



Active inclusion of young people with disabilities or health problems



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Executive summary

Introduction

This Eurofound study examines the situation of young people with health problems or disabilities in 11 countries (Denmark, Finland, France, Germany, Ireland, the Netherlands, Poland, Portugal, Slovakia, Spain and the United Kingdom) and at EU level, with an emphasis on assessing the implementation of active inclusion policy at national level. Active inclusion policy seeks to integrate measures in relation to three pillars – adequate income, inclusive labour markets and access to quality services – for people furthest from the labour market. The main aim of the research is to see how the policy has been implemented to move young people with health problems or disabilities from inactivity into employment. Forty-four diverse and innovative case studies of good practice are analysed to distil the characteristics of service providers, their experiences and the success factors underlying their projects to formulate conclusions that are applicable across the EU. Some of the case studies are dedicated to mental health, a growing concern in the majority of countries that were studied. Particular attention is paid to the ongoing debates around reforms at the national level.

Policy context

Young people with health problems or disabilities in the EU have difficulty accessing employment. The limited information available on this group points to very low employment rates and increasing numbers taking up disability and other benefits, either directly from school or early in their working lives. Statistics on the extent of this group are difficult to find – employment statistics do not document the health status of young people, while health or disability statistics do not easily yield information on the employment status of young people. A range of policies at EU level are relevant to the situation of young people with health problems or disabilities, but most significant is active inclusion. Active inclusion, however, has limited reference to these young people if, alongside adequate income, inclusive labour markets and access to quality services, it excludes education and lifelong learning. Education is a crucial domain for young people facing the transition into employment. Other relevant policies, such as those concerned with employment, discrimination and people with disabilities, are also potentially relevant but don't specifically target young people with health problems or disabilities.

Key findings

Legislation and programmes at national level

The research identifies 144 pieces of legislation and 117 relevant programmes in the Member States that address more than one pillar of active inclusion. However, it is clear that most of these initiatives were only partially inspired by active inclusion policy at EU level, even if their provisions and activities are consistent with the policy. Moreover, it is also clear that the extent to which young people with disabilities or health problems are targeted by these measures varies considerably across the Member States.

A number of important themes emerge from the study.

- There is a trend towards dealing with the needs of people with health problems or disabilities in mainstream rather than specialist services.
- Sheltered services still have an important role in a number of countries.
- Focusing on transitions from school-based to employment-based systems is an important and productive way of addressing the problems of these young people.

- Incentives, either in the form of supports to employers or employment quotas, are relatively common, although young people are underrepresented in most quota systems.
- Funding for services is under pressure in many states because of the economic crisis.

Good practice

Several principles can be derived from the case studies.

- An integrated approach to skills development, training and job placement is needed for the transition to employment.
- After training, rapid placement in a real job must be ensured if momentum is to be maintained and skills are to remain relevant.
- Individuals must be empowered to take control of their career path and to make real choices over its direction.
- Employers need support with the recruitment, training and retention of staff with disabilities.
- All projects should aim ultimately at open labour market participation for those who are able and who are interested.
- Good projects evolve over time to conform to the active inclusion approach.

There is strong evidence for what works in relation to the inclusion of young people with health problems or disabilities and also of the difficulties faced in achieving such inclusion. Good practice is characterised by a number of elements, such as taking a proactive approach, providing flexible benefits, promoting better school-to-work transitions and taking a pathways-to-employment approach.

Key issues identified in the case studies include the following:

- active inclusion had only a limited influence on the design and operation of the projects and then only in some countries;
- initiatives that combined actions under more than one pillar tended to be more successful;
- implementing active inclusion policies requires good collaboration between services under the four pillars (including education), which is difficult to achieve.

Policy pointers

- Young people with health problems or disabilities are currently being missed by both policy and practice; there is a need to shift focus towards them.
- Data collection and reporting need to be significantly improved.
- The role of mental health problems as a factor in the social exclusion of the target group needs to be addressed more effectively.
- There is a need to develop new policy tools to reach the target group.
- Service delivery systems need to be much better integrated to deliver active inclusion. Joint action is needed between the major governmental and other stakeholders for active inclusion to be successful.
- There is a need for policy and practice to learn from the evidence that is available.

- ‘Softer’ evidence from case studies provides insight into what works and what should be incorporated into the improvement of policy.
- Both policy and practice need to take account of a number of critical factors – chiefly the economic turmoil across much of Europe. Young people with health problems are especially vulnerable and measures to create labour demand for this group are needed.

This report explores the position of young people with disabilities or chronic illness in the labour market. The economic inactivity rates of these young people are a growing problem in Europe. One group are leaving school and entering into disability registers without having worked, while a second group are entering these registers following a short period of working. In many countries, a majority of these young people are diagnosed with mental health disorders that are often related to psychosocial disorders (Eurofound, 2010).

Active inclusion policy at EU and national level is a central theme of this report. This policy is seen as the most appropriate policy instrument for combating the exclusion of young people with disabilities or chronic illness from the labour market. It should be noted that this policy is not confined to employment; it is also concerned with the inclusion of marginalised groups in education, leisure and wider society.

There is a clear need to target initiatives at these young people, who must overcome the barriers to participation experienced as a result of a health problem or impairment as well as the challenges faced in the labour market because of their age and lack of work experience. This group is to be found in a variety of places within the system – they may be on disability benefit, social assistance or unemployment benefit. Yet they are hidden because none of the statistics produced by these systems focuses on this age group. Active inclusion, with its emphasis on joined-up actions across the pillars of flexible income support, inclusive labour market measures, access to social and health services and lifelong learning, is seen as a useful way to address their needs.

This report has been produced against a background of worsening economic and labour market conditions that have had a particularly negative impact on those who were vulnerable prior to the recession, such as the low skilled, young people and people with disabilities or mental health problems. The EU youth unemployment rate rose to almost 22% in September 2011 (European Commission, 2011c). The proportion of young people not in employment, education or training (NEET) continued to rise, as did their economic inactivity rates (European Commission, 2011b). There has also been an increase in the number of young people on temporary employment contracts (European Commission, 2011a). These developments are likely to have long-term career consequences for young people, including those with high-level qualifications. Pressures on government spending have begun to affect not only benefits, but programmes relevant to this group. There is evidence from the worst hit countries of reductions in disability and unemployment benefits and of programmes being curtailed or postponed.

Current evidence for the impact of the crisis on people with disabilities is more difficult to access. Nevertheless, the position of people with disabilities in the labour market is also of major concern. The social and economic disadvantage associated with disability is evident in the employment rates for people with very severe and severe degrees of disability, which were 19.5% and 44.1% respectively in 2009, and in the incidence of poverty among people with disabilities, which was 70% higher than average. Disability pensions and benefits may constitute major personal and systemic barriers to labour market participation by creating a 'benefit trap'.

According to the *Joint employment report 2011*, the economic crisis and high unemployment create a risk of more long-term exclusion (Council of the European Union (EPSCO), 2011). As the employability of individuals is reduced, they are likely to have less-relevant skills and their mental and physical health may suffer. These health problems include both traditional health issues and what have been

termed new psychosocial conditions related to mental health, such as autism spectrum disorders (ASD) and attention deficit and hyperactivity disorder (ADHD). Furthermore, people with these conditions are increasingly being excluded from employment and from participation in society because they are defined as disabled. Given the clear evidence that being young represents a major challenge to competing effectively in the labour market and that having a disability doubles the likelihood of being out of work, it is surprising that those who are facing this dual disadvantage do not figure more prominently in policy discussions, in data reporting at EU level and in most Member States reviewed for this report. While the concept of inclusive growth is central to the Europe 2020 strategy and it clearly targets young people and people with disabilities (Council of the European Union, 2010a), it is difficult to discern how responses are being adapted to the specific needs of those experiencing the dual disadvantage of youth and disability.

Aims

This report attempts to redress a gap in the policy discourse by bringing together research findings on how 11 Member States support young people with health problems or disabilities as viewed from the perspective of active inclusion. In doing so, it also aims to provide information on the lessons that can be derived from practice in the area of active inclusion. The 11 Member States chosen for the study were Denmark, Finland, France, Germany, Ireland, the Netherlands, Poland, Portugal, Spain, Slovakia and the United Kingdom.

The report ranges over a broad canvas, describing EU and national policy in the area, the position of the target group with regard to health problems (focusing on mental health problems) and employment, and case studies of initiatives in the 11 Member States. Earlier Eurofound work reviewed the evidence for the increasing exclusion of young people from employment and the factors that influenced the labour market participation of young people with health problems or disabilities. The need for inclusive labour market measures aimed at the target group, the need for coordination between services and systems and the relevance of an active inclusion approach became evident. It was also clear that the social, health, employment and education systems had a key role to play.

Target group and characteristics

The country studies synthesised in this report examined active inclusion policy and practice aimed at young people with health problems or disabilities. From an early stage, it was important to clearly specify the characteristics of the target group. On closer analysis, it was concluded that there were, in fact, two key target populations in terms of age.

Firstly, there were those who had little or no experience in the labour market and who were facing the challenge of making the transition from education to work. While the age span of this group differed from country to country, it was generally within the range of 15 to 24 years. This is the group that comes under the heading 'youth unemployment' in the European Commission's 2010 employment report (European Commission, 2010c). Secondly, there were those in the age range of 25 to 34 years, who were also part of the population to be studied. People in this age range were more likely to have had some labour market experience and to have withdrawn from work as a result of a health problem or disability.

From a disability perspective, an effort was made in the country studies to cover a broad range of impairments, including physical, sensory and intellectual (general learning difficulties) impairments, as well as mental health and psychosocial disorders, which included conditions such as ADHD and ASD.

Principles and pillars of active inclusion

The concept of activation incorporates a diverse range of measures, approaches and intent, and the culture and political environment of a country can strongly influence the approaches it adopts (Crespo and Serrano Pascual, 2004). Activation measures usually have employment of the target group as their primary goal. They include measures that have an impact on the 'activity' behaviours of job-seekers, such as employment incentives or contingent benefits. But they can also focus on job creation, job sharing or job rotation. An important component of activation, and one that is essential in the case of young people, is the upskilling of job-seekers and the provision of opportunities to gain qualifications. Other activation measures aim to enhance the employability of people at a disadvantage or those who face specific challenges in accessing employment. Such measures are often targeted at young people or the long-term unemployed. The individual pathways approach is a frequently implemented measure, particularly for people with disabilities and others at risk of exclusion. It refers to progression through a range of steps from inactivity to employment, which may include training and education, sheltered employment and supported employment. Other types of activation measures include social economy initiatives, supported employment, microloans, financial incentives for employers to recruit and awareness-raising measures.

The Commission Recommendation on the active inclusion of people excluded from the labour market set out an agenda that broadened the concept of activation (European Commission, 2008a). Active inclusion must be based on recognition of the individual's right to adequate income support that respects their dignity and right to a minimum standard of living. It must be combined with the provision of work or vocational training opportunities. The operation of an inclusive labour market requires measures that address the needs of people who are excluded in terms of access to quality jobs, lifelong learning and job retention through a life cycle approach. It involves access to customised, individualised, responsive health and social care services and supports at an early stage, which operate in coordination with job-search assistance, guidance, training and encouragement. It calls for a systems approach to removing barriers and disincentives to employment, including those arising from tax and benefit systems, while ensuring adequate levels of social protection.

A wide range of activation approaches were identified by the background study to the current study. Activities that emphasised adequate income included:

- flexicurity arrangements that offered benefits combined with training;
- benefits that were contingent on job-seeking;
- transitional benefits that varied with the employment status of the individual;
- flexible pensions that permitted a person to earn an income while retaining their financial support;
- grants and subsidies to purchase services or equipment;
- personal budgets to allow a person to purchase their own services and support;
- financial advice and guidance to ensure financial inclusion.

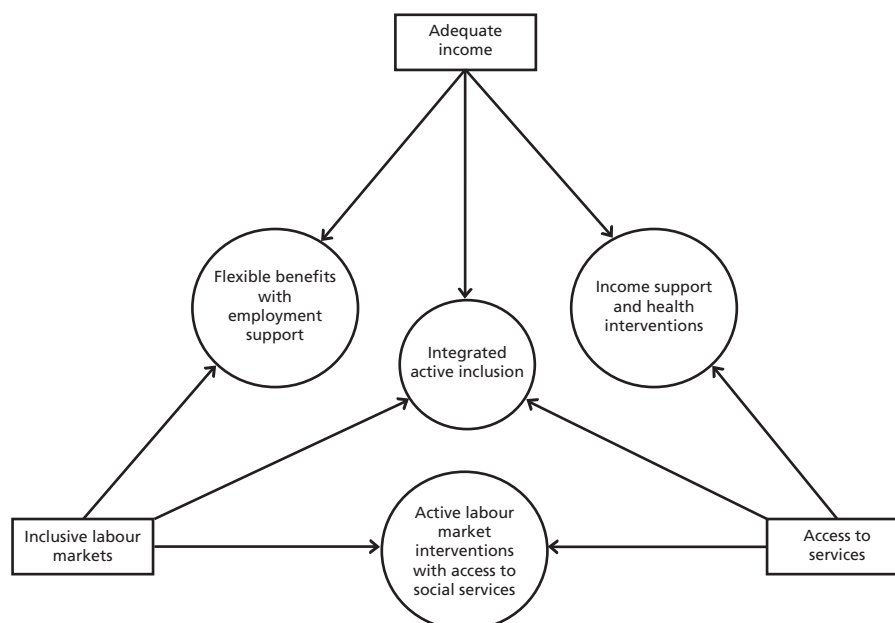
Inclusive labour market measures included:

- support for transition from school to work;
- vocational rehabilitation;
- training in social skills and confidence building;

- occupational guidance;
- provision of work experience;
- job matching;
- personal assistance, supported employment and job mentoring;
- supports and incentives to employers to hire the people furthest from the labour market;
- quotas and sanctions to incentivise employers to hire people with disabilities.

The original conceptual framework for identifying good practice in active inclusion, derived from the Commission's Recommendation, is illustrated in Figure 1 (European Commission, 2008a). At the centre of the figure is the ideal case, where income support is combined in a proactive way with active labour market interventions and access to social and health services, either through a holistic programme such as a one-stop shop, through proactive partnerships between the various providers or through a brokerage approach in which one organisation takes responsibility through formal procedures to procure services from other agencies or sectors on behalf of the service user. Bilateral arrangements can also be established that combine supports and interventions from more than one agency. For example, work-related income support through flexicurity can be combined with active labour market measures, income support can be combined with health or social services, or medical rehabilitation can be integrated with supported employment. The least preferable case would be where a local initiative adopts a holistic approach to service provision and works with other agencies in other sectors on an informal basis. This type of situation is often dependent on a single person or small group rather than the implementation of systems or policies.

Figure 1: Active inclusion framework



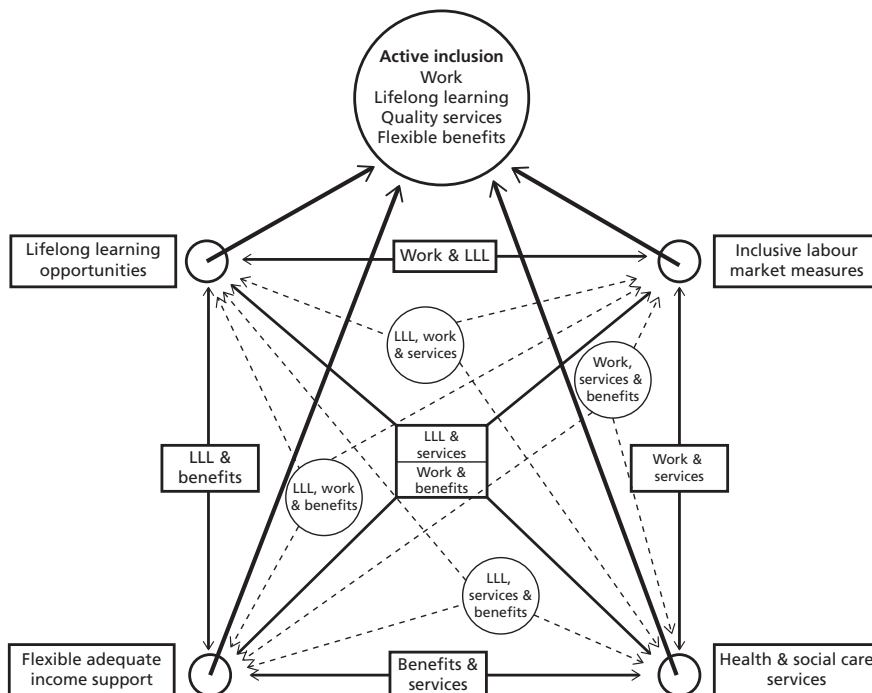
In the process of developing the templates for the country studies, it emerged that the three pillars of active inclusion needed to be augmented with another element – education and lifelong learning. This required that the active inclusion model be expanded to incorporate educational policies and

interventions. In the three-pillar model, lifelong learning as represented by vocational education and training is often considered to be a component of active labour market measures. While this is consistent with the approach adopted in the strategic framework for European cooperation in education and training, known as ET 2020 (Council of the European Union, 2009), it does not capture the substantial gap that has to be bridged by young people attempting to make the successful transition between initial education and the labour market. Another approach could have been to incorporate lifelong learning as part of the access to services pillar. This solution was rejected on the grounds that educational policy and programmes are fundamentally distinct from health and social care services. The challenges in achieving a joined-up approach between health and education providers are equal to, if not greater than, achieving coordinated health and flexible employment support measures.

As a result, it was decided to treat lifelong learning as a separate pillar of the active inclusion approach adopted for the study. This increased the complexity of the model but greatly enhanced its validity. The enhanced model is presented in Figure 2.

Figure 2 illustrates an ideal activation programme for young people with health problems or disabilities, which should combine education, an inclusive labour market, flexible income support and access to health and social services in a coordinated response to the person’s needs. It is not difficult to see how this would constitute an effective response to a young person with a disability who had left school early with no qualifications and who needed social supports. It also presents the options for joined-up services that combine three of the pillars. In this context, ‘joined-up’ refers to approaches that are either integrated in a single programme or initiative or are made available by an initiative. For example, a service supplier may supply services under all of the pillars or it may arrange for access to these services from other suppliers.

Figure 2: Enhanced active inclusion framework



Note: LLL = lifelong learning

These trilateral responses are indicated by the dotted relationships within the figure. The trilateral response on the right-hand side of the figure, which combines work, access to services and flexible income supports, is the approach presented in Figure 1. The other trilateral combinations are those that combine lifelong learning with the other three pillars and represent the enhanced model. Many of these combinations can be found at the level of Member States. For example, there are many vocational education and training programmes that incorporate lifelong learning, work interventions and flexible benefits. Other programmes combine health and social services with lifelong learning and flexible benefits in back-to-education initiatives. Finally, coordinated health and social services, lifelong learning and work interventions are the main components of vocational rehabilitation programmes in some Member States.

Bilateral combinations between access to services, flexible income supports and inclusive labour market measures have been described already in relation to Figure 1. The additional bilateral components in the enhanced model are lifelong learning with continued access to income support, lifelong learning combined with health and social services, and lifelong learning combined with work interventions.

Criteria for the country studies

The *Joint employment report 2011* focused on the potential impact of active inclusion strategies, which it described as a combination of income support, access to the labour market, and health and social services (Council of the European Union (EPSCO), 2011). This requires a link between social assistance and access to activation and enabling services that can be resourced in a sustainable manner. It acknowledges that in many Member States, ensuring the sustainability and quality of social services is a challenge. It highlights more focused efforts to support specific groups, such as young people and people with disabilities, and enhanced social innovation, including the role of the social economy. It also emphasises that social partners have an important role to play in implementing a policy and strategy as complex as active inclusion.

Consequently, the underpinning principles of active inclusion adopted in carrying out the country studies included:

- a proactive approach to addressing the needs of individuals through pathways of linked and coordinated interventions and supports in which labour market participation is the ultimate objective;
- joined-up policies and actions that incorporate coordinated access to inclusive labour market measures, quality health and social services, flexible and adequate income support, and education and lifelong learning.

The criteria were applied prospectively to the case studies to identify potential cases and retrospectively to ensure a consistency across the country studies. They reflect the nature of activities, services and supports being delivered. They include, in the first place, a proactive approach that reaches out to young people with disabilities or health problems rather than merely relying on referrals. An individual pathways approach that targets both the individual and the employer or the community is also central. Transparent mechanisms for joining up across sectors and policy areas are crucial. Linking policy to delivery is indicative of a systematic approach. Ensuring that frontline staff are properly trained and supported in delivering active inclusion interventions is part of a quality approach. Interagency coordination and process management is a basic requirement for effective

active inclusion. The involvement of the social partners may add an important dimension. Proper monitoring and measurement in order to demonstrate results, outcomes and added value is essential. Attention to ensuring that participants are offered access to quality work, avoiding exploitation, was another criterion. Empowering service users to make decisions on their own behalf and take ownership of the process is also critical. Community-based, non-institutional initiatives that have a strong local impact were strongly considered. In addition to these criteria, a number of others were generated that reflect the nature of the activities, services and supports being delivered.

Youth inactivity rates in Europe

Unemployment among the young

Youth unemployment has attracted significant attention in the EU over many years, but the impact of the economic crisis has resulted in increased efforts to promote the entry of young people into the labour market (Eurofound, 2011a). By the end of 2011, youth unemployment in the EU had reached 22%, compared with 14.7% at the end of 2007 (European Commission, 2011c). The 'Employment and social situation quarterly review' noted that sentiment among inactive young people had worsened, with 12% indicating that they would like to work but were no longer seeking employment (European Commission, 2011b).

Unemployment rates do not reflect the complete labour market picture for young people with or without health problems. It is important to distinguish between young people who are unemployed but registered as actively seeking work and those who are unemployed and inactive in the labour market. Inactivity can be the result of a number of different factors, including being a carer, being in receipt of a disability pension or being in full-time education or training. The latter accounts for the high inactivity rates amongst young people in the 16–24 years age range. Hence the recent focus on young people classified as NEET, which enables policymakers to address a particularly disadvantaged group in the labour market and to give them greater priority in youth and employment policies at EU and national levels. In the first quarter of 2011, the percentage of young people classified as NEET across the EU had reached more than 13%, up from 11% in 2008 (European Commission, 2011b). A range of socioeconomic and personal factors have been associated with NEET status, including poor health or disability and low educational level (Eurofound, 2011b).

The EU pays increasing attention to the situation of young people and in particular emphasises the need to tackle youth inactivity rates. Most recently, the Commission's 2012 Employment Package and a number of the accompanying staff working papers called for action to tackle the challenges facing young people in Europe. The *Commission staff working document on labour market trends and challenges* discusses the growing inactivity rates of young people in a number of Member States and the need to do more to provide job opportunities for the heterogeneous NEETs group (European Commission, 2012).

Unemployment among people with disabilities

The position of people with disabilities in the labour market is also a policy priority for the EU. The social and economic disadvantage associated with disability is evident in the employment rates for people with very severe disability (19.5%) and severe disability (44.1%) and the incidence of poverty among people with disabilities, which is 70% higher than average (European Commission, 2010f).

EU-level statistics

There are problems with the way in which data on young people with disabilities are collected and reported. Data on the employment and unemployment rates of young people are published every quarter, but these cannot easily be disaggregated to provide an estimate of the proportion of unemployed and inactive young people who have a chronic illness or impairment. In addition, the participation rates of people with disabilities are not regularly gathered or reported. National sources report on disability benefit claimants by age, but these do not cover those young people with health problems who are not registered as disabled. For example, in France the self-declared rate of disability is 24%, compared to 4.6% who are officially recognised for the purposes of the quota levy system. Effectively, there is no single data source from which it is possible to extract up-to-date data on the status of young people with health problems or disabilities at national or European levels.

Active inclusion of young people with disabilities or health problems

Eurostat gives a number of tables that provide information on disability, activity status and age in most Member States. These are based on self-reports of long-standing health problems or disabilities and refer to 2002, which pre-dates the economic crisis. These data provide an estimate of the percentages of young people with a long-standing health problem or a disability (see Table 1).

