



commissie
werk gezondheid

Good examples of work and chronic conditions *impressions for inspiration*

Results of an exploration of European initiatives for stay at work with a chronic condition and job opportunities for (young) people with a chronic condition

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This overview of examples and impressions has been prepared for the Dutch Werkgroep Chronisch Zieke Werkenden [Working Group 'Chronically Ill People'] for inspiration and, for taking following actions for Dutch policy and initiatives on improving staying at work with a chronic disease and providing job opportunities for young people entering the labour market with a chronic disease or disability.

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Centrum Werk Gezondheid [Dutch Centre Work Health] coordinated and carried out the exploration on behalf of the Commissie Werk Gezondheid [Dutch Commission Work Health].

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Highlights of the exploration

All the examples are relating to chronic conditions. To keep it short, this is not always mentioned.

<p>67 examples of 18 European countries</p>	<p>Cancer and brain damage are the most mentioned specific diseases</p>	<p>12 projects on European Level</p>
<p>we have said thank you to 79 respondents</p>	<p>82 initiatives (of which 3 outside Europe) to be inspired by</p>	<p>self employed or starting as entrepreneur is part of 5 initiatives</p>
<p>young people are subject of 12 initiatives</p>	<p>thanks to a chair of a handicap & work group, Flanders is good represented</p>	<p>21 times the focus is on Employers</p>

Highlights per country

All the examples are relating to chronic conditions. To keep it short, this is not always mentioned.

<p>Austria 2 examples</p> <ul style="list-style-type: none"> • 800 employers involved in fit2work, especially SME* • Executives guide ‘In-house crisis intervention’ mental problems 	<p>Belgium 13 examples</p> <ul style="list-style-type: none"> • One day work experiences • Coffee & Chances for young people with cancer • Care path on work 	<p>Cyprus 1 example</p> <ul style="list-style-type: none"> • New system of assessing disability and functioning • Financial support to employers
<p>Czech Republic 4 examples</p> <ul style="list-style-type: none"> • Practical work training by brain damage and stroke • Medical approval to study for particular occupation 	<p>Estonia 1 example</p> <ul style="list-style-type: none"> • €1,800 support for everyone aged 16+ with reduced working ability (student, employee, entrepreneur) 	<p>Finland 6 examples</p> <ul style="list-style-type: none"> • Entrepreneurship • Incentives and traps • Youth Guarantee of work experience
<p>France 2 examples</p> <ul style="list-style-type: none"> • Regional network business project for 8 years • National Cancer Plan for raising awareness of employment (risks) 	<p>Germany 5 examples</p> <ul style="list-style-type: none"> • Cancer survivors give advice on long term consequences • Support for young people with congenital heart conditions 	<p>Ireland 2 examples</p> <ul style="list-style-type: none"> • Community based support by brain injury • Recruiting graduates with disabilities
<p>Italy 2 examples</p> <ul style="list-style-type: none"> • Public-private network on chronic diseases • Aerospace company: men with breast cancer, prostate cancer 	<p>Latvia 2 examples</p> <ul style="list-style-type: none"> • Youth Guarantee: subsidized employment measures • Compensation for employer hiring a young person 	<p>Norway 3 examples</p> <ul style="list-style-type: none"> • Bank of ideas • Inclusive businesses / work environment • Public initiative
<p>Slovakia 1 example</p> <ul style="list-style-type: none"> • Alternative work in a steel company • “Comparable” support for chronic disease and pregnancy 	<p>Spain 1 example</p> <ul style="list-style-type: none"> • Employment centres • Radio programme with perspective of people with mental health issues 	<p>Sweden 3 examples</p> <ul style="list-style-type: none"> • Interagency collaboration for more work chances • Samhall: a state-owned company to create work
<p>Switzerland 2 examples</p> <ul style="list-style-type: none"> • Online portal for employers • Tried-and-tested tools, step-by-step instructions and concrete practical examples 	<p>The Netherlands 7 example</p> <ul style="list-style-type: none"> • With hearing problems working in customer contact • REA college and The Class for young people with a disability 	<p>UK 10 examples</p> <ul style="list-style-type: none"> • Disability Confident Scheme for employers • Advice Hub for GP, employer and employee

*SME = small and medium sized companies

** MSD = Musculoskeletal Disorders

Highlights on European level

All the examples are relating to chronic conditions. To keep it short, this is not always mentioned.

The focus of ‘practical’ versus ‘governmental’ and ‘other’ is a way of making a sort of distinction between the initiatives, although most of the examples have both practical and governmental aspects:

- Practical = focusing more on practical activities such as networks, tools, dissemination.
- Governmental = focusing more on changing the policy, the political system or influencing policy makers
- Other = other mentioned initiatives that do not fit into practical or governmental

<p>Brain, Mind, Pain governmental</p> <ul style="list-style-type: none"> • MEP* interest group • Focusing on influencing policy makers • Call to action Make Work Work 	<p>CHRODIS-Employment practical</p> <ul style="list-style-type: none"> • Training tool for employers • Toolkit for work adjustments • Operational benefits of employing and keeping people with chronic conditions 	<p>CHRODIS- Employment governmental</p> <ul style="list-style-type: none"> • Policy recommendations for health promotion and disease prevention in the workplace • “Health in all sectors”, part of the EU Health Programme
<p>ECDA governmental</p> <ul style="list-style-type: none"> • Call to action • Equal opportunities • Full employment • Social progress • Social protection & inclusion 	<p>ENETOSH practical</p> <ul style="list-style-type: none"> • Educational staff • Trainers of insurers • Online toolbox with good examples, also on this topic • Platform 	<p>ENWHP practical</p> <ul style="list-style-type: none"> • Healthy work for people with chronic illness • Guide to good practice • Models of Good Practice • National Campaigns
<p>PATHWAYS practical</p> <ul style="list-style-type: none"> • Participation To Healthy Workplaces And inclusive Strategies in the work sector <p>Guidelines and strategies for effective (re)integration</p>	<p>SEEDS practical</p> <ul style="list-style-type: none"> • Supported employment • Entrepreneurship • Individual Placement and Support (IPS) • Employers’ approach 	<p>Other initiatives</p> <ol style="list-style-type: none"> 1. SafeYouth@Work ILO 2. MSD** and education OSHA 3. Ask Jan, online resource USA 4. DePaul University USA 5. Pooled “sick” Bank Australia 6. RTW*** after cancer OSHA 7. Healthy ageing EIP on AHA

*MEP = Member of the European Parliament

** MSD = Musculoskeletal Disorders

***RTW = return to work

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1 INTRODUCTION

Advisory report on work and chronic conditions

In 2016 a working group of the Dutch Social and Economic Council (SER)¹, consisting of representatives of members of employers and employees in the Netherlands publicized ‘Work: it’s important to everyone – An advisory report on managing chronic illness at work’².

The advisory report was made on behalf of the Dutch Minister of Public Health, Welfare and the Dutch Minister of Sport and of Social Affairs and Employment. After publication, the same ministers requested the SER and the field parties to make work of the recommendations made in this report.

For the purpose of following the progress in the field, the working group of the SER is combined with the Dutch Patient Federation, the Dutch Commission Work Health and some other organisations. It is called the ‘Working Group on Chronically Ill People’.

Aim of the exploration

This exploration provides the working group with an overview of information, examples and strategies aimed at working with a chronic illness in other countries to inspire the Dutch policy on working with a chronic disease and job opportunities for young people with a chronic illness. The focus is on European initiatives.

Job retention and job opportunities for young people

The exploration concerns practical and evidence based foreign initiatives aimed at working with a chronic illness and stimulating job opportunities for young people with a chronic illness. With an eye for unusual collaborations, an innovative approach and projects that are still in the starting blocks.

These examples from abroad have been found via:

- Inventory via Dutch network contacts
- Inventory via foreign network contacts
- Online desk research

In the report ‘chronic condition’, ‘chronic disease’ and ‘disability’ are used, aligning to the words that the respondents have been used or how the information of the initiative is presented online or in articles.

All referring to people who need some special attention to stay in work or find work due to (consequences of) health conditions.

Preparation study trip

In addition to this overview of examples, the Dutch Working Group on Chronically Ill People receives a proposal which foreign initiatives are interesting to visit to inspire the Dutch policy. In close consultation with the relevant ministries, the secretariat of the SER and the working group, we compile a program and scenario for the study trip to the chosen initiatives.

¹ The Social and Economic Council of the Netherlands (SER) advises the Dutch Governmental and Parliament on key points of social and economic policy. It also undertakes activities arising from governance tasks and self-regulatory matters, and functions as a platform for discussions of social and economic issues. The Council consists of independent Crown-appointed members, employers, and employees.

² An English abstract is available: <https://www.ser.nl/en/publications/publications/2016/chronic-illness-at-work.aspx>

2 ACTIVITIES OF THE EXPLORATION

The goal is providing inspiration by impressions of experiences within Europe. The exploration focused on finding examples that are foremost experienced as a model of good practice by people who work in this field on a practical level, at policy level or who in any other way are involved in this topic. Therefore, the information of network contacts was key in this project. The used method was an online survey accompanied by personal e-mail, skype or telephone contact.

Summarized, the activities of this exploration consisted of:

- Inventory via Dutch network contacts
- Inventory via foreign network contacts
- Online desk research

Network contacts

The Dutch and foreign network contacts received an e-mail, with information about this exploration and a friendly request for filling in a short online survey (9 questions, indication of 10 minutes' work). With the remark that the call is open to more people in their network. The online survey was available in Dutch and in English.

It was also possible to give good examples and or names of relevant network contacts by e-mail or in personal contacts.

When questions remained after exploring the given examples with additional online desk research, the contact person has been friendly asked to provide additional information by e-mail or have a chat by skype or telephone for more details.

Activity	E-mailings
Inventory Dutch contacts	<ul style="list-style-type: none"> • 'Working Group on Chronically Ill People' [Werkgroep Chronisch Zieke Werkende] (about 17 stakeholders) • Fit for Work Platform Netherlands (about 25 professionals) • Dutch network chronically ill and work [Landelijk Netwerk Chronisch Zieken en Werk] (about 30 researchers) • Newsletter Dutch Centre Work Health (approximately 1,000 subscribers) • Via via: network contacts continued the call in their network
Inventory foreign contacts	<ul style="list-style-type: none"> • European Network for Workplace Health Promotion (ENWHP) (about 10 board members) • ENWHP database (approximately 5,000 contacts of which nearly the half opened the call by e-mail) • Via via: network contacts continued the call in their network

In total: 51 respondents of online survey

- 47 respondents English online questionnaire
 - average time spend: 16 minutes
 - 96% completion
 - 5 inquiries were insufficient to use
- 4 respondents Dutch online questionnaire
 - average time spend: 10 minutes
 - 80% completion
 - all are used

In total: 79 respondents were involved

- The respondents that didn't fill in the online survey, were often involved because their name was mentioned in the survey as a relevant contact.

In total, about more than 50 additional personal gaining of information:

- about 15 phone/skype calls foreign network contacts (often in combination with online survey)
- about 10 phone/skype calls or live conversations with Dutch network contacts (often in combination with online survey)
- about 30 e-mail requests, sending the summary of the initiative to the network contacts, with the question to fill in the gaps

Everyone who participated in this exploration received a personal e-mail with thanks and information about the progress of the overview. With most of the respondents there was several times contact by e-mail and or phone/skype. Using this way of working, information that cannot be obtained online was gained additionally. At the same time, it provided an opportunity to exchange information about the Dutch situation and initiatives to the participants of abroad.

The U-turn

For collecting initiatives, a call for models of good practice was sent by e-mail in several networks. In these calls, we also provided information about 'Work: it's important to everyone – An advisory report on managing chronic illness at work' of the Social and Economic Council of the Netherlands (SER) and refer to the available English abstract of this report.

One of the members of the Fit for Work platform Netherlands who received the call, the manager of Vroege Intervention [Early Intervention], put the question through in his network, the European Platform for Rehabilitation (EPR). In turn, the membership officer of EPR passed the question to all members.

One of the members in Belgium, GTB, did not only provided several examples for this exploration, but was also interested in more information about the Dutch situation and initiatives in the Netherlands. It resulted in an invitation to the SER for presenting the advisory report 'Work: it's important to everyone' on a Belgium symposium on care paths about work and recovery for general practitioners and other primary care givers in Belgium [Zorgpad 'Arbeid en Herstel, verbindend werkt! 25 January 2018].

A nice 'U-turn', at which exchanging with other countries can one hand inspire the Dutch situation, and on the other hand, give an opportunity to present Dutch policy and initiatives in other countries. Both are ways to refine and shape the Dutch way of working.

Country differences

Although this report is not a research on differences between countries, we have noticed some. In the contact with people of the East European countries (eg Bulgaria, Croatia, Hungary, Macedonia), several times we heard that they don't know initiatives in this specific field in their country. Or, like a health professor of the University of Macedonia stated:

' Thank you for e-mailing me. I really liked to participate in your questionnaires' based on-line survey. I tried to do this, but unfortunately, I didn't have anything interesting to share with you, especially because in my country we don't have any formal model/example of good practice related to young people with chronic illnesses and return to work policy. This is one more reason for my wish to stay in contact with you for your other initiatives in order to improve our national capacities in this field.'

Online desk research

The desk research had two purposes:

1. Finding more information about the good examples mentioned by the Dutch and foreign network contacts.
2. Finding additional good examples.

In the first activity, the information of the website provided by the example in the online survey or e-mail contact has been searched. If the URL wasn't available, catch words that described the example has been used to find more information on the internet.

If the information was not available in English (or sometimes Dutch), the first page of the website was translated to gain insight if this initiative was appropriate. If it was, the website and documents on this website were further translated and scrutinized for making the summary.

In the second activity, online databases have been searched for initiatives. The goal of this search was to gain additional examples of countries that were not yet (highly) represented in the online survey responses.

Databases that have been searched:

- ENWHP – European Network for Workplace Health Promotion
- Eurofound
- EU-OSHA
- Esener
- ProMenPol – Promoting and protecting Mental Health)

Overview of the results

The content of the initiatives is derived from different resources. The primary source refers to the method finding this example: online survey, desk research or information by personal e-mail or conversation. As mentioned earlier, additional information was found on the internet and, in most times, the respondents checked the summary of the initiative. This exploration did not validate the content, other than the check on internet and the check by the respondent and providing the source of the information (name of respondent, websites).

Although this is an exploration from Dutch perspective on foreign examples, also some Dutch initiatives are included. The call for models of good practices has been send forward in different ways and networks. This may explain why some Dutch examples appeared in this exploration with a focus on European initiatives. Only the examples that are provided in the online survey are included in this overview. No further online search has been done for more good practices in the Netherlands.

Also, in the online information provided by respondents, a few times initiatives appeared outside the borders of European countries. These examples are made part of the descriptions of “other mentioned initiatives at “European, International” level

At the end, the report also gives an overview of remarks made by the respondents about work and chronic illness or job opportunities of young people with chronic conditions more in general (Annex 1).

Searching the results

You can search for inspiration in different ways, by:

- Country: see the index of this report
- Target group:
 - See Annex 2 with target group, country and name of initiative
 - By each country the initiatives are in alphabetic order
- Disease specific:
 - See the Annex 3 with specific disease, country and name of initiative
 - By each country the initiatives are in alphabetic order
- Intuitive, by browsing the report

Other remarks

The aim of this overview is not to fulfill a complete scenery of how a country is going on with supporting people with a chronic condition to stay in work and the job opportunities for young people with a chronic condition or disability. Impressions for inspiration, that is what this overview provides.

3 EUROPE

EUROPE - PRACTICAL LEVEL

CHRODIS Plus Joint Action - Employment

Name	CHRODIS PLUS Joint Action - Employment (work package 8)*
Catch words	Employers – tools - empowerment
1 Summary	<p>CHRODIS PLUS is a three-year initiative (2017-2020), contributing to the reduction of the burden of costs of chronic diseases on the European economy by promoting the implementation of policies and practices with demonstrated success. Initiatives on chronic diseases should be built on four cornerstones:</p> <ul style="list-style-type: none"> • Health promotion and primary prevention as a way to reduce the burden of chronic diseases. • Patient empowerment • Tackling functional decline and quality of life as the main consequences of chronic diseases • Making health systems sustainable and responsive to the ageing of our populations associated with the epidemiological transition • This programme is the follow up of JA-CHRODIS 2013-2016, a joint action of 25 countries.
2 Aim	<ul style="list-style-type: none"> • Training tool to help employers understand the operational benefits of employing and keeping people suffering of chronic diseases • Development and piloting a toolkit for adaptation of the workplace for access, prevention and maintenance of people with chronic diseases at the workplace.
3 Target group	<ul style="list-style-type: none"> • People suffering chronic diseases • Employers
4 Initiators	CHRODIS PLUS – implementing good practices for chronic diseases
5 Practices	Practices are based in the participating countries
6 Practice based	
7 Evidence based	
8 Remarkable findings	One of the good practices of Chrodis, is also a Model of Good Practice of workplace health promotion of ENWHP (European Network for Workplace Health Promotion): The Lombardia Network in Italy. See the information by 'Italy – Practical level'.
9 Infrastructure / context	CHORDIS is an EU program to develop strategies to reduce cost of chronic diseases on the European economy
10 Transfer to other countries	The development and sharing of tested policies and projects across EU countries is the core idea driving CHRODIS PLUS Joint Action. This joint action involves representatives of the 42 participant institutions, from 18 EU countries plus Norway, Serbia and Iceland.
11 Costs/financing	Funding European Union, in the framework of the Health Programme (2014-2020) and funding by the participating parties.
12 Date (start-end)	Training tool: September 2017 – December 2019 Toolkit: November 2017 – April 2020
13 Primary source	Djoeke van Dale, programma coordinator Quality, RIVM Centrum Gezond Leven [National Institute for Health Public and the Environment]
14 Contact	Task leader – training tool: Matilde Leonardi, The Foundation of the Carlo Besta Neurological Institute (FINCB) – Italy Task leader – toolkit: Jaana Lindstrom, National Institute for Health and Welfare (THL) - Finland
15 Website	http://chrodis.eu/08-employment

*Additional information obtained by e-mail contact

ENETOSH – European Network Education and Training in Occupational Safety and Health

Name	ENETOSH – European Network Education and Training in Occupational Safety and Health
Catch words	educational staff – insurance staff - toolbox
1 Summary	Platform for systematic knowledge-sharing on issues concerning education and training in occupational safety and health. One of the activities is systematic collection and assessment of examples of good practice. All of the selected examples of good practice are published in the database (“Tool box”) on this website.
2 Aim	To mainstream occupational safety and health (OSH) into education and training. The network activities promote the following at both the national and international level: <ul style="list-style-type: none"> • Joint quality assurance of education and training on occupational safety and health • High-quality mainstreaming of health and safety into the education system • Active knowledge-sharing between the OSH sphere and education experts.
3 Target group	<ul style="list-style-type: none"> • Lecturers and trainers from accident insurance institutions • Educational staff in general and vocational education (staff in pre-schools, teachers, instructors, university lecturers, freelance trainers) • Multipliers and policymakers (representatives of associations, ministries, social partners at national and EU-level, EU Commission, ISSA, ILO)
4 Initiators	The network was set up with the financial support of the European Commission as part of the LEONARDO DA VINCI programme (for a project phase from 10/2005 until 09/2007).
5 Practices	The database of Good practice examples (Tool Box). Results of search: 'Chronic illness' = 13; 'chronic disease' = 28 (December 2017).
6 Practice based	
7 Evidence based	The process of identifying, selecting and presenting examples of good practice in education and training in occupational safety and health for ENETOSH is quality-assured. A quality management system was developed during the EU project, including the following: a list of criteria for selecting examples of good practice, a data-collection sheet, a coding system, the advisory editing committee plus its statutes and a code of conduct for users of the ENETOSH platform. These tools are used in accordance with a defined workflow.
8 Remarkable findings	
9 Infrastructure / context	
10 Transfer to other countries	More than 80 partners from 33 countries all over the world are involved in ENETOSH.
11 Costs/financing	The network was set up with the financial support of the European Commission as part of the LEONARDO DA VINCI programme (for a project phase from 10/2005 until 09/2007).
12 Date (start-end)	
13 Primary source	Ulrike Bollmann, Head of International Cooperation, Institute for Work and Health (IAG) of the German Social Accident Insurance (DGUV)
14 Contact	
15 Website	www.enetosh.net

