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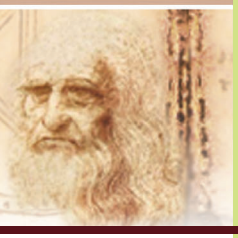
SOCIAL RETURN ToI



THE SOCIAL RETURN TOI PROJECT

A Report on the Development and Implementation of a Multi-Disciplinary Approach to Rehabilitation and Integration

Promoting Organisation/contractor:	SN Rehabilitation Centre, Akureyri, Iceland
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Project Partnership:

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Sjúkraþjálfarinn	Hafnarfjörður, Iceland
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CONTENTS

INTRODUCTION 5
THE STRUCTURE OF THE PROJECT 5

DESCRIPTION OF RE-INTEGRATION SERVICES FOR UNEMPLOYED AND DISABLED IN ICELAND, FINLAND AND LATVIA 7
CASE STUDY 1: ICELAND 7
Introduction 7
A short historical background of the development of the re-integration services 8
The organizational structure of re-integration services 8
The methods of work in re-integration at the moment 9
Service providers and service networks at local and regional level 10
Current problems/challenges faced in the re-integration services 11
CASE STUDY 2: FINLAND 12
Introduction 12
A short historical background of the development of re-integration services 12
The organizational structure of re-integration services 12
Service providers and service networks 13
Methods of work in re-integration at present 14
The position of people with a disability in education and in the labour market 16
Present challenges faced in re-integration services 17
CASE STUDY 3: LATVIA 18
Introduction 18
Educational opportunities for people with a disability 18
Employment and integration to the labour market 19
Present challenges faced in re-integration services 19

A GENERAL OUTLINE OF THE MULTIDISCIPLINARY APROACH 20

REPORTS ON PROJECT ACTIVITIES IN PARTICIPATING COUNTRIES 23
THE SOCIAL INTEGRATION STATE AGENCY (SIVA), JURMALA, LATVIA 23
HAFNARFJÖRÐUR, ICELAND 24
Programme Preparation 24
Referrals and admittance 25
Lessons learned 26
PORI, FINLAND 27
Cooperation with LAFOS 27
Description of the process 27
Outcomes and lessons learned 27

EVALUATION OF THE OUTCOMES IN THE REHABILITATION OF CLIENTS DURING THE PROJECT CYCLE 29
CLIENT DATA 29
OUTCOMES OF REHABILITATION 35
Client feedback from Latvia and Iceland 35
Case studies from Latvia 38
Case studies from Hafnarfjordur and Akureyri, Iceland 39
CLIENT FEEDBACK FROM PORI, FINLAND 42
Case studies from Pori 42
COMBINED OUTCOMES 43

RECOMMENDATIONS AND CONCLUSIONS 45
THE FINAL CONFERENCE IN AKUREYRI, ICELAND 45
RECOMMENDATIONS 47
Recommendations from Latvia 47
Recommendations from Hafnarfjörður, Iceland 47
Recommendations from Pori, Finland 48
Recommendations from Akureyri, Iceland 48
CONCLUSION 48

INTRODUCTION

The Social Return To! partners met in Reykjavík, Iceland for the Kick off meeting in November 2007. The partners were:

SN Rehabilitation Centre (Starfsendurhæfing Norðurlands), Akureyri, Iceland – Promoter, represented by: Soffía Gísladóttir, Project Manager, Magnfríður Sigurðardóttir and Geirlaug G. Björnsdóttir, Director.

Physiotherapist (Sjúkraþjálfarinn), Hafnarfjörður, Iceland, representet by Gunnar Viktorsson, Project Manager and Anna Guðný Eiríksdóttir.

Karier Oy, Pori, Finland, represented by Kari Löytökorpi, Project Manager and Maija Löytökorpi. Pirkanmaa University of Applied Sciences (Pirkanmaan ammattikorkeakoulu), Tampere, Finland, represented by Ulla-Maija Koivula, Project Manager.

The Social Integration State Agency (Socialas integracijas valsts aģentūra), Jurmala, Latvia, represented by Dzintra Jones, Project Manager and Regina Simsone, Director.

The main purpose of the meeting was to continue to develop a Leonardo da Vinci, Pilot Project called Social Return that had been developed for three years (2004-2007) by the same promoter as in Social Return To!, namely the SN Rehabilitation Centre with other partners from Iceland, Italy, Lithuania, The Netherlands and Slovenia. The main goal of this transfer of innovation project called "Social Return To!" was to develop a holistic and multi-disciplined rehabilitation programme and to make it available to disabled individuals with limited employment capability. The project was transferred by the SN Rehabilitation Centre in Iceland and pilots were set up in Hafnarfjörður, Iceland, in Pori, Finland and in Jurmala, Latvia. This project enhanced the implementation of equal opportunities for disadvantaged people by applying a holistic, multi-disciplinary approach customized to the needs of the individual in small scale settings at local levels.

THE STRUCTURE OF THE PROJECT

The rehabilitation project was based on a professionally-administered multi-disciplinary programme involving healthcare, psychological guidance, social development support, general education and vocational training, job acquisition support and on- the-job coaching. This differs between countries and also between participants as the project is individually organized according to the needs of each person in order to find new opportunities in active life. The logical outcome of the participation of the individual in this programme could be that he or she could be able to find suitable employment or to continue education.

It should be borne in mind however that the project covered the whole personal development continuum, ranging from a very low level of education, severe disabilities and low self esteem to full participation in work and community activities. Some could begin from the most basic level and reach a reasonable level of secondary education; others could start at secondary

level, achieve a job qualification and become employed. Both or different forms of personal development are valuable, although the project was likely to focus on those who could have successfully complete vocational training. The starting point for the project were the observations made by the three participating countries in their national environments focusing on the reintegration of the target audience to the labour market.

DESCRIPTION OF RE-INTEGRATION SERVICES FOR UNEMPLOYED AND DISABLED IN ICELAND, FINLAND AND LATVIA

CASE STUDY 1: ICELAND

Introduction

A new system measuring disability was introduced in Iceland on 1 September 1999. The assessment method was based on the British functional capacity evaluation called "All work test". The disability assessment had been previously based on the medical, social and financial circumstances of the applicant. The change to the system was designed to make the system more effective. However, the increase in people receiving disability pension since 1999 is 57% - from 8,673 people in 1999 to 13,616 in December 2007.
The increase in people receiving disability pension over this 8-year period has been 54% in males and 59% in females.

The aim over this 8-year period was to re-integrate those people receiving disability pensions to the labour market. This was a new opportunity introduced to Icelanders with a change in the system in 1999. The State Social Security Institute in Iceland (SSSI) offered people receiving disability pensions a vocational rehabilitation programme to reduce disability. A study by Thorlacius, Guðmundsson & Jónsson showed that vocational rehabilitation organized by the SSSI had been effective and could prevent disability (Læknablaðið 2002; 88: 407-11). The group of people who received rehabilitation pensions in the period tripled but it could have grown much more if there had been offers of rehabilitation throughout the country.

13% of Icelanders aged between 16 – 66 received disability pensions in December 2007. Of these 8,2% were female and 4,2% were male. The unemployment level was less than 1%.

We have three groups in Iceland that are in some way considered to be outside the labour market:
1. People on disability pensions – The State Social Security Institute in Iceland
2. The unemployed – The Directorate of Labour
3. People on welfare – Municipalities

These groups are not connected and the authorities responsible for these groups do not work together in a systematic way. Figure 1 shows the system as it was in Iceland at the time of the project.

Figure 1: The three different authorities responsible for Icelanders outside the labour market do not cooperate in a systemic way

A short historical background of the development of the re-integration services

The last five years in Iceland concerning re-integration services could be characterized as a continuous organizational preparation within different professions, especially health and social, in the direction of the holistic methodology used by the Icelandic Government. It had been expected that the total amount of disabled people in Iceland would have increased rapidly. This is a fact and it has been more crucial than ever that the authorities focussed on re-integration.
The re-integration services in Iceland have been mainly health based and situated in Reykjavik or its area until now. There has been one exception, a re-integration centre based in Kristnes in the north of Iceland. Re-integration services did not focus on the return of clients to the labour market until a few years ago.

The Office of the Prime Minister in Iceland has led a committee responsible for major change in the disability forum in Iceland for several years. It laid particular stress on measuring ability instead of disability. The committee that led the change was represented by the Office of the Prime Minister, the Ministry of Health, the Ministry of Social Affairs and Social Security, the Confederation of Icelandic Employers, the Icelandic Pension Funds Association, the Icelandic Confederation of Labour, the Icelandic Disability Forum, the Social Insurance in Iceland and the Directorate of Labour. The committee reported at the end of 2007. Many different committees have been working on changes in the system since the beginning of 2008. They have worked on behalf of the committee mentioned above.

The principal objective of this major change in the system was to decrease the amount of people receiving disability pensions in Iceland and to increase the amount of people active in the labour market - concentrating on their ability. Another big issue is the involvement of the labour market itself and changing the mentality concerning a labour force with less than 100% ability but can still work.

One of the most important tasks concerning a change in the system is the establishment of re-integration services around the country so that people in need of rehabilitation can join a holistic project where they live. Re-integration centres had already been established all over of Iceland by the autumn 2008 with the exception of the south. The network of re-integration centres had become tighter in most parts of Iceland by 2009. These new centres mainly focus on the ideology of the Social Return Pilot Project.

We are talking about a complete change of mentality focussing on ability instead of disability. It is crucial for the change in the system that the change of mentality is global. It is important for the people receiving disability pensions that they focus on their strengths and abilities to become active again in the labour market. It is important for the labour marked to focus on abilities, either 100% or partial, to strengthen the Icelandic economy. It is important for professionals working in the field of reintegration to work multi-professionally on behalf of these people instead of building blockages between professions.

The organizational structure of re-integration services

As mentioned above the current Icelandic system concerning re-integration is undergoing a complete change of system. The steps that will be taken in the next months by the Icelandic government concerning this matter are:

- A consulting company will work on a total change in the system in close cooperation with the Office of the Prime Minister and the Ministry of Social Affairs and Social Security.
- A committee led by the Office of the Prime Minister with 7 professionals from different sectors will focus on a new measurement tool concerning ability.
- A committee led by the Office of the Prime Minister will work on agreements with different rehabilitation centres throughout the country.
- A committee led by the Ministry of Social Affairs and Social Security will focus on the merging of the Disability Employment Offices and the Directorate of Labour.
- A committee led by the Ministry of Health will work on changing the Act on Social Security.
- A committee led by the Ministry of Social Affairs and Social Security will work on the merging of The Directorate of Labour and the State Social Security in Iceland. The committee hopes to see the figure from the one described above changing into a powerful "one stop shop" service for all people not active in the labour marked in very close collaboration with municipalities and maybe run by municipalities in some areas.

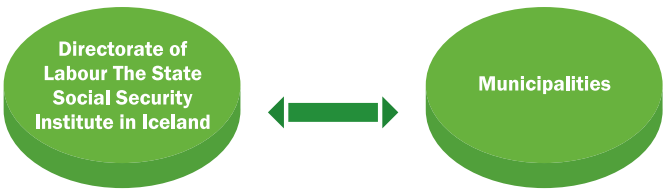

Figure 2: A one stop shop – the emergence of close and systematic co-operation between the Directorate of Labour, the State Social Security Institute in Iceland and municipalities.

- A new Rehabilitation Fund has been established by the Confederation of Icelandic Employers and the Icelandic Confederation of Labour in cooperation with the Icelandic Government and the Icelandic Pension Funds Association. The fund will focus on the important relationship between the Employer and the employee. The fund will act as an important factor in prevention so that the employee, in spite of some health/social problems, will not fall out of the labour market without being noticed, but will keep close connection with his employer working aside in re-integration. The fund will be very strong financially with 0,39 percent of all salaries in Iceland.

