



Education and Culture

Leonardo da Vinci



## THE SOCIAL RETURN PROJECT

# A Handbook on Social Inclusion

A Report on the Development and Implementation of  
a Multi-Disciplinary Approach to Rehabilitation and Integration  
in Education and Work of Disadvantaged (Disabled) People



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Akureyri University	Akureyri, Iceland
University of Maribor	Maribor, Slovenia
Valakupiu Rehabilitation Centre	Vilnius, Lithuania
University of Firenze	Firenze, Italy
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# INTRODUCTION

## THE BUILDING BLOCKS OF THIS HANDBOOK

The main aim of this Handbook is to describe the overall approach and some specific methods as developed, mutually exchanged and applied by the partners in the Social Return project.

In fact, the Handbook is more or less a track record of the development and results of this project and we would like to invite the readers to join and the experience and to learn from the development process and the pilots as much as we did.

We will start this overview with a description of the reintegration sector and the barriers to social inclusion that the partners witnessed in their respective countries. It is a summary, based on (fairly detailed) desk and field research that was carried out as the main part of Work Package 1 in the framework of this

project. The extended reports on the situation in each separate country can be found on the project website, which is located at [www.social-return.net](http://www.social-return.net), under the heading of “needs assessment”. In this particular case “needs assessment” should be understood as a analysis in rather general terms of the main obstacles faced by disadvantaged individuals before and during their reintegration process.

In Work Package 2 all partners gave an overview of their main instruments for carrying out the package of tasks and operations that constitute their approach to the Social Return process of individuals: assessment, physical and mental rehabilitation, education and reintegration into work. The instruments could either be part of the expert’s and institution’s routine, or they could be newly developed with little experience available yet on their impact. The methods, instruments and tools were also separately described in detail; these more detailed descriptions can be found on the website in the partner reports per country.

By describing and gathering these instruments (forms, procedures), the partners were already assembling a kind of joint toolbox, that would serve as the starting point of the development process of the project. The tools themselves were in fact immediately made available to the other partners to see if they would fit in their existing approach.

On the other hand, the partnership knew in advance that for a real multi-disciplinary approach additional instruments would be needed.



Perhaps the main lesson we learned from Work Package 2 is, that in order to make a multi-disciplinary reintegration methodology successful, a change of mind of the people involved and their institutions would be necessary. Throughout the analysis phase the partners came across numerous examples of how institutions and individual experts were not cooperating or not even communicating among each other about relevant aspects of the rehabilitation and reintegration process of their clients or patients.

And that observation provided us with the starting point for Work Package 3: the main aim of this work package, as described in the project plan, was to actually develop or build the overall multi-disciplinary approach, leading to the following outcomes:

- Providing a recognizable service package, containing a systematically ordered set of methods and tools for procedures and operation in the framework of social reintegration.
- Ensuring the effectiveness of the combined service packages offered as rehabilitation and social integration support to people in disadvantaged positions (disabled) by including:
  - state of the art assessment tools
  - training methods and programmes
  - physical treatment and mental support or social guidance
  - job coaching
- Contributing to a change of mind, enabling interdisciplinary cooperation for the benefit of reintegration clients between individual experts and their organisations.

This description is quite different from the one used in the project proposal and this change by itself reflects the ongoing development of ideas and views in an ongoing project and within a researching (and learning) partnership. Finally, this work package resulted in the design and production of **protocols for operations and procedures to be used experts working in teams or as individuals**. In the end these protocols were meant to serve effectively all those professionals (and even volunteers) who are giving support to disadvantaged people in their effort to stay or become recognized members of society (inclusion) as well as valued colleagues at work (reintegration).

Part of this holistic approach was the selection and further development of **specific tools for support, treatment, guidance and training**, these instruments being the building blocks of the intended multi-disciplinary method. Together they constitute a kind of general toolbox from which single items can be selected to be applied in the situations where they are appropriate. The toolbox as produced by the project may be similar and equally relevant for all countries represented in the partnership, but some items will most probably be country-specific and therefore less relevant in other environments. Still, the toolbox can be conceived as a universal set of instruments.

The protocols accompanying the instruments of the toolbox may well reflect country-specific legislation and procedures and also the rules and daily practice of the institutions and experts using them.

Nevertheless, when taking the form of lists referring to items that could be inserted in a rehabilitation and integration plan, these protocols may reflect a universal structure, underlying the country-specific and local varieties.

At the same time we had to keep in mind that the introduction or application of a new approach to social inclusion (be it holistic or of other nature) would require a change of attitude of the institutions, the management and the individual experts involved. We already hinted at this aspect above. Only when there is a general awareness that daily cooperation and communication is needed, we may expect the existing walls to be replaced by open doors. When studying and discussing the main thresholds to reintegration, the existing lack of cooperation between different experts involved in the reintegration guidance process of disadvantaged people should have been mentioned explicitly!

And as long as single disciplinary approaches seem to yield satisfactory results, experts will stick to their work in isolation: treatments, cures, therapies, training courses and support programmes will be carried out in the traditional way without taking into account what happens elsewhere with the same individual under treatment.

Therefore it was a distinct responsibility of the partnership to show in practice that a combined effort would be at least just as successful and preferably even more successful than other approaches.

## REASONS FOR A MULTI-DISCIPLINARY APPROACH

The starting point for the project was the repeated observation made by the partners in their national environments that rehabilitation and integration of disadvantaged people often involves different disciplines. Most experts representing these disciplines are well aware of the fact that other experts (representing other disciplines) can be involved just as much in offering support and guidance to the inclusion process of a disadvantaged individual or group, but this awareness does not always result in a coordinated effort.

Typically, experts will focus on their own contribution to the support process, to the training programme or to the therapy, without checking their input with the approach taken by others. It would even be better, if they were comparing and adjusting their methods in a cooperative setting, but this seems to be the exception yet. The differences between approaches may even culminate in a conflict of methods and in the worst case one approach will annihilate the potential beneficial effects of another. Even though this is probably not happening all the time, one may safely assume that when different approaches are not mutually adjusted, or when they are not scheduled in the best conceivable order over time and when intermediate and final results of various interventions are not communicated between the experts involved, this will inevitably lead to a loss of effectiveness of the support, training and guidance effort.



Talking about me?

The simple fact that, for instance, the financial problems of a disabled person are not taken into account and being dealt with effectively, may cause the whole effort of mental support and training to be in vain, as the student/client certainly will not be capable to concentrate on the learning content or on improving his/her assertiveness. As long as someone is worrying about how to pay the bills at the end of the day, he or she will not be an effective and efficient learner or worker.

Teachers, trainers, tutors and therapists often come across these problems when they investigate a lack of progress or unexpected failure of their client.

At these moments the client may come up with an unexpected explanation, like financial mischief or problems at home. And this may even lead to the conclusion that the invested energy is a total loss and that the client has to leave the programme!

In order to avoid such unnecessary and most discouraging failures a well balanced (holistic) approach is needed, meaning that the contributions of various disciplines are integrated into a single, overall plan. And this plan should be dealing with all relevant aspects of the inclusion and integration process.

Such a plan should take the personal background, the present situation and the future ambitions of the disadvantaged individual as a starting point, specifying input from various disciplines to achieve the desired goals. No need to emphasize that ambitions of individuals sometimes have to be “brought down to earth” in order to be achievable at all. For sure, that element of counselling is already understood as being part of a holistic or multi-disciplinary guidance approach.

# OBSTACLES AND THRESHOLDS AFFECTING THE REINTEGRATION OF DISADVANTAGED PEOPLE

## AIM AND CONTENT OF THE WORK PACKAGE

We assessed specific current needs and approaches used in partner countries as a baseline for the main goal of this innovative project. The project in general aims at developing a multi-disciplinary rehabilitation and reintegration programme for disabled persons with limited employment capability.

This first work package focused on general needs of the target groups and further detection of specific needs of participants adding to the effectiveness of the approach. A review of present practice revealed the demand for specific developments that individual partner organisations should focus on. In this work package, different viewpoints and aspects were covered:

- Definition of disability
- Specific policy and legislation
- Description of the practice
- Vocational guidance and training (rehabilitation)
- Education
- Employment
- Financial assistance and allowance
- Physical and communicational barriers
- Attitudes of NGO towards social inclusion
- New technologies in social inclusion and education
- Recognition of the problems
- Expectation of participants and relatives

The field and desk research leading to an analysis of the general reintegration issue was carried out in all countries represented in the partnership: Iceland, Slovenia, Lithuania, Italy and The Netherlands. The surveys and discussions of results focused on the target group of disabled persons with mental problems and disabled persons with physical impairment. The groups illustrate the different work fields of the partner organisations.

## Slovenia

The target group represents people with mental problems and people with head injuries (physically impaired). In each group, there are 20 participants, 10 women and 10 men.

Physical impairment: N = 20, average age = 31 year,

Mental problems: N = 20, average age = 28 years.

### Present situation

The Constitution of the Republic of Slovenia of 1991 defines Slovenia as a state governed by the rule of law and social state. This principle is realized with the system of social security, social insurance and guaranteeing the special rights of individual groups of the population. Legislation aimed at disabled persons is included in more than 60 laws. The Ministry of Labour, Family and Social Affairs with a Sector for people with disabilities have the main responsibility for the national policy.

### Recognition of the problems

Most emphasized is the problem of employment, which will be better, covered in the new legislation adopted in the year 2005 where quote system for private and public sector will be compulsory. Specifically younger disabled persons have serious problems with independent life, lodgings, employment and medical care at home. There is a well defined need for more services for all disabled people on the local level.

## Iceland

Fourteen individuals with physical disabilities participated in the research. Among those were people with arthritis, heart problems, skeletal problems, an individual recovering from embolism and people with accident related injuries. The type of mental problem was not registered, but in most cases there were accompanying physical problems such as skeletal problems, chronic fatigue syndrome, overweight, neurological problems and arthritis.

Physical impairment: N = 14, average age = 39,3 year,

Mental problems: N = 11, average age = 36,4 years

### Present situation

Currently, people in Iceland with special needs are facing some problems because those with psychiatric illnesses get caught between the social services and medical services, due to inconsistency in laws and regulations. In The Icelandic National Health Plan to the year 2010, objectives are set regarding mental health. The document states that the prevalence of mental disorders in 1994 was 22% and one of the main objectives is to reduce this by 10% before the year 2010. In the Act of Law on the Affairs of the Handicapped it is stated that those who are mentally or physically disabled are entitled to services according to the law. This refers to "mental retardation, psychiatric illness, physical disability, blindness and/or deafness". Services are provided to those who have been diagnosed by The State Diagnostic and Counselling Center, in the case of children up to 18 years old - or adults who have been evaluated by the State Social Security Institute.

### **Recognition of the problems**

Part of the problem in Iceland is the lack of a clear directive from authorities regarding rehabilitation issues. Such a directive, built on today's ideologies is extremely important. System "walls" must not hinder individuals from getting service when needed. To meet this aim, information and education for the individual concerning his/her disability is crucial. The financial stimulus for poorly paid people to get registered as invalids is extensive. For invalids already registered on the other hand, there is little or no financial gain in rejoining the labour market unless one gets a well paid job. The method depends exclusively on medically orientated evaluations, instead of looking at the individuals' possibilities regarding vocation. Due to this, Icelandic service providers are too often put in a position where they can not be certain whether the individual is entitled to the service.

### **Lithuania**

Eighteen disabled people took part in the research: 3 women and 15 men. The major part consists of younger adults under 40 years old. Total average of the respondents age was 32,4 years old (31,9 - for men, 35,3 - for women). All the women who took part in the research were under 40 years of age. This young age of the respondents is understandable, since the population of surveyed people is purposefully selected according to the characteristics of disability: most of the injury and accident victims are young people.

### **Present situation**

After the reinstatement of independency, Lithuania started not only administrative and economical reforms, but also strong reformations in social policy. All the governments of reinstated Lithuania have paid a lot of attention to the concerns of the disabled.

Many laws and directives were adopted in the years between 1992 and 2004. Currently, a new variant of the Law on Social Services is being prepared. Not only the conception of disability is changing, but also significant legal and practical steps are being taken to improve and reform the existing situation.

### **Recognition of the problems**

The new century in Lithuania is characterized by planning timely the needful devices for the integration of the disabled on purpose to set new priorities. Implementation of the National Program of the Disabled People's Social Integration for the year 2003 - 2012, which pays particular regard to the disabled people's medical, vocational and social rehabilitation, development of independent living skills and fulfillment of special needs, reveals problematic areas:

- Physical environment.
- Services of the disabled's rehabilitation are developed inadequately.
- Insufficient collaboration among institutions.
- Due to inappropriate informational environment and shortage of modern computer technology, the disabled have no possibilities to access sources of information.

## The Netherlands

Atrium's regular target group and especially the group of participants in the Social Return project consists of people showing the usual characteristics of disadvantaged unemployed people, to be summarized with a simple but delusive phrase: complex personal circumstances, who might benefit from adapted and highly flexible training and guidance programmes as part of an integral and coherent action plan leading towards employment and social integration.

### Present situation

Apart from the paragraphs and articles in the Constitution and the additional Legislation devoted to fundamental issues of equal rights and opportunities, there is a separate but related part of legislation in The Netherlands dealing with necessary provisions and aids or tools for people with special medical or social needs: the Disabled People's Provisions Law. This operation of this law is fully decentralized: the local authorities, i.e. the Communities where the Administration operates under the supervision of the Community Council, are responsible for a proper and adequate application of the rules.

In practice this means that clerks at the local community or town office will have to judge the necessity of a special provision requested by a disabled person with regard to the living environment, transport and specific tools or medical aids (like an elevator at home, partial reconstruction of a house).

Apart from that, the Community Council will have to undertake actions at Community level as well, ensuring the accessibility of public buildings (including facilities for sports and cultural activities), roads, sidewalks, passenger crossings, parks and the general availability of IT services to people with special needs.

### Recognition of the problems

In summary and apart from the obvious physical obstacles and thresholds that are still abundant, the main barriers to social integration (education and employment) of disabled people seem to be the following:

- The omission in the Constitution and further legislation to actively secure an equal position for people with chronic diseases and disabilities.
- Accessibility and adaptability of education and training programmes.
- The still existing gap between special education and the "outside world".
- The system, structure and procedure with regard to the social and economical (re)-integration of unemployed people with a (partial or work related) disability is very complex and for that reason alone not transparent enough to people with limited cognitive capabilities.
- Some of the rules display an unintended exclusive nature.