Table 1: Percentage of young people with a disability or long-standing health problem in EU Member States and Norway, 2002

| Member State | Reporting a disability or long-standing health problem | | | Member State | Reporting a disability or long-standing health problem | | |
|----------------|--|---------------|---------------|--------------|--|---------------|---------------|
| | Total % | 16–24 years % | 25–29 years % | | Total % | 16–24 years % | 25–29 years % |
| EU25 | 16.2 | 7.3 | 9 | Luxembourg | 11.7 | 3.3 | 5.9 |
| Belgium | 18.4 | 6.2 | 10.2 | Hungary | 11.4 | 1.3 | 2.3 |
| Czech Republic | 20.2 | 8.3 | 9.7 | Malta | 8.5 | 2.7 | 4.4 |
| Denmark | 19.9 | 11.6 | 13 | Netherlands | 25.4 | 13.7 | 17 |
| Germany | 11.2 | 3.5 | 4.6 | Austria | 12.8 | 5.2 | 6.8 |
| Estonia | 23.7 | 9.4 | 11.5 | Portugal | 19.9 | 8 | 9.9 |
| Ireland | 11 | 5 | 6.2 | Romania | 5.8 | 1.3 | 2.5 |
| Greece | 10.3 | 2.6 | 3.1 | Slovenia | 19.5 | 5.8 | 6.7 |
| Spain | 8.7 | 2.9 | 4.1 | Slovakia | 8.2 | 1.7 | 2.5 |
| France | 24.6 | 11.9 | 16.4 | Finland | 32.2 | 15.8 | 19.6 |
| Italy | 6.6 | 2.1 | 2.8 | Sweden | 19.9 | 10.4 | 13.7 |
| Cyprus | 12.2 | 3.2 | 4.3 | UK | 27.2 | 15.8 | 17.4 |
| Lithuania | 8.4 | 2.1 | 4.8 | Norway | 16.4 | 8.8 | 10.1 |

Source: Eurostat, 21 April 2009

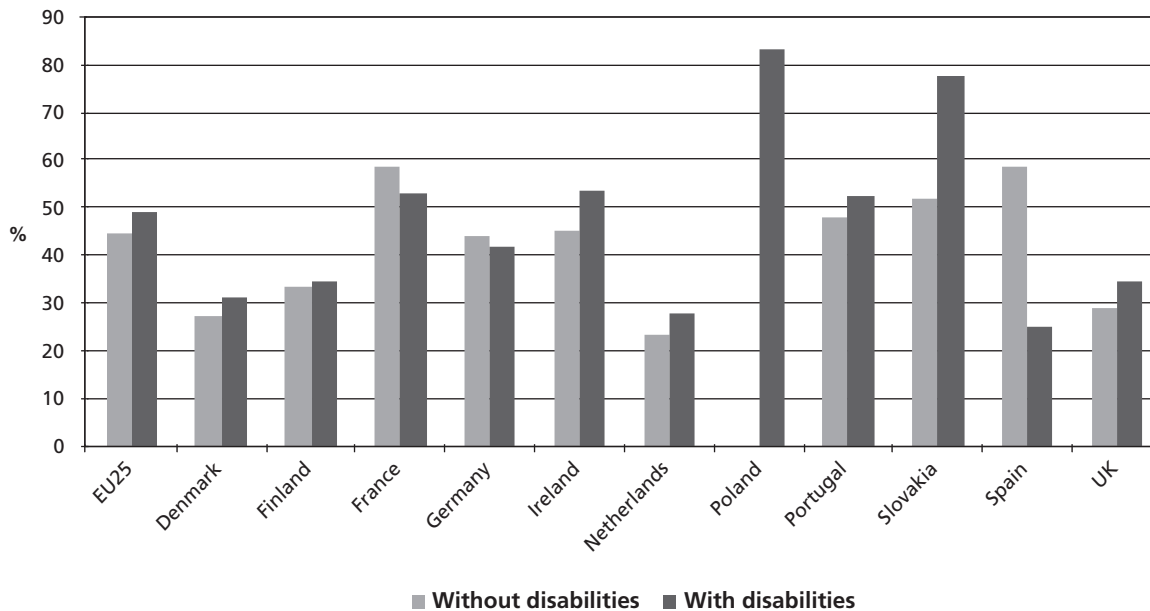
Among 16–24-year-olds, disability rates range from 1.3% in Hungary to 15.8% in Finland and the UK. Amongst 25–29-year-olds, the rate ranges from 2.3% in Hungary to 19.6% in Finland. Of course, not all these people are claiming disability benefits – they may be in education or employment, or they may be inactive.

Figures 3 and 4 present Eurostat data on the inactivity status of young people aged 15–24 and 25–34 reporting long-standing health problems or disabilities in the Member States selected for this study (Annex 4 shows the data underlying the charts). Inactivity status is a better indication of exclusion than unemployment status for people with disabilities because a person in receipt of a disability benefit is classified as inactive regardless of whether they are seeking work or not. The substantial differences between the inactivity rates of young people in the 16–24 years age range and those in the 25–34 years range are accounted for by the fact that many in the younger age group are inactive because they are in full-time education or training, so are not available for work. Consequently, figures for the latter group provide a better insight into the impact of health problems or impairment on activity status.

For the EU, inactivity rates are almost 80% higher for young people with a health problem or disability in the 25–34 years age range compared to their non-disabled peers. In absolute terms, inactivity rates for young people reporting health problems in this age group range from about 18% in Finland and France to 65% in Slovakia (Polish national data are higher). In relative terms, 25–34-year-olds with health problems have a much higher level of inactivity than those without disabilities (see the ‘Percentage difference’ column of Table A13 in Annex 4). In the rest of the Member States, the

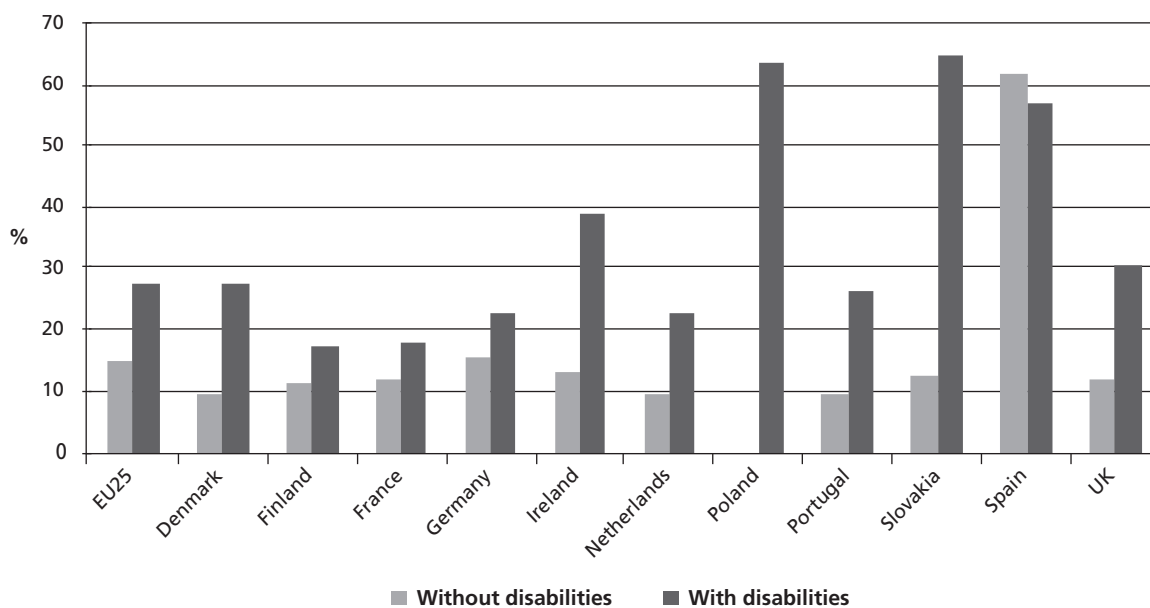
proportional difference ranges from 44% and 47% in Germany and France, respectively, to almost 400% in Slovakia. In six of the Member States, inactivity rates are more than double those for whom health problems or disabilities are not a challenge.

Figure 3: Inactivity status of people with and without disabilities aged 15–24 years



Note: Poland is not included in Eurostat data; national data for young people with disabilities has been used.
Source: Eurostat, 26 March 2009

Figure 4: Inactivity status of people with and without disabilities aged 25–34 years



Note: Poland is not included in Eurostat data; national data for young people with disabilities has been used.
Source: Eurostat, 26 March 2009

Trends in Member States

Major challenges to creating a coherent and systematic evaluation of the status of young people with health problems or disabilities arose from the lack of consistency in the characterisation of the target groups in the Member States selected. These included differences in definitions and terminology used, the diversity of information sources and the lack of comparability of the data available. Nevertheless, it is possible to draw some general conclusions about the status of these young people, trends in relation to their entry in the disability benefit system and factors that are implicated in the social exclusion process.

Accessing disability benefits

Data from national sources indicate the trends in relation to the number of young people being registered as disabled in recent years. A number of country reports documented an increase in the number of young people accessing a range of disability-related income support measures, including non-contributory benefits for people who do not have the requisite social insurance payment to be eligible for social security payment, and contributory benefits, which require a minimum number of contributions while in employment. Younger people with health problems making the transition from full-time education are most likely to access non-contributory benefits. An increase in all types of benefits granted to young people was noted in the majority of Member States in this study; exceptions were Finland and Poland.

Denmark: The large number of young people accessing various health-related benefits who remain on these benefits for an extended period of time is considered to be a major challenge. The numbers of young people aged 20–34 receiving early retirement pensions have increased by 10% since the mid-1990s. In 2008, 1,736 Danish people aged 18–29 were awarded early retirement pensions – twice as many young people as 10 years previously.

Netherlands: A similar trend is evident here, where the numbers of young people entering the Disablement Assistance Act for Handicapped Young Persons (*Wajong*) benefit system is of major concern. In 2001, 120,000 people received a *Wajong* benefit. By 2011, the numbers had risen to almost 215,000. This means that one out of every 20 people aged 18 (4.8%) is claiming and receiving this disability benefit. It is estimated that if policies do not change (as planned for 2013), the *Wajong* numbers could double to 400,000 by the year 2040. Growing numbers of young people are also in receipt of special education, mental health care services and benefits because of long-term illness, disability or chronic disease.

France: The number of recipients of non-contributory benefits increased by over 10% between 2005 (768,414) and 2009 (851,316). Further, the proportion of people with disabilities registered as looking for work dropped by half between 2008 and 2009. While it is not clear if this represents a higher employment rate or people withdrawing from the labour market, the number of unemployed people with disabilities increased by 13.9% between June 2010 and June 2011 in comparison to a 4.3% increase for all job-seekers. This indicates that the situation of people with disabilities had significantly worsened in comparison to able-bodied people.

Germany: According to the 2005 *Mikrozensus* (micro-census), more than 1.1 million people between the ages of 15 and 25 were disabled. The number of people under 25 years receiving public benefits for young people with severe disabilities in vocational training increased by almost 47% between 2005 and 2009, while the number in employment was relatively stable over the same period.

Ireland: More than 25,000 people under the age of 30 are in receipt of disability-related payments and are out of employment. The number of people under 25 who claim disability allowance (a non-contributory benefit) has increased by about a quarter in the past 10 years, while the numbers in the 25–29 years age group has increased by slightly more than half.

Portugal: There is a similar pattern in terms of an increase in numbers claiming some of the non-contributory benefits, although there is a lower level of younger recipients being granted the disability pension, which is a contributory benefit.

Spain: The total population of young people with disabilities decreased by 10% between 1999 and 2008, from 181,313 to 163,650, and there was a decrease of over 20% in applicants and approval for non-contributory benefits between 2003 and 2008 (18.2% of non-contributory benefit pensioners were aged 18–34 in 2009). Nevertheless, applicants for contributory benefits increased 10% from 845,667 in 2005 to 930,881 in 2009. The gaps between people with different levels of support needs are growing bigger, particularly for those with severe disabilities or multiple disabilities.

Slovakia: Data generally date from the establishment of employment services in 2004. There is clear evidence that the number of claimants for the disability pension for youth doubled between 2008 and 2010, and the numbers aged between 25 and 34 years claiming disability pension as a result of occupational injuries increased by 180% between 2008 and 2010. Job-seekers benefiting from sheltered workshop payments increased by 340% between 2008 and 2010. In the period 2008 to 2010, the number of employed young people with disabilities fell sharply, accompanied by an increase in the numbers claiming invalidity pensions.

UK: The NEET cohort has continued to increase over the last 10 years and the number of young people in receipt of all types of benefits (including disability and unemployment payments) has risen from 12.2% to 16.1% over that period. In relation to specific disability benefits (Disability Living Allowance/Incapacity Benefit and Employment Support Allowance), the numbers are even greater. Over the past eight years, the combined number of young people with health problems or disabilities claiming such benefits has increased from 21.5% to 33.3% of all benefit claimants. This should be viewed within a context where the absolute number of people with disabilities in the UK did not increase over the same period.

Finland: Disability benefit rates among disabled 16–19-year-olds have fallen over recent decades. The number of pension recipients aged 16–19 years decreased between 1985 and 2003. In the 1980s, they entered the disability pension system almost automatically after comprehensive school, with a resulting disability benefit rate 43% higher than 20 years later. Nevertheless, there has been a discernible increase in registration over the last few years.

Poland: In 2002, it was estimated that there were 4.1 million people with disabilities (14.3% of the population). In 2009, the incidence was 3.6 million, representing a consistent reduction in the number of people being certified as disabled. The reduction in young people entering the disability pension system is an element of overall pension reform based on changes to the criteria for eligibility.

Employment status

Another perspective on young people with health problems or disabilities can be obtained from their status in relation to the labour market. While the data are structured differently across Member States and in many it is difficult to extract age-by-disability data, there is substantial evidence that young people with disabilities are significantly disadvantaged in the open labour market. While such

a finding might be expected if this group had no remaining capacity to work, the evidence from the case studies clearly demonstrates that many have considerable remaining work capacity and are able to enter the labour market given the right supports.

Netherlands: The prevalence of mild to severe disabilities amongst people in the age groups 16–24 years and 25–34 years is 17%, which is slightly higher than in other EU countries. The prevalence has increased little in the last 10 years and cannot explain the increase of young people on disability benefits. About 66% of the total *Wajong* population are considered to be able to work in some way, while 9% have a regular job.

Finland: The number of students with special needs in vocational education and training institutions has increased by over 50% during the last 10 years and the number of participants who have entered or returned to work after rehabilitation has increased year on year. Nevertheless, the employment rate of people with disabilities remains low, and about 1% of 16–24-year-olds and 2% of 25–34-year-olds receive a disability pension.

France: The employment situation of young people in general is less positive than for people in other age groups. The average unemployment rate for people aged 15–24 years in 2009 was 23.7%, compared to 20.4% for disabled people of all ages. The self-declared rate of disability in France is 24%; however, only 4.6% are officially recognised for the purposes of the quota system. About 38% of inactive people are under 25 years, but only 14% have extensive disabilities and 2% have administrative recognition for the quota. The proportion of people with disabilities unemployed for over one year increased from 39% in 2007 to 47% in 2008.

Germany: According to the *Mikrozensus* of 2009, approximately 11.7% of the German population are disabled and 4.3% are under 45 years. There are approximately one million people with disabilities or health-related issues in the working age population. Of young people with disabilities aged 15–24 years, 12.3% are reported to have been ill for more than one year, compared to 0.5% of non-disabled young people. This rate increases to 16.2% for those in the 25–45 years range. Nearly two-thirds (63.0%) of all people with disabilities obtain pensions as the main source of maintenance, compared to 18.8% of those without disabilities. More people with disabilities work in blue-collar occupations (35.7%) than workers in general (26.1%) and have a lower chance of being self-employed (7.7% for workers with disabilities, compared to 11.4% for workers in general). Further, those who are younger than 18 years have a 30.5% risk of poverty, a risk that is reduced when they are covered by public benefits.

Ireland: There are approximately 91,000 people with disabilities aged between 16 and 34 years, which is the lowest rate of disability at any age. The majority of people with disabilities are inactive, and this is also true for those in the 16–24 years age range, where 57% of young people with health problems or disabilities are inactive in the labour market. This pattern is reversed for young people in the 25–34 years age range, in which employment rates are much higher and inactivity rates are much lower than amongst the older age groups. There is also a big difference in activity rates between those with some degree of disability and those without – overall, only 40.5% of people with some degree of disability are employed, while 69.5% of people without a disability are in employment.

Portugal: The activity rate of young people (18–35 years) with disabilities is about half that for the general population and is slightly better than for 18–65-year-olds. In terms of income, in 2007, almost 50% of people with disabilities had a net monthly household income of or below €600 and a significant proportion of these were likely to be below the poverty threshold.

Slovakia: Young people with disabilities or health problems are not specified explicitly as a group under special protection, but are included either in a category of young people or in another wide category of people with disabilities. Thus, the evidence based on type of disability is relatively poor. In the majority of cases, disability-related data sorted by age or type of disability are derived from the sectoral organisational structures and dates from when valid legislation came into force. People with disabilities, regardless of their age, have very low employment rates. Despite this, the number of young people with disabilities accessing active labour market programmes is relatively low. For example, there were only two people under 25 years and 64 people between 25 and 54 years amongst applicants for work preparation programmes.

Spain: Young people with intellectual impairments, learning disabilities and mental health problems account for 45.8% of 15–22-year-olds and 36.1% of 23–30-year-olds with disabilities. Of people with disabilities aged 27–30 years, 56.7% have never worked. Only 28.9% of young people with health problems or disabilities are working, compared to 56.8% of young people without disabilities. The employment rate for young people aged 23–30 years with health problems or disabilities was 38.2%, compared to 61% of young people without disabilities aged 25–34 years.

UK: In 2003, the employment rate of people with disabilities was 45.4%, compared to 80.2% for people without disabilities. In 2009, the respective figures were 47.4% for people with disabilities and 77.3% for people without disabilities. It is difficult to determine whether this improvement among people with disabilities was due to welfare-to-work interventions. The proportion of people with disabilities who were inactive for the age group 15–24 years ranged from 82.3% for those with very severe disabilities to 24% for those who were lightly disabled. For the 25–34 years age group, 30.7% of people with any degree of disability were inactive, compared to 12.4% for those without disabilities. People with disabilities in this age group were 1.5 times more likely to be inactive.

Poland: The employment rate for people of working age with disabilities was 14.4%, compared to 44.1% for the total population. In 2010, the economic activity rate of people with disabilities aged 15 and over was 17%, compared to 60.4% for the total population. The employment rate for people of working age with disabilities aged 15 and over was 14.5%, compared to 54.7% for the total population. It is estimated that the employment rate of people with physical or mental impairments in Poland is between 14% and 20%, which is the lowest in the EU.

Factors in the social exclusion of young people with disabilities

Being young is in itself a factor that increases vulnerability to social exclusion. Young people are more likely have temporary work and part-time work, which increases the probability of low yearly earnings. Employers tend to invest less in (young) employees in temporary jobs in terms of in-company training or career opportunities and offer poorer secondary labour conditions, such as health and social insurance and pensions benefits. Young workers with short contribution records are often not entitled to unemployment benefit and may resort to other sources of income support, such as disability benefits. The increase in insecurity associated with job uncertainty, restructuring and long-term unemployment is a stress factor that affects mental health and can be linked to suicide, alcohol and drug abuse.

Being young and having a health problem can result in an additional set of challenges to participation and inclusion. For example, people with disabilities often experience substantial challenges in participating in all levels of education (European Commission, 2010f) and it has been estimated that having a disability increases the risk of withdrawing from employment, education or training by 40%

(Eurofound, 2011b). While temporary work can be a source of insecurity, it can also be a significant tool for the integration of young people generally as well as those with health problems or disability. Many integration strategies for people with disabilities involve the use of temporary working. The key to good practice is that temporary working is seen as a stepping stone along a pathway to the fullest possible level of participation in the labour market, and not as an end in itself.

The process of exclusion and the factors involved can be characterised using the World Health Organization's International Classification of Functioning, Disability and Health (ICF) (2001), which understands disability as the dynamic interaction between the person's health problems, the environment (including the family) and personal factors. Personal characteristics such as gender, educational level, aspirations, previous life experience, social and economic status, beliefs and coping strategies can all play a role in making them more vulnerable to exclusion from the labour market. Biopsychosocial factors, which include biological elements relating to a person's mental and physical capacity, psychological factors and social factors, which include the built environment, attitudes and supports, and institutional elements in terms of policies, systems and services, all have an influence on whether a young person will participate effectively in the labour market and the community.

Health difficulties can arise at birth and manifest themselves as physical, sensory, intellectual and neurological impairments. Others develop during childhood, such as communication or emotional and behavioural difficulties. These have increased in frequency in recent years with better diagnostic procedures and changing eligibility criteria for learning supports and resources. This is particularly so for ASD and ADHD. Some health problems are acquired or emerge later in life either as a result of accidents or chronic illness. In this regard, mental health difficulties are a major source of chronic ill-health in young people. Around 10%–25% of all young children experience mild to serious psychosocial problems (Bricker, Davis and Squires, 2004; Roberts, Attkisson, and Rosenblatt, 1998). Up to 50% of mental disorders have their onset during adolescence (Jané-Llopis and Braddick, 2008). The most common psychosocial problems of youth and adolescents include suicide, depression, delinquent behaviour and alcohol and drug abuse (Fombonne, 1998; Mark et al, 2012).

Systemic factors also have a major impact on the extent to which young people with health problems manage to negotiate the transition from school to work or return to work after illness or injury. These include structural factors, such as policies, legislation and benefit, and process factors, such as support services to enable young people to participate in employment and in the community, and services and incentives for employers to recruit and retain a person with disabilities. For example, disability pensions and benefits can constitute a major systemic barrier to labour market participation by creating a 'benefit trap'. The OECD report *Transforming disability into ability* (2003) proposed a number of policy changes to improve the labour market chances of people with disabilities, including the provision of individual work and benefit packages to people with disabilities; early intervention; involving employers in job retention and recruitment processes; removing disincentives to work; reforming social protection and employment services; and allowing people with disabilities to transfer from income benefits based on economic inactivity to job-seeking supports without loss of personal income.

Economic factors can have a major influence on the probability that young people will access work. Current economic and labour market conditions, with rising youth unemployment coupled with a requirement for higher skills and qualifications, and the increasing flexibility of European labour markets have an impact on the labour market exclusion or inclusion of young people with and without health problems.

The information available from the national reports gives a complex and nuanced picture relating to the personal and environmental factors involved in social exclusion.

Personal factors

Mental health

According to the OECD, the majority of mental health conditions emerge during adolescence and early adulthood. About three-quarters of people diagnosed as being mentally unwell are identified before they are 25 years of age. Anxiety conditions and substance abuse are particularly common in young people (OECD, 2011). There is also evidence that new disability benefit claimants with mental disorders are considered to be further from the labour market than those with other health conditions.

Young people, women and those with low educational levels are represented more frequently amongst the working age population with clinically significant mental health problems. It is likely that contributing factors include more effective diagnosis and a decline in negative attitudes to mental illness rather than an increase in mental health conditions per se. Unfortunately, the increased awareness and tolerance of mental ill-health has been coupled with lowered work expectations. The OECD recommends that policymakers refocus efforts towards addressing common mental health problems and subclinical conditions to prevent them developing into chronic disorders.