The methods of work in re-integration at the moment

The main ideology used in re-integration in Iceland at present is the one presented in the Social Return Pilot Project "Holistic approach – Multidisciplinary rehabilitation and Empowerment".

A holistic approach: A multidisciplinary rehabilitation programme

Using a holistic approach in re-integration means that practitioners should use all possible tools and practices available that can help the client to re-enter active life. Some of these tools are listed below:

- Individual assessment - assessment of physical and mental capabilities- a personal development plan
- Medical care and treatment - check-ups by a doctor
- Vocational guidance - counselling and advice on a vocational career, self-knowledge and vocational decision making

- Physiotherapy and occupational therapy - enabling clients to recognize their own physical boundaries and develop methods to maintain or increase levels of physical capability, working in a group or individually
- Psychological treatment or support - individual and/or group sessions with a psychologist
- Assessment and choices of further development opportunities - from day care/guided activities to training to work
- Basic and vocational training courses - scheduled on a part-time or full-time basis according to the needs of the group / individuals
- General education at secondary level
- Professional education and vocational training programmes - formal and informal training programmes
- Financial consultancy
- Work placements or training in the work place.
- Job acquisition and job coaching - supported employment.

Empowerment is the process of increasing the capacity of individuals to make choices and to transform those choices into desired actions and outcomes. People work individually on their own rehabilitation plan in close cooperation with their case manager. The responsibility belongs to the individual and the case manager helps customers to work on personal goals. The individuals will gradually act and take responsibility for their own lives and the decisions that will lead to their new paths in life. At the end the individual will have become empowered through this method and enhance his/her quality of life.

Service providers and service networks at local and regional level

The Implementing Agency in Hafnarfjörður.

There were no local re-integration services in Hafnarfjörður at the beginning of the programme. As a partner in the Social Return ToI project Sjúkraþjálfarinn – the Physiotherapist- worked towards developing a holistic and multi-disciplined re-integration programme locally based on the Social Return Pilot Project model.

The first assignment was ensuring the cooperation of health care services, social services, employment agencies and educational institutions. Some of these services were run by the state and others by the municipality. Broad cooperation was also sought with professionals from the private sector.

A plan was made to establish a non-profit organization called “Starfsendurhæfing Hafnarfjarðar” that would seek funding from the Icelandic Social insurance system and act as the implementing agency in Hafnarfjörður. Local trade unions and the Municipality of Hafnarfjörður agreed to form this organization along with Sjúkraþjálfarinn.

Starfsendurhæfing Hafnarfjarðar started to work with all necessary service providers to ensure the main focus, i.e. a holistic approach. In the health care sector the most important cooperation has been with local health care centres, private practicing occupational therapists and a local physical therapy practice - Physiotherapist, partner II. Starfsendurhæfing Hafnarfjarðar also enlisted a psychologist to work on the programme. Close cooperation was also established with the social services of the Municipality of Hafnarfjörður in the social sector and also with a private practice financial counsellor. The partners in the educational sector were the local adult education agency and the local secondary school.

Current problems/challenges faced in the re-integration services

The main problems/challenges faced in the re-integration services in Iceland are:

An understanding of the ideology:
The understanding of the ideology of a holistic approach and multidisciplinary rehabilitation is still limited. It is important to introduce a new mentality in rehabilitation among those who work in the sector, among those who need service within the sector, for those who finance the sector and also for those who are responsible for the education of professionals working in the sector of re-integration.

Systems/service:
It was a challenge to build bridges between different service sectors that have worked separately for years, focussing on their own professions. It was also a challenge to develop respect between different service sectors.

Finance:
It has been a significant challenge financing re-integration centres in Iceland until recently. Directors have been forced to use most of their time searching for subsidies from different public parties so much precious time has been lost on professional matters. Now the Icelandic Government has decided to put specific stress on re-integration and consequently to place considerable effort into this sector.

Individual:
It is still a great challenge to encourage individuals to visualise and believe in their own strengths and abilities.

Labour Market:
One of the biggest challenges of all is to encourage the labour marked to work alongside the re-integration centres and to be ready to offer people work that needs less than 100% capability. It is also a challenge for the labour market to have and maintain an employment contact with an employee who needs re-integration.

Conclusions:
The Icelandic system concerning disability measures is going through a massive change, ideologically and practically. The promoters of Social Return ToI have had the opportunity in the last year to work with the Icelandic Government, focussing on the ideology and methodology introduced by the Pilot Project Social Return and now the Transfer of Innovation of the same project. This is a great opportunity for the Icelandic nation to give disabled people new opportunities to re-enter the labour market.

CASE STUDY 2: FINLAND

Introduction

Finland has a population of 5,2 million. The unemployment rate was approximately 9% at the beginning of November 2007 but due to the economic recession, it increased to approximately 12-13%at the end of 2009. The last time Finland experienced a severe economic recession was at the beginning of the 1990's. The unemployment rate has risen to nearly 20% in some areas, the average being around 15%. The amount of the long-term unemployed remained high until the beginning of the new millennium. It was clear then that re-integration services for the unemployed needed a profound change to more individual coaching, career planning and re-training.

Another challenging group in re-integration are people with disabilities. It is estimated that approximately 10% of people in European countries have some kind of disability. But the number of disabled people depends on how disability is defined. It is estimated in Finland that approximately 5% of the population have a disability; but if disability is defined in a broader sense, for example people having impaired working capacity, then the amount is approximately 10%.

The basic principles of the Finnish social policy in general are individualism, a preventive approach, universalism and respecting the freedom of choice of the client. This is also true in re-integration services. The basic starting point is concerned with the individual situation of the customer and his/her motivation. The services are based on supporting the movement of the client based on counselling, coaching, training and rehabilitation measures.

A short historical background of the development of re-integration services

Mass unemployment and persistent long-term unemployment were the catalysts to reform the employment services at the beginning of 2000. It was noted that the services by employment offices alone were not effective in "cutting the vicious circle" of repetitive unemployment. The services offered, for example work experience and try outs, subsidised work or training courses were not tailored enough for different kinds of customers.

The EU in general was facing a similar challenge to increase the employment rate and to decrease long-term and youth unemployment in particular. More tailored measures with different motivational tools were developed first through different projects. These showed that offering more individually-based services starting with a holistic situation analysis and supported by work and individual coaching gained better results, even with the unemployed who had multiple problems, for example in relation to physical or mental health and/or substance abuse.

The employment services were reorganized into two separate units in 2005: employment offices -job seeking centres - and labour force service centres.

The organizational structure of re-integration services

Employment Offices

The public employment offices (PES) offer services to various clients; the unemployed, those who are currently working or entering working life and employers. The employment offices have over 200 outlets throughout Finland. They are run by the state through the Ministry of Labour. Their main function is to serve as a service point for job seekers as well as job providers.

The employment offices provide individual customer service and Internet services which jobseekers can use on their own. Individual customers can find services in the areas of job search, career planning, occupational rehabilitation and entrepreneurship. The employment office also gives advice on applying for unemployment benefit and support access to employment in various ways.

People with decreased work ability receive specialised services from the PES. The term "decreased work ability" refers to a person whose opportunities to be employed, stay in work or progress in their work, has substantially decreased because of disability, illness or impairment. The situation has to be supported by a written statement by a doctor or other relevant professional according to the Finnish Law on Public Employment Services.

Labour Force Service Centres
Employment offices are the main service points for job seekers but since 2005 special service points, Labour Force Service Centres (LAFOS) have been established to offer more tailored services for the long-term unemployed, immigrants or other groups who need more individual support. The labour force service centres are run together by the labour administration, municipalities and the Social Insurance Institution of Finland (KELA).

LAFOS offer multi-professional services for people facing multiple problems entering or re-entering the labour market.

Service providers and service networks

The services related to re-integration are shown in the following illustration (Koivula 2004a, 93)

Figure 3: Service processes for re-integration

There are enough services but the problem is the coordination between them. Clients have several problems in the current situation; firstly, awareness of the services available, secondly, gaining access to these services at appropriate times and also access to alternative services if the first choice is unsuitable. Access to services can also entail bureaucracy issues of funding or confidentiality which hinder a flexible process. A case management model has been tried and piloted to improve the coordination between different service providers.
The challenge is that a re-integration process needs multi-professional work and networking. The more difficult and multidimensional problems the customer faces in relation to education and/or work, the more he/she needs to be supported by different kinds of professionals. The challenge is that these professionals do not work in close cooperation with each other or that each of the professionals try "to solve it all" by themselves.

Methods of work in re-integration at present

The services in re-integration are summarised as in Table 1 below.
(Koivula 2004b, 54, modified)

Table 1: A summary of different re-integration services, their knowledge base, main target groups and service points at present

Services	Type of service	Knowledge base required of the professionals giving the service
Information and advice	Informative Short term Gives information which the client uses or decides not to use	General information on job markets, qualification criteria, educational possibilities and social protection
Career counselling	Counselling Support in making choices and finding suitable options Support and guidance for job seeking skills Motivation Holistic approach Short – term, e.g. 3-5 meetings	Counselling and people skills Knowledge of job markets, qualification criteria and educational opportunities
Personal coaching	Motivational and activating services for empowerment Networking with other services and personal networks such as family or peers Long term individual and group work methods Holistic approach	Psychological and socio-psychological skills Knowledge of psychological and social problems Networking skills with other service providers
Work coaching	Updating, testing, assessing and developing vocational skills and work community skills Pedagogical process From medium to long term service	Work pedagogical and socio-pedagogical skills Professional skills in the vocation in question
Case management	Situation assessment, process management, coordination and follow up Networking with service providers Advocating the client's case Holistic service overview and monitoring long term	"Experienced generalist" Social work or socio- pedagogical skills, management and networking skills Advocacy and information work

As stated above, the challenge in re-integration is that professionals need to know not only their own work role but also a wide range of the services available to be able to give information, guidance and support to each client on an individual basis.

	Main target group	Main service point
	Self-directive and “job ready” clients	Employment office
	Clients who are entering or re-entering the labour market or have other need for personal guidance for job seeking and career planning	Employment office Labour force service centre
	Customers who are long term unemployed and/or who have multiple problems in coping with everyday life; disabled clients	Labour force service centre Work shops for young people and disabled Specialized projects Social Insurance Institution (Kela): Rehabilitation
	Clients who need to update their vocational skills in practice and/or work community skills Pedagogical process From medium to long term service	At work, subsidised work or connected to vocational education Working with an individual coach and/or career advisor or case manager
	Clients with multiple problems who are clients of several services at the same time	Labour force service centre Rehabilitative services for people with disability, decreased working ability or social behaviour problems (e.g. substance abusers) Specialized projects

The position of people with a disability in education and in the labour market

Education for all

The strategy for children with a disability is to integrate them into normal schools and provide school assistants for extra support. This trend has reduced the number of special schools year by year. There were 3067 comprehensive schools (grades 1-9) with a total of 547 500 students in 2007. Besides these there were 159 special schools with 8300 students.

The aim in vocational and higher education is to develop "open access" schools which enable students with disabilities to study in normal educational institutions. Education is open to all. There are 12 special vocational schools for severely disabled. These schools offer pre-vocational and vocational training and rehabilitation. But the majority of training is organized through general educational institutions in an integrated way. Adult education centres and vocational schools, as well as some NGOs representing certain disability groups, all arrange pre-vocational or vocational training. At university level, education opportunities are also open to disabled people. Their studies are assisted by personal assistants, modified learning methods and the use of special aids and devices.