## Italy

The target group selected for the Social Return pilot program was composed of 12 people, 7 women and 5 men. They either suffered from so-called mental problems or physical impairment, or have been unemployed over a long period of time.

### Present situation

The principle of equal treatment for disabled people is written in the Italian Constitution of 1948 that already affirms the equality of all citizens regardless of their personal and social conditions, as well as the right to education for the invalid persons. In matter of disability, the cultural approach, the mentality and the legislation started to change in the sixties of the past century. In 1962, Law n.1859 that created a compulsory Unique Middle school of three years after the elementary school abolished special classes for disabled students (article 7). In order to implement the Law, necessary supports for disabled pupils' integration in compulsory education (elementary and middle school) had to be foreseen.

Since then, notable advances have been made in the norms concerning disabled people as far as their social integration is concerned. A general policy on disabilities has been fixed in 1992 with Law 104/92, which defines a series of rules related to the fundamental rights of disabled persons (care, rehabilitation, insertion and social integration, services of personal help, education, scholastic and working integration, architectural barriers, etc.).

The existence of a relatively adequate legal framework doesn't mean, however, that the social integration of disabled people in Italy is satisfactory. The implementation of the Laws depends largely from the Regions, the Municipalities, the quality of the existing Social Services and, in general, from the local contexts (for example from the level of unemployment etc.).

### Recognition of the problems

The condition of disabled people suffers of the contradictions of the Italian welfare system. Differences in the quality of Social Services are great between the Northern and the Central part of the country on one side and the Southern part on the other side. Some cultural aspects play as well a role in the good implementation of Laws on disability: the culture of the solidarity is more spread in the Central part of the country (traditionally politically left-oriented) than in other areas. It is not by chance that Emilia-Romagna and Tuscany have the best practices regarding the support provided for disabled people.

The selective approach is still dominating in the Italian school (opposed to the individualized educational project foreseen by the Law). Factors, that affect deeply the social integration of disabled in Tuscany are: high levels of unemployment in some areas of the country, lack of awareness about the issue of disability, affecting the attitude of employers and general population, the differences in the quality of Sanitary and Social Services between one Region and the other or even between one municipality and the other.

## PROCEDURE AND REPORT

We developed three short and simple questionnaires to assess the situation and perception of problems in the group of persons with disabilities, nearest relatives to persons with disabilities and for the members of non-governmental organisations (NGOs) in each partner country. These questionnaires are included at the end of the overall summary which is located at [www.social-return.net](http://www.social-return.net), together with the extended reports per country; these can be opened using the active links in each country's short summary.

The situation in the partner countries and within the participating organisations in the Social Return project is very different, according to different viewpoints one could take. Therefore, a direct comparison is not possible. However, we were able to describe the situation and recognition of the problems in each participating country.



# AVAILABLE TOOLS FOR REINTEGRATION

## INTRODUCTION

In Work Package 2, we collected data on local services, cost distribution and provision of services regarding **independent living**. The aim of the work package was to establish collectively used instruments to be used in the Social Return Project and to collect data on services provided in each country.

We collected concrete information from professionals who work in the field all year round, and asked these professionals to list the instruments/scales they use most frequently when working with SR's target group, that is people with physical disabilities, and mental health problems. We also looked at what kind of services the participating countries were offering and how much the distribution of expenses.

The instructions given with WP11 were divided into the following, self-explanatory sections:

1. Instruments or scales used for disability/psychological analysis
2. Description of local service providers and the distribution of expenses
3. Independent living - provision of services - distribution of expenses
4. Ideologies of pedagogy and training

We developed various questionnaires which were given to professionals working in the field. In these, they were asked to describe three of the most common instruments they use in disability/psychological analysis, how they function and what kind of results they give us.

Furthermore, we asked for information regarding services, such as:

- Name
- Type of service and provider (private - government)
- Place of service (home - away)
- Description
- Rules regarding the service (max visits/application process/only for selected/etc.)
- Overall expenses
- Percentage of OE that patient pays

The last questionnaire was intended specifically for collecting data on new technologies used in services. The Dutch partner used this document to describe the Digital Portfolio. The complete reports can be found on the project website: [www.social-return.net](http://www.social-return.net).

## SUMMARY OF THE AVAILABLE TOOLS

### Italy

The main focus was on the Health Local Unit 4 (USL4), of the city of Prato. Participants were divided into two groups, in accordance with their profession;

- a) Psychologists and psychiatrists - four interviews taken
- b) Counsellors, trainers, managers - two interviews taken

Among the scales/tests mentioned in part a), where the Rorschach, LEITER- R, PEDI, Denver Developmental Screening Test, ABC Movement, Gross Motor Function, MMPI-2, WAIS-R, Bender Visual Motor Gestalt Test and Competences Analysis.

Other scales, techniques and opinions were also listed. These, as well as more information on each scale can be seen in the complete report.

In part b) of the Italian report two other instruments are listed. These are the grid for collecting data on the person and the grid of analysis of professional inclusion.

### Services

Among the services mentioned were:

- Inclusion and integration of disabled people.
- Preparation of individualized therapeutic projects.
- School integration.
- Other education and training aiming at developing personal abilities.
- Transport services.

### Iceland

The main focus was on local services, such as the TS School and Social Services, the TS Health Centre and Husavik College.

### Scales/instruments

Six of the questionnaires sent out, were returned.

Among the scales/instruments mentioned were OCAIRS, Sensory Profile, The Functional Wheel, WRI, COPM, MADRS, WISC III, WPPSI-R and CARS. More information on each scale can be found in the complete report.

## Services

Among the services mentioned were:

Services outside the client's home

- Interviews with a psychiatrist
- Physical Therapy
- Occupational Therapy
- Social Counselling
- Personal Support
- Financial Counselling
- Medical Services

Services at home

- Home Support
- Social Home Support
- Enhanced Personal Support

## Lithuania

The main focus was on services provided by the Valakupiu Rehabilitation Centre (VRC), being the Lithuanian partner organisation in this project, providing a comprehensive range of services to their clients.

### Scales/instruments

Fourteen professionals were asked to answer the questionnaire, psychologists, social workers, vocational trainers, employment specialists, speech therapist, doctors, occupational therapists and physiotherapists.

Among the scales/instruments mentioned were, Functional Capacity's Evaluation, Documentation of IMBA Capacities Profile, Functional Independence Test, Evaluation of Barthel Index, Krepelin's Method on Attention's Evaluation, Intellection's Evaluation 4 - 1, Raven's Test of Progressive Matrixes, Independent Vocational Choice Making Questionnaire, MELBA/IDA, Client's Social Anamnesis.

More information on each scale can be found in the complete report.

## Services

VRC provides a range of vocational rehabilitation services for people with disabilities:

- Vocational orientation and counselling;
- Vocational skills assessment;
- Work rehabilitation;
- Vocational training;
- Job search and employment support;
- Work therapy;
- Independent living skills training;
- Driving skills assessment.

## Slovenia

The Slovenian contribution focused on the most commonly used instruments which have been used at the Institute for Rehabilitation of the Republic of Slovenia.

### Scales/instruments

Among the scales/instruments mentioned were, The Wechsler Test of Intelligence, Rorschach, LTB, Assessment of Work Behaviour and Self-Assessment of Work Behaviour. An extensive list of scales/instruments that are being used, as well as further information regarding those mentioned above, can be found in the main report.

### Services

Services at IRRS

- The instrument of opinion on the rehabilitation level of personality
- Psychosocial rehabilitation
- Rehabilitation on work-place

Services at home

- Family help at home
- Children and young adults with special needs
- Family helper
- Various health services and services provided by NGO's

## The Netherlands

For the Dutch situation Atrium's reintegration department served as an example of a small reintegration and training unit, offering a similar set of services as other small reintegration and training organisation might offer. At the same time we should take into account that Atrium's approach of offering fully individualized programmes to unemployed clients, makes it's position in the Dutch reintegration market rather unique.

### Scales/instruments

Client Intake Form: Individual Training Needs Assessment, Individual Training Plan, Individual Progress Report Form, Pedagogical Assessment System, PAS.

An easy to use version of the PAS system is presented to a non scientific audience in the easy accessible learning environment (designed for people with learning problems) at [www.on-line-on.eu](http://www.on-line-on.eu). The theoretical background and a detailed description of the method itself can be found in the Expert Section of this website, the official platform of the Leonardo da Vinci supported project Online.

More information on each scale can be found in the complete report.

### Services

- Centre for Work and Income (general public service)
- Integration Service Provider, Integration Agency (external or internal when necessary)

New Services/Technologies

Digital Portfolio or E-Portfolio (see the link to the detailed description in the full report).

## GENERAL OUTLINE OF THE MULTI-DISCIPLINARY APPROACH

In this project, being funded by the Leonardo da Vinci programme for the innovation of vocational education, the obvious focus is on inclusion and integration by means of vocational training, which includes among others:

- facilitating access to VET;
- providing target group specific support and facilities;
- modifying the programme and teaching methods according to observed or reported needs;
- providing adequate and adjusted or partial qualifications;
- enhancing progress to the next higher level of qualification;
- supporting employment of graduates;
- offering life long learning possibilities.

The list could easily be prolonged or be more detailed, but this set of requirements seems to include the basic elements of promoting inclusion and reintegration as a continuing process, within the general context of vocational education and training.

**It is of vital importance that all professionals as well as volunteers who operate as facilitators of any kind in the rehabilitation and reintegration process of disadvantaged unemployed people, understand this process as a continuous development of the individual, within and with the social environment. Changing and actually improving the physical and/or mental capabilities and even the professional competences of an individual, will not only affect the individual in a positive way, but it will also require a change of perception by the environment.**

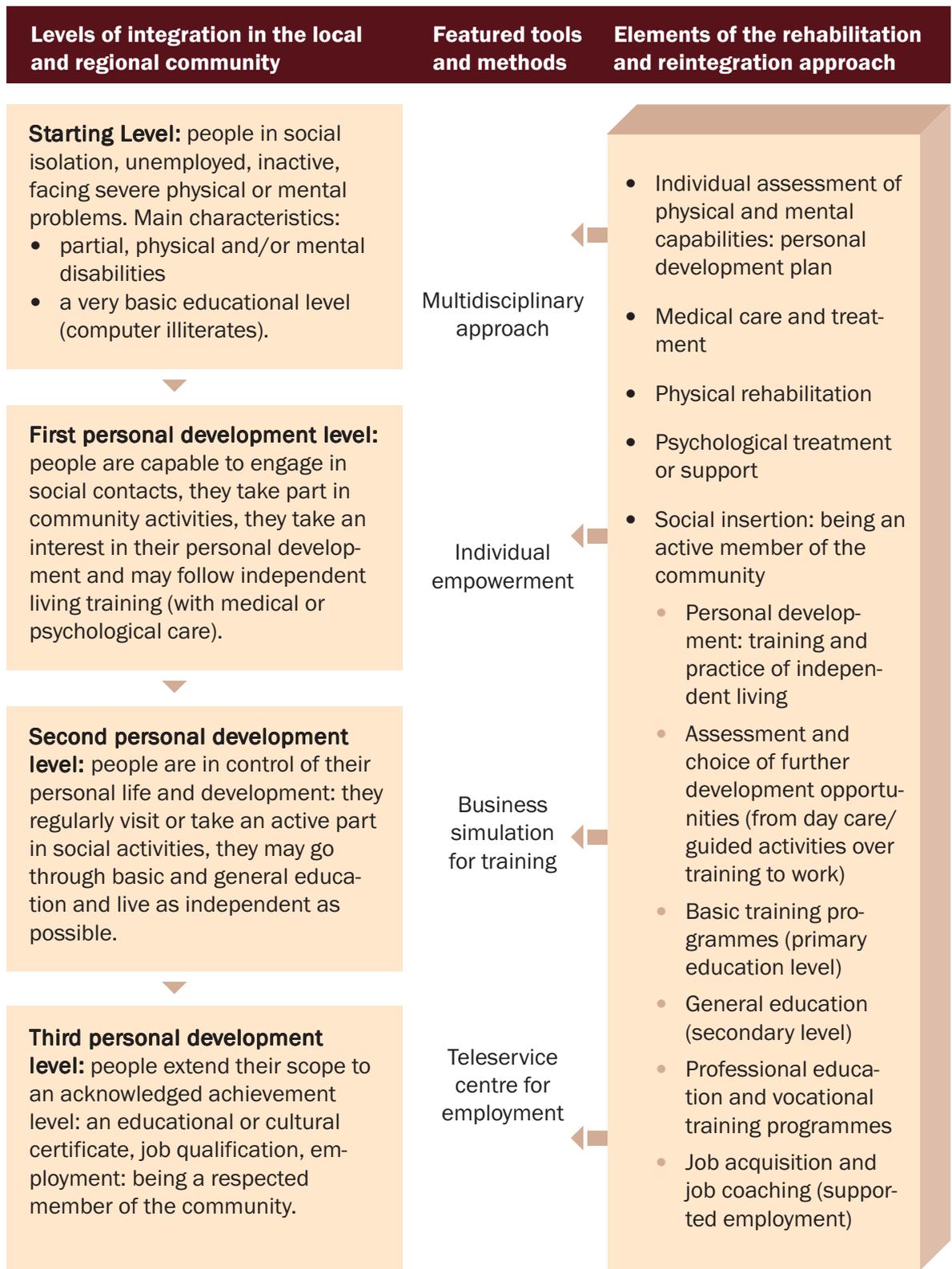
People will have to change their opinion of someone they knew as being low skilled and incapable of many things, into the well deserved esteem for someone who makes a stronger and better contribution to society than before. Time and substantial efforts may appear necessary to enhance the acceptance by the environment of this improved performance by the individual. In other words: there is a real risk that some people will simply stick with their prejudice against disabilities and their existing impression of the person they have known for so long as being disabled or ill.

Therefore we may safely state that the reintegration support process, as carried out by professionals and volunteering the experts, cannot stop at the front door of the institutions and centres involved. Even long after regaining full physical or mental health and balance, the battle of the individual against the negative impressions in the environment, be it people in the direct neighbourhood, local or regional authorities or potential employers, may continue. And ever so often this battle may turn into an internal mental struggle against the negative impact of external influences. The process of support during rehabilitation and reintegration should not stop suddenly, it should fade out slowly when things continue to improve and the client becomes a more and more acknowledged member of the community.

