulation of social benefits for the functions “II. Health care”, “V. Invalidity” and “VIII. Accidents at work and occupational diseases”. ICF/ECE (2024/forthcoming) informs (i.a.) about the generosity of disability-related benefits, the entitlement conditions to the social protection schemes for individuals needing VR and the impact of the benefit system on the take-up of employment. Measures adopting a person-centred, comprehensive, and cooperative approach and emphasising workability as opposed to the medical aspects of disability seem to lead to better results.

²⁰ The benefits covered by this function defined by ESSPROS: Income maintenance & support in cash or kind (except health care) in connection with the inability of physically/mentally disabled people to engage in economic & social activities. The Disability function covers benefits that provide a) an income to persons below reference retirement age as established in the reference scheme whose ability to work & earn is impaired by a physical/ mental disability beyond a min. level laid down by legislation, b) rehabilitation services required by disabilities & c) goods and services other than medical care to disabled people.

²¹ ESSPROS does not define a function for “occupational accidents and diseases” as the data are not comparable.

²² It contains tables for all EU Member States on the **organisation of social protection**, i.e., the “landscape” of social protection funds and for the responsible national ministries. They illustrate that there are no EU Member States which have the exact same institutional set-up for vocational rehabilitation schemes.

²³ Illustrations for national schemes and measures can be found in **MISSOC**, not within the scope of these guidelines. Under the heading “Return to active working life” the comparative tables for the function “V. Invalidity” contain information on “Vocational training and work-related rehabilitation” and on the “Preferential or reserved employment of persons with disabilities”. The function “VIII. Accidents at work and occupational diseases” contains information on “Benefits in kind – Healthcare”, covering “rehabilitation”. Detailed information on “Vocational training and work-related rehabilitation” can also be found under the heading “Return to active working life”.

The social insurance schemes are, as a rule, compulsory, contributory and general schemes. They include an element of social solidarity as the social contributions charged to employers and/or workers are not proportional to the individual exposure to risk of the people protected.

✓ **Financial support instruments and financial incentives for employers.**

The four most widespread types of measures across EU Member States – they could be considered as a sort of “standard repertoire of tools to financially support employers” – are:

- a) Financial means to help employers to invest in the prevention of diseases or disabilities,
- b) Support for hiring persons with a disability or those approaching the end of their medical rehabilitation. This can also comprise job coaching or supported employment-type programmes, such as IPS (see p19).
- c) Financial support for the adaptations of the workplaces (and of the work environment more generally) to the needs and capacities of workers with a reduced work capability. Such adaptations can consist of 1) a workstation redesign, 2) adjustments of the workplace to ensure full accessibility, 3) assistive technologies and adapted work equipment (such as blue-light screen filters, voice-activated software, ergonomic equipment) and 4) signs, signposting, and emergency procedures.
- d) Wage subsidies for employers to compensate for the temporary or permanent reduced work capacity and productivity of persons in vocational rehabilitation measures.

Examples of different financial support instruments and financial incentives

In Austria, employers can receive pay subsidies to compensate for their employees' disability-related reduction in performance if their job is at risk, if these employees with physical, psychological, or cognitive impairments or sensory disabilities have a degree of disability of at least 30%. They can also obtain an inclusion bonus for apprentices promotes the admission of apprentices with a disability card to an apprenticeship company. Tax benefits for employers include an exemption from local tax and from the contributions to the Family Compensation Fund (*Familienlastenausgleichsfonds*) or premiums to employ an eligible trainee with a disability.

In Croatia, financial incentives for employers to increase the number of persons with disabilities or those having undergone VR include the following measures: 1) wage subsidies, 2) co-financing some costs (e.g., education, customising the workplace, adjusting working conditions, professional support), 3) compensation for contributions paid (compulsory health insurance), 4) special tools for the development of new technologies and business processes for hiring and maintaining employment of people with disabilities and 5) support for self-employed people with disabilities.

In the Czech Republic, the Labour Office may provide an allowance – of maximum CZK 48,000 (about € 2,000 on 25 April 2024) to cover the operational costs of adapting the workplace to the needs of the disabled employee. If an employer employs a disabled person in agreement with the Labour Office, the latter will grant the employer a wage subsidy (allowance for creating employment for a person with a disability (*příspěvek na zřízení pracovního místa pro osobu se zdravotním postižením*)).

In Finland, employers of persons with disabilities can obtain 1) up to 100% compensation of the costs of workplace adaptation for employers, 2) a provision of special equipment to the disabled person if this is necessary in order for him/her to carry out his/her work and 3) compensation of training costs for employers offering different work and retraining to employees who could not perform their previous occupation due to health reasons.

In Germany, benefits for prevention, medical rehabilitation, follow-up care and for participation in the labour market (e.g. adaptation of the workplace, occupational training), supplementary benefits (e.g. transitional benefit, “*Übergangsgeld*” and other benefits (e.g. re-integration services) are granted in order to maintain or restore earning capacity. The pension insurance must examine whether a pension claim may be avoided by rehabilitation measures.

In Ireland, the Department of Social Protection provides a range of supports: 1) Workplace Adaptation Grant – it provides a maximum of €6,350 to persons with a disability or their employer towards the cost of adaptations to premises or equipment. 2) Employee Retention Grant Scheme is open to all companies in the private sector. 3) Employment and Recruitment Services to assist people, who have a range of disabilities and impairments, to obtain and keep a job.

In Lithuania, wage subsidies (*darbinimas subsidijuojant*) exist for compensating employers hiring people with disabilities. Partial reimbursement of wages and social contributions are provided by the Employment services.

In Romania, in order to support employment of graduates with disabilities or other persons with disabilities, the employers are entitled to monthly wage subsidies of RON 2,250 (about € 450) for a defined period (18 months for graduates with disabilities and 12 months for other persons with disabilities). Employers are entitled to tax incentives (e.g., corporate income tax relief) for the amounts spent for reasonable workplace accommodations and the transportation of persons with disabilities from home to workplace.

In Spain, provisions or incentives for preferential employment foresee wage subsidies or reductions in employer’s social contributions.

Source: [MISSOC](#)

For more information on workplace adjustments/adaptations, see pp27-28 of the [Manual for Managing Chronic Disease and Preventing the Risk of Disability](#).

The Website of the Labour Inspectorate or EU-OSHA's Focal Point in your country may be helpful to find out information about funding opportunities for employers. Each EU Member State is required to establish one, usually the competent national authority for safety and health at work. They provide input to EU-OSHA's work and the mechanism to disseminate products and information to national stakeholders.

For more information: <https://osha.europa.eu/en/about-eu-osha/national-focal-points/focal-points-index>

✓ **Technical guidance and support**

Public co-funding, as a rule by Social Security Funds or by the Public Employment Service, is also made available to support services, guidance for a worker’s VR, or advice from experts to make assessments and adjustments of jobs and workplaces.

5.4 Success factors for legal, institutional and policy frameworks for effective VR

The following features of legal, institutional and policy frameworks across the EU are instrumental for comprehensive and effective vocational rehabilitation measures and schemes:

- ❖ **Social protection schemes combining income compensation schemes and access to VR.** Such schemes are more successful than those that only focus on income replacement for people with a reduced work capacity, particularly when looking at the effects they have on people with a lower level of education.
- ❖ **An institutionalised, integrated and pooled funding system across different institutions,** including inbuilt financial incentives for the partners involved in the vocational rehabilitation pathway to cooperate.

Example: Sweden; Financial coordination of rehabilitation measures: [Annex 1](#)

- ❖ **Coherent legal frameworks.** Such frameworks cover all aspects of processes related to vocational rehabilitation, either by regulating all the steps under a single legal act, or by defining in the law or in another regulatory or administrative document clear coordination mechanisms across different steps of this vocational rehabilitation process²⁴.
- ❖ **Integrated policy frameworks.** These cover all relevant policy areas (from health to employment, vocational education and training, supportive social services). VR mechanisms should be integrated into all relevant policy areas. Frameworks should include coherent objectives, set goals for their implementation, set out clear coordination mechanisms between the institutions and professions involved and define clear rules for funding responsibilities, including pooled funding²⁵.

Example: Netherlands; Comprehensive, integrated and early-intervention focused system: [Annex 1](#)

- ❖ **Effective coordination mechanisms for policy formulation.** They should coordinate the relevant stakeholders across employment, public health, occupational safety and health and social security areas, including on budgets and the design of the transitions between the different social protection schemes²⁶. The focus should be on the capabilities of those in a VR system or measures. It should build on an assessment that takes into account different aspects of the individual's functional ability.
- ❖ **Funding for a multidisciplinary approach.** Ensuring funding is available for all support services to work with an individual ensures an effective response to the complexities of vocational rehabilitation and ensures tailor-made return to work pathways can be implemented. Funding should be long term, so that the service providers can maintain the needed expertise and the trust of the individuals that they are working with.

Example: Belgium (Wallonia); Agence wallonne de la santé, de la protection sociale, du handicap et des familles (AVIQ): Réintégration => [Annex 2](#)

²⁴ See, e.g., the example of Denmark in the Guidelines on Vocational Rehabilitation or of the Netherlands in the Manual for Managing Chronic Diseases and Preventing the Risk of Acquiring Disabilities.

²⁵ This is well illustrated, in the example of the Netherlands in the Manual for Managing Chronic Diseases and Preventing the Risk of Acquiring Disabilities or of Sweden in these Guidelines on Vocational Rehabilitation.

²⁶ See, for example, the Danish National Return-to-Work Programme and the Dutch policy framework in these Guidelines on Vocational Rehabilitation.

- ❖ **Support for people with mental health issues.** This is best done by [policies and legislation](#) (EU-OSHA 2017a) that support people with mental health issues to stay in employment and that ensure the availability of support services for employers which build on the work capacities, not on the limitations or restrictions of the individuals.
- ❖ **Access to lifelong VR.** Ensuring that all people of working age can access VR services and that they have the right to return to training or to be able to receive increased support when needed will lead to increased labour market inclusion.
- ❖ **Access to all needed workplace accommodations,** designed and implemented by experts or support services and financially supported by governments, Social Insurance Funds or Public Employment Services.