Vocational rehabilitation

In Finland, people whose work and earnings capacity is significantly impaired by an illness, defect or injury, or who are at risk of becoming disabled within the next few years, are entitled to appropriate vocational rehabilitation measures provided by the Social Insurance Institution (Kela).

A rehabilitation plan is drawn up for each individual and it includes

- assessment of rehabilitation needs and a plan
- trial work and training
- training designed to maintain and enhance work capability so the rehabilitation participant can acquire the means to continue in his or her regular job
- job coaching given at a work activity centre or comparable institution or, under special circumstances, in an individualized setting
- basic vocational training, skills updating or retraining as part of the rehabilitation process
- self-employment assistance
- devices designed to assist work and study

(see more from http://www.kela.fi/)

A rehabilitation plan is based on a holistic situation assessment taking into account the medical and social situation.

Kela pays those study expenses regarded as necessary and reasonable and a rehabilitation allowance is paid during the rehabilitation process.

Disabled people in the labour market

Research suggests that the level of education has a major impact on the position of people with disabilities in the labour market. Over 44% of disabled people who had a master's degree were active in working life (Linnakangas et al. 2006) All in all, the severity of disability affects the labour market position. Of those who had a 100% invalidity rate but receive a disability pension and were 25-64 yrs old, 17% were employed. In comparison, those who had a mild or medium range invalidity (30-99%) 71,9% were active in working life. This rate is nearly as high as that in the same age group in general. Thus education can play a major role in rehabilitation.

It is most important that people who become impaired during their life because of illness or accident have access to a rehabilitation process and retraining if they cannot carry on working in the same field as before.

Under the new legislation regarding the establishment of social enterprises more disabled people have been able to start their own business or gain better access to work. Social enterprises are businesses where a minimum of 1/3 of the work force are disabled or long-term unemployed. These kinds of "middle labour markets" are an option for those disabled people who are not able to work in the open labour market.

Present challenges faced in re-integration services

There are still challenges in re-integration although the unemployment rate has decreased and there are more jobs available. The long-term unemployed, although less in numbers, are a more challenging group often with multiple problems in need of long term rehabilitation, not only counselling, coaching and training.
An increasing number of immigrants need language training and vocational and higher education options to gain employment and to integrate into Finnish society. The Finnish labour markets are still very "Finnish" and consequently job seekers with a foreign background face more problems than others. The labour markets for immigrants are two fold: a primary market for very highly qualified specialists in international trade, companies or research and a secondary market for low paid jobs such as cleaning.

The situation of young people finishing their comprehensive education and/or vocational education has been improved by the legislation which guarantees work training or educational opportunity for those under 25 who have been jobseekers for more than 5 months. Nevertheless the waiting period is still too long.
Rehabilitation services are fairly good if the person is under 45 and have, for example physical or mental illness or disability. In fact, in Finland, getting a pension because of illness or disability can be difficult. There is a need for Finnish labour markets to become more tolerant and inclusive for disabled people. The new legislation on social enterprises has improved the situation to some extent.
The situation is even more difficult for those who have undiagnosed learning, mental, cognitive or behavioural problems which hinder their educational results and integration to working life and the work environment. The problems of these people are often hidden.

The biggest challenge is developing cooperation and networking with different service providers to ensure a continuum along a service chain. The inter-professional approach in working with long-term unemployed or other groups who have difficulties in employment is the key to better services.

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CASE STUDY 3: LATVIA

Introduction

The population of Latvia is 2,300,000. Approximately 12,000 are disabled. Latvia uses a medical assessment to determine the level of disability which then gives a person access to financial support, rehabilitation services and free enabling devices.

Disabled persons from 16 years of age onwards are divided into three categories as follows:

- Category I: a high degree of incapacity and need for continuous care from another person
  For this type of person the state pays an allowance to a disabled person (but not for an assistant) and covers all travel costs within Latvia also including travel costs of the assistant, if necessary. The disabled person can also work and receive both a salary and the allowance at the same time, e.g. a person using a wheel chair can be a lawyer, translator etc.
- Category II: a high degree of incapacity
  Incapacity is usually linked to severe health problems – mental, functional disorders, eyesight etc. The state pays an allowance and covers all travel costs in Latvia. A person can also work and receive both a salary and the allowance. The workplaces is also adjusted as necessary for the disabled person, for example specially adjusted computers or other devices.
  The amount of allowance for the first and second categories depends on the previous income of the disabled person.
- Category III: medium degree of incapacity
  A person has partial health problems. The state pays a disability allowance but does not cover travel expenses. The amount of the allowance is a fixed sum, approximately 150 euros per month.

Educational opportunities for people with a disability

Basic education

Basic education from 7to 16 is compulsory in Latvia. Disabled people can obtain this level of education either in general public schools (with other children) or in special schools for disabled people. The special schools are, for example, schools for visually impaired people, for people with hearing problems and schools for people who have movement disorders. Further education – vocational, upper secondary, college level or higher education is optional and a disabled person can choose a school based on his/ her individual needs and condition of health.

The data received from analysing the educational levels of disabled people by type of disability showed that:

- the highest percentage among visually impaired people was general secondary education (41,9%) (for 16 to 19 year olds and which gives access to higher education)
- the highest percentage among people with hearing problems was basic education (37,9%) and general secondary education (30,4%)
- general secondary (31,6%) and vocational secondary education (24,1%) dominated among people with movement disorders
- people with mental health problems had the highest rate of obtaining basic education (42,5%)
- people with other illnesses had mainly either general secondary (29,7%) or vocational secondary education (28,7%)

Source: The Employment of Disabled People in Latvia, Spain, Hungary and the U.K.
The Social Integration State Agency, Jurmala 2007.

Vocational and vocational secondary education for disabled people

Generally in Latvia, vocational, vocational secondary and higher education institutes are under the supervision of the Ministry of Education and Science and they are open to people with disabilities.

Disabled people can obtain education in schools which are under the supervision of the Ministry of Education and Science if the study programme corresponds to the interests and also the physical condition of a disabled person.

There are also two specialised educational establishments for disabled people: the Social Integration State Agency (SIVA) and Alsviki Vocational School.

The largest of them is SIVA, which is the only school which is the responsibility of the Ministry of Welfare. SIVA provides 12 vocational and vocational secondary programmes and seven college level programmes. SIVA was established in 1992. Alsviki Vocational School provides vocational training courses for two to three years.
The State Employment Service which is the responsibility of the Ministry of Welfare also provides different training courses for unemployed people including unemployed disabled people.

Employment and integration to the labour market

The State Employment Service is responsible for the employment of unemployed people, including those disabled who have registered as unemployed at the State Employment Service. The total number of registered unemployed disabled people was around 3,500 in 2008.

The State Employment Service provides the following services for unemployed disabled people:

- vocational training,
- job-seeking skills,
- subsidised jobs and
- career consultations

If a disabled person decides to study at the Social Integration State Agency, the Agency provides a professional adequacy test to define which profession would be most suitable for a person based on his/her interests, previous knowledge, skills, abilities and health condition. Parallel to their studies a person receives different rehabilitation services, for example social, psychological, medical assistance and occupational therapy. The Social Integration State Agency also arranges work placements for students in relevant organisations during their studies and provides information regarding job vacancies on completion of their studies.

Present challenges faced in re-integration services

The present economic and financial crisis has directly affected the availability of placements for disabled people because the level of unemployment increased dramatically during autumn 2008 and winter 2009. The competition in the labour market is now extremely high and employers now have a wide choice of employees. As a result the employment of disabled people has become a low priority. This change happened very quickly and the crisis is a big challenge to re-integration. Also the financial situation faced by the state could lead to a reduction of services for the disabled and unemployed people because there is a general reduction in state-run services.

A GENERAL OUTLINE OF THE MULTIDISCIPLINARY APROACH

The primary focus in this project was on inclusion and integration through vocational training including:

- facilitating access to vocational educational training;
- the provision of specific support and facilities for the target group;
- the modification of programmes and teaching methods according to observed or reported needs;
- the provision of adequate qualifications adjusted to the needs of disabled people;
- the improvement in the opportunity to progress to higher levels of education;
- the continuing support of employment for disabled graduates;
- offering life-long learning possibilities.

This list could easily be extended or be more detailed but this set of requirements includes the basic elements of the promotion of **inclusion and reintegration as a continuing process** within the general context of vocational education and training.

It is vitally 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 one of continuous development of the individual within the social environment. Changing and actually improving the physical and/or mental capabilities and even the professional competences of an individual will not only have a positive effect on the individual, it will also need a change of perception in the environment.

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

Therefore we can say with some certainty that the reintegration support process as carried out by professionals and volunteering experts, cannot stop at the front door of the institutions and centres involved. Long after regaining full physical or mental health, the battle of the individual against the negative impressions in the environment, whether it is people in the direct neighbourhood, local or regional authorities or potential employers, will continue.
And often this battle will 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 be phased-out slowly when things continue to improve and the client becomes a more recognised member of the community.

The continuation of the rehabilitation, integration and inclusion process -in terms of a personal development model- is also reflected in the following outline of ideas. Subsequent levels of individual or group development have been specified in the conceptual outline. These levels

have been related -rather loosely -to elements of the integration of support as shown on the right side of the chart. The concept also highlights some methods and instruments in the middle part of the diagram. This model summarizes a holistic inclusion approach seen from an educational perspective.

It is the preliminary reply of the partnership to the following question: if we wanted a disabled or otherwise disadvantaged individual or group of people to complete vocational training successfully, what methods, instruments or tools would we use?

Concept 1: Levels of personal development and social inclusion

Levels of integration in the local and regional community	Featured tools and methods	Elements of the rehabilitation and reintegration approach
Starting Level: people in social isolation, unemployed, inactive, facing severe physical or mental problems. Main characteristics: • partial, physical and/or mental disabilities • a very basic educational level (computer illiterates).	Multidisciplinary approach	• Individual assessment of physical and mental capabilities: personal development plan • Medical care and treatment • Physical rehabilitation • Psychological treatment or support
The first personal development level: people are able to engage in social contacts, they take part in community activities, they take an interest in their personal development and may follow independent living training (with medical or psychological care).	Individual empowerment	• Social insertion: becoming an active member of the community • Personal development: training and practice of independent living
The second personal development level: people are in control of their personal life and development: they regularly visit or take an active part in social activities, they may go through basic and general education and live as independently as possible.	Business simulation for training	• Assessment and choice of further development opportunities (from day care/ guided activities to training to work) • Basic training programmes (primary education level) • General education (secondary level)
The third personal development level: people extend their scope to an acknowledged achievement level: an educational or cultural certificate, job qualification, employment: being a respected member of the community.	Teleservice centre for employment	• Professional education and vocational training programmes • Job acquisition and job coaching (supported employment)

We will present and discuss some tools to enhance this process in the next chapter.

REPORTS ON PROJECT ACTIVITIES IN PARTICIPATING COUNTRIES

THE SOCIAL INTEGRATION STATE AGENCY (SIVA), JURMALA, LATVIA

To receive a state-financed course of professional rehabilitation in Latvia, a disabled person has to undertake a professional adequacy test. The test is provided by psychologists, social workers, doctors, occupational consultants, psychiatrists, financial advisers and vocational trainers.

During the test the following aspects are assessed: the general state of health, level of education, skills and knowledge, motivation, interests, communication and social skills, emotional capability, the ability to live independently, financial situation, family situation etc.
From the people who undertook the test from April to July 2008 a team of SIVA professionals chose 16 people who agreed to take part in the Social Return To! project. 13 of them were women and 3 were men; they were aged between 18 and 53. The majority of them – 15- had primary education but 1 person had secondary education. 12 had worked before but 4 people did not have any work experience.