ENWHP initiative: promoting healthy work for people with chronic illness

Name	Promoting healthy work for people with chronic illness (PH Work)*
Catch words	employers – policy guidelines – Good Practices – workplace health promotion
1 Summary	ENWHP will work towards introducing effective workplace health practices, by creating a favourable culture and by providing guidance and a number of tools to employers, to help make a difference for employees with a chronic illness. With as results of this initiative: <ul style="list-style-type: none"> • European Guide to Good Practice (guidelines for 50+ employers, including step-by-step action plan, manager’s checklist for support return to work) • Models of Good Practice (gathering and dissemination of practical examples within European countries) • National Campaigns ‘Work. Adapted for all. Move Europe’ (on European and national level to convince companies to implement the guidelines) • Recommendation paper (for all stakeholders, including policy makers)
2 Aim	The objective is to promote healthy, suitable work for those suffering the consequences of a chronic illness - either through enabling job retention or by supporting their return to work (RTW). Other aims are to establish cross-border exchange of knowledge among experts and stakeholders and influencing policymaking at the EU and or national level.
3 Target group	<ul style="list-style-type: none"> • Working people suffering the consequences of chronic illness • Employers • Policy makers
4 Initiators	ENWHP – European Network for Workplace Health Promotion
5 Practices	<ul style="list-style-type: none"> • In the first phase of the PH Work project, background information was researched and a questionnaire was developed with the purpose of collecting data on sustainable work strategies in European countries. • Later on, good practices that pay special attention to workers with chronic conditions and their employability, were collected from following countries: Austria, Belgium, Denmark, France, Germany, the Netherlands, Romania, Scotland, Slovakia and Slovenia. • Based on the analysis of the different strategies from the European countries and the good practices, prerequisites at the organisational and communication level, as well as general factors of success are defined. The selected Models of Good Practice can be found on the website.
6 Practice based	The guidelines and the campaigns are based on data collection of existing sustainable work strategies, policies and best practices within European countries. Reports of these findings are online available.
7 Evidence based	
8 Remarkable findings	
9 Infrastructure / context	There is a report that analyses the national policy context to identify major constraints and opportunities for Return to Work (RTW) for workers with chronic illnesses (March 2012).
10 Transfer to other countries	The programme provided a basis for national campaigns http://www.enwhp.org/enwhp-initiatives/9th-initiative-ph-work/national-campaigns.html
11 Costs/financing	The campaign is co-funded by the European Commission under the Public Health Programme (2008-2013): PH Work
12 Date (start-end)	2011-2013
13 Primary source	Several (foreign) network contacts mentioned this initiative.
14 Contact	Richard Wynne, director Work Research Centre Ireland and board ENWHP
15 Website	http://www.enwhp.org/enwhp-initiatives/9th-initiative-ph-work.html

*Additional information obtained by e-mail contact

Name	PATHWAYS Project*
Catch words	Identify – evaluate – policy guidelines– strategies - mental health - employment
1 Summary	<p>Participation To Healthy Workplaces And inclusive Strategies in the work sector. That is the payoff of this 3-year EU project. For persons with chronic disorders and mental health conditions in Europe the project will:</p> <ul style="list-style-type: none"> • Identify existing integration and reintegration to work strategies • Evaluate effectiveness of integration and reintegration to work strategies • Assess specific employment related needs • Develop guidelines supporting the implementation of effective professional integration and reintegration strategies • Propose strategies to fill the gaps for implementation of existing entering and return to work strategies <p>Full report and country reports of identifying are online available.</p>
2 Aim	Development of innovative approaches to promote the professional integration and reintegration of people with chronic diseases and mental disorders and improve their employability.
3 Target group	<ul style="list-style-type: none"> • People with chronic diseases and mental health conditions • Policy makers, representatives of advocacy groups and NGO's
4 Initiators	Foundation IRCCS Neurological Institute Carlo Besta is leading this project of 12 partners in 10 different European countries.
5 Practices	The method of evaluate effectiveness is using both scientific publications, grey literature and structured reports evaluating national and European strategies. A report and an infographic of the evaluation activities is provided for.
6 Practice based	
7 Evidence based	
8 Remarkable findings	<ul style="list-style-type: none"> • To a large extent, existing European and national policy frameworks on employment activation are not specifically targeted at the employment activation of persons with chronic diseases. Instead, they target broader categories, such as persons with disabilities, long-term unemployed, vulnerable groups, etc. • Emphasis should be made on the lack of policy strategies specifically targeting the employment activation of persons with chronic diseases and on the fact that strategies targeting persons with disabilities do not necessarily address the needs of patients with chronic diseases and mental health issues since the employment needs of these two groups are not the same. • The following components of strategies are appreciated by stakeholders: awareness raising in general population, focus on existing capacity or ability, simple procedures, good coordination and organisation of services, provide long-term perspectives, be open to creative solutions, individualized and flexible structures, allocate appropriate time, personnel and financial pre-primary sources, effective communication among agencies, use a holistic view of the person and the problem, modules integrated into other services, take into account the perspective of employers including their fears and real risks, provide early interventions, offer users services and trainings of good quality.
9 Infrastructure / context	Involvement of 12 partners: Austria, Czech Republic, Germany, Greece, Italy, Norway, Poland, Slovenia, Spain and the United Kingdom. Each country represents one of the five European welfare models: Scandinavian, Continental, Anglo-Saxon, Mediterranean and 'Post-Communist' models.
10 Transfer to other countries	
11 Costs/financing	Funding from the European Union's Health Programme (2014-2020).
12 Date (start-end)	2015-2018
13 Primary source	Ingrid Keller, programme coordinator Health European Commission
14 Contact	Matilde Leonardi, Director Coma Research Centre, National Neurological Institute Carlo Besta
15 Website	https://www.path-ways.eu

*Additional information obtained by e-mail contact

SEEDS Projects - European Union of Supported Employment

Name	SEEDS Project - European Union of Supported Employment (EUSE)**
Catch words	Entrepreneurship
1 Summary	Supported Employment (SE) is a way of helping people with disabilities and obstacles to working, and other vulnerable groups, to find and hold down paid employment on the normal labour market. They get support before, during and after finding a job. The employer is also supported too. The abbreviation of SEEDS stands for; Supported Employment – Entrepreneurship and Disability. Due to the economic downturn people with disabilities and from disadvantaged situation have to explore other opportunities to create employment such as self-employment. The lack of understanding about supporting potential entrepreneurs is a reality across Europe. The SEEDS project will address this gap through the training for professionals in adapting current practice and create consistency of approach in Self Employment Support.
2 Aim	SEEDS project aims to transfer the model of Supported Employment to assist people with disabilities and people from other disadvantaged situations in exploring entrepreneurship and self-employment.
3 Target group	<ul style="list-style-type: none"> • People with disabilities or people from disadvantaged situations
4 Initiators	A European partnership of five organisations - Fundacion Emplea (Spain, leading) European Union of Supported Employment (EUSE), Associacao Portuguesa de Emprego Apoiado (Portugal), Univerzitetni Rehabilitacijski Institut Republike Slovenija - Soca (Slovenia) and SUEM.BE (Belgium).
5 Practices	In Belgium Flanders the IPS project for people with severe mental problems and the Z ² O project for entrepreneurship are follow ups of this programme.
6 Practice based	
7 Evidence based	Supported Employment is internationally considered as the best practice to guarantee chances to succeed in a 'normal' working environment.
8 Remarkable findings	<ul style="list-style-type: none"> • Supported Employment principles are first placing people in the work with providing training and further support after placing in work. In summary: place, train, maintain & develop. • IPS – Individual Placement and Support is the application of supported employment by mental health problems. • Strong emphasis on active employers' approach.
9 Infrastructure / context	
10 Transfer to other countries	EUSE and the SEEDS project are very targeted on cooperation and exchanging on European level. One of results will be a final European Seminar to disseminate the results of this project.
11 Costs/financing	Co-funded by Erasmus+ Programme of the European Union
12 Date (start-end)	2015-2018
13 Primary source	Online survey: Patrick Ruppel, Expert GTB vzw Belgium
14 Contact	Karen Warson, Expert GTB vzw Belgium
15 Website	http://www.euse.org/

**Additional information obtained by skype / telephone contact

EUROPE - GOVERNMENTAL LEVEL

Brain, Mind, Pain

Name	Brain, Mind, Pain
Catch words	chronic pain – work - policy makers
1 Summary	Each year 1 in 3 Europeans are affected by a brain disorder and 1 in 5 by chronic pain. The Interest Group on Brain, Mind and Pain is committed to increasing political awareness of these disorders within the European Institutions and Member States. The group is Member of the European Parliament. There is a call to action 'Make Work Work' on European policy makers in support of greater access to employment for those affected by neurological disorders and chronic pain conditions. With special interest for young people affected by brain, mind and pain conditions.
2 Aim	It aims to encourage research into and access to innovative treatments, promote prevention and self-management approaches, decrease stigma and work together to improve quality of live for people living with these disabling conditions
3 Target group	<ul style="list-style-type: none"> • People with (chronic) brain, mind and pain conditions.
4 Initiators	European Federation of Neurological Associations (EFNA) and Pain Alliance Europe, co-chaired by MEPs Marian Harkin (Ireland), Jeroen Lenaers (NL) and Daciana Sârbu (Romania).
5 Practices	Events and meetings of the interest group in the European Parliament, Brussels.
6 Practice based	See 'Transfer to other countries'.
7 Evidence based	Scientific research publications are used in policy documents.
8 Remarkable findings	Statement of support of DG Sante Commissioner Statement of support of DG Research and Innovation, Head of Sector Neuroscience.
9 Infrastructure / context	Influencing policy makers and politicians via the Institutions and Member States to implement legislation to provide equal opportunities for those with a chronic disease/chronic brain, mind and pain conditions.
10 Transfer to other countries	The European Federation of Neurological Associations is an umbrella organisation, representing pan-European neurology patient groups. The Pain Alliance Europe is also a pan-European umbrella organisation of 33 national associations in 16 Member States. These organisations represent nearly 400,000 individual chronic pain patients.
11 Costs/financing	Funded by Biogen, Grünenthal and Pfizer.
12 Date (start-end)	Launched in 2015.
13 Primary source	Online survey: Joop van Griensven President Pain Alliance Europe
14 Contact	Hans van Dongen, Pijnpatiënten naar één stem [pain patients to one voice]
15 Website	<ul style="list-style-type: none"> • http://www.brainmindpain.eu/ • http://www.brainmindpain.eu/written-declaration-access-to-employment/

CHRODIS Plus Joint Action - Employment

Name	CHRODIS Plus Joint Action - Employment*
Catch words	Policy – health in all sectors – health promotion – disease prevention
1 Summary	The goal is to support Member States through cross-national initiatives identified in previous JA-CHRODIS (2013-2016) to reduce the burden of chronic diseases, while assuring health systems sustainability and responsiveness. In particular, unlike the previous version, CHRODIS Plus has inserted a new cornerstone focused on impact of chronic diseases on employment. Individuals with chronic diseases often experience work-related problems, leading to negative consequences at individual, national and European level. The rising prevalence of persons with chronic diseases as well as the current economic crisis make this issue even more problematic, requiring actions in terms of innovative strategies to improve the participation of these persons in the labour market.
2 Aim	Development of policy recommendations for Health Promotion and Disease Prevention in the workplace for people with chronic diseases including access to, reintegration, maintenance and stay at work.
3 Target group	<ul style="list-style-type: none"> • People suffering chronic diseases • Policy makers • EU Member states
4 Initiators	Foundation IRCCS Neurological Institute "Carlo Besta" and all network partners of CHRODIS Plus Joint Action
5 Practices	Literature study, website searches and material developed for other EU and international projects (eg Pathways, PH Work, etc). See also CHRODIS Plus Joint Action – Employment described at European – practical level.
6 Practice based	Recommendations will be based on the identified best practices of Health Promotion and Diseases Prevention in the workplace for people with chronic diseases, with particularly emphasis on the issues of multi-morbidity and employment. They will also be based on previous material developed for other EU and international projects (eg Pathways, ENWHP PH Work etc.).
7 Evidence based	The WP Employment and Chronic Diseases - health in all sectors is just started.
8 Remarkable findings	
9 Infrastructure / context	European context of legislation on work and health.
10 Transfer to other countries	This joint action involves representatives of the 42 participant institutions, from 18 EU countries plus Norway, Serbia and Iceland.
11 Costs/financing	Funding European Union, in the framework of the Health Programme (2014-2020) and funding by the participating parties.
12 Date (start-end)	September 2017 - August 2020
13 Primary source	Djoeke van Dale, programma coordinator Quality, RIVM Centrum Gezond Leven Netherlands
14 Contact	Matilde Leonardi, Director Coma Research Centre, National Neurological Institute Carlo Besta
15 Website	http://chrodis.eu/08-employment/

*Additional information obtained by e-mail contact

ecda - Call to Action to enhance labour opportunities for people with chronic disease

Name	Call to Action to enhance labour opportunities for people with chronic disease
Catch words	EU member states – European Commission - working conditions
1 Summary	<p>Call upon the European Commission, the European Parliament and EU Member States' Governmental to recognise the central role that health and well-being play in building strong and sustainable social market economies and an effective, productive and healthy workforce. Call for actions are:</p> <ol style="list-style-type: none"> <u>Investing in prevention and earlier detection of chronic disease</u> Example: national and occupational program concerning risky lifestyles, and 'health in all policies' (Member States) <u>Improving the integration of care to strengthen chronic disease rehabilitation, recovery and employment.</u> Example: integrated health services incorporating social, psychological support as well as return to work services and occupational medicine (Member States). <u>Putting in place a favourable environment</u> including financial/non-financial incentives and adequate policies to support employment, return-to-work or retention at work of people with chronic diseases. Example: financial support to SME's for conducting workplace arrangements to ensure employment of people with chronic diseases (Member States). <u>Ensuring appropriate training of employers on the issue of chronic diseases and working conditions and promoting chronic disease awareness at the workplace</u> Example: Encourage modules on health (promotion), disease prevention and chronic disease management at the workplace in curricula in business and management schools and higher education as relevant (Member States).
2 Aim	Addressing the health, social, economic and structural barriers linked to the employment of people with chronic diseases in Europe and ensure that in the long-run, all Europeans affected by chronic conditions are able to contribute to the economy and are given similar opportunities on the employment market as healthy people, according to their health status.
3 Target group	<ul style="list-style-type: none"> People with chronic diseases in Europe.
4 Initiators	The European Chronic Disease Alliance (ecda) led on the development of this Call to Action via the EU Health Policy Platform in collaboration with organisations working in the health, social and employment sectors.
5 Practices	
6 Practice based	
7 Evidence based	Reference to publications in the call and in the additional framing paper.
8 Remarkable findings	Align actions with the activities of the horizontal work package on the employment of people with chronic diseases of the CHRODIS Plus Joint Action.
9 Infrastructure / context	Referring to: Sustainable Development Goal 3 Good Health and Well-being, European Pillar of Social Rights (Equal opportunities and access to labour market, Social protection and inclusion), Treaty on European Union (full employment, social progress), Europe 2020 Strategy – Juncker Commission work
10 Transfer to other countries	
11 Costs/financing	
12 Date (start-end)	The call is of November 2017.
13 Primary source	Marleen Kestens, Network Coordinator and Public Affairs Manager, European Heart Network Brussels
14 Contact	Sara Martin, EKHA secretariat European Disease Alliance
15 Website	http://www.alliancechronicdiseases.org/fileadmin/user_upload/Call_to_action_on_the_employment_of_people_with_chronic_diseases.pdf

EUROPE, INTERNATIONAL - OTHER MENTIONED INITIATIVES, ORGANISATIONS, REPORTS

Name	Short description
<p>1 European Innovation Partnership on Active and Healthy Ageing (EIP on AHA)</p>	<p>Summary: The European Innovation Partnership in Active and Healthy Ageing (EIP on AHA) is an initiative launched by the European Commission to foster innovation and digital transformation in the field of active and healthy ageing. While not focusing on chronic diseases and work, there may be some spin-offs for this target group. In the Netherlands, IMDI SPRINT (Innovative Medical Devices Initiative), is highly involved in Action Group A2 for Personalised Health Management (with amongst others falls prevention) of the EIP on AHA network. This centre of excellence has also the project SPRINT@Work focusing on healthy work by growing older, using devices that are (in future) are also suitable for working with a chronic disease.</p> <p>Primary Source: Bart Verkerke, Professor in Medical Product Design, Technical-Scientific director SPRINT Netherlands</p> <p>Website: https://ec.europa.eu/eip/ageing/home_en and https://www.imdi-sprint.nl/huidige-projecten/sprint-work</p>
<p>2 JAN's SOAR / Ask JAN (USA)</p>	<p>Summary: JAN's Searchable Online Accommodation Resource (SOAR) system is designed to let users explore various accommodation options for people with disabilities in work and educational settings. JAN also provide free, confidential technical assistance about job accommodations and the Americans with Disabilities Act. JAN is there for individuals, employers and others (e.g. rehabilitation and medical professionals, union representatives). JAN is a service of the Office of Disability Employment Policy, U.S. Department of Labour.</p> <p>Primary source: online survey, Martina Jovic policy officer European Federation of Crohn's and Ulcerative Colitis Associations (EFCCA).</p> <p>Website: https://askjan.org/soar/index.htm</p>
<p>3 MSD and education – European Agency for Safety and Health at Work (EU-OSHA)</p>	<p>Summary: Future campaign (2020-2022) focuses on the prevention of work-related musculoskeletal disorders (MSDs). It aims to disseminate high-quality information on the subject, encourage an integrated approach to managing the problem, and offer practical tools and solutions at workplace level.</p> <p>Primary source: Ulrike Bollmann, Head of International Cooperation, Institute for Work and Health (IAG) of the German Social Accident Insurance (DGUV)</p> <p>Contact: Tim Tregenza and Lorenzo Munar</p> <p>Website: https://osha.europa.eu/en/healthy-workplaces-campaigns/future-campaigns</p>
<p>4 National Australia Bank – pooled sick leave plan (Australia)</p>	<p>Summary: Workers who have contracted a serious disease or disability and who have exhausted their own sick leave can now draw on a collective 'sick bank' for extra relief for two days. The same privileges apply to bank employees who have to take extended leave to care for an immediate family member who falls seriously ill or suffers a serious disability. To realise this, other colleagues 'donate' not used sick days to the collective 'sick bank'. This initiative description is of 2010.</p> <p>Primary source: online survey, Martina Jovic policy officer European Federation of Crohn's and Ulcerative Colitis Associations (EFCCA).</p> <p>Website: http://www.theage.com.au/articles/2003/11/10/1068329487088.html and https://www.theaustralian.com.au/news/health-science/workplaces-can-be-for-all-helping-those-with-chronic-illness-to-stay-on-the-job/news-</p>

	story/66af00ff30f4ec5e6665a668dac432e1?sv=ee869659d8b13d1f018be37
5 Rehabilitation and return to work after cancer: literature review (EU-OSHA)	<p>Summary: This report provides an overview of the relevant scientific literature, conducted to collect information on existing initiatives, policies and practices on rehabilitation and return to work after cancer and gather examples of successful interventions. It is part of the overall project ‘Rehabilitation and return to work after cancer – instruments and practices’ which will inform policy on the emerging issue of rehabilitation and RTW after cancer and provide national administrations with examples of successful policies and interventions. The full final report is to be published end May 2018.</p> <p>Primary source: online survey, Marine Cavet project manager EU-OSHA</p> <p>Website: https://osha.europa.eu/en/tools-and-publications/publications/rehabilitation-and-return-work-after-cancer-literature-review/view</p>
6 The Chronic Illness Initiative – DePaul University (USA)	<p>Summary: College students with chronic illness find it difficult to succeed in traditional degree programs due to disruptions caused by relapses and unpredictable waxing and waning symptoms. College disability offices are often unable to help, both because their standard supports are not appropriate and because students with chronic illness frequently do not identify themselves as having a disability. This Practice Brief discusses the need for specific programs tailored to the culture of postsecondary students with chronic illness. The Chronic Illness Initiative at DePaul University is presented as a model for such programs</p> <p>Primary Source: online survey, Martina Jovic policy officer European Federation of Crohn’s and Ulcerative Colitis Associations (EFCCA). Contact: Lynn Royster, director of the Chronic Illness Initiative</p> <p>Website: https://eric.ed.gov/?id=EJ825778</p>
7 The SafeYouth@Work - International Labour Organization (ILO)	<p>Summary: The US Department of Labor-funded ILO SafeYouth@Work project (2014-2018) aims to promote the occupational safety and health (OSH) of young workers, with a focus on those aged 15 to 24. Key stones so far: a global strategy which can be adopted to each country’s national context, a monitoring and evaluation plan for project benchmarks, Media Competition debating with youth what safety and health means to them with more than 130 entries from some 20 countries.</p> <p>Primary source: Ulrike Bollmann, Head of International Cooperation, Institute for Work and Health of the German Social Accident Insurance (DGUV)</p> <p>Contact: Valentine Offenloch, programme Officer SafeYouth@Work project ILO</p> <p>Website: http://www.ilo.org/safework/projects/WCMS_516592/lang--en/index.htm and https://www.ilo.org/safeyouth/en/vision.html</p>