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SOURCES AND RESOURCES

- Akgüç, Mehtap/Westhof, Leonie (2021): The EU-level policy framework and stakeholder perspectives on returning to work after chronic illness. In: ETUI (Ed. Akgüç, Mehtap) (2021): [Continuing at work. Long-term illness, return to work schemes and the role of industrial relations](#). Brussels: ETUI
- Arling, Victoria/Knispel, Jens/Spijkers, Will (2016): [RehaFuturReal®: Evaluation der Implementierung und Umsetzung – Ein Ergebnisüberblick](#), DOI: 10.1055/s-0042-106854
- Aust, Birgit et al. (2015): Implementation of the Danish return-to-work program: process evaluation of a trial in 21 Danish municipalities. In: Scandinavian Journal for Work, Environment & Health, Vol. 41(6):529-541, <https://doi:10.5271/sjweh.3528>
- Aust, Birgit et al. (2012): The Danish national return-to-work program – aims, content, and design of the process and effect evaluation. In: Scandinavian Journal of Work, Environment & Health, Vol. 38(2):120-133, <https://doi.org/10.5271/sjweh.3272>
- Connolly (2011): [Vocational rehabilitation. The business case for retaining newly disabled staff and those with a long-term health condition](#)
- Waddell, Gordon/Burton, A Kim/Kendall, Nicholas AS (2008): [Vocational rehabilitation: What works, for whom, and when?](#)
- Deutsche Rentenversicherung (DRV) (2021): [Reha-Bericht 2021](#).
- Dunn, J.A., Martin, R.A., Hackney, J.J. et al. (2023): Developing A Conceptual Framework for Early Intervention Vocational Rehabilitation for People Following Spinal Cord Injury. In: Journal of Occupational Rehabilitation 33, 179–188. /10.1007/s10926-022-10060-9
- Deutsche Rentenversicherung (DRV) (2021): [Reha-Bericht 2021](#).
- Escorpizo, Reuben et al. (2011): A Conceptual Definition of Vocational Rehabilitation Based on the ICF: Building a Shared Global Model. In: Journal of Occupational Rehabilitation, DOI 10.1007/s10926-011-9292-6
- European Agency for Special Needs and Inclusive Education (EASNIE) (2022): [Article “Inclusive or special needs education? Current trends and considerations across Europe”](#)
- European Association of Service providers for Persons with Disabilities (EASPD) (2023a): [Impact of State Aid on the Development of the Social Economy and on Service Providers for Persons with Disabilities](#) – Co-authors: Valentina Caimi and Mathias Maucher
- European Association of Service providers for Persons with Disabilities (EASPD) (2023b): Good Practices on securing vocational rehabilitation schemes in case of sickness or accident.
- European Commission (2024/forthcoming): Manual for the Management of Chronic Diseases and Preventing the Risk of Acquiring Disability (commissioned by DG EMPL)
- European Commission (2024/forthcoming): Reasonable accommodation at work. Guidelines and good practice (commissioned by DG EMPL)
- European Commission (2023): [Catalogue of positive actions to encourage the hiring of persons with disabilities and combating stereotypes](#)
- European Commission (2022): [Disability Employment Package](#)
- European Commission (2021a): [European Pillar of Social Rights Action Plan](#)
- European Commission (2021b): [Strategy for the Rights of Persons with Disabilities 2021-2030](#)
- European Commission (2020): [How to put reasonable accommodation into practice – guide of promising practices](#)
- European Commission (2017): [European Pillar of Social Rights](#)
- European Commission (2000): [Employment Equality Directive 2000/78/EC](#)
- European Commission (1989): [Framework Directive 89/391/EEC](#)
- [European Platform for Rehabilitation \(EPR\) \(2022\): Pathways to Employment: Analysis of policies and practices for pathways to the mainstream labour market](#)
- [European Platform for Rehabilitation \(EPR\) \(2020\): From Care To Employment: A Short Study on Programmes Supporting Return-To-Work](#)
- EU-OSHA (2023): [OSH WIKI Article “Ill Health, Disability, Employment and Return to Work”](#)
- EU-OSHA (2021): [Discussion Paper “Return to work after MSD-related sick leave in the context of psychosocial risks at work”](#)
- EU-OSHA (2020a): [OSH WIKI Article “Return to work after sick leave due to mental health problems”](#)
- EU-OSHA (2020b): [OSH WIKI Article “Return to work strategies to prevent disability from musculoskeletal disorders”](#)
- EU-OSHA (2020c): [OSH WIKI Article “Workers with Disabilities”](#)
- EU-OSHA (2017b): [Rehabilitation and return to work after cancer – Literature review](#)

- EU-OSHA (2017a): [OSH WIKI Article “OSH management: legal duties and compliance”](#)
- EU-OSHA (2016): [Rehabilitation and return to work: Analysis report on EU policies, strategies and programmes & Executive Summary](#)
- EU OSHA (2015a): [Germany - “Integrationsprojekt Rehafuturreal®”: rehabilitation by the Westphalian pension insurance scheme](#)
- EU-OSHA (2015b): Sweden: [Financial coordination of rehabilitation measures](#)
- FINSAM (2023): [Återrapportering för uppdrag om prioriterade målgrupper samt myndigheternas ansvar i samverkan genom samordningsförbund](#) [= Reporting back for assignments on prioritised target groups and the authorities' responsibilities in collaboration through coordination associations]
- Gödecker-Geenen, Norbert (2015): Presentation „Case Management als Handlungsmethode – aufgezeigt am Modellprojekt RehaFuturReal“, Reha-Seminar, Universität Würzburg, Würzburg, Germany, 20.05.15
- ICF/European Centre of Expertise (ECE) in the field of employment and labour market policies (2024/forthcoming): Report “Incentivising the employment of persons with disabilities in the open labour market – mapping of national policies, strategies and measures” (authors: Nicola Duell; Inga Pavlovaite; commissioned by DG EMPL).
- Johanson, Suzanne/Markström, Urban/Larsson, Maria E./Bejerholm, Ulrika (2020): Implementation of a novel return-to-work approach for persons with affective disorders in a traditional vocational rehabilitation context: a case study. In: International Journal of Mental Health Systems 2020 14:22 <https://doi.org/10.1186/s13033-020-00355-w>
- McAnaney, Wynne (2016): [International Good Practice in Vocational Rehabilitation: Lessons for Ireland](#)
- Keck, Thomas (2018): „RehaFuturReal und Case Management“, in: Presentation “Medizinisch-beruflich orientierte Rehabilitation“, Bergenz, Austria, 18.10.17
- Organisation for Economic Development and Cooperation (OECD) (2013): Mental Health and Work: Denmark
- Perry, Debra (2017): [The Basics of Vocational Assessment. A Tool for Finding the Right Match Between People with Disabilities and Occupations](#)
- Reneman, Michiel F. (2015): [State of vocational rehabilitation and disability evaluation in chronic musculoskeletal pain conditions](#). In: Escorpizo, Reuben et al. Stucki (Eds.): Handbook of vocational rehabilitation and disability evaluation: Application and implementation of the ICF, pp. 187-198, https://doi.org/10.1007/978-3-319-08825-9_9
- Reneman, Michiel F./Gross, Douglas P. (2020): [Vocational Rehabilitation](#). In: Encyclopedia of Behavioral Medicine, pp. 2318-2321
- Republique Française (2022): [Disability: Establishment and vocational rehabilitation service \(ESRP\)](#)
- RWTH Aachen (2016): [RehaFuturReal: Wissenschaftliche Evaluation der Beratungsprozesse in der Umsetzungsphase](#) [= Scientific evaluation of the consultation processes in the implementation phase]
- RWTH Aachen (2021): [RehaFuturReal II: Wissenschaftliche Begleitung und Evaluation der Einführung eines veränderten Beratungskonzeptes für die Zielgruppe der arbeitslosen Rehabilitanden im Bereich der Leistungen zur Teilhabe am Arbeitsleben](#) [= Scientific assessment and evaluation of the introduction of an adapted consultation concept for the target group of unemployed persons in rehabilitation in the area of benefits and services to participate in the working life]
- Social Insurance Agency [Sweden] (2022): [Act on Financial Coordination of Rehabilitation Measures \(FINSAM\)](#)
- Stähl, Christian (2016): [Presentation “Return to work and vocational rehabilitation in Sweden”](#)
- Sternberg, Annika/Fauser, David/Banaschak, Hannes/Bethge, Matthias (2024): [Sequences of vocational rehabilitation services in Germany: a cohort study](#). In: BMC Health Services Research (2024) 24:74, <https://doi.org/10.1186/s12913-023-10499-3>
- SUSAM Uppföljning & Samverkan (without year): <https://www.susam.se>
- Sveriges Riksdag (2003): [Lagen \(2003:1210\) om finansiell samordning av rehabiliteringsinsatser](#) [= FINSAM]

ANNEXES

Annex 1: Country Case Studies

This sub-chapter illustrates different success factors (cf. sub-chapter 5.4) of comprehensive and effective vocational rehabilitation measures and schemes in five EU Member States, Denmark, Estonia, Germany, the Netherlands and Sweden. They build on case studies elaborated and published by EU-OSH, updated by the authors,²⁷ and on good practice examples identified by the authors or by members of the Employment Sub-Group of the EU Disability Platform. The authors have aimed to present them by using the same or similar categories, to the extent this is possible given the different types of sources. This comprises summary information on the example, information on its evaluation and/or its impact, information on who the example is supportive of and beneficial to employers, information on a possible follow-up and, last but not least, the specific success factors identified for the example.

The key features identified in the five country case studies (cf. again sub-chapter 5.4) are diverse, but complementary. They are

- ❖ a multidisciplinary approach to better respond to the complexities of the returning to work process, an early intervention approach, an improved and institutionalised collaboration of the key stakeholders and the use of multidisciplinary teams in the municipalities in the case of Denmark,
- ❖ integrated service provision around vocational rehabilitation, the combination of an assessment process with a vocational rehabilitation process, a wide range of support services for employers as well as three types of support measures for employees with reduced working ability – a support person, peer support and a supported employment service – for Estonia,
- ❖ a proactive and individualised approach, the speeding up of first counselling (early intervention) by the rehabilitation counsellor, the use of expert knowledge and a high return-to-work rate in the case of Germany,
- ❖ a high engagement of key stakeholders, ensuring acceptance and ownership, the broad responsibility of the employer who is a full participant in the return-to-work process including the responsibility to investigate sickness absence, multiple support services available to the individual and to the employer, and a high level of coordination of these services for the Netherlands and
- ❖ an institutionalised, integrated, and pooled funding system across different institutions and inbuilt financial incentives for the partners involved in the vocational rehabilitation pathway to cooperate in the case of Sweden.

1. Denmark: Danish National Return-to-Work Programme

1.1 Short summary

The concern about the increased number of workers on sick leave and at the risk of disability and invalidity pushed key Danish stakeholders to take action. In 2008 the Danish government took the initiative to conclude a tripartite agreement on the reduction of sickness absence. It included 39

²⁷ Examples from the previous decade are also used because of the specification to make use of material elaborated and published by EU-OSHA.

initiatives, among them the Danish National Return-to-Work Programme. It established “an early, multidisciplinary and coordinated intervention to promote return to work within the existing sickness benefit system in the municipal sickness benefit offices” (EU-OSHA 2016; see also: OECD 2013).