The training course consisted of three blocks:
- theory
- job simulation
- placement in a company

The theoretical course provided skills and knowledge on the following subjects: computer skills (WORD, EXCEL, PowerPoint, Internet), secretarial skills, bookkeeping and basic accountancy skills. The theoretical course together with job simulation training lasted for 3 months -October to December, lessons started at 9 a.m. and finished at 4 p.m., 5 days a week. The students who lived outside Jurmala stayed at the SIVA hostel. The participants had psycho-social assistance during the stay in Jurmala and were able to use sport classes, a fitness hall, a swimming pool, medical assistance, social and psychological assistance including individual and group sessions with psychotherapists, social workers and occupational therapists. The school and hostel are accessible to people in wheel chairs. All 16 people completed the theoretical course.
After the theoretical course and job simulation the students had a 3-month placement in a company. Companies were chosen close to where the students lived so they could stay at home during the placement. Social and psychological assistance was provided throughout the placement. The placement and performance of customers was monitored by the social workers of the towns where students undertook the placement. Local social workers were provided with training by the SIVA specialists before this process. Special attention was paid to the families of clients.
The placement lasted 7 weeks; 4 participants dropped out during the training because of illness. The main reason was that they realised that because of their illness they could not work or concentrate for 8 working hours.
After the placement the 12 remaining students returned to Jurmala to undergo their final examinations. All of them graduated from SIVA.

The SIVA provided assistance in finding jobs for them and 7 clients began work in April. All of them found jobs near their homes so they could return to their homes and families.
3 students decided to continue their studies and applied for further courses in SIVA; 2 clients decided to stay unemployed because the disability benefit was higher than the wages they could earn.
Again, the social workers trained by SIVA specialists consistently monitored clients.

Based on the experience gained during the Project, SIVA has:

- implemented a holistic approach to apply teamworking in every day training process (a psychologist, vocational trainer, doctor, occupational specialist, social worker and psychotherapist);
- developed a new client monitoring form;
- organised a training seminar for specialists working in branches – support centres of SIVA throughout Latvia;
- trained people who provide professional rehabilitation services throughout Latvia.

As a direct result of the Social Return To! Project four 3-moth training courses started in 4 different support centres in September 2009. A secretarial course started in Cesis and 3 data input operator courses began in Daugavpils, Cirava and Rezekne.

HAFNARFJÖRÐUR, ICELAND

Programme Preparation

Preparation went according to plan but was more time-consuming than initially expected.

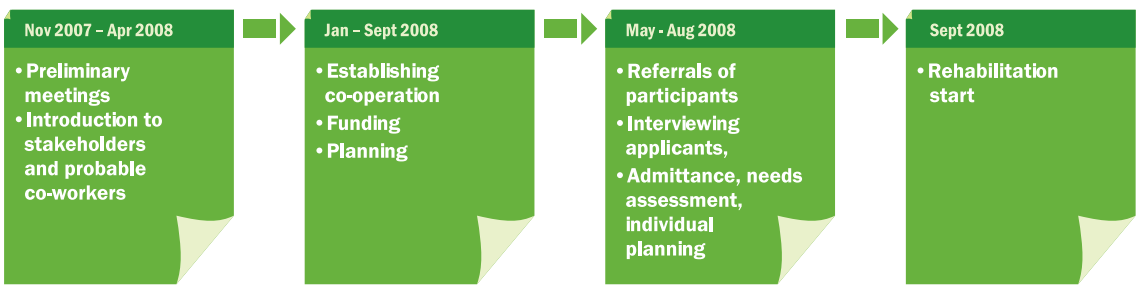

Figure 4: Timeline

The stakeholders contacted were several local service institutions and professionals operating in the health, social and educational sectors, local unions, pension funds, local firms, politicians and the municipality in Hafnarfjörður and two neighbouring communities. Almost all stakeholders reacted positively to the idea of working together to establish a holistic vocational rehabilitation service locally. The exception was local firms who did not react at all. However when it came to practical matters such as funding and organizing the cooperation there were several hindrances, for example, centralized services where local operation had become a part of a much bigger system and a reluctance to direct involvement because of lack of human resources or money. In the end a non-profit organization -"Starfsendurhæfing Hafnarfjarðar" - was established, acting as the implementing agency. Local trade unions and the Municipality of Hafnarfjörður agreed to form this organization along with Sjúkraþjálfarinn (The Physiotherapist). Other stakeholders were very positive about the idea of a holistic approach to service and

more than willing to co-operate in servicing the participants without any further commitment or obligations regarding planning, funding or administration. In the preparatory phase of Social Return To! a contract was made with the Icelandic Social Insurance system which represented three different ministries- Social Affairs and Social Security, Education and Health. This contract became the basis for the funding necessary for the rehabilitation.

Referrals and admittance

Participants were referred to the programme by the local health care system and by local social services. The project had been introduced to the professionals of these institutions and all the necessary information was explained. Some participants came on their own initiative responding to advertisements in the local media describing the project.
Interviews started to screen suitable participants in August 2008. Then a team of three professionals worked on the admission process: an occupational therapist from private practise, a social worker from Social Services in Hafnarfjörður and the Director of Starfsendurhæfing Hafnarfjörður who is a physical therapist specialising in adult education.

Before the participants started their rehabilitation they each filled in assessment forms and questionnaires used for needs assessment and identifying target zones in their life. Then they made their own rehabilitation plan in cooperation with their contact person in Starfsendurhæfing Hafnarfjarðar. This plan became the contract of cooperation between the participant and Starfsendurhæfing Hafnarfjarðar stating the obligations and rights of each partner to the agreement, emphasizing mutual responsibility and commitment to the programme.

16 participants started their vocational rehabilitation in September 2008, all of them women. They were aged from 20 to 62, the average was 42,2 years. 50% where referred from the health care system, 25% from social services and 25% came on their own initiative. They had been out of the labour market for from 6 months up to 10 years, the average was 3,75 years. The women had various problems such as musculoskeletal, psychological or sociological. Many had a mixture of two or more of those and some also had learning disabilities such as dyslexia.

The programme was divided into three sessions; the duration of each session was one semester. To help participants tackle a variety of problems and reach their goal to (re)enter the labour market or obtain access to education it was very important that the programme was holistic and multi-disciplinary. It also had to be flexible to the individual needs of participants. The first semester consisted of diverse health enhancing education, discussions and assignments, group therapy, financial education and guidance, arts and craft courses, computer training and physical exercise. Participants who needed sessions with psychologist and / or guidance from educational and career consultants were offered these services. Several specialists from private practice or employed by cooperating agencies took part in the training and gave lectures and guidance.

The second semester continued to provide individual support and health enhancing education and consisted of four subjects: Mathematics, English, Icelandic and Spanish which was suggested by participants. Participants could join rope-yoga classes in addition to or instead of traditional physical training. Those participants that had dyslexia also had the opportunity to take a course for dyslectic adults operated locally by an Adult Learning Centre at the request of Starfsendurhæfing Hafnarfjarðar.

The third semester started in September 2009 and will end in January 2010. It is similar to the second with one additional subject - Sociology - plus a short course in Cooking (healthy, low-cost food) which will be organized and led by one of the participants. Last but not least there will be a short course about the job-market - possibilities / opportunities, how to apply for jobs etc. We also hope to be able to reintroduce participants to the labour market before the end of the programme by providing opportunities to practice and test themselves "on site", possibly by some kind of work placement or similar arrangement. This matter is still under consideration and is being worked on. If needed a follow-up after the end of the programme will be available for the participants for up to 3 years.
14 of the 16 women who started the programme were still actively participating in September 2009. As their needs are not the same their programme has varied according to individual needs. There are, for example, substantial differences in their educational background and their participation in the educational part of the programme has varied accordingly; this is one example of the flexibility of the programme. Some of the participants are first and foremost preparing themselves for further education while others take part in only some of the educational programme for the purpose of refreshing their previous knowledge and to strengthen their self-esteem.

Two participants have left the programme; one of them dropped out, the other took maternity leave.

Lessons learned

Before the implementation of the social-return programme in Hafnarfjörður several resources and well-functioning service systems already existed locally within the health, social and educational sectors. However, their cooperation was limited and disorganized. The reason for that was systemic but not because of a willingness of the professionals working within the service systems. The professionals turned out to be keen on more cooperation and this has led to the development of a more holistic service than before, benefitting the people being served. The programme has resulted in the establishment of a new, much- needed service which is Starfsendurhæfing Hafnarfjarðar – the vocational rehabilitation service of Hafnarfjörður. The fact that this type of service is available locally has turned out to be very important for participants. Two more groups have already started rehabilitation and it is our hope that the service will be available as long as needed.

The implementation process of the Social return programme revealed some important differences between Akureyri and Hafnarfjörður that had to be considered and dealt with. The most important factor was the fact that many service systems have been centralized for the whole capital region. Therefore many important services that either used to exist in Hafnarfjörður or have operating divisions locally have been transferred or merged into bigger organizations situated in Reykjavík. This development has happened in the health care system, vocational / employment system, several unions etc. This increased centralization in several instances, has resulted in unnecessary complicated communication between systems and connection lines that are more complex and unclear than they had to be. Decisions take longer and are made further away from "the field" - this could decrease flexibility and lengthen response time because of the professionals in charge not "having their fingers on the pulse". More flexibility and quick response time are essential factors when planning a holistic service that is supposed to meet individual needs. Too much centralization can decrease the effectiveness of these services.

PORI, FINLAND

Cooperation with LAFOS

Karier Oy is a private company working in the field of social and healthcare. Working with LAFOS (the Labour Force Service Centre) was seen as the best choice for the Social Return project.
The situation in Finland is totally different from the other countries involved in the Social Return project. LAFOS is the main organisation taking care of people who are in the weakest position in the labour market. There are many kinds of multi-professional services offered by LAFOS. There is no lack of services but the problem is the coordination between them.

As a start point the professionals of the Karier company met professionals from LAFOS Pori. The question was how to give some added value to the services offered by LAFOS via the Social Return project. The other important issue in mind was to create something that would remain after the project. Several meetings were held with LAFOS professionals and they came to the conclusion that people who had already started in rehabilitative work would need something more. The Social Return- project seemed to be the answer.

According the Social Returns holistic approach and multi-professional principles, a group of people was created. The group was named POTPURI - the word means a chain of different songs. It is a metaphor and the idea comes from multi-professional co-operation.

Description of the process

There were difficulties in starting a group because LAFOS could not force their clients to participate in the group. A second start was made and this worked 10 people participated in the Potpuri group.

The programme consisted of physical exercises, discussion groups, cookery classes, financial issues, mental health well-being, social services, relaxation exercises, therapeutic sessions and simply being together in an unstructured way.

The people involved in the group faced a lot of challenges in their personal lives which is natural in this type of target group. There were many kinds of personal problems and also problems with health, drugs and alcohol. Participation within the group cannot be described as good. The people who participated most were motivated and in the end they got the best results in empowering themselves.

Outcomes and lessons learned

Our feedback as service and education providers is that putting together people with many problems in their personal life is often necessary to make this kind of group. But how to motivate, encourage people and finance the groups after the project is problematic. Discussion regarding commitment to the group also has to be done. It is frustrating for a teacher/advisor to plan a programme only for 3 people to turn up. But this is the same problem faced in the courses that employment offices organise in educational centres for unemployed people. Students in Potpuri received the educational financial benefit and travel costs for the days they studied in the group.

The feedback from LAFOS was that the group liked the planning of the programme and the material was good. The students were also happy about how they worked together and what they did. The representatives form LAFOS also said that the student feedback was good. One of the problems highlighted in the feedback was that people involved in the project had so many problems in their personal life that they could not participate fully. When thinking about further Potpuri groups the question of how to motivate people into a group needs to be addressed. Maybe the timing should be different. A model like this could work well if a group was created before the rehabilitative work.