4 AUSTRIA

AUSTRIA - PRACTICAL LEVEL

fit2work programme

Name	fit2work programme*
Catch words	employees – employers – free support
1 Summary	One-stop shops to counsel and support both workers with health problems and employers to adapt working practices. Besides reintegration, the fit2work consultants assist in new working perspectives, information about funding and referral to more specific support or advice. The support is on voluntary basis, free, and on request, anonymous. Fit2work is offered by regional implementation partners and runs in cooperation with many partner organisations. The coordination lies with the social ministry service.
2 Aim	Supporting that valuable skills of workers are retained, working lives are prolonged and age-related disabilities are overcome.
3 Target group	<ul style="list-style-type: none"> • Employees with health problems • Employers
4 Initiators	Initiative of the Austrian Federal Governmental.
5 Practices	Results of yearly report 2016: nearly 15,000 individuals and 100 companies received information, 11,500 people received first advice, 6,700 persons obtained case management support and nearly 800 companies received consultancy. 54% of the companies were small (less than 15 employees), 38% medium (15-50 employees) and 8% were with more than 50 employees. The website fit2work.at provides videos with company stories.
6 Practice based	
7 Evidence based	
8 Remarkable findings	<ul style="list-style-type: none"> • As the programme is free there is a small restriction for larger enterprises (>50 Workers). They have to undergo an assessment called „check4start“ by the AUVA if they have no workplace health promotion programme. Just to make sure that the legal basis of employee protection is functioning correctly. This assessment comprises an interview with the management and a joint inspection of the work place. • Self-employed can also turn to fit2work for help, but they are supported by personal counselling.
9 Infrastructure / context	fit2work programme is anchored in the federal Work and Health Act which came into force in January 2011 and provides information, advice and support on work and health.
10 Transfer to other countries	
11 Costs/financing	Funding by Public Employment Service (AMS), Regional Health Insurance Funds (GKK), Pension Insurance (PV), General Accident Insurance Institution (AUVA), Ministry of Social Affairs Service and the European Social Fund – European Commission.
12 Date (start-end)	
13 Primary source	Mentioned twice in online survey: Kurt Leodolter, occupational physician AUVA and Gert Lang, Health Promotion Officer Austrian Health Promotion Foundation.
14 Contact	
15 Website	<ul style="list-style-type: none"> • http://fit2work.at • https://www.auva.at/portal27/auvaportal/content?contentid=10007.670897&viewmode=content • https://oshwiki.eu/wiki/Overview_of_policies,_strategies_and_program_in_relation_to_the_occupational_health_and_safety_of_older_workers_-_Austria

*Additional information obtained by email contact

In-house Crisis Prevention and Crisis Intervention

Name	In-house Crisis Prevention and Crisis Intervention
Catch words	mental health – managers
1 Summary	Guide for executives for handling mental health issues at work and supporting employees with mental health problems. The booklet (84 pages) contains a lot of useful information for managers on mental health at work, substance abuse prevention and crisis management. When faced with employees with mental health problems, a step-by-step plan is provided. There is also information about making the organization more ‘mental proof’ focusing on working processes, the working environment, the work tasks and the management style and working atmosphere.
2 Aim	The goal is to keep chronically ill employees in employment for as long and as well as possible.
3 Target group	<ul style="list-style-type: none"> • Executives, managers • Employees with mental health issues
4 Initiators	Graz City Council.
5 Practices	
6 Practice based	
7 Evidence based	Managers of the Graz City Council have a special responsibility because their work and decisions are essential for framing the conditions of the living and economic area of Graz. Executives’ results are measured and endeavored as far as possible. Citizens are involved in the design and decision-making processes. The council follows the principles of Good Governance.
8 Remarkable findings	
9 Infrastructure / context	
10 Transfer to other countries	
11 Costs/financing	
12 Date (start-end)	
13 Primary source	Online survey: Elke Pözl, head of In-house Crisis Prevention and Crisis Intervention”, Graz City Council
14 Contact	Elke Pözl, head of In-house Crisis Prevention and Crisis Intervention”, Graz City Council
15 Website	<ul style="list-style-type: none"> • https://www.graz.at/cms/beitrag/10018637/7748776/Krisenpraevention.html • https://www.graz.at/cms/dokumente/10018637_7748776/1b8cc1cc/Seelische_Gesundheit_NET-doppel.pdf

5 BELGIUM

BELGIUM FLANDERS - PRACTICAL LEVEL

Care Path 'Work'

Name	Care Path Work [Zorgpad Werk]**
Catch words	Primary care – early focusing on work in treatment
1 Summary	Supporting primary care providers to obtain skills for giving their clients/patients accurate advices on timely focusing on (return to) work. These advices are unambiguously, evidence based and must be linked to the available supporting facilities in the region of the client/patient. The process is facilitated by an expert, a so-called 'bridge builder'. By using the WRAP method – Work/wellness Recovery Action Plan – the client/patient is in control of his/her moves towards work. With permission of the client/patient the expert consults the caregiver. And together is decided which support is needed for the client/patient. The method of structured way of working (Care Path/zorgpad) is crucial in this project: the project includes guidelines of timely and optimal fine tuning of the treatment to (return to) work. The 'Care Path Work' is separate of the other procedures and guidelines for specific treatment of diseases.
2 Aim	Improving stay at work or return to work by timely focusing on (return to) work in the treatment by improving the skills of the primary care providers.
3 Target group	<ul style="list-style-type: none"> Primary care providers
4 Initiators	GTB specialized work integration services together with LISTEL (primary care providers such as the General Practitioner (GP), physiotherapist, psychologist)
5 Practices	The pilot project is now rolled out in Flanders broadly, with the role for experts to build bridges between sectors. The wish for the future is that contact between job support and health care is part of the regular way of working of both sectors.
6 Practice based	It appeared that the duration of sick leave was reduced by involvement of the care givers, and especially the specialists. The follow up will focus on specific diseases, such as mental problems and psychiatric illnesses.
7 Evidence based	The method of Care Path is seen as a model of good practice by RIZIV, the National Institute for Sickness and Disability Insurance in Belgium. Research on its impact will be provided by Inge Neyens, KU Leuven University, LUCAS Centre for Care Research and Consultancy.
8 Remarkable findings	It appears that the trajectory worked out better for the health care professionals than for the general practitioners. The available time for clients by the GP played a role, as the required information. In Belgium, the GP gives advice about (the number of hours) sick leave and consults the specialist for additional medical information about the (physical) limitations of the disease for work, to make this decision. The insurance doctor has the final word about sick leave and disability benefit.
9 Infrastructure / context	
10 Transfer to other countries	
11 Costs/financing	ESF (European Social Fund)
12 Date (start-end)	2015-2017. With a follow-up started in 2017.
13 Primary source	Online survey: Patrick Ruppel, Expert GTB vzw
14 Contact	Luc Henau, general director GTB vzw and president of EUSE (European Union of Supported Employment)
15 Website	<ul style="list-style-type: none"> https://gtb.be/winwin/projecten http://www.esf-agentschap.be/nl/projectenkaart/zorgpad-werk

** Additional information obtained in phone/skype call

DUOday

Name	DUOday**
Catch words	jobseekers - work experience - matching with 'normal workers' - employers
1 Summary	A work experience day for people with extra needs for support, such as people with an occupational disability. There is a list of participating companies on the website, with available DUOjobs for a day. The job-seekers chooses a company and job in which he/she would like to work for a day. For one day, the job-seeker forms a duo with an employee within a company. If there is a click, a longer working period on trial or (short term) contract may follow. The organisation of this day is in hands of services specialized in return to work, who also supports the match-making.
2 Aim	<ul style="list-style-type: none"> • Low threshold introduction of the skills, commitment and possibilities of the job-seekers with an occupational disability to employers. • The job-seeker gets the chance to show his/her talents and, at the same time, can experience of this job is suitable for him/her. • The intermediary organisation gains more insight into the personnel needs of the companies so that they can use customer profiles in the future in a more targeted manner. • The opportunity to inform participating companies about the support that can be offered by the partners of this initiative for employing people with a disability.
3 Target group	<ul style="list-style-type: none"> • Employers • Job-seekers with a work disability
4 Initiators	GTB in cooperation with VDAB, VOKA, Verso, Unizo and FeGOB. GTB is a specialised service for supporting people with a work disability or health problem to an appropriate (paid) job.
5 Practices	About 380 companies are participating in DUOday. The website provides video stories and experiences in newsletters of participating job-seekers and employers.
6 Practice based	Yearly evaluations about numbers of day-internships and clicks of job-seeker and companies, mostly followed by a (short term) contract.
7 Evidence based	
8 Remarkable findings	In 2017, one third of the participating companies was new.
9 Infrastructure / context	The services of GTB are paid by the Flanders government. There is a lump sum per person supported to paid work, with a requested success ratio of 49%.
10 Transfer to other countries	The director of GTB is chair of the European Network for Supported Employment (EUSE). Within this network the idea is 'borrowed' from Ireland. The DuoDay will be further rolled out in Germany and France.
11 Costs/financing	Part of the regularly budget of GTB.
12 Date (start-end)	Since 2010 the DUOday is in operation.
13 Primary source	Online survey: Patrick Ruppel, Expert GTB vzw
14 Contact	Wannes Marivoet, Expert GTB vzw
15 Website	http://www.duoday.be

** Additional information obtained in phone/skype call

Paid Talent

Name	Paid Talent [Verloond Talent]**
Catch words	Acquired brain injury – network – buddy - paid work
1 Summary	The goal of the project is return to work for people with acquired brain injury (ABI). This group experiences great difficulty finding jobs because of the combination of fatigue, loss of concentration and behaviour. Potential work is found by using the network of the project partners. Each project partner knows from his/her personal involvement with the target group which kind of work is suitable and if his/her network is providing such work possibilities. The jobseekers are paired to a buddy. Together with the buddy the talents of the person with ABI is explored and practiced in real life work situations.
2 Aim	<ul style="list-style-type: none"> • Providing paid work for people with acquired brain injury (ABI), even if for only a few hours. • Raising awareness among employers, professionals supporting people with ABI and policy makers that this group has potential. • One of the hoped-for-results is making the system for active employment possibilities more broadly available for specific target groups.
3 Target group	<ul style="list-style-type: none"> • People with acquired brain injury (ABI)
4 Initiators	The need for supporting this group came from Rondpunt supporting victims of traffic accidents. Rondpunt together with GTB, specialized in work integration services, started this initiative together with Jobcentrum West Vlaanderen and MPI Dominiek Savio Instituut for specialized pre-primary and primary education in their own school for children with neuro-motor impairment.
5 Practices	<ul style="list-style-type: none"> • A pilot project started in spring 2017, supporting 10 jobseekers with ABI. The results were so promising, that a more general approach has been started. • Working with buddies is key in this project, and it appeared that this method is also promising for other target groups, such as people with severe mental disorders and status holders/asylum seekers. • A guide will be developed, free available for anyone, giving tips and tools developed based on this project.
6 Practice based	
7 Evidence based	Impact evaluations and research are part of the project, the first results are available in spring 2018.
8 Remarkable findings	Most of the buddies are found in the network partners, such as user/patient organisations, also on the level of board and management. Another entrance for the target group was finding a buddy in his/her own personal network, preferably a friend instead of a relative.
9 Infrastructure / context	Most of the times the target group has a disability benefit payment. For making the right choice of starting for paid work a few hours, the jobseeker gets thorough information about the consequences for his/hers benefit payment.
10 Transfer to other countries	
11 Costs/financing	Funded by ESF (European Social Fund), both pilot and follow up project.
12 Date (start-end)	The pilot project was from December 2015 – November 2017. Followed by rolling out the initiative in Flanders.
13 Primary source	Online survey: Patrick Ruppel, Expert GTB vzw
14 Contact	Sofie Vandermarliere, Expert GTB vzw
15 Website	<ul style="list-style-type: none"> • https://www.gtb-vlaanderen.be/winwin/projecten • http://www.esf-vlaanderen.be/nl/projectenkaart/verloond-talent-voor-pesonen-met-een-niet-aangeboren-hersenletsel • https://tspoor.net/nieuws/verloond-talent

** Additional information obtained in phone/skype call

Rentree – working after cancer

Name	Rentree – working after cancer [werken na kanker]**
Catch words	Cancer – nearly free support – employee – employer
1 Summary	People with cancer receive support on their return to work or search for a new, suitable job. The employer and the surrounding network such as occupational physician [arbeidsgeneesheer] and the insurance physician [adviserend geneesheer] are actively involved in the reintegration process. The guidance is given by in cancer specialised job coaches. People are coached for having conversations with stakeholders on the work floor (employer, occupational physician), with other stakeholders such as insurance physicians, and for looking for work possibilities that suits them.
2 Aim	The aim is to allow the return to work for all parties as optimally as possible.
3 Target group	<ul style="list-style-type: none"> • Employees with cancer who want to return to work after cancer treatment or who want to continue working during their treatment • People who became job seekers during their illness
4 Initiators	Rentree is a project of Emino (formerly Jobcentrum), one of the specialized centres for education, support and mediation [FeGOB] in collaboration with other specialized centres.
5 Practices	In the pilot project 125 people with cancer were supported. About two third of this group stayed at work, mainly in their own jobs. A large out roll of the project is foreseen and for that, in the follow-up 600 persons can be included.
6 Practice based	See 'Practices' and 'Infrastructure'.
7 Evidence based	The research group of Prof. dr. Lode Godderis University Leuven will evaluate the effectiveness of this programme.
8 Remarkable findings	The experience is that disease specific support is highly appreciated. People who seek support have the feeling 'this support is for me!'. The disease specific knowledge of the coaches lowers the threshold on the one hand, 'this coach understands me', and on the other hand results in more fine-tuned advices.
9 Infrastructure / context	All employees (with more than 1 year work experience) and self-employed people in Flanders can get 4 hours job coaching for 40 euro provided by specialized centres. The Governmental pays mostly of the costs (about 550 euro). This so-called career cheque [loopbaancheque] supports also people with their career options or reorientation on work by health problems. One check is good for 4 hours coaching. You can have two cheques in 6 years. The experience of coaches was that this general job support was insufficient for people experiencing cancer. It was not only in hours insufficient, but also because of the need to involve the employer, the occupational physician and the insurance advisor by people with cancer. Normally this is not provided in the career cheque. Another aspect were the costs: the hours of the cheque were insufficient and people had to pay for the additional coaching hours. This was the reason to start this cancer specific project. Self-employed are not included in the Rentree project.
10 Transfer to other countries	
11 Costs/financing	The pilot was funded by CM West-Vlaanderen and Kom op tegen Kanker [Stand up against Cancer], a non-governmental organisation and charity. The follow up project has funding of Kom op tegen kanker.
12 Date (start-end)	Pilot project 2015-2017 and follow up project 2017-2020.
13 Primary source	Online survey: Wim Geluykens, legal researcher Kom op tegen Kanker [Stand up against Cancer]
14 Contact	Sarah De Wolf, project coordinator and career coach Emino
15 Website	<ul style="list-style-type: none"> • https://rentree.eu • http://jobcentrum.be/rentree-terug-aan-het-werk-na-kanker • www.inzicht.be

** Additional information obtained in phone/skype call and by email (two networkcontacts)
Stand up against work by cancer

Name	Stand up against work by cancer [Kom op voor werk bij kanker]**
Catch words	Employers – partly free support
1 Summary	Support of employers that exists of information (for free), inspiration sessions (for free), about cancer and work with the input of an expert who has experienced cancer him/herself in-company trainings (with payment) and consultancy (for free). The consultancy (12 hours) concerns the reintegration policy of the company for people with cancer and other chronic conditions.
2 Aim	Supporting employers to keep employees with cancer at work.
3 Target group	<ul style="list-style-type: none"> Employers
4 Initiators	Emino (formerly Jobcentrum) is one of the specialized centres for education, support and mediation [FeGOB].
5 Practices	One of the ministries, name may not yet be released, and at the same time one of the largest employers in Flanders with 24,000 employees, will start with this programme in-company.
6 Practice based	SME's (small and medium sized companies) are hard to involve in these programmes. The approach by collaboration with sector funds and branch organisations is promising to recruit SME's.
7 Evidence based	
8 Remarkable findings	For inspiration sessions for employers, the book 'The Cancer Perspective' [Het Kanker Perspektief], is used, with the stories of 21 managers who experienced cancer. Exactly these group is important, is reported on the website: "These are people who are used to take initiative, do not get caught, be assertive, set goals and lead and inspire other people. Because of this professional experience, their way of dealing with cancer can differ from the approach of many other people."
9 Infrastructure / context	
10 Transfer to other countries	
11 Costs/financing	Funded by Kom op tegen Kanker [Stand up against Cancer], a non-Governmental organisation and charity.
12 Date (start-end)	
13 Primary source	Online survey: Wim Geluykens, legal researcher Kom op tegen Kanker [Stand up against Cancer]
14 Contact	Sarah De Wolf, project coordinator and career coach Emino
15 Website	<ul style="list-style-type: none"> http://www.komoptegenkanker.be/bedrijven http://www.fegob.be/opleiding

** Additional information obtained in phone/skype call

The Big C.Hallenge – Coffee, Cancer, Chances

Name	The Big C.Hallenge – Coffee & Chances [Koffie & Kansen]**
Catch words	Social entrepreneurship – catering industry
1 Summary	Project in which 13 young adults who have (experienced) cancer are supported in their way to work. The basis is personal, customized coaching, on a location preferred by the young adult. Additional group trainings, about eg taking care for yourself and entrepreneurship, and exchanging sessions are organised on a central location. If needed and suitable, for instance for gaining a first work experience, the young adults can work in a (pop up) coffee bar of Big C. with financial compensation.
2 Aim	Providing a low threshold portal for personal work-related coaching and support for young people with cancer.
3 Target group	<ul style="list-style-type: none"> Young adults (18 - 35 years) who have (experienced) cancer
4 Initiators	Stefanie Veraghtert founder/owner of The Big C. She has experienced cancer herself. Big C. is a social enterprise. The pay-off is “Coffee for Cancer”.
5 Practices	The first pop-up coffee bar opened in September 2017 in Geel, Belgium.
6 Practice based	The coaching is provided by Emino (formerly De Ploeg), one of the specialized centres for education, support and mediation in Belgium [FeGOB]. The trainings are provided by Samana, supporting participation of people with chronic conditions in Belgium.
7 Evidence based	
8 Remarkable findings	<ul style="list-style-type: none"> Working as a barista was for some their first work experience. Outreached and personal support are success factors. For a young man with social fear the coaching was done mostly walking. Another young man with acquired brain damage due to brain tumor the coaching was at his request in a very quiet office room. The last young man worked also as barista. During the first joint session Poetry Slam was used in which all participants made their own personal slam poet. This was an ice breaker. Initiatives with the word ‘challenge’ in the name are not preferred by this group is the experience within this project.
9 Infrastructure / context	<ul style="list-style-type: none"> It is not easy to recruit young adults for this kind of projects. The network of founder Big C. was very useful for recruiting. After the treatments, the supports stop. Right at the moment that young people have to find work with the ‘baggage’ of their disease. The support should be longer than the 6 months of this project. Everybody should have access to this kind of personal support, mobile and free, paid by the Governmental. And not on a project basis. One point for information about work and chronic conditions is needed. Challenge employers to look at their organisation in an innovative and inclusive way. Important to make this issue part of the HR studies. How does your view as HR manager on people, talent and possibilities affects the life of a group.
10 Transfer to other countries	<ul style="list-style-type: none"> The first focus is Flanders, with a new 3 year project call C.You! with a focus on regional cooperation with schools, hospitals for recruiting young adults. One respondent refers to Ctaste in the Netherlands www.ctaste.nl
11 Costs/financing	Financial support of Kom op tegen Kanker [Stand up against Cancer], a non-Governmental organisation and charity
12 Date (start-end)	Pilot project: May – October/November 2017 (6 months)
13 Primary source	Online survey: Wim Geluykens, legal researcher Kom op tegen Kanker
14 Contact	<ul style="list-style-type: none"> Marita Bruning, The Social Surprise (formerly employed by De Ploeg/Emino) Stefanie Veraghtert, owner/founder The Big C.
15 Website	<ul style="list-style-type: none"> http://www.thebigc.be/ https://www.thebigc-hallenge.com/