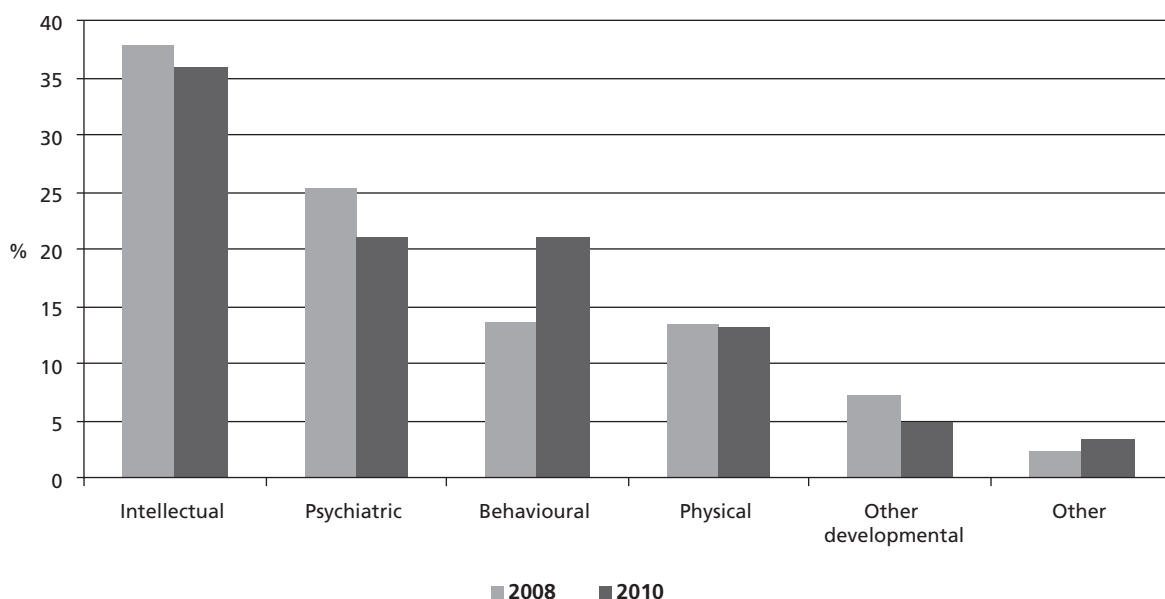
In many countries, a growing number of new disability pension claimants report various mental health conditions, most notably in the Scandinavian countries: in Denmark, from over 25% in 1995 to over 45% in 2007, and in Sweden, from 20% in 1995 to well over 40% in 2007. The numbers are equally high in other European countries, including the Netherlands, Switzerland and the United Kingdom.

The country reports indicated that mental health and psychosocial impairments were increasing in a number of the Member States, especially amongst young people. This was the case in Denmark, where young people with mental health conditions accounted for 46% of the total inflow into early retirement pensions in 2007, compared to 26% in 1999. More than 80% of early retirement pensions were awarded to people aged 20–29 years in 2008 based on a psychiatric diagnosis.

An analysis of UK data on mental health and youth carried out in 2005 documented that it was of increasing concern, with 10% of children aged 5–16 years diagnosed as having a mental health disorder. It was estimated that 20% of children have a mental health problem in any given year and about 10% at any one time (Green et al, 2005). The rate of mental health problems increased with age. These disorders affected 12.8% of boys and 9.6% of girls in the 11–15 years age group, while 19% of males and 17% of females aged less than 20 years reported mild mental health disabilities.

Almost 40% of new entrants into the new *Wajong* benefits system annually in the Netherlands were diagnosed with mental health or behavioural/communicative conditions in 2008 and 2010 (see Figure 5). In most cases, they had severe behavioural problems that make it hard to go to school or find employment. Only 14% had a disability diagnosis on the basis of a sensory or physical impairment.

Figure 5: Health conditions of *Wajong* new entrants, 2008 and 2010



While the largest proportion of entrants in both time periods had an intellectual impairment (38% and 36% respectively), attention deficit disorder (ADD), ADHD and ASD accounted for 14% of claimants in 2008 and over 21% in 2010. Another large group had a psychiatric diagnosis such as schizophrenia or personality disorder (25% in 2008 and 21% in 2010), while 42% of claimants had multiple diagnoses.

Although the number of people with mental health problems has not changed significantly in Finland, the number of people retiring early because of mental health problems has increased, especially among 16–24-year-old women. Mental health problems are the reason for 75% of disability pensions among 25–29-year-old recipients and depression is one of the most important reasons for early retirement. Mental and behavioural disorders are the most common reasons for disability pensions among 16–29-year-olds.

In Ireland, the most common disability in the 18–34 age group is related to mobility and dexterity (56%). Emotional, psychological and mental health difficulties account for 34%. In Portugal, psychiatric conditions account for 20% of the diagnoses made in people aged 15–34 years. Schizophrenia, mental retardation, depression and neuroses are the most common diagnoses. Disorders due to use of drugs were also substantial. There is also a rising prevalence of mental health disorders and behavioural problems among young people in Slovakia, which leads to people obtaining a severe disability status in a very early life stage, with all the related labour market and employment implications of this. New applicants for invalidity pensions with mental health problems and neurological conditions below the age of 24 years have also increased.

Low qualification levels

The participation rates of people with disabilities in education and the level of qualifications they gain are lower than those without disabilities. Further, people who have developmental or congenital impairments are more likely to achieve lower educational qualification levels than people with impairments as a result of illness or injuries that occurred at a later stage in their lives. The European Commission noted in 2007 that the participation rate of young people (aged 16–19 years) with significant restrictions in work capacity in education or training was 63% compared to 83% for those

without restrictions. More than half of those in the 25–64 years age range had no qualifications beyond mandatory school leaving age, compared to one-third of non-restricted people (European Commission, 2007).

More recently, a review of country reports by the Academic Network of European Disability Experts concluded that substantial barriers to inclusive education and training remain for young people with special educational needs or disabilities, even in the context of the EU equal opportunities framework and an emphasis on ‘education for all’ (Ebersold, 2011). Transition to further education was a problem in all European countries reviewed. Access to mainstream education was more challenging at upper secondary level, with students with disabilities in some countries directed towards special vocational training or further education. There were fewer opportunities to progress and graduate, and opportunities to gain qualifications relevant to the employment market were limited. Progression to third-level education was similarly limited. The early school-leaving rate of students with disabilities was also significantly higher than their non-disabled peers.

Barriers to participation in education included a range of system factors, such as:

- legal frameworks that did not support progression;
- lack of supports and interventions provided during compulsory education at higher levels;
- absence of a legal requirement for transition plans;
- low levels of disability awareness amongst teachers and guidance and counselling staff;
- physical inaccessibility of further and higher educational institutions;
- poor access to mainstream training and qualifications;
- poor coordination between actors.

The country reports confirmed these conclusions. In many of the Member States reviewed, young people with health problems or disabilities were likely to have left school with low qualifications. In Denmark, of around 16,000 people who were granted early retirement pensions in 2008, about 46% had only a primary education. The corresponding figure for the general population was about 30%. Early school-leaving and no or low qualifications in education are also key characteristics of the target group in the Netherlands. Young people with health problems or disabilities in Finland have a higher risk of having a low level of education, even though the number of young people with special needs has increased in secondary education over the past 10 years.

There is a substantial risk of young people with disabilities leaving the German school system undereducated and without suitable qualifications for open employment. Most young people leaving special needs schools in Germany have not even gained a second-level qualification. In Spain, only 24.7% of young people with health problems or disabilities completed mainstream secondary school in 2008.

Beliefs and expectations

The attitudes of young people with health problems or disabilities and their expectations were specified as a concern in some country reports. Fear of change and fear of losing benefits were highlighted as barriers to their participation in active job-seeking in Spain, while a wider awareness of disability schemes and benefits was noted in the Netherlands. Moreover, there is evidence from a range of sources, for example the Opti-Work project, that positive motivation of the individual plays a key role in whether the person looks for and finds work (McDaid and Matosevic, 2008).

Environmental factors

A number of environmental factors were linked in the country reports to the increase in benefit applicants amongst young people. The impact of the economic crisis arose as a concern, although the data is scarce. A number of country reports, but in particular Ireland and Spain, drew attention to the impact of the economic crisis not only on the labour market, but on the stability of funding for active inclusion services and responses. In France, a reduction in the number of young job-seekers with disabilities was noted over the last number of years, which was not balanced by an increase in employment rates and could well reflect people with disabilities withdrawing from the labour market. In Poland, proposed changes in the disability pensions systems mainly aimed at reducing costs by changing eligibility criteria.

More effective identification and diagnosis, particularly of new psychosocial impairments such as ADHD, during education was raised as a factor in the Netherlands. Research here has established a direct relationship between the increase in those applying for *Wajong* disability benefits as they left the education system and the growing numbers of children and young people accessing healthcare services, special education and social inclusion programmes. Other factors that were implicated in the increase included a lack of incentives to exit these schemes on financial grounds and a more complex and demanding labour market and society.

The very strong legal employment protection provided to people with disabilities in Slovakia was identified by employers as a contributing factor to the difficulty people with disabilities found in gaining open employment or to obtaining only part-time or temporary positions. Employers' representatives highlighted a need for achieving a balance between extra protection and placing an undue burden on employers who recruit workers with disabilities. In Spain, a lack of suitable services and adequate professional supports was considered to be significant barrier to achieving social inclusion, particularly for young people with mental health problems.

Attitudes of employers and society in general were singled out for mention in a number of country reports. Concerns on the part of employers about the reduced work capacity, the increased risk of sickness absence and the complexity of providing appropriate working conditions were identified as barriers to the recruitment of people with disabilities in Slovakia. Mental ill-health was the condition with the most serious complications for work, and workers with this condition were considered by employers to be hardly capable of meeting job requirements and retaining a regular job. In Spain, people also found it difficult to accept mental health problems in the context of open employment: 39% of young people with disabilities reported feeling discriminated against in the previous 12 months in school or training and 34.3% in finding a job.

In Finland and Portugal, positive factors were emphasised. In Finland, the current social situation was highlighted as being relatively good for all citizens. It ranks highly in terms of living conditions in comparison to other EU Member States and thus young people with disabilities are also in a relatively good position. In Portugal, the adoption of a biopsychosocial model of disability, which combines interventions focused on building the functional capacity and work abilities of young people with reducing the barriers in their immediate environment and providing technical aids and adaptations, was considered to be a significant driver of new ways of thinking about disability and in designing a more active disability strategy and related programmes. For example, people aged between 15 and 34 years in Portugal accounted for 90% of those covered by qualification training measures aimed at people with disabilities.

EU policy context

Since the publication of the Commission Recommendation on the active inclusion of people excluded from the labour market in 2008, the policy platform to support an active inclusion approach has been strengthened. Cross-sectoral and coordinated policies and responses have been proposed in many recent policy documents (Council of the European Union (EPSCO), 2011). For example, the reduction of health inequalities is considered to require improvements in the exchange of information and knowledge, the coordination of policies between different levels of government and across sectors (healthcare, employment, social protection, environment, education, youth and regional development) and partnerships with stakeholders to achieve more effective responses to improve health outcomes (European Commission, 2009). Both the current economic and employment guidelines make specific reference to active inclusion (Council of the European Union, 2010a, 2010b).

In 2010, the *Draft joint report on social protection and social inclusion* acknowledged that active labour market measures, including lifelong learning, had improved overall in recent years but identified the need for greater efforts to reach the low skilled, the young and the elderly, lone parents and those returning from caring breaks, migrants and ethnic minorities and people with disabilities (European Commission, 2010b). As part of a preventative approach, it highlighted modern social security policies as an important tool to prevent people moving on to long-term sickness and disability benefits or early retirement schemes. Effective and personalised social and employment services were considered essential to overcome structural barriers to participation in the labour market and in society. At the same time, it noted that personal, family and social barriers also needed to be addressed by quality social and health services.

The engagement and mobilisation of stakeholders is considered to be another important strand to achieving a joined-up approach to inclusion across the three active inclusion pillars. For example, the role of the social partners in designing and implementing short-term labour market measures to maintain people in jobs is crucial. Active inclusion has the explicit support of the social partners at an EU level. In its position paper of February 2008, BusinessEurope, the European confederation of business organisations, recognised the importance of effective transition into the labour market for young people and more cooperation between education and the world of work; the implications of an ageing population on the sustainability of social protection systems and the need for modernising public services; and the important role that active inclusion could play in enhancing employment and participation. It proposed a deepening of the Open Method of Coordination (OMC) in order to further develop the common principles proposed by the Commission and the setting of common objectives.

The recent European social partners' Framework Agreement on Inclusive Labour Markets proposes a cooperative and coordinated approach in which local authorities and NGOs work together with social partners to meet increased demand for social benefits and services, even in the context of tightening revenue streams (ETUC, BusinessEurope, UEAPME and CEEP, 2010). Issues to be addressed include access, return, retention and development, with a view to achieving the full integration of individuals into the labour market. The framework is intended to provide workers, employers and their representatives at all levels with an action-oriented framework to identify obstacles to inclusive labour markets and solutions to overcome them.

Multidimensional integrated strategies, mainstreamed across all relevant policy areas, are also at the core of the *Strategic framework document* supporting the 2010 European Year for Combating

Poverty and Social Exclusion (European Commission, 2008b). Among the key aims of the strategy are:

- promoting inclusive labour markets;
- eradicating disadvantages in education and training, with a particular focus on the needs of disabled people;
- tackling the gender and age dimensions of poverty;
- ensuring equal access to adequate resources and services, including decent accommodation, health and social protection;
- promoting integrated approaches to active inclusion;
- addressing the needs of people with disabilities and their families, the homeless and other groups or persons in vulnerable situations.

The European Disability Strategy 2010–2020 (EDS 2010–2020) aims to build on the EU Charter of Fundamental Rights, the Treaty on the Functioning of the European Union and the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and to utilise the Europe 2020 strategy and its associated initiatives to promote the full participation of people with disabilities in society (European Commission, 2010d). It comprises three segments:

- a governance segment focusing on compliance with the UN convention and improving monitoring, evaluating and addressing disability issues through improved and more comparable data;
- a thematic measures segment aiming to identify concrete and appropriate actions at all levels (EU to local government) to comply with the obligations of the UNCRPD, including accessibility, employment and social inclusion, education, healthcare, independent living, adequate standards of living and social participation in all spheres of political and cultural life;
- a support activities segment that sets out to identify cross-cutting support activities such as exchange of information, exchange of good practices and research.

There is no specific reference to active inclusion in the EDS 2010–2020,¹ although each of the four pillars is clearly signalled as being within its remit. Employment is to be tackled through the ‘Agenda for new skills and jobs’ (European Commission, 2010a), the European Social Fund, the full implementation of the Council Directive on non-discrimination in employment (Council of the European Union, 2000) and the concept of inclusive growth (Council of the European Union, 2010a). Inclusive education and training will be addressed under the Europe 2020 framework (Council of the European Union, 2011). Adequate income and poverty reduction will be covered through the European Platform against Poverty and Social Exclusion (European Commission, 2010e). Access to services, which is the focus of a number of the themes, including participation, independent living and health, will be supported through the structural funds and health and safety legislation. The strategy does not address the need for more coordinated approaches across the themes.

Active inclusion policies are an important mechanism for combating poverty and enhancing the social and economic participation of those most vulnerable to exclusion in Europe’s recently launched 2020 integrated guidelines for economic and employment policies (guideline 10) (Council of the European Union, 2010a). One of the EU headline targets, which aims to bring employment rates for both men

¹ There is a mention of active labour market measures, but not of active inclusion. Nevertheless, all of the pillars explored here are specified – the point is that they are not integrated. There is a reference to active labour market measures in the previous EDS 2008–2010.

and women aged 20–64 years to 75% by 2020, includes a specific reference to greater participation of young and low-skilled workers. The aim of Europe 2020 is to promote inclusive growth, a concept that includes access and opportunities for all throughout the life cycle, by removing barriers to labour market participation, especially for women, older workers, young people, people with disabilities and legal migrants.

Active inclusion is a specific theme addressed by the OMC peer review process in social protection and social inclusion, particularly relating to people at risk of poverty and exclusion from the labour market. While in broad terms the theme refers to a ‘comprehensive policy mix combining an adequate level of income support with a link to the labour market and better access to services’, the challenges addressed mainly relate to creating social protection policies that can activate people who can work and supporting an adequate standard of living for those who cannot.

A number of peer reviews have been carried out that provide a perspective on the extent to which active inclusion is being explicitly pursued as a policy objective in the participating Member States. In 2006, a synthesis report on active inclusion and minimum resources concluded that although policies were identified in most Member States, coordination was superficial at best and that there was a need to move away from ‘basic ALMP [active labour market policies] and income support to more imaginative approaches’ (Begg et al, 2006). A review in 2010 relating to minimum income schemes recommended that the monitoring of the active inclusion strategy even at EU level needed to be more coordinated in terms of links between the Employment Committee and the Social Protection Committee (Vranken, 2010). A more recent review, hosted by France, singled out access to high-quality services as the component of active inclusion that was most in need of development (Nicaise, 2011).

Active inclusion policy was presaged by attempts more than 10 years ago to link income security and labour market activation measures. What is new now is the coordinated approach that is being taken and the inclusion of a pillar concerning services (Eurofound, 2002; Heikkilä, 1999). The need to enhance this approach highlights the challenges of developing and implementing active inclusion policy.

This brief review highlights a number of these challenges for policy at EU level (Chapter 3 identifies similar challenges at national level). Primary among these is the tendency of current policies to focus on only part of the problem, either on young people or on people with health problems, thereby missing the interactions between youth, health and employment that significantly worsen the prospects for this group. A useful first step in this context would be to produce up-to-date and adequately differentiated statistics on young people with health problems or disabilities.

A second policy challenge is to adequately integrate the pillars of active inclusion policy. Currently, the need for integration is acknowledged, but it is not consistently applied across all relevant policies at EU (or national) level. Given the emphasis being placed on joined-up policies and interventions, and in particular on active inclusion approaches, across a wide range of European policy areas, this Eurofound study can add significant value to the EU discourse on active inclusion by highlighting approaches to address the needs of those at a double disadvantage.

National approaches to disability and young people

This section examines the approaches taken by the Member States in this study to support and provide services for young people with health problems or disabilities. It examines the extent to which integrated active inclusion legislation and programmes exist in the Member States.

Policies and service provision

In most Member States, provision and policies for young people with health problems or disabilities have undergone significant change in recent years, with a wide range of innovations in benefits and services in the fields of education and employment. In general, these changes have sought to create strategies that are more active in relation to the labour market, more flexible in relation to income, more mainstream in relation to education, provide better transitions between systems and expand and promote the possibilities for independent living for young people with health problems or disabilities. In short, they have much in common with the principles of active inclusion.

Systems in transformation

A number of the systems reviewed were evidently undergoing significant change. A major transformation is taking place in the UK, led by the coalition government, which is carrying out a detailed analysis of health, social care, employment and educational systems. Many of the programmes for which data are available have ceased to exist or have been radically transformed. The way in which the needs of young people with health problems or disabilities are addressed in the Netherlands has changed rapidly in the past five years. In addition to a radical overhaul of the *Wajong* to emphasise active participation rather than passive income support, new policy responses aim to reduce the number of institutions involved and to concentrate the responsibility for youth care and disability prevention measures within the municipalities.

A paradigm shift is taking place in Portugal from a deficit model of disability to a biopsychosocial model, which regards disability as arising from the interaction between a person with impairment and the environment. This concept of dual responsibility – people with disabilities and society – is a core aspect of the implementation of activation measures. Since Germany ratified the UNCRPD in 2009, there has been a paradigm shift in the way in which disability is viewed and a growing awareness of the need to move from measures focused on integrating people into society to measures aimed at creating an inclusive society. Since 2011, Germany's Disability Commissioner has produced an Inclusion Map (*Inklusionslandkarte*), which collects information on ongoing projects related to inclusion and highlights their essential features in order to provide a role model for similar projects.

The disability policy in Ireland has undergone substantial change over the past decade, with a particular emphasis on mainstreaming services for people with disabilities, especially in the fields of education, training, welfare and employment, and focusing on equality and non-discrimination. This is evident in the programme of legislative change undertaken by successive Irish governments. However, the changed economic environment threatens the progress that has been made. In France, the main topic is a follow-up of the implementation of the new (2005) legal framework that covers almost all aspects of the lives of people with disabilities. Employment remains one of the key priorities. More recently, in 2009 regional plans for the integration of workers with disabilities in the labour market were being developed.

Independence and autonomy

The principles of independence and equal opportunities are enshrined in all Member State disability policies. The majority have adopted the UNCRPD. In Finland, every young person, including people with severe disabilities, has the right to secondary education. In addition, equal access to employment for people with disabilities has been accepted broadly as a principle. A primary goal of legislation in Denmark is to promote the possibility for citizens to manage their own lives. One element of this approach is the provision of financial support and comprehensive advice services. In Germany, the requirement to promote and protect the equal participation of people with disabilities in society applies with equal force to both those in the open labour market and those who are in sheltered employment or are economically inactive.

Equality legislation in Ireland covers employment, education and access to services. In the UK, the Disability Discrimination Act was incorporated into its Equality Act in 2010. Policy in Portugal is governed by a rights-based approach reinforced by the immediate signing of the UNCRPD and its additional protocol and Law No. 46/2006, of 28 August, which aims at the prevention and prohibition of discrimination. The Portuguese approach has been organised through the Action Plan for the Integration of People with Disabilities (PAIPDI) 2006–2009 and the National Strategy for Disability (ENDEF) 2011–2013. The Third Action Plan for Persons with Disabilities 2009–2012 in Spain includes a special call for equal opportunities for young people, and includes some specific measures to promote social participation and social leadership as well as education, sport and leisure.

There has been a continuous focus on the inclusion of people with disabilities since 1987 in France. The quality of life of people with disabilities has been declared a political priority by the president and it has been an important issue in the political agenda of French governments since 2003.

The measures to support the independence and autonomy of people with disabilities in Poland are set out in the main policy guidelines for supporting people with disabilities (including young people) underpinning the National Action Plan for Social Inclusion of 2008–2010 and in the relevant legislation. In Slovakia, a draft of the National Disability Programme is being designed as a mechanism to implement the UNCRPD, which was ratified in May 2010.

The policy of the Netherlands incorporates the objectives formulated by the European Spring Councils in 2006 and 2008 on social protection and inclusion. Social cohesion is one of the six pillars of the cabinet policy programme 2008–2010. New policies contribute not only to social cohesion, but also to the achievement of the Lisbon objectives on higher labour participation rates.

Social protection

The effectiveness of the German social security system is measured by the at-risk-of-poverty rate. Those who are younger than 18 years have a higher risk than those in the optimum working age range and those above 65 years of age. Similar patterns can be found in the other Member States, and as a result, a range of income support measures have been put in place, which vary in terms of their flexibility, the extent that contributions are required and whether they are means tested. For example, in Denmark, from the age of 18, young people with health problems or disabilities can receive an early retirement pension if their working capacity is reduced permanently. They may also work to a certain extent while retaining the benefit. This is means tested on the income of the individual. Sickness benefits are granted to employed young people who are unable to work due to illness or injury if the person pays taxes and if the person has worked for a specified period.

In Finland, the ethos of welfare is still based mostly on the idea that people with disabilities don't have to work, and the welfare state attempts to compensate this disadvantage with a disability pension. The aim of disability benefits is to support the self-sufficiency of people with disabilities. The allowances are paid to compensate for any impairment and the need for assistance, services and special expenses caused by the disability. They do not include incentives for the recipients to take up work.

There is a greater awareness of how benefits can act as a barrier to active labour market participation. For example, a major objective of the national action plan in Portugal is to ensure that social benefits are matched to individual circumstances so that they do not inhibit entry or re-entry into employment. In Spain, it is possible to combine an incapacity pension with a wage earned from a job. In addition, workers with disabilities are eligible for a pension in the event that they lose their jobs. There are a number of flexible income supports available in Ireland to people with disabilities who wish to work. The Wage Subsidy Scheme provides employers with funding to compensate for the loss of productivity associated with employing a worker with disabilities. There is also an income disregard scheme, which allows people with disabilities to earn up to €432.50 per month before losing their disability income support.

Young people with disabilities who are not eligible for a regular disability pension in Slovakia are entitled to an early disability pension for disabilities occurring in childhood. From 2004, this benefit has also been provided to people 30 years or older with significant difficulties in the labour market. The regular disability pension is a contributory benefit based on an employment history and social insurance contributions. The duration of payments depends on the age of the person. Since 2004, the regulation rules allow a person to combine unlimited earned income with the invalidity pension.

Employment services and schemes

A wide variety of approaches to employment and disability were evident in the country reports and ranged from individualised plans for young people with disabilities to the normal range of employment services provided to the general population, including vocational guidance and career planning. In Finland, the first option for young people seeking work is mainstream employment services. In the event that this is not successful, there is a range of special vocational education options and ultimately the possibility of being employed in a sheltered setting. Young people who are not able to work under normal conditions in Denmark are offered work in special employment schemes, which have the aim of providing work under as normal conditions as possible. Options include 'flex jobs' for people who are able to work if their working conditions are flexible, such as allowing for reduced time, reduced speed or more frequent breaks. People can receive a full salary regardless of hours and productivity in 'reduced-demands jobs', which cater for those who cannot handle a job under normal conditions. The system also includes financial incentives for employers to encourage them to employ people with disabilities as well as productivity-related wage subsidies. Young people under 25 are required to participate in secondary or further education in the mainstream or to attend secondary education for young people with special needs.