The feedback from students was the same; they felt that timing should be different than it was in this group. It is not easy to leave work to join a group, although every involved party including employees knows that client could benefit from the group. It is a question of identity and reputation.

The challenge is that the re-integration process needs multi-professional work and networking. The more difficult the multidimensional problems the client faces in relation to education and/or work, the more he/she needs support from different kinds of professionals.

LAFOS needs to offer these activities and educational services. Co-operation with private providers should be encouraged even more. Potpuri was a good example that cooperation can be established.

EVALUATION OF THE OUTCOMES IN THE REHABILITATION OF CLIENTS DURING THE PROJECT CYCLE

Text by Ulla-Maija Koivula,
PIRAMK University of Applied Sciences,
Finland

The rehabilitation work with clients started in autumn 2008 in all project locations, in Hafnarfjörður (Iceland), Pori (Finland) and Jurmala (Latvia). The client monitoring model was developed together with the researcher before the start of work with clients. The monitoring was data collected by the project partners in Tampere, Jurmala and Hafnarfjörður and then combined and analyzed by Ulla-Maija Koivula - he researcher.

In addition to the client groups of the project a comparative client group from SN in Akureyri (Iceland) was selected to provide additional data and make it possible to find more reliable results in testing the rehabilitation model.

CLIENT DATA

The total number of clients involved in the Social Return Project and in the rehabilitation activities in Akureyri was 58. Two thirds of these were female and one third male. The gender division varied substantially in different project locations. In Hafnarfjörður all participants were female; females formed 75% of the group in Jurmala. In Pori, Finland and in Akureyri, northern Iceland, the gender division was more even.

Table 2: Participants by gender (N)

	Pori, Finland	Jurmala, Latvia	Hafnarfjörður, Iceland	Akureyri, Iceland
male	4	3	0	8
female	4	12	16	10
total	8	15	16	18

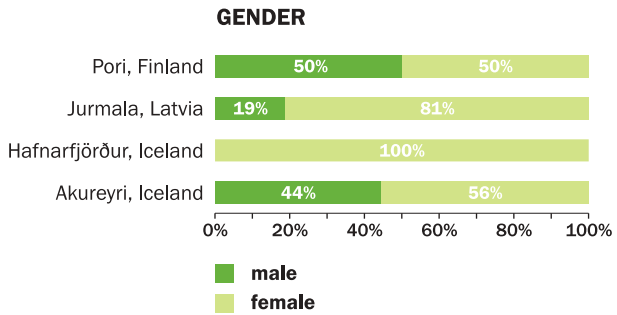

Figure 5: The gender division of participants in project locations (%)

Clients varied from 18 to 59 at the point of entering the project. The average age was 36. The two largest age groups were 31-45 year olds; they formed half of the client group. The second largest age group were young adults under 30; they formed one third of the client group. This means that 80% of the clients were at an active working age who would be likely to benefit from rehabilitation and be able to improve their employability.

Only 7% of participants belong to the age group near retirement age.

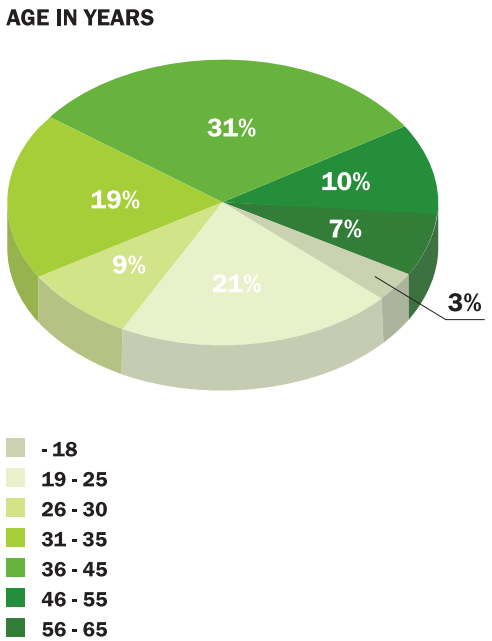

Figure 6: The age division of clients enrolled in the project (summary from all project locations)

Age divisions in different project groups varied. On average the eldest clients were in Hafnarfjörður and the youngest in Jurmala.

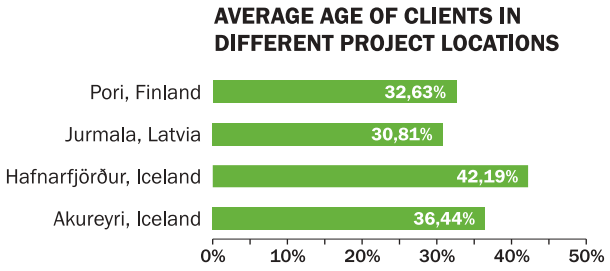

Figure 7: Average age of clients in different project locations (in years)

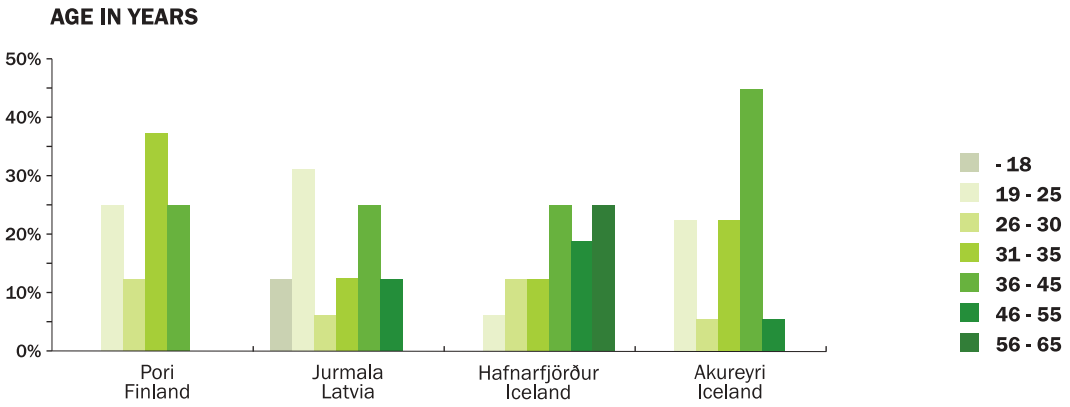

Figure 8: Age division of clients in different project locations (%)

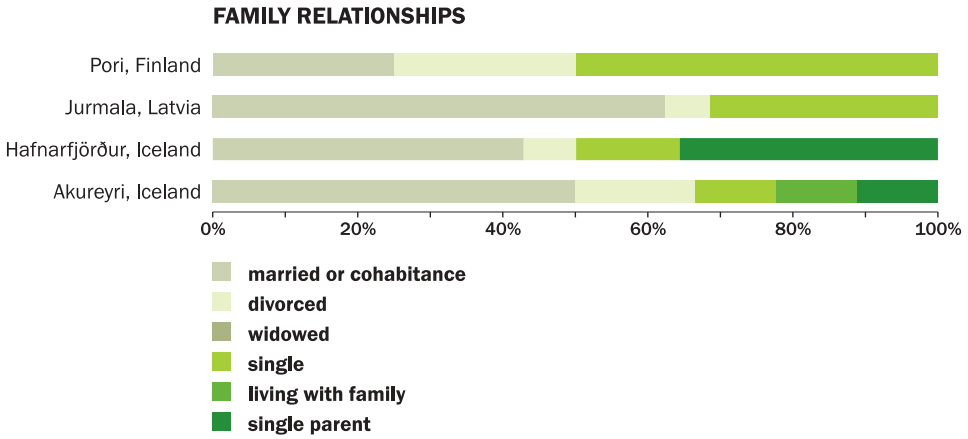

Figure 9: Family relationships of participants in different project locations (%)

The family relationships of participants varied significantly by project locations. Most participants were single or divorced in Finland. Most of the participants were married or co-habiting in Latvia. However, in Iceland, single parents were a surprisingly large group in Hafnarfjörður - 7 out of 16, while in Akureyri half of the participants were married or co-habiting while the rest were a mixture of single, divorced or single parents or living with their parent(s).

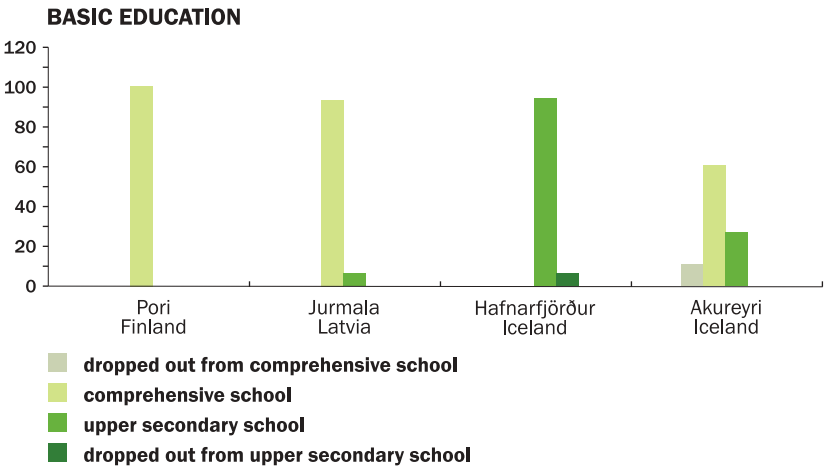

Figure 10: Basic education of participants by project location (%)

Basic education refers to general education from the beginning of school age (6-7) to the end of upper secondary school. In general most participants had finished comprehensive school. Participants had a more mixed educational background in Iceland. This was especially true in Aukeyri; there were some participants who also had dropped out from comprehensive school or from upper secondary school. This suggests that participants in Iceland maybe had a more problems in learning or integrating into a school than in other project locations.

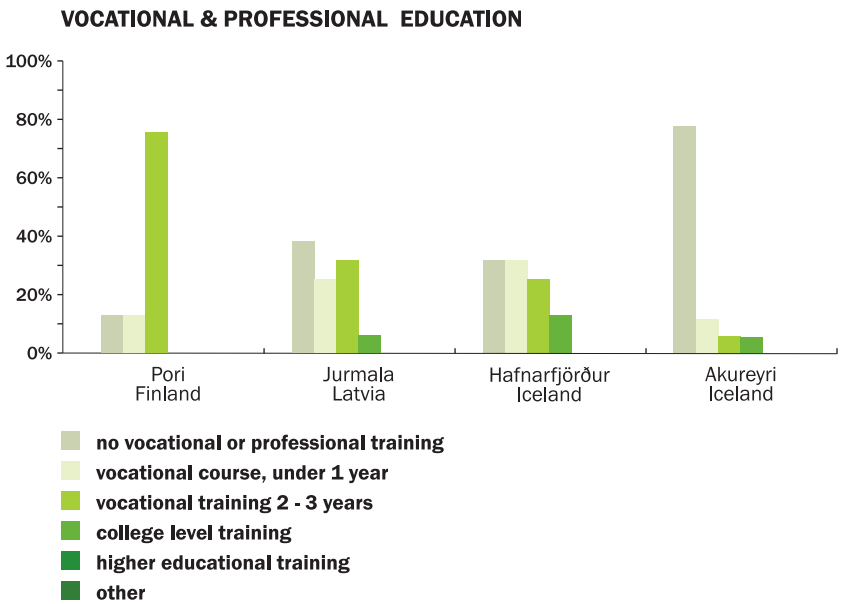

Figure 11: Vocational and professional/higher education of participants in different project locations (%)

There were big differences in the vocational and professional education level of the participants in different locations. In the Finnish group, most of the clients had received vocational training, meaning that they had finished a vocational school with certificated education. Most people had no vocational education in Akureyri. However, participants were very heterogeneous in relation to their vocational or professional education in Hafnarfjörður and Latvia, some having a college level qualification, some with no vocational education.