** Additional information obtained in phone/skype call

Z²O – entrepreneurship

Name	Z²O – entrepreneurship**
Catch words	entrepreneurship
1 Summary	In this project, the support of people with disabilities of starting their own business is one-to-one and tailor made. The starting point is filling in a questionnaire for competencies for entrepreneurship. If they are present, the wishes and qualities of the candidate (start-end) entrepreneur are inventoried. This forms the basis for a business plan and discussing issues amongst others, about support by making business plans, starting from the situation with a disability benefit, (financial) support measures and the need for additional training or education (eg. business administration). If competencies are lacking, the candidate (start-end) entrepreneur can also follow a course business management provided in this programme. The starting entrepreneurs get a permanent contact person during the trajectory. The name of the project refers to independent [zelfstandig], self-manage [zelfsturend], entrepreneurship [ondernemen].
2 Aim	Guide job seekers with a work disability to entrepreneurship
3 Target group	<ul style="list-style-type: none"> • People with a work disability who are thinking about starting their own company
4 Initiators	GTB is a specialised service for mediation of people with an occupational disability or health problem to an appropriate (paid) job. In close cooperation with VDAB (Flemish Service for Employment and Vocational Training), UNIZO (union for entrepreneurs), and other organisations such as for start-ups.
5 Practices	The brochure of Z ² O provides examples of people who followed the trajectory and started their own company. The people who did not find paid work, often found possibilities for voluntary work or started additional education.
6 Practice based	
7 Evidence based	
8 Remarkable findings	
9 Infrastructure / context	In Belgium as independent you have the situation of a main profession [hoofdberoep] and a side profession [bijberoep]. The last means that people with a disability that are mainly entrepreneur, are eligible for a premium by the Flemish Governmental (VDAB): the so called VOP [Vlaamse ondersteuningspremie]
10 Transfer to other countries	
11 Costs/financing	Funded by Agentschap Innoveren en Ondernemen
12 Date (start-end)	2011 until now
13 Primary source	Online survey: Patrick Ruppel, Expert GTB vzw
14 Contact	Katrin Matthyssen, Expert GTB vzw
15 Website	<ul style="list-style-type: none"> • www.gtb-vlaanderen.be/winwin/projecten • www.vdab.be/arbeidshandicap • www.vlaio.be

** Additional information obtained in phone/skype call

BELGIUM FLANDERS - OTHER MENTIONED INITIATIVES, ORGANISATIONS, REPORTS

Name	Short description
<p>1 Compulsory Employment plans for 45plus workers</p>	<p>Summary: Every company with more than 20 employees must draw up an employment plan to maintain or increase the number of employees aged 45 and over.</p> <p>Primary source: Regine Kiasuwa Mbengi, Scientific collaborator WIV-ISP Scientific Institute of Public Health [Wetenschappelijk Instituut Volksgezondheid]</p> <p>Website: www.werk.belgie.be/defaultTab.aspx?id=37939</p>
<p>2 Decree on reintegrating employees to work while being absent due to illness</p>	<p>Summary: since 2017, there is a new royal decree in Belgium to encourage and facilitate the return to work for sick workers, which might include people with a chronic condition.</p> <p>Primary source: online survey, Marie-Elise Van Bellingen, attached Belgian Federal Public Service Employment, Labour and Social Dialogue</p> <p>Website: http://www.werk.belgie.be/defaultTab.aspx?id=45586</p>
<p>3 Observatory Chronic Diseases</p>	<p>Summary: The Observatory for chronic diseases is a Belgian advisory body whose task is to identify the problems and the points for improvement with regard to the assumption of chronic diseases. The advisory body consists of two departments: the Scientific department and the Consultative department. The Scientific department has been charged with the task of describing the assumption of medical care provided to patients with a chronic illness. The Observatory's mission is to evaluate the needs of chronic patients. A working group of the Consultative department is currently working on the development of a position text regarding a reintegration process aimed at the professional re-enrolment of chronically ill chronic patients.</p> <p>Primary source: Daphné Vandezande, Secretary Observatorium voor chronische ziekten RIZIV</p> <p>Website: http://www.riziv.fgov.be/nl/riziv/organen/Paginas/observatorium-chronische-ziekten.aspx</p>
<p>4 RIZIV – National Institute for Sickness and Disability Insurance</p>	<p>Summary: This Governmental organisation supports in disability management and re-integration. It provides (self-employed) workers socio-professional rehabilitation or reorientation: program that enable disabled people to acquire or update their competencies in view of returning to the labour market. After an illness period, people can re-integrate through part-time work, or continuously, in case of chronic illness. Moreover, professionals working in companies can follow the course to become a Certified disability management professional (CDMP) for supporting reintegration of employees within the company, or the course Certified return to work coordinator (CRTWC) for individual coaching of employees with performance problems into work. The activities are part of an agreement 'work-to-work' in Belgium.</p> <p>Primary source: Patrick Ruppel, Expert GTB vzw and Jan De Maeseneer, Prof. Emeritus in Family Medicine Ghent University.</p> <p>Website: http://www.riziv.fgov.be and https://www.vdab.be/sites/web/files/doc/partners/cvs/ZIV%20Bijlage1 Samenwerkingsovereenkomst%20en%20Visie.pdf</p>
<p>5 VOP – Flemish Support Premium</p>	<p>Summary: VOP [Vlaamse ondersteuningspremie] is a premium that an employer can use to compensate by employing someone with an occupational disability. Examples are: starting half an hour later, longer breaks, less hours working, more time for learning new tasks and less productivity due to disability.</p> <p>Primary source: desk research, additional to online survey examples</p>

	Website: https://www.vdab.be/arbeidshandicap/
6 W² – Work Welfare	<p>Summary: From July 2018, close co-operations will be started between work support, care and welfare organisations to fulfil the right on work for all people. It will focus on supporting people to preferably paid work by tailor made support. And by making the care sector more sensitive for working possibilities for people with a chronic condition or handicap who have (large) difficulties finding work. The initiative follows the decree on work- and care trajectories in Belgium.</p> <p>Primary source: Patrick Ruppel, Expert GTB vzw</p> <p>Contact: Lut Gailly, VDAB</p> <p>Website: www.werk.be/beleidsthemas/sociale-economie-entewerkstelling/arbeidszorg (concept policy document)</p>

6 CYPRUS

CYPRUS GOVERNMENTAL LEVEL

New system of assessing disability and functioning

Name	New system of assessing disability and functioning
Catch words	Disability assessment – benefits
1 Summary	As the basis for any action or intervention is the assessment and certification of individual needs of the person with a disability a first priority in Cyprus was to establish a new, modern, credible and reliable Disability Assessment System. The new system is based on the International Classification of Functioning, Disability and Health (ICF). The result of the assessments is the issue of holistic report to the citizen for any disability rights entitled to: monthly cash benefits, financial assistance to buy a wheelchair, a car, mobility aids, communication aids, visibility aids etc. In addition, the assessment results in the identification of employment capabilities and the person is informed about the employment schemes that the government offers for access in employment. Assessments are performed by teams of doctors and rehabilitation professionals from the private sector with whom the government has signed contracts for the purchase of their services.
2 Aim	Decent system for assessment for citizens to meet the United Nations rights of people.
3 Target group	<ul style="list-style-type: none"> Persons with Disabilities.
4 Initiators	Department for Social Inclusion of Persons with Disabilities.
5 Practices	The first Disability Assessment Centre has started in the end of 2013. In the following years, more than 3,000 assessments have been carried out (2014-2016).
6 Practice based	
7 Evidence based	As part of the European Disability Strategy, data-collection, research and statistics is required.
8 Remarkable findings	<ul style="list-style-type: none"> Employment schemes are amongst others: schemes for supported employment, scheme for the creation and operation of small units for self-employment purposes of persons with disabilities, scheme for vocational training of person with disabilities, scheme for the subsidization of organisations for vocational training programmes for person with disability and for disability professionals. Financial support to employers to employ people with chronic disease.
9 Infrastructure / context	This initiative aligns the European Disability Strategy. This strategy identifies actions at EU level to supplement national ones, and it determines the mechanisms needed to implement the UN Convention at EU level, including inside the EU institutions. It also identifies the support needed for funding, research, awareness-raising, statistics and data collection.
10 Transfer to other countries	See 'Infrastructure/context'.
11 Costs/financing	Co-financed by the European Social Fund.
12 Date (start-end)	
13 Primary source	Online survey: Marios Kouloumas, President Cyprus Federation of Patient Associations.
14 Contact	
15 Website	<ul style="list-style-type: none"> http://www.mlsi.gov.cy/mlsi/dsid/dsid.nsf/dsipa06_en/dsipa06_en?OpenDocument https://rm.coe.int/16806b9574

7 CZECH REPUBLIC

CZECH REPUBLIC - PRACTICAL LEVEL

ERGO Aktiv - living and working after stroke and brain damage

Name	ERGO Aktiv – living and working after stroke and brain damage
Catch words	Rehabilitation – brain damage – stroke
1 Summary	A centre for neurorehabilitation after stroke and other acquired brain damage with a complex approach to all needs of a disabled individual, work abilities included. The support is focusing on returning back to daily life, including work. The rehabilitation is practical, tailored to the needs of each client with a focus on training: a coach will train the client in travelling with public transport, go working and negotiate with authorities for example. Training will also focus on find suitable jobs or training in job market skills.
2 Aim	Teaching people with stroke and brain damage to no longer be patients and take their lives into their own hands.
3 Target group	<ul style="list-style-type: none"> • People with stroke and brain damage
4 Initiators	ERGO Aktiv
5 Practices	
6 Practice based	
7 Evidence based	The results of the rehabilitation are monitored using validated methods.
8 Remarkable findings	
9 Infrastructure / context	ERGO Aktiv actively and closely cooperates with various companies and their employees. For example for corporate volunteering, experience programs or education as part of the social responsibility of the companies.
10 Transfer to other countries	
11 Costs/financing	Some trainings are part of social agreements. Some projects are part of European Union funds. Other have different funding, eg from businesses or pharmaceuticals. Also fundraising activities are organised.
12 Date (start-end)	
13 Primary source	Online survey, Ludmila Kozena, psychologist, workplace health promotion, National Institute of Public Health Czech Republic
14 Contact	
15 Website	http://www.ergoaktiv.cz

CZECH REPUBLIC – OTHER MENTIONED INITIATIVES, ORGANISATIONS, REPORTS

Name	Short description
<p>1 Health protection at workplace</p>	<p>Summary: In health protection at workplace the Czech legislation (Governmental regulation No. 79/2013 Coll.) regulates the relationship between work ability (individual health) and work requirements. The employer is obligated to cooperate with the provider of the medical occupational services in determination of work capability of a particular worker for a particular job (medical checks: entrance, periodical, special). The medical specialist authorizes health competence of an employee, advises employer about health needs of a particular worker and counsels in healthy work and life style.</p> <p>Source: Online survey, Ludmila Kozena, psychologist, workplace health promotion, National Institute of Public Health Czech Republic.</p> <p>Website: http://www.businessinfo.cz/en/psc/run-your-business/health-and-safety-obligations.html</p>
<p>2 Medical approval to study for particular occupation</p>	<p>Summary: To prevent later health damage during the job career the law (Attachment to the Governmental regulation No. 367/2012 Coll.) directs vocational schools and schools for professional training to require medical approval to study for a particular occupation: the regulation specifies health contraindications.</p> <p>Source: Online survey, Ludmila Kozena, psychologist, workplace health promotion, National Institute of Public Health Czech Republic.</p> <p>Website: http://www.mzcr.cz/legislativa/ (health legislation) and http://www.szu.cz/</p>
<p>3 Quota</p>	<p>Summary: To support employment of handicapped workers or people with a chronic condition the state requires workplaces with more than 25 workers to employ at least 4 % of workforce with the said limitations (Act No. 435/2004 Coll.), or, in case of lack of such suitable workers to buy services from the firms with more than 50 % of workforce being handicapped. 4. “</p> <p>Source: Online survey, Ludmila Kozena, psychologist, workplace health promotion, National Institute of Public Health Czech Republic.</p> <p>Website: http://www.szu.cz/</p>
<p>4 Health promoting enterprise</p>	<p>Summary: Individual enterprises deal with health problems of their employees often in very friendly and inventive ways and make a great effort to enable them to live satisfying work life. Or such is our experience with enterprises participating in the contest for the title “Health Promoting Enterprise”.</p> <p>Source: Online survey, Ludmila Kozena, psychologist, workplace health promotion, National Institute of Public Health Czech Republic.</p> <p>Website: http://www.szu.cz/ and http://www.enwhp.org/the-enwhp/members-nco/czech-republic.html</p>

8 ESTONIA

ESTONIA - GOVERNMENTAL LEVEL

Eesti Töötukassa - Unemployment Insurance Fund

Name	Eesti Töötukassa - Unemployment Insurance Fund*
Catch words	Work rehabilitation – young people - jobseekers – employees - employers
1 Summary	The Estonian Work Unemployment Insurance Fund generally covers one year of work rehabilitation support up to 1,800 euros per person. If necessary, commuting and accommodation benefits to participate in the rehabilitation services will be paid. If, due to disability or decreased working ability, people are unable to perform duties using the employer's equipment, the fund will lend people, free of charge, the assistive equipment necessary to carry out the work, up to three years. There is also advising and training for employers to prepare them to employ people with a disability, or who have already employ them and need knowledge and guidance to support them. The remark was made that globally occupational rehabilitation is not innovative, but in Estonia it is.
2 Aim	Work rehabilitation prepares people with (partial) working ability for working life and or supports in starting work or maintaining employment.
3 Target group	Individuals of working age (16 up to retirement age) with decreased working ability who have a disability or permanent incapacity for work or partial working ability and occupy a position (employee, student, entrepreneur or conscript) or are seeking work (registered as unemployed).
4 Initiators	Töötukassa is a quasi-governmental organisation. It performs its activities independently from government, but on the basis of a mission and of operational rules defined by law.
5 Practices	The work rehabilitation may include, amongst others, the following activities: physiotherapy, occupational therapy and counselling, peer support, provision of psychological/nursing/social advise or advice from a doctor. The rehabilitation service is provided by registered service providers who are licensed by the Social Insurance Board.
6 Practice based	
7 Evidence based	The fund regularly initiate research on the impact of their activities on the labour market position of the mentioned target groups.
8 Remarkable findings	<ul style="list-style-type: none"> • Wage subsidies for employers who employ an unemployed person. • Adjustment of workspaces and work equipment. • Compensation of training costs to an employer if the employee with a health condition is unable to continue their work, even after (re)training. • Compensation of training costs to an employer when the employee had been registered as unemployed for at least 12 months for starting the job. • Social tax compensation for a person with decreased working ability.
9 Infrastructure / context	<ul style="list-style-type: none"> • Labour Market Services and Benefits Act. • Unemployment Insurance Act.
10 Transfer to other countries	
11 Costs/financing	The labour market service provided for individual with decreased working ability is co-financed by the European Social Fund (ESF) of the European Union.
12 Date (start-end)	
13 Primary source	Online survey: Märt Masso Programme Manager Labour and Social Policy Praxis Centre for Policy Studies
14 Contact	
15 Website	<ul style="list-style-type: none"> • https://www.tootukassa.ee/eng/content/work-ability-reforms/work-rehabilitation • https://www.tootukassa.ee/eng/content/work-ability-reforms/services-employers-people-decreased-working-ability • https://www.riigiteataja.ee/en/eli/515012018005/consolide

*Additional information obtained by e-mail

9 FINLAND

FINLAND - GOVERNMENTAL LEVEL

OTE key project - Career opportunities for people with partial work ability

Name	OTE key project - Career opportunities for people with partial work ability
Catch words	Models – regional – service chains – self-employed - employers
1 Summary	<p>This Governmental project focuses on improving return to work and labour market inclusion for persons with partial work ability. It consists of eight subprojects:</p> <ol style="list-style-type: none"> 1. Recommendations from the programme for persons with partial work ability (2013-2015) will be implemented in this project 2. Training for work ability coordinators (e.g. use of available tools) 3. Entrepreneurship for people with disabilities 4. Models for employment and social inclusion (e.g. legislation) 5. Demand-side factors related to employment with people with disabilities (e.g. regional sessions for employers focusing on measures to lower the threshold to recruit people and examples of well-functioning solutions) 6. Online service (website with tools) 7. Paths of treatment and rehabilitation and early support 8. Incentive traps (reduction of traps relating to disability pension and earned income).
2 Aim	<p>Supporting that people with partial ability will remain at work or find employment by improving the service chains for people with partial work ability. That would help people get the help they need at the right time. Another goal is that employers will adopt good and tested ways to keep persons with partial work capacity at work and become less sceptical about employing persons with partial work capacity.</p>
3 Target group	<ul style="list-style-type: none"> • People with partial work ability
4 Initiators	<p>The Ministry of Social Affairs and Health and the Ministry of Economic Affairs and Employment are nationally responsible for the key project. The National Institute for Health and Welfare THL and the Finnish Institute for Occupational Health (FIOH) are coordinating the regional pilot projects.</p>
5 Practices	<p>The subprojects include regional pilot testing new models intended to support the employment of people with partial work ability and their return to work, to direct them to care and rehabilitation services and to improve their social inclusion</p>
6 Practice based	
7 Evidence based	
8 Remarkable findings	
9 Infrastructure / context	<ul style="list-style-type: none"> • Approximately 1.9 million Finns of working age (more than half of our working-age population) have a long-term illness or disability. Some 600,000 of them have estimated that the illness or the disability affects their work or possibilities to find employment. • As part of this project, legislation will be reformed to support the employment and inclusion of people with partial ability for work.
10 Transfer to other countries	
11 Costs/financing	
12 Date (start-end)	
13 Primary source	Online survey: Ritva Partinen, senior officer Ministry of social affairs and health
14 Contact	<ul style="list-style-type: none"> • Elina Palola, Ministry of social affairs and health • Jorma Mäkitalo, Finnish Institute of Occupational Health (FIOH)
15 Website	<ul style="list-style-type: none"> • http://stm.fi/en/career-opportunities-for-people-with-partial-work-ability • https://www.ttl.fi/en/about-us • https://tietyoelamaan.fi/en/home

Youth Guarantees' objective young people

Name	Youth Guarantees' objective
Catch words	Young people – guarantee of work experience / education
1 Summary	<ul style="list-style-type: none"> • Youth Guarantee: Every young person under the age of 25, and every recently graduated person under the age of 30 is offered a place for work, a work try-out, a study place, a place at a workshop or rehabilitation placement no later than three months after registering as unemployed. • Educational guarantee: Everyone leaving comprehensive school is guaranteed a place to study in an upper secondary or vocational school, in apprenticeship, workshop, rehabilitation, or elsewhere. • Young adults' skill programme: Young people aged 20-29 who have not completed any degrees after comprehensive school are offered additional possibilities to complete initial vocational education. <p>Methods of implementing the guarantee include development of low threshold services for youth and rehabilitation services, including municipal social and health care services and other individual services for young people (such as youth outreach work and youth workshop activities).</p> <p>Successful execution of the youth guarantee requires cooperation among national and municipal authorities, the business sector and organisations.</p>
2 Aim	Support young people gain access to education and employment, to prevent youth unemployment, to identify factors contributing to the risk of social exclusion and to offer support in an early stage to prevent social exclusion and marginalisation of young people.
3 Target group	<ul style="list-style-type: none"> • Every young person under the age of 25 or recently graduated person under the age of 30
4 Initiators	Ministry of Employment and the Economy, Ministry of Education and Culture, Ministry of Social Affairs and Health, Ministry of Defence, Ministry of Finance.
5 Practices	
6 Practice based	
7 Evidence based	
8 Remarkable findings	<ul style="list-style-type: none"> • No matter what kind of help a young person seeks, he/she must be directed specifically to the service most suitable to his/her situation regardless of the administrative sector where the assistance was sought. • The message to those working with young people: engage in closer collaboration with others, share information, utilise good practices and pass them on.
9 Infrastructure / context	There is no separate legislation on the youth guarantee. It is implemented through legislation that applies to various branches of administration.
10 Transfer to other countries	Finland's youth guarantee serves as one example for the EU's recommendation of a youth guarantee for all member states.
11 Costs/financing	
12 Date (start-end)	
13 Primary source	Online survey: Ritva Partinen, senior officer Ministry of social affairs and health
14 Contact	Päivi Mattila-Wiro, Ministry of social affairs and health
15 Website	http://nuorisotakuu.fi/en/frontpage