The system in Germany provides for young people who do not find a job in the open labour market or face continuing difficulties in re-entering open employment through access to rehabilitation measures. These are intended to prepare them for work in the open labour market. Around 47,000 young people with health problems or disabilities enter the rehabilitation system each year.

A number of countries operate quota levy systems to stimulate the employment of people with disabilities. These measures are highly sophisticated in Germany for people classified as severely disabled and include a requirement that in enterprises with a staff of 20 people or more, at least 5% of their workforce are people with disabilities. Enterprises that fail to meet their requirements under the quota system have to pay a compensatory levy. A similar system is operating in France, where the quota of people with disabilities is 6% of the workforce of a company. However, young people with health problems or disabilities are underrepresented among the beneficiaries of the system. The French government adopted a National Employment Pact for People with Disabilities in 2009, which aimed to simplify administrative procedures in the recruitment of workers with disabilities and improve public employment services, assessment procedures, work experience for people in sheltered settings and flexibility in combining disability benefits and wages.

Other countries also operate quota systems. In Ireland, a public sector quota has been in place since 2005. For private sector employment, inclusive labour market interventions were under the remit of the Irish state's Training and Employment Authority (FÁS) until recently. This agency has been dissolved and it is not clear where responsibility for people with disabilities will be transferred. Nevertheless, mainstream and special vocational training and placement options continue to operate in parallel.

A similar approach exists in Portugal, where specific measures to support the participation of young people with health problems or disabilities operate alongside a policy to provide access to mainstream supports for employment, upgrading of skills and qualifications. Integrated employment is increasingly becoming an alternative in Spain, with innovations both in public and private employment. This consists mainly of reserving jobs for people with disabilities in both sectors, funding supported employment programmes and providing benefits and exemptions for those hiring workers with disabilities.

In the UK, a 'work first' approach has been adopted in which work is seen as the primary route out of poverty. This is to be facilitated by activation measures that support access to the labour market and provide financial incentives to work. A report from the National Audit Office noted that although there had been a small increase in the employment rate of people with disabilities, it was difficult to show that the improvements were due to welfare-to-work interventions or external factors. While there was an effective range of supports for people with disabilities to find employment, more needed to be done to increase the numbers assisted into work and to help those already in work to retain their jobs.

The main means for supporting inclusion in the open labour market in Poland is through the activities of the public employment services. In principle, vocational rehabilitation is available to all people with disabilities, including young people. However, the majority of jobs for people with disabilities are offered in sheltered workshops. Commitments related to raising the employment rate of people with disabilities in Slovakia are incorporated within the National Reform Programmes 2011–2014 into a general category on employment of men and women aged 20–64. There is a range of legal instruments that govern the employment of people with disabilities and programmes are in place, but the level of participation of young people in these schemes is very low. Employers are required to create reasonable working conditions for employees with disabilities, to provide them with lifelong learning opportunities and to do everything possible to retain employees with disabilities in their jobs. Employers can establish a sheltered (protected) workshop or a sheltered (protected) workplace. An employment quota and levy is in place.

Inclusive education

An area that was of concern in many of the countries reviewed was participation in education, particularly inclusive education, which was at different stages of development in each jurisdiction. In France, inclusive education was viewed as a significant area for improvement. Despite new legislation, many schoolchildren are still educated in segregated settings. The initial training of young people with health problems or disabilities is also often segregated, and participation of students with disabilities in mainstream higher education and further mainstream education is relatively restricted – they are often redirected to specialist training centres. Under the Education Act 1998 and the Education for Persons with Special Educational Needs Act 2004, children with disabilities in Ireland have a right to be educated in mainstream schools and are entitled to an assessment of their educational and other needs and an individual plan to address these needs. However, a number of aspects of the legislation have not been implemented and it is unlikely that they will be any time soon, given the economic context.

Young people with health problems or disabilities are entitled to participate in education at all levels in Poland. Those who are eligible can receive funding for vocational training. Training institutions are obliged to take into account the needs of people with disabilities in their educational provision. However, in practice, many schools are not prepared and many barriers exist. The level of education among people with disabilities is low in every age group, including young people, and the more severe the degree of disability, the lower the level of education is.

In the Netherlands, an emphasis is being placed on the transition from education to employment. Collective agreements can be signed between schools for special secondary education, the Social Security Association and the Office for Employee Insurance Schemes (UWV), municipalities, employers' organisations and labour organisations aimed at securing a better match between education, vocational training, skills and jobs for the next generation of young employees with disabilities. The goals include a clearer focus on the remaining work capacity of young people with disabilities rather than on the impairment, promoting a better school-to-work transition and work-orientated education, improving support for employers through, for example, regional public employment service centres, and changing the culture and attitudes towards disability and work. Fourteen pilot projects started in 2010 with the intention of creating hundreds of special jobs for young people with disabilities in open employment with the help of the 10 largest companies in the Netherlands.

In Portugal, there has been an increased investment in the inclusion of people with disabilities in education, where integration is a priority and a challenge. Key actions include a greater emphasis on the integration of students with special educational needs in mainstream education, the integration of people with disabilities within the National Qualifications System (SNQ), access to assistive products and technologies (SAPA), and investment in the quality accreditation of services. In Slovakia, a number of specialised training and rehabilitation services for specific groups of young people with health problems operate alongside the state system of education and training.

The focus on promoting inclusive education and reducing early school-leaving has been consistent in the UK over many years. As a result, a wide variety of lifelong learning opportunities have been developed, some of which are focused on atypical learners – those who find it difficult to participate in conventional learning programmes, including people with disabilities, or people with disabilities specifically. There has also been a strong focus on 16–18-year-olds in the NEET category. The UK government recognises the importance of making a decisive impact on poverty and is putting multiple and integrated solutions in place, including inclusive labour markets, and enabling social support

specifically targeted at those who are inactive. In Spain, many students attend special education schools because mainstreaming is considered not to be feasible for them. Integrated training and work is the first option, but many students attend specific and segregated training centres. Many also attend sheltered employment centres or even occupational activity centres.

Access to services

Systems of health and social service provision vary in terms of the approach adopted to ensure timely access to appropriate services and the way in which such services are delivered at the level of the individual. The concept of a personal budget to allow a person to procure their own services, the use of personal assistant schemes and a comprehensive assessment of needs accompanied by a service plan were three types of initiatives identified in the country reports.

The UK has adopted a personal budget approach to the provision of health and social care services. After an assessment of need, a person must be offered a choice between having services provided for them or being allocated the resources to procure their own. The Netherlands has been operating personal budget systems in education and employment for a number of years. These have recently come under scrutiny as a result of the perceived additional costs associated with them, even though they have also been demonstrated to be more effective and achieve more sustainable outcomes, at least in the employment field. Direct payment schemes of various kinds are in operation in other countries, including Slovakia and Germany.

The use of personal assistance to support independent living was introduced over a decade ago in Denmark for people with severe disabilities who committed to finding employment. Recently the remit for the scheme has been widened. A personal assistance scheme has been in place to support independent living since 2009 in Slovakia. Personal assistance has been pioneered in Ireland through a network of Independent Living Centres, which has the concept of personal assistance at its core.

Part 2 of the Disability Act 2005 in Ireland establishes a right for people with disabilities aged under 5 years and over 18 years to an assessment of health, personal and social needs and a consequent service plan. However, much of this legislation has yet to be implemented, so these rights exist only in theory for many people with disabilities. In Portugal, local information services about social, health, educational and employment supports aimed at people with disabilities and their families are being established along with a right to an individual pathways plan.

Active inclusion strategies

Active inclusion approaches are at different stages of development across the Member States reviewed by this study. This section provides an overview of the elements of active inclusion that were identified in each of the country studies. Active inclusion was identified in a number of ways. Firstly, national policy documents and programme descriptions were reviewed to establish if the term or the theme was referred to in the text. Secondly, peer review reports on active inclusion were reviewed to identify any references to the countries under review. Thirdly, national correspondents used the four-pillar framework developed for the study to capture linked or integrated measures or mechanisms. Many of the elements of active inclusion that are described below were not necessarily developed using the framework's principles and often pre-date any explicit reference to it at EU level.

Systems could be classified in terms of the extent to which active inclusion was an explicit element in the development of more coordinated and integrated approaches and in terms of the level of progress that had been made towards such an ideal.

Active inclusion well developed

The concept of active inclusion was best developed in Denmark and the Netherlands, where the need for integrated solutions was formally acknowledged and substantial effort had been invested in creating more flexible and linked responses for young people with health problems or disabilities.

Denmark: It is acknowledged that all young people should be able to make use of opportunities in society and to create meaningful lives for themselves with complete personal responsibility. The opportunities and personal resources of disadvantaged young people are to be improved through early intervention and better and more effective targeting of assistance. Services must not be restricted by the boundaries of administrative units. Moreover, initiatives must be based on a holistic approach to ensure that children with complex problems obtain targeted assistance in dealing with all aspects of their problems. A citizen-managed personal assistance (BPA) programme, which has allowed people to hire their own personal assistants from 1 January 2009, has been expanded to include people with disabilities who are not fully active in the labour market. Between 2010 and 2012, the government will establish an active employment initiative where job centres will play a more active role. On 22 April 2009, the government launched a national disability strategy, 'Disability and jobs – It can be done', with nine initiatives designed to make it easier to combine a life with disability with a life of work.

Netherlands: The three government departments responsible for active inclusion policies are the Department of Social Affairs and Work, which covers most of the policy areas in relation to income support and inclusive labour market measures for young people with health problems or disabilities, the Department of Health, which is responsible for the provision of quality health services, and the Department of Education, which is responsible for lifelong learning. These are supported by a new measure that includes a first claimant assessment at the age of 18 and a final reassessment at the age of 27. For clients with work capacity (able to earn more than 35% of the minimum income), there is a focus on remaining work capacity, not on disabilities; a work-oriented approach; the identification of work skills; the development of a participation plan specifying the possibilities, rights, obligations and prospects for work; an obligation to accept work or an education offer; and a stronger financial incentive to take up work and to work longer hours.

In Dutch law and collective agreements, employers play an important role in promoting occupational health, reducing sick leave and improving job retention and reintegration of employees with disabilities. There are many incentives for employers to employ young people with disabilities. Under the 'pilots de Vries' initiative, started in 2010, Dutch companies create jobs suitable to the needs of young school-leavers with disabilities, with the aim of facilitating their transition from school into work. Many support measures and healthcare facilities are available, depending on the type and severity of impairment or disability of a young person or on the needs of parents. The individual reintegration plan (IRO) is one of the measures, based on the policy assumption that people with disabilities who are unemployed can best plan their own road to employment.

Finland: The commitment to active inclusion was less evident at policy level. However, the inclusion agenda was based on a combination of employment activation, adequate income and access to supporting services, which was well developed. The ongoing social security reform aims to increase the incentive nature of income support in the inclusion process. Many of the active inclusion measures are general measures and are not targeted at a particular social group. Nevertheless, the employment of young people is considered to be a crucial social inclusion challenge. As a result, there are specific measures targeted at the employment of young people. Youth employment is supported by the social

guarantee for young people and lifelong learning is underpinned by an education guarantee. Early intervention and enhanced service provision are central to the social guarantee. After three months of unemployment, young people under 25 years of age are entitled to a specific job search plan that specifies the services to be offered, including job application training, a job or training place (training or vocational education), a work placement, on-the-job training, preparatory training for working life and a start-up grant or wage-subsidised work.

The employment office, municipal social services and the Social Insurance Institution provide special services in a one-stop shop to the long-term unemployed and to those who need multi-professional support, including young people with health problems or disabilities. Labour market support funding is shared equally between the state and the municipalities in order to incentivise local government to promote employment. The use of intermediate labour market measures, such as subsidised temporary employment and social enterprises to create work opportunities for marginalised individuals, has increased. In 2007, 148 social enterprises employed around 750 people. In parallel, there is ongoing social security reform overseen by the SATA (Comprehensive Reform of Social Protection) Committee. The main aims of the reform are to make the option of taking employment always worthwhile, to reduce poverty levels and to safeguard sufficient basic income security in all life situations. The most significant development for the inclusion of people with disabilities is the introduction of personal assistance as a right for people with disabilities.

Active inclusion in development

In other countries, a commitment to active inclusion was clearly signalled at a policy level, but progress toward a functioning system of integrated measures across the four domains was relatively slow or was in abeyance. Explicit references to active inclusion were evident at policy level in France, the UK and Ireland.

France: In 2010, France made a commitment to active inclusion in a national seminar, 'Active inclusion – The key to success', organised within the framework of the European Year for Combating Poverty and Social Exclusion 2010. Active inclusion, citizenship, governance and local partnerships were the priorities to guide the government's activities in the fight against social exclusion and poverty. However, evidence that the concept of active inclusion has been considered in French disability policy is sparse. Disability policy is implemented under the disability framework law (Act 2005–102), which covers combining employment with income support, addressing the lower qualification levels of people with disabilities, defining eligibility criteria for benefits in terms of 'employability' and 'non-employability', and changing the way in which the employment quota system operates. Quota funds finance direct services to disabled persons (vocational guidance, employability assessment, training, work experience, support for apprenticeships, workplace adaptations and technical devices) or to their employers (such as subsidies for work accommodation and workplace accessibility, information and training for executives). These funds also finance a specific employment service network, Cap Emploi, which works with Pôle Emploi (the public employment service) to facilitate access to work for persons with disabilities. The network consisted of 118 Cap Emploi offices in 2010. The proportion of people under 25 who benefited from the quota scheme was stable at around 2% between 2002 and 2006. On the other hand, about 26% of the 109,091 disabled workers in the sheltered workshops (ESAT) were young people with disabilities (under 30) in December 2006.

The Education Law of 11 February 2005 implements the right to mainstream schooling for disabled pupils through three main principles: mandatory registration in a mainstream school closest to the child's home, design of an individual education plan and the involvement of parents in the design of

the plan. This law represents a real turning point in French policy for young people with disabilities. The right to learning opportunities extends beyond compulsory education age, and personal and technological assistance to participate can be financed by the Disability Compensation Benefit at any age. The mainstreaming solution increased by 80% since 2005, although the proportion of students with disabilities in mainstream education decreases with age. The Centres de Rééducation Professionnelle (CRP) are specialist training centres financed by social security, which provide places and educational methods specifically for people with disabilities. In 2008, a total of 88 CRPs offered about 13,000 training places. The more important mainstream training institution for adults, the Association Nationale pour la Formation Professionnelle des Adultes (AFPA), also planned to spend €100 million in training people with disabilities.

UK: There is overwhelming support across the political spectrum for greater efforts to achieve the social inclusion of disabled people, although there is still some misunderstanding and debate about what active inclusion actually means in practice. Key strategies for change have included improved education about disability; improved media representation and publicity; improved physical access, transport and financial support; strengthened legislation; and increased integration of disabled and non-disabled people. The active inclusion approach adopted by the previous government is illustrated by the type of projects currently being implemented as part of the 2007–2013 European Social Fund (ESF) programme under the active inclusion theme, particularly in Priority 1 areas. In specifying the target groups for active inclusion, people with disabilities and health problems have been included, but no mention of young people, let alone young people with health problems or disabilities, is evident. The Young Person's Guarantee, the Future Jobs Fund and the Community Task Force were all introduced by the previous UK government as part of a package of measures to address the effects of the recession. These policies and programmes were designed to be of particular benefit to the long-term unemployed aged 18–24. The Department of Work and Pensions (DWP) has recently committed to changes through a new national programme that specifically supports individuals with disabilities. The launch of the Work Choice Programme by the Minister for Disabled People in October 2010 is expected to support around 23,000 severely disabled people each year.

Ireland: The coordination of the government's response to disability is specified in the National Disability Strategy (NDS), launched in 2004. This included a Disability Act, which provided an entitlement to an assessment and statement of service needs, an advocacy service for people with disabilities who find it difficult to obtain the services and supports they required, and a platform for joined-up action on the part of six government departments covering the areas of health, social protection, the environment, communications and employment. The strategy was intended to build on existing policy and legislation in the areas of equality, education and mainstreaming.

Since the implementation of the NDS, there have been a number of changes in the structure of government departments that affect the strategy. At this stage, active inclusion involves the Departments of Health; Education and Skills; Social Protection; Jobs, Enterprise and Innovation; and Justice and Equality. It is difficult to find explicit mention of active inclusion in many of the legislative or policy instruments that are relevant to people with disabilities. However, this lack of explicit reference to active inclusion does not mean that its practice does not take place. There are a number of initiatives that include many of the practices of active inclusion. The National Inclusion Plan aims to provide people with disabilities with an adequate income; access to appropriate care, health, education, employment and training and social services; and support to lead full and independent lives, to participate in work and in society and to maximise their potential. An ESF-funded active inclusion pilot in 2005 evaluated the effectiveness of a combination of case management, intensive

vocational training, training in entrepreneurship, collaboration between the main agencies that support people with disabilities, a focus on ability to work, an active approach to job search and job matching. In addition, protocols for supporting active inclusion were developed and the issue of the interaction between benefits and wage income were assessed. Finally, flexicurity approaches in social protection have been introduced, including conditionality of benefits, income disregard, retention of secondary benefits and wage subsidies for employers.

Active inclusion at an early stage

In Germany and Portugal, progress towards more coordinated and integrated approaches across the four domains of active inclusion was at an early stage, and a commitment to active inclusion was not easy to discern at policy or programme level. In these countries, implementing the UNCRPD was more influential than the concept of active inclusion.

Germany: Four different departments are involved in measures relevant to active inclusion: the Federal Ministry of Labour and Social Affairs (BMAS), which covers social security measures and promotes labour market participation collaboration with the Federal Employment Agency (BA); the Federal Ministry for Families, Senior Citizens, Women and Youths (BMFSFJ), which supports families of people with disabilities; the Standing Conference of the Ministers of Education and Cultural Affairs of the Federal States (KMK), which collects data on political initiatives, gives advice regarding education, gathers data on young people with disabilities in special needs schools and promotes inclusive measures in education; and the Office of the Federal Government Commissioner for Disability, which monitors the efforts of the responsible institutions and ensures equal living conditions in all areas of social life for people with and without disabilities. Most of the efforts to improve active inclusion measures for people with disabilities are the result of combined strategies and cooperation between these departments.

Germany introduced an Inclusion Map, which is monitored by the Commissioner for Disability. It collects information on ongoing projects related to inclusion and presents their essential features as role models for similar projects. However, when it comes to frontline delivery to an individual, the system is more varied. The most relevant actors in the field of active inclusion are the integration offices, the national association of these offices and the specialist integration service. They administer public benefits for integrative and job-related approaches and offer a variety of information to all people with disabilities seeking a job and to all employers seeking disabled employees. In addition, the Federal Institute for Vocational Education and Training supports the administration and performance of research-related approaches concerning the vocational situation of young people with disabilities.

Portugal: Portugal has sought to introduce more inclusive policies to enable the integration of people with disabilities in mainstream society, complemented, when necessary, by specific measures relating to the UNCRPD and the World Health Organization's ICF rather than active inclusion. This has involved the integration of employment services with social and occupational interventions, social protection measures and access to equipment and services. It involves coordination of the Ministries of Economy and Employment, Health, Education and Science, and Solidarity and Social Welfare. The evolution can be characterised as a move from a compensation focus to an integration approach. The approval of the PAIPDI 2006–2009 placed disability as a priority on the political agenda. PAIPDI represents a paradigm shift towards the ICF, bringing together all aspects of health in the biological, individual and social spheres. The aim was to create an organised and coherent approach through the reorientation of policies and practices and to establish a set of goals and performance measures

for relevant government departments. This involves five strategic goals: the promotion of human rights and citizenship; the integration of disability issues into sectoral policies; access to services, equipment and products; access to qualification, training and employment services; and the training and accreditation of professionals providing services to people with disabilities.

ENDEF 2011–2013 introduced a set of policy measures addressing disability and discrimination; justice and exercise of rights; autonomy and quality of life; accessibility and design for all; and the modernisation of administrative and information systems. Monitoring the implementation of ENDEF is the responsibility of the National Institute for Rehabilitation (INR, IP) and it is up to each of the ministries involved to take responsibility for the costs arising from the plan.

Active inclusion not evident

Finally, there were countries where the principles of active inclusion were hard to decipher at the level of either policy or practice. That is, no explicit reference to active inclusion could be identified at policy or programme level and coordinated or integrated approaches across the four domains were not evident. It is important to emphasise that case studies encapsulating the principles selected for this study were being implemented at local level.

Poland: There was little evidence to suggest that Poland had adopted an active inclusion approach. Neither the National Action Plan for Inclusion (NAP Inclusion) nor the National Reform Programme (NRP) adopted a comprehensive approach to the employment activation of persons furthest from the labour market. Each government department pursues its own policy toward disabled individuals and it is not generally a group to which much attention has been paid. Policy towards disabled people is coordinated by the Government Agency for the Disabled, but in practice, its cooperation with local authorities and other institutions is insufficient and uncoordinated.

The current approach focuses only on labour market measures and fails to offer a broader approach combining different social services and measures to improve income support for marginalised groups, such as people with disability. There is a major initiative to modernise the social protection system, particularly in relation to old age and disability-related social insurance, to extend the period of employment of older workers and to prevent early withdrawal from the labour market. From a disability perspective, these changes carry a risk for the social protection of people with disabilities. The changes are not accompanied by inclusive labour market measures for people with health problems or disabilities. Traditional social economy organisations offer employment to over half a million people in Poland, 55,000 of whom work in 350 cooperatives for people with disabilities.

Slovakia: The general legislative framework has only minimum provisions relevant to the active inclusion of young people with health problems or disabilities. The Slovak framework for active inclusion is specified in separate sectoral policies, with only limited linkages. Each sectoral system has its own terminology, needs assessment, administrative procedures and set of measures (entitlements). Age and disability are only relevant to the educational context. The term ‘special educational needs’ is used, which includes children or students with disabilities, poor health status, developmental impairments or behavioural or mental disorders. These specifications do not apply beyond the school environment when assessments of working capacity limitations and functional impairments are carried out. There is little evidence of a coordinated approach to supporting the smooth transition to early adulthood.

Young people and people with disabilities have a right under the Slovak Constitution to protection in the labour market and assistance in vocational training. These commitments have been embodied

in strategic or programmatic documents and legislation, mainly in the spheres of education, social assistance and employment. In the education sector, the state is obliged to create the conditions for improved education for children and young people with special educational needs. The National Programme on Development of Living Conditions for Persons with Disabilities in all Living Areas 2001 commits the government to supporting people with disabilities in all areas of life, including the educational and employment spheres. The document specifies commitments for various public and private authorities to ensure real conditions under which persons with disabilities can exercise their educational and employment rights.

Despite these commitments, the system of cooperation has not been fully established and the preparation of plans for young people with disabilities to support their transition from school to employment has not yet been generally embedded into practice. In the National Action Plan for Social Inclusion, the goal is to reach a proportion of employees with disabilities of not less than 1.5% of the entire working population. The National Reform Programme of the Slovak Republic 2011–2014 does not set a specific target for young people or for people with disabilities. Nevertheless, the Memorandum of the Slovak Republic's Government for the period 2010–2014 makes a general commitment to increase the integration and inclusion of people with disabilities and to establish a network of integrated care for children. The forthcoming National Disability Programme will be constructed as a tool for implementing the UNCRPD, which was ratified by Slovakia in May 2010. The social insurance system provides for a disability pension for insured people whose working capacity is less than 40% in comparison to an able-bodied person. Job-seekers with a working capacity less than 40% are classified as people with disabilities. If working capacity is between 20%–40% of an able-bodied person, the person is considered to be disadvantaged in the labour market. Other supports include assistance in material need to people with disabilities, direct cash benefits for compensation of severe disability, health insurance and social services for people with severe disabilities or unfavourable health conditions who are dependent on care by another person.

Spain: Policy development has been greatly influenced by NGOs that represent people with disabilities and there is no specific reference to active inclusion. Demands for mainstreaming and self-determination come from all groups. People with severe disabilities and those requiring high levels of support increasingly demand the same conditions as those with lower levels of support needs. Access to mainstream services is also drawing attention to the need for universally accessible environments and information. This issue is addressed in the Spanish National Action Plan, but practice still favours the development of special centres and there is still a low level of support for community-based programmes. For example, funding for independent living programmes is scarce and inadequate. The situation has improved, but funding is still mainly allocated to sheltered employment and too little is allocated to inclusion programmes.