The sickness benefit office undertakes an initial assessment of all sick-leave beneficiaries. Categorising them into three groups allows the staff of the social security institution to allocate time and resources to those persons most in need of help. It obliges them to conduct regular follow-up consultations and to develop an individual return-to-work plan, including stress or pain management, gradual return to work or work accommodations. The concrete measures – varying from municipality to municipality to some extent – are coordinated with the employer and the general practitioner.

1.2 Programme evaluation

From a beneficiary’s perspective the programme evaluation was largely positive:

- a) Feeling involved in the decision-making process about their case (and being treated as an individual person, mentioned in particular by those with mental health conditions);
- b) Receiving counselling about the sickness benefit legislation;
- c) Sickness benefit officers showing positivity and pathways back to work/into the job;
- d) Easy and fast access to the different health professionals in the multidisciplinary teams;
- e) Availability of group sessions in stress management and psycho-social education, providing concrete tools to manage work and daily life, to gain knowledge about symptoms and, thus, to use effective coping mechanisms.

1.3 Success factors

- a) A multidisciplinary approach to better respond to the complexities of the returning to work process after a long period of sickness, depending on the workers’ health status, her/his individual motivation and agency and on job and workplace characteristics.
- b) Early intervention approach, tailored to the needs and capacities of the individual worker;
- c) Improved and institutionalised collaboration among healthcare professionals, social insurance systems, employers and trade unions (particularly appreciated by SMEs without HR departments);
- d) Establishment of multidisciplinary teams in the municipalities, with each team member obliged to follow a comprehensive return-to-work training course, regular meetings and coordination, etc.;
- e) Elaboration and use of standardised work ability assessments and sickness absence management procedures, as a precondition for the smooth cooperation of the different professions and institutions;
- f) Coordinated return-to-work efforts between employers and general practitioners;
- g) Those needing vocational rehabilitation felt understood by the multidisciplinary teams and that they were in good hands.

1.4 Follow-Up

In 2015, two fields of improvement were identified; 1) The establishment of well-functioning interdisciplinary return-to-work teams might require more time and resources; and 2) Ensuring early assessment and more frequent cooperation with employers might need more general adjustments in the sickness benefit system. These improvements were implemented in the years afterwards.

In 2022, the Danish government made an agreement to strengthen and improve the workers’ injury compensation system, making it more attractive for injured persons to take a vocational education

leading to a professional qualification if she/he can no longer perform their previous job due to a work accident or chronic disease. During their training and vocational rehabilitation, injured individuals receive 83% of their wage of their former job, ensuring income security at a level motivating the workers to make all efforts to regain the maximum of work capacity and to return to work.

2. Estonia: Vocational rehabilitation to prepare persons with health-related problems for work or to return to work and to support their labour market inclusion and retention

2.1 Short summary

The Estonian Unemployment Insurance Fund (*Töötukassa*) assesses work ability and coordinates work-related or occupational rehabilitation (*tööalane rehabilitatsioon*) in Estonia. The purpose of vocational rehabilitation is to prepare individuals with health-related problems for work and to support their attempts at finding employment or staying employed.

Key prerequisites to receive the rehabilitation are that the person must have a health-related obstacle²⁸ and must be active, meaning that registered as unemployed OR be employed OR be enrolled in basic, secondary, work-related, or higher education.

People with incapacity to work can choose between social or work-related rehabilitation. Vocational rehabilitation is an integrated service²⁹. It is designed for people who have several health-related obstacles in finding or continuing to work and thus need the help of several specialists, i.e., a rehabilitation team. The recipient must need at least three different rehabilitative services to be eligible for vocational rehabilitation. The main professionals involved are physiotherapists, psychologists, social workers, occupational therapists, or speech therapists.

2.2 Process (I): Support for persons needing vocational rehabilitation

The good practice is made up of two processes, an assessment process, and a vocational rehabilitation process.

- Assessment process: It starts with an evaluation of the person's work ability based on his/her application and health data. If the work ability is reduced, he or she can turn to a specialised case manager in the offices of the Estonian Unemployment Insurance Fund, who assesses the work ability and the need for vocational rehabilitation services. It is carried out as a conversation between case manager and the client in the work-oriented counselling process, also to find out about the jobs or fields of work the person needing vocational rehabilitation is interested in, her/his motivation and her/his readiness. The rehabilitation team sets the goal, plans the necessary interventions, and prepares an action plan. Referral services to vocational rehabilitation are needs based. The person needing vocational rehabilitation can choose the vocational rehabilitation provider, who has a cooperation with the Estonian Unemployment Insurance Fund.
- Vocational rehabilitation process: A rehabilitation team can help a person to find a suitable field of work, to adjust to work life, to advise employers on how to organise work more effectively or to adapt the working environment to the person's needs. In parallel, rehabilitation specialists can support a person's motivation and increase their confidence in learning how to cope with a

²⁸ A health-related obstacle is a state in which a person has been determined to have a disability (*puue*) per the definition of the Social Benefits for Disabled Persons Act, or they have been given incapacity to work (*püsivalt töövõimetu*) status per the definition of the State Pension Insurance Act, or if they have partial (*osaline töövõime*) or complete (*puudev töövõime*) incapacity to work per the Work Ability Allowance Act.

²⁹ More information (in Estonian): <https://www.tootukassa.ee/en/vahenenud-toovoime/toovoime-hindamine>

disability or illness day-to-day in a work environment. Over the course of the service, the factors hampering a person's studies or work are identified and their effects are reduced, support is given for maintaining or increasing capacity to work, recommendations are made regarding the work tasks, conditions and environment and their skills are developed to increase their employment prospects or help them keep their job. The service generally lasts up to one year, with an option for a prolongation. If the person is ready to transit to work after rehabilitation, the case manager assists her/him in the job search. In more complex cases, vocational rehabilitation can be offered more than one time. The service providers are private companies, but they must meet a number of criteria defined by the law.

2.3 Process (II): Support for employers

For employers, the Estonian Unemployment Insurance Fund offers different services and benefits when employers recruit a person with reduced work ability. The consulting and information service provides employers with an overview of how to support people with various health problems and special needs in the workplace. Seminars, training sessions, workshops, and individual consultations are carried out adapted to the specific situation of the company, either for managers of the organisation or team members. They are brought into contact with people with health problems or special needs (supervisors, support workers, etc.).

An employer who employs an employee with reduced work ability can apply for a social tax incentive or wage subsidy. They can also apply for work-related technical aids³⁰ and tools to adapt the workstation³¹.

2.4 Success factors

Three types of support measures for employees with reduced working ability are offered: a support person, peer support and a supported employment service.

- Working with a support person: If the employee needs additional help and guidance when carrying out job duties due to health-related obstacles, the Estonian Unemployment Insurance Fund offers the help of a support person (it can be a colleague or a suitable person from outside the workplace). The support person guides and assists the person in adapting to working life, learning, and completing work assignments, planning, and organising work and work-related communication. The support person does not perform work duties and does not provide professional education or training.
- Peer support: It is intended for people who need the support of an individual with a similar disability or health condition to resolve their problems. The purpose is to improve the coping skills of a person with an obstacle due to health and to increase his / her readiness, motivation and self-confidence for job searches and working life. The peer supporter shares its knowledge and experience that helped and/or shall help the person to cope with their disability or health condition.

³⁰ This comprises tools to perform job duties due to health-related problems (for example screen reading software, a digital magnifier, an audio transmission system and lifting, handling and tilting aids at the workstation)

³¹ Support is given to employers to make the workstations and the equipment used by his workforce more accessible and usable. This can be done, e.g., by building a ramp or by installing a stairlift at the entrance to the building, by automating the opening mechanisms of entrances, by widening door openings and level thresholds, by changing the height of worktops, or by lowering the position of light switches. A home-based workstation can also be adapted if the workstation is agreed upon with the employer.

- Supported employment service: The purpose of this service is to increase the preparedness of people with health-related obstacles in entering the open job market and help them find and maintain employment. It is intended for clients for whom work-focused counselling and previous employment services have not been sufficient to become and stay employed. He/she will be supported in finding a suitable job and in communicating with employers. Once they start work, the service provider will support the person in carrying out tasks and communicating with colleagues. If necessary, they will make suggestions to the employer for adapting the tasks and working environment and support the employee in solving any problems that arise.

3. Germany: Use of the professional role of a Rehabilitation Counsellors, illustrated by the Vocational Rehabilitation and Integration Pilot Projects RehaFuturReal I and II

The initiative presented to illustrate a counselling concept, and thereby the comprehensive and coordinated approach to VR in Germany, dates back to more than one decade ago. This is also true for the new professional role of Rehabilitation Counsellors in VR, as tested and implemented by means of the Pilot Project RehaFuturReal I and II in the years between 2009 and 2014. Both pilot projects were positively evaluated in the years afterwards. More recent pilot projects related to VR exist in Germany; some focus on the use of digital technology and tools, such as virtual reality (e.g., EdAL MR 4.0)³² and artificial intelligence. (e.g., KI Kompass Inklusiv)³³, focusing on specific aspects of VR processes. The older examples were chosen to be featured here due to their more general relevant content.

3.1 Short summary

The nationwide initiative RehaFutur, launched by the Federal Ministry of Labour and Social Affairs (BMAS) in 2009, formulated recommendations for future-oriented, innovative vocational rehabilitation. This also implied a shift to return-to-work programmes strongly geared towards the individual needs and capacities of the person needing vocational rehabilitation, including persons with disabilities. Three key objectives of this development process were a) to reduce the number of people to whom disability pensions must be granted, b) to develop, scale up and roll out coordinated, integrated and sustainable rehabilitation measures which encourage people on sick leave to return to work as quickly as possible and to permanently overcome ill health or disabilities that have caused a reduction in the earning capacity and c) the need to empower individuals, including persons with disabilities, needing vocational rehabilitation to achieve a greater degree of personal responsibility.

The German Statutory Pension Insurance (*DRV*) in the region of Westphalia put these recommendations into practice with the RehaFuturReal® counselling concept (*Integrationsprojekt RehaFuturReal®*) tested in 2013 and 2014. It involved the German statutory pension insurance scheme in Westphalia, a vocational rehabilitation association financed by the German statutory pension insurance scheme, concretely the *Berufsförderungswerk (BFW)* Dortmund, and several not-for-profit rehabilitation service providers.

³² Development and testing of digitalised work aids and learning units based on mixed reality in vocational rehabilitation training to prepare for the labour market 4.0. You can find more information [here](#) (in German).

³³ The project collects and tests assistance systems that provide AI-based support for persons with disabilities on their way into the world of work. You can find more information [here](#) (in German).