The Anact-Aract network

Name	The Anact-Aract network
Catch words	network – business project - managers
1 Summary	Chronic disease can lead to exclusion from the professional world, in particular with the "inability" of work organizations to manage the individual variability required (fatigue, treatment) and, for managers, the difficulty of integrating these parameters (work stoppages, fairness of the load) in the daily distribution of work. Faced with these "discriminating organizations", employees affected by these diseases put in place strategies and regulations by focusing on achieving the required performance at the expense of their health. For both companies and employees taking into account chronic diseases, calls for a collective approach to job retention as a real business project carried by management. A working angle operated and defended by the Anact-Aract network, at the initiative of the regional association for the improvement of working conditions (Aract) of Aquitaine. With experimentations in Nouvelle-Aquitaine, Martinique, Normandy, Occitan, Hauts-de-France.
2 Aim	The objective of this project is to build with the company's actors, HR and staff representatives, operational tools and means of information, training and intervention that will allow new practices of maintenance in the employment of sick employees.
3 Target group	<ul style="list-style-type: none"> Managers Employers
4 Initiators	Anact and Aract. Anact supports companies and employees in improving working conditions. Aract is the Regional Association for the Improvement of Working Conditions
5 Practices	An online search system provides examples of companies. You can search on chronic diseases, region, sector and size of the company.
6 Practice based	This approach has been designed, tested and validated based on practices, exchanges, reflections, orientations and actions in companies and in the framework of exchange with regional, national and European partners.
7 Evidence based	
8 Remarkable findings	<ul style="list-style-type: none"> In order to give coherence and coordination to the actions, the developing project management approaches is focused on the work approach for 8 years in order to enable companies to move from an individual approach to a real one strategy around a job retention policy.
9 Infrastructure / context	<ul style="list-style-type: none"> Nearly 20% of the French population has a chronic progressive disease. There is a progression among the working population due to therapeutic progress and longer working lives. It is estimated that they concern 15% of the active working population. There is a French national plan on occupational health.
10 Transfer to other countries	This project has been part of the European "Transnational Innovative Actions" scheme for 8 years and was the subject of a European Excellence Awards in 2013.
11 Costs/financing	
12 Date (start-end)	
13 Primary source	Online survey: Mickaël Goetz, director Aract
14 Contact	Mickaël Goetz, director Aract
15 Website	<ul style="list-style-type: none"> https://www.anact.fr/themes/maladies-chroniques-evolutives http://www.maladie-chronique-travail.eu https://www.anact.fr/cas-entreprise http://travail-emploi.gouv.fr/IMG/pdf/pst3.pdf

FRANCE – OTHER MENTIONED INITIATIVES, ORGANISATIONS, REPORTS

Name	Short description
1 Cancer Plan (2014-2019)	<p>Summary: In addition to the need to redefine the tools and devices that can be used to return or maintain people with cancer, and to make this information accessible to everyone, the Cancer Plan provides for the organization of National Assist centres dedicated to employment of people at risk of occupational disinheritance because of their health. The aim of this national event will be to raise awareness and mobilize all stakeholders - employers, employee representatives, occupational health services, and so on.</p> <p>Source: Online survey: Mickaël Goetz, director Aract</p> <p>Website: http://www.e-cancer.fr/Plan-cancer/Plan-cancer-2014-2019-priorites-et-objectifs</p>

11 GERMANY

GERMANY - PRACTICAL LEVEL

Advisory council on social and legal aspects by congenital heart disease

Name	Advisory council on social and legal aspects by congenital heart disease*
Catch words	Advisory council – young people – late consequences
1 Summary	The original idea behind this initiative: about 7,000 children are born with a congenital heart disease in Germany every year. Fortunately, due to medical research and progress, about 90% of these patients can be treated and will reach adulthood. But this also means that they are now confronted with significant further, relatively “new” problems. Apart from medical advice they are in need of information on social and legal aspects – and had no one they could address in the past. By establishing the advisory council, parents now have the possibility to get information on the urgently needed non-medical issues. The advisory council’s aim is to support those families e.g. in filling in applications for severely disabled passes or rehabilitation measures or to give them information on how to deal with health or care insurances as well as pension insurance institutions.
2 Aim	The overall topic is: “Get help to be able to help yourself” It is absolutely necessary to show families ways how they can get access to aid that is they are legally entitled to obtain.
3 Target group	Children, youths or adults with a congenital heart disease and/or their families
4 Initiators	Herzkind, a parental organisation, and the German Children’s Heart Foundation a project by the German Heart Foundation.
5 Practices	In 2016, there have been 501 consultations. 52 oppositions procedures were supported (concerning the prolongation of severely disabled pass. Other questions focused on: <ul style="list-style-type: none"> • Rehabilitation measures, family rehabilitation (10%) • Care insurance (5%) • Application of a severely disabled pass (49%) • School/university, job, early learning support (5%)
6 Practice based	
7 Evidence based	
8 Remarkable findings	The council also supports families in possible opposition proceedings, gives advice on the legal regulations on the inclusion and integration of children with congenital heart disease in kindergarten, school and vocational training as well as on possibilities of physical activity.
9 Infrastructure / context	
10 Transfer to other countries	
11 Costs/financing	This service is funded equally by both organisations. The consultation service on common topics via phone and e-mail is available and free for all patients in need. Extra services such as individual consultation that include checking personal data, and giving specific advice on wording and applying for further support is only available to members of the German Heart Foundation, the German Children’s Heart Foundation or Herzkind. The membership fee for all associations is about 35 Euros.
12 Date (start-end)	2011
13 Primary source	Online survey: Christine Dehn, Project Manager German Heart Foundation
14 Contact	
15 Website	<ul style="list-style-type: none"> • http://www.herzkind.de/sozialrechtliche-beratungsstelle.html • https://www.herzstiftung.de/

* Additional information obtained by e-mail

BGM-innovativ

Name	BGM-innovativ**
Catch words	musculoskeletal complaints – health insurance - companies
1 Summary	A roll-out programme for workers who have musculoskeletal complaints. At the centre is the case management of the company health insurance in cooperation with company doctors and the German Pension Insurance, which is tailored to the individual affected person, i.e. to his specific diagnosis and progression and his/her workplace. The intervention consists of the use of three available models (A, B, C) in which, depending on the stage of disease/severity, measures of early intervention, workplace-based rehabilitation or the job match are carried out.
2 Aim	Provide cross-sectoral care for endangered and sick workers, to prevent illness and its chronicity, to reduce sickness duration and absenteeism and to maintain employability on a permanent basis.
3 Target group	<ul style="list-style-type: none"> Workers with musculoskeletal complaints Case managers of health insurance company Company doctors
4 Initiators	Company health insurance (BKK). Consortium partners are 15 company health insurance funds and 2 scientific institutes (for evaluation and biometry).
5 Practices	17 companies und 2 industrial parks are involved: BMW AG, Koenig & Bauer AG, Mahle GmbH, thyssenkrupp Steel Europe AG, Ineos Köln GmbH, Johnson Controls Varta Autobatterie GmbH, DRV Braunschweig-Hannover, Stadt Salzgitter, PwC AG, Salzgitter AG, Continental Automotive GmbH, SKF GmbH, TUI AG, Vallourec Deutschland GmbH, Salzgitter Mannesmann Grobblech GmbH, EUROPIPE Deutschland GmbH, Wieland BKK, Industrie Center Obernburg, Industriepark Freudenberg.
6 Practice based	The concept is based on a prototype that has already been tested for several years in Salzgitter: the so called ‘Salzgitter model’ and is now aiming at a roll-out in different economic branches.
7 Evidence based	Scientific research of the effectiveness of this initiative is part of the project. Randomized Control Trial (RCT) is conducted by Prof. Dr. Pfaff and Dr. Anna Troy from Köln Univeristät.
8 Remarkable findings	This model is tested in optimal circumstances and know up scaled to new federal states, new cities and companies.
9 Infrastructure / context	The program is initiated by BKK umbrella organization and now shared with company BKK’s in federal states. It requires an all participants network to bring it to a success.
10 Transfer to other countries	The transfer to other countries is possible if the legal structure supports ‘All Participants Networks’. And for larger organization better than for SME’s because of the existing occupational and health networks.
11 Costs/financing	The program is funded by a recently (in 2017) established innovation fund set up by the Ministry of Health and financed by Social Health Insurance. The program has a budget of € 3,7 million. Companies have to contribute in kind.
12 Date (start-end)	The program is operational until August 2020, and the RCT and reports are planned to be published end of March 2021.
13 Primary source	Gregor Breucker, former division manager BKK Dachverband
14 Contact	Thomas Moormann, project manager BGM-innovativ BKK Dachverband
15 Website	https://www.bkk-dachverband.de/gesundheit/gesundheitsfoerderung-selbsthilfe/betriebliche-gesundheitsfoerderung-bgf/bgm-innovativ/

** *Additional information obtained per skype/telephone call

Name	Life after cancer [Im Leben bleiben]
Catch words	Long-term consequences – young people
1 Summary	<p>An initiative of cancer survivors providing information and support to other people with work. With topics such as: fatigue after cancer, reintegration into working life. The support concerns:</p> <ul style="list-style-type: none"> • Monthly meetings in the premises of the Berlin Cancer Society for exchanging questions, knowledge and experience. Regularly experts to various topics (including work) are invited. • Together with the educational institution KOBRA, the workshop series "Back to Work" is provided. • In talks with the press and through blogs, the general public is triggered about the needs of young cancer patients after therapy. • With various institutions, such as the Berlin Cancer Society, the German Cancer Society and the Charity Cancer Comprehensive Centre, there is exchange of views on the situation of cancer patients after the therapy and collaboration in developing joint offers. • There is also gaining of understanding with professionals (pension insurance, psychologists) of the needs of cancer patients have after therapy.
2 Aim	<ul style="list-style-type: none"> • Change the lost feeling people can experience after the treatment of cancer by providing personal support and information. • Help improving the income situation of cancer survivors and enable them to participate in working life.
3 Target group	<ul style="list-style-type: none"> • People with cancer
4 Initiators	Leben nach Krebs e.V. – advocacy & self-help for cancer survivors of working age.
5 Practices	
6 Practice based	
7 Evidence based	
8 Remarkable findings	<ul style="list-style-type: none"> • The organisation is formed by cancer survivors struggling with the consequences of their cancer. In most cases, the therapy - often for years - is behind them. Some of them are palliative or chronically ill with cancer. Some of them work, some study, others are early retired or they are still oriented. • The starting point was their own experiences, feeling left alone after the treatment, facing the long-term consequences of cancer. It is formulated as such: 'Friends, family, colleagues and supervisors often cannot understand that. They think the cancer has been overcome, now everything would be fine again. There is hardly any professional advice and information'.
9 Infrastructure / context	
10 Transfer to other countries	
11 Costs/financing	Its support is financed exclusively by membership fees, donations and institutional subsidies. The Berlin Cancer Society supports this initiative ideally and financially as part of its support of self-help groups. In addition, there is financial support from the GKV community support self-help in the state of Berlin.
12 Date (start-end)	2015
13 Primary source	Online survey, Marine Cavet project manager EU-OSHA
14 Contact	
15 Website	http://leben-nach-krebs.de

GERMANY - OTHER MENTIONED INITIATIVES, ORGANISATIONS, REPORTS

Name	Short description
<p>1 Organisation / tools Behinderung & Beruf Integrationsämter</p>	<p>Summary: Securing and promoting the employment of severely handicapped people: that is - in short - the task of the Integration Offices. Their services are funded from the 'equalization levy' (Ausgleichsabgabe). Employers who have at least 20 jobs are required to employ. In other words, they have to fill a certain proportion - currently five percent - of their jobs with severely disabled people. If they do not reach this quota, they must pay a compensation levy to the Integration Office on an annual basis. The method of using the countervailing charge is established by law. It is mainly used for accompanying help in working life and flows back to a large extent directly into the companies that employ severely disabled people.</p> <p>Primary source: European Network for Workplace Health Promotion (ENWHP) board: Prof. Dr. Karl Kuhn, Germany</p> <p>Website: https://www.integrationsaemter.de</p>
<p>2 Personen mit gesundheitlichen Einschränkungen: Berufliche Rehabilitation zielt auf Prävention und passgenaue Förderung</p>	<p>Summary: Research findings of vocational rehabilitation for adults with disabilities and health limitations, financed by the Federal Employment Agency from 2010-2015. Upon the end of rehabilitation in 2014, more than half of the participants were in contributed employment. In parts, this is due to the fact that prior employment can be retained through participation in vocational rehabilitation. The rehabilitation consisted mostly of training and re-training, and short-term subsidies for technical work accommodations. The last intervention mostly for people with physical disabilities.</p> <p>Primary source: Prof. Dr. Karl Kuhn, Germany and ENWHP board member</p> <p>Contact: Institut für Arbeitsmarkt- und Berufsforschung. Die Forschungseinrichtung der Bundesagentur für Arbeit.</p> <p>Report authors: Reims, N; Nivorozhkin, A; Tophoven, S (2017)</p> <p>Website: http://www.iab.de/194/section.aspx/Publikation/k171113302</p>

12 IRELAND

IRELAND - PRACTICAL LEVEL

Abbott Ireland Vascular Division

Name	Abbott Ireland Vascular Division in Clonmel**
Catch words	graduates - workplace health promotion - corporate social responsibility (CSR)
1 Summary	<p>Employment programme for graduates with disabilities in combination with the occupational health programme of this manufacturing site, with four pillars:</p> <ol style="list-style-type: none"> 1. Health promotion at the workplace – by the occupational health department, consisting of occupational health nurses, and an occupational health physician in a local centre. 2. Recruitment of people with disabilities – the WAM programme ‘Willing Able Mentoring’ in collaboration with AHEAD (Association for Higher Education Access and Disability) places graduates with disabilities in six months paid and mentored work. 3. Early intervention and case management – the occupational health department has the role to accommodate (start-end) the work environment to the needs of the employees with a disability or chronic illness, speed up their return to work, and help remain in employment. 4. Self-management of the worker with disability – the employees are aware that they have to initiate contact with the occupational health department if any help is needed when experiencing health issues that are causing them difficulty at work. <p>The company offers additional training for employees to overcome a specific problem in relation to carrying out their work tasks due to health problems. And funds education for qualifications for another job in other departments. This initiative is one of the CSR programmes of Abbott USA.</p>
2 Aim	<ul style="list-style-type: none"> • To recruit employees with disabilities • To recruit new and talented employees for the company • To create an accessible work environment for all employees
3 Target group	<ul style="list-style-type: none"> • Graduates with disabilities and technical qualifications (eg engineering) • All employees who have a disability or illness that impacts upon work
4 Initiators	
5 Practices	Between 40 and 50 graduates have been placed since the start in 2007. Approximately 6 of these have been recruited into permanent positions.
6 Practice based	Quarterly review of the company’s activities recruiting graduates with disabilities programme. The company vice president and the ‘Able Team’ are involved in these reviews. There is no formal evaluation of the programme.
7 Evidence based	
8 Remarkable findings	Occupational nurses are available on the worksite for everyone with difficulties with work caused by health problems
9 Infrastructure / context	One of the incentives was to set up a programme in the area of disability that would act against discrimination. When the initiative was first developed it targeted unskilled workers, but the main barrier was that these employees lost their social welfare payments when they take up employment. This made a change of focus of the initiative and target graduates with disabilities instead.
10 Transfer to other countries	
11 Costs/financing	
12 Date (start-end)	Abbott engaged with the programme in 2007.
13 Primary source	Richard Wynne, director Work Research Centre Ireland, board member ENWHP
14 Contact	
15 Website	http://www.enwhp.org/fileadmin/user_upload/pdf/PH_Work_Abbott_Ireland.pdf

** Additional information obtained by skype/telephone call
Headway - Vocational training people affected by brain injury

Name	Headway - Vocational training people affected by brain injury**
Catch words	Community based – referral by hospital – brain injury
1 Summary	Headway is a registered charity and an internationally accredited brain injury services. It provides support and services to people affected by brain injury. It operates in centres in Dublin, Cork, Limerick, Carlow and Tralee. The Vocational Training Program focuses on necessary skills and confidence to go back into the workforce, or to pursue further education.
2 Aim	Supporting people with Acquired Brain Injury to return to and remain in work or further education
3 Target group	<ul style="list-style-type: none"> Adults (18+) with Acquired Brain Injury (ABI)
4 Initiators	Headway was founded in 1985 as a support group by families and interested professionals to address the needs of people with brain injuries and their carers and families. The basis is still community-based rehabilitation support and services.
5 Practices	
6 Practice based	The program is structured into a series of modules that are constantly reviewed for their relevance to clients' needs and upDate (start-end)d as necessary.
7 Evidence based	Headway undertakes a number of research projects each year, with the aim of publishing our findings in relevant scientific journals, as well as using the results to further improve and develop our services. Also on the topic work, as the earlier study: 'A qualitative study of counsellors' experience of working with an Acquired Brain Injury population'.
8 Remarkable findings	<ul style="list-style-type: none"> Hospitals and Community services referral people with ABI to the headway services (in 2016: 64%, the other referrals were by person self or family. Insurance companies VHI Healthcare and AXA are beginning to show an interest in the area and have made initial approaches to Headway services at local level. However, this is in its early stages.
9 Infrastructure / context	<ul style="list-style-type: none"> Social Policy issues can be barriers for success. People on invalidity pensions are not allowed to work and this can go against what Headway is trying to achieve in terms of employment for clients. Clients have to keep applying for exemptions to this rule, which is difficult and acts as a deterrent to them taking up employment -they don't want to lose their social welfare benefit as they can be reliant on it for income and there are also ancillary benefits which may be lost upon taking up employment. There is no government insurance for occupational disability in Ireland It is a combination of individual and state insurance. Care coordinators/providers are often paid by the insurance company.
10 Transfer to other countries	
11 Costs/financing	Headway is a charity, depending on funding and donations (individuals, companies). At first the vocational training was a 2-year program funded by FAS, FAS is the State Training Authority. Now it is a one of the services of Headway. The state grants 60-70% of the costs.
12 Date (start-end)	
13 Primary source	Richard Wynne, director Work Research Centre Ireland and board member ENWHP
14 Contact	
15 Website	<ul style="list-style-type: none"> https://headway.ie http://www.enwhp.org/fileadmin/user_upload/pdf/PH_Work_Acquired_Brain_Injury_Ireland.pdf https://www.ncbi.nlm.nih.gov/pubmed/18509571

** Additional information obtained by skype/telephone call

13 ITALY

ITALY - PRACTICAL LEVEL

EMA - AHEAD and cancer

Name	EMA - AHEAD and cancer**
Catch words	Employer – health programmes – cancer – in-house
1 Summary	EMA stands for Europea Microfusioni Aerospaziali S.p.A.. The production of turbine blades, vanes and component for the most modern jet-engines to civil and defence aerospace, marine and energy is their main activity. The company has much attention for the health of the employees, in all kind of programmes. Such as the AHEAD project: Active Healthy Ergonomics Against Disease. Recently, three men are diagnosed with breast cancer. This was the reason to start a new programme on cancer prevention and work, with especially attention for breast and prostate cancer.
2 Aim	Providing good and healthy work for all employees, including workers with a chronic disease or a major illness such as cancer.
3 Target group	<ul style="list-style-type: none"> • All employees • Especially women and men with breast cancer, and men with prostate cancer
4 Initiators	EMA
5 Practices	
6 Practice based	
7 Evidence based	
8 Remarkable findings	It is truly an in-house-programme: everything is done by the employees and the executives. The needed adjustments in the workplace are made by the (technical) employees themselves.
9 Infrastructure / context	
10 Transfer to other countries	
11 Costs/financing	EMA
12 Date (start-end)	Workpace Health Promotion programmes are there for several years within the company. The breast cancer programme it recently started.
13 Primary source	Online survey: Pasquale De Luca, Governance Manager EMA
14 Contact	Pasquale De Luca, Governance Manager EMA
15 Website	www.emaht.com