Administrations and organisations in some cases follow different paths. There is a significant lack of stability and funding for projects and there is no vision for long-term services or for programme structures to guarantee continuing support for maintaining quality of life. For example, training plans are funded by administrations, but the process must be restarted yearly without a strategic plan. For some groups (such as persons with mental health problems), the active inclusion concept is difficult to implement because professional support is not properly provided by the administration. Work with families is needed to deal with the fear of losing benefits when employment is offered.

Social partner initiatives

The social partners' Framework Agreement on Inclusive Labour Markets acknowledged that contextual factors, such as the structural or geographical nature of employment opportunities, the existence and quality of care facilities and employment services, transport networks, housing and the interplay between fiscal and social policies, play an important role in the economic and labour market environment. Work-related factors such as work organisation and the work environment, recruitment processes, technology and training policies are important, as are skills, qualification and education levels, motivation, language knowledge, health status and frequent or long unemployment periods (ETUC, BusinessEurope, UEAPME and CEEP, 2010).

The social partners vary widely in the approach they take to disability and employment, young people in the labour market and active inclusion. In fact, with the exception of the Netherlands, there are no explicit references to young people with health problems identified in any jurisdiction. Another detail that should be noted is that apart from one or two jurisdictions where trade unions had a formal role in social partner agreements, it was difficult to find explicit trade union involvement in active inclusion actions. In addition, the activities of employers' organisations need to be distinguished from the initiatives of individual employers in some countries, which aimed to enhance opportunities for people with disabilities of all ages to succeed in the labour market. Furthermore, many of the case study initiatives worked closely with local employers, but the role of these employers might best be characterised as customers or target beneficiaries rather than stakeholders. These types of initiatives were classed as social partner actions.

Social partner actions could be classified along three dimensions. Firstly, they could be judged in terms of the level of engagement with young people with disabilities and employment. Four levels of engagement were identified: engagement with active inclusion and young people with health problems or disabilities; disability-active but not in relation to the target groups; disability-aware but not active; and disability-neutral, where there was either no acknowledgement of disability, or if it was recognised, it was less than positive. Secondly, actions could be classified in terms of who the actors were: employers acting autonomously, trade unions acting autonomously, joint actions in social partnership and actions implemented by individual employers or trade unions. Finally, actions could be characterised in terms of the level at which they took place – policy, practice or both.

Joint engagement with active inclusion policy and practice

The Netherlands: The social partner actions most relevant to the current study are joint actions between employers and trade unions that address active inclusion at both a policy and practical level. This type of social partner action was evident only in the Netherlands, where at the policy level, social partners who are members of advisory boards such as the Social and Economic Council (Sociaal Economische Raad, SER) and the Foundation for Labour (Stichting van de Arbeid, STAR) recommend collective agreements that encourage employers to offer jobs to young people with disabilities. In 2008 and 2010, STAR recommended the creation of more jobs for young people with disabilities in open employment, more apprenticeships and more vocational training facilities within workplaces.

In practice, collective agreements between the major employers and labour organisations have been formulated for different sectors of the labour market. The proportion of collective agreements with special measures to employ young people with disabilities increased from 13% in 2009 to 19% in 2010. An agreement was signed on April 2010 between the UWV, the education trade unions and

employer organisations representing 600 secondary schools to create jobs for young people with disabilities in the schools operated by their members. The target is to create enough jobs for people with disabilities so that the total disabled workforce in the sector is equivalent to the number of people with disabilities in society (17%).

In January 2011, employers and unions agreed on collective bargaining priorities for the future. The Dutch employers' association AWWN wants to improve labour relations between stakeholders in general, and more specifically between the employer and their employees, consumers, communities and local governments. To achieve these results, AWWN wants to build partnerships with stakeholders, such as employee representatives, either through works councils or the trade unions, with a shift from traditional negotiations towards co-creation.

Joint engagement with disability-active policy and practice

Germany: Policies underpin the autonomy and responsibilities of independent stakeholders, providing the framework conditions and supports for cooperation and action. The state and its work-oriented agencies provide general rules of behaviour and a wide range of actions, but many initiatives require flexible solutions in order to respond to identified needs. Two important partners for promoting inclusion are the labour and trade unions and the German Employers' Federation. Many labour-related issues are negotiated at this level.

Ireland: Social partnership was at its height between 1988 and 2008 and was mainly concerned with traditional issues of wages, working conditions and industrial relations. Social and health concerns were part of some of the social partnership agreements, but there were relatively few specific initiatives targeted at labour market entry for people with disabilities. In 2009, the social partnership agreement 'Towards 2016' set out the vision, high-level goals and key objectives relating to the National Disability Strategy. The agreement covered access to an income that can sustain an acceptable standard of living; access to appropriate care, health, education, employment and training and social services; access to public spaces, buildings, transport, information, advocacy and other public services and appropriate housing; support for full participation in all major areas of life; and support for carers. The agreement established a monitoring group to review progress towards the objectives. Since then, there have been many changes in the economic and political context that have inhibited progress on many of the goals.

The social partners in Ireland have also jointly engaged in disability-positive actions. The Workway programme, established in 2001, was a joint initiative between the Irish Business and Employers Confederation (IBEC), the main employers' group, and the Irish Congress of Trade Unions (ICTU), the main union group. This was a supported employment programme that was backed up by a set of tools including guidelines for employers, training, codes of practice and awareness campaign materials. It was supported by state services and local networks of employers, people with disabilities and local services. The Workplace Safety Initiative (WSI) was a joint initiative including ICTU, IBEC, FÁS, the Health and Safety Authority (HSA), the Personal Injuries Assessment Board (PIAB), the Irish Insurance Federation (IFI) and the Construction Industry Federation (CIF) that addressed the causes and consequences of occupational accidents and return to work.

Employer engagement with disability-active policy and practice

Finland: The Confederation of the Finnish Industries (EK), which represents all private companies of all sizes, recognises that disability arises from the relationship of the individual with the environment as well as opportunities for participation. It highlights the challenge posed by people's

attitudes towards disability. It emphasises that a person's impairment is not the limitation – it is the environment that is poorly designed. EK addresses the importance of reaching out to those who are looking for work. It recognises the importance of job coaching to assist people with intellectual disabilities in employment by matching the person to an appropriate position, adapting the job and supporting learning. It suggests that employers should use the expertise of disability organisations in employment and vocational rehabilitation to help support employees with disabilities that affect their work capability.

UK: The main employers' organisation, the Confederation of British Industry (CBI), is firmly committed to equality and diversity in employment. It promotes the business benefits when employees are recruited, trained and promoted without reference to race, age, gender, disability, sexual orientation or religion. The CBI is more concerned about those who are already employed rather than those people, young or old, who are seeking work. The focus of CBI's position is upon absence, including work-related and non-work-related ill-health.

The members of the UK Employers' Forum on Disability (EFD) include both the public and private sector employer organisations, which between them employ more than five million people across the UK, or 20% of the workforce. EFD advises its members on how to make adjustments to their policies, procedures and premises to remove barriers for disabled employees and customers. It has recently published a standard for disability practice that covers employment and recruitment, including e-access, health and safety, the working environment, IT systems, corporate responsibility and brand reputation. While there is no specific reference in the standards to young people with health problems or disabilities, the EFD was an important partner with the National Autism Society in developing and promoting the Prospects initiative, an employment and training service for young people with ASD.

Poland: The Polish Organisation of Disabled Persons' Employers (POPON) is one of the main Polish organisations uniting employers that employ disabled people. It has nine branches in cities across Poland. While not solely an employer representative organisation, it has nearly 600 member companies (including eight quoted on the stock exchange), 250 of which are private sector employers. The members of POPON employ over 65,000 people, including 35,000 people with disabilities. Most of POPON's members are small and medium-sized enterprises operating in production, trade and services.

The ZORON (Union Promotion and Security of Equality in Employment) project was established under the European Commission's EQUAL programme, which seeks to tackle discrimination and disadvantage in the labour market. The aims of the ZORON project were to combat discrimination against disabled people by creating mechanisms to simplify the process of entering and re-entering the labour market and to stimulate growth in the employment of people with disabilities.

Germany: The German Employers' Federation lobbies especially for more cooperation with worker representative organisations and public benefits to retain the existing workforce. Although they agree on essential points, both sides take different views concerning the need for regulation. Enterprises can start their own initiatives to respond to young people with disabilities. In many cases, they are supported by official and work-oriented state agencies. In the future, more flexible support will be required, which could be forthcoming from cooperation with the vocational training centres.

Trade union engagement with disability-active policy and practice

France: Trade unions have a formal role in monitoring French disability policy at national and regional levels as members of the National Advisory Council on Disability (and the Regional Advisory

Councils on Disability). All legal measures that can affect the life of people with disabilities are examined by these councils before being adopted by the government. They are also involved in the implementation of the quota system in two ways. Firstly, they negotiate agreements on the integration of disabled persons where an employer opts for this alternative to the direct employment of people with disabilities. An agreement can replace a simple calculation of the proportion of employees with disabilities within the workforce with a commitment to enhance the company's policy towards people with disabilities. Only 9% of companies implemented agreements in 2009, up from 6% in 2006. A new measure introduced by the 2005 disability legislation requires each company to organise a debate between social partners about the situation of people with disabilities.

At the level of an individual company, trade unions are involved in the retention and redeployment of workers who are injured at work or who have acquired an occupational disease. They have no role in the recruitment of new employees. In spite of the compelling and binding nature of French employment and disability legislation, or perhaps as a result of its disincentive effects, there has been a lack of employer involvement in disability initiatives over many years other than in terms of fulfilling quota commitments. Many seek to evade this obligation.

Germany: The trade unions are committed to health-related issues and disability rights at policy level. They promote decent working conditions. In addition to corporate social responsibility (CSR) policies in general, enterprises have an interest in creating disability-friendly working conditions.

UK: The Trades Union Congress (TUC) recognises both disability and youth as two distinct policy issues. It acknowledges that youth unemployment has soared to record levels since the financial crisis and notes that unemployment amongst 16–24-year-olds stands close to one million. The TUC also has a workplace agenda for disabled workers that welcomes the extension of the Disability Discrimination Act to all workplaces, the Disability Equality Duty and funding for the Access to Work scheme (which covers the extra costs arising from disabled workers' needs). The main concerns it raises are that discrimination prevents disabled people from getting and staying in work; that fear and lack of information are major factors preventing disabled people from obtaining reasonable adjustments; and that the current economic situation further worsens the position of disabled workers.

Ireland: The Disability Champions project was a training project run by the Irish Congress of Trade Unions (ICTU) and FÁS (the state training authority) that sought to develop 'disability champions' within the trade union movement. It implemented a series of five-day training courses for its members.

Individual employer disability-active engagement

Portugal: In the sphere of disability, several initiatives have been initiated directly by employers. One example is the active role in the community adopted by Auchan Portugal, which has introduced a number of initiatives, such as labelling their own-label products in Braille and the creation of a special assistance service for shopping. In 2001, the company adopted a policy that each hypermarket should employ three to five workers with physical or mental disabilities and provide one internship per year in each store. By 2004, the group had 26 employees with disabilities and five trainees.

An initiative by the Portuguese Post Office developed a policy of integration and development. Since 1999, it has implemented a project called Social Employment that involves active policies to support the employment and inclusion of persons with special needs. Activities include identifying job functions most suitable for each type of disability, collecting information on accessibility and assistive products and devices, and recruiting and integrating persons with disabilities. Other initiatives were carried out by the Portugal Telecom Group in partnership with the Organisation for the Employment of People

with Disabilities (OED) in Lisbon to reduce the rate of unemployment among people with disabilities. Another project works with 25 companies, of which 12 are national, to create conditions for the viability of teleworking opportunities for people with disabilities and promoting self-employment.

ISS Servisystem is one of the founding members of UN Global Compact (a pact established between the UN and the major economic groups worldwide) and is committed to the elimination of job discrimination. With the support of local job centres, social service providers had integrated 20 persons with disabilities by 2005.

Disability-aware social partnership

Poland: There is a need to develop and increase the concept of partnership between the government and the social partners in promoting the employment of people with disabilities. Cooperation with social partners is mainly based on public consultations. During these meetings, local government gives the social partners an opportunity to comment on and propose changes to the strategies and plans for disability policy. Typically, these are the only actions taken by social partners.

Spain: The national trade union organisation and the national employers' organisation have participated in some initiatives in recent years. A proposal from 2006 entitled *Collective bargaining and labour integration for people with disabilities* and a document entitled *Global action strategy for employment of people with disabilities 2008–2012* were both published by the labour ministry. The first includes proposals to adapt the collective bargaining process in Spain. The second recognises the special difficulty young people with disabilities have in accessing employment, but no specific proposals are developed.

Denmark: Employers' organisations and labour unions are increasingly interested in the issues of employment and disability. There is clearly scope for development of more inclusive workplace-based measures, particularly in response to those young workers whose jobs are at risk as a result of a physical or mental health condition that affects their work capacity, although this has yet to result in any practical initiatives.

Finland: SAK, the Central Organisation of Finnish Trade Unions, tends to concentrate its disability policy on the prevention of workplace accidents and in following up workers who have experienced a reduction in work capacity as a result of occupational illness or injury. The focus on age is strongly weighted towards the needs of older workers, although there is a concern about recruiting younger workers as members.

Disability-neutral social partnership

Slovakia: The social partners must deal with disability and employment under the Labour Code, which specifies that an employer should negotiate with worker representatives to put measures in place to create conditions for employing people with disabilities. Neither employers nor trade unions consider issues related to the employment of young persons with disabilities to be a real priority. In the current economic context, it is difficult to advocate for a specific target group in opposition to others such as the long-term unemployed, older workers, early school-leavers and other disadvantaged groups. Furthermore, the very low employment rate of people with disabilities in Slovakia makes it difficult to establish a special effort within collective bargaining to negotiate reasonable working conditions for them.

A survey of trade union and employers' representatives carried out in August 2011 focused on social dialogue and the employment of people with disabilities and on employers' attitudes to employing

people with disabilities, replicating a survey from six years earlier. The findings of both surveys were practically identical. While the employers' organisation was aware of the challenges faced by people with disabilities in the labour market, tackling these problems was not among its priorities. The organisation was primarily focused on defending the interests of employers and on eliminating barriers in the business environment that were being negatively impacted by various governmental provisions. It recommended the removal of special protections provided to employees with disabilities to make it more attractive for employers to recruit disabled workers.

The priorities of employers in Slovakia are to resolve the very high rate of unemployment, to equalise the employment status of all groups of employees, to support higher labour and employment flexibility, to reduce administrative and financial burdens on business and to reduce the provisions of occupational health and safety legislation. The employment of any special target group is considered to be a minor problem. The trade union organisation has established a number of consultation boards, including a Council of Youth, which supports the interests and requests of young people related to labour or employment matters and relations; prepares critical reviews on relevant labour, social and employment issues; mediates relevant information; and prepares working plans at local level. Nevertheless, the approach is generic and does not take account of the employment problems of young employees with disabilities.

Portugal: The decentralised and community model advocated in Portugal is based on an assumption that partnership between the social actors can provide a basis for sustained social development. Both Portuguese trade union confederations, the General Confederation of Portuguese Workers (CGTP) and the General Union of Workers (UGT), have identified young people as one of the most vulnerable groups in the labour market. The CGTP does not emphasise the needs of specific groups but promotes the general improvement of working conditions and protection that will ultimately meet the specific needs of particular groups. In a resolution for fighting the crisis, the UGT has proposed specific measures for young people, without reference to disability.

Integrated legislation and programmes

An analysis of the country reports was carried out to gain an insight into the extent to which legislation, policy and programmes were designed to achieve coordinated and integrated actions across the four domains of active inclusion. The analysis included legislation and programmes relevant to people with disabilities or youth in general and not only those targeted at young people with health problems or disabilities. The focus was on the aspects of active inclusion that were most frequently addressed by specific laws and programmes. Member States differed in terms of the way in which legislation was utilised to govern activities. The results of this analysis are presented in Annex 3.

Themes and issues for consideration

Policy priority

The priority assigned to young people with health problems or disabilities differs widely amongst the selected Member States. In Germany, throughout all levels of judicial and executive measures, young people with disabilities seem to have a high degree of priority. In the Netherlands, the increase in young people entering directly into the disability pension system has been identified as a major policy concern. In contrast, there has been little official concern in Ireland for people with disabilities in the 18–30 years age range, unlike unemployed young people in general, in terms of specifically targeting them with measures. The approach adopted in the UK is focused on increasing employment

opportunities for priority groups, which includes people with health problems and disabilities and young people but does not single out young people with disabilities. Active inclusion is often used in documents and policy positions in the UK to refer to empowerment and consultation initiatives, such as the recent Big Society initiative launched by the coalition government, or to actions taking place within the education sector rather than in relation to employment.

Mainstreaming

A consistent theme in the disability strategy of the EU over many years has been the imperative to mainstream disability into all EU and national policies rather than creating special conditions for people with disabilities outside of mainstream society. This approach was evident in a number of country reports. While in practice, special education and training agencies still operate in Ireland, a commitment to reorganise and improve services in order to meet the goal of mainstreaming is central to the Irish National Disability Strategy. In Spain, all groups demand mainstreaming and self-determination, and people with severe disabilities and high levels of support needs are increasingly demanding the same conditions as people with lower levels of support needs. The Spanish Action Plan has prioritised implementing ways for people to access mainstreaming services, income, education and jobs. The Forum for Inclusive Education, recently created by the Ministry of Education, will be responsible for monitoring change and improvements in this area.

A number of issues arise in the implementation of mainstreaming policies, such as the extent to which mainstream services, including employment services, are prepared to respond to people with disabilities; the availability of staff who have been appropriately trained to respond to the needs of people with disabilities in mainstream services; and the risk that mainstreaming is used as a justification for reducing resources allocated to the inclusion of people with disabilities. In addition, there is some evidence that targeting resources and employment incentives at specific groups can result in a greater impact than if these measures are applied to job-seekers in general.

Sheltered services

Sheltered and segregated vocational rehabilitation, training and employment were in evidence in a number of Member States. In the Netherlands, 17% of young people in receipt of a benefit under the *Wajong* system work in sheltered employment. The number of people in sheltered jobs in Finland had increased during the last 10 years. In France, 58% of children with disabilities were completely educated in special schools and 25% of these attended special institutions that provided no school activity at all (just care and basic education other than statutory school standards). Participation in mainstream education decreased with age, although the numbers in higher education had doubled since 1999. About 26% of people working in French sheltered workshops were under 30 years of age.

In Germany, it is estimated that up to 5,000 young people with disabilities entered the sheltered labour market each year between 2002 and 2006. A rehabilitative 'loop' or 'dead end' exists, in which young people with disabilities who enter the rehabilitation system progress directly to sheltered work without exiting it. The Slovakian system provides for financial subsidies to support sheltered workshops or workplaces and to cover related running costs. These are not part of a transition pathway to prepare young disabled people for the open labour market, but become a permanent working arrangement. Some open labour market employers (inclusive employers) are provided with public subsidies to set up sheltered and individualised protected workplaces.

Although many students are still segregated in Spain, segregation is stronger in the sphere of employment. Most of the efforts of the administration and CERMI (disability representatives) have

taken place in the field of segregated employment. Many students attend specific and segregated training centres and many workers attend sheltered employment centres, in spite of a strong movement fighting for community employment. A major challenge is a lack of finance and legal support. Funding is still mainly directed towards sheltered employment and too little is allocated to inclusive programmes.

Transitions

In many country reports, the transition of young people to adulthood was highlighted as a point where the fragmentation of services was very likely to occur. In Ireland, the transition between second level and further or higher education or employment was seen as being less than optimal. Although there is a legal entitlement to an assessment of transition needs and an individual transition plan, this has not been implemented in practice. After the age of 16, Spanish school-leavers generally progress to Initial Vocational Qualification Programmes and occupational centres. There is a significant lack of transition programmes and services, and those that exist are mostly managed by organisations that are not adequately professionalised, are poorly funded and have a high staff turnover. In the UK, children and young people are addressed under the same heading and there is little insight into the labour market inclusion of those transitioning from school. However, the trend for 16–18-year-olds in the NEET category has worsened.

Quotas

Most of the selected Member States operate systems of incentives to promote the employment of people with disabilities. In Denmark and Slovakia, financial incentives are available to employers in order to encourage them to employ people with disabilities. Spain also operates a system of benefits for enterprises hiring workers with disabilities through social security expenses exemptions or subsidies to compensate expenses caused by job accommodations. In the UK, activation measures that support access to the labour market are underpinned by financial incentives to work and to hire. In some Member States, the financial costs of employing a young person with a functional limitation are compensated. These subsidies are calculated on the basis of the work ability and productivity of the worker. The grant is kept under review and may increase, decrease or be completely withdrawn if work ability changes.

In a number of Member States, various forms of quota systems are in place. In France, employers with more than 20 workers are required to employ people with disabilities to a proportion of 6% of the workforce. The quota law proposes a number of alternatives for employers who don't succeed in reaching their quota. One of these alternatives is paying a 'voluntary contribution' to funds that can be reallocated to employers who do implement initiatives in the form of subsidies for work accommodation and workplace accessibility, information and training for staff. The funds may also finance direct services to people with disabilities, such as vocational guidance, employability assessment, training, work experience, support for apprenticeship, workplace adaptation and technical devices. Younger people with disabilities are underrepresented among those benefiting from the French quota scheme. The German quota applies to enterprises with a staff of 20 people or more and requires that at least 5% of their workforce are people with disabilities. Enterprises that fail to meet their requirements under the quota system have to pay a compensatory levy. In 2008, the annual amount of compensatory levy collected was €519.5 million. The funding generated by the compensatory levy is used not only for the support given by the integration offices, but also for model schemes at a national and regional level, which boost innovative approaches to inclusion and generate evidence to improve the current legal and regulatory context. Some €155.8 million has been used to provide benefits for enterprises employing people with disabilities.

The Spanish quota system obliges employers with 50 or more workers to allot 2% of jobs to people with disabilities. However, this has not been regulated as systematically as it could have been. In Ireland, there is a public sector quota of 3%, which is monitored regularly but which has no associated financial sanction.

Funding

In some Member States, a major challenge arises as a result of the restriction on funding for social and employment services. This is a particular challenge in Ireland, Poland, Slovakia and Spain. In Spain, for example, the challenge is to provide stable funding to ensure long-term programmes that allow people to gain knowledge and have time to achieve outcomes. Training plans must be restarted yearly, preventing strategic planning. Supported employment has no stable or adequate funding base.

In addition to reporting on policies for active inclusion of young people with disabilities or health problems, a second major task for national correspondents was to identify and report on initiatives that illustrate active inclusion in terms of service provision for these young people. This task aimed to provide details of how active inclusion works in practice, as it was unclear in the literature how this relatively new policy was being implemented by service providers.

The 11 countries studied have taken different approaches to the process of translating and implementing policies and measures into actual systems and services and their achievements are different. The outcomes are not just a function of active inclusion policy, but are also influenced by a wide range of legacy factors related to previous policies and existing infrastructures for employment services, rehabilitation systems and benefits systems. There are also historical, social, economic and cultural differences.

Some Member States, such as France, Denmark, Germany, the Netherlands and the UK, have a greater range of policies, measures and services around active inclusion of young people, not least because of the large growth in numbers of young people who are inactive and are defined as 'disabled'. In Poland and Slovakia and in parts of France and Germany, the larger health and training institutions play a crucial role in activating young people, while in Denmark a deinstitutionalised and 'market' approach is more common. In the Nordic countries, Ireland and the UK, local community-based initiatives are more common. However, in the newer Member States and southern Europe, there appears to be a trend to move from larger institutional initiatives to more community-based projects. This means that there is a trend from central state responsibility to more responsibility among local stakeholders.

Although social, institutional and economic settings are quite different in the 11 countries, there appear to be many similarities in running active inclusion measures and programmes.

Selecting the case studies

The methodology used to select the case studies involved identifying up to eight possible projects that broadly met a number of criteria. These criteria set out that each case study:

- targeted young people with disabilities;
- provided a potential pathway to employment on the open labour market;
- addressed as many of the pillars of active inclusion policy as possible;
- had a good level of data available on the outcomes of the initiative.