The continuity of the rehabilitation, integration and inclusion process (in terms of a personal development model) is also but in another way reflected in the next scheme. In this scheme subsequent levels of individual or group development have been specified. These levels have been related (rather loosely) to the elements of integration support as listed on the right side of the scheme. The scheme also highlights a few methods and instruments in the middle part. In fact, this model summarizes a holistic inclusion approach, seen from an educational perspective.

It is the partnerships' preliminary reply to this question: if we would like a disabled or otherwise disadvantaged individual or group of persons to complete vocational training successfully, what methods, instruments or tools should we use?

Scheme 1: Levels of personal development and social inclusion



In the next chapter we will present a discuss some tools to enhance this process.

## PROTOCOLS FOR PERSONAL DEVELOPMENT SUPPORT

Within the framework of the Social Return project, the design of a general protocol is meant to facilitate and record a clients' progress from one level of personal development and achievement to the next higher level.

Using a protocol means that we move from a previous informal development setting to a formal one. Nothing more and nothing less! In a formal setting the required facilities and means are being allocated systematically and purposefully and that is in fact the main difference with the informal stage. Individuals are developing anyway and continuously, whether they have been formally encouraged to do so or not.

Formalizing the individual development should be based on a plausible assumption or a conviction with sufficient backup, that a person is capable of making substantial progress in improving his or her situation. This means that a client will attempt to reach the next higher level of personal development (see the scheme above) or that he/she will complete a certain number of well defined steps in that upward direction. Again, the protocol serves only to direct and record this process, the achievement goes entirely on the beneficiaries' account and on those of the supporting experts.

And although such a development is viewed by the authors as desirable, designing and providing these protocols within the framework of this project does not mean that we want to impose or force a development plan on any individual, as some may face too high obstacles to engage in such a programme. The instrument as such is not intended to be prescriptive or imperative with regard to the individuals' ambitions: they have to be developed in a natural way, which may of course involve some stimulation and "directive guidance" by others. There should be no doubt however that the beneficiary is really pursuing his or her own goals in life and not just following some rules stated by other people. Situations like the latter occur (and they may be perfectly justified) in "corrective programmes"<sup>1</sup>, but that is definitely not what we are dealing with when talking about social inclusion and work integration of people in disadvantaged positions: the personal development process should be in line with the potential and ambitions of the clients or beneficiaries involved.

In many cases it is perfectly acceptable that an individual refrains from painstaking efforts to improve his or her position, as progress is hardly possible anyway and stability of the situation is an achievement already<sup>2</sup>. To imagine this, one may think of ongoing or unsolved medical, mental or social problems that consume all available energy.

For those who actually enter a "social return" programme, an accompanying protocol to direct and guide their development process will be more than helpful, as well as for those who are involved in any kind of support during that process (medical treatment, social guidance, education and training, et cetera). The protocol should be transparent: easy to use for everyone involved, accessible and understandable for the client, if possible.

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<sup>1</sup> In a corrective action the needs of society prevail and the individual is simply forced to comply; in an inclusion and reintegration programme the capacities of the individual come in first place and whatever other people expect, is or should be an issue of secondary importance.

<sup>2</sup> Perhaps this comment is redundant, but the author wants to emphasize that stabilizing the personal situation is a valuable kind of development as well.

## ASSESSMENT OF THE STARTING LEVEL

Whenever a client enters a programme for personal development and improvement, we need to make sure what the present situation is by means of an initial assessment, which may involve joint intake and/or evaluation sessions and various kinds of tests and measurements. The assessment may be based on a short investigation or a thorough and extended research, but in any case it has to be explicit with regard to the methods and instruments used. This will enable other experts than those involved in the assessment to establish the value or status of this initial assessment.

Initial assessment is a core element of the **personal development protocol**, providing a specification of the individuals' background (medical history, previous education etc.). Next, it also formulates the first steps in the development process as advised by the assessing expert. If more than one expert is involved in the initial assessment<sup>3</sup>, the consistency of their advise has to be checked and a time schedule or a logical order of the steps mentioned has to be proposed and checked with the stakeholders.

Therefore, using a **personal development protocol (PDPro)** simply requires the involvement and continuous availability of a process coordinator (who may be selected from the team of experts involved). Of course the beneficiary or client could and should engage as much as possible in the coordination process and this active involvement should be encouraged. But in many cases a disadvantaged person is not in a position or equipped to overlook and supervise the social inclusion and work integration process. When an individual is in need of external support and guidance, we may assume that coordination of the development process requires professional support and guidance as well. In the Dutch situation for instance, protocol coordination seems to be a natural responsibility of the reintegration coach at the social insurance institution (UWV). This reintegration coach is supervising the work reintegration plan as laid down in the so called IRO (Individual Reintegration Contract).

The IRO is to some extent comparable to the social return protocol, but it covers only part of the social integration process of the individual and it applies only to a limited number of people. It seems wise to appoint as protocol coordinator the person that plays the most central support role in the inclusion process, as this person will have frequent and face to face contacts with the beneficiary. It is most probably not the "highest ranking" expert (from a scientific or organisational point of view) who should be supervising the inclusion process and protocol handling. Instead it seems far more important for clients with a modest or even fragile personality that the coordinator is a person with whom they have built a relation of confidence and trust already. When that person lacks the necessary expertise to be protocol coordinator, a joint tutorship with a professional may still be preferable to imposing a complete stranger on the client.

Both the physical and the emotional distance between the protocol coordinator and the client are important to consider: the less outspoken the client is, the more urgent it is to involve someone close to him or her. Needless to stress that the client should be consulted in this issue.

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<sup>3</sup> Any assessment may consist of separate parts that were carried out independently, for instance a medical check by a doctor plus a cognitive test by a psychologist. The protocol forms and tables may be used by the coordinator to assemble all relevant information, without the external specialists using them at all.

In two other projects (both funded by Leonardo da Vinci) similar types of personal support for disabled people have been described. The **On-line project** focuses on and addresses directly the target group of people with special educational needs (SEN), including people with mental disabilities. It has resulted (among other products) in the development of a training programme for a future **Mentor**. Mentors are full and semi-professionals who give support to people with SEN in their development to become as independent as possible through an active engagement in learning. Enabling and guiding the learning process, also by instructing and teaching themselves, is one of the core tasks of a mentor.

In the **Gambe-project** the Dutch contribution consists of the development of a training programme for a **Personal Assistant**, who's main task will be to support and promote independent living for people with disabilities, especially people with psychiatric and complex mental problems/diseases. Although they are not exactly the same as the integration process coordinator that we have in mind for Social Return, their functional profiles contain significant and relevant overlaps with the profile of a "Social Return process coordinator"<sup>4</sup>.

At the initial assessment stage, the personal background of the beneficiary or client will be reviewed in detail and the protocol form should reserve space for at least a summary of the most relevant data, as in the following tables. These tables can be adjusted, of course, according to national or institutional conventions.

The Personal Development Protocol consists of a set of tables, in which relevant information about the client and the reintegration programme can be stored:

#### **Initial assessment**

- Client data
- Personal history
  - education
  - medical data
  - leisure activities
- Present situation, clients' self perception
- Present situation, experts' assessment

#### **Initial assessment (continued)**

- Starting situation, clients' self perception
- Starting situation, experts' perception

#### **First actions**

- Expert advice
- Facilities and support checklist

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<sup>4</sup> For this reason reading more about these projects is highly recommended: [www.on-line-on.eu](http://www.on-line-on.eu) and ...

PDPro, Initial assessment

Client data	(brief descriptions for identification use only)
Last name + initials	
First name	
Street and number	
Postal code and town	
Phone number	
Nationality	
Personal ID-number	
Date of birth, Place of birth	
Male/female	
Marital status, home situation	
Children (gender and age)	

Personal history, education		Comments
Primary education	From ..... (date) To ..... (date)	
Secondary education: .....	From ..... To .....	
Further education: .....	From ..... To .....	
Data sources and assessment tools used		
Overall comments		

Personal history, medical data		Cures & medication, specialists involved
Physical impairments: .....	From ..... To .....	
Results and comments		
Chronic diseases .....	From ..... To .....	
Results and comments		
Hospitalization <sup>5</sup> .....	From ..... To .....	
Results and comments		
Data sources and assessment tools used		

<sup>5</sup> This term refers to any kind of long term treatment, rehabilitation or education in a specialized institute.

**PDPro, Initial assessment (continued)**

Personal history, leisure activities		Comments
Hobbies:	From ..... To .....	
Sport:	From ..... To .....	
Other:	From ..... To .....	
Data sources and assessment tools used		
Overall comments		

Personal history assessment is preferably restricted to those areas for which “hard data” can be retrieved or assembled. Other aspects of the clients’ personal background will be dealt with under the following headings.

The next section of the form could be split in two parts, meaning that the client will complete his/her part (with or without assistance of the expert or protocol coordinator), and that the expert will do his/her part (in the presence of the client or not). There is no objection at all against an interactive way of completing the form, as it only adds to the transparency of the protocol and the procedures around it.

PDPro, Initial assessment (continued)

Present situation	Clients' self perception
Personal aspects	I am (such and such a person), I know that I ... I want to (be, have) ... I dislike ... My limitations are ...
Social environment	I have (few, many) contacts with ... I would like to join or get in touch with ... I avoid ... (persons, situations)
Economic and financial position	I am financially dependent, but I want to be independent, because ... I am financially dependent, but I do not mind (too much), because ... I am independent and/but ... I should be independent, but my debts are a serious burden My income consists of ... I would like my income to be ...
Comments	

Present situation	Experts' assessment
Personal aspects	He/she is (such and such a person) and knows that he/she ... He/she wants to (be, have) ... He/she dislikes ... His/her limitations are ...
Social environment	He/she has (few, many) contacts with ... He/she would like to join or get in touch with ... He/she avoids ... (persons, situations)
Economic and financial position	He/she is financially dependent, but wants to be independent, because ... He/she is financially dependent, but does not mind (too much), because ... He/she is independent and/but ... He/she should be independent, but debts are a serious burden Clients' income consists of ... He/she would like his/her income to be ...
Comments	
Assessment tools used besides the interview	

As pointed out before, specific institutional conventions, national legislation and rules of conduct may require adaptations of these forms. Additional information may be required for some individual clients (for which the “comments” sections provide some space already). There is no objection to expand or change the content of these tables/forms, as our major concern is the involvement of all relevant parties to ensure maximum impact of the inclusion and reintegration effort. Therefore we are primarily focusing on procedures, more than on the exact content of the forms.

In all cases we need to respect the privacy of the persons incurred in these evaluations, as well as the transparency of the approach: all people involved should have a clear picture of what they are asked to do and of what will be done with the information they provide.

Storage of information is an especially important aspect and often forgotten: people are told who will use the information and for what purpose, but not where the information will finally go, how long it will be kept and who is in charge.

**As a rule we could state that the protocol coordinator is in charge of information storage, providing access to the files only to the client and to those approved by the client.**

## SHAPING THE PROGRAMME

As a next step we start to look forward: we want to make sure what the client's ambitions are and we want to know how he/she perceives the situation and environment. The experts and the protocol coordinator will have to look sharp for discrepancies between the clients' perception and their own estimate of the clients capacities and future opportunities. It is imperative that any doubts with regard to what the client thinks he/she can do or achieve are discussed explicitly and in an open atmosphere: the client's view or wishes should not be "under attack". To be sure, a decision can very well be based on a benefit of the doubt in favour of what the client wants or thinks to be capable of! But there are also reasonable limits to keep in mind, if only to avoid unnecessary disappointment and waste of time and money.

### PDPro, Initial assessment (continued)

Starting situation	Self perception
<b>Ambitions</b>	<b>Attitude towards the items below</b>
Training opportunities	I (do not) like learning, because ...
Training demands	For successful learning I need ... (learning methods, support)
Qualification	I would like to be/become ... After this qualification I would like to learn for ...
Employment	I want <sup>6</sup> to work full time/part time (number of hours per day/week)
Cooperation	I (dis)like working together with others
Organisational aspects	I can(not) cope with receiving orders, I (dis)like giving orders
Financial aspects	I want/don't need to earn my own income I want to earn at least ... a month/year
Physical aspects	I need ... facilities to learn and work (transport, adapted environment) I am capable of working ... hours per day
Emotional aspects	I can cope with any burden related to training and work, being ... I can overcome any of my physical or mental limitations, being ...
Comments	(I hate being questioned like this, because ...)

<sup>6</sup> The clients' wishes with regard to working hours, as opposed to his/her estimate of own working capacities as referred to under "physical aspects".

Starting situation	Experts' perception
<b>Ambitions</b>	<b>Attitude towards items below</b>
Training opportunities	He/she (dis)likes learning, because ...
Training demands	For successful learning he/she needs ... (learning methods, support)
Qualification	He/she would like to be/become ... After this qualification he/she would like to learn for ...
Employment	He/she wants <sup>6</sup> to work full time/part time (number of hours per day/week)
Cooperation	He/she (dis)likes doing things together
Organisational aspects	He/she can(not) cope with receiving orders, He/she (dis)like giving orders
Financial aspects	He/she wants/don't need to earn his/her own income He/she wants to earn at least ... a month/year
Physical aspects	He/she needs ... facilities to learn and work (transport, adapted environment) He/she is capable of working ... hours per day
Emotional aspects	He/she can cope with any burden related to training and work, being ... He/she can overcome any of the physical or mental limitations, being ...
Comments	(He/she hates being questioned like this, because ...)
Assessment tools used the interview	

<sup>6</sup> The clients' wishes with regard to working hours, as opposed to his/her estimate of own working capacities as referred to under "physical aspects".

## PLANNING THE PROGRAMME

The previous tables complete the pure assessment or evaluation part, now we enter the phase of carrying out what we planned. The activities foreseen need to be scheduled and the protocol should specify what is needed in terms of facilities, cures and support.

At this point it is the protocol coordinator who takes the initiative, while keeping the client involved as much as possible in taking decisions. The protocol coordinator will invoke experts where and when their specific expertise is needed. However, once experts are involved, the coordinator should be aware that from that moment on they will determine the actions within their specific field of knowledge.