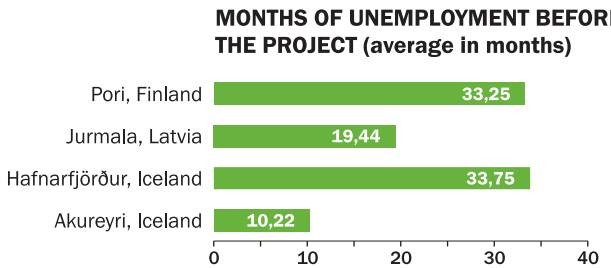

Figure 12: The average time of unemployment before entering the project in different locations (months)

On average, clients with a longer history in unemployment before were in Hafnarfjörður, Iceland and in Pori, Finland. However, the length of unemployment before entering the project varied on an individual basis.

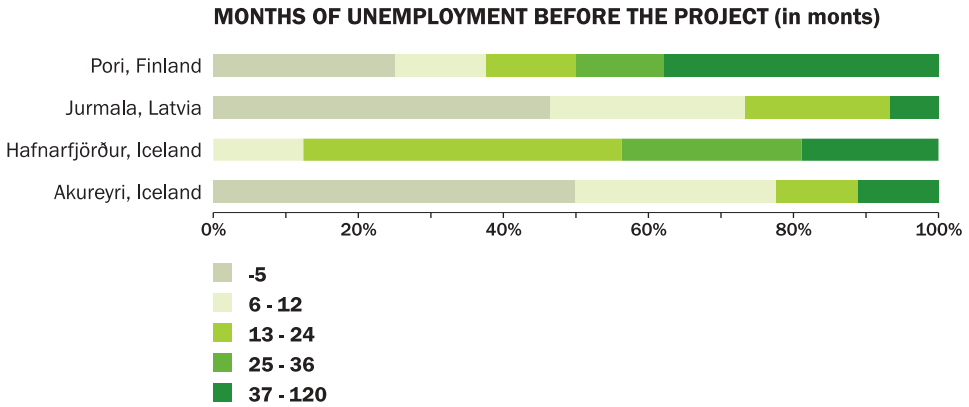

Figure 13: Months of unemployment before the project in different project locations (%)

The longest-term unemployed were in the Finnish project group in Pori. This was because of the labour market position of the group. The group was already enrolled in rehabilitative work, which was an activation measure targeted to clients who had severe and/or multiple obstacles to employment.
The unemployment history of the clients was mostly quite short in Jurmala, Latvia because many of the group were in rehabilitation because of their physical illness or impairment. Also the groups in Iceland differed from each other; 40% of the participant had been unemployed over for two years in Hafnarfjörður but 80% had been unemployed less than a year in Akureyri. The labour market position of the clients at the beginning of the project was estimated based on a formed categorization.

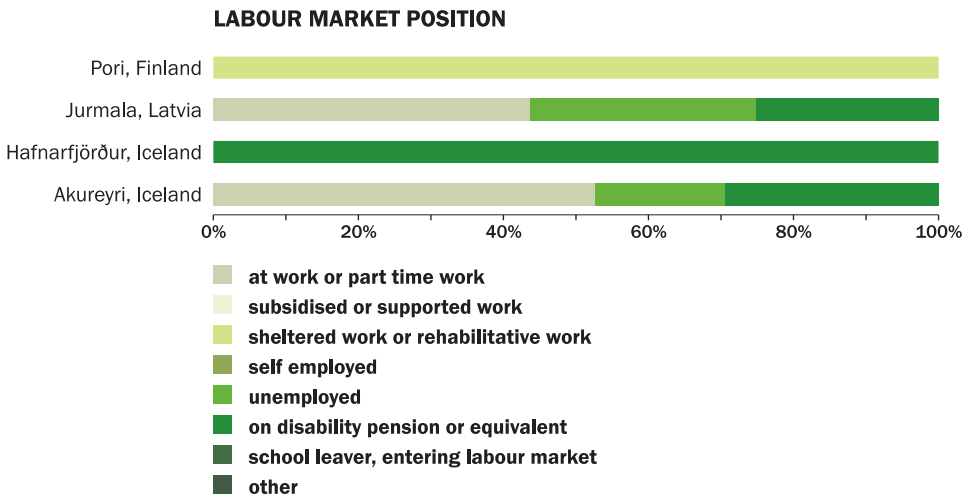

Figure 14: Labour market position at the beginning of the project in different project locations (%)

The social security systems were all different in the project countries which affected the categorisation of the labour market position of the client.
The Finnish group were all in rehabilitative work which was a motivational process providing social work and work activities. It is necessary to have a history of long-term unemployment with particular obstacles for reintegration to be able to have an option for rehabilitation work. Some participants were on disability pensions, some unemployed and some at work but in rehabilitation in Jurmala, Latvia. All participants were receiving a disability allowance or benefit (or pension, temporary) in Hafnarfjörður, Iceland. In Akureyri the participants were a mixed

group of part time workers, unemployed or in sheltered work, receiving disability pension or benefit or on sickness benefit.
Most project participants had some physical, psychological or behavioural problems or challenges which affected their employability and reintegration into the educational or labour markets.

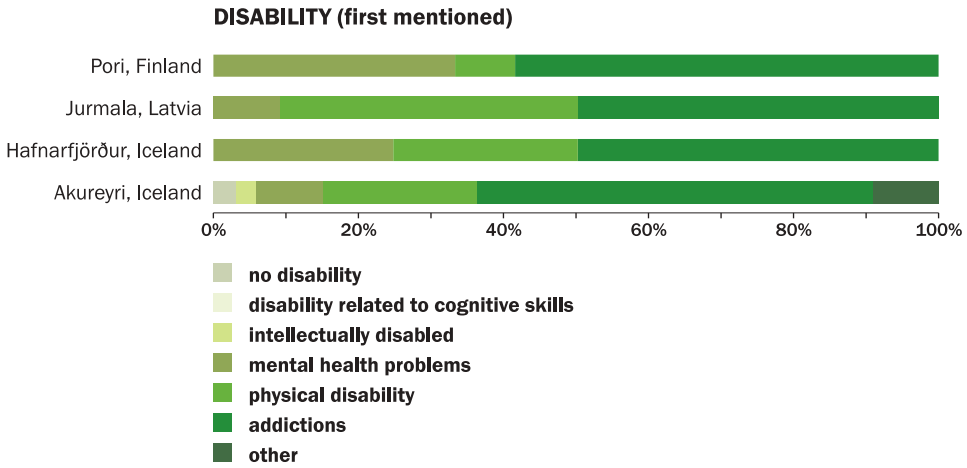

Figure 15: Disabilities or other health or social problems of participants (%) by the first-mentioned disability or health condition

Table 3: Disability or other health or social problems of participants by project location.

%	Pori, Finland	Jurmala, Latvia	Iceland, Hafnarfjörður	Iceland, Akureyri	Total
no disability	0	0	0	0	0
disability related to cognitive skills	0	0	0	0	0
intellectually disabled	0	0	0	6	2
mental health problems	57	19	44	17	30
physical disability	14	81	56	44	54
addictions	29	0	0	17	9
other	0	0	0	17	5
total	100	100	100	100	100
N=57 (data missing from one client)	7	16	16	18	57

All participants had some kind of disability, health or mental health related problems, addictions or were long-term unemployed and/or lived an isolate life. Table 2 lists the percentage of the first-mentioned problem in the client monitoring data. This might not be the main problem or the “key” problem.

Physical health and mental health problems were the most first-mentioned problems of the clients. Addictions were most common among Finnish participants as well as problems related to mental health – often these were combined. Most problems were related to physical disabi-

lity or illnesses in the Latvian group. Clients had multiple problems often related to both physical and mental health in Hafnarfjörður. Tables 3 and 4 reflect this. Clients had a variety of often combined difficulties in Akureyri.

Based on the data from different project locations clients could be characterized as follows:

Table 4: Client characteristics in different project locations

Country	Health related	Other
Finland (Typical: Substance abuse and depression combined)	Depression and panic disorders	Alcohol and drug abuse
Latvia (Typical: mainly physical related problems and in need of retraining)	Physical health problems because of accidents; epilepsy, other physical problems (poliomyelitis, pains in joints etc.), mental health problems	
Iceland, Hafnarfjörður (Typical: combined physical and mental health problems)	Physical health problems (arthritis, fibromyalgia, diabetes) mental health problems such as anxiety, depression	
Iceland, Akureyri (Typical: multiproblematic clients)	Physical health problems such as fibromyalgia, Tourett syndrome, mental health problems such as depression, bi-polarism, anxiety	Societal problems, anger, alcohol abuse, isolate life, obesity, dyslexia

The objectives of clients

The personal objectives of the clients were the starting point of the rehabilitation process. Most of the clients wanted to obtain a profession or employment as their main aim. Some clients mentioned other objectives such as gaining more self-confidence or more skills to manage socially.

OUTCOMES OF REHABILITATION

The analysis of client-level outcomes was based on client monitoring data and on client feedback.

Client feedback from Latvia and Iceland

Client feedback was collected in the form of client feedback questionnaires (attachment 1) which was answered by 37 participants in total.

The clients described their main objectives in their own words. Surprisingly many of the answers – a total of 36 open replies- stated not only professional education or work-related aims but also objectives such as *"to find social contacts", "to gain self-confidence", "for hope".*

Most of the answers expressed a multiple purpose:

"To become physically and mentally stronger and find some help and ideas regarding my chances of re-entering labour market, considering my physical limitations"

"For the self-confidence to study"

"To get my life into a routine and improve my education"

"To get back into life; I was isolated, shy, depressed, was looking for support and help to get a life."

"To do better both mentally and physically"

"Social contacts and increased knowledge"

"For financial, mental & social support"

The answers showed that the objectives of most clients were not a straightforward "to get a job" but a more multilayered wish for a "better life". This showed that the results of these kinds of projects cannot be estimated by only the mechanical counting of gained employment but rather by estimating how, in various fields of life, the client him/herself had experienced some improvement.

This was done by asking clients to estimate the changes they had experienced in the areas of work, education/learning, physical health, mental wellbeing, social contacts, family situation, income situation, hopefulness, happiness, belief in the future, self-confidence and any other fields. The estimation was done by grading the situation at the beginning of the project and at the end of the project on a scale of 0 to 10.

Firstly, the averages of the gradings were compared between the situation at the beginning and at the end. Because the feedback was collected only at the end of the project cycle, the grading is based on the client's own memory of the situation at the beginning. So this assessment only described subjective feelings as remembered, and are possibly not very reliable. However, they give an approximate picture of how the client themselves perceived the changed which occurred.

Table 5: Clients' assessment on his/her life situation and wellbeing (graded from 0 to 10)

Theme area	Assessment at the beginning of the project	Assessment at the end of the project (June-Sept 09)	Change
Work situation	1,52	2,03	+0,51
Education/learning	2,91	5,42	+2,51
Physical health	2,39	3,58	+1,19
Mental wellbeing	3,18	5,55	+2,37
Social relations	4,12	6,51	+2,29
Family situation	6,44	7,30	+0,86
Income situation	4,62	5,65	+1,03
Hopefulness	5,17	6,71	+1.54
Happiness	5,67	7,33	+1,66
Trust in future	4,60	6,47	+1,87
Self-confidence	4,47	6,73	+2,26
Other – friendship (one answer)	1	8	+7

The scoring of clients showed that on average, there had been some improvement in all areas. When studied on an individual basis, some reported either no change at all or, in a few cases, a minor decrease in the situation. These were very rare however.