It proved more difficult than might be expected to identify possible case studies in many countries. This was partly because of the time lag between the development of policy and service providers' response – top-down approaches to policy implementation take time and are difficult to implement. For example, training is needed, new resources may be required and services need to be reoriented. The implementation of active inclusion requires a level of collaboration between services that is not easy to achieve. In particular, income or benefit providers may not have a history of collaboration with the other services relating to active inclusion. In addition, it was evident that in some countries the policy emphasis on the target groups and on active inclusion was not strong.

It is clear that there are many potential barriers to the implementation of any policy – these relate to resources, finance, training, resistance by stakeholders and so on. In the case of active inclusion

policy, these are compounded by the additional barriers related to the complexity of the policy and the demands that different policy and service areas collaborate to produce integrated client-centred services that are tailored to the needs of clients.

At the heart of active inclusion is the concept of integrated approaches – there needs to be collaboration between the four pillars. Initiatives need to draw upon facilities and services that are centred on the client and that meet the multiple needs that they have. For example, clients may need to retain benefits for a period while working, until such time as they become established in employment; they may need to retain secondary benefits indefinitely; and they may need to engage in further educational or training activities. This flexibility of approach demands that there are good links between the main agencies involved or that they are integrated into single services.

When selecting the case studies, it was decided that that they should cover inclusive labour market policies and one or more other pillars. These are summarised in Table 2. It should be noted that active inclusion policy is not only concerned with placing people in employment – it also aims to ensure that the employment gained is of the highest possible quality. While quality of work was not an explicit consideration in the selection of case studies, it was an issue that was high on the agenda of many.

Table 2: Services and supports associated with active inclusion policy pillars

| | |
|---|---|
| Support for adequate income | Access to quality services |
| <ul style="list-style-type: none"> • Financial benefits <ul style="list-style-type: none"> ▪ Personal reintegration budgets • Flexibility <ul style="list-style-type: none"> ▪ Flexible benefits • Financial inclusion <ul style="list-style-type: none"> ▪ Incorporated training and assistance ▪ Social enterprises | <ul style="list-style-type: none"> • General health services • Mental health services • Social services • Independent living support • Transportation support • Home inclusion services |
| Inclusive labour market | Access to lifelong learning opportunities |
| <ul style="list-style-type: none"> • Employment and guidance pathways • Social inclusion services • Social economy • Raising awareness/culture change programmes • Support for transition from school to work | <ul style="list-style-type: none"> • Back to education • Adult compensatory education • Third-level access programmes • Accreditation of informal learning • Experimental learning projects • Vocational education and training opportunities • Formal and informal learning opportunities |

Table 3 presents an overview of the 44 cases that were selected for inclusion in the study in relation to how they address the four policy pillars of active inclusion. The aim that inclusion in the open labour market should eventually lead to an adequate income is more or less evident in the majority of the presented cases. However, in most cases it is not an explicit part of the services that are described.

Table 3: Overview of policy pillars addressed by the case studies

| Case study number | Support for adequate income | Inclusive labour market | Access to quality services | Lifelong learning |
|------------------------------|-----------------------------|-------------------------|----------------------------|-------------------|
| FI 1, DE 4 | * | * | * | * |
| DE 1, DE 2, DK 2, IE 2, UK 1 | * | * | | * |
| NL 1 | * | * | | |

| Case study number | Support for adequate income | Inclusive labour market | Access to quality services | Lifelong learning |
|--|-----------------------------|-------------------------|----------------------------|-------------------|
| ES 1, ES 2, ES 3, ES 4, DK 3, FI 4, FR 1, FR 3, IE 1, NL 2, NL 4, PL 2, PL 3, PT 1, SK 4 | | * | * | * |
| FI 2, DK 1, IE 3, IE 4, NL 3, PL 4, PT 4, SK 2, SK 3, UK 2, UK 4 | | * | * | |
| DE 3, DK 4, FI 3, FR 2, FR 4, PL 1, PT 2, PT 3, SK 1, UK 3 | | * | | * |

Note: DE = Germany, DK = Denmark, ES = Spain, FI = Finland, FR = France, IE = Ireland, NL = Netherlands, PL = Poland, PT = Portugal, SK = Slovakia, UK = United Kingdom.

It can take a long time for people with disabilities to reach the open labour market – for some, it may take 10 years or more. Many measures in the cases studied begin at the start of that road. They focus on health and social services, learning skills and the behaviours needed in training to develop the qualifications necessary to work in open employment. Services to support people in attaining an adequate income (flexicurity, administrative and budget skills) are essential for independent living, travelling and inclusion. Given this level of importance, the study actively sought to identify initiatives that directly addressed the provision of adequate income. However, Table 3 shows that only a minority of the cases focus on support for adequate income and that the pillar of lifelong learning is addressed most often. This may reflect the fact that in many cases, benefits come from a range of sources (such as social insurance and health services), and it appears that education and employment services assume that income is managed and provided by other stakeholders.

Table 3 shows that case studies addressing the pillar of support for adequate income are more common in the northern European countries. Remarks by the national correspondents suggest that this reflects the focus of these countries' policies and strategies to promote active inclusion of the growing numbers of young people with disability pensions. In newer Member States and southern European countries, young people on the disability registers may be more severely disabled, are further from the labour market and live in greater poverty; support for adequate income in combination with inclusive labour market measures is apparently less of a priority. In this situation, it may be the case that employment is expected to rectify the income issue, as benefits levels are so low that they are not a useful tool in addressing adequate income.

Even though the active inclusion framework is used to describe the case studies from the 11 countries, it should be noted that many of the projects pre-date active inclusion policy and have been relatively untouched by it in terms of the forces that have driven their development. Nevertheless, many projects exhibit some elements of active inclusion in the services they provide. Many initiatives have developed these features in response to their clients' needs rather than as part of a top-down implementation of active inclusion policy.

It was also noticeable that few projects were set up exclusively to target young people. In most cases, young people were included as a focus of attention, but not to the exclusion of other groups.

Summary of case profiles

Denmark

The case studies provide an insight into how organisations at local level are using systems and structures to create more active and holistic methods of active inclusion. It is clear that the Law

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on Active Social Policy, the Law on Active Employment and the Law on Social Services provide an important framework for the development of most of these initiatives. Key elements of the services provided include:

- rehabilitation and training in real work settings in collaboration with private businesses or in social enterprises;
- the use of job coaching and personal mentoring;
- a focus on transition from sheltered settings and from school to work;
- a clearer focus on the needs of young people with mental health difficulties.

Table 4: Denmark – Features of case study projects

| | DK 1 | DK 2 | DK 3 | DK 4 |
|-----------------------------------|---|----------|--------------------|-----------------|
| | CEB (Centre for Business and Employment Advice) | Next job | Fremtiden Nord Syd | The Specialists |
| Policy areas addressed | | | | |
| Adequate income | | * | | |
| Inclusive labour market | * | * | * | * |
| Quality services | * | | * | |
| Lifelong learning | | * | * | * |
| Target group | | | | |
| Physical/sensory disability | * | | | |
| Intellectual disability | | * | | |
| Mental health disability | * | * | * | * |
| All disabilities | | | | |
| Mainstream | | | | |
| Scale | | | | |
| National | | | | * |
| Regional | * | * | | |
| Local | | | * | |
| Social partner involvement | | | | |

Finland

Job coaching was at the core of three of the case studies. Job coaches help both the young people with disabilities and the employer with the job interview, orientation and induction, salary negotiations and the drafting of contracts. They provide information about wage subsidies and other financial aids available to employers when they hire young job-seekers with disabilities. In addition, job coaches offer guidance to employers on how to recruit and retain employees with disabilities, for example how to match the work to an employee's strengths and needs when this is required. The experiment with the Job Bank initiative by a social enterprise resulted in a nationwide follow-up in 2012.

Table 5: Finland – Features of case study projects

| | FI 1 | FI 2 | FI 3 | FI 4 |
|-----------------------------------|----------|---|-----------------------------|---------|
| | Job Bank | Leap to Labour! (Sisäänheitto työelämään!) | Bridge Production School | Resiina |
| Policy areas addressed | | | | |
| Adequate income | * | | | |
| Inclusive labour market | * | * | * | * |
| Quality services | * | * | | * |
| Lifelong learning | * | | * | * |
| Target group | | | | |
| Physical/sensory disability | | * | | |
| Intellectual disability | * | | * | |
| Mental health disability | * | | * | * |
| All disabilities | | | | |
| Mainstream | * | | * | |
| Scale | | | | |
| National | * | * | | * |
| Regional | | | * | |
| Local | | | | |
| Social partner involvement | | * | | |

France

In France, the case study projects are largely funded by the employment quota system Agefiph (Association de gestion du fonds pour l'insertion professionnelle des personnes handicapées – the Fund Management Organisation for the Professional Integration of People with Disabilities). Three of the four initiatives are within the apprenticeship system, while the fourth is within the vocational training system. It is notable that despite a strong segregated training and employment sector in France, the four cases are situated within the mainstream system and are all targeted at achieving employment in the open labour market. None of the four cases directly addresses securing adequate income, but it can be assumed that this is a feature of each because of their labour market and mainstream focus. There was no evidence of direct involvement of the social partners in establishing these initiatives, although there is some level of involvement in their operation, either as employers or in relation to training (by the trade unions).

Table 6: France – Features of case study projects

| | FR 1 | FR 2 | FR 3 | FR 4 |
|-------------------------------|--------------|---|-------------------------------|------------------------|
| | SARAH Alsace | ALFAH (Alternance Formation Apprentissage Handicapes) | SACFA and Pôle d'insertion | SARAH Les Terrasses |
| Policy areas addressed | | | | |
| Adequate income | | | | |
| Inclusive labour market | * | * | * | * |
| Quality services | * | | * | |
| Lifelong learning | * | * | * | * |

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| | FR 1 | FR 2 | FR 3 | FR 4 |
|-----------------------------------|--------------|---|----------------------------|---------------------|
| | SARAH Alsace | ALFAH (Alternance Formation Apprentissage Handicapes) | SACFA and Pôle d'insertion | SARAH Les Terrasses |
| Target group | | | | |
| Physical/sensory disability | | * | | |
| Intellectual disability | | | * | * |
| Mental health disability | | * | | * |
| All disabilities | * | | | |
| Mainstream | | | | |
| Scale | | | | |
| National | | | | |
| Regional | * | * | | * |
| Local | | | * | |
| Social partner involvement | | | | |

Germany

The German projects reflect the highly elaborated and differentiated rehabilitation system to be found in Germany. New incentives, for example for personal budgets (2008) and for supported employment as well as the ratification of the UNCRPD (2009), influenced the development of the selected projects. They highlight the paradigm shift that is currently taking place in Germany and reflect the new flexibility of rehabilitative structures and measures that define good practice in active inclusion. More enterprises are interested in incorporating training with the help of vocational training centres, so more young people with disabilities get a chance to leave the segregated rehabilitation system, to make contact with enterprises and employers and to have their first job experiences. The implementation of barrier-free apprenticeship opportunities and application procedures helps enterprises to recruit severely disabled adolescents for industrial training programmes and future jobs. Temporary work offered through social enterprises creates workplaces for those in need of first working experiences in the open labour market. The nation's first mentoring programme for female students with disabilities focuses on all facets of accessible and equal participation for young females with disabilities.

Table 7: Germany – Features of case study projects

| | DE 1 | DE 2 | DE 3 | DE 4 |
|-------------------------------|-----------------------|---|-----------|------------------|
| | Incorporated training | Mentoring programme for female students with disabilities | AutoMobil | Füngeling Router |
| Policy areas addressed | | | | |
| Adequate income | * | * | | * |
| Inclusive labour market | * | * | * | * |
| Quality services | | | | * |
| Lifelong learning | * | * | * | * |
| Target group | | | | |
| Physical/sensory disability | | | * | |
| Intellectual disability | * | | | * |
| Mental health disability | * | | | * |
| All disabilities | | * | | |
| Mainstream | | | | |

| | DE 1 | DE 2 | DE 3 | DE 4 |
|-----------------------------------|-----------------------|---|-----------|------------------|
| | Incorporated training | Mentoring programme for female students with disabilities | AutoMobil | Füngeling Router |
| Scale | | | | |
| National | * | | | * |
| Regional | | | * | |
| Local | | | | |
| Social partner involvement | * | | * | |

Ireland

The Irish case studies reflect the changing nature of Irish legislation and systems to some degree. The overhaul of disability-related and other legislation and the trend towards mainstreaming disability services have influenced the development of each of the four projects. On the other hand, the lack of an overt policy focus on young people with disabilities and the late development of explicit active inclusion-related services mean that the projects tend to reflect active inclusion as a by-product of their activities.

Moreover, there is evidence from the Irish case studies that some of the initiatives (for example, the EBT programme) have developed over time to their current situation, where they represent good practice in active inclusion – they may not have originally been organised to provide their current set of interventions, but they illustrate the challenge of augmenting existing services with a new approach.

Table 8: Ireland – Features of case study projects

| | IE 1 | IE 2 | IE 3 | IE 4 |
|-----------------------------------|-------------------------------|------------------------------|------------|---------------------|
| | EBT (employer-based training) | WAM (Willing Able Mentoring) | DETECT IPS | Employ-Ability Mayo |
| Policy areas addressed | | | | |
| Adequate income | | * | | |
| Inclusive labour market | * | * | * | * |
| Quality services | * | | * | * |
| Lifelong learning | * | * | | |
| Target group | | | | |
| Physical/sensory disability | | | | |
| Intellectual disability | | | | |
| Mental health disability | | | * | |
| All disabilities | * | * | | * |
| Mainstream | * | | | |
| Scale | | | | |
| National | * | * | | |
| Regional | | | * | * |
| Local | | | | |
| Social partner involvement | | | | |

The Netherlands

The Dutch case studies illustrate a multidimensional approach to active inclusion for young people with health problems and disabilities. In particular, supported employment, social enterprise, work-based training and learning, care for others, voluntary work and time to recover are important

elements of the active inclusion projects profiled. It is clear that without the cooperation of municipalities, the UWV and other agencies, these projects would fail to thrive. The public-private partnerships illustrated in these case studies, in which the person has a personal budget and the employer can access their own resources, provide a model for how active inclusion initiatives should be implemented.

Table 9: The Netherlands – Features of case study projects

| | NL 1 | NL 2 | NL 3 | NL 4 |
|-----------------------------------|---------------------------------|--------------------------------|--|----------|
| | De Overstap (The Transition) | De Vangrail (The Guardrail) | 1+1=3: Learning with Mental Deterioration | Kwintess |
| Policy areas addressed | | | | |
| Adequate income | * | | | |
| Inclusive labour market | * | * | * | * |
| Quality services | | * | * | * |
| Lifelong learning | | * | | * |
| Target group | | | | |
| Physical/sensory disability | | | | |
| Intellectual disability | * | * | | |
| Mental health disability | * | * | * | * |
| All disabilities | | * | | |
| Mainstream | | | | |
| Scale | | | | |
| National | * | | | |
| Regional | | * | | * |
| Local | | | * | * |
| Social partner involvement | | | | * |

Poland

The case studies profiled show the way in which Poland, since the fall of the Iron Curtain, is funding projects and stimulating innovation and creativity, particularly in the NGO sector. They include projects implemented by organisations that offer services to meet the individual needs of the participants. The goals not only include placement in employment, but the development of independence and self-esteem. Job offers are based on surveys of demand in the local labour market and ICT is used to assist people with mobility impairments and physical disabilities. ICT also opens up the possibility of teleworking jobs. A specialist job placement agency employs specifically trained participation coaches to prepare people with disabilities for targeted jobs through training at the workplace.

Table 10: Poland – Features of case study projects

| | PL 1 | PL 2 | PL 3 | PL 4 |
|-------------------------------|-----------|---|---------------------------|-------------------------------|
| | Job Coach | Employment Agency for People with Disabilities | Education for Telework | Doors to the Labour Market |
| Policy areas addressed | | | | |
| Adequate income | | | | |
| Inclusive labour market | * | * | * | * |
| Quality services | | * | * | * |
| Lifelong learning | * | * | * | |

| | PL 1 | PL 2 | PL 3 | PL 4 |
|-----------------------------------|-----------|--|------------------------|----------------------------|
| | Job Coach | Employment Agency for People with Disabilities | Education for Telework | Doors to the Labour Market |
| Target group | | | | |
| Physical/sensory disability | | | * | |
| Intellectual disability | * | | | |
| Mental health disability | | | | |
| All disabilities | | * | | * |
| Mainstream | | | | |
| Scale | | | | |
| National | * | | | * |
| Regional | | | * | |
| Local | * | * | * | * |
| Social partner involvement | | | | * |

Portugal

The cases selected from Portugal have been heavily influenced by the ratification of the UNCRPD. Portugal has developed an integrated response that addresses the four pillars of active inclusion and promotes a full focus on the needs of the person with disabilities and coherence in the measures that are implemented. One project focuses on improving individual qualifications; local learning and training; and the recognition, validation and certification of skills and know-how developed in formal, non-formal and informal education, work and life experiences. Another provides transition programmes for people with acquired brain damage to facilitate the process of moving from acute clinical rehabilitation to vocational rehabilitation by promoting clients' biopsychosocial functioning. Another project focuses on the development of competences and the integration of young people with disabilities through interventions and awareness raising at the individual, community and local employer levels. The final case is an example of a non-bureaucratic service oriented towards the needs of both clients and employers, resulting in benefits for both parties.

Table 11: Portugal – Features of case study projects

| | PT 1 | PT 2 | PT 3 | PT 4 |
|-----------------------------------|----------|-----------------------------------|----------|------|
| | CNO-APCC | Neuropsychological Rehabilitation | Cercifaf | OED |
| Policy areas addressed | | | | |
| Adequate income | | | | |
| Inclusive labour market | * | * | * | * |
| Quality services | * | | | * |
| Lifelong learning | * | * | * | |
| Target group | | | | |
| Physical/sensory disability | * | * | | |
| Intellectual disability | | | | |
| Mental health disability | | | * | |
| All disabilities | | | | * |
| Mainstream | | | | |
| Scale | | | | |
| National | | | | |
| Regional | * | | | |
| Local | | | * | * |
| Social partner involvement | | | | |

Slovakia

The cases from Slovakia illustrate that the government policies are relatively generic, and young people with disabilities or health problems are not identified explicitly as a 'group under special protection'. Cooperation between public and private stakeholders is effective in increasing the opportunities for young people with disabilities in the open labour market. Legislative changes in Slovakia on the right of access to employment make it possible for disabled people to have a work assistant who supports their work and personal needs at work. One case study focuses on the cooperation between a major HR provider and an umbrella organisation for people with disabilities, with the aim of increasing opportunities for disabled job-seekers. Although successful initiatives to place people with mental health problems in the open labour market are rare in Slovakia, a small number of organisations are relatively successful. One local NGO promotes open employment by a complex model of social and health services for people with mental health problems.

Table 12: Slovakia – Features of case study projects

| | SK 1 | SK 2 | SK 3 | SK 4 |
|-----------------------------------|---------|-----------------|----------|---------|
| | SDC-IBM | Work assistants | Profesia | Integra |
| Policy areas addressed | | | | |
| Adequate income | | | | |
| Inclusive labour market | * | * | * | * |
| Quality services | | * | * | * |
| Lifelong learning | * | | | * |
| Target group | | | | |
| Physical/sensory disability | | | | |
| Intellectual disability | | | | |
| Mental health disability | | | | * |
| All disabilities | * | * | * | |
| Mainstream | | | | |
| Scale | | | | |
| National | | * | * | |
| Regional | | | | |
| Local | * | | | * |
| Social partner involvement | | | | |

Spain

The Spanish case studies include good examples of initiatives that offer a wide range of services across regions to fully meet the needs of the client groups by training them in normal work environments, offering third-level courses for people with intellectual disabilities and providing coherent pathways for students to obtain jobs in the open labour market. The provision of continued support for clients beyond the initial placement in employment and addressing the person as an active subject in the process leads to good placement results. Targeting clients with high support needs (for example, people with pervasive developmental disorders) and providing them with support services and advice as well as including them in employment programmes while keeping their social benefits also has good results.

Table 13: Spain – Features of case study projects

| | ES 1 | ES 2 | ES 3 | ES 4 |
|-----------------------------------|-------------------------|--------------------------|-----------|--------|
| | BATA employment service | Fundación Manantial CRLs | Promentor | Trèvol |
| Policy areas addressed | | | | |
| Adequate income | | | | |
| Inclusive labour market | * | * | * | * |
| Quality services | * | * | * | * |
| Lifelong learning | * | * | * | * |
| Target group | | | | |
| Physical/sensory disability | | | | |
| Intellectual disability | | | * | |
| Mental health disability | * | * | | |
| All disabilities | | | | * |
| Mainstream | | | | |
| Scale | | | | |
| National | | | * | |
| Regional | * | * | | * |
| Local | | | | |
| Social partner involvement | * | * | | * |

United Kingdom

The UK case studies illustrate how community-based and local initiatives as well as national projects have adopted an active inclusion approach. Of particular note are:

- the use of supported employment for young people who would be incapable of gaining access to employment without being placed directly in a work setting;
- using community outreach activities to attract people who are currently inactive but who want to work;
- bridging the gap between the education and employment sectors through partnership between educational institutions and employment support providers;
- extending the range of services available to clients through partnership with health and social care providers.

Table 14: United Kingdom – Features of case study projects

| | UK 1 | UK 2 | UK 3 | UK 4 |
|-------------------------------|-----------|--------|---------------------------|-------------|
| | Prospects | STRIVE | Transitions to Employment | Torbay Plus |
| Policy areas addressed | | | | |
| Adequate income | * | | | |
| Inclusive labour market | * | * | * | * |
| Quality services | | * | | * |
| Lifelong learning | * | | * | |
| Target group | | | | |
| Physical/sensory disability | | | | |
| Intellectual disability | | | * | |
| Mental health disability | * | * | | |
| All disabilities | | | | |
| Mainstream | | * | | * |

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| | UK 1 | UK 2 | UK 3 | UK 4 |
|----------------------------|-----------|--------|---------------------------|-------------|
| | Prospects | STRIVE | Transitions to Employment | Torbay Plus |
| Scale | | | | |
| National | * | | | |
| Regional | * | | * | |
| Local | | * | | * |
| Social partner involvement | * | | | |

Characteristics of good practice

In this section, some of the major characteristics of good practice are highlighted. This is organised according to the four active inclusion pillars. The difficulties of organising good practice in relation to these four pillars are also highlighted. The concept of good practice as applied to the case studies refers to the number of pillars of active inclusion that are evident in each case. However, the concept also takes into account a number of constraints on the case study initiatives. Firstly, they have not generally been established to deliver active inclusion interventions. Secondly, they operate within a national context that defines the nature of the interventions that they undertake and the relationships that they have with the services needed to deliver active inclusion. Finally, the national contexts for the case studies differ in terms of the kinds of practices and expectations regarding the employment of people with disabilities or chronic illness. For example, in Poland there is limited experience of promoting the employment of people with disabilities or health problems, while in the Netherlands the issue has been actively addressed for decades. Thus, the level of complexity of the case studies varies and should be viewed primarily in a national context.

Initiatives combining four pillars

Finland: Job Bank (FI 1)

Germany: Füngeling Router (DE 4)

The study identified two cases in which social enterprises function as temporary employment agencies to facilitate the transition from school to work by addressing all four pillars. In Germany, the Füngeling Router initiative has offered temporary work for young people with disabilities since a new labour law on temporary work allowed longer-term periods of temporary work. Young people with disabilities are now legally allowed to stay in the enterprises long enough to finish their vocational education qualifications. In Finland, Job Bank is made possible because of new measures based on proposals by the SATA Committee for reforming social protection; new policy programmes for employment, entrepreneurship and work life; and the Act on Social Enterprises. In both cases, therefore, new legislation and regulation have had a significant enabling role.