Only before and after, but not during a therapy or training the coordinator is in charge: good doctors will listen to their patients and the ones who speak on behalf of them, but it is the doctor, not the patient, who knows what should be done. The doctor is in charge during the cure.

PDPro, First actions, expert advice

Actions, next steps	Specification of activity	Duration of activity
<b>Medical development</b> Physiotherapy Psychotherapy Other therapies Surgery General rehabilitation Additional medication		
<b>Personality development</b> Independent living training & support Assertiveness training Communication training		
<b>Educational development</b> Pre school or meta skills training  Pre-vocational training  Secondary education Vocational training at level 1 or 2 Vocational training at level 3 or 4  Academic education Job acquisition training	<p><i>The client needs basic skills (maybe including elementary personality aspects) in order to be able to follow training</i></p> <p><i>Compensating training before entering vocational course</i></p> <p><i>Special training methods needed?</i></p> <p><i>After entering or completing training at such levels the client may henceforth well be capable of handling future training needs without further support</i></p>	
<b>Finances</b> Budgeting support Debts arrangement		
<b>Employment</b> Job acquisition training Job coaching Career and personal development planning		
Comments		
Expert 1: name, function & discipline	<p><i>The same form may be used at the same stage by different experts</i></p>	

It is important to keep in mind that each action may lead to the enrolment of the client in a new setting (subscription to a course or hospitalisation, for instance), which may involve separate administrations. The forms used in those settings may or may not be part of the main protocol. In the case of hospitals and most therapies this will definitely not be the case, whereas in education the test results, evaluations and school reports are normally handed out to the student.

Such data and reports can be incorporated in a track record of the individual development, also referred to as the individual portfolio.

**In some cases it is unavoidable that the coordinator takes responsibility for keeping track of all activities, developments and intermediate status reports, a task for which specific checklists may be helpful. However, this responsibility should be transferred as much as possible to the client, who should be encouraged to record any relevant data about his/her development and personal reflections of almost any kind in order to include these in ongoing and future evaluations.**

On the next page a short example is given of a checklist to be used when entering a new stage in the development process; the list may be adjusted according to the needs of persons or institutions.

## PDPro, Facilities and support checklist

Location, service	description of adjustment, facility, service or support	Contact person	Date of request	Date of delivery
Home and neighbourhood				
Transport				
Work environment				
Training institute				
Therapy institute				
Etcetera ...				
Financial Affairs	(debts arrangement)			
Juridical and legal affairs				
Etcetera ...				
Comments				
Priorities in near future	Further coordination actions to plan			

Similar lists and tables can be used at any stage and at any decision point where the client will enter a new, distinctive stage in the personal development and inclusion process. More specific tables or lists may be used within separate institutions, reflecting and specifying their contribution to the development process. As pointed out before, many institutions for medical care and therapy have their protocol forms, records and pre-structured reports.

**For the sake of clarity and transparency we would like to suggest that other institutions and experts than these<sup>7</sup> will also adopt the approach of explicitly planning and documenting every relevant step, resulting in an overall protocol and reporting system, that will accompany the disadvantaged individual throughout the process of becoming an independent member of society.**

From this general outline of the clients' personal development protocol, relating the various tools and instruments for the enhancement of inclusion, serving the various experts that may be involved in the inclusion process, we will now move on to a new phase in the project development.

We will have a good look at the practical experience in the participating countries and the specific varieties of the general approach that were applied in the reintegration programmes that were carried out. The differences in approaches and methods used will of course reflect the variety in target group focus and the specific expertise of the project partners.

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<sup>7</sup> For instance institutes for special education or vocational training, social workers, financial advisors et cetera.

## REPORTS ON THE PILOTS IN THE PARTICIPATING COUNTRIES

### SUMMARY OF WORK PACKAGE 4: EXPERIMENTAL APPLICATION OF THE APPROACH WITH GROUPS OF UP TO 20 CLIENTS IN THE PARTICIPATING COUNTRIES

The aim of WP4 was to put the combined input of various disciplines into practice in order to obtain data for analysis, leading to a comprehensive understanding of all relevant aspects of the approach and improved results for the initial target group up to 20 participants. During year 2005-2007 the experimental application of the approach was carried out in all participating countries: Iceland, Italy, Lithuania, The Netherlands and Slovenia.

The approach was tested in various types of institutions. It was applied in a small reintegration agency in the Netherlands, in the employment centre of the Province of Prato in Italy, at a national rehabilitation centre in Slovenia and a rehabilitation centre in Lithuania and in a collaborative network of health care and family services institutions and a pension fund in Iceland.

The approach was deployed and tested with different target groups:

1. Unemployed people with disabilities and health problems;
2. Long term unemployed people;
3. Immigrants;
4. People in other disadvantaged situations (burn out at work and etc.)

#### Selection of the target group for pilot testing

Each partner was asked to describe how the target group for pilot testing of multi-disciplinary approach was selected, to provide information with what institutions it was collaborated, in what information sources the info about selection of participants was announced.

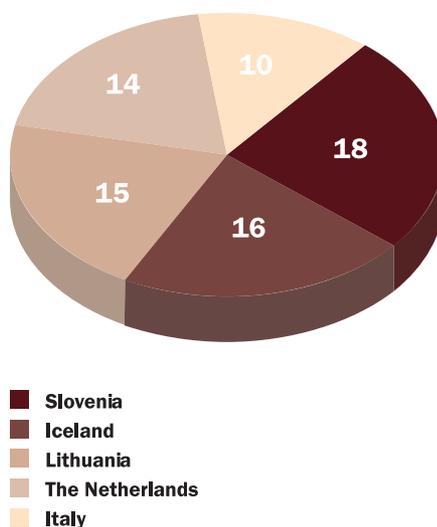
The selection of the target group for pilot testing was implemented according the situation of each participating country. For example Slovenian and Lithuanian partners selected people who were engaged in vocational rehabilitation programs in Institute for Rehabilitation, (Slovenia, Maribor) and Valakupiai Rehabilitation Centre (Vilnius). The candidates were identified by the help of social services' referents of Local Health Unit in Prato and professionals of Employment Center FIL spa in Italy. In Iceland the target group was picked up with the help of public health system institutions, Akureyri Family Services and North-Iceland Pension Fund. For selection of the target group the regular channels of the integration and employment support structure were used in the Netherlands.

To promote the favourable attitude towards Social Return partners made efforts to disseminate information about the project. Special extra campaign was launched by the Dutch partner - Atrium - towards reintegration coaches at the public institutions (budget supervisors), consisting of visits on location, including Power-point presentations of the intended approach and clear specifications of the expected beneficial effects. The invitation to participate in pilot testing was announced in the website of Valakupiai Rehabilitation Centre ([www.reabilitacija.lt](http://www.reabilitacija.lt)).

## Characteristics of the target group

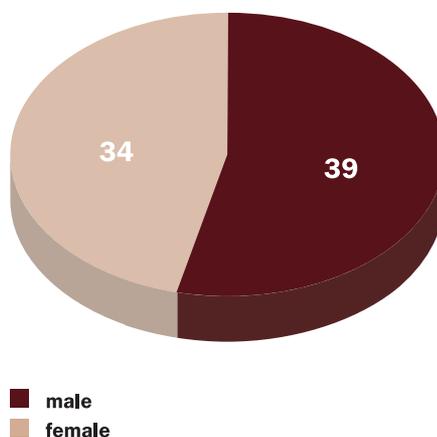
All partners were asked to provide detailed description of the target group of a pilot testing (family status, disability status, education, previous employment experience, received financial assistance and allowances, physical and communicational barriers in daily environment, etc.). Detailed descriptions of the selected target group are enlisted in each partner report on WP4. To sum up, 73 people participated in the experimental application of the multidisciplinary approach in different countries. Chart No. 1 below illustrates the quantity of numbers of the participants in each country.

Chart No. 1: The target group according to participating countries.



In the experimental application there were equal opportunities to participate for women and men. Nevertheless, 53 % of target group were men, and 47 % - women (Chart No. 2). The participants were from 16 to 63 years old.

Chart No. 2: Target group according to gender.



## The reintegration teams involved in pilot testing

All partners were asked to describe the group of specialists involved in the application of multidisciplinary approach. The summed up results are illustrated in the table No. 1.

Table No. 1: Reintegration/rehabilitation teams

Iceland	Italy	Lithuania	The Netherlands	Slovenia
Doctors	Employment experts	Case manager	Basic and higher level administration	Psychologist
Physiotherapists	Teachers	Vocational guidance	trainers	Economists
Occupational therapists	Tutors	advisor	Reintegration and career guidance specialist	Physician
Social educator	Vocational guidance advisor	Psychologist	Professional for individual assessment, re-integration guidance	Occupational therapists
Psychologists	Business tutor	Social worker	Professional for re-integration and career guidance, legal issues.	Instructors
Social worker	Coordinator	Vocational trainer		Social workers
Educationalists		Employment specialist		Technologist
Educational/vocational adviser		Physiotherapist		Employment experts
Financial advisor		Occupational therapist		Pedagogues
Teachers		Physician		Work organizers
		Nurse		

Internal teams of professionals were composed with the aim to put the combined input of various disciplines into practice in order to obtain data for analysis, leading to a comprehensive understanding of all relevant aspects of the approach and improved results. In all participating countries the strong emphasis was made on vocational guidance and training professionals. The Icelandic, Lithuanian and Slovenian partners in reintegration/rehabilitation team involved also professionals in order to increase functional capacities of the target group (physiotherapists, occupational therapists, physicians and etc.). In pilot testing related to empiric learning more emphasis was put on the involvement of technologists, work organizers, instructors (Slovenian partners). To ensure successful reintegration to the labour market of the target group employment advisors took part in each team. During the pilot testing the help of external professionals was assured as well in the form of consultancy of collaborating institutions. All of the above mentioned professionals had experience in their professional area, and therefore no additional training was required. However, a detailed introduction to the project and its aims was implemented before the start of pilot testing, as well as a constant coordination in order to plan, coordinate, monitor the activities of the professionals, was carried out during the experimental approach.

## The process of applying the multidisciplinary approach

All partners described the services the target group received during pilot testing. Putting the multidisciplinary approach into practice the following services and aspects was involved:

- Individual assessment (Assessment of physical and mental capabilities: personal development plan).
- Medical care and treatment (check ups by a doctor).
- Vocational guidance (Counselling and advice on vocational carrier, self-knowledge and vocational decision making).
- Physiotherapy and occupational therapy (Enabling to recognize own physical boundaries and develop methods to maintain or increase present levels of physical capability, working in the group or individually).
- Psychological treatment or support (Individual and/or group sessions with a psychologist).
- Assessment and choice of further development opportunities (from day care/guided activities over training to work).
- Basic and vocational training courses (scheduled on a part time or full time basis according to the needs of the group/the individuals).
- General education (secondary level).
- Professional education and vocational training programmes (formal and informal training programmes).
- Internships or training in a work place.
- Job acquisition and job coaching (supported employment).

In all participating countries participants of the pilot testing could enter the services above at any of the intermediate development or achievement levels, following the course of development that exactly matches their individual needs.

Partners from Iceland, Lithuania, The Netherlands and Slovenia were using the Protocols for Personal Development Support prepared by the Dutch partner - Atrium in Work Package 3 “Designing a holistic approach to social inclusion and work integration of disadvantaged (disabled) people”.

This tool was composed of:

1. Initial assessment;
2. Plan of first actions, expert advice;
3. Facilities and support checklist.

All partners adopted the tool according to their context of vocational reintegration, internal requirements and needs of the target group.

## Monitoring of the action

All partners were asked to describe how they implemented monitoring of action and outcome measurement. Each partner used tools and procedures according to their internal situation and needs of the clients.

In order to monitor the experimental application of the Social Return approach the Icelandic partner employed the protocol for personal development support (PDPro) and two tools:

- the clients “life-story”, i.e. in the very beginning the clients list up their life-story in a very detailed interview with a professional counsellor.
- ASEBA® Achenbach System of Empirically Based Assessment (an assessment tool that is used in the beginning and at the end of the rehabilitation process).

In Italy the activities have been monitored by administering self-evaluation questionnaires to the participants. Questionnaires had the purpose to evaluate: a) the degree of change (in regard to professional and relational skills); b) the degree of satisfaction (in regard to the organization of activities, and defined goals); c) suggestions for future activities. The members of the rehabilitation team have been involved in the monitoring with the purpose to integrate and eventually adjust the intervention. Coordination meetings were held with the specific goal to discuss the results of evaluations carried out by teachers and tutors in the classroom by using specific evaluation forms or carried out in an informal way.

The degree of agreement between the services offered to participants and expressed needs, was monitored and evaluated using the instrument of “Reasoned Resume”.

The Lithuanian partner used team work and progress report principles for the monitoring of the pilot testing of the multidisciplinary approach; professionals implemented monitoring tasks during the meetings and evaluated the progress of the client. The questionnaires for participants were used to get the feedback from the clients. The team is still in contacts via telephone or direct meetings with the target group. According to the data gathered in June 2007, 8 participants out of 14 are long-term employed or are working on the basis of the business certificate, 3 participants are extramural students in colleges, 1 participant is not working, but is preparing for prosthesis of the leg. The rest are still in progress for searching a job.



The content of the PDPro has also been used as the basis for reporting by the Dutch partner. The report could only be submitted when it bore the signature of the client. Reporting constituted a major element in the reintegration procedure and in the external evaluation of the process by the reintegration coach (budget supervisor). With a provisional success rate of 6 out of 12 unemployed people, i.e. employment after many years of unemployment and after overcoming major physical and mental obstacles, the score of the Social Return reintegration programme is remarkably high. In general, Dutch partner expects success rate of 75%, which seems more than justified and this clearly adds to the appeal of the Social Return approach. In Basic evaluation programme the Slovenian partners used a specific monitoring tool - feedback evaluation information from the target group. This tool enabled them to get information from those participants who finished the programme. For the target group involved in Practice firm programme Slovenian partners used telephone calls in order to know how the realisation of their activities is proceeding for six additional months. In Palm programme - training and work inclusion a constant monitoring of the participants.

For more specific descriptions the reader is advised to study the Icelandic, Italian, Lithuanian, Dutch and Slovenian reports for Work Package 4 (see below).