Using a user-oriented capacity-based proactive case management approach across different economy sectors and also involving small and medium-sized enterprises (SME), the aim was to optimise the counselling services delivered by the rehabilitation counsellors (*Rehabilitationsfachberater*) as key players in the medical and vocational rehabilitation process for an improved reintegration of an employee into his/her previous workplace, or, where not possible, into a new workplace. It established a network in which all relevant stakeholders (including statutory pension insurance, statutory health insurance funds, employers, and occupational physicians) are involved.

3.2 Success factors

Six main success factors could be identified based on the evaluation of the Pilot Projects RehaFuturReal I and II: a) Proactive and individualised approach: Rehabilitation counsellors actively approached employers and employees to involve the latter in setting up a reintegration plan adapted to individual needs and capacities (in a long-term perspective) on which she/he also has ownership, based on a screening to assess the kind of support (e.g., needed a successful return-to-work; b) Speeding up of first counselling by the rehabilitation counsellor after the first request for rehabilitation benefits, within a timeframe of 2 to 6 weeks instead of before within a period of 12 to 24 weeks; c) Use of expert knowledge: Specially trained rehabilitation counsellors help to set up and implement the reintegration plan by liaising and coordinating with all relevant actors and by supporting persons with disabilities by providing work assistants, technical aid and/or financial support for the employer; d) The rehabilitation counsellors developed training in new ways of working and new counselling tools, themselves receiving ongoing professional supervision; e) Costs: The counselling was free of charge for both the employee and the employer; f) High return-to-work rate: 74 % of participants were reintegrated into the labour market, either with their previous employer (56 %) or with a new employer (18 %).

3.3 Evaluation

Carried out by a university/ research institution (RWTH Aachen), the project received a positive summative (pre-post-comparison) and formative (process-orientated) evaluation of the extent to which the counselling concept was implemented. The same can also be said about the structure, process and result quality achieved by the project. Rehabilitation managers identified themselves with the implementation process. Rehabilitation counsellors reported a high level of satisfaction during implementation of the new counselling process.

3.4 Follow-up

The RehaFuturReal-II model/pilot project shifted the scope to unemployed insured persons, i.e., a group with challenging features and multiple disadvantages regarding their successful return-to-work.

4. Netherlands: Comprehensive, integrated and early-intervention focused system

4.1 Short summary

The return-to-work model in place in the Netherlands can be characterised as a comprehensive, integrated, and holistic policy system with the double aim of maintaining the work ability and/or of preventing the exclusion of a worker from the labour market. It has both a focus on early intervention and a comprehensive planning and monitoring approach led by case managers, with a high level of support for those involved. The [Working Conditions Act](#) (1999) requires every employer to conduct a health and safety policy aimed to provide optimal working conditions for employees.

All workers are entitled to rehabilitation, medical and/or vocational, whatever the cause of their health problem and without needing to be officially recognised as disabled. The Occupational Disability Act (2005) shifted the focus from an assessment of workers' disabilities to an assessment of their capabilities.

4.2 Stakeholders

The Netherlands has achieved a high level of stakeholder collaboration by setting clear definitions of their respective responsibilities. The Employee Insurance Agency (UWV) is an autonomous administrative authority commissioned by the Ministry of Social Affairs and Employment and supervises the reintegration process. There is a high level of social partner collaboration with the involvement of the Trade Union confederations the FNV and CNV, and the Employers' Confederations VNO and NCW. They work with government-related stakeholders; the general Health Care system; reintegration bureaus; the Employee Insurance Agency and the Dutch Society of Occupational Medicine (NVAB), which has produced multidisciplinary clinical guidance for the integration of work-related issues in the medical rehabilitation process. The [Occupational Health and Safety Service \(OHSS\)](#) (*arbodienst*) is an independent service organisation which offers services relating to Working Conditions, Risk Inventory & Evaluation (RI&E) and sickness absence. By law, the Sick Leave Netherlands process has to be outsourced and executed by the OHSS.

4.3 Process

Under the Eligibility for Permanent Incapacity Benefit (Restrictions) Act, the employer and employee are jointly responsible for helping the employee achieve a sustainable return to work. Employers are legally required to appoint a Case Manager to support the employee, coordinate and manage the services needed, the overall process and to make sure the process is followed correctly, ensuring that the services proposed to the worker can address their needs. The main contacts of the Case Manager are with the employee and employer/manager, OHSS Provider and UWV.

The procedure normally starts with a meeting between the employee and whoever oversees the reintegration process, usually the Case Manager. The meeting aims to assess the work capacity of the employee and to identify how to support them to return to work. An individual action plan must then be drafted in the 8th week of illness by the employer based on the decisions made in the meeting, outlining what each party will do to help the employee return to work, and includes adjustments to tasks, working times, the workstation, and working hours if possible. There is a template provided by the UWV to facilitate this.

The individual is supported throughout the RTW process and the person's abilities and aspirations are in the focus. This job matching assessment is done by examining the individual working capacity against a hypothetical job on the job market and does not take into account whether or not the job exists.

The UWV provides subsidies for individual and company-wide adjustments and adaptations. In case of such adaptations, employers can benefit from a 'no-risk insurance' policy (*noriskpolis*) from the UWV for employees on sickness or disability benefit for 5 years. This aims to encourage employers to hire individuals with a disability or illness by reducing the financial risk associated with hiring someone who might become unable to work due to a pre-existing condition or illness.

The company doctor gives advice to the employer and to the Case Manager in employment and health and is usually working at the OHSS provider. They support the reintegration phase, to make sure the employee returns to work as quickly but also as responsibly as possible, and therefore as sustainably as possible.

Private enterprises or “re-integration bureaus”, specialised in assisting reintegration, can also provide advice and coaching to employers on how to develop and implement a reintegration plan.

The employer and employee must meet every 6 weeks to review the situation. A company doctor will officially confirm the employee’s capabilities and restrictions. The employer must keep a [reintegration dossier](#) which records all agreements and activities, such as the action plan, reintegration report, and correspondence with the OHSS or company doctor.

If the employee remains unable to work, the situation must be evaluated between weeks 46 and 52 of absence and a plan must include agreements for the next year. If an employee is absent for more than 12 months and reports state that they will not be able to return to their previous job soon, the employer is obliged to request the services of a reintegration company or a career coach, in order to help the employee, reorient and look for a more suitable occupation.

4.4 Impact and success factors

There is an extremely high engagement of key stakeholders, ensuring acceptance and ownership. The employer has a broad responsibility and is a full participant in the return-to-work process including the responsibility to investigate sickness absence. There are multiple support services available to the individual and to the employer, and there is a high level of coordination of these services, with the role of the Case Manager being key to the process.

5. Sweden: Financial coordination of rehabilitation measures

5.1 Short summary

A government inquiry in 2000 had shown that about half of people with long-term illnesses needed support measures other than just medical rehabilitation to return to work. As one hurdle for effective coordination among different authorities in the field of vocational rehabilitation – Social Insurance Agency ([Försäkringskassan](#)), Public Employment Service ([Arbetsförmedlingen](#)), County Councils (*Sveriges Regioner*) and Municipalities (*Sveriges Kommuner*) – has persistently been that stakeholders are responsible for separate budgets, one key objective has been an improved coordination of those agencies with budgets for vocational rehabilitation.

This challenge is mirrored at the individual level. Those needing vocational rehabilitation, including people with a disability, struggled to access coordinated efforts supporting them to return to gainful employment or to improve their capacities to do so. Falling between the responsibilities of the various competent authorities, with their systems and support logics colliding, meant undesired and detrimental outcomes for individual wellbeing and occupational safety and health, and for the society and economy (including employers). This case study focuses on one of the three coordination mechanisms, namely the one under the Act on Financial Coordination of Rehabilitation Measures (FINSAM), in force since 2004. The other two interfaces are the coordination between the Public Employment Service and the Social Insurance Agency and between the latter and the health and medical services provided by the County Councils.

The coordination of budgets in the context of the FINSAM is operated through a Coordination Association ([Samordningsförbund](#)), a statutory independent body representing all four cooperating bodies (see above) and administering the budget for the coordination to which all 4 partners contribute (even though with different shares), owned by the National Board of Health and Welfare ([Socialstyrelsen](#)), via SUSAM.

The Coordination Association decides on objectives and guidelines of financial coordination, guarantees coordination between the partners, finances operations involving all partners by allocating funds, and monitors and evaluates the coordinated efforts of vocational rehabilitation. In 2020, 80% of the costs were spent on interventions targeting individuals, including people with a disability, for vocational, social, and medical rehabilitation measures 20% was spent on better local collaboration, such as on simplifying procedures, sharing training programmes, common and coordinated efforts of partners to find more effective working methods or state-of-the-art support offers, or mapping.

5.2 Success factors and impact

- a) Institutionalised, integrated and pooled funding across different institutions has proven more efficient than separate budgets, and in addition facilitates the pooling of expertise from different fields for capacity-oriented interventions;
- b) Inbuilt financial incentives for the partners involved in the vocational rehabilitation pathway to cooperate also implies reduced (separate) administration costs for all 4 partners;
- c) Nearly all of the 290 municipalities are members of 1 of the 80 Coordination Associations;
- d) The funding of support measures for individuals combines 4 elements:
 - Return-to-work (58% of related budget/expenditure in 2020),
 - Building up capacities/preparatory measures (28%),
 - Mapping of capacities (6%) and
 - Prevention to prevent ending up in unemployment or ill-health for the users (3%).

This implies improved outcomes, e.g., with, in 2013, 31% of those having done their support measure returning to their job or to training or education directly afterwards (compared to 11% before the pooling of the funding). This also yields savings in sickness benefits, at least to compensation for physical illnesses and disabilities, e.g., due to musculoskeletal disorders, but not for cost in relation to mental health/psycho-social risks and stress.

5.3 Follow-up

In 2022, around 90% of the actions prioritising support for those with a long-term sickness absence were individual-oriented and 10% were structural. The most common person-centred intervention was rehabilitation towards work or vocational training, which accounted for 69%. The same percentage for this type of intervention was achieved for young persons with disabilities, with 91% of the measures targeted to the individuals and 9% to coordination and capacity building activities. The spending for the structural measures was used for the information and dissemination activities for the Coordination Associations, the training of their employees and the mapping of the needs of training or competence and skills development of their staff (FINSAM 2023).

Annex 2: Further Examples of Practice and Policy

1. Early intervention

France: Early vocational rehabilitation, Comète (Démarche Précoce d'Insertion)

Short description

- The network Comète France provides very early vocational rehabilitation for persons with complex medical and social situations, especially for those with neurological impairments, whilst a person is still hospitalised.
- Early intervention is considered as a comprehensive approach based on interdisciplinarity and the customisation of the plan according to the wishes and expectations of the patients that have to be reintegrated in the labour market.