**additional information obtained by skype/phone call

Lombardy WHP Network – ATS Bergamo

Name	Lombardy WHP Network**
Catch words	Workplace health promotion (WHP) – preventing chronic diseases
1 Summary	A public-private network, carried out by building partnerships and collaboration with all workplace main stakeholders: associations of enterprises, trade unions and the regional health system. As part of the European Network for Workplace Health Promotion (ENWHP), member companies of the network should implement good practice informational and organisational activities in key areas such as nutrition, tobacco, physical activity, and alcohol. Companies who participate in the programme receive an annual certificate 'Health promoting workplace'. Stay at work with a chronic disease is considered as one of the next themes of this network.
2 Aim	The aim of these joint efforts of employers, employee and society is to improve health and welfare in the workplace and strengthen the prevention of NCDs (Non-communicable diseases/chronic diseases).
3 Target group	<ul style="list-style-type: none"> • Employers • Employees • Municipalities
4 Initiators	Ministry of Health, as part of the National Health Plan. ATS Bergamo is the leading organisation behind this network. The Network is part of Italy's strategy on prevention of chronic diseases: the National Health Plan.
5 Practices	As of June 2016, 453 companies in Lombardy are involved in workplace health promotion (WHP), including more than 212,500 workers. Out of them 120 companies involved in the province of Bergamo, more than 24,000 workers
6 Practice based	The majority of the companies in Lombardy who implemented the programme are mid-size or big companies over 50 employees. 34% of the companies are in the healthcare sector (hospitals, health protection agencies). The Health Protection Agencies (ATS) provide methodological expertise and guidance to the companies to achieve this aim.
7 Evidence based	The health agencies (ATS) monitor and evaluate the program. The partnership opportunities with industrial unions, workers unions, institutions and scientific societies on one hand are mentioned as key success factors. Motivation and communication are also important features of this network approach.
8 Remarkable findings	Political support of the Ministry of Health is crucial. The recognition Award of 'health promoting workplace' from this ministry is highly valued by companies.
9 Infrastructure / context	A Governmental initiative led by the Ministry of Health based on institutional alliance (ministries, regions and municipalities) and partnership with the food industry, distribution networks, civil society etcetera that has led to an inter-sectoral strategy to prevent NCDs.
10 Transfer to other countries	
11 Costs/financing	
12 Date (start-end)	Started in 2011
13 Primary source	Several ENWHP respondents and Djoeke van Dale, RIVM on behalf of the CHRODIS Joint Action programme
14 Contact	Roberto Moretti, Director ATS (Health Protection Agency)
15 Website	<ul style="list-style-type: none"> • http://www.promozionesalute.regione.lombardia.it/ > Luoghi di lavoro [• http://www.enwhp.org/the-enwhp/members-nco/lombardy-workplace-health-promotion-network.html • http://chrodis.eu/wp-content/uploads/2017/05/d6-3b-annex_recommendationsapplicabilityt-finaldraft.pdf

** Additional information obtained in phone/skype call

LATVIA - OTHER MENTIONED INITIATIVES, ORGANISATIONS, REPORTS

Name	Short description
<p>1 Support for longer working life</p>	<p>Summary: Support for the preservation of employment of older workers. Especially those at risk for losing their jobs, such as persons of age 50 and over with occupational diseases, lower education. The initiative exists of several activities such as public awareness, assessment of the working environment, support measures for the target group, and collective negotiations on issues of ageing management.</p> <p>Primary source: Alona Tutova, senior Expert The Ministry of Welfare of the Republic of Latvia</p> <p>Website: http://www.nva.gov.lv/index.php?cid=2&mid=511&txt=4645</p>
<p>2 Youth Guarantee</p>	<p>Summary: Subsidized employment measures for unemployed (also young) with disabilities. A compensation is paid to employer for hiring a young person with disability. The Ministry of Welfare is preparing support program for unemployed people with disabilities and young unemployed people with disabilities. The Youth Guarantee is part of the commitment by all Member States to ensure that all young people under the age of 25 years receive a good quality offer of employment, among other things. The Commission's 2017 country report states that youth unemployment and the share of young people not in education, employment or training are well below the EU average.</p> <p>Primary source: Alona Tutova, senior Expert The Ministry of Welfare of the Republic of Latvia</p> <p>Website: http://ec.europa.eu/social/main.jsp?catId=1161&intPagelId=3341&langId=en and http://www.nva.gov.lv/index.php?cid=1&mid=548&txt=4619</p>

15 NORWAY

NORWAY - GOVERNMENTAL LEVEL

Idébanken (the bank of ideas)

Name	Idébanken (the bank of ideas)
Catch words	Inclusive businesses - public initiative
1 Summary	Idébanken is an online tool that will help achieve painting in the intentional agreement on more inclusive working life (IA). The IA Agreement is working in the workplace as the main arena for the IA work. Ideebank should therefore primarily be the Primary source of inspiration and toolbox. At the same time, Idébanken may be relevant to actors who interact with the activities, such as the judgment of the company's occupational health expert, layman, labour and welfare management and other public bodies. Idébanken was then organized as a project over 4 years, and was co-operating between SHD, National Insurance Administration, Ministry of Labour and Administration, and the parties in the workforce (LO, NHO, HSH, YS, KS, AF and academics).
2 Aim	Idea Bank's mission is to raise IA competence in Norwegian working life through the dissemination of good examples, research and other knowledge.
3 Target group	<ul style="list-style-type: none"> • People with disabilities • People aged 50 years and older • Companies/organisations
4 Initiators	It was initiated by the Ministry of Social Affairs and Health (SHD) in 1999. Today, Idébanken is qua organisation part of the Directorate for Labour and Welfare. A reference group consisting of representatives of the authorities and parties defines the guidelines for Idébanken's activities.
5 Practices	
6 Practice based	
7 Evidence based	
8 Remarkable findings	
9 Infrastructure / context	When the project period was over in 2003, Idébanken was organisationally transferred to the National Insurance Office (later NAV), while incorporating as a tool in the new intentions agreement for a more inclusive working life. NAV (The Norwegian Labour and Welfare Administration) is responsible for employment services and welfare schemes in Norway.
10 Transfer to other countries	
11 Costs/financing	It is financed with earmarked funds from the Ministry of labour and Social Affairs.
12 Date (start-end)	
13 Primary source	Christian H Rafn, manager Sunne organisasjoner as [Healty Organisations], Norway
14 Contact	
15 Website	<ul style="list-style-type: none"> • http://www.idebanken.org/ • https://www.nav.no/en/Home

Inkluderende Arbeidsliv = Inclusive work environment

Name	Inkluderende Arbeidsliv = Inclusive work environment
Catch words	Inclusive businesses – social partners
1 Summary	Through the Intensive Employment Agreement (IA), the Governmental and the social partners work for a more inclusive workforce for the individual employee, the workplace and society. The actual IA work takes place in the workplace, where the employer and employee undertake to work together systematically to develop a more inclusive workplace. All businesses can become IA companies by entering into a cooperation agreement with the NAV labour Centres, located in all counties. The centres are an important instrument and partner for companies.
2 Aim	The general objective of IA cooperation is further defined in three sub-goals: <ol style="list-style-type: none"> 1. Reduction in absenteeism by 20 percent compared to the level in the second quarter of 2001. 2. Prevent premature stopping and increase the employment of people with disabilities. 3. Professional activity after the age of 50 is extended by twelve months (compared to 2009 figures).
3 Target group	<ul style="list-style-type: none"> • People with disabilities • People aged 50 years and older • Companies/organisations
4 Initiators	Ministry of Labour and Social Affairs. The party-based Labour and Pensions Policy Council under the direction of the Minister of Labour and Social Affairs is responsible for the follow-up of the IA agreement at the national level.
5 Practices	The national IA conference is organized annually in cooperation between the Governmental and the main organisations in the workplace as part of the follow-up of the IA agreement.
6 Practice based	26 percent of the companies in Norway is an IA company (2014). There are many large companies and companies in the public sector. This means that nearly 60 percent of all employees in Norway work in an IA company.
7 Evidence based	
8 Remarkable findings	
9 Infrastructure / context	NAV (The Norwegian Labour and Welfare Administration) is responsible for employment services and welfare schemes in Norway.
10 Transfer to other countries	
11 Costs/financing	
12 Date (start-end)	Since 2003
13 Primary source	Christian H Rafn, manager Sunne organisasjoner as [Healty Organisations], Norway
14 Contact	
15 Website	<ul style="list-style-type: none"> • https://www.regjeringen.no/no/tema/arbeidsliv/arbeidsmiljo-og-sikkerhet/inkluderende_arbeidsliv/id947 • https://www.nav.no/en/Home

NORWAY - OTHER MENTIONED INITIATIVES, ORGANISATIONS, REPORTS

Name	Short description
<p>1 Norwegian Centre for Senior Policy</p>	<p>Summary: Extensive tripartite cooperation (Governmental, social partners) on policy measures and agreements such as the IA-agreement (about More Inclusive Working Life), the work of the Centre for Senior Policy, as well as previous reforms and initiatives, have contributed to keeping older workers in the labour market for a longer period of time. The social partners stress that employers need to adapt the working situation to each individual older employee's needs.</p> <p>Primary source: Prof. J.R. Ennals, Emeritus Professor Kingston University UK</p> <p>Contact: Anne Inga Hilsen, Fafo Norway</p> <p>Website:</p> <ul style="list-style-type: none"> • https://seniorpolitikk.no • https://www.eurofound.europa.eu/observatories/eurwork/comparative-information/national-contributions/norway/norway-the-role-of-Governmentals-and-social-partners-in-keeping-older-workers-in-the-labour-market

Centre for Ancillary Work – steel company

Name	Centre for Ancillary Work Železiarne Podbrezová (steel company)
Catch words	Alternative work
1 Summary	<p>The Centre was established in order to provide medical recommendations for specific working positions and appropriate jobs for employees with specific diseases. The character, load and type of work are designed to suit the worker's health status and are adjusted individually. Such as a special work area, reduction of working hours.</p> <p>When there are heavy limitations for work, the employee is, with his/her agreement, transferred to a special work unit. The alternative work includes tasks such as lawn care on the company site, planting flowerbeds and ornamental shrubs, cleaning the company streets and path from snow in the winter.</p>
2 Aim	To create a suitable working environment for employees diagnosed with any chronic illness that prevents them to work in their former profession.
3 Target group	<ul style="list-style-type: none"> • Employees diagnosed with chronic diseases • Employees with specific health limitations (high work not allowed etc.) • Pregnant women
4 Initiators	Company Fund
5 Practices	The company employs 3,120 people. The Centre employed about 45 people between 2006-2009.
6 Practice based	
7 Evidence based	
8 Remarkable findings	<ul style="list-style-type: none"> • By joining the Centre, the employees were not exposed to stressful situations, while coping with their disease and when returning to the labour market. • Repositioning the employee to an easier and more suitable working position within the company can be considered as the biggest incentive for success, instead of dismissal as carried out by many other companies.
9 Infrastructure / context	<ul style="list-style-type: none"> • When the employee does not agree with transfer to the special work unit, the employee can leave the company with appropriate severance pay under the current Labour Code and Labour Union Agreement. • The employee stays in touch with the appropriate department of the Social Insurance Agency in Slovakia due to regular assessment of his/her health status or in order to obtain/not obtain a disability pension.
10 Transfer to other countries	
11 Costs/financing	Additional work is less important for the company and its distribution among the other employees without health restrictions could be particularly cost-effective. During the period of financial crisis and economic instability the Centre has stopped its activities temporarily.
12 Date (start-end)	The Centre was set up in 1995.
13 Primary source	Fedor Jagla, scientist INPP SAS (ENWHP member)
14 Contact	Mária Niklová, HR director Unit Železiarne Podbrezová (steel company)
15 Website	<ul style="list-style-type: none"> • http://www.zelpo.eu/ZP_Group • http://www.enwhp.org/fileadmin/user_upload/pdf/PH_Work_Podbrezova_Slovakia.pdf

SPAIN - PRACTICAL LEVEL

Fundación Manantial – Foundation the source

Name	Fundación Manantial - Foundation the source
Catch words	Severe mental conditions – occupational rehabilitation
1 Summary	Schizophrenia and other psychoses such as bipolar disorders are the mental illnesses that create most difficulties in the psychological and social functioning of people who suffer from them. The foundation provides occupational rehabilitation and creates jobs for people with mental disorders who have difficulties in accessing the ordinary job market by promoting the establishment of third sector companies (special employment centres) as a way of effectively integrating these persons into society and into the labour market.
2 Aim	Providing a comprehensive solution to mental health issues, especially those concerning people's social, occupational and legal situations.
3 Target group	<ul style="list-style-type: none"> • People with severe mental conditions
4 Initiators	
5 Practices	<ul style="list-style-type: none"> • Types of businesses where people can work are catering, laundry, cleaning, gardening, administrative services, Manantial Integra Farma (secondary packaging and storage of pharmaceutical products) and Manantial Integra Documenta (management and digitisation of document for public and private organisations). • RicaMente, restaurant in Madrid. • There is collaboration with many organisations, in sectors like retail, travelling, health care. But also with the governmental departments.
6 Practice based	
7 Evidence based	
8 Remarkable findings	<ul style="list-style-type: none"> • Miradas Award. From 2006-2012, the foundation presented yearly an award endowed with 6,000 euros to someone who has contributed to the aim of the foundation. One of the criteria was creating jobs for persons with mental illness. Moltacte (fashion outlets) and Decathlon (sportswear store in Madrid) have won this award. • Users and professionals at the Parla Day Centre broadcast a radio programme that covers news items from the perspective of people with mental health issues.
9 Infrastructure / context	All the programmes management by the foundation are part of the Network for Psychiatric and Mental Health Care of the Madrid Region. Programmes with direct or indirect public support are offered within the framework of the Public Network for the Care of Persons with Severe and Lasting Mental illness of the Department of Social Affairs of the Madrid region.
10 Transfer to other countries	
11 Costs/financing	Sponsored by, amongst others, Community of Madrid, Obra Social Fundación "La Caixa" [foundation], Obra Social Caja Madrid, Fundación Integra [foundation].
12 Date (start-end)	
13 Primary source	Online survey: name and position could not be verified online
14 Contact	
15 Website	https://www.fundacionmanantial.org/en/quienes-somos-areas.php

18 SWEDEN

SWEDEN - PRACTICAL LEVEL

"Samordningsförbund" – Interagency collaboration

Name	"Samordningsförbund" – Interagency collaboration
Catch words	collaboration – adults - youth
1 Summary	Interagency collaboration to assist (young) people with disabilities in finding and maintaining employment
2 Aim	By collaboration providing more effective support to (young) people with disabilities in finding and maintaining employment.
3 Target group	<ul style="list-style-type: none"> (Young) people with disabilities
4 Initiators	National organisation FINSAM.
5 Practices	There are several ongoing regional "Samordningsförbund" concerning interagency collaboration to get youth and adults back into the workforce.
6 Practice based	
7 Evidence based	Research results: Recognition of others' knowledge and respectfulness toward other professionals facilitated vocational rehabilitation and the interagency collaboration process. The agencies' lack of flexibility increased the risk of conflicts as attempts were made to integrate the new working methods developed within projects into the ordinary activities of the agency. These are results of a scientific study, published in Work (Germundsson & Danemark, 2012)
8 Remarkable findings	
9 Infrastructure / context	<ul style="list-style-type: none"> Part of Sweden's Disability Policy, to give people with disabilities a greater chance of participation in society on the same terms as others. In Sweden, financial support in the form of activity compensation may be granted to people 19–29 years of age by the Swedish Social Insurance Agency (SSIA). Activity compensation is designed on the premise that those who are able to do so, with the aid of the SSIA and employment services, can make the transition from benefit status into the regular labour force or become engaged in some form of subsidized employment.
10 Transfer to other countries	
11 Costs/financing	
12 Date (start-end)	
13 Primary source	Online survey: Rikard Sandstedt, business developer Försäkringskassen (Swedish government's Social Insurance Agency)
14 Contact	
15 Website	<ul style="list-style-type: none"> http://www.finsam.se/ https://www.ncbi.nlm.nih.gov/pubmed/22523039 https://sweden.se/society/swedens-disability-policy/ https://www.forsakringskassan.se/wps/wcm/connect/be9ad934-4155-40d6-8462-e63449e03dc5/socialforsakringsrapport_2015_10.pdf?MOD=AJPERES

SWEDEN – OTHER MENTIONED INITIATIVES, ORGANISATIONS, REPORTS

Name	Short description
<p>1 Literature review – evidence based methods for enhancing the labour-force entrance of (young) people with mental disabilities</p>	<p>Summary: The Department of Environmental and Occupational Medicine, Uppsala University conduct a search of the scientific literature for evidence-based methods for strengthening the employability of young people with severe mental illness or functional disability. Two dominant models – Individual Placement and Support (IPS) and Cognitive Behavioural Treatment/Training (CBT) – were identified with regard to strengthening employability, as reflected in competitive (normal) employment, supported employment, time in employment, time at work, and accumulated income from employment.</p> <p>Source: Online survey: Rikard Sandstedt, business developer Försäkringskassen (Swedish government's Social Insurance Agency)</p> <p>Website: https://www.forsakringskassan.se/wps/wcm/connect/be9ad934-4155-40d6-8462-e63449e03dc5/socialforsakringsrapport_2015_10.pdf?MOD=AJPERES</p>
<p>2 Samhall</p>	<p>Summary: Samhall is a state-owned company with a mandate to create work that furthers the development of people with functional impairments causing reduced working capacity. Samhall's core assignment is to produce goods and services that are in demand. Samhall was established as a state-owned group in 1980 and took over 370 workshops that provided sheltered employment, along with other operations management by county councils, municipalities and other authorities.</p> <p>Source: desk research</p> <p>Website: http://samhall.se/in-english/</p>

19 SWITZERLAND

SWITZERLAND - PRACTICAL LEVEL

Compasso

Name	Compasso*
Catch words	Employers – portal – early detection/intervention – insurance funding
1 Summary	Information portal for employers with a focus on early detection and intervention of employees with health problems. Providing tried-and-tested tools, step-by-step instructions and concrete practical examples, employers receive support through the portal. Also, employers who wish to recruit an employee with disability are assisted in the process of reintegration.
2 Aim	Employers recognize their employees' health problems at an early stage and ensure the employability of their employees through the right and timely measures. Departures from the labour market due to health problems are avoided as far as possible by early interventions.
3 Target group	<ul style="list-style-type: none"> Employers
4 Initiators	The association Compasso is under the patronage of the Swiss Employers Association.
5 Practices	More than 70 members of the Swiss Employers Association from the private and public sector, from smaller to larger employers and industry associations, combine their interests.
6 Practice based	
7 Evidence based	
8 Remarkable findings	<ul style="list-style-type: none"> Interdisciplinary approach: working at the interfaces between companies, employees, unemployed people, job centre, pension funds and private insurers. A think tank is driving professional development and developing other tools to help employers. All actors working together on a non-compulsory level.
9 Infrastructure / context	
10 Transfer to other countries	
11 Costs/financing	Funded by several organisation: Swiss employers' organisation (SAV), health and accident insurer Helsana, insurer Suva (compulsory insurance cover for employed and unemployed persons against accidents and occupational diseases), The Swiss Insurance Association (SVV). Financial support of sponsors: Coop, Die Mobiliar (insurer), Swiss Post Agency, insurer IVSK, Sanatorium Kilchberg AG, public transport organisation SBB, pension fund SwissLife, communication company Swisscom.
12 Date (start-end)	The first publications are from 2009 on.
13 Primary source	Corinne Zbären, vice-responsible invalidity insurance FSIO (Federal Social Insurance Office)
14 Contact	
15 Website	https://www.compasso.ch/

*Additional information obtained by e-mail contact

SWITZERLAND - OTHER MENTIONED INITIATIVES, ORGANISATIONS, REPORTS

Name	Short description
1 Mit chronischer Krankheit arbeiten – (k)ein Problem?	<p>Summary: Article presenting the findings of research projects developing self-management program for people with chronic diseases in the UK (Kate Lorig ea, 2001) and the Netherlands (Sarah Detaille ea 2010, Inge Varekamp ea 2011).</p> <p>Primary source: Prof. Dr. Karl Kuhn, Germany – ENWHP Board member</p> <p>Contact: Careum Stiftung Zürich, Dr. PH Jörg Haslbeck, MSc</p> <p>Website: https://www.asu-arbeitsmedizin.com/Gentner.dll/0788-0793-ASU-1511_NjgwOTEx.PDF?</p>

THE NETHERLANDS - PRACTICAL LEVEL

ABN AMRO bank – Diversity & Inclusion

Name	ABN AMRO bank – Diversity & Inclusion
Catch words	Diversity – inclusion – highly educated talents
1 Summary	A special team is active for recruiting highly educated people with a disability. Managers are trained to know their prejudices and to see the benefits of a diverse team.
2 Aim	Through a wide range of employees, the bank hopes that customers feel represented. Diversity is also commercially interesting. It provides different insights, resulting in better decisions. In turn, it ensures a moderate risk profile, something that the bank strives for.
3 Target group	<ul style="list-style-type: none"> • People with a disability
4 Initiators	
5 Practices	In March 2017, about 30 people with a disability were at work at ABN AMRO, at Risk, Finance, ICT, Corporate Banking, Retail & Private Banking. In 2012 this figure was about 5.
6 Practice based	
7 Evidence based	The bank monitors the programme.
8 Remarkable findings	<ul style="list-style-type: none"> • Especially for highly educated people with a disability • A linking pin is needed between the Board of Directors and the work floor. During recent reorganisation, this function has been cut back.
9 Infrastructure / context	
10 Transfer to other countries	Also in the other 19 countries in which ABN AMRO is operating, there is a focus on diversity & inclusion.
11 Costs/financing	
12 Date (start-end)	A special department focusing on diversity & Inclusion was started in 2011, and in 2012 also people with a disability were shared under this focus.
13 Primary source	Online survey: Sandra Schoenmakers, project manager Onbekend Talent ING – The Netherlands
14 Contact	Sven Romkes, project officer Diversity & Inclusion ABN AMRO
15 Website	<ul style="list-style-type: none"> • https://www.mt.nl/business/diversiteit-abn-AMRO/533108 • https://www.abnAMRO.com/nl/carriere/werken-bij-abn-AMRO/sven-romkes.html [Dutch video] • https://www.denormalstezaak.nl/sven-romkes-abn-AMRO-werkende-gehandicapte-in-beeld/

³ In the search for good examples, also some Dutch examples appeared. Only the examples that are provided in the online survey are included in this overview. No further online search has been done for more good practices in the Netherlands.