After completing the pilot testing of the multidisciplinary approach the final conclusion may be drawn that the multidisciplinary approach has a significant influence on turning the reintegration and rehabilitation process of people in disadvantaged situations into a successful operation. One of the main goals of the project "Social Return" was to create and test protocols for personal development support are a good supplementation and help for initial assessment, planning of the necessary activities and progress monitoring. For an adequate application, the tool needs additional adaptation and adjustment in relation with other services provided by the organization, internal requirements, as well as the legal and financial context in a country. Created and tested protocols for personal development support can be improved by employing ICT. ICT application for filling up the protocols would be good help for people with visual impairments, tetraplegia or those having other physical restrictions to write by hand. ICT application also enables them to apply some of the reintegration actions on distance, e.g. it is a necessary asset for people living in distant regions.

## Iceland

### Selection of the target group for pilot testing

- A board meeting came to a decision regarding how the participants would be chosen:
  - Individuals from the public health care system
  - Individuals from Akureyri Family Services
  - Individuals from North-Iceland Pension Fund (Lifeyrissjodur Nordurlands)
- Board members from each of the above mentioned institutions then introduced the project to their own colleagues, who subsequently made a joint decision regarding which individuals could be referred to the project.

Consultants from each organization then explained the resource to these individuals, and, with their consent, referred their cases to NIVR (North-Iceland Vocational Rehabilitation).

### Characteristics of the target group

- Gender → 11 females and 5 males
- Age → 25 - 46, average age 34,7
- Family status → 6 single mothers, three single persons and 7 either married or living with a partner.
- Disability status → problems related to the skeletal system, depression and social phobia. Learning disabilities and rehabilitation needed due to accidents.
- Education → all of the participants finished primary school (UK - O level). Three went on to college, but dropped out.
- Previous employment experience → each individual has a history of employment; recently stopped working. They have mostly worked in low-salary manual labour, one seaman.
- Received financial assistance and allowances → rehabilitation pension, invalidity pension and benefits from the North-Iceland Directorate of Labour and Akureyri Family Services.
- Physical and communicational barriers in daily environment, etc. → two of the participants suffer from limited mobility.

### The rehabilitation team involved in pilot testing

- Doctors, a GP and a rehabilitation doctor, evaluate physical and mental capabilities.
- Physiotherapists are in charge of physiotherapy and general physical training.
- Occupational therapists are in charge of occupational therapy.
- A Social Educator is the managing director, provides individual counselling, defines objectives in co-operation with the participants and is in charge of contracting with the State Social Security Institute.
- Psychologists work on a one to one basis with each participant, guiding them towards defined goals.
- A Social Worker is in charge of social work.
- An Educationalist acts as the contact with the Leonardo da Vinci project, as well as being a board member in North-Iceland Vocational Rehabilitation.
- An Educational/vocational Adviser is in charge of giving advice regarding educational and vocational issues.
- A Financial Advisor gives financial advice.
- Teachers, teach the participants.

### The process of applying the multidisciplinary approach

The kind of services the target group received during pilot testing.

- Education at a college level, 3,5 hours each day.
- Group dynamics, 4 hours each month, supervised by a psychologist.
- Interviews with a psychologist, 2-5 sessions for each participant.
- Interviews with a Social Worker as needed, in co-operation with Akureyri Family Services.
- Interviews with BYR's counsellors when needed.
- A course in finances, and guidance regarding re-financing.
- Check-ups by a doctor, twice during the period.
- Group exercise, supervised by a physiotherapist, two one-hour sessions each week.

An ASEBA® instrument is used at the onset of the rehabilitation service, as well as in the re-assessment process. Next spring, the Worker Role Interview (WRI-ÍS) will also be incorporated into the services.

An assessment team is formed, including three participants and the managing director.

A professional body, including a social worker, a psychologist, a physiotherapist, an occupational therapist, a doctor and the managing director of NIVR, are there to support and give guidance regarding the services.

### Monitoring of the action

In the experimental application of the Social Return approach the Icelandic partner has been using the protocol for personal development support, designed by Holland in WP III, with much contentment.

There are two things that we have added to that tool:

- the clients "life-story", i.e. in the very beginning the clients list up their life-story in a very detailed interview with a professional counsellor
- ASEBA® Achenbach System of Empirically Based Assessment, that we use as an assessment tool in the beginning and in the end of the rehabilitation.

## The tools used in Iceland

### Initial assessment

- Client data
- Personal history
  - education
  - medical data
  - leisure activities
- Present situation, clients' self perception
- Present situation, experts' assessment

### Initial assessment (continued)

- Starting situation, clients' self perception
- Starting situation, experts' perception

### First actions

- Expert advice
- Facilities and support checklist

## Italy

### **Selection of the target group for pilot testing**

The candidates were disabled people or people in other situations of disadvantage that were willing to access the Labour Market in regular employment and also in self-employment.

Besides unemployed people and people in search of their first employment, also employed people looking for a different job, were admitted to the program.

Candidates have been identified by holding consulting meetings with Social Services referents of ASL n. 4 of Prato.

Also, candidates have been identified among people who had contacted the “Target Employment Services for People at a Disadvantage” at the Employment Centre FIL spa. These people had already had an interview where they showed interest in self-employment and in taking part to activities that would help them to set up their own business.

Each selected person took part to an individual orientation session where he or she was informed in detail about the project, its goals, its activities, and was given any other kind of useful information.

The following selection criteria were used:

Strong and clear motivation to participate to the project, especially as far as motivation to self-employment was concerned.

Lack of subjective or objective bonds that would hinder the attendance capability and/or the capability to carry out the activities programmed as part of the training

Right of priority to women interested to enter or re-enter in the Labour Market

The project actions were advertised on the territory, in the following way:

Leaflets containing information about the project were posted up at the Prato Employment Center (located in Via Valentini, 7, Prato) and at F.I.L. spa headquarters ( located in Viale Borgo Valsugana, 69/71, Prato)

Publication of advertisements on most important local newspapers.



## Characteristics of the target group

Table 1

Subject	Gender	Age	Family status	Kind of Disability/Factor for Social Disadvantage	Education
1	F	49	Married, 2 children Disabled husband	Physical	Junior high school
2	M	25	Single	Psychological	Vocational training
3	M	40	Single	Psychological	Junior high school
4	F	38	Married, 2 children	Citizen of a country from outside the European Community	Senior high school
5	M	46	Single Dependent mother	Physical	Junior high school
6	F	51	Divorced	Over 50 year-old (Late introduction in the Labour Market)	Junior high school
7	F	53	Widow, 2 children	Over 50 year-old (Late introduction in the Labour Market) Physical	Primary school
8	F	30	Married, 1 child under 3 year-old	Physical	Senior high school
9	F	57	Married	Over 50 year-old	Senior high school
10	M	63	Married	Physical	Primary school

Table 2

Subject	Work experience	Financial Aids	Obstacles
1	Casual work as a saleswoman	Paid Internship (1260 euro x 3 months) Reimbursement of travel expenses	Need of home assistance to the disabled husband Low physical resistance to fatigue
2	(irregular) Casual work as a restorer	Paid Internship (1260 euro x 3 months)	Relational Low attention capability
3	Casual work in a factory of artisan products Protected work-experience with social-therapeutic purpose	Paid Internship (1260 euro x 3 months) Reimbursement of travel expenses	Relational
4	Office-worker in administration area (native country) Casual work in textile area	Paid Internship (1260 euro x 3 months)	Inadequate mastery of Italian language and inadequate information about how to access the resources of territory Difficulties in the textile area
5	Pluriennial work experience in textile area	Paid Internship (840 euro x 2 months)	Difficulty in using one's acquired competence because of difficulties in textile area
6	Pluriennial work experience as self employed (tourism)	Paid internship (1260 euro x 3 months)	Obstacles in finding a new job due to one's age Difficulties in textile area
7	Entrepreneur textile area	Paid Internship (1260 euro x 3 months)	Obstacles in finding a new job due to one's age Low physical resistance to fatigue Difficulties in textile area
8	Casual work in dressmaker's area	Paid Internship (840 euro x 2 months)	Low physical resistance to fatigue Making arrangements to take care of children Relational Difficulties in textile area
9	Casual work in administration area	Paid Internship (1260 euro x 3 months)	Obstacles in finding a new job due to one's age
10	Pluriennial work experience in textile and import-export area	Paid Internship (1260 euro x 3 months)	Obstacles in finding a new job due to one's age Difficulties in textile area

## Rehabilitation team involved in pilot testing

Professional role	n.
Responsible for employment of disabled people for ASL 4	1
Employee of Target Employment Service	2
Teachers	6
Tutor	2
Vocational guidance professional	1
Coordinator	1
Business Tutor (business)	10
Province employee	1

All of the above mentioned professionals had expertise in their professional area, and therefore no additional training was required.

However, a constant work of coordination in order to plan, coordinate, monitor the activities of the target group, was carried out.

### Process of applying the multidisciplinary approach

The target group received the following services:

- a) Lessons in the classroom for a total of 220 hours, with daily attendance, four hour-lesson per day. These theoretical orientation lessons are common to all participants and includes:
  - Analysis of labour market and study of feasibility of proposed ideas
  - Business plan
  - Start-up and management of a business\cooperative
  - Marketing
  - Laws
  - Grants, funds, facilitations
  - Management of Human Resources
  - Professional duties
  - Planning
  - Communication
- b) Supporting activities
 

A tutor supported the participants by helping each of them to develop an individual project where he or she could outline a plan on how to develop the business or professional activity of interest.
- c) Internships:
 

240 hours of Internship (four hours a day for up to three months) are also organized as part of the project activities. Internships will be done in local businesses, firms, etc., and have the purpose to consolidate, reinforce, update skills or attitudes that participants already possess or to enable them to acquire new competences and capabilities
- d) Allocation of supporting activities
 

At the end of the first phase, starting from May 2006, interview sessions with the target group will be held, using as an instrument the “Reasoned Resume”. The interview has the purpose to evaluate for each participant the degree of satisfaction of needs expressed before the beginning of the course, as well as to record unsatisfied needs, to which respond with specific supporting actions.

The instrument “Reasoned Resume” fulfils the request of promoting the adoption of an integrated approach among services and workers in charge of taking actions about the many discriminations of which disadvantaged people are victims, overcoming the narrow vision that often obstacle the accomplishment of successful and effective interventions oriented toward an holistic approach to face problematic experienced by such people.

This instrument is made of several sections aimed to gather data of participants in regard to: Personal data, relational-social-familiar condition, diary of contacts among the participant and the local services (Social-Health Services, Communes, the Work and Training Department, Associations of Volunteers, etc.), resume’ with information about education, work and training activities.

A section is filled in by the interviewer in order to record information and evaluations regarding:

- the degree of awareness that the person has of her\his own limits
- the family attitude toward the problematic of the participant

A section is filled in by the interviewer in order to gather information and evaluations regarding:

- facilities to activate in order to respond to specific needs (assistance at home, baby parking, facilitations for housing, financial aids, reimbursement of expenses for books, health assistance, physical rehabilitation, sport, cultural activities, and so on.)
- problematic areas (physical, psychological, relational-behavioural, social, cognitive, law settlements, economical, self-esteem, training, family)

For each of these problematic areas the kind of problem is recorded, as well as the degree of severity, local services involved, local services to involve, and the positive actions to activate the process.

The instrument is filled in by the employee in the territory that takes in charge the participant (Work and Training Service, Social-Health Services, and so on).

In case of our target group, interviews will be carried out by the tutor that has accompanied participants during the activities of orientation and training.

The results of interviews will be evaluated by a technical committee, made of employees of Local Services (Work and Training Service, Social-Health Services, and so on) with the purpose of selection, planning, and activation of services that can be effective answers to problems observed.

<b>Actions</b>	<b>Start</b>	<b>End</b>
Action A	June 2005	December 2005
Action B	May 2006	September 2006

### **Monitoring of the action**

The activities have been monitored, while in progress and at the end, by administering self-evaluation questionnaires to the participants.

The questionnaires had the purpose to evaluate:

- the degree of change (with regard to professional and relational skills);
- the degree of satisfaction (with regard to the organization of activities, and defined goals);
- suggestions for future activities.

The members of the rehabilitation team have been involved in the monitoring with the purpose to integrate and eventually adjust the intervention.

Coordination meetings were held with the specific goal to discuss the results of evaluations carried out by teachers and tutors in the classroom by using specific evaluation forms or carried out in an informal way.

At the end of Action B (supporting activities), on September 2006, the degree of agreement between the services offered to participants and expressed needs, will be monitored and evaluated using the instrument of "Reasoned Resume".

It is important to stress that thanks to inclusion of the territorial services for disabled persons in the World Wide Web (as described in work pages n.2 e n.3), it is possible to assure a continuous monitoring and the continuity of taking in charge each client, by activating the most appropriate service according to expressed needs in order to reach the final goal: to reduce the risk of social isolation and promote the employment of people at disadvantage.

## Slovenia

### Selection of the target group for pilot testing

For the target group, we have selected 18 persons who were engaged in three different programmes:

- a) Six persons in the **“basic rehabilitation evaluation” programme;**  
Disabled and hardly employable persons, who have severe difficulties with the inclusion into the working environment or have problems with their work, are registered into this programme. The programme is performed with a team. It lasts five to ten days. The programme goal is to gain the rehabilitation evaluation.
- b) Six persons in the **“practice firm” programme,** which is an integrated programme of empiric learning for the population of hardly employable and disabled persons. It lasts three months and is organised on the basis of working and exacting of a real working environment (eight hours per day) which enables acquiring the appropriate working physical condition. Work organisation in individual departments is based on team work with which the participant is enabled to gain experience with self-representation; they also get to know how to consider other co-workers, design joint goals, and develop responsibility. The participants are placed on the following workplaces: in secretarial and personnel department, financial accounting department, and marketing. Each workplace is equipped with a personal computer. The lowest required education is the 4th degree education or more.  
The purpose of the acceptance into the practice firm programme is to train the participants for the office business, because they are perfectly capable of doing it successfully. Some of them have already acquired the appropriate education; however, some would still need to get proper education, because without it, it is very difficult to find an appropriate solution for their employment.
- c) Six persons in the **“Palm” programme,** which enables training and work inclusion of the disabled and lastingly unemployed persons. The programme is based on the fields of manual paper production, manual press, manual binding, manual book binding, and the production of products, made of cardboard, leather, and hand-made paper. They are also producing didactic games, are repairing books, and many other things.