Success factors

- Use of multidisciplinary teams.
- Elaboration of return-to-work plan: The users are fully involved in the implementation of personalised solutions in order to re-introduce them in the labour market.
- The plan consists of 4 phases: 1) identification, contact and assessment of the patient by a multidisciplinary team made up of a rehabilitation doctor, an ergonomist, an occupational therapist, a work psychologist and social service assistants; 2) creation of a plan which includes concrete actions, identifies appropriate facilities and partners and checks professional skills in real-life situations. The feasibility and accuracy of the plan are regularly verified; 3) implementation of the actions included in the plan, after the clients have accepted it; 4) follow-up of the plan for 2 years. In 2021, 84% of those who received support 2 years earlier were still employed.

You can read [here](#) more in detail about the method of early vocational rehabilitation (in French) and a presentation [here](#) in English from 2021.

Netherlands: Early Intervention Approach in Vocational Rehabilitation, Heliomare (Vroege Interventie)

Short description

- It is offered to persons with disabilities, unemployed or economically inactive persons and employees with physical and coping disabilities.
- It takes an intensive multidisciplinary personalised approach, provides individual and group treatment, guidance and after care.
- The needs for health care or vocational rehabilitation are determined with the aim to resume workplace reintegration immediately after the start of rehabilitation¹.

Positive outcomes identified are

- an improved mental and physical health, increased self-esteem, and independence
- increased work opportunities for the target population.
- an improved vocational rehabilitation for other target groups, such as people with a brain injury or audiology problems
- vocational rehabilitation strategies based on good practices and experiences from the network's members.
- the carrying out of research and development on vocational rehabilitation.

You can read [here](#) more in detail about the method of early vocational rehabilitation in Dutch, and a summary in English [here](#).



2. Multidisciplinary approach to better respond to the complexities of vocational rehabilitation and of individual tailor-made return to work pathways;

Belgium (Wallonia): Agence wallonne de la santé, de la protection sociale, du handicap et des familles (AVIQ): Réintégration

Short description

- In Belgium, the Welfare at Work Code specifies that: the employer examines the concrete possibilities of adapted work or other work and/or adaptations of the workstation. When doing this, the employer also must take into account – to the extent possible – the conditions and modalities determined by the prevention consultant/occupational physician, the collective framework on reintegration and, where applicable, the right to reasonable accommodation for persons with disabilities. He then must draw up a reintegration plan adapted to the worker's state of health and potential – in consultation with the worker, the prevention consultant/occupational physician and, where appropriate, other persons who can contribute to the success of the reintegration.
- To this end, the Walloon Government is encouraging the effective participation of the AVIQ in drawing up the reintegration plan. This is done by supporting consultation between the employer, the worker, union representatives, the prevention and protection service (occupational medicine) and health professionals (doctor/specialist, insurance organisation).

Success factors

- The success of this system is greatly facilitated, on the one hand, by the ability to mobilise the players and by sharing of common references and tools. On the other hand, it is correlated with precise knowledge of the worker's aptitudes or capabilities and on the identification of the requirements of the job, defined as capacities or capabilities required for the essential tasks involved.
- The first positive impact of the concerted activities between incapacitated workers, health professionals, companies and public and private organisations providing support for the reintegration in the labour market by means of VR is the retention and/or return to work of workers who have become incapacitated. The second strong point is the fight against discrimination on the grounds of their state of health, the third the empowerment of all users. The overarching aim is the preservation of an ambitious social security system that meets the needs of its insured.

3. Effective coordination and communication mechanisms

Belgium: General return-to-work policy for people on sick leave due to a non-professional related disease or accident

Short description

- Since 2022, maximum efforts have been taken to give people on sick leave the opportunities to take steps towards work in an accessible way through qualitative job coaching. There are several possibilities to start this guidance.
- The person can actively take the step himself by contacting the return-to-work coordinator (RTWC) of his social insurance institution.
- Or the person can even start the guidance via direct registration with the regional employment service, provided that they have been recognised for more than 1 year.
- In addition, the person can also start these steps when he is with the medical advisor or with the occupational physician (in specific situations).

Success factors

- Several opportunities are given to start the guidance, there is no "wrong" step. Within the pathways the link can be made between the health care sector and the sector of work, e.g. General Practitioners can encourage their patients to contact their RTWC or go directly to the regional employment service.
- During the trajectory (max. 6 months) recognised work incapacity cannot be stopped. This gives people maximum opportunities to prepare for re-integration.
- The procedures are aligned and decided in conventions between the federal level (leading the legislation of work incapacity and re-integration) and the regional level (being responsible for job coaching).
- Good transparent communication on the existing pathways. Not only to the professionals in the field but also to the persons needing vocational rehabilitation. Only in this way can they be used to a maximum.

4. Support for people with mental health issues; Belgium: Individual placement and support for people with a moderate to severe mental disease

Short description

- In Belgium a pilot project is running since 2016 on the testing of the added value of the Individual placement and support model for people on sick leave due to a moderate to severe mental disease.
- The aim is to provide this target group intensive ongoing support based on the place and then train principle to resume work as soon as possible. Therefore, IPS coaches supported by an IPS-supervisor are trained. During the pilot project IPS principles are strictly followed and IPS fidelity review was done followed by action plans.

Success factors

- Ongoing support also after work resumption, based on individual needs.
- Support also for the employer so broad focus.
- Implementation of the principle of integrated care.
- Smooth collaboration between the sector of work and the health care sector.

Annex 3: Other Inputs from the Disability Platform

This section includes information provided by Member States' representatives from the Disability Platform which have been used for background information, but are also provided for the interested reader.

1. Bulgaria: Information for good practices in Bulgaria related to the processes of professional rehabilitation

In the Republic of Bulgaria, the right of persons with disabilities to professional rehabilitation, as well as ensuring their equal access to education and vocational training, is regulated by law. In addition, a number of preferences have been provided in line with the labour insurance and tax system (for example, tax reliefs, employment opportunities for transfer to a suitable workplace when acquired disability at work or any professional illness, longer paid annual leave, etc.).

Persons with disabilities are on an equal footing when using employment services and inclusion in training provided by Labour Offices. Discrimination on the basis of disability is not allowed in inclusion in all training courses for acquiring a professional qualification or key competences.

The main emphasis in the provision of intermediary services to persons with permanent disabilities in the employment system is the accurate assessment of the disclosure and development of their professional opportunities, of the specific knowledge, skills, and strengths that they should realise upon inclusion in employment. Essential for ensuring equal access to employment are the individualised employment services offered by the Employment Agency (PES). The created Standardised Package of Mediation Services is applied especially to unemployed persons with permanent disabilities, which builds on other offered employment services and provides full service to persons, with a view to ensuring the fastest possible transition to sustainable employment. Unemployed persons with permanent disabilities are provided with information, counselling, psychological support, motivation for active behaviour on the labour market, referral to vacancies on the primary labour market and to appropriate programs and measures for employment and training, inclusion in trainings for adults, support through the specialised services "Consultation and mentoring after work placement" and "Family labour consultant".

A portrait is drawn up of each job seeker, including of each job seeker with disabilities. This portrait defines the positive sides and the problematic areas of the job seekers in the context of planning follow-up actions and supporting the assessment of the risk of long-term unemployment and phasing according to their place in the labour market. Profiles of job seekers are created in order to present them well in front of a specific employer, which increases the chance of their realisation on the lab or market. An individual action plan is also drawn up, representing in practice an agreement between the unemployed person and the employment intermediary for their common work during the registration period, and the implementation of specific commitments/steps. After the twelfth month from the registration, for the long-term unemployed person a diagnosis must be prepared and an analysis of the problems or their updates (if the analysis and assessment) was already prepared at an earlier stage. The established objective problems of the competence of other institutions are defined as corresponding to the problems of the long-term unemployed person, determined in an Employment Integration Agreement. This agreement is part of the Individual Action Plan and includes the suggestions of the employment intermediary to the long-term unemployed person, including those with a disability, for the use of specific intermediation services and for referral to services from other institutions, in order to overcome individual obstacles to integration into the labour market.

Career development counselling is aimed at increasing the qualifications and professional guidance of persons looking for a new or better job. This helps, on the one hand, for them to be more productive at their workplace, and on the other hand, for better transitions from employment to employment. In this sense, the concept of assessment of working capacity, which is a condition for using the measures, should focus on abilities and not on disabilities, in order to be able effectively to fulfil its purpose as the main tool for determining the right to support. It should offer an assessment of needs and opportunities for an individual and integrated approach for the provision of support on the labour market.

The active labour market policy is a set of forms, procedures, techniques for the direct governmental influence on the demand and supply of the labour force, with the aim of balancing the labour markets. Within the framework of this state policy, except the counselling and help for searching and finding work, there are also schemes for direct employment in jobs, subsidies for employers under the implementation of programmes and measures for employment and training, including adult training.

The development of professional guidance services – Individual and group professional guidance has direct impact on improvement the qualifications and skills of unemployed persons to achieve better compliance with the needs of employers.

From the perspective for the provision of additional opportunities for individual self-information, forms for self-preparation or self-training for restoring and developing the personal skills of individuals to support them in their transition from stay at home to work rhythm and work environment are readily available on the official website. The following forms are published in the section:

- ❖ the MyCompetence platform, available at <https://mycompetence.bg/bg/> - through the platform there is free access to over 20 e-learning courses in various fields, competency assessment tests, a self-assessment tool for the determination of the degree of mastery of the skills required for a specific position, as well as many other possibilities;
- ❖ a test for professional orientation of job seekers, which assists individuals in choosing suitable professions and work environments;
- ❖ "My professional values" test, which aims to determine the important professional values;
- ❖ an EU skills profiling tool for third-country nationals, which helps to outline the skills, qualifications and professional experience of third-country nationals and to provide tailored advice on the next steps to be taken;
- ❖ the EC Digital Skills Test, which helps determine the level of digital skills.

The inclusion of unemployed persons in training for professional qualification and key competences are taken into account with the needs of employers. A complex of measures, such as information, counselling, professional orientation, training in key competences and training for professional qualification through trainings in the Centre for human resources development and regional initiatives, have been successfully implemented.

Current issues such as career guidance, employment of job seekers, unemployment prevention, gender equality and integration of persons with disabilities continue to be prioritised task for the PES. In addition, to expanding support for workplace adaptation and qualification opportunities, persons with disabilities, including those of retirement age, should be encouraged to join the labour market. We consider it necessary to carry out further research to establish their motivations and needs.