Achmea – Customer contact team

Name	Achmea Customer Contact Team [klant contact team / Participatieteam]**
Catch words	Diversity – Inclusion – insurance company
1 Summary	Recruiting people with talents and a working disability for regular jobs by arranging special initiatives for target groups. A good example is the customer contact team of health care insurance Zilveren Kruis Achmea. This team consists solely of people with an auditory disability. People who are deaf or hard-of-hearing are used to communicating in writing. The contacts they have with customers is by e-mail and WhatsApp. With other colleagues the communication is mainly by chat. At the day starts of the team with colleagues who can hear, a writing interpreter write quickly down what everyone is saying, and everybody can read this information on screen. The workers of the contact team have full-fledged jobs with full-fledged salaries. Another focus is on people with a visibility initiative. An expert centre within Achmea supports this kind of teams and the needed adjustments. The expertise of this centre is also available for people already working for Achmea and who become chronically ill.
2 Aim	Achmea aims to be an inclusive organisation representing the society. People with a distance to the labour market, including people with a working disability, are also customers of the insurance organisation.
3 Target group	<ul style="list-style-type: none"> • (Higher educated) people with auditory disability • People with a distance to the labour market (broader than the target group of the Participation Law) for flex jobs, partly resulting in regular jobs.
4 Initiators	HR direction with commitment of the Board of Directors. An ambassador of inclusive working is member of the board.
5 Practices	2017: 47 employees with working disability in regular jobs, originated from the programme, with half of them having a permanent contract. The ambition is to have 240 employees with a working disability in regular work at the end of 2025.
6 Practice based	It is more attractive to provide work in 'special' teams: if training and work adjustments are needed they can be arranged on group level. There is a risk of stigma by forming this kind of teams.
7 Evidence based	
8 Remarkable findings	<ul style="list-style-type: none"> • Zilveren Kruis Achmea has reached in 2017 the golden certificate iHMQ (Health Management and Quality) for their health policy. In the audits, it appeared that more workers would like to work at the customer contact team because of the good working atmosphere. • There is a lot of enthusiasm by colleagues for following a training [ikbenharrie.nl] to be a buddy of people with a working disability.
9 Infrastructure / context	<ul style="list-style-type: none"> • Achmea works together with employment agency Randstad Participation for recruiting people with a distance to the labour market. The focus is on providing work to people with a disability instead of achieving the quota. • Achmea is partner of the employers' organisation AWWN and participant in the programme 'Employers go inclusive', and member of the Club of 1000 of Emma at Work, creating job opportunities for young people with a disability.
10 Transfer to other countries	The Achmea initiative started with a review of examples of policy in other countries. These were hard to find. There was some input of German initiatives.
11 Costs/financing	Achmea has a budget for modifications in the workplace if needed.
12 Date (start-end)	The policy with specific initiatives started in 2013-2014. The policy is part of the collective agreements (cao).
13 Primary source	Online survey: Sandra Schoenmakers, project manager Onbekend Talent ING
14 Contact for initiative	Esther Verstraaten, HR specialist and coordinator of intake target groups, and experience expert [coördinator Instroom Doelgroepen] Achmea
15 Website	<ul style="list-style-type: none"> • www.werkenbijachmea.nl/over-achmea/Paginas/Achmea-Inclusief.aspx • www.werkenbijachmea.nl/blog/Post.aspx?ID=423 • https://www.youtube.com/watch?v=cAHyE39ytE4 [Dutch video] • www.youtube.com/watch?v=CJDq0NvupCU [Dutch video]

** Additional information obtained in phone/skype call

ING – Untapped Talent [Onbekend Talent]

Name	ING – Untapped Talent [Onbekend Talent]**
Catch words	Job opportunities – inclusion – Corporate Social Responsibility
1 Summary	It is the special program of the ING Bank, focusing on opening up and making the organisation accessible to people with a long-term or permanent disability. The reasons for this program are social inclusion and diversity. Moreover, the agile way of working of the bank fits well with working with a disability. ING provides coaching, a customized workplace, tools or supportive ICT. Career opportunities within ING are part of the approach. Team members and managers are trained and provided with support if needed, and the occupation doctor is involved. In recruiting higher educated people with a disability or chronic condition, the bank works together with employment agency Randstad Participatie.
2 Aim	Enable more people with a work limitation or disability to find long-term employment within ING.
3 Target group	<ul style="list-style-type: none"> • People with an occupational disability or chronic disease.
4 Initiators	ING Bank
5 Practices	The website of ING jobs (see below) provides videos of the experiences of ING workers with an occupational disability.
6 Practice based	The team monitors the developments of the programme. The target was providing yearly 20 people a job within ING. This number is not reached.
7 Evidence based	
8 Remarkable findings	<ul style="list-style-type: none"> • The ING Bank works together with “competitors”, such as the ABN AMRO Bank, for exchanging experiences in this field. And in exchanging people for jobs, if they have the compulsory certificates for working in this field. • The spirit on the work floor is good: many departments are involved or willing to participate. But organisation changes and reorganizations make it hard to create sustainable jobs. The feeling may arise by some employees who are fired that other people of this target group get their jobs.
9 Infrastructure / context	The Dutch Social Agreements, the Participation law [Participatiewet] and the quota (5% of the employees are people at a distance of the labour market) were starting points for this initiative, but the target group is broader than that.
10 Transfer to other countries	ING Bank Netherlands and ING Bank Belgium are merged. What this will mean for this programme and the accompanying policy is not yet know.
11 Costs/financing	Project budget financed by ING.
12 Date (start-end)	2014 until now.
13 Primary source	Online survey: Sandra Schoenmakers, People services ING The Netherlands
14 Contact	<ul style="list-style-type: none"> • Sandra Schoenmakers, project manager Onbekend Talent ING • Pearl Steffens, manager Randstad Participatie
15 Website	<ul style="list-style-type: none"> • https://www.ing.jobs/Nederland/Over-ING/Ook-dit-is-ING/Werken-met-een-arbeidsbeperking.htm • https://www.arboportaal.nl/actueel/nieuws/2017/01/18/inspiratievideo-ing-programma-onbekend-talent [Dutch video] • https://www.denormaalstezaak.nl/ing-programma-onbekend-talent-voor-hoogopgeleiden-met-diverse-beperkingen/

** Additional information obtained in phone/skype call

THE NETHERLANDS - OTHER MENTIONED INITIATIVES, ORGANISATIONS, REPORTS

Name	Short description
<p>1 Care and Perspective [Zorg én Perspectief] – Fonds Nuts Ohra **</p> <p>**Information is obtained in personal contact</p>	<p>Summary: Fonds Nuts Ohra (FNO) will start an inventory in 2018 of what is happening in the field of child and youth participation (0 - 25 years) in other countries. Although the FNO approach is primarily aimed at care and young people with a chronic disorder, they want to have the inventory broadened to include social participation in the first instance. This inventory is part of the Programma Care and Perspective [Zorg én Perspectief].</p> <p>Contact: Bert Kuipers, programme manager Zorg én Perspectief Fonds Nuts Ohra and Eline van der Meulen, member Jongerenpanel FNO</p> <p>Website: https://www.fnozorgvoorkansen.nl/zorg-en-perspectief</p>
<p>2 REA College</p>	<p>Summary: REA College is available for students aged 18 and over who cannot go to regular vocational education. These students get tailor-made training or a specific training with which supports them quickly to work. Access is provided when according to the UWV or the municipality, the student has a distance to the labour market. For adolescents younger than 18 years, there is the possibility to prepare for vocational training following the Top class of the REA College.</p> <p>Primary source: Michèl Edelaar, manager Vroege Intervention revalidatiezorg [Early Intervention rehabilitation care].</p> <p>Website: http://www.reacollegenederland.nl/</p>
<p>3 Rheumatologists and work</p>	<p>Summary: in the Netherlands rheumatologists are highly motivated into work as target of their treatment. The professional guideline ‘Rheumatoid Arthritis and participation in work’ supports this. This Dutch study (2017) examines the association between several aspects of social role participation and satisfaction with life in patients with ankylosing spondylitis (AS) compared to population controls. An e-learning and practical tools for rheumatologists and nurses focusing on workrelated care are available via the Target@Work project, part of Fit for Work Netherlands.</p> <p>Primary source: Annelies Boonen, extraordinary professor Social aspects of rheumatological disorders Maastricht UMC+ and CAPRHI.</p> <p>Website: https://www.ncbi.nlm.nih.gov/pubmed/28622457 and www.targetatwork.nl</p>
<p>4 The Class – young people with acquired brain injury **</p> <p>**Information is obtained in personal contact</p>	<p>Summary: The Class [de Class] project supports young people (up to 30 years) with acquired brain injury into the working process by providing them a mental coach, a sport coach and a job coach. Goal is mapping the problems and possible solutions experienced by this group, inventory of the (financial) role of the municipalities and a social cost-benefit analysis. The Class is a project with funding of ZonMw, Fonds Nuts Ohra and the Edwin van der Sar Foundation.</p> <p>Primary source: Bert Kuipers, programme manager Zorg én Perspective Fonds Nuts Ohra.</p> <p>Website: https://www.zonmw.nl/nl/actueel/nieuws/detail/item/zonmw-fno-en-edwin-van-der-sar-foundation-bundelen-de-krachten-voor-jongeren-met-niet-aangeboren-he/</p>

21 UNITED KINGDOM

UNITED KINGDOM - GOVERNMENTAL LEVEL

Cancer and Work. For young people aged 16+

Name	Cancer and Work. For young people aged 16+
Catch words	Young people – cancer
1 Summary	<p>Information especially for young people with cancer. There is a guide (pdf) and online information.</p> <p>The guide provides information on getting the right life/work balance, arranging to leave work or take time off, preparing to go back to work, when back at work and where to go for more help.</p> <p>The online information is broader, focusing also on education. With examples of adjustments schools, universities and employers can make for young people with cancer.</p> <p>There is also an online community to share experiences and find useful information.</p>
2 Aim	Help, support and guide young people with cancer in study and work.
3 Target group	<ul style="list-style-type: none"> Working young people (16+) with cancer
4 Initiators	CLIC Sargent. The service works with young people, providing emotional, financial and practical support to 16 till 24-year-olds.
5 Practices	A lot of experiences of young people with work or study are on the website and provided in the information materials.
6 Practice based	
7 Evidence based	
8 Remarkable findings	<ul style="list-style-type: none"> Someone with cancer meets automatically the legal definition of ‘disabled’ from the day of diagnose. This is stated in the Equality Act 2010 (England, Wales and Scotland) and the Disability Discrimination Act (Northern Ireland). In the guide, it is said: ‘Ask your doctor whether you will be able to go on working’.
9 Infrastructure / context	<ul style="list-style-type: none"> The General Practitioner (GP), doctor or nurse may issue the young employee with a statement saying the employee may be fit to work subject to certain circumstances (eg a reduction in the number of hours work or working from home). Or it is a statement for the time off sick due to cancer. Colleges, universities and employers must take ‘reasonable adjustments’ so the adolescent and young adult with cancer isn’t disadvantaged. The Access to Work government scheme can pay for extra support in the workplace to help employers with costs.
10 Transfer to other countries	
11 Costs/financing	All the support is free of charge.
12 Date (start-end)	2005, of a merger between CLIC and Sargent Cancer Care for Children, both charities.
13 Primary source	Online survey, Marine Cavet project manager EU-OSHA
14 Contact	
15 Website	<ul style="list-style-type: none"> http://www.clicsargent.org.uk/sites/files/clicsargent/field/field_document/Cancer%20and%20work.pdf http://www.clicsargent.org.uk/content/education-training-and-employment

Disability Confident Scheme

Name	Disability Confident scheme (DC)
Catch words	Employers – disabled talents
1 Summary	<p>The Disability Confident scheme supports employers to make the most of the talents disabled people can bring to the workplace. The scheme helps employers to think differently about disability, and improve how they attract, recruit and retain disabled workers. It provides employers advice and guidance in to become a DC company.</p> <p>The disability confident scheme identity is also a means of communication. It is intended to inform people within and outside the organisation who might be interested in working for the organisation, that the organisation has a positive approach to employing people with a disability.</p>
2 Aim	It is a governmental campaign raising employers' awareness, promoting the benefits people with a disability can have for employers, encouraging employers to sign up as disability Confident and help them create more employment opportunities for people with a disability or long-term health condition.
3 Target group	<ul style="list-style-type: none"> Employers
4 Initiators	Government UK, Department for Work and Pensions. The campaign is being led by a Disability Confident Business Leaders Group. With amongst others, Arsenal FC, KPMG, Microsoft, Mars UK, and John Lewis (retail) as members.
5 Practices	At January 2018, more than 5,300 organisations have signed up.
6 Practice based	
7 Evidence based	
8 Remarkable findings	<ul style="list-style-type: none"> To be recognised as Disability Confident Employer organisations have to agree to the DC commitments and identify at least one action that an organisation will carry out to make a difference for disabled people. If organisations fulfil these requirements, they get a self-assessment to help them continue their journey to becoming a Disability Confident Employer they get a certificate in recognition of their achievements, a badge for the website and other materials. Three levels of Disability ConfidentC can be reached: disability confident committed, employer and Leader. Special attention for helping young disabled people in finding work and stay in work. UK has a Minister of State for Disabled People, Health and Work.
9 Infrastructure / context	<ul style="list-style-type: none"> 17.3% of people in working age in the UK are disabled or have a health condition. In comparison: 11.4% of people in work are disabled or have a health condition. 56% of employers say they see clear business benefits in employing people with a disability. Only 8% of the employers had recruited someone with a disability or long-term health condition in the previous year (Figures 2013).
10 Transfer to other countries	In 2010 consultants of Berenschot made an advisory report on behalf of the Dutch Ministry of Social Affairs and Employment on introducing this scheme in the Netherlands.
11 Costs/financing	
12 Date (start-end)	Launched in 2013, to replace the Two Ticks-positive about disable people scheme.
13 Primary source	Online survey: Stuart Edwards, Senior Policy Adviser, Department for Work & Pensions, HM Government
14 Contact	
15 Website	<ul style="list-style-type: none"> https://disabilityconfident.campaign.gov.uk https://www.gov.uk/government/ministers/minister-of-state--48

Fit for Work

Name	Fit for Work
Catch words	GP – employer – employee - free support
1 Summary	Fit for Work is a line of support for General Practitioners (GPs), employers and employees to help those who are in work with health conditions or off sick. Fit for Work offers free, expert and impartial work-related health advice. It is designed to work alongside, not replace, existing occupational health services and employer sickness absence policies. The supports concerns self-help tools, live chats, ask a question online service, and FAQ. It also provides a free telephone advice line.
2 Aim	Supporting GPs, employers and employees by questions on work and health, with the goal that more people with a health problem stay in work.
3 Target group	<ul style="list-style-type: none"> • General Practitioners (GPs) • Employers • Employees with health conditions of off sick
4 Initiators	Fit for Work is being delivered in England and Wales by Health Management Ltd. In Scotland by the Scottish Government.
5 Practices	
6 Practice based	
7 Evidence based	
8 Remarkable findings	<ul style="list-style-type: none"> • Online you can enter an Advice Hub which guides you to answers on your specific question. • There is also Fit for Work initiative 'Health and wellbeing at work'
9 Infrastructure / context	From 15 December 2017, Fit for Work will no longer be running its referral and assessment service. All the other help, free telephone advice, taking part in live chat, emailing a question to case managers and browsing the online resources continue to exist.
10 Transfer to other countries	<ul style="list-style-type: none"> • There is a connection with the Fit for Work Global Alliance, a multi-stakeholder initiative, driving policy and practice change across the work and health agendas in Europe and Worldwide, focusing now on benefits of early intervention for individuals with chronic health conditions. • The Work Foundation UK who chairs the alliance, is also the chair of Fit for Work UK Coalition. This is <i>not the same initiative</i> as Fit for Work as described here. Although there is a connection. • The chair of Fit for Work Europe (the predecessor of the alliance) was Professor Dame Carol Black, who has held top positions in medicine and now holds high-level policy advisory positions on health and work. One of her achievements is reforming the views on health and sickness in relation to work, with in practice resulting in a 'Fit note' of the GP instead of a 'Sick note'. • Dame Carol Black is also the leading power behind Fit for Work UK services. • In the Netherlands, also a Fit for Work initiative exists. It is a programme of Centrum Werk Gezondheid [Dutch Centre Work Health].
11 Costs/financing	Government-funded. It is free for the public to use.
12 Date (start-end)	
13 Primary source	Twice mentioned in online survey: Stuart Edwards, Senior Policy Adviser, Department for Work & Pensions, HM Government UK and Ana-Maria Chiorean medical director Medscope Consulting Ltd. UK.
14 Contact	
15 Website	<ul style="list-style-type: none"> • https://fitforwork.org/ • http://support.fitforwork.org/app/get_involved • https://fitforwork.org/blog/health-and-wellbeing-at-work/ • http://www.theworkfoundation.com/fit-for-work/ • https://www.fitforworknederland.nl

Improving Lives. Work, health and disability (consultation)