Table 15: Main characteristics of the initiatives addressing four pillars

| Case study | Target group | Role of social partners | Scale |
|---|---|-------------------------|--|
| FI 1: Job Bank, started as a trial programme to directly employ young people with disabilities and sell their work contributions to companies | People marginalised in the labour market, mostly disabled (80%). Clients include people with neurological disabilities, learning difficulties and mental health problems. Half are under 30 years old | None | Trial conducted in two localities, now expanded nationwide |
| DE 4: Füngeling Router, a social enterprise offering temporary work to young people with disabilities | Young people with severe psychological or learning disabilities, lacking professional qualifications | None | Nationwide |

Both initiatives offer clients an adequate income, access to services, the necessary training and a first job in the open labour market. In both cases, the social enterprise is the client's first employer at the start of the process, which 'sells' the employee's work contributions to other companies. For the receiving companies, this is a risk-free, flexible and easy way to recruit (temporary) new workers. Ultimately, the projects aim to facilitate the transfer of employees to positions in the open labour market.

Job Bank is an organisation created by four social enterprises that offers employers a workforce for seasonal work and during busy production periods. When business is slow, Job Bank arranges other work or training for the employee. The project offers an employee permanent, full-time employment and pays wages that are at least at the level of collective agreements. Füngeling Router in Germany is a social enterprise that advises severely disabled young people on employment opportunities and arranges temporary work for its employees at regional enterprises.

In both cases, the young people gain experiences and skills in a real job. Condition-relevant (sensitive to their abilities) job placements are preceded by individual and specific skill-building, involving intensive preparation and acquiring an operational qualification. Where the work is interrupted (for whatever reason), the enterprises offer training or coaching for the employee and assist in coordinating the flexicurity of a salary and additional benefits.

In both cases, temporary work aims to place young people with disabilities in the open labour market for the first time (and subsequently at later times), while the enterprise provides them with any means necessary to secure that placement. Work-related assistance is as important as assisting clients in their private lives. In the German case, the social enterprise aims to build 'self-confidence and a well-balanced social life' for the client. It also aims to create one-stop shops for companies that need temporary staff in order to increase the proportion of young people with disabilities in open employment.

Job Bank has been very successful, with 189 people finding employment – 33% of these are in client companies and 67% are in social enterprises. In the Füngeling case, approximately 60% of participants were either working or on course to getting a job.

The main reasons why these initiatives can be considered good practice in active inclusion is because the holistic approach adopted uses legal structures that are not specifically designed for people with disabilities and creates niche workplaces for those who are qualified and looking for their first experience of work in the open labour market. In addition, the social enterprises offer access to a variety of individual health and social services for young people in need. Furthermore, after the participants are trained, they are placed in a real job as soon as possible.

The social enterprises cover qualification, activation and job placement in accordance with the participants' health condition. They offer a permanent, full-time employment relationship and other work or training during times of low demand, and pay at least the minimum collectively agreed wage. In this way, they offer individual pathways to the open labour market.

Finally, hiring an employee with a health problem is a socially responsible act that provides a competitive advantage to the hiring companies and is a critical factor in terms of corporate image and corporate social responsibility.

Box 1: Why are these case studies good practice?

- | | |
|--|--|
| <ul style="list-style-type: none"> • Create (temporary) work in a real company for an adequate income • Offer permanent full-time employment • Rapid placement in a real job after training • Pay at least the collectively agreed wage • Holistic approach within legal structures not specifically for people with disabilities • Create niche workplaces and first work experiences in the open labour market | <ul style="list-style-type: none"> • Sustain integration into work • Individual pathways to the open labour market • Variety of individual services • Qualification, activation and job placement in accordance with participants' condition • Training during times of low demand • For employers, risk-free and flexible workforce and easy way to recruit new workers |
|--|--|

Initiatives combining three pillars

The research found many cases where three of the four pillars were addressed. Five of these combined measures to provide adequate income, access to the labour market and access to lifelong learning and education. In some respects, measures that include income-related interventions are of particular interest, since it was relatively rare to find this pillar of active inclusion integrated with the other three.

Table 16: Main characteristics of the cases addressing three pillars

| Case study | Target group | Social partner involvement | Scale |
|--|--|----------------------------|--------------------|
| DE 1: Incorporated training, provides trainees with joint training by enterprises and vocational training centres | Young people 22–23 years old; most have mental health difficulties or learning problems | Yes | National |
| DE 2: Mentoring programme, based in an academic environment | Young female students with a disability | No | Local |
| DK 2: Nextjob, offers individual assessments, competence development and career guidance to assist target group into open employment | Young people aged 16–25 years with learning and mental disabilities and others with special needs who are motivated for employment | No | National |
| IE 2: WAM programme, provides work experience to graduates of higher and further education who have disabilities | Young people (mostly) who have graduated from third-level education | No | National |
| UK 1: Prospects, employment service of the National Autistic Society, which works closely with employers | People with mental health problems | Yes | National and local |

Germany: Incorporated training (DE 1)

Incorporated training is the joint training of young people with disabilities by enterprises and vocational training centres. It started in 2004 within the METRO Group, one of the world’s largest retail groups. The initiative is operated by the umbrella organisation of the vocational training centres, which has 52 members that provide almost 15,000 training positions in Germany. It provides placements for young people with disabilities in the open labour market and enables them to participate in all forms of social interaction associated with work. The vocational training centres are responsible for the theoretical parts of the training and the articles of apprenticeship. The enterprises do not have responsibility for the financial or organisational aspects of the programme. The assisted job placements provide a realistic training situation for young people with disabilities and close the gap between them and trainees without disabilities. Many enterprises are interested in this form of training and welcome the support and the motivation of the young people with disabilities. As a result of these positive experiences, the number of enterprises offering placements under the scheme has increased significantly since 2004.

Under this programme, clients have a chance to leave the segregated rehabilitation system, to enter enterprises and to have their first work experience. Even if the education and training are not always successful in leading to a job, it significantly increases their employment chances in comparison to those in vocational training centres without incorporated training. They gain work experience, which is a major advantage over those who remain in the German rehabilitation system. In an evaluation study, 46% of METRO participants obtained employment while retaining benefits, compared to 26% in a control group.

Germany: Mentoring programme for female students with disabilities (DE 2)

The situation of the four million disabled girls and women in Germany, who face labour market barriers both as women and as disabled people, had not been in scientific or political focus until the 1980s. Research showed that social integration was obstructed both in relation to the transition from school to work and in the course of further education. This group may face a wide range of challenges, especially at universities, and young women are doubly disadvantaged. Through a mentoring programme run by the Hildegardis association for female students with disabilities, their problems are analysed and addressed through the support of mentors during their studies. Each of the 60 participants to date has had the support of a mentor for a year. The mentors are experienced professionals with academic degrees. They advise students in their studies, career and life planning. Most mentors also have disabilities. The mentoring programme does not change the system, but the gap between service providers and people with disabilities can be lessened.

Denmark: Nextjob (DK 2)

Nextjob in Denmark offers individual assessments, competence development and career guidance to people with mental disabilities. The aim is to secure their employment in the open labour market with a salary subsidy or in flexible jobs. Advice and guidance, skill-building and job-oriented courses are offered for people with learning disabilities, special needs and psychological or social problems. Since 2001, Nextjob has worked for the Hovedstaden region. Recent legislative changes made it possible to start up Nextjob as an alternative to other services. Nextjob's goal is to promote societal development by securing the largest possible inclusion of people with permanent and diminished functional ability on the open labour market. It seeks to achieve this goal by:

- strengthening the occupational, personal and social competences of people with permanent or diminished ability;
- creating new and more job opportunities in the open labour market for people with permanent and diminished functional ability.

Ireland: WAM programme (IE 2)

The WAM (Willing Able Mentoring) programme promotes access to mainstream labour markets for graduates with disabilities. WAM uses a structured mentored work placement method, which involves facilitation, monitoring, supporting and evaluating work placements for the target group in major mainstream employers in Ireland. These paid placements offer graduates work experience relevant to their qualifications. It also offers employers the opportunity to assess their recruitment and employment policies in relation to people with disabilities. WAM supports employers and graduates with disabilities throughout the recruitment and employment phase. It provides both sides with the confidence to engage in this learning experience together. The learning coming from the placement process influences the design of employer tools and guidelines as well as supporting recommendations made at a national policy level.

Over the past five years of the programme, 118 placements have been made and 31 people have progressed from these placements to full-time employment. However, it is notable that employment rates have diminished somewhat in the recent years of economic turmoil in Ireland, even as placement rates have increased in the same period.

United Kingdom: Prospects (UK 1)

Prospects is the National Autistic Society's specialist employment service in the United Kingdom for adults with ASD who wish to work. The initiative was developed in London as a pilot project in 1994 from a recognised need to improve employment opportunities for young people with autism or Asperger syndrome. There are approximately 535,000 people with ASD in the UK.

The programme's aim is that people with an ASD should have the same training and employment opportunities as non-disabled people. It provides adults with ASD with support and training that will improve their readiness for employment. Prospects also engages with employers to increase awareness of the benefits that people with ASD can bring to the workplace and works with them to help with the recruitment, training and retention of staff with ASD. It is a successful programme, with 66% of participants gaining employment.

Good practice in other initiatives

Many initiatives were identified that displayed strong elements of good practice, either in relation to two or more of the pillars or because they are particularly focused on the needs of young people with disabilities or with mental health problems.

Denmark: The Specialists (DK 4)

The Specialists was founded as the first private company in the world to base its business model on employing people with ASD. Danish society and employers have high expectations of employees, requiring them to have strong interpersonal skills, flexibility and a high stress threshold. People with ASD have difficulty meeting these expectations and as a consequence face obstacles in mainstream education, training and keeping a job. The Specialists' initiative takes the view that ASD conditions are associated with abilities that are of special value in specific work settings, such as the capacity to concentrate for long periods, focus on details and engage in rule-based tasks. These skills are used, for instance, in accountancy, software development and quality control.

The Specialists directly hires core employees with ASD and contracts with client companies to provide business services on market terms. Possibilities instead of limitations are emphasised, and the aim is to create positive situations for businesses, individuals with ASD and society. The Specialists was established with private capital in the belief that the concept is so strong that from the start it can succeed on market terms. Since the Specialists' consultants provide an equally good and often better service than competitors, similar salaries can be obtained. The company's social profile does not emphasise cheap labour, but better workers. The concept is now marketed all over Denmark and is also being exported to other countries. Of the company's clientele, 40% enter open employment on full wages as IT consultants.

France: SARAH Les Terrasses (FR 4)

The SARAH (Service d'Appui Régional pour l'Apprentissage des Handicapés) programme supports the transition from school to work. It is aimed at young people with disabilities aged between 16 and 20 who are students in special schools, have behavioural problems or are obtaining specialist services while in mainstream education. Many young people with disabilities are not fully ready to access and successfully follow an apprenticeship as it is provided in mainstream apprenticeship training centres (*centres de formation d'apprentis*, CFAs). Failure to complete courses may be avoided by providing appropriate preparation, as is done in the SARAH programme. SARAH was set up in August 2002 and operates in four *départements* of Poitou-Charentes. It helps young people with disabilities to develop their career aspirations, to apply them in the labour market and to acquire social skills.

Since 2003, SARAH has developed a wide network of enterprises that are aware of the needs of young people with intellectual disabilities or behavioural problems and that give them the opportunity to partake in real working life. Moreover, its activities raised the question of access to employment for these young people within mainstream settings. The programme facilitates the progressive immersion of clients in their future work environment and in the open labour market. Half of its clients have obtained a training contract, 2% have found paid employment, 7% have been directed towards sheltered workshops, 9% have been hired in sheltered employment and 19% are unemployed.

The Netherlands: De Vangrail (NL 2)

The foundation Sterk in Werk (Strong in Work), which specialises in vocational training and employment support, runs the Vangrail (Guardrail) project. The project facilitates school dropouts (aged 16 and over) who are under the care of remedial education centres for young people with mild-to-moderate mental disabilities in their transition to work. They have behavioural problems resulting from a moderate mental disorder, often in combination with ASD, ADHD or psychiatric disorders. The philosophy of the Vangrail project is that vocational training and work in open employment will result in better mental health. The project operates in cooperation with the remedial education centres so that young people receive healthcare and participate in active inclusion programmes that are congruent with return-to-school or transition-to-employment programmes. The programme is financed by the UWV.

Young clients entering the Vangrail project receive 'dual programmes' addressing their mental health and supporting their entry to the labour market. The different professionals from the reintegration and remedial education centres work together on planning and adjusting transition programmes to the needs of individual clients. UWV officials also take part in the planning, and parents are consulted, as are the healthcare professionals who support the client. Clients' progress in developing their behaviour and communication in their living, training and working in environments is closely observed. Problems signalled by a professional in one area are directly communicated to the other professionals in the team around the young person so that everyone is aware of current issues and can anticipate other problems before they arise.

Poland: Job Coach (PL 1)

The Job Coach programme in Poland supports the employment of people with disabilities by assigning them a mentor, whose role is to assist them in entering the labour market (helping them to search for jobs, prepare for work, assisting during the first few months of work and providing consultation and advice in the later months). The mentor also supports the employer and acts as an advocate in persuading managers and colleagues that an employee with a disability can make a valuable contribution in the workplace. Fifteen years ago, work support for people with moderate or severe levels of mental and intellectual disability was scarce in Poland. The Job Coach programme demonstrates that people with disabilities can work in the open labour market, even though their numbers are still low.

Employers are often unaware of the advantages of employing disabled workers, such as obtaining financial support from the state and recruiting young, committed workers. The programme may also lower training costs for employers, as no internal supervisor is required; the person's coach fulfils that role. In the future, people with disabilities will especially be needed to work in relatively low-level jobs that do not require a high level of qualifications. Employing people with disabilities may decrease the shortage of workers willing to perform such jobs. About 15% of participants find constant employment in the open labour market.

Portugal: Cercifaf (PT 4)

Cercifaf (Cooperativa de Educação e Reabilitação de Crianças Inadaptadas de Fafe) is committed to developing innovative strategies that facilitate and encourage access to the open labour market for young people with disabilities. It emphasises the job mediation process and the special relationship that it has with the local community and employers. Cercifaf also provides vocational training for its clients to facilitate their integration into work through their VET centre. It implements a comprehensive, open and integrated model.

Since it was founded in 1988, Cercifaf has provided services to a total of 409 young people with disabilities. Of these, 361 have completed a training pathway and 235 have been integrated into the regular labour market. This success rate is decisive for clients' evaluation of Cercifaf's contribution to their process of personal and professional development. The vast majority of clients (94%) rate it as very good.

Monitoring and mediation are also provided to develop and implement employability. Cercifaf's success factors include having an in-depth knowledge of the local labour market; having a strong knowledge of the profile of each client; engaging in intense promotion and follow-up of the transition from training to real work contexts; ensuring the commitment of families through constantly sharing information; following up on requests for training in real work contexts; marketing clients' abilities; and post-placement support. All of these are achieved using individualised training pathways; the systematisation of processes and follow-up strategies adjusted to each case; the planning of adjusted intervention techniques, ensuring that the vocational training practices are in line with the needs of the labour market; involving employers in the integration phase; and permanent and personalised intervention among companies.

Slovakia: SDC–IBM (SK 1)

In Slovakia, public–private cooperation is very effective in increasing the opportunities for young people with disabilities in the open labour market. The Slovak Disability Council (SDC) was established as an umbrella organisation of 20 representative organisations for disabled people to promote their common interests. The SDC focuses on improving the quality of life of disabled people and their families in various areas, from access to services, education and employment.

International companies might be open to employing people with disabilities but have difficulty finding them, and young people with disabilities are slow to apply for jobs at such companies. To overcome these barriers, NGOs source disabled people according to the requirements of the company, provide appropriate training and prepare them for work at the company. This cooperation increases the chances of participants succeeding in the open labour market. The cooperation of the SDC and IBM has been running for several years and has had very good results. Almost 66% of those trained have been employed by IBM or other companies.

This initiative is an example of good cooperation between NGOs and leading companies in the IT sector. It offers evidence that global companies have the power to contribute to reducing and preventing the long-term unemployment and social exclusion of young people with disabilities. It shows how an integrated approach is relevant for all parties (job-seekers, the state, civic society organisations and employers). IBM is planning to run the same project in other countries, and in 2010 SDC began a second project in cooperation with another company in the same sector, Lenovo.

Spain: Trèvol (ES 4)

The Trèvol Project is a support structure, providing a multidisciplinary team that acts as an intermediary between society and people with disabilities. It enables people with disabilities to access the socialisation, training and development available to the whole population. It facilitates people to become active contributors to society and to change from being passive to economically active in all areas of life. Its function is to design training pathways and to develop appropriate support networks to enable a dependent child to become an active member of the adult population.

It began in 1995 as a supported employment programme with five users, sponsored by the Association of Municipalities of the Vall d'Albaida, which includes 34 local government municipalities. In 1997, families formed the Trèvol Association to organise themselves, and in 2006 they started providing services through a foundation (the Trèvol Foundation) to enable the Trèvol Project to open new programmes. Over the years, the Trèvol Project has expanded from the original employment programme to a group of programmes that constitute a support structure. A technical support team runs programmes on job skills and independent living, finds jobs in the open labour market and selects those people most suited to them and supports their integration. The team enables cultural immersion and creates resources (workshops, courses, activities) in mainstream environments so that people with disabilities become active citizens in society. It provides them and their families with advice, technical support and the necessary reinforcement to live independently.

The ultimate aim of all programmes is self-fulfilment, which means economic independence, professional and personal development throughout life, self-determination and inclusion in society. The Trèvol Project is a good example of how a wide range of services are integrated across a region to help fully meet the needs of the client group.

Factors influencing successful outcomes

The outcomes achieved by the initiatives in the case studies depended on a number of factors, most of which are not directly related to active inclusion policies.

- **Type of outcome examined:** Full employment in the open labour market is only one of a number of possible outcomes for an individual. This may be the end goal of an employment pathway, but early or intermediate outcomes are also possible in relation to education, training or employment arrangements. In addition, it may be the case that full employment is not a legitimate objective for some individuals, given the nature of their health condition, their skills or a range of other personal factors.
- **Health condition of the individual:** The severity and nature of an individual's health condition influences the employment outcomes that are possible.
- **Type of intervention:** The interventions described in the case studies include education and training, job placement, sheltered employment, social employment and supported employment. In addition, there may be strong links to actions targeting income or services.
- **Selection of participants:** There is a tendency for initiatives, especially those that are project based or in pilot format, to select the participants that are most likely to succeed in achieving the most desirable outcomes. This may inflate the success rates for the most desirable outcomes.
- **National context:** Countries differ markedly in relation to the structure of national systems, the resources that are available and the previous experience and expectations relating to the employment of people with disabilities or health problems. Where difficulties in these areas are common, it may lead to initiatives targeting the early stages of the employment pathway. Where expectations, experience and resources are low, it is apparent that lower success rates are achieved.
- **Supports available elsewhere in the system:** The essence of active inclusion is the collaboration and integration of services across hitherto separate areas. The case study initiatives were thus dependent (to a greater or lesser extent – this varies by country) on the extent to which the full range of services was available elsewhere within the system and also on the extent of collaboration that they could achieve.

All these considerations lead to difficulties in comparing employment rates between initiatives or between Member States in a legitimate way. These varied between 12% of participants achieving employment in the open labour market to as much as 66%. However, it is possible to identify some of the main factors that have led to what are perceived to be good success rates. These are elaborated upon in the conclusion to this chapter.

Finally, only a few projects provided information on the costs of achieving their outcomes (more detailed information is sometimes available from those where a formal evaluation has been published). Perhaps the best account on costs comes from the UK, where the Prospects initiative reported net costs of around GBP 1,500 per job. The National Audit Office (2009) in Britain reported

that while the financial costs of running Prospects were high, the employment outcomes were good and sizeable savings on benefit expenditure were made and also noted the associated improvements in individuals' quality of life and general health.

Conclusions from the case studies

The case studies provide a rich source of material for helping to understand good practice in relation to active inclusion for the target group of young people with disabilities. The activities they undertake and the outcomes they achieve are clearly influenced by the national and policy contexts they arise from and operate in. Nevertheless, they face a common set of problems, not least in terms of the barriers they face in achieving integration of their clients into the open labour market. This commonality, as well as the similarities between some of the national systems, enables some working conclusions to be drawn from the 44 case studies.

Before outlining the main conclusions to the analysis of the case studies, it is worthwhile highlighting what might be regarded as principles of approach that are embedded in most of the projects. These include:

- **skills development, training and job placement** – an integrated approach to these essential steps to employment;
- **ensuring rapid placement** in a real job after training if momentum is to be maintained and skills are to remain relevant;
- **empowering the individual** to take control of their career path so that they can make real choices;
- **supporting employers** with the recruitment, training and retention of staff with disabilities;
- **labour market orientation** – all projects should ultimately aim at open labour market participation for those who are able and who are interested;
- **acknowledging that good projects evolve** over time to conform to the active inclusion approach.

Integration of measures

Successful initiatives provide or arrange for the provision of a range of measures or interventions that are client focused and that meet the needs of the individual client. These measures should come from each of the four pillars of active inclusion. Where measures are not solely provided in-house, the importance of good relationships with other service suppliers is put in sharp relief. Good examples of such integration are provided by the incorporated training project from Germany and by the Prospects initiative from the UK.

Cooperative relationships

Very few of the cases were in a position to provide a full range of services under the four pillars to clients, even if they desired to. This emphasises the need for good working relationships between all of those involved in aiming at the labour market integration of young people with disabilities. In particular, it calls for good relationships between the public and private sector, between benefits suppliers and training providers, and between employers and others. There is a need to create a framework for such collaboration; otherwise it has to be created for each instance of an initiative. Good examples of collaboration come from most case studies, such as the SDC–IBM project from Slovakia and the EBT project from Ireland, which show the importance of good relationships with prospective employers.

Job coaching and supported employment

Many of the most successful initiatives involved a strong element of job coaching or supported employment in their service offer. This worked best when it was not time limited and could be tailored to the needs of the individual and the employer. It should provide services to both the individual and the employer. Many of the cases had some element of supported employment, with good examples from the Polish Job Coach programme and the Spanish Trèvol Project.

Mentoring

Mentoring was used successfully in a number of the cases. This has a lot in common with supported employment and job coaching and it was particularly successful in third-level educational establishments. Specific examples of the effective use of mentoring include the German mentoring programme for women students with disabilities and the Irish Willing Able Mentoring programme.

Training for specific jobs

Many of the most successful projects adopted the approach of training clients for specific jobs that were available in the local labour markets (instead of giving generic training courses). In practice, this involved identifying local labour demand with the help of employers and then providing targeted training to meet that demand. Good examples of this kind of approach could be found in all countries.

Adequate income measures

Few of the projects were taking direct steps to provide adequate income (apart from through national benefits systems). In some situations, income was secured where clients were directly hired through the initiative, but generally initiatives were relying on national systems to ensure adequate income and to overcome benefits trap anomalies.

Training and employment pathways

The best case studies adopted a pathways approach to the issue of vocational training and employment (this could also incorporate non-vocational training related to such issues as social skills and personal development). Each pathway should be organised into an individualised plan. Many of the case studies adopted this approach – examples include SARAH Les Terrasses from France and Cercifaf from Portugal.

Role of local authorities

Not all the countries in the study provide a strong role for local authorities in relation to the inclusion of young people with disabilities. However, where there is such a mandate (and this may be in relation to education, training or employment), they play a crucial role and it is an essential feature of successful initiatives that local authorities are involved in a full way. The Spanish and Dutch case studies illustrate the importance of the local authority's role.

Role of the social partners

The social partners were rarely involved directly in the success or otherwise of initiatives. They were not generally involved in either running or overseeing initiatives, although employers did sometimes have a strong involvement, but only as receivers of services. The role of trade unions, if any, was not clear in most initiatives, except in relation to general social partner agreements.

Individualised approaches

People with disabilities are not a homogenous group and it is clear that some of the more successful projects take highly individualised approaches to the training, development and employment of young people with disabilities. Customisation usually takes the form of the creation of a development plan that incorporates individualised goals and an individualised programme of interventions and supports. In addition, individualised support is provided on an as-needed basis following the employment of the individual. A particularly innovative approach involving this type of tailoring comes from the Specialists in Denmark.

Focusing on the target group

It was clear from the case studies that were selected (and from the process of selecting them) that there were relatively few initiatives that were exclusively targeted at young people with disabilities or mental health difficulties. Instead, many were applicable to any age group and were general in terms of the type of disability targeted. Relatively few focused exclusively on a single type of disability. This relative generality of approach amongst service providers poses challenges for focusing on specific groups of interest. It also illustrates the difficulties of directing policy at specific target groups.