## Characteristics of the target group

### Sample description

#### *Basic evaluation programme*

- GENDER: Three men, two women.
- AGE: The average age is 38.5; the youngest participant is 16 years old (woman), the oldest 61 years old (man).
- STATUS: Three are married and three single; four persons are without children, one has two children, and one participant has three children.
- DISABILITY STATUS: One person has a 3rd category disability status and one person is a categorised youth (adolescent).
- EDUCATION: One is a pupil in the secondary school for children with special needs (woman), two have the 4th degree education, and three have the 5th degree education.
- AVERAGE LENGTH OF SERVICE: The average length of service is 12 years; the information is very variable and it ranges from 0 to 30 years.
- FINANCIAL INCOMES: The average financial income is 83,000.00 SIT (346.35 EUR<sup>8</sup>), the youngest participant is supported by her parents; the highest income is 180,000.00 SIT (751.13 EUR), two participants are receiving financial aid on the SWC (Social Work Centre), and three are employed.
- IMPEDIMENTS: Three participants receive psychiatric treatment, one participant receives treatment because of the psycho-organic syndrome and weak-sightedness, one because of speech and hearing disorder, as well as cerebral paralysis, and one participant receives spine treatment.

#### *Practice firm programme*

- GENDER: Two men, four women.
- AGE: The average age of the participants is 40 years; the youngest participant is 33 years old, and the oldest 53 years (woman).
- STATUS: Two participants are married, two are single, and two are divorced; four among them are parents, one has a child old enough to take care of himself, others are under age.
- DISABILITY STATUS: All participants have a 3rd category disability status and are all capable of working full time on a suitable workplace.
- EDUCATION: Two participants have the 4th degree education, others have the 5th degree education (two among them have already finished the qualification upgrade).
- AVERAGE LENGTH OF SERVICE: The average length of service is 17 years and it ranges from 9 to 24 months.
- FINANCIAL INCOMES: All participants receive monetary compensation from the Pension and Disability Insurance Organisation; on average, the monetary compensations amount to 75,000.00 SIT (312.97 EUR), and they range from 52,000.00 SIT (216.99 EUR) to 88,000.00 SIT (367.22 EUR).
- IMPEDIMENTS: Are mainly concerning the finding of the appropriate employment for the participants, because for employing them, the disability committee opinions must be taken into consideration. The problem for them is the understanding of the employer of their health problems, because in their work description there must be some standing as well as sitting, so that the workplace is to be considered suitable for them. The participants do not have psychological or communication problems and are successfully overcoming these problems. Two of them needed a psychiatrist.

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<sup>8</sup> Bank of Slovenia: Conversion rate 1 SIT = 239,64 EUR.

### *Palm programme*

- GENDER: Four men, two women.
- AGE: The average age is 33 years; the youngest participant is 24 years old (woman), the oldest 39 years old (man).
- STATUS: All are single and five are without children.
- DISABILITY STATUS: One has a 3rd category disability status.
- EDUCATION: Five have the 5th degree education and one has the 7th degree education.
- AVERAGE LENGTH OF SERVICE: The average length of service is 3.5 years; three participants have been employed prior to the acceptance into the programme, and three have never been working before.
- FINANCIAL INCOMES: The participants are being paid as public workers; on average, they receive 101,000.00 SIT (421.47 EUR), and it ranges from 80,000.00 SIT (333.83 EUR) to 120,000.00 SIT (500.75 EUR); they do not receive extra social (financial) help.
- IMPEDIMENTS: Some have psychical problems, some physical problems, they are not communicative, do not handle stressful situations well - most of them would have severe difficulties when working in real environment and so they are more suitable for working in a protected environment.

### **Entire sample description**

- GENDER: Nine men, nine women.
- AGE: The average age is 37 years; the youngest participant is 16 years old, the oldest 61 years old.
- STATUS: Twelve are single and six are married, among them there are seven with children.
- DISABILITY STATUS: Eight have the 3rd category disability status acknowledged and one participant has a status of categorised youth (adolescent).
- EDUCATION: One is a pupil of a secondary school, four participants have the 4th degree education, twelve have the 5th degree education, and one has the 7th degree education.
- AVERAGE LENGTH OF SERVICE: The average length of service is 11 years; it ranges from 0 to 30 years.
- FINANCIAL INCOMES: The average financial income is 86,000.00 SIT (358.87 EUR); the incomes range from 0 to 180,000.00 SIT (751.13 EUR).
- IMPEDIMENTS: Are described in detail under individual programmes.

### **Rehabilitation team involved in pilot testing**

The basic team that has carried out the testing was:

- Samo Pastirk, psychologist
- Zdenka Wltavsky, economist
- Andreja Kitek, economist

Teams performing individual programmes:

#### *Basic evaluation programme*

Physician, psychologist, social worker, occupational therapist, instructor, and technologist.

#### *Practice firm programme*

Into the work process, experts in the fields of office business (university graduated economists in the fields of sales, accounting, secretariate, computer engineers), pedagogues, psychologist, employment expert (expert in the field of employment).

#### *Palm programme*

work organizer, psychologist, social worker, two instructors.

## The process of applying the multidisciplinary approach

The holistic approach, which we are developing, has been included as a part of three broader programmes:

### *Basic evaluation programme*

The participant is directed into the programme by their physician, physician specialist, disability committee, or the Employment Service of Slovenia. Prior to the acceptance into the programme, a triage interview is performed. During the programme, all the medical and other documentations of the participant are studied, medical and psychological examinations, as well as the exploration of the social worker, are performed, and work potentials in various working cabinets are examined. In the process of treatment, we are co-operating with the health services, social services, and employers. After the conclusion of the programme, a suitable opinion regarding the work potentials of the participants are formed and presented.

The significance of holistic approach in the programme: The instrument which we are developing could be a good supplementation and help when reaching the end of the programme, as well as a great help with the planning of the necessary activities for the individual participant. For an adequate application (use), the programme would need additional adaptation and adjustment in co-operation with other professional workers.

### *Practice firm programme*

For the selection of participants, the co-operation with the Employment Service experts, who direct the participants into the programme, is required. The abilities for the acceptance into the programme are established with a test. The participants are then trained in professional fields, and are prepared for group and individual employment searching that should enable their (renewed) inclusion into the working environment. A realistic employment plan is made, and their realistic chances and abilities are being studied. Furthermore, steps with which all this is going to be realised are defined.

The significance of holistic approach in the programme: For the process of this approach, the health perspective is not that important. Moreover, there are no health workers included into the programme. Thus, this part of the questionnaire is less useful for the practice firm programme. Furthermore, there are less important fields, such as, e.g., hospitalization.

For planning and helping the participants, the following fields have proven to be useful: education planning, qualification upgrade and prequalification, employment, especially in connection with the Active employment politics programmes. For the programme planning, the data regarding the disability category and eventual psychical problems are important, as well. For a successful application of the holistic approach in this programme, the interview would need to be structured, so that it would develop the programme.

### *Palm programme*

In the Palm programme, the hardly employable persons with psychiatric illness experience and different forms of personality disorders are included. The engaged participants have already finished various forms of lengthy rehabilitation programmes, after which it has been established that they are incapable of direct inclusion into the real working environments.

The programme goes on daily - eight hours in the form of protected working environment.

The significance of holistic approach in the programme: The approach, which we are employing, could be applicable for monitoring the development and individual planning for participants who are engaged in the Palm programme. Furthermore, the approach should be a bit modified and adjusted to the further needs of the programme.

## Monitoring of the action

### *Basic evaluation programme*

After the programme is finished, it is possible to receive feedback evaluation information about three participants who have been directed to the disability committee. With the participant who is visiting the secondary school programme we are co-operating with the professional workers of her school. One participant is included into the long-term rehabilitation programmes where it will be possible to monitor her development. Furthermore, there is one participant who will be enrolled into the protected centre where his development will be possible to monitor, as well.

### *Practice firm programme*

After the programme is finished, the participants are being monitored to establish how the realisation of their activities is proceeding for six additional months. This usually goes on via telephone with occasional personal contacts.

### *Palm programme*

The Palm programme is active at our Institute for Rehabilitation and enables a constant monitoring of the participants.

## The Netherlands

### Selection of the target group for pilot testing

#### **Context of the multi-disciplinary approach**

#### **The Open Market Structure of Reintegration**

In the Netherlands the position of institutions operating in the field of reintegration has changed dramatically over the past decade. It was a deliberate policy of subsequent national governments to replace the previous “state controlled system” by an open market structure, allowing for competitive service offers from a range of providers.

However, the most important consequence is that unemployed disabled people in this approach are no longer perceived as patients or pupils, but as customers looking for the best service and products their money can buy. Clients of rehabilitation services are put in charge of their personal budget<sup>9</sup> with distant supervision from the public institutions that provide these budgets. First of all these customers have a choice between various service offers from reintegration agencies. And even if they have made a choice, but the actual service is disappointing in their view, they may change from one reintegration agency to another, taking their budget along.

This procedure applies to those who choose to apply for a so called IRO, an individual contract for reintegration activities. If the IRO is granted, the individual has reached the position as described above: he or she may act as a paying customer. For others the public institutions (social insurance and employment authorities) may look for the best reintegration or employment approach, acting as a representative of their unemployed clients. The position of the reintegration agency is basically the same, but the demand for direct justification of services and products towards the individual unemployed customer has quite another impact than a justification towards a distant supervisor at a public institution.

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<sup>9</sup> See the description of the IRO in the Survey Report for WP 1.

In the Social Return project we are dealing primarily with the “IRO-population”, which adds significantly to the challenge!

A most important consequence is that we were and are not in a position to select or even to invite a group for a pilot programme. All participants enlisted to the programme because they chose to do so, not because they were sent by anyone. Furthermore, in accordance with the strictly individualized approach as adopted by Atrium years ago, the participants started their programme at different points in time.

Enlisting and starting, as well as completing and leaving the programme is decided by the individual participant together with the reintegration agency (and with the consent of the budget supervisor).

### ***Size and position of Atrium in the Reintegration Sector***

Atrium is a small player in the Dutch reintegration market: according to a recent market research more than 2000 reintegration agencies are active in this sector. Given the fact that some 1000 agencies are serving less than five clients with an IRO, Atrium may proudly count itself within the larger half of this group. At the moment 12 clients are receiving support and guidance on their way to work.

Employment is the only substantial criterion for success, as far as the official rules of the supervising institutions are concerned. Personal well being is of course taken into account, but the financial reward for a reintegration agency is directly and exclusively related to achieving the employment objective. Social or cultural aspects of reintegration are not a measure for success, although these may be taken into account as an achievement by the individual reintegration coaches supervising the reintegration process.

Consequently, a large number of reintegration agencies only pay lip service to highly valuable aims like participation of their disabled client in community activities and personal growth and development. As only employment pays out, finding a job for their clients is often the only objective they pursue. Stories of unemployed people being pushed by their reintegration agency into jobs that were hardly suitable, are heard more and more often.

And as soon as a job is available, the unemployed customer has reached a point where he or she may no longer take decisions as an independent person. Refusing a job when receiving state support through the IRO equals taking a high risk, because as a penalty the unemployment allowance may be suspended or withdrawn completely.

Although Atrium is in the same position as any other reintegration agency, its policy is not to force or push anyone into a job that seems not suitable. The organisation’s primary and deliberate goal is to escort unemployed people to become an employee in a sustainable situation. A major requirement for sustainable employment is the satisfaction and well being of the individual worker. If that is not guaranteed, they might turn ill and eventually return to unemployment as a result of long lasting stress or physical overload. If that happens the situation will probably be worse than it was before and therefore such effects should be avoided.

## Characteristics of the target group

### **Promotion and enlisting**

Through the years Atrium has built a track record in the region as a provider of sophisticated guiding approaches and training programmes to individuals in difficult situations. Their personal situation is determined by a range of variables: physical or mental disability, chronic illness, long term unemployment, language problems (immigrants), personal and/or family situations, et cetera. People with special needs require a differentiated approach, adapted to their personal situation and learning capabilities.

Atrium's regular target group and especially the group of participants in the Social Return project consists of disadvantaged unemployed people, to be summarized with a simple but delusive phrase: people with complex personal circumstances. People who might benefit from adapted and highly flexible training and guidance programmes as part of an integral and coherent action plan leading towards employment and social integration.

Participants for the project have been invited to enrol through the regular channels of the integration and employment support structure, as described in the previous paragraphs. To promote a favourable attitude towards Social Return in relevant institutions and agencies, letters with a summary of the project and an offer to provide more detailed information had been sent to all regional employment offices, all known integration agencies and the South Limburg regional social insurance offices. Further information sessions have taken place involving various institutes that had received the mailing before. A special extra campaign was launched towards reintegration coaches at the public institutions (budget supervisors), consisting of visits on location, including Power-point presentations of the intended approach and clear specifications of the expected beneficial effects.

A development with high relevance to the pilot phase of the Social Return project has been the re-orientation of Atrium itself within the reintegration sector, moving from a pure training centre to a reintegration support and guidance provider. This paved the way towards offering a full service reintegration package to the target group of disadvantaged unemployed people, based on our individualized and multi-disciplinary approach.

However, as Atrium was not among the reintegration agencies of the first hour (but actually working for these when needed), it took some time before the reintegration coaches at the social insurance institutions and the employment institutions in the region were aware of the new offer and the potential benefits for the specific target group. For the target group population in the region the intermediate role of the reintegration coaches is of vital importance: often it is on their advice that the unemployed individual will contact a certain reintegration agency. At the moment Atrium has reached a quite stable position, ensuring a regular influx of participants. Of course this also means that the approach and the programme is sustainable: new participant will simply go through the same procedure and they will benefit from further improvements that will be implemented along the way.

### **Sample description**

The group of participants in the project consists at the moment of 13 individuals ranging in age from 25 up to 52 years: any member of the target group starting a reintegration programme at Atrium is to be considered a beneficiary of the Social Return approach.