Name	Work, health and disability: improving lives – UK (consultation)
Catch words	Governmental consultation – system improvement
1 Summary	The Governmental response to the consultation 'Work, health and disability: improving lives', introducing the outlines of a ten-year programme of change.
2 Aim	To see one million more disabled people in work over the next ten years.
3 Target group	<ul style="list-style-type: none"> • People with long-term health conditions • Welfare services, health care services • Employers
4 Initiators	Department for Work & Pensions, Department of Health
5 Practices	<p>The actions are focusing on three key settings: welfare system, the workplace system and the healthcare system:</p> <ul style="list-style-type: none"> • <u>Sustainable welfare and employment support system</u> that operates in tandem with the health system and as part of strong wider local partnerships to move people into work when they are ready. Example of actions: new training for work coaches as part of the Health and Work Conversation, Personal Support Package (tailored interventions). • <u>Employers</u> - recruitment, retention, creating healthy and inclusive workplaces, opportunities for people who need a more flexible approach. Example of actions: advice and support at national and local level to all employers (especially SME), working together with schools and colleges to ensure that young disabled people are aware of the help they can get. • <u>Health services</u> - occupational health services (within and beyond NHS), giving access for everyone including small businesses and self-employed, and with focus on prevention and early intervention. Example of actions: an e-learning to health professionals, doubling the number of Work and Health Champions (trained occupational therapists), introducing a pilot GP Champion, routine collection of employment status in health data systems. • <u>Partnerships and services</u>. The Governmental is committed to developing policy which supports, enables and facilitates that activity. To succeed, action needs to be taken within local communities and across Governmental, with other departments.
6 Practice based	Based on the consultation 'Work, health and disability: improving lives' (2016-2017), with more than 6,000 responses of the field.
7 Evidence based	The programme itself will be monitored and also deliver evidence.
8 Remarkable findings	Lead by example: all main Governmental departments are signed up as a Disability Confident Leader, the highest level of Disability Confident scheme.
9 Infrastructure / context	Disability Confident (DC): a voluntary scheme developed by employers and disabled people's representatives for opportunities and reducing barriers to employ disabled people https://disabilityconfident.campaign.gov.uk/
10 Transfer to other countries	
11 Costs/financing	<p>Investing £115 millions of funding, divided to:</p> <ul style="list-style-type: none"> • £70 millions Work and Health Innovation Fund (see the following page) • £20 millions Societal Impact Bonds (private capital and voluntary and community sector innovation to test and scale new forms of support) <p>Small Business Challenge Fund (encouraging small businesses in developing small-scale innovative models for supporting SME's with sickness absence)</p>
12 Date (start-end)	30 November 2017. The programme is planned for the next 10 years.
13 Primary source	Report Improving Lives. The future of Work, Health and Disability (2017)
14 Contact	Dr. Serena Bartys, Principal Research Fellow in Work and Health, Centre for Applied Research in Health, University of Huddersfield UK
15 Website	https://www.gov.uk/Governmental/uploads/system/uploads/attachment_data/file/663399/improving-lives-the-future-of-work-health-and-disability.PDF

Improving Lives. Work and Health Innovation Fund

Name	Work and Health Innovation Fund
Catch words	Governmental fund – trials – crossovers
1 Summary	Seed funding will be provided to support the design trials to test new approaches at scale and understand if they can improve employment and health outcomes. Following this design phase, it is planned to review these proposals and decide if they are viable for implementation, with access to further funding and national support available to enable full implementation.
2 Aim	Funding for supporting promising local initiatives to drive integration across the health, care and employment systems.
3 Target group	<ul style="list-style-type: none"> • People with long-term health conditions • Local commissioning groups • Local authorities • Health services
4 Initiators	Jointly managed by the Work and Health Unit and NHS England.
5 Practices	<ul style="list-style-type: none"> • Trials of new partnerships of local clinical commissioning groups, Jobcentre Plus and local authorities creating new support pathways for people with common physical and mental health conditions to help them stay in or return to work. • Trials testing interventions that offer faster access to treatment and support services • Trials testing co-locating employment support in a health setting <p>Trials building evidence for Individual Placement and Support (IPS) to understand if this is a model which can work successfully for people with common mental health conditions.</p>
6 Practice based	Making use of the results of the consultation ‘Work, health and disability: improving lives’ (2016-2017), with more than 6,000 responses of the field.
7 Evidence based	
8 Remarkable findings	
9 Infrastructure / context	
10 Transfer to other countries	
11 Costs/financing	£70 millions
12 Date (start-end)	The further implementation has started from spring 2017
13 Primary source	Report: Work, health and disability: improving lives – UK (2017)
14 Contact	Dr. Serena Bartys, Dr. Serena Bartys, Principal Research Fellow in Work and Health, Centre for Applied Research in Health, University of Huddersfield UK
15 Website	https://www.gov.uk/Governmental/consultations/work-health-and-disability-improving-lives

Macmillan - Working through Cancer programme

Name	Macmillan - Working through Cancer programme
Catch words	Cancer – employee – self-employed – employer – (informal) carer
1 Summary	<p>The Working through Cancer programme is a cross-organisational initiative at Macmillan Cancer Support. It provides the following support:</p> <ul style="list-style-type: none"> • Employee: support for talking to the employer and colleagues, making decisions about work, going back to work. • Self-employed: Help to manage workload and finances, information about working during treatment, making treatment decisions, talking to business contacts. • Employer: Workplace policies and resources, and knowledge about how cancer affects people, physically and emotionally. • SME's (small and medium sized companies): support in conversations with employee, managing the impact on the business and finances, help with bereavement when a colleague has died, support to carers. • Informal carer: by looking after someone with cancer, it will affect you and your work life. <p>There is also an online community and a free support phone line.</p>
2 Aim	Supporting people affected by cancer to stay in or return to work after treatment.
3 Target group	<ul style="list-style-type: none"> • Employees with cancer • Self-employed with cancer • Employers • Informal carers
4 Initiators	Douglas Macmillan, who watched his father die of cancer, used his £10 inheritance to found the Society for the Prevention and Relief of Cancer in 1911. Douglas wanted advice and information to be provided to all people with cancer, homes for patients at low or no cost, and voluntary nurses to attend to patients in their own homes.
5 Practices	A lot of stories of working people are on the website.
6 Practice based	
7 Evidence based	Macmillan invests in research (research grant schemes) that helps understanding the numbers, needs and experiences of people affected by cancer and generates the evidence needed to enable a better cancer story and with the most potential to benefit people affected by cancer. There is collaboration with various partner organisations across the UK to help increasing the range and scope of evidence. Macmillan holds research focused partnerships as well as cancer data partnerships.
8 Remarkable findings	<ul style="list-style-type: none"> • By the self-employed information is provided of working <i>during</i> treatment and of making treatment decisions regarding work. By the employees this information is missing.
9 Infrastructure / context	In the support workers, employers and carers get information about the legislation on work and sickness.
10 Transfer to other countries	
11 Costs/financing	All the support is free of charge. Macmillan is a charity. There are sponsor partnerships with businesses and organisations.
12 Date (start-end)	1911
13 Primary source	Online survey, Marine Cavet project manager EU-OSHA
14 Contact	Liz Egan, project manager Macmillan Cancer Support
15 Website	https://www.macmillan.org.uk/information-and-support/organising/work-and-cancer

Work support service – Working Towards Wellbeing

Name	Work support service – Working Towards Wellbeing
Catch words	Chronic illness - cancer – critical illness - mental health - work support
1 Summary	<ul style="list-style-type: none"> • Cancer Work Support Service: helping people at any stage during their cancer experience to come to terms with their illness and to self-manage their symptoms to improve their quality of life and where possible to return to work. There is also guidance of the employer, to provide the best support possible for their returning employee. • Chronic Illness Work Support Service: helps people with chronic health conditions, who would like support getting back to work or to maintain or improve their life at work. This often involves helping them to manage symptoms such as pain, low mood and fatigue. • Critical Illness Support. Sometimes it is not necessary to have a full package of services. Sometimes all that is needed is a brief intervention that helps people to get on their way again. The individual's current health needs are investigated and the person is signpost to relevant local or national support. We can also offer follow up health coaching support to find out how things are going and provide further input. If you have been provided this service by your insurance policy, please contact us to arrange an appointment. If you wish to view our website resources, please register by clicking the JOIN US tab. • Mental Health Work Support Service. Support of people with mild to moderate mental health problems and helping them with their plans to return to or remain at work. As part of their recovery, there can be a combination of Cognitive Behavioural Training (CBT), health coaching and exercise planning.
2 Aim	The aim is to help people to self-manage their health and wellbeing and get the most out of life.
3 Target group	<ul style="list-style-type: none"> • People with cancer • People with chronic conditions
4 Initiators	Working towards wellbeing is a service provider offering a range of health and wellbeing services for individuals, health professionals and businesses. The services are offering support in general wellbeing and they are specialized in cancer recovery, persistent pain management, fatigue management and mental health support.
5 Practices	Testimonials are on the website.
6 Practice based	
7 Evidence based	It is a research-based company and design our services based on up to date evidence.
8 Remarkable findings	
9 Infrastructure / context	
10 Transfer to other countries	
11 Costs/financing	Sometimes this service is provided with the health insurance policy.
12 Date (start-end)	
13 Primary source	Online survey, Marine Cavet project manager EU-OSHA
14 Contact	
15 Website	http://www.workingtowardswellbeing.com

UNITED KINGDOM - OTHER MENTIONED INITIATIVES, ORGANISATIONS, REPORTS

Name	Short description
<p>1 Access to Work grant</p>	<p>Summary: The grant support needs in the workplace beyond "reasonable adjustments" required by law that have to be paid by the employer. If more adjustments are needed than reasonable by law, people can apply for this grant. The applicant has to have a disability or health condition and a paid job, or be about to start or return to one. An Access to Work grant can pay for special equipment, help getting to and from work. People do not have to pay back and the grant won't affect other people's benefits. Everybody with a disability or health condition, of 16 years and older can apply for the grant. Including self-employment, apprenticeship, internship, work trial or work experience.</p> <p>Primary source: mentioned twice in online survey, Stuart Edwards, Senior Policy Adviser, Department for Work & Pensions, HM Government and Ana-Maria Chiorean medical director Medscope Consulting Ltd. UK.</p> <p>Website: https://www.gov.uk/access-to-work</p>
<p>2 ShawTrust – The Age Employment Network (TAEN)</p>	<p>Summary: A centre of expertise on age and work. It provides support for older people who are seeking work or who are already in work. Additionally it provides support for employers to ensure that they benefit from a diverse workforce that includes workers aged 50plus.</p> <p>Primary source: online survey, Prof. Richard Ennals, Emeritus Professor Kingston University London UK.</p> <p>Contact: Chris Ball, Shaw Trust, expert on Older Workers</p> <p>Website: https://www.shaw-trust.org.uk/Services/Fifty-Plus</p>
<p>3 WORKAGE</p>	<p>Summary: WORKAGE – Active Ageing through Work Ability. Funded by DG Employment, Social Affairs & Inclusion, European Commission. With Workplace Innovation Limited (2013-2016).</p> <p>Primary source: Prof. Richard Ennals, Emeritus Professor Kingston University London UK.</p> <p>Contact: Dr. Maria Karanika-Murray, Senior Lecturer Nottingham Trent University, Principal Investigator of WORKAGE</p> <p>Website: https://www.ntu.ac.uk/staff-profiles/social-sciences/maria-karanika-murray</p>

NEXT STEP: PREPARATION STUDY TRIP

The online desk research and collected information from Dutch and foreign network contacts - provide, in addition to a total overview, insight into which European initiatives are interesting for the SER working group CZW. Descriptions are valuable for comparing projects and programs. To understand the essence for participants and those involved, narratives and 'experiencing' is essential. That is why one of the next steps is to visit some of the more remarkable programs.

CRITERIA

The working group will make a choice based on several criteria.

Proposed criteria to visit projects, is the project:

- distinctive
- innovative
- practical and theoretical substantiated
- possibly interesting for the Dutch situation

INFRASTRUCTURE

An important area of interest of the initiatives to be visited is how the infrastructure of the initiative looks like: what is stimulating, what is obstructive.

This concerns, for example:

- legislation
- regulations
- regional incentives
- incentives in the insurance system
- other stimulating factors.

This information will be put in a preparation guide so that participants can already read and prepare themselves prior to the study trip.

The working group makes the choice for 1 or 2 study trips based on this information.

Center Work Health draws the program for these study trips on the basis of this choices, in close consultation with the relevant ministries, the secretariat of the SER and the working group CZW.

ANNEX 1 OTHER REMARKS MADE BY NETWORK CONTACTS

In the online survey, the respondents had the possibility bringing other issues to attention concerning work and chronic illness or work opportunities for young people with a chronic illness. A summary of the remarks that are made:

Focus of initiatives

- Projects tend to focus on one issue at a time (not usually chronic illness) such as disability, or specific types of illness (Ireland)
- Many initiatives do not focus specifically on young people, but on all ages (Ireland)
- Often there are different agencies involved who do not necessarily communicated with each other (Ireland)
- Don't make the processes too complicated (The Netherlands)
- What are key success factors? (European level)
- Staying at work should be the worker's decision (European Level)
- Staying at work should be facilitated. Policy level? (European level)

Infrastructure

- There are too many different rules and policies to go through (The Netherlands, Belgium)
- It is important to involve the local community in this kind of projects, in contributing to increased social cohesion (Belgium)
- Implement existing rules and work to them (European Level).
- Take up the measures (Estonia).
- Equality in approach towards chronic disease patients (European level).
- To create an inclusive work environment without any discrimination (Cyprus).

Health care

- How can the health sectors link and work closer with the employment sectors? c
- The paradigm-shift from disease-oriented care towards goal-oriented care, especially in multi-morbidity (Belgium)

Education

- Adjustments need to be made in schools and universities for young people with chronic illnesses. When adjustments are not provided, students may drop out or stop pursuing the desired educational program and switch to one where there might be more flexibility. To have work opportunities in the field that truly interests them, young people need to have a patient-friendly educational environment. (European level, patient organisation)

Specific chronic conditions

- Mental health issues are a special case (Ireland)
- If the initiatives are labelled disease specific, such as career coaching by cancer, the threshold to participate is lower than if the activities are brought under the label of chronic diseases in general. This is the experience of career coaching in Flanders, providing both kind of coaching for free for employees and self-employed people. If it is disease specific, people have the feeling 'this is for me!'. Besides that, the specific knowledge of the disease by the trained coaches is also appreciated and useful in advice for work adjustments. (Belgium)

Target group

- The issue of transitioning from school to work/education for young people with a disability/chronic illness is a special case (Ireland)
- The use of target groups is not always the best way. Every individual is needing to be viewed independently. Each person, even with the same disability, has other qualities, also for work (UK)

Employers

- What are the key arguments or incentives for employers? (European Level)

- Providing incentives to the employers to support employ people with chronic diseases (Cyprus)

ANNEX 2 TARGET GROUP OVERVIEW

The target groups are categorized from the perspective of work. The target group 'employee' is not included: most of the initiatives focus on employees/people with a chronic disease with an employment contract.

Employer	<ol style="list-style-type: none"> 1. Europe - practical level: CHRODIS Plus Joint Action – Employment 2. Europe - practical level: ENWHP 3. Europe, International – other: MSD and education (EU-OSHA) 4. Europe, International – other: Rehabilitation and RTW after cancer (EU-OSHA) 5. Austria: fit2work 6. Asutria: In-house Crisis Prevention and Crisis Intervention 7. Belgium: Stand up against work by cancer 8. Estonia: Eesti Töötukassa - Unemployment Insurance Fund 9. Finland: OTE key project 10. France: The Anact-Aract network 11. Ireland: Abbott Ireland Vascular Division 12. Italy: EMA- AHEAD and cancer 13. Italy: Lombardy WHP Network 14. Norway: Idébanken (the bank of ideas) 15. Norway: Inkluderende Arbeidsliv = Inclusive work environment 16. Slovakia: Centre for Ancillary Work Železiarne Podbrezová (steel company) 17. Switzerland: Compasso 18. UK: Disability Confident scheme (DC) 19. UK: Fit for Work 20. Improving Lives. Work, health and disability (consultation) 21. UK: Macmillan – Working through Cancer programme
Job seeker	<ol style="list-style-type: none"> 1. Belgium: DUOday 2. Belgium: Paid Talent 3. Belgium: Rentree 4. Belgium: The Big C.Hallenge – Coffee, Cancer, Chances 5. Estonia: Eesti Töötukassa - Unemployment Insurance Fund 6. Spain: Fundación Manantial – Foundation the source 7. The Netherlands: ABN AMRO – Diversity & Inclusion 8. The Netherlands: Achmea Customer Contact Team 9. The Netherlands: ING – Untapped Talent
Self employed or stimulating entrepreneurship	<ol style="list-style-type: none"> 1. Europe – practical level: SEEDS project 2. Belgium: Z²O – entrepreneurship 3. Estonia: Eesti Töötukassa - Unemployment Insurance Fund 4. Finland: OTE key project 5. UK: Macmillan – Working through Cancer programme
Student graduate	<ol style="list-style-type: none"> 1. Europe, International – other: MSD and education (EU-OSHA) 2. Europe, International – other: The Chronic Illness Initiative (USA) 3. Finland: Youth Guarantees’ objective for young people 4. Ireland: Abbott Ireland Vascular Division 5. The Netherlands - other: REA college 6. UK: Cancer and work. For young people aged 16+
Young people	<ol style="list-style-type: none"> 1. Europe, International – other: JAN’s SOAR/Aks Jan (USA) 2. Europe, International – other: The SafeYouth@Work (ILO) 3. Belgium: The Big C.Hallenge – Coffee, Cancer, Chances 4. Estonia: Eesti Töötukassa - Unemployment Insurance Fund 5. Finland: Youth Guarantees’ objective for young people 6. Germany: Advisory council on social and legal aspects by congenital heart disease 7. Germany: Life after cancer 8. Ireland: Headway - Vocational training people affected by brain injury 9. Latvia: Youth guarantee 10. Sweden: "Samordningsförbund" – Interagency collaboration

	<ol style="list-style-type: none"> 11. The Netherlands: The Class – young people with acquired brain injury 12. UK: Cancer and work. For young people aged 16+
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Besides the perspective of work, other groups are involved in the process of stay at work with a chronic condition or providing job opportunities for (young) people with a chronic condition or disability.

Educational staff	<ol style="list-style-type: none"> 1. Europe - practical level: ENETOSH
Health care professionals	<ol style="list-style-type: none"> 1. Belgium: Care Path 'Work' 2. Belgium – other: W² – Work Welfare 3. The Netherlands – other: Rheumatologists and work 4. UK: Fit for Work 5. Improving Lives. Work, health and disability (consultation) 6. Improving Lives. Work and Health Innovation Fund
Informal carers	<ol style="list-style-type: none"> 1. UK: Macmillan – Working through Cancer programme
Insurers health insurance accident insurance	<ol style="list-style-type: none"> 2. Europe - practical level: ENETOSH (accident insurance) 3. Germany: BGM-Innovativ (health insurance)
Policy makers	<ol style="list-style-type: none"> 1. Europe - practical level: ENETOSH 2. Europe - practical level: ENWHP 3. Europe - practical level: PATHWAYS Project 4. Europe - practical level: Brain, Mind, Pain 5. Europe - governmental level: CHRODIS Plus Joint Action – Employment 6. Europe - governmental level: ecda Call to Action 7. Improving Lives. Work, health and disability (consultation)

Auditory impairment	8. The Netherlands: Achmea Customer Contact Team
Brain injury	<ol style="list-style-type: none"> 1. Europe - practical level: Brain, Mind, Pain 2. Belgium: Paid Talent 3. Czech: ERGO Aktiv – living and working after stroke and brain damage 4. Ireland: Headway - Vocational training people affected by brain injury 5. The Netherlands: The Class – young people with acquired brain injury
Cancer	<ol style="list-style-type: none"> 1. Europe, International – other: Rehabilitation and RTW after cancer (EU-OSHA) 2. Belgium: Rentree 3. Belgium: Stand up against work by cancer 4. Belgium: The Big C.Hallenge – Coffee, Cancer, Chances 5. France: Cancer Plan (2014-2019) 6. Germany: Life after cancer 7. Italy: EMA- AHEAD and cancer 8. UK: Cancer and work. For young people aged 16+ 9. UK: Macmillan – Working through Cancer programme 10. UK: Work support service – Working Towards Wellbeing
Chronic pain	1. Europe - practical level: Brain, Mind, Pain
Heart condition	1. Germany: Advisory council on social and legal aspects by congenital heart disease
Mental health	<ol style="list-style-type: none"> 1. Europe - practical level: PATHWAYS Project 2. Europe - practical level: Brain, Mind, Pain 3. Asutria: In-house Crisis Prevention and Crisis Intervention 4. Spain: Fundación Manantial – Foundation the source
MSD musculoskeletal disorders	<ol style="list-style-type: none"> 1. Europe, International – other: MSD and education (EU-OSHA) 2. Germany: BGM-Innovativ
Rheumatic conditions	1. The Netherlands – other: Rheumatologists and work