Ministry of Labor and Social Policy, through the system of Labor offices, implements projects, programmes and measures financed from the state budget for an active labour market policy through the National Employment Action Plan (NEAP). The NEAP is adopted annually by the Council of Ministers and is the main instrument for the implementation of the state employment policy. Every

year, the NEAP defines the priority areas of action of the employment policy, one of which is the promotion of employment and the reduction of unemployment, including among disadvantaged groups on the labor market. The group of unemployed persons with permanent disabilities is irrevocably defined as a priority target group of the active employment policy.

The implementation of the National Programme for Employment and Training of Persons with Permanent Disabilities and incentive measures via the Employment Promotion Act (EPA) is financed by the state budget. Initiatives are also implemented that provide opportunities for inclusion in training for persons with disabilities.

The National Programme for Employment and Training of Persons with Permanent Disabilities is aimed at providing employment to unemployed persons with permanent disabilities registered at the Labor offices or persons of working age who have successfully completed a course of treatment for addiction to narcotic substances. Priority is given to persons with and over 71% reduced working capacity; military disabled; persons with sensory disabilities and persons with intellectual disabilities.

According to Art. 36 of the EPA, employers are encouraged to hire unemployed persons from disadvantaged groups on the labour market, including the disabled, by providing funds for labour remuneration, social and health insurance contributions, funds for vocational training and funds for a responsible person (mentor).

According to Art. 43a of the EPA, amounts are provided for supported employment for the unemployed with permanent disabilities or from other disadvantaged groups for each unemployed person referred by a division of the Employment Agency (Labour Office), who is placed in a non-subsidised workplace for a period not shorter from 12 months.

The disclosure of jobs for hiring unemployed persons with permanent disabilities is encouraged under the measure under Art. 51, paragraph 2 of the EPA. The subsidy under the measure is up to 75 percent of the eligible costs for the subsidy period and is granted for no less than 3 and no more than 12 months. The funds are provided in the form of a state aid scheme under Commission Regulation (EU) No. 651/2014 of 17 June 2014 declaring certain categories of aid compatible with the internal market pursuant to Articles 107 and 108 of the Treaty.

For increasing the employability of unemployed persons from disadvantaged groups on the labour market, including of the unemployed with disabilities, projects of the social partners (i.e. the employers' and trade unions' organisations) are implemented. The projects finance training for the acquisition of a professional qualification and of key competences in accordance with previously studied needs and requests of employers for hiring a workforce with a certain qualification and provides subsidised and non-subsidised employment. Through them, a complex of interrelated measures is implemented for a targeted impact on vulnerable groups on the labour market, which will contribute to reducing imbalances between the supply and demand of labour force. Training for the acquisition of professional qualifications in occupations sought by employers, training in key competencies, workplace internships for the acquisition of practical skills in the profession, subsidised employment and employment on the primary labour market are provided. A large part of the unemployed persons included in vocational training (at least 25%) are employed for a period of no less than 3 months in the primary labour market (non-subsidised employment).

In order to reduce the disparities between skills sought and possessed, on-the-job training measures are in place through apprenticeships to acquire practical skills for those with education and qualifications but no work experience, as well as mentored apprenticeships for those without education and qualification for the acquisition of professional knowledge and skills (Art. 41, Art. 41a, Art. 46 and Art. 55d of the EPA).

The employability of the unemployed is improved by including them in a dual training system (training through work, Art. 46a of the EPA). It includes practical training in a real work environment and parallel training in an institution in the vocational education and training system.

As part of a comprehensive package of measures for the labour market integration of unemployed and inactive persons with an emphasis on persons in a disadvantaged position, Operation "Starting Work", Component 2 "Training" under the Human Resources Development Programme (HRDP) 2021-2027 is foreseen. The purpose of the operation is to include the persons from the target group in professional trainings, in trainings for the acquisition of key competences, and subsequently they will be directed to inclusion in employment.

To improve the general digital skills of inactive and unemployed persons, incl. young people, by including them in digital competence trainings, the "Digital Skills" operation under the HRDP 2021-2027 is foreseen. The investment envisages the development and implementation of a virtual platform for e-learning of adults. The trainings will be carried out against electronic vouchers issued by PES.

The Persons with Disabilities Act regulates measures to support employers of persons with disabilities, provided with a public resource, such as:

- ❖ financial support for employers to ensure access to workplaces for persons with permanent disabilities: for adaptation, equipment, qualification, and retraining, etc. under a national programme for employment of persons with disabilities. After receiving the grant, the employer must hire people with permanent disabilities for a period of no less than 3 years. Such an employer is reimbursed by the State Budget for 30% of the social security contributions paid by him for the disabled employees;
- ❖ financing of targeted projects and programmes of specialised enterprises and cooperatives of persons with disabilities for activities to ensure employment and technological renewal, incl. suitable working conditions;
- ❖ financing of projects for the initiation and development of independent business for persons with disabilities.
- ❖ creation of conditions for sheltered employment, carried out in Centres for sheltered employment as a mechanism to support the labour integration of persons with multiple permanent disabilities, with mental disorders and/or intellectual difficulties. Sheltered employment centres may be established within the specialised enterprises and cooperatives of persons with disabilities and work-and-treatment facilities.

These programmes are administered and financed by the Agency for Persons with Disabilities under the Minister of Labour and Social Policy. The mission of the Agency is to implement state policy related to employment in a sheltered, specialised, and regular work environment, including the support for starting and developing an independent business, the provision of equal access, integration, and rehabilitation for the full inclusion of persons with disabilities into the labour market in order to improve the possibilities of leading an independent life.

The State Budget covers 50% of the contributions paid for people with disabilities and their supporting staff working for certain employers, i.e., specialised enterprises, and cooperatives of people with disabilities and labour-healing bases (i.e. units for occupational therapy and rehabilitation of disabled persons set up in specialised social services institutions). These funds are used for investments, rehabilitation, and social integration of people with disabilities and the staff supporting them.

If an employer establishes a production unit or department employing at least 5 people with disabilities, such employer may apply for funding under targeted projects and programmes to specialised enterprises and cooperatives of people with disabilities for those production structures

and also has the right by the State Budget to be covered with 50% of the contributions paid for the employed disabled people therein.

Employment in a regular work environment implies the fastest and long-term socialisation for persons with permanent disabilities. From this perspective the Persons with Disabilities Act regulates a quota for hiring persons with permanent disabilities in view of maintenance and sustainability of jobs in an integrated environment borrowed from good international practice (Germany, Austria, Spain, Greece, etc.). Every employer with more than 50 employees is obliged to provide workplaces appropriately adjusted to people with reduced working capacity (1 place for employers with 50-99 employees and 2% of all employees for employers with 100 and more employees).

Overcoming the problems of persons with disabilities in the labour market remains a challenge for employment policies. A significant part of long-term unemployed are persons with permanent disabilities. The employment of persons with permanent disabilities is one of the main tools for their full social inclusion. In this regard, the HRDP 2021-2027 supports measures that contribute to the use of the potential of persons with disabilities. Of great importance is the activation of the inactive persons for their inclusion in the active workforce. For example, under the "Starting a job" procedure, Component 3 "Employment" with a specific beneficiary, the Employment Agency, and a budget of BGN 224 million, the inclusion of inactive and unemployed persons in employment is ensured, including persons with different degrees of disability. To ensure sustainability, a longer period of subsidised employment is provided for persons with disabilities under the operation - up to 12 months, and if the person is permanently disabled - up to 24 months. A one-time quarterly incentive will also be provided to employers if the individual is retained in the workplace. On 27 of June 2023, a performance contract was concluded with EA. Individuals will be able to apply for inclusion in the operation, on the basis of jobs announced by employers, and for more information they can contact the "Labor Offices Directorate".

The HRDP 2021-2027 also provides support for employers improving their working conditions for persons with disabilities. At the end of 2023, the "Sustainable employment for disadvantaged persons" procedure was announced with a budget of BGN 100 million. The operation is aimed at disadvantaged people and persons with permanent disabilities, who will be provided not only with new jobs, but also mentoring, job adaptation and transportation to and from the workplace. Eligible candidates are employers. The deadline on procedure is 21 March 2024. More than 3,600 people are expected to be included in projects under the procedure.

The HRDP 2021-2027 will provide support for inclusive entrepreneurship and the promotion of business start-up initiatives by people from disadvantaged groups to provide opportunities for job creation. Key target groups include persons with disabilities who continue to face challenges in the labour market.

In this regard, in 2024, an operation "Promoting the social economy at the local and regional level" will be announced with a budget of BGN 22 million and eligible candidates are municipalities/municipal enterprises, NGOs, employers, subjects of the social and solidarity economy. The operation aims to provide opportunities for the creation and development of social enterprises by creating sustainable jobs in them for disadvantaged groups. The main activities of the measure include training and creating new jobs in social enterprises, using new technologies, improving the digital skills of employees, and promoting cooperation in the field of social and solidarity economy. It is expected that nearly 2,000 disadvantaged participants will be covered under the procedure.

The programme will also finance measures that have an effect on the fight against discrimination. In this regard, a contract was concluded in 2023 for the implementation of the "No to Discrimination" project with a budget of BGN 1,600,000. The project with a specific beneficiary Commission for

Protection Against Discrimination (CPAD) envisages improvement and modernisation of the capacity of the CPAD. Among the main activities are conducting campaigns to improve citizens' awareness of the EU Charter of Fundamental Rights and the Convention on the Rights of Persons with Disabilities and the protection against discrimination, promotion and consolidation of the "Employer without discrimination" procedure, including through its electronification with aim to include a larger number of employers. In addition, other employees of administrations related to the labour market, such as the Employment Agency, "General labour inspectorate" Executive Agency, including their territorial structures, employees in the municipal and regional administrations, incl. the equality and non-discrimination coordinators, who, in partnership with the regional representatives of the CPAD, will be able to implement even more effective protection of the participants in the labour market. The form for submitting complaints will be digitised, as well as the register of the decisions of the CPAD that have entered into force, and for this purpose a new website of the CPAD will be developed.

Complex support for disadvantaged persons is foreseen under the procedure "Active inclusion and access to employment of disadvantaged people" with a budget of BGN 30 million and eligible applicants are NGOs, social service providers, employers. Through the procedure, support will be provided to 7,700 disadvantaged persons, including persons with disabilities, and their families for access to employment and implementation on the labour market, preparation of individual profiles, inclusion in vocational training/retraining. The total value of the approved projects is slightly over BGN 22 million. The negotiation procedure is in progress. Within their implementation, the persons from the target group will be identified, for whom an individual set of measures (plan) will be determined for their active inclusion, incl. and in relation to access to and provision of social and integrated health and social services. The complexity of the measure is expressed in the fact that the provision of services is tied only to access to employment and the workplace.