Nr <sup>10</sup> Background: illness, disability, social problems	Personal development target
1 (F) Limited cognitive level, lower back and knee problems: heavy physical work not allowed	Office Assistant at level 1 (working under supervision), aiming at part time job for max 20-24 h. per week
2 (F) Burn out after long during stressful work situation	Work as a bookkeeper; certificate at level 2 (or higher), aiming at part time job
3 (M) Permanent injury of the lower back and legs, causing end of home movers' career	Systems and network controller at MCSE level (or close) in larger commercial company or public institution
4 (M) Burn out after long during stressful work situation	Systems and network controller at MCSE level (or even higher) in larger commercial company or public institution
5 (F) Physical and psychological limitations with regard to work Highly sensitive to emotional stress	General clerk at reception or front desk in the administration of a non profit organisation or a very small company (personal contacts)
6 (F) Burn out after long during stressful work situation and physical limitations (back problems)	Setting up a company for specialised support and training programmes for highly intelligent children and their parents (together with client nr. 7)
7 (F) Burn out after long during stressful work situation intelligent children and their parents	Setting up a company for specialised support and training programmes for highly intelligent children and their parents (together with client nr. 6)
8 (M) Permanent injury of the knees, causing end of home movers' career (same company as client nr. 3)	Systems and network controller at MCSA level in larger commercial company or public institution
9 (F) Spine and shoulder injuries after work floor accident, limited physical capabilities	Receptionist or front desk operator, preferably in a non profit work environment or small company
10 (F) Fibromyalgia, limited physical capabilities	Receptionist or front desk operator in any company or institution. Vivid personality!
11 (M) Immigrant, limited language level, lacking an acknowledged job qualification	Systems and network controller at A+ level, equivalent to previously obtained Moroccan certificate
12 (M) Psychiatric patient with severe behaviour disorders, practice placement on experimental basis	Work experience with systems and network control at level of MCSE, afterwards moving to external job in non profit environment
13 (M) Senior as well as long term unemployed (52 years of age), minor physical limitations	General clerk in the administration of any company, calculating work efforts and writing business offers for customers; CAD applications
14 (M) Young long term unemployed (more than 3 years), some mental problems in the past (divorce)	Systems and network controller at level of MCSE, in combination with web design. Any company or institution.

<sup>10</sup> Due to privacy regulations that are quite strict in The Netherlands, we cannot give names of participants. We use numbers instead.

	Methods and Instruments used	Current status
	Personal Development Protocol: initial assessment, personal development plan, job selection and application training and support	Employed for 24 hours per week, while continuing training at Atrium
	Personal Development Protocol: initial assessment, personal development plan, practice training financial administration	Suspended, while changing status for social insurance
	Personal Development Protocol: initial assessment, personal development plan, internal IT training (capable of self guided learning)	Preparing for final exam, then looking for job. Started work 01-09-07 (right after last exam)
	Personal Development Protocol: initial assessment, personal development plan, external IT training (capable of self guided learning)	Running an external training course with job guarantee
	Personal Development Protocol: initial assessment, personal development plan, practice training reception and general administration	Training in progress, starting own e-portfolio, first job acquisition activities
	Personal Development Protocol: initial assessment, personal development plan, starting entrepreneurs coaching programme, administrative support company	Start of company most successful, personal income completely derived from company (from 01-09-07 on)
	Personal Development Protocol: initial assessment, personal development plan, starting entrepreneurs coaching programme, administrative support	Start of company most successful, personal income completely derived from company (from 01-09-07 on)
	Personal Development Protocol: initial assessment, personal development plan, internal IT training (capable of self guided learning)	Preparing for first exams in A+, then moving on towards Network+
	Personal Development Protocol: initial assessment, personal development plan, practice training reception	Part time sheltered work in combination with ongoing training
	Personal Development Protocol: initial assessment, personal development plan, practice training reception	Part time sheltered work in combination with ongoing training
	Personal Development Protocol: initial assessment, personal development plan, internal IT training	Training combined with sheltered work (at an IT department)
	Personal Development Protocol: initial assessment, personal development plan, internal practice training with IT works	Programme stopped after 3 weeks: client was unable to function in a work environment
	Personal Development Protocol: initial assessment, personal development plan, internal training in IT and general administration	Just started
	Personal Development Protocol: initial assessment, personal development plan, internal practice training with IT work, external training in web design	Just approved, starting 1st of June, working since 01-11-07

All 14 participants have worked previously, all receive an allowance for being unemployed and all were entitled to apply for an IRO. All but three are living with a partner, married or not, eight have children (but some not living at home anymore). Two are living single and one is divorced (with children).

Although candidate 14 is just starting, he offers a good example of how the Social Return approach has now been completely integrated in the support and guidance programmes of Atrium: the procedures and instruments are automatically put in operation. On the other hand, the individual approach as applied by Atrium over the years, already contained some major characteristics of the multidisciplinary approach as well. Becoming a reintegration agency enabled Atrium to apply the approach consistently, without being dependent anymore on the interpretation of responsibilities by third parties. Candidate 14 is employed by Atrium.

### **The rehabilitation team involved in pilot testing**

For Atrium the following persons were and are contributing to the reintegration process of our clients:

- Mrs. Helma van den Broek (basic level administration trainer until Autumn 2006)
- Mrs. Nicole Veltrop (higher level administration trainer)
- Mrs. Charlotte Bracké (reintegration and career guidance)
- Mr. Joost Thissen (individual assessment, re-integration guidance, coordination of external contacts and reports)
- Mrs. Lucienne Hermans (reintegration and career guidance, legal issues, from Summer 2007 on)

The external contacts involved cover various forms of expertise;

- Re-integration coaches or budget supervisors: 25 experts involved at various offices (social insurance institution, employment authorities)
- Integration and career guidance, outplacement: Fundamens, Mr. Luc van Neer and Mr. Hans de Jong
- Administration and accountancy (for starting entrepreneurs): Mr. Harry Ubachs Accountancy
- Mental and medical support coordinators: Psycho-Medic Centre Vijverdal Maastricht, Mrs. Marianne Defesche and Mrs. Corine Meijers
- Legal advice and support (so far only as stand by service): Rutten & Welling Advokaten, Mr. E. Rutten, Mr. J. Welling, Mrs. J. Houben-Timmermans.

### **The process of applying the multidisciplinary approach**

For the enrolment into a reintegration programme the procedure was basically the same for all clients, as it is more or less prescribed by national regulations and arrangements. However, the instruments have been developed by Atrium and they are quite different from what other reintegration agencies are using.

In all cases we started with an intake-conversation which took at average between 1,5 and 2 hours. On the basis of this conversation the Client Intake Form was completed. An example of this form can be found in the Description of Instruments in Work Package II.

The next step would be to contact the reintegration coach (who is also the budget supervisor) at the Social Insurance Institute or at the Employment Agencies, but in fact this would happen only if there was a need of clearing the situation. Recent changes in the status of an unemployed individual might cause a shift of responsibility from one institution to the other.

With or without consulting the reintegration coach, the first substantial action towards enrolment was in all cases the preparation and submission of the Personal Development Protocol (in a version that was quite similar to the previous Individual Training Plan). Together with an official request for funding of the individual reintegration programme (using a form as prescribed by the public authorities) this personal “Plan of Steps towards Employment” has to be sent to the responsible reintegration coach.

Often during this second part of the enrolment procedure a second conversation would take place, in which all proposed activities were discussed with the client, ensuring in this way that every single part of the reintegration programme was known to and agreed by the client.

In some cases where the client was receiving specialised support before a reintegration programme was started or even considered, the experts involved would take part in the preparatory conversation. They would give advice on the reintegration plan and the steps to employment in order to serve their clients as good as possible. In such cases Atrium took over part of these responsibilities after the reintegration plan was approved by the authorities. Until that moment the external experts would continue to keep an eye on their client. The areas of expertise involved were primarily psychiatry and pedagogy. Invoking medical and other expertise was hardly necessary for the Social Return participants we served so far.

During the programme, based on intermediate reports for the individual clients, talks and negotiations with external experts and reintegration coaches (budget supervisors) would take place with the aim to readjust and optimize the reintegration programme where necessary. In the present structure of reintegration activities, the agency carrying out the programme, the client and the reintegration coach have the opportunity and authority to call for a meeting to discuss proceedings.

Apart from that clients may also launch a complaint procedure. It is an official obligation of the reintegration agency to hand out a description of such a procedure to their clients.

This explicit agreement of the client to the reintegration programme that is proposed to the budget supervisor, is essential in the overall approach to reintegration, as adopted in recent years by the Dutch government and public authorities. It has been formalised by the requirement that a reintegration plan should be signed by the client and not only by a representative of the reintegration agency. Atrium’s existing view on reintegration and employment (building on the commitment and initiative of the individual), was already fully compatible with this overall approach, before it was adopted.

In those cases where the outcome was positive, all materials related to the proposal, the official confirmation letter and any other document with relevant information for the reintegration programme were stored in a personal folder, which is at all times accessible to the individual client.

### Monitoring of the action

The content of the PDPro has also been used as the basis for reporting, using the format that was already described in WP II: the Individual Progress Report Form. Just like the proposal for a reintegration programme, the report can only be submitted when it bears the signature of the client. Reporting constitutes a major element in the reintegration procedure and in the external evaluation of the process by the reintegration coach (budget supervisor).

In fact, the moments for payment of the efforts as planned in the reintegration plan are linked explicitly to the reports and to the achievements as expected.

In most cases falling under the IRO-arrangement, a reintegration agency will receive no more than 50% of the requested and allocated budget when the programme has not resulted in long term employment.

Only in specific and well defined cases 80% of the requested budget can be paid, i.e. in those situations where employment is a most difficult but still possible target of a reintegration programme, given the physical, cognitive or mental limitations of the individual client. Those clients will be labelled “very hard to employ” (VHE).

Measuring the success of any pilot still in operation is always hard and (in a statistical sense) maybe even tricky, but it is worth trying.

In fact, one of the first clients starting with an IRO in this Social Return pilot was a lady with the VHE label, due to a quite low cognitive level in combination with a number of physical impairments. In this case, careful job selection was the key to success and she is working now for more than six months already. She has a part time job, which is well in accordance with the maximum workload allowed for her. At the same she is continuing her training at a reduced pace.

Two female participants were offered a temporary job in a sheltered work company. They continue their training, while preparing for a job outside the protected work structure. One male IT trainee was already employed in a sheltered work company when he started the training and support programme. He continues to improve his position on the labour market.

One highly talented but also somewhat older IT trainee could be enlisted in an external MCSE course with an almost 100% job guarantee. One other IT trainee will finish the programme well before the summer holiday of 2007 and after completing his exams he will start applying for a job<sup>11</sup>.

Another two female participants wanted to use their reintegration plan and support from Atrium to set up their own company. Their entrepreneurial plans included offering support and training programme for highly gifted children, as well as their parents to prevent and solve problems in education and at home. This formula proved to be most successful and both are now deriving part of their income from the company. Before the end of the year they will reach a self employment status of 100%<sup>12</sup>.

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<sup>11</sup> In the meantime he finished the programme and started on the 1st of September 2007 in a regular job as an IT specialist

<sup>12</sup> As both ladies disliked the idea of being dependent on social support systems and specifically were reluctant to the obligations that go along with receiving an allowance related to unemployment and/or incapability to work, they decided to leave the “social service system” earlier than planned: at the moment they already run their business without receiving any allowance related to unemployment: they make their living as independent entrepreneurs.

Others have been in the programme for a too short time to draw any conclusions on their progress and final result, but, except for one client who unfortunately but unavoidably had to be dismissed from the programme, all are doing well.

The case of the dismissed young client is one where we can see that even a whole year of preparing the start of a reintegration programme, including assessments of his vocational capabilities and of the severity of his behavioural disorders, is no guarantee that the programme will be successful.

In spite of the input of various experts, including a psychiatrist who knew the young man for a long time already, the on the job training and work experience situation went out of hand within three weeks and the programme was halted. All those involved have learned from the experience and this single (but utter) failure will not prevent the same institutions and experts from trying again with another person who is facing and fighting psychiatric problems.

With a provisional **success rate of 6 out of 12 unemployed people**<sup>13</sup>, i.e. employment after many years of unemployment and after overcoming major physical and mental obstacles, the score of the Social Return reintegration programme is remarkably high.

This score is even better, when it is compared to the scores that are usually obtained with this target group: any success rate above 35% will be warmly welcomed by the authorities.

And for 5 of the “unsuccessful” 6 other participants the programme is still running or it has only just started: all of them have a fair chance of success as well.

In general, an expected success rate of 75% seems more than justified and this will clearly add to the appeal of the Social Return approach.



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<sup>13</sup> A 13th client was already employed when starting his course.

## Lithuania

The aim of WP4 was to put the combined input of various disciplines into practice in order to obtain data for analysis, leading to a comprehensive understanding of all relevant aspects of the approach and improved results for the initial target group up to 20 participants.

Valakupiai Rehabilitation Centre (VRC) had the specific goal - to try out a multidisciplinary model of vocational rehabilitation with persons who have disability and have fallen out of currently existing system of social integration due to:

- an inflexible system of vocational training applied by the Labour Exchange (persons, after registration at the territorial Labour Exchange have to wait for over a year for vocational training programmes of their choice to be funded)
- A newly order in the Law on Social Integration of People with Disabilities, which establishes relation between disability and working capacity.

During the year 2006-2007 the experimental application of the approach was implemented in VRC in Vilnius. The approach was tested with the target group - people with severe and moderate physical disability, from 18 to 50 years old, who have chosen and are motivated to engage vocational rehabilitation services.

### **Selection of the target group for pilot testing**

Valakupiai Rehabilitation Centre's specialists selected people who were engaged in vocational rehabilitation programs in VRC.

Criteria for selection of the target group - people with severe or moderate physical disability, from 18 to 50 years old:

#### **Group A:**

People who have chosen and are motivated to engage in a training programme of website creation.

Requirements of the Target Group:

- Participation in Vocational Guidance and Consulting programme (having their vocational capabilities and functional capacity being evaluated by Melba, Imba, IDA, FCE tests and etc.)
- Have fulfilled the minimal requirements of website creation training programme
- Have had their vocational capabilities re-assessed.

#### **Group B:**

People who need vocational guidance and vocational skills and capacities assessment.

Requirements for the Target Group - need for vocational guidance services and enhance of motivation.