The biggest positive changes happened in learning, mental wellbeing, social relations and self-confidence.

The qualitative data collected said more about personal feelings and experiences. The clients were asked to give open feedback about their learning and experiences.

Social contacts seem to have been really important for many of the clients.

"Being among other people, I feel so lonely at home..."

"Meeting others every day, going to the gym, learning to study again"

"Meeting people on a regular basis"

"Socialization and being together with nice people"

The group activities also brought some structure to the lives of clients:

"Getting up every morning, meeting other classmates"

"To get out of my home, to have something to do"

"Getting a grip on my life, to have a goal"

Support from staff and group members was important for many:

"I leant how to talk about problems and physical pain, also the group - we all had similar problems and could talk openly about them"

However, apart for the numerical gradings, to be able to study and learn new things as well as having the support for not only learning new skills but also having some physical and other activities related to health formed a combination of support which was felt to be supportive.

"To be able to carry on with my studies"

"I will go to school, which I would never have dared to do before"

"The placement and also the understanding that only education can help me in competition for a job"

Case studies from Latvia

LIGA

An 18 year old young woman with a physical disability, from a small village near Kuldiga. She has had her health problems from birth, very low self-esteem, had finished only basic education (9 classes).

She was sent to undertake the professional adequacy test at the Social Integration State Agency (SIVA). During the test the psychologist of SIVA told her about the Social Return Project and the opportunity to join the training group. She agreed to take part in the project and chose the training course for accountants. She stayed at the hostel during the training. She underwent a full course of training, including sessions with a psychologist, occupational therapist, doctors, a placement etc.

Liga stated that the most valuable things for her were the sessions with the psychologist, the job simulation course and also that she could stay away from home where she was treated as an invalid. Here in SIVA she was an equal member of society. She started to go to a local church, and then joined the church choir. She gained friends and – most importantly – self-esteem.

After completing the Social Return Course, she decided to continue her education. Now she is studying a 2-year programme for accountants and is also attending evening classes to complete secondary education. She also sings in a church choir and a SIVA ensemble.

AIJA

A 40-year old woman, from village in Livani in the countryside. She was a tailoress but she lost her arm after an injury and could not work in her previous profession. She chose to attend the Social Return course. She said that the most valuable part of the programme was the practical knowledge gained during the course and the work placement. At the end of the course she went back to her village and started to work in a wood company as a bookkeeper. She lost her job in July because of the economic crisis in Latvia. Her company went bankrupt. However, she is actively looking for a new job. As SIVA has 8 branches or support centres throughout the country, the social worker from the Daugavpils Support Centre provides her with permanent assistance– keeping her spirits up and the hope of finding a new job.

Case studies from Hafnarfjörður and Akureyri, Iceland

The examples were presented at the final conference in Akureyri in September 2009 by the individuals themselves. The names have been changed to maintain confidentiality and privacy.

"My name is G., 50 years old, married with 8 children. I am considered extremely beautiful when seen from a distance. J

I was in my final semester at the Kópavogur Institute of Education where I studied to be a diet-cook in 2007. I went on a fieldtrip with my classmates and suffered a bad fall. After the fall I suffered chronic pain in my neck and back and I also dislocated my right shoulder. In spite of chronic pain I pushed myself to finish my education and to continue working. Then on 24 of May 2007 I graduated second in my class.

My body just gave up in April 2008. I stopped working and went on a rehabilitation pension in May the same year. I felt sorry about not being able to work and more importantly not being able to use my education.
My two aunts one on my mother's side and the other aunt on my father's, soon pointed out to me that there was a project starting in Hafnarfjörður that offered vocational rehabilitation. They had already signed up so I decided to sign up as well. I would like to say that nothing points to any connection between genetics and being unable to work. J

I was not emotionally stable during that time and I remember feeling like that before. I knew then that I had to sort out these feeling when I was ready.
When I went to my first pre -semester meeting I felt so welcomed by the director and everyone. This semester the class was mostly about getting to know each other and building relationships. We soon realized that we were not alone in dealing with our feelings and pain. We took on different tasks ranging from handcrafts to soul searching.

In the second semester we had science, self reinforcement and a gym class. The students varied in skills and academic achievements. I was so fortunate to be asked to teach cookery at the school. I saw that teaching cookery was great for me. I loved to be able to share my knowledge. This reinforced my self-confidence. When the second semester was over I felt ready to sort out the feelings I mentioned before.

The process:
My husband and I lost our six year old son in 1982. He drowned. I had always thought we would be together forever, and he will always be in my heart. In those days there was no such thing as trauma help. Back then my feelings where as I have been feeling now. I was very depressed and socially disabled.

I just wanted to sit at home alone with my son's coat in my arms and cry. I could not even take my younger boy in my arms because I felt I was betraying my elder son. I became totally depressed but realized my loved ones were getting more and more concerned so I decided to pull myself together. I enrolled in the senior department of Flensborgarskóli and I had classes in the afternoon. Some days I could attend some days I could not. After working long and hard on myself I felt I was getting better. I thought I was completely free of this dreadful disease that depression is. But of course it always stays inside me.

It is so hard to climb a high mountain; it is so easy to lose your feet and slide down the mountainside again. But you always have to stand up and try again. I have learned this and so many other things in my rehabilitation.

Now that the third semester has begun I feel a sense of fear when I think of the future. I sense the same fear in my classmates. I cannot even see my fourth semester because of the economic disaster that we are going through at the moment.

We students have been so lucky to have wonderful teachers and the director is like our mother. We were all so fragile at the beginning, broken and small but the director and her staff have supported us so well. "Director, thank you for being you."

"My name is E I am 28 and I stopped working in November 2007. I would like to start by telling you a bit about myself. I am the proud mother of a beautiful girl. She is my main motivation for bettering myself. I have had no education since primary school but I must be highly educated in the famous school of life.

Before I came to know this programme I was a mess. My depression was very bad and my physical condition too. However I thought I could cope with this on my own, when the truth was I was very good at keeping my problems well hidden.
I still remember very clearly the emotional day when I was told that I had got into the rehabilitation programme and even though I didn´t really know how it was going to help me, I instantly felt relived.

I worried about the people in my class at first; if I was going to be able to trust them or even like them. It did not take me long to realise that I was not alone and that there were alot of people willing to help instead of judge, but unfortunately that was my previous experience.

My first semester was a bit of a rollercoaster; I felt as if my problems were multiplying and this felt overwhelming. I saw myself as a huge case that could not be helped. Just as I was told as a child when I tried to learn in school. All of these problems are being dealt with today, and studying is actually fun.
I can see that this programme forced me (in a positive way) to open my eyes, to face my fears and my problems. That is why I am here today.

The positive of the first semester was the bonding with all the great people who were involved. Finding that I had a purpose and also trying out new things and finding out that I was good at alot more then I thought. We were given many opportunities to express ourselves and I found that to be an important part of getting my self confidence back.

The second semester was obviously harder in some ways; it was more demanding but at the same time a lot more interesting. I found out a lot of new things about myself mainly career-wise. What surprised me though was that inside me lived a secure, optimistic, determined woman who I had never met before.

Now I have just started my last semester. I am anxious and concerned about what will happen next. I feel like I have just started to get into the rhythm of things. Although at

the same time I know where I'm heading and have made a lot of friends who I know will give me all the support I need.

By participating in this rehabilitation I have become more independent, positive and confident; I am able to face everyday things which I could not before. I know what I want from life and I actually believe I deserve them.

When I faced hard times in my life before I would crawl into my shell and feel sorry for myself. This programme has helped me with that problem because both the director and all my classmates would not allow me to do that and help me get back on my feet. I am not saying that I don't give myself credit for my recovery, we know that we are responsible for our own lives but without this help I know in my heart that all my issues this year would have broken me."

"My name is S. and I'm 25. I was an only child of a single mother and I moved around a lot as a child. I was picked on by older children all through my pre-teen years.
I was a rowdy teenager and I got into some trouble. I was a rebel and considered a lost cause by most of my teachers at school.

I was kicked out of my school when I was 14 and invited to be a part of an experimental class for rebels and people who did not socially function well academically and focus more on practical studies. This was a completely wrong turn for me and by the time I graduated 10th grade I came out less educated and more rebellious then ever before.

I didn't really get into studies at Verkmenntaskóli high school so I dropped out and was unemployed for about a year and a half until I tried again for school, this time at Borgarholtsskóli high school but I failed that attempt quickly too and was once again mostly unemployed working for a few weeks here and there when I was in desperate need of cash.
I never got into much trouble but I wasn't really dependable either. I rebelled against authority, I considered myself an anarchist and I was determined to do as little as possible and mostly just wanted to hang out in cafés smoking cigarettes and drinking coffee.
When I was a few months short of turning 20, I got pregnant and I and my boyfriend started living together. After the birth of my first child, I was a stay-at- home mother but it wasn't really my calling. I wasn't diagnosed but I'm pretty sure that what was going on with me was post-natal depression. I was in a pretty bad place and I was certain I couldn't ever get a real job, I would be doomed to work in a fish-factory or cleaning or something like that for the rest of my life.

Then my boyfriend and I got married and I had our second child, and after staying at home with her for almost a year I got a great opportunity to start at the Social Return SN Rehabilitation Centre, along with 18 other people.
We were mostly in group therapy sessions and creative writing in the first semester. Both helped me tremendously. Socially I had become a bit isolated, being at home so much so the group therapy sessions helped with that.
I had lost confidence studying but I regained that in the second semester.

By the third semester I was completely ready to start normal school with faster pace and more demands and get my "training wheels" as I refer to the slow pace and the study support system surrounding BYR (the SN Rehabilitation Centre).

Now I have started at Verkmenntaskólinn high school again and I'm ready. I'm organised, well at least more so than normal, I'm doing the work and I'm taking it seriously. I plan on becoming a travelling agent or work with tourist information in one form or another. So SN helped me kick-start the academic journey I never thought I could have and hopefully if everything goes according to plan I will in the near future be working full time in something that I love. This is more than I ever thought possible."

CLIENT FEEDBACK FROM PORI, FINLAND

The participants in the group in Pori represented typical clients of rehabilitative work having both long-term unemployment and multiple problems related to substance abuse, physical and or mental health.

The Pori group differed from other project sites since the Potpuri group, as the method was called, was a supplementary service for clients who were also clients of LAFOS – the Labour Force Service Centre. This centre offers multi-professional re-integration services for the long-term unemployed.

At the end of the project two participants were out of the labour market because of health reasons and one of the participants had succeeded in getting employment in the open labour market. The other participants were employed by support or subsidy from the employment office.

The client feedback was collected by interviewing two of the clients about their experiences in the project and not by using a questionnaire. So the results are presented here in the form of case studies only.

Case studies from Pori

J. is a 32-year old man. He became a client in LAFOS in the summer of 2008. One of his main problems, besides unemployment, was alcohol abuse. The LAFOS services included multi-professional counselling, rehabilitative work and J. also had some contact with the A-Clinic (a service unit for substance abusers). The situation also resulted in financial problems and so he received some financial assistance from the social welfare office.

J. has a background as a quite good football player but that career ended because of an injury; after that the problems started and became worse.

The first objective for J. was to encourage and empower himself for getting subsidized work at the beginning of the project. His physical condition had also deteriorated his health because of drinking.
The main objective for getting subsidized work had become a reality in the Potpuri group. His physical condition has also become much better. There are still some

problems with drinking. For example, he still drinks at weekends and might leave an oven or other electric appliances on. The Fire Service has come to his apartment several times and he is facing eviction from his flat.

However, his quality of life has improved but he feels that work has an important meaning in his well-being. If something happens at work he doesn't know how to go on with life. Everything goes well at work when he does not drink. He feels that his skills for working have improved. He also feels that he has become more open and sociable nowadays. He goes swimming a couple of times a week for example.