It is permissible for disadvantaged persons to have an individual case manager designated who will actively support the person and monitor his participation in the measures determined for him, such as:

- ❖ Provision of information and support for individuals, according to their individual needs;
- ❖ Supporting measures for motivational training for active behaviour in the labour market;
- ❖ Professional guidance and career counselling of disadvantaged people (case manager and/or specialist);
- ❖ Psychological support for individuals, according to their individual needs and if necessary (specialist psychologist).

It is planned to provide support for job search, connections with employers and preparation for inclusion in employment (preparation of application documents, preparation for appearing for an interview, preparation of documents for starting work, etc.), as well as support for making contacts with institutions/organisations, according to the individual needs of the person or members of his family, to overcome obstacles to the person's social inclusion and inclusion in employment – contacts with EA, Agency for social assistance, kindergartens, providers of social/educational/training/health services and etc.

The measures are complemented by active work with potential employers to find jobs for the persons, as well as targeted actions to change the employers' attitudes towards the specific disadvantaged persons, the object of the support.

In most of the projects, inclusion in trainings for professional qualification/retraining, provision of "soft" skills and trainings for acquisition of key competence (KC) - KC 1 "Communication in native language" is foreseen; KC 4 "Digital competence"; KC 5 "Skill to study"; KC 6 "Public and civil competences".

2. Estonia: Vocational rehabilitation in Estonia

The Estonian Unemployment Insurance Fund (*Töötukassa*) assesses work ability and coordinates the vocational rehabilitation (*tööalane rehabilitatsioon*) in Estonia.

The purpose of vocational rehabilitation is to prepare individuals with health-related problems for work and to support their attempts at finding employment or staying employed.

The prerequisites to receive the rehabilitation are:

- The person must be aged between 16 years until retirement age and
- The person must have a health-related obstacle and must be active, meaning that registered as unemployed OR be employed OR be enrolled in basic, secondary, work-related or higher education.

People with incapacity to work can choose between social or work-related rehabilitation.

Vocational rehabilitation is an integrated service. It is designed for people who have several health-related obstacles in finding or continuing to work and thus need the help of several specialists, i.e., a rehabilitation team. The recipient must need at least 3 different rehabilitative services to be eligible for vocational rehabilitation.

The main services provided are: physiotherapist, psychologist, peer support, social worker, occupational therapist, speech therapist.

The assessment process:

A person's work ability is assessed based on his / her application and health data.

If the work ability is reduced, he or she can turn to a specialised case manager in *Töötukassa* offices, who assesses the need for the service. It is carried out as a conversation between case manager and the client in the work-oriented counselling process.

The case manager examines the work ability assessment expertise and asks questions from the person about work, motivation and readiness. Questions are combined with RFK codes.

The referral to the service is needs based.

The person together with a case manager choose a domain, where he / she needs the support most: preparing for work / study, supporting job searches, maintaining work / study.

The person can choose the vocational rehabilitation provider, from among those which have a cooperation with *Töötukassa*.

The rehabilitation team sets the goal, plans the necessary interventions, and prepares an action plan.

All the information is exchanged between *Töötukassa* and service provider digitally.

Vocational rehabilitation process

A rehabilitation team can help a person find a suitable field of work, adjust to work life, advise employers on how to organise work more effectively or even adapt the working environment to the person's needs. Additionally, rehabilitation specialists can support a person's motivation and increase their confidence in learning how to cope with a disability or illness day-to-day in a work environment.

Over the course of the service, the factors hampering a person's studies or work are identified and their effects are reduced, support is given for maintaining or increasing capacity to work,

recommendations are made regarding the work tasks, conditions and environment and their skills are developed to increase their employment prospects or help them keep their job.

When providing vocational rehabilitation services to a person currently studying, focus is given to supporting their studies and preparations for working life in order to ensure a smooth transition from the educational system to the job market.

Although the rehabilitation team consists of physiotherapists, occupational therapists, psychologists, and others, it is not a healthcare service. For treatment and physical rehabilitation, one should turn to a general practitioner or other healthcare provider. The physiotherapist's services as part of the work-related rehabilitation do not include passive activities such as massages, bathing, salt chambers, cryotherapy and so on. A doctor or nurse's services during vocational rehabilitation are of an advisory nature and do not include activities related to treatment such as diagnosis, creating a treatment plan, issuing prescriptions, carrying out medical procedures, issuing referrals to specialist doctors or for examinations and so on.

The service generally lasts up to one year, although it is possible to prolong it as well. If the person is ready to transit to work after rehabilitation, the case manager assists him or her in the job search. In more complex cases, the vocational rehabilitation can be offered more than once.

The service providers are private companies, but they must meet the criteria provided in the law and they must be official partners of *Töötukassa*.

Other support measures for employees with reduced working ability are working with a support person, peer support and supported employment service.

Working with a support person – If the employee needs additional help and guidance when carrying out job duties due to health-related obstacles, *Töötukassa* offers the help of a support person (it can be a colleague or a suitable person from outside the workplace). The support person guides and assists the person in adapting to working life, learning, and completing work assignments, planning and organising work and work-related communication. The support person does not perform work duties and does not provide professional education or training.

Peer support – It is intended for people who need the support of an individual with a similar disability or health condition to resolve their problems. The purpose is to improve the coping skills of a person with an obstacle due to health and to increase his / her readiness, motivation and self-confidence for job searches and working life. The peer supporter shares its knowledge and experience that helped and/or shall help the person to cope with their disability or health condition.

Supported employment service – The purpose of this service is to increase the preparedness of people with health-related obstacles in entering the open job market and to help them find and maintain employment. It is intended for clients for whom work-focused counselling and previous employment services have not been sufficient to become and stay employed. During the service, the person will find out about his/her job prospects and try different types of work as part of an internship or temporary job. He/she will be supported in finding a suitable job and in communicating with employers. Once they start work, the service provider will support the person in carrying out tasks and communicating with colleagues. If necessary, they will make suggestions to the employer for adapting the tasks and working environment and support the employee in solving any problems that arise.

Supporting employers

For employers, *Töötukassa* offers different services and benefits when they recruit a person with reduced work ability. The consulting and information service provides employers with an overview of

how to support people with various health problems and special needs in the workplace. Seminars, training sessions, workshops, and individual consultations are carried out at the company, either for managers of the organisation or team members who come into contact with people with health problems or special needs (supervisors, support workers, etc.). Once a quarter, *Töötukassa* carries out national online information events on topics requested by employers.

An employer who employs an employee with reduced work ability can apply for a social tax incentive or wage subsidy.

Employers can apply for work-related technical aids and adapting the workstation.

Work-related technical aids – A work-related technical aid is a technical aid without which one would be unable to perform job duties due to health-related problems (for example screen reading software, a digital magnifier, an audio transmission system and lifting, handling and tilting aids at the workstation).

Adapting the workstation – If an employee has a difficulty accessing the workrooms or using the work equipment provided due to health-related obstacles, *Töötukassa* helps the employer make the workstation and equipment more accessible and usable (for example build a ramp or install a stairlift at the entrance to the building, automate the opening mechanisms of entrances, widen door openings and level thresholds, change the height of worktops, lower the position of light switches). A home-based workstation can also be adapted if the workstation is agreed upon with the employer.

More information can be found here: <https://www.tootukassa.ee/en/vahenenud-toovoime/toovoime-hindamine>

3. Greece: Business grant programme

Business grant programme for the recruitment of 3,000 unemployed persons who belong to hard-to-serve population groups (Programme A of JMD 90097/29-09-2022, B'5106)

The programme concerns the creation of 3,000 new jobs for unemployed people belonging to vulnerable social groups. It promotes the creation of new jobs for the "hardest to serve" population groups and in particular for people with disabilities, released from prison, people recovering from addictive substances, young delinquents or young people at social risk, women-victims of domestic violence or gender violence, transgender persons, victims of human trafficking and persons who continue to reside after reaching adulthood in Child Protection and Care Units and are registered in the National Register of Minors of the National Centre for Social Solidarity (E.K.K.A.).

The purpose of the programme is to prevent the consequences of unemployment of the above population groups, by ensuring the early start of working life and their presence in promising jobs. The object of the programme is the creation of 3,000 new full-time jobs, by hiring unemployed people registered in the unemployment register of the Greek Public Employment Service (ΔΥΠΑ) who belong to one of the aforementioned population groups.

All beneficiaries should have completed the personalised approach process through the relevant Greek Public Employment Service Departments and have agreed on an Individual Action Plan.

Beneficiaries of the programme are Private Companies, Private Sector Employers in general that carry out regular economic activity, Development Corporations of the Local Government Organisations that regularly carry out economic activity as well as enterprises of Local Government Organisations of A' and B' grade (Municipalities and Regions), regarding the employment of people with disabilities.

The duration of the grant is 24 months. The percentage of the subsidy is determined according to the aid regime to which the beneficiaries choose to join (de minimis or General Exemption Regulation).

If the company chooses the state aid de minimis regime, the subsidy amounts to 75% of the salary and non-salary costs, with an upper limit of €700 per month, and includes the Christmas and Easter Gifts and the Leave Allowance. In case of this state aid scheme option, the company is obliged not to reduce personnel in the 3 months prior to the application.

If the company chooses the state aid regime of the General Exemption Regulation, the subsidy amounts to 75% for the employment of Persons with Disabilities and to 50% for the other vulnerable groups of salary and non-salary costs, with an upper limit of €700 monthly, and includes the Christmas and Easter Gifts and the Leave Allowance. In case of this state aid scheme option, the business is obliged not to reduce personnel in the 12 months prior to the application.

Until 24 January 2024, 686 Persons with Disabilities have been hired as beneficiaries of the Programme.

More detailed information about the Program can be found on the Public Employment Service (ΔΥΠΑ) website, specifically at the following link: <https://www.dypa.gov.gr/programmata-apasholisis-hrimatodotoumena-apo-to-tamio-anakamopsis?tab=proghramma-epidotisis-tis-erghasias-ghia-3000-anerghoys-poy-anikoyn-se-eidikes-kai-efalotes-koinonikes-omades&tab2=skopos&tab3=>

4. Latvia: Examples of practices and policies for vocational rehabilitation in Latvia (February 2024)

Assessment of needs at the individual level

The Public Employment Service (PES) of Latvia has implemented the pilot project in 2023 providing the mentor service for unemployed persons with intellectual disabilities. The duration of the service was not exceeding 9 months, including 3 months during the job search phase and 6 months at the start of work.

The task of the mentor was to draw up a job search plan in cooperation with the client, evaluating suitable job offers according to the professional suitability and the type of functioning impairment. During the job search phase, the mentor has provided support and advice in solving individual social problems, development and improvement of personality and social skills with the aim of raising the client's self-confidence and motivation for change, also promoting social skills. At the start of work stage, the mentor provided psychological and practical support in finding employment, also assistance was provided for integration into the work environment, to build communication and interaction with the employer and co-workers, to learn work tasks, to provide individual consultations for the employer.