To promote the favourable attitude towards Social Return project VRC made efforts to disseminate information about the project. Spread of information was implemented:

- to VRC specialists, who work with the VRC clients data base;
- Advertisements were announced in the websites frequently visited by disabled people:

Association of people with disabilities [www.negalia.lt](http://www.negalia.lt)

Valakupiu Rehabilitation Centre [www.reabilitacija.lt](http://www.reabilitacija.lt);

Business development centre for people with disabilities [www.nvpb.lt](http://www.nvpb.lt)

## Characteristics of the target group

Target group A consisted of 7 people.

- Gender - 1 female and 6 male.
- Age - av. 27, (21 - 42 from)
- Family status (1 married, 1 divorced, 5 single)
- Disability status - 5 - the most severe disability (I level), 2 - II level of disability
- Education - 2 - have previous education experience, 5 - secondary education.
- Previous employment experience - 2 - has previous employment experience, 5 - without it.
- Received financial assistance and allowances.
- Physical and communicational barriers in daily environment, etc. 5 - physical movement disorders, 2 - other diseases.

Target group B consisted of 8 persons.

- Gender - 8 males.
- Age - av. 29, (19 - 42 years old)
- Family status (1 married, 2 divorced, 5 single)
- Disability status - 3 - the most severe disability (I level), 5 - II level of disability
- Education - 1 - has previous education experience, 7 - secondary education.
- Previous employment experience - 4 - have previous employment experience, 5 - without it.
- Received financial assistance and allowances.
- Physical and communicational barriers in daily environment, etc. 6 - physical movement disorders, 2 - other diseases.

## Rehabilitation team involved in pilot testing

An internal team of professionals was composed with the aim to put the combined input of various disciplines into practice in order to obtain data for analysis, leading to a comprehensive understanding of all relevant aspects of the approach and improved results. The strong emphasis was made on vocational guidance and training professionals. Also professionals were involved in the rehabilitation team in order to increase the functional capacities of the target group (physiotherapists, occupational therapists, physicians and etc.).

### Rehabilitation team

Case manager  
 Vocational guidance advisor  
 Psychologist  
 Social worker  
 Vocational trainer  
 Employment specialist  
 Physiotherapist  
 Occupational therapist  
 Physician  
 Nurse

All of the above mentioned professionals had experience in their professional area, and therefore no additional training was required. However, a detailed introduction to the project and its aims was implemented before the start of pilot testing. The constant coordination of the pilot testing was carried out during the experimental approach in order to plan, coordinate, monitor the activities of the professionals.

## The process of applying the multidisciplinary approach

### Target group A:

#### Phases:

- Initial assessment
- Integration plan
- Vocational rehabilitation
- Monitoring after the vocational programme.

#### Content:

- Medical examination and prescriptions by a medical doctor
- Case manager work
- Consultations by a social worker and introduction to the legal base
- Occupational therapy and physiotherapy
- Individual and group activities with a psychologist
- Consultations with an employment specialist
- Accommodation, nourishment and transport services (if needed).

Duration of services - 5 months.

### Target group B:

#### Phases:

- Initial assessment;
- Integration plan;
- Monitoring after the vocational guidance.

Specific instruments were used for documentation of all phases with special adaptations to national context and annexes with more precise vocational capacities and skills assessment results.

#### Content:

- Vocational guidance
- Medical examination and prescriptions by a medical doctor
- Case manager work
- Consultations by a social worker and introduction to the legal base
- Occupational therapy and physiotherapy
- Individual and group activities with a psychologist
- Consultations with an employment specialist
- Accommodation, nourishment and transport services (if needed).

Duration of services - 2 weeks.

Participants of the pilot testing could enter the services above at any of the intermediate development or achievement levels, following the course of development that exactly matches their individual needs.

VRC professionals were using the Protocols for Personal Development Support prepared by the Dutch partner - Atrium in Work Package 3 “Designing a holistic approach to social inclusion and work integration of disadvantaged (disabled) people”.

This tool was composed of:

1. Initial assessment;
2. Plan of first actions, expert advice;

### Facilities and support checklist.

Before the start of our pilot testing the tool was used for documentation of all phases with special adaptations to national context and annexes with more precise vocational capacities, skills assessment results and needs of the target group.

### Monitoring of the action

In order to monitor the experimental application of the Social Return approach VRC employed team work and progress report principles; professionals during the meetings implemented monitoring tasks and evaluated the progress of the client. The questionnaires for participants were used to get the feedback from the clients.

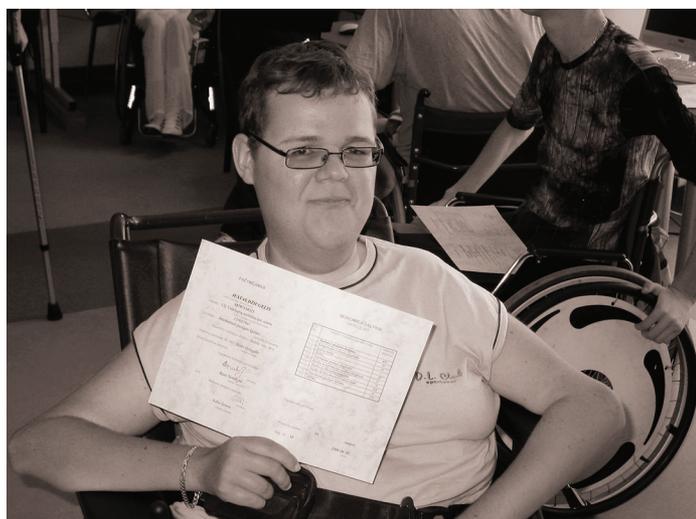
The team was in contacts via telephone or direct meetings with the target group till June 2007. According the data gathered in June 2007 8 participants out of 14 are long-term employed or are working on the basis of the business certificate, 3 participants are extramural students in colleges, 1 participant is preparing for prosthesis of the leg. The rest are still in progress for searching a job.

According to the context of the services instrument requires some additional improvement and awareness of specialists because:

- Some parts of the instrument is too detailed (e.g. the dates of school education and etc.) and part of information is not used during vocational rehabilitation process.
- Some parts of the instrument reduplicates info from the standardised assessment tools and other doc.
- ICT application of the instrument would be good help for people with tetraplegia, who is not able to write with a hand, but can type with the computer.

After completing the pilot testing of the multidisciplinary approach the final conclusion may be drawn-up that the multidisciplinary approach has the significant influence to successful reintegration and rehabilitation of the people in disadvantaged situations.

One of project “Social Return” outcomes - created and tested protocols for personal development support are a good supplementation and help for initial assessment, planning of the necessary activities and progress monitoring. For an adequate application, the tool needs additional adaptation and adjustment according services provided by the organization, internal requirements, legal and financial context in a country.



## RECOMMENDATIONS AND CONCLUSIONS

### THE FINAL CONFERENCE IN REYKJAVIK

On Friday the 28th of September, about 90 visitors attended the dissemination event that was organised by the coordinator of the Social Return project, Mrs Soffía Gísladóttir and her dedicated team of SN Rehabilitation Centre in Akureyri, on behalf of the partners.



The Conference was chaired by Mr. Fridfinnur (Freddy) Hermannsson who actually stood at the cradle of the Social Return project, being involved in the pre-project experimental phase in 2003 in his capacity of managing director of The Health Center of Thingeyjarsýsla (HCT) in Husavik (Northern Iceland). At the time the project proposal was first developed on the basis of this previous experience, Fridfinnur was an active contributor to the shaping of the basic workplan.



Among the visitors the project's target group of people with disabilities (and special needs related to other circumstances) was well represented, with participants coming from Lithuania, Slovenia and Iceland. The Lithuanian and Slovenian participants were benefiting from a mobility project, especially launched for the occasion. Another group of "special guests" consisted of 12 reintegration experts from the Netherlands who visited the event as participants a mobility project (VETPRO).



The mobility project for professionals was dedicated to attending the conference, learning about the project results and about Icelandic rehabilitation practice.

For all these mobility participants the "Icelandic experience" was a most impressive one; various individual statements during the conference, but also before and after, gave ample evidence of this effect.

But even more important was the impact of a number of direct contributions to the proceedings of the conference from the Slovenian, Icelandic and Lithuanian project beneficiaries.

In fact, nothing beats the real life stories of previously unemployed people who were in the project and who managed to overcome their disabilities, their addictions or other impairments, but also the thresholds to inclusion that society “offers” them as a “recognition” of their special personal circumstances.



The Conference proceeded in a most stimulating and open atmosphere, to be best characterised as: looking at future opportunities and working on the basis of mutual understanding, a fine example to the “outside world” of how easy and with what little special facilities inclusion can be achieved, once the stakeholders have decided they want to reach that goal.

## **RECOMMENDATIONS FROM THE PARTNERSHIP TO THE CONFERENCE**

### **Valakupiai Rehabilitation Centre of Lithuania.**

From the Valakupiai Rehabilitation Centre’s experience with running the project Social Return and our other daily activities, we have concluded that case management is a very important part of the rehabilitation services. Case management principles are the right tool aiming to assess, plan, facilitate and propose services to meet the needs of a person with specific needs, especially when we want to apply a multidisciplinary approach and make use of all available resources.

Support by case managers is of crucial importance to achieve and sustain the results of the reintegration and/or rehabilitation process of an individual.

In our view these two principles - multidisciplinary approach and case management - have a significant influence on turning the reintegration and rehabilitation process of people with specific needs into a successful operation.



## University of Florence, Italy

A wide range definition of disability should prevail. In connection with an inclusive approach, where the borders between disability and ability are blurred (and so between “normal” and disabled people) this means that persons are not able or disabled for life, persons are not completely disabled or completely able in all aspects of life and therefore we may state that disability is not a destiny. In other words, we could say that disabilities are just one of the multiple differences that exist between individuals in our post-modern, post-industrial societies - and a difference is not necessarily a “handicap”.

For this reason, the term handicap is probably not adequate; the new expression that is used in Italy, differently able, may be more adequate to describe the conditions of persons who have difficulties to fully participate in all realms of social and professional life. A blind person, for example, has a lot of abilities that others do not have, the same goes for a deaf and a mute who can communicate in a language that others do not know, etcetera. This definition -differently able- also fits much better with the Holistic approach taken by the Social Return project.

The feminist thought has taught us that biology is not a destiny. We should use that lesson for disabilities.

The aspect of employment is of great importance, since having a job is a vital part of social inclusion. Therefore, the differences that were found between the employment systems for disabled people of the five countries (their manner to encourage employment of disabled people) may have a great impact.

Moving from the national to the local institutions dealing with the inclusion of disabled people, we can see how important a general philosophy of inclusion is: participation and an open view on disabilities. It is in fact at this level that the fragmented point of view - the one of the doctor, the one of the psychologist, the one of the job coacher- is put into a synergy and that the focus on the individuals that are differently able can be merged into a holistic approach.



## University of Maribor and Prava poteza, Slovenia

We see the need to set up and deploy an information exchange service, initially aimed at the professionals working in the sector of rehabilitation and training for people with special needs. The objective of the service would be to provide a platform for the exchange of expertise and information on the experiences and best practices of the approach and methodology in each country and region. Thus we are able to offer a combined methodology of approaches that seems to be more effective. This exchange could make the collaboration easier and therefore increase the effectiveness of vocational training and care for comprehensive rehabilitation of people with special needs. We should have a common European Information platform, i.e. a portal for rehabilitation and training, which could enable professionals and persons with special needs in included countries and regions to access his information, but also to allow their contribution on their individual experiences,



which can lead to a wider development of the methodology and so increases the chances for success of the social reintegration and further investment in this part particular health sector in the EU-27. The impact of this ICT supported service will improve the quality of life of the persons with special needs and the professionals in the sector consistent with the “Social Return” approach.

Based on the Slovenian experience, we also present a simple but most effective advise to the experts and trainers who will apply the Social Return approach in the future. Especially when training and vocational education in business administration and closely related subject areas like logistics will be included in the reintegration programme, it is important to put a strong emphasis on IT training. This may result in a qualification at ECDL-level.

Such an IT training programme should definitely be part of a general qualification, given the importance of IT in present day office work, but also with reference to the implications on the personal living situation of people with as IT applications penetrate ever further into every day social life.

Having knowledge and skills in IT will help disabled people to overcome various mobility restrictions by participating in the virtual society that is clearly emerging.

### SN rehabilitation centre, Iceland

There has been much success in Iceland with the Social Return holistic approach and the project is already spreading out in different parts of the country and, by means of a transfer of innovation project, to other countries as well. It is necessary to continue developing the ideology of Social Return and in that perspective the voice of the target group is of vital importance. Therefore we decided to establish a team of five critical reviewers from the group of participants in Social Return, in order to have a constant review of our approach. Critical reviewers have been part of the project Social Return from the experimental phase on. This gave real a good example of the value of the participants’ opinions for further development.



### Atrium R&I, The Netherlands

As a general recommendation we would argue in favour of a large scale application of the Social Return approach, as it appears to be a most effective method for assisting people in disadvantaged positions, especially the disabled and the long term unemployed, to fully reintegrate into social life, including training and work.

When looking at the almost guaranteed future savings on costs for supporting unemployed people with financial allowances for subsistence and for various special facilities, it is clear that investing in a project using the Social Return approach is an economically and socially sound investment.

And this is simply based on the observable success rates we achieved so far.

In the Netherlands, given the existing structure of financing reintegration and social inclusion actions the costs for reintegration of a group of 14 people amounts to approximately 100.000 euros (give or take a few thousand).



With a success rate of only 50% (i.e. participants becoming employed in the free labour market), we would already reach savings on public expenditure of around 200.000 euros in the first year after the project (and the actual success rate was even higher). In the following years these savings would obviously continue, as practice shows that people tend to keep their job, once they found one. After 5 years, without further costs, the revenues would have reached a full million euros. With new groups similar savings will be possible; the only risk is a full collapse of the economy, when unemployment would rise beyond control, affecting our target groups perhaps more than others. Apart from the disaster scenario, the set up of one, two, many Social Return projects<sup>14</sup> would be one of the most beneficial developments conceivable in a society that takes social inclusion, general fairness in providing opportunities and a sound financial household, seriously.



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<sup>14</sup> A playful reference to Che Guevara's statement that the creation of "one, two, many Vietnams" were needed to overthrow the western capitalist society. Likewise, many Social Return projects would be helpful in establishing a good level of fairness and social balance in our present society and we would not be compelled to wait for a social revolution to bring about social inclusion.