However, he felt that the timing of the start of the Potpuri group was not right. He thought that the group should have started before the rehabilitative work to have more commitment. "After starting work you want to work and not to go to a group." The positive feedback was that the teachers were good and regarded the clients "as humans" despite their problems.

K. is a young 25-year old man. He started in rehabilitative work in the Potpuri group in autumn of 2008. The biggest problem that K. had was drinking alcohol, but there were also some other problems such as panic disorders and social isolation. Because of these K. needed alot of personal help from LAFOS.

After starting the rehabilitative work the situation has improved. He has earned a reputation for being a "trustable employee". His physical condition is much better and he also feels that his quality of life has improved. He has now subsidised work for 6 months and after that he is planning to start some vocational education. Relationships with his family have improved too and he feels more encouraged.

He feels that the help of the Potpuri group has been significant in these changes. Discussions with people with the same kind problems gave him some answers too. Also the group was small, and this helped him to become more self-confident.

COMBINED OUTCOMES

Outcomes of rehabilitation cannot be measured in the short term but need a longer follow up period. Client feedback and the stories of the clients themselves have told a positive tale of effects and benefits.

When the situation was examined in autumn 2009 - the end of the project cycle - the results were promising.

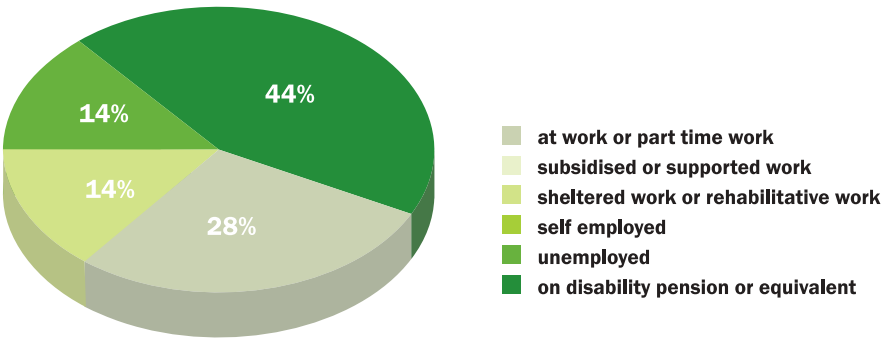

Figure 16: Labour market situation at the beginning of the project at the beginning of 2008

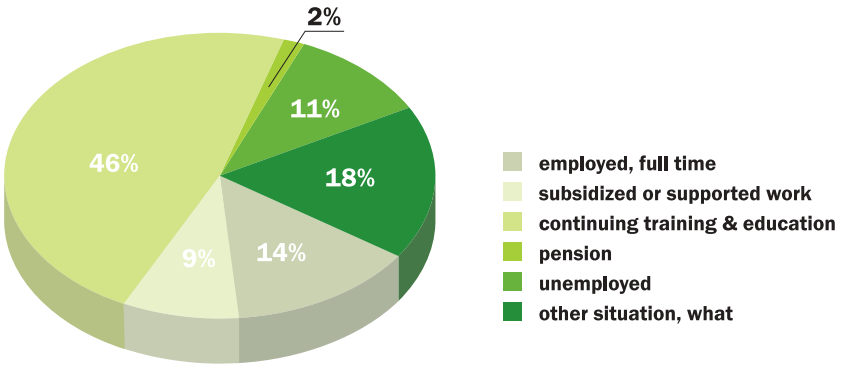

Figure 17: Labour market situation at the end of the project cycle in August 2009

The percentage of those clients on disability pension had decreased from 44 to 18. The number of unemployed had also fallen. Generally the employment situation had become much more difficult during the project cycle and this also affected the opportunities to gain access to the labour market.

The success stories lay more in the overall development of wellbeing and an increase confidence in "getting a grip" of their own lives again.

The feedback from the clients regarding the process of rehabilitation emphasised the need for a multiprofessional and diverse system of activities and support for these clients. Also the composition of the group itself seemed to play an important part in the success of the process, as peer support plays and important role in this. An intensive programme of continuous support including diverse options for learning and activities, including physical, seem to bring positive results.

RECOMMENDATIONS AND CONCLUSIONS

THE FINAL CONFERENCE IN AKUREYRI, ICELAND

The final conference was held in Akureyri, Iceland on 14 September 2009.

The people who attended the conference were mainly Icelandic, from various sectors such as Rehabilitation, Health, Social and Educational. The Minister of Social Affairs and Social Security came to the conference, as did the Mayor of Akureyri.
Participants from other countries in Europe also came, including representatives from participating countries such as Finland and Latvia. Representatives from former partners in Social Return, now partners in a new connected project called SRPE (Social Return Practice Experience) from the Netherlands, Lithuania, Slovenia and a new partner from Belgium also attended the conference.
75 people attended the conference.

The programme of the conference is shown on the next page.

Social Return Transfer of Innovation - Final Conference

14 September 2009 - Ketilhúsið, Akureyri, Iceland

12:30 – 13:00	**Registration**
13:00 – 13:10	**The Opening** Árni Páll Árnason Minister of Social Affairs and Social Security
13:10 – 13:20	**Address** María Kristín Gylfadóttir Project Manager Icelandic National Agency – Education and Culture DG
13:20 – 13:40	**Social Return ToI - The whole story** Soffía Gísladóttir Project Manager of Social Return ToI
13:40 – 14:10	**Social Return ToI - Starfsendurhæfing Hafnarfjarðar** Anna Guðný Eiríksdóttir, Director of StH Participants from the StH Rehabilitation Centre: Guðrún Ólafsdóttir og Eva Rós Þráinsdóttir
14:10 – 14:30	**Social Return ToI - Karier Oy - Finland** Kari Löytökorpi, Director of Karier oy
14:30 – 14:50	**Coffee**
14:50 – 15:10	**Social Return ToI - Latvia Social Integration Centre** Regina Simsone, Director of SIVA Dzintra Jones, Project Manager
15:10 – 15:30	**Social Return ToI - Starfsendurhæfing Norðurlands** Magnfríður Sigurðardóttir, Occupational Therapist of SN Participants from the SN Rehabilitation Centre: Sæunn Valdís Kristinsdóttir, Óskar Gylfason og Ingveldur Árnadóttir
15:30 – 16:00	**A comparative evaluation of social reintegration in the participating countries** Ulla-Maija Koivula, Coordinator of International Affairs Pirkanmaa University of Applied Sciences, Tampere Finland
16:00 – 16:50	**Future dialogue on social reintegration - Chairperson - Ulla-Maija Koivula** Participants: Árni Páll Árnason, Minister of Social Affairs and Social Security Hermann Jón Tómasson, Mayor of Akureyri Ingvar Þóroddsson, Director of the SN Rehabilitation Centre Tommi Eskonen, Director of LAFOS, Tampere, Finland Regina Simsone, Director of SIVA - The Social Integration State Agency of Jurmala, Latvia (translated by Dzintra Jones)
16:50 – 17:00	**Closing presentation** Ingvar Þóroddsson Director of the Board of the SN Rehabilitation Centre

Chairman – Guðmundur Baldvin Guðmundsson,
Board Member of the SN Rehabilitation Centre

RECOMMENDATIONS

Recommendations from Latvia

We strongly recommend other rehabilitation institutions to use the client monitoring form which was developed, updated and used in the project. This form contains the holistic characteristic of a client and information regarding all the services provided to him/her and is very easy to use. It provides very useful information for all members of the team involved in the rehabilitation process and is also very customer friendly. The Social Integration State Agency will continue to use this form in our work at the agency.

The rehabilitation service network needs to be enlarged by including social workers from municipalities where the client – a disabled person- comes from. In Latvia the majority of disabled people undertake training and rehabilitation in the Social Integration State Agency in Jurmala or at its 8 branches which operate throughout Latvia. So it is very important that the person concerned continues to receive professional help, support and rehabilitation services on his/her return home.

We also advise the establishment of a support team which consists of all professionals involved in the rehabilitation process of a disabled person. This team needs to meet either face to face or via the Internet at least once a month to discuss the progress of a client and to make decisions regarding further rehabilitation activities.

To improve the situation of disabled people in Latvia in general, it would be advisable that national legislation provided state-financed services of individual assistance to a disabled person if it is necessary.

Recommendations from Hafnarfjörður, Iceland

When implementing the programme in Hafnarfjörður we discovered that many service systems have been centralized for the whole capital region. Therefore many important services that used either to exist in Hafnarfjörður or had operating divisions locally, have been transferred or merged into bigger organizations situated in Reykjavík. This development has happened in the health care system, vocational / employment system, several unions etc. Increased centralization, in several instances, has resulted in unnecessarily complicated communications between systems and connection lines that are more complex and unclear than they used to be. Flexibility and quick response time are essential factors when planning a holistic service that is designed to meet individual needs. Too much centralization can decrease the effectiveness of such services. Now Iceland is facing higher unemployment than it has in decades and alot of new legislation is being introduced to deal with this. It is important that this legislation takes into account what has been mentioned above. A new system must be flexible and allow decentralization. Local services must be able to make use of the resources that are at hand and customise their services to the needs of the individual.

Recommendations from Pori, Finland

Although there is already a multi-professional way of working in Finland, we recommend more co-operation with the private sector to support the existing system. There is a need for companies to organise a multi-professional network and rehabilitation process. The need is not only among unemployed people but also among people in need of social and healthcare services. You might call this a "service-jungle" and there is a need is for a survivors' guide. A multi-professional method of working needs be used on behalf of all people in need.

Recommendations from Akureyri, Iceland

There has been much success in Iceland with the Social Return holistic approach and the project is already spreading out to different parts of the country and, by means of the transfer of the innovation project, to other countries too. It is necessary to continue to develop the ideology of Social Return and the voice of the target group is of vital importance in that perspective. In every group, in each semester a team of five critical reviewers from the group of participants were asked to provide a constant review of our approach. Critical reviewers have been a part of the Social Return project from the experimental phase onwards. This provides a good example of the value of the opinions of participants in respect of further development.

There is also a need to evaluate on a regular basis the situation of the society where the ideology of Social Return is in use. One of the strengths of the Social Return ideology is to map out the current situation, focusing on both strengths and weaknesses in order to cooperate in a realistic way. When mapping out the society it is important to bear in mind the balance between the many different services that are used to develop participants.

We think that because of the economic crisis in the world and increased unemployment we feel that there is a crucial need for simulation companies in Iceland. We have growing groups of young people who lack work experience and do not have a chance in the labour market, weak as it is in these times of crisis. Icelanders have to look to the rest of Europe in the next few months and learn from them about simulation companies that would really extend the development and opportunities gained from Social Return.

CONCLUSION

Metaphorically we can describe Social Return as a bus journey. In the "Social Return Bus" the participant (the individual in need) is in the driving seat. There is a case worker sat in the guide's seat helping the driver to focus on his/hers goals and dreams for the future. The bus is crowded with all kinds of professionals, both traditional and non-traditional who have all made an agreement to work holistically together with each other in order to help the driver to achieve his/her future goals. These professionals are all self-confident in their own professions and have respect for all the other different professions on the bus. Little by little on the driver's way to his/her goals (the journey can take up to 3 years) he or she becomes more and more confident and, at the end, he /she is prepared to start a new life.
Everyone can sit in the driving seat, as long as he/she is ready to take responsibility for his/her future goals and dreams and is ready to work with all kinds of different professionals who are prepared to work with him/her to build a brighter future. The professionals may have got on or off the bus during the journey, but the driver and the guide stay on board until the journey is over and the bus has arrived at the terminus. ◆