The mentor service was outsourced to an NGO which has experience working with persons with intellectual disabilities. The pilot project was concluded in 2023 and the new mentoring measure for persons with mental disabilities is under preparation in 2024.

Supporting employers to adjust workplaces or support their employees

The Public Employment Service (PES) of Latvia is providing the workplace adjustment measures for employed persons with disabilities. The aim of the measures for the adjustment of workplaces is to prevent the risk of unemployment and promote sustainable workplaces for persons with disabilities.

The workplace adjustment measure is provided by the Latvian PES in cooperation with the external occupational therapist service. A one-off grant for the purchase, supply and installation of equipment

is available to adapt workplaces for employed persons with disabilities. The grant is awarded to the employer according to the occupational therapist's recommendation for the adjustment of one workplace up to 1000 euro.

The workplace adjustment measure is co-financed by the ESF Plus project "Measures for inclusive employment".

Vocational rehabilitation programmes

As regards to the vocational rehabilitation programmes, The Law on Social Services and Social Assistance defines vocational rehabilitation as “a set of measures that following an individualised assessment of functioning impairments and determination of vocational suitability to ensures the attainment of new occupation, vocational knowledge or skills or renewal thereof, including a vocational education programme at basic and secondary education level and multidisciplinary services for integration into the labour market for persons of working age”.

The vocational rehabilitation services are provided by Social Integration State Agency (SISA).

SISA: (i) provides vocational rehabilitation services and determines vocational suitability for persons of working age with disability, mental impairments, or predictable disability; (ii) provides driving lessons and (iii) determines vocational suitability for unemployed persons who have been unemployed for at least for 12 months and have received a referral from the Public Employment Service (PES); and provides vocational rehabilitation services to persons with mental impairments.

Working age persons with disabilities or predictable disabilities can benefit from it during the period of disability. The service is provided in two stages: determination of vocational suitability and implementation of the rehabilitation programme. To have vocational suitability determined, a person must apply to SISA and provide the following documents: copies of education and qualification documents and either a copy of an individual rehabilitation plan issued by a treating physician, or a copy of an individual rehabilitation plan approved by SMC, if the person has predictable disability. In addition, the person needs an opinion from the family doctor specifying primary and secondary diagnoses in ICD-10 codes and confirmation that there are no medical counterindications, or else a referral from the PES to perform the determination of vocational suitability. During the determination of the vocational suitability the person's education, functioning limitations, social skills, abilities, and motivation must be taken into account. This phase can last up to 10 days during which a vocational rehabilitation programme is developed, including necessary support measures to integrate a person into the labour market. SISA must decide about vocational suitability within a month after having received an application. Once it does, SISA decides whether to grant the request or not, and if granted issues recommendations to PES, employers, and other institutions regarding the necessary support measures for the integration of a person into the labour market. These measures include the adaptation of the workplace and technical aids; working arrangements and working environment; description in the individual rehabilitation of working ability to be renewed and improvement (or the appropriate field of professional activity for the person). A person whose request for vocation rehabilitation has been approved must report to SISA to sign a contract specifying conditions for vocational rehabilitation, the rights, and duties of the person, etc. As part of the service, an individual social rehabilitation plan with medical elements is developed and may include: a skills acquisition programme or motivation strengthening programme; the acquisition of vocational education to be acquired at the Jūrmala city vocational secondary school or college; an individual social rehabilitation to renew work capacity; training to develop personal self-care skills; support for traineeship or apprenticeship placement; support for finding employment: individual consultations at work place and recommendations for the adaptation of the workplace; and driving lessons. The duration of the vocational rehabilitation service depends on the duration of the vocational training programme.

5. Luxembourg: Examples of practices and policies for vocational rehabilitation in Luxembourg (February 2024)

Luxembourg supports a number of return-to-work measures for people with disabilities and/or in redeployment. Among them, the following three: 'COSP-HR', the 'Inclusion Assistant' and the 'Professional training internship' by the Luxembourgish Employment Agency.

COSP-HR

The main objective of the COSP-HR project is to facilitate the professional (re)integration of jobseekers with a disability and/or on external professional redeployment by assessing the abilities and skills during a two-month period. The focus is put on the residual capacities rather than on deficiencies.

- Activities within the COSP-HR include:
- Socio-educational training workshops (presentation and communication skills, job search, etc.);
- Technical training workshops;
- Language and office applications training;
- Application workshops (CV, cover letter, etc.).

During those activities the professional and medical teams evaluate the work abilities of the person and consider their functional difficulties and health problems.

As the activities progress, an evaluation sheet of their abilities and skills is drawn up. Its objective is to provide recommendations and to encourage (re-)orientation and (re-)integration into the labour market.

Inclusion Assistant

This new (2019) state aid allows the employer as well as the disabled employee/employee in external professional redeployment to refer to an 'inclusion assistant'. The inclusion assistant is a disability specialist outside of the organisation who helps to identify the problems and/or the specific needs of both, employer and employee in the work environment. An individualised and solution-driven action plan is elaborated and put into place by both parties. The objective is to facilitate the permanent (re)-integration of the employee in the labour market.

The number of hours is fixed in relation to the duration of the employment contract of the disabled employee or in external reclassification:

max. 150 hours for an employment contract between 12 and less than 18 months;

max. 225 hours for an employment contract between 18 and less than 24 months;

max. 300 hours for an employment contract of at least 24 months.

The costs of the inclusion assistant are covered by the State.

Luxembourgish Employment Agency (ADEM)

Employees who benefit from the disabled employee status have access to special aids and measures. ADEM also provides individualised support in order to facilitate the insertion or reinsertion into the job market, whether in the private or public sector or in a sheltered workshop.

One example is the ‘Professional training internship’. The professional training internship is an agreement concluded between the disabled job seeker / person in external professional redeployment, the employer and ADEM.

The internship is the opportunity for the job seeker to demonstrate his / her professional experience and to demonstrate skills and abilities to the employer. The job seeker is supervised by a tutor appointed by the employer throughout the operation of the internship. The traineeship has a maximum duration of 6 weeks.

If, at the end of the internship, an intern who is recruited under a full-time CDI, the employer may be reimbursed, upon request to the ADEM, for 50% of the minimum social wage for unskilled employees over the 12 months after hiring. If the employee is hired under a part-time CDI contract, the reimbursement will follow the hire. If the employee receives a permanent contract on a part-time basis, the reimbursement will be calculated in proportion to the work schedule.

6. Sweden: Examples of practices and policies related to vocational rehabilitation in Sweden (February 2024)

1. Assessment of needs at the individual level

The Swedish Public Employment (PES) has a broad range of measures for jobseekers with disabilities. Some of these measures are stipulated in law (the law in Swedish: *Förordningen (2017:462) om särskilda insatser för personer med funktionsnedsättning som medför nedsatt arbetsförmåga*).

The Swedish PES does not say “jobseekers with disabilities” usually but talks about jobseekers with a reduced work ability. The reason for this small but important way of communicating and describing our jobseekers is that we believe that a disability is not always an obstacle to find, get selected for or keep an employment. We are always interested and ask the jobseeker about their health status, but always emphasise that we are only interested if it affects the ability to work and this is what we need to assess. For example, a dyslexic jobseeker who applies for jobs without the need to read or write, might not be affected by the dyslexia, and can perform all the tasks at the workplace as everybody else. If, however, there is a reduced work ability due to a disability, the PES has the following groups of measures within the vocational rehabilitation:

- ❖ Grants for technical aids
- ❖ Personal support
- ❖ Wage subsidies

Each one of these groups consist of a few different types of measures. Each of these measures also have a specific order in which they are presented in the law. This order is also how we assess them. If for example technical aids do not completely cover the needs of the jobseeker, we might combine them with personal support. If that is not enough either, then we assess if wage subsidies are the appropriate measure. The reason for this specific order is a way for us to not overcompensate or provide a greater support than is needed. This is also a way to empower the jobseeker, by giving the right amount and type of support.

Regarding the wage subsidies within vocational rehabilitation, they are not at a fixed level. Before we grant a wage subsidy, we do a workplace analysis with the jobseeker and the employer. This analysis compares the skills and resources of the jobseeker and the demands that the specific work tasks which he/she will be doing have. If there is a big gap between the jobseeker’s resources compared to the demands of the work, the wage subsidy will be higher and vice versa. This also means that if the employee with a reduced work ability changes work tasks completely, change working environment or gets a new job, the workplace analysis must be done again and might result in a higher or lower wage subsidy.

These groups of measures have been available and granted by the Swedish PES for many years. Last year we granted approximately 65 000 wage subsidies. We strongly believe that this is a way of enabling an easier transition to the labour market for jobseekers with a reduced work ability. We are also keen to ensure that these measures are only granted, when necessary, which means that some jobseekers have one or a few of them for a shorter period of time, while for others it could be throughout their working life.

2. Planning vocational rehabilitation programmes/interventions at organisational or individual level

The Swedish PES always does the assessment of vocational rehabilitation together with the jobseeker and with his/hers consent and understanding. The jobseeker always has the right to decline vocational rehabilitation.

3. Supporting the transition from VR to employment (processes of coordination of services, integrated approaches, relationships with employers, etc.)

Some wage subsidies are designed to only last for a certain period of time, as the purpose of them is to bridge the gap between unemployment and to establish a long-term solid foundation for the jobseeker in the labour market. This means that by design of the subsidy, the PES strives for a transition to the regular labour market to an employment which is unsubsidised.

4. Employment support after vocational rehabilitation programmes

A jobseeker at the Swedish PES always get his/her assessment of needs in regard to all the support or measures that the PES has to offer. This means that they have access to everything as everybody else, but also have access to the specific measures described above.

5. Information and support measures for employers on vocational rehabilitation programmes or interventions

As these measures have been present for many years, a lot of employers are familiar with them. We also promote the measures to employers, to contribute to a more diversified recruiting process and workforce.

6. Supporting employers to adjust workplaces or support their employees.

Beyond the abovementioned measures, the PES also promotes adaptations at work without technical aids, wage subsidies or personal support. A lot of adaptations can be enforced at a workplace for free! For example:

- ❖ more flexible working hours
- ❖ smaller brakes often throughout the workday
- ❖ to ensure that the employee only works with one specific task at a time
- ❖ to give instructions in a specific way (for example in writing)
- ❖ to have schedules, set deadlines or have a solid system for everything that has to be done to ensure that nothing is forgotten
- ❖ to adjust the workload or the work pace according to the capacity of the employee's ability

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