Direct-hire models

A number of the case studies (often social enterprises) engaged in the direct employment of clients. In the case of social enterprises, this was seen as a temporary step on the pathway to open labour market employment. In some of these cases, it was also seen as a means of providing a temporary step down from open labour market employment, where for reasons of illness or lack of demand for employment, the initiative would in effect act as a buffer between open employment and full-scale engagement with the welfare system. Initiatives such as the Job Bank project in Finland illustrate the potential of this model.

Links to employers

A common feature of the most successful initiatives related to having close links to employers. For example, the SDC–IBM initiative in Slovakia involved training people to take up potential jobs in IBM or in the IT sector and had a very high rate of employment of people in the open labour market (66% were successful in this regard). Another example comes from Ireland, where around 40% of trainees in the EBT programme run by the National Learning Network go on to full employment. In this case, trainees are placed in work experience placements that address real employer needs. The Bridge Production School in Finland and others elsewhere share the important characteristic of having close employer links.

Policy and practice

The selection process for the case studies sought to include initiatives that were consistent with the pillars and principles of active inclusion. However, it was apparent that the relationship between active inclusion policy and case study practice was complex. This varied between a direct causative relationship, where policy has led to the establishment or redesign of services and initiatives (this happened to some degree in Germany), and the situation where existing initiatives have evolved or modified their activities towards the principles of active inclusion. This appears to be a feature where the state funds but does not directly provide services, as in Ireland, where NGOs with a long history of service provision have developed models that approximate active inclusion without necessarily having been directly influenced by the policy.

Introduction

The various investigations of this study of EU and national-level policy in the area, and particularly of 44 case studies of good practice in 11 Member States, provide a unique information base upon which to develop recommendations to improve the prospects of young people with disabilities. This rich, deep and varied set of findings from the 11 national reports and from this synthesis report enables the identification of key themes and the development of a set of recommendations that address the real needs of the target groups and which shed light on how the policy of active inclusion might best be implemented.

A significant issue of interest in the study concerns the nature of the target group. Two distinct groups are in focus here – young people who are making the transition from the education system to the labour market and young people who have acquired a health problem or disability having started work. These are two distinct groups (the main distinction relates to the level of labour market experience) and there are differences in how they should be treated by both policy and practice.

In general, it was easier to identify measures addressed to people who were making the transition from school to work than for young people who had withdrawn from employment on grounds of ill-health. Bridging and transition programmes for those leaving school in many Member States were not well developed, and inclusive education programmes were not matched by equivalent employment and further education interventions. Programmes that encouraged job retention for young people who had developed an illness were more difficult to find, and despite this group having had prior work experience, there was little evidence that this group was well catered for.

Before introducing the main conclusions from the study, a number of issues need to be addressed.

- There was a discernible trend in most of the selected Member States to put in place a coordinated and integrated strategy at policy level. It was also clear that many of the elements of active inclusion were evident in the good practice examples.
- The evolution of integrated actions for people with disabilities may be due to factors other than the adoption of the active inclusion model. Many measures pre-date the Commission Recommendation on active inclusion (European Commission, 2008a) and some were introduced prior to the implementation of the UN Convention on the Rights of Persons with Disabilities (UNCRPD). Some Member States used the framework provided by the Convention to develop coordinated national actions. Other influences on active inclusion strategies include national action plans for social inclusion and national reform programmes.
- Apart from the Netherlands, where young people with health problems or disabilities have been targeted directly, young people in transition from school to work and young people who have exited the labour market as a result of an acquired impairment are catered for within general service and employment frameworks.
- A specific policy platform for active inclusion may not yet lead to good practice. In some instances, good practice emerged in the absence of a strong national platform, while in other cases, national policy had not been effectively transformed into frontline practice.
- The model of active inclusion used for these studies specified four rather than three pillars. There is little doubt that education is a critical element to be addressed for young people with health problems or disabilities making the transition from school to work. Given the high proportion of people with disabilities with low qualifications in general, education clearly has a role to play,

even for those in the older age group. The three-pillar model incorporates vocational education and training under the heading of inclusive labour market measures. There is a risk in taking this approach that substantial policy and provision gaps between the education and the employment sectors will not be identified or addressed. There is a need to ensure that this fourth dimension of education is addressed for the target group in question.

The analysis of policy at national level points to areas where lessons can be learned and also to areas that need strengthening. In addition, the case studies provide a rich source of information on what works and also on the areas where practice needs to be augmented to take on board the precepts of active inclusion. The diversity of approaches taken in the Member States under study add to the strength of the recommendations and provide a powerful illustration of the many ways to address the inclusion of young people with health problems or disabilities.

In all, 42 issues were identified as being important to improving the inclusion of young people with health problems or disabilities in the labour market and in broader society. These have been organised into six broad themes, each of which brings together key issues that have been identified in the national profiles or in the case studies:

- policy priorities and focus;
- policy tools and mechanisms;
- integrated systems;
- joint action and coordination;
- evidence- and experience-based interventions;
- critical social and economic factors.

Within each theme, a short discussion of the issues and some conclusions that have been drawn from the study are presented. The recommendations in Chapter 6 are also presented under these themes.

Policy priorities and focus

This theme reflects the ambiguous status that the two target groups for the study were assigned both at EU and national levels. While there was a certain degree of clarity in some Member States in the way that young people making the transition from school to work were addressed, it was difficult to find a coherent and consistent policy approach to young people who had exited active employment on the grounds of ill-health or disability.

Policy focus on young people with health problems or disabilities

A major finding from the study concerned the lack of specific focus on young people with disabilities at EU and national policy level. At EU level, certain policies focus on young people and other policies focus on people with disabilities, but no specific reference was found to young people with disabilities within any of them. This policy neglect may reflect the low level of awareness of their importance as a target group or it may reflect the fact that they are a doubly marginalised group, as policies tend to focus on single dimensions of marginalisation at a time. The lack of integration of policy may also be a contributory factor.

At national level, the reasons for the lack of focus are somewhat different. In some countries (for example, Ireland) the issue of young people with disabilities has not been prioritised, while in others (such as the Netherlands) it has attracted much attention. Nonetheless, it is also clear that in many

countries, policy largely seems able to address only one aspect of the issue – either young people or people with disabilities.

Focus on young people with health problems or disabilities in practice

Very few of the initiatives described in the case studies were directed exclusively at young people with disabilities. It was also clear that most of the initiatives were not directly influenced by national active inclusion policy.

Most of the initiatives were relatively long standing and good practice had evolved over time. Initiatives had been influenced by many factors, only one of which might have been active inclusion policy. It was notable that some initiatives did not appear to be aware of such policy.

Nevertheless, the practice of what might be termed active inclusion had developed more or less well within these projects. They still had difficulties in applying what is a complex policy to implement, especially with regard to making the necessary links between the pillars of active inclusion. The innovations that were evident often came from within the resources of the initiative rather than being imposed from outside.

While this study is interested in younger people with health problems or disabilities, this was not necessarily the case with many of the initiatives. The focus of many of them was on people with disabilities of all ages, while for others it was the newly disabled. In some cases, the initiative was concerned with part of the national system. This range of situations has differing implications for initiatives in terms of how they might focus on the target group of young people.

Monitoring the status of young people with health problems or disabilities

A major challenge for the national studies and in compiling the consolidated report was the lack of any clear and current data on the status of the two target groups in most Member States and at EU level. The Eurostat data used in this study were originally collected in 2002 as an initiative of the European Year of People with Disabilities. The data were collected on the basis of self-reports and the proportion of people with disabilities varies significantly, from over 30% in Finland to around 6% in Italy. Given this disparity, the percentage distributions for each Member State probably refer to different types of populations in terms of severity of impairment.

In addition, data gathered at a particular point in time do not provide an indication of the extent to which environmental factors such as the economic crisis, policy initiatives or developments in practice are affecting the two target groups. Without relevant trend data, it is difficult to draw any firm conclusions on the effectiveness of EU or Member State approaches to active inclusion for these target groups. In comparison, the reporting of youth unemployment statistics on a quarterly basis provides a useful basis for judging the results of the various measures designed to address youth unemployment. Youth unemployment and inactivity data can be disaggregated in terms of gender and educational level. Introducing a health or disability dimension to data-gathering procedures would contribute greatly to more effective targeting of active inclusion mechanisms. At Member State level, young people with health problems or disabilities were evident in relatively few datasets, with the Netherlands and Germany providing the most complete data.

Mental health

The issue of mental health runs through the study findings in many countries. There is evidence that much of the rise in the numbers of young people entering the disability registers is due to mental health problems. The reasons for this rise are complex and differ from country to country.

At least part of the rise is due to changes in the diagnosis of conditions such as ADHD and other psychosocial impairments during childhood. In effect, greater numbers of young people are leaving the educational system with a diagnosis that allows them to claim disability benefits. Moreover, it is also likely that many of the group who have had some work experience but have entered the disability registers have done so for mental health reasons.

On this basis, addressing the issue of mental health amongst the target groups of concern is a priority. Health, social, education and labour market services need to be able to cope with the requirements of people with the range of mental health problems typical of this group. In addition, addressing issues such as stigma, lack of awareness and prejudice among mainstream service suppliers, employers, potential fellow employees and society at large is key to enabling effective active inclusion policies for this group.

Mainstreaming

Mainstreaming has been a major policy pillar in the European Disability Strategy for many years. It is advocated in education, training and employment and has been inspired by anti-discrimination movements and the human rights approach. However, the implications of mainstreaming need to be carefully considered for specific groups, such as those with severe impairments and more complex needs. There is a risk that mainstreaming initiatives can lead to a reduction in resources as more specialised services are phased out. This approach, especially as it relates to public employment services, raises concerns about the training and competence of mainstream employment officers and the capacity of the services to respond to the extra demands of providing services to people with health problems or disabilities, especially to those with mental health or psychosocial impairments.

In addition, there was evidence that young people who were diagnosed with health problems in the secondary education system often lost special educational resources and support services when making the transition to employment and further education. As a result, they retained the label but were required to start from scratch in establishing eligibility for adult services. In some cases, the first option for these young people was to apply for a disability pension. If young people with health problems or disabilities are mainstreamed within the general population, the disability community and the youth population, they run the risk of becoming isolated from the services they need. They and their needs may effectively become invisible to policymakers and service providers.

Impact of the UNCRPD

A number of country reports emphasised the importance of the UNCRPD in guiding the development of national disability strategies and framework legislation and policy. The UNCRPD takes a broad view of disability and society. It covers the wide range of challenges that can face a person with a health problem or a disability. The purpose of the Convention, which is reflected in the way it is constructed, is not simply to describe the areas of life in which the rights of persons with disabilities may be infringed, but also to outline the actions that countries can take to promote and protect the rights of their citizens with disabilities. In this regard, the Convention provides a practical guide for the design and development of national strategies.

The UNCRPD addresses the specific needs of children and women with disabilities and outlines the actions that are required in the sectors of employment, education, health and social protection, amongst others. It does not highlight the needs of young people with disabilities making the transition to adulthood. Similar to many other policy documents, it takes a sectoral approach that does not address in any detail the need for coordinated and integrated cross-sectoral action.

Nevertheless, the UNCRPD is more proactive in its approach to equality and inclusion. This is not always part of non-discrimination legislation, which tends to offer protection that can only be activated retrospectively after discrimination has occurred. There is evidence that non-discrimination legislation is more effective in protecting people who already have a job than it is for first-time job-seekers.

Policy tools and mechanisms

Evidence of the growth in numbers of young people on disability benefits calls into question the effectiveness of current policies and their implementation. It cannot be attributed to the current difficult economic climate, as the growth in numbers predates the economic downturn. Thus, there is a need to re-examine current policies and implementation mechanisms with a view to improving and strengthening them.

The European Disability Strategy 2010–2020 indicates that employment is to be tackled through the ‘Agenda for new skills and jobs’ (European Commission, 2010a), the European Social Fund, the full implementation of the Council Directive on non-discrimination in employment (Council of the European Union, 2000) and the concept of inclusive growth (Council of the European Union, 2010a). Inclusive education and training will be addressed under the Europe 2020 framework (Council of the European Union, 2011). Adequate income and poverty reduction will be covered through the European Platform against Poverty and Social Exclusion (European Commission, 2010e). In this regard it is essential that these initiatives be reviewed in terms of the extent to which current activities under these initiatives adequately address the needs of young people with health problems or disabilities.

Adequacy of policy tools

As current policies at EU and often at national level do not specifically address young people with health problems or disabilities, it is perhaps not surprising that current policy tools have not halted the growth in the number who are socially excluded. There is a need to instate young people with health problems or disabilities as a specific target group and to re-examine the policy mechanisms that are used within EU and national-level policy.

More research into the situations of the target group is needed and there is also a need to investigate and develop successful methods for the social and employment inclusion of the target group. In effect, there is a need to segment youth policies to include responses to those with health conditions or impairments and to segment disability instruments to address needs arising from the person’s stage in the lifespan. The case studies undertaken in this study are a good first step in that direction.

Lifelong learning framework

EU-level policy on lifelong learning needs to better reflect the issue of transitions. For the younger target group in this study, the key transition is from second-level education (be it mainstream or specialised) to third-level vocational training, education or employment. There is also a key transition for young people who have some work experience and who acquire a disability. Finally, there is a need for flexibility with this target group – the sometimes periodic nature of their illnesses means that multiple transitions between health services, training and employment must be supported. There is also a need for both occupational and non-occupational (such as social and personal development) skills to be supported by policy and programmes.

Education and training systems

Although the inclusive education movement has made a substantial impact in several Member States, many young people with health problems or disabilities are educated or trained in systems that are parallel to the mainstream. The principles of inclusion embrace diversity as the foundation for action. Unlike terms such as ‘integration’ and ‘mainstreaming’, which simply require a person to be placed in a mainstream setting and to cope with this, the term ‘inclusion’ requires the system to change to respond to the needs of the individual.

Many education and training systems, both mainstream and specialised, are so inflexible as to impede young people with health problems or disabilities acquiring the qualifications and skills required to compete effectively in the open labour market. There is evidence that people who participate in sheltered vocational training services are more likely to progress directly to sheltered employment. It is also the case that the concept of inclusive vocational education and training has yet to have an impact on the approaches adopted by many mainstream training providers. There is a need for a wider range of options with more flexible methods and better-trained professionals in order to respond to the needs of the target groups, who are essentially non-traditional learners.

Adequate and flexible income measures

A key issue that obstructs the effective labour market participation of young people with health problems or disabilities is lack of access to adequate income in a flexible manner. Gaining a disability pension for a young person with a health diagnosis or impairment is a very attractive option. In some cases, it can result in the individual having a higher disposable income than their non-disabled peers who are still at school or college. However, the long-term implications for disability benefits systems and for the individual are extremely negative. According to the OECD, less than 2% of disability pension recipients exit the system into employment in any year. Benefit traps exist in many countries and they constitute a serious barrier to participation, especially in the employment sector, and can contribute to an unsustainable fiscal burden on the state.

Flexibility of income sources is the key issue here, and broadly speaking, there are three potential elements to this that need to be taken into account. The first concerns income from social security – there is a need for these benefits to be flexible and to be effectively integrated with income from employment so that recipients are not liable to lose income from benefits too quickly. A second element concerns ancillary benefits for services, such as transport and health, which may be lost upon taking up employment (the role of these benefits varies from country to country). Given that young people are likely to obtain less well-paid jobs, it is essential that the ancillary benefits they receive are not cut off upon taking up employment.

The third element concerns what might be termed the reversibility of benefits. Often the period of requalification for benefits can leave the recipient without benefits for an extended period if their employment terminates for whatever reason. There is a need to ensure that such periods of qualification for benefits are kept to a minimum.

A final concern was raised in relation to the way in which benefits should be combined with earned income. In cases where an employer is entitled to a productivity-related subsidy or where the employee is entitled to retain a proportion of his or her pension, the employer could potentially pay the employee with a disability less than the minimum wage. This is an option that was being considered as a formal approach in the Netherlands. The outcome of such a strategy may not actually have an impact on the income received by the employee, but would change their status compared to other job-seekers without disabilities.

Conditionality of pensions and benefits

In some country reports, benefits for young people and job-seekers are conditional on participation in active measures to acquire skills and qualifications or inclusive labour market programmes. A shared characteristic of such benefits is that they are time limited. For example, job-seekers' allowance often requires the recipient to demonstrate that they have applied for a number of jobs within a specified period. Conditionality of benefits is often an element of flexicurity approaches, and benefits can be retained for a certain period while earning income from employment. This approach is being adopted in the Netherlands as part of the response to the increasing number of young people entering the *Wajong* system.

There is a case to be made for this approach to be adopted for all people applying for a disability pension. The introduction of a rehabilitation allowance, paid at the same level as a pension, but which is time limited and conditional on participation in active health, education and employment activities, may act as a mechanism to divert people from the pension system towards active inclusion measures. It could also provide a context for developing an assessment system that emphasises capacities rather than impairment and incapacity.

Quality services

Having access to quality services is an essential element of active inclusion policy. Such services help to maintain the person in the settings in which they live, be it employment or education or training. These services include personal services, health services, transport and the range of supports that are necessary to help the individual to overcome their impairment.

While access to these kinds of services is to some degree a matter of resources, there are also issues concerning the design of systems that provide these services not being able to adequately support active inclusion. Examples of this problem include getting access to personal assistants, job coaches or transport to and from training, education or employment as well as the qualifying conditions that are attached to these services. There is a need to overcome blockages in systems that prevent access to the services needed to promote the active inclusion of young people with disabilities. It is also essential that eligibility for services is not based on the activity status of the individual. Such dependencies, i.e. basing eligibility on being in receipt of another benefit, can act as a major inhibiting factor in moving towards employment.

Inclusive labour market policies

The country reports described a broad range of measures designed to enhance the labour market participation of people with health problems or disabilities that focused on either the job-seeker or the potential employer. The characteristics of methods that targeted the person varied along a number of dimensions, including whether they were offered in mainstream or segregated settings; involved training in open employment settings; provided on-the-job support and coaching; included job carving (which creates specific jobs matched to the capacities of the job-seeker from a number of other jobs in the workplace); and offered participants the opportunity to gain recognised qualifications.

Those that focused on employers involved the provision of supports such as disability-awareness training for staff, advice about work accommodations and subsidies to compensate for the additional costs of employing a person with a disability. Positive incentives included reducing tax or social insurance commitments, while negative incentives included the operation of an employment quota levy system.

The case studies provide some evidence that a number of the person-focused interventions were being implemented effectively at a local level. There was less evidence to support the effectiveness of

employer-focused inclusive labour market mechanisms, although it was recognised that employers' needs must be catered for too.

Integrated systems

One of the key features of active inclusion is the demand that it places on the design and development of integrated systems. Formerly separate systems relating to education and training, health and income must now not only collaborate, but be designed in such a way that the various measures under these systems combine to implement the active inclusion approach. This level of integration calls for a more active intervention than collaboration – the joint design of policy implementation systems is needed. Otherwise, effective integration will only be achieved by idiosyncratic means.

Integration of measures

A clear finding from the case studies is the lack of and difficulties of achieving effective integrated services for young people with disabilities. Most initiatives did not provide the full range of services under the four pillars of active inclusion and they sometimes had weak links with other agencies that might supply the missing services. In order for fully integrated services to develop, there is a need for policy implementation tools such as brokerage, one-stop-shop models, integration of separate services and mainstreaming models to be developed, tested and implemented.

Cross-sectoral cooperation at EU level

Current policy development at EU level tends to take place within separate Directorates-General. While effective policymaking often crosses sectoral boundaries, there may be a need for joint development and ownership of policies, especially as they relate to active inclusion of young people with disabilities. The current situation, where relevant policies refer to some of the issues facing the target group, means that they are effectively a low priority for these policies compared to other target groups. For example, young people generally are more often targeted and are of higher priority than young people with disabilities within employment policy.

Fragmentation and complexity

One aspect that was highlighted in some of the country reports was the lack of impact that national policies were having on the coordination of frontline services for people with disabilities. In a number of cases, the positive impact of national policies was reduced by fragmentation between different levels of authority (regional and local actors) or by the institutionalised responses within the relevant sectors. Demarcation issues arose between social protection and employment agencies and between education and social protection administrations. This led to ineffective sharing of information between agencies and a requirement on individuals to approach a range of providers in order to access the services they required.

Some useful approaches to joining up services at the level of the individual were reported. These included:

- one-stop shops, where people could access a wide range of services offered by different sectoral agencies;
- case management approaches in which a single professional took responsibility for building a service plan for the person;
- individual planning systems that provided people with an assessment of need and an integrated service plan;
- personal budgets that gave people control over procuring the services they required.

Training and employment pathways

Many of the successful case study initiatives used an employment pathways approach to providing services to their clients. This often involved a large element of client empowerment and of tailoring services to meet the specific requirements of individuals. In addition, the best models allowed for flexibility in the application of these employment pathways – individuals could move around the multiple steps on the pathway in order to take account of changes to their circumstances. These elements of good practice should be reproduced more widely than is currently the case.

In addition, the needs of the employer must also be taken into account – pathways that are oriented towards specific jobs with specific employers have a better chance of being successful.

Transitions

At the heart of the issues facing young people with health problems is the process of becoming disabled, in other words, acquiring the necessary diagnoses and access to benefits systems that marks the transition to a ‘career’ of disability. This change in status can be mitigated at least to some degree by ensuring that the handover between systems takes place in a more efficient way. In particular, moving from the educational system at second level to the adult systems of third-level education, training and employment carries the potential for young people with disabilities to be marginalised. Specific problems here include the loss of assessment information between the systems, failures to manage and coordinate the transition and the changes in types of services that may be available to the individual.

Joint action and coordination

If there is a need for integrated measures, there is also a need for coordinated approaches to the issues, which involves collaboration between stakeholders and agencies. In some countries, services have sometimes tried to collaborate so that the four pillars of active inclusion have been addressed, but the experience has commonly been that such collaboration has occurred in spite of, rather than because of, the design of the system. There is therefore a need to provide a framework for collaboration between agencies as well as a mechanism for doing so.

In identifying the need for joint action and collaboration, the role of the various stakeholders should be specified. Allowing for differences in the structure of national systems, it is still possible to specify the kinds of role that they may play.

- **The role of local authorities:** Local authorities can play a significant role as direct employers in jurisdictions where they have a statutory brief in the area of employment. In addition, where they are responsible for employment services (as in Denmark, for example), they should consider an active leadership and coordination role in relation to all aspects of active inclusion.
- **The role of the social partners:** The research showed that the social partners played only a small role in the examples of good practice described in the case studies. Trade unions played almost no role, while employers were usually passive recipients of services. There is considerable scope for the social partners to become more involved, perhaps through the medium of social partner agreements on the implementation of active inclusion for the target group.
- **The role of public employment services:** In many countries, employment services for people with disabilities have been or are in the process of being mainstreamed. This process places demands on the knowledge and skills of staff in relation to dealing with people with disabilities.

In addition, there are significant differences in the services provided by public employment services (see, for example, European Commission, 2011d), and in many cases, the full range of services needed by people with disabilities are not available. These findings place a requirement on the public employment services to develop both the range of services available (in areas such as capacity assessment, job matching, advocacy and job coaching) and the capacity of their staff to deliver them if the needs of young people with disabilities are to be met.

- **The role of NGOs:** In many countries, a major part of the services for people with disabilities are supplied by NGOs. For example, health services, social services, vocational training and employment services may all be supplied by NGOs. The role of these services is often tied to their source of funding; funding may come from a specific ministry, for example. This may lead to difficulties in supplying a fuller range of services and of collaboration between the services, which is needed for effective active inclusion.

Evidence- and experience-based interventions

The evidence base for justifying interventions is growing both in terms of scientific research and practical experiences from case studies. This study has identified many sources of evidence that can be used as a basis for improving active inclusion services, which can be summarised in three main areas: employment services, incentives and upgrading skills.

Employment services

Evidence from the study indicates that a number of elements of employment services have been shown to be effective.

- **Job coaching and supported employment:** This is a common feature of good practice in many countries and should be extended where it is not fully available. Restrictions on its use should be reviewed, as the evidence suggests that it should be demand led rather than be time limited. It should also include services to employers.
- **Mentoring:** This refers to the practice of appointing experienced people within a setting to help the person overcome day-to-day problems in the work or educational setting. The case studies in particular have highlighted the utility of this practical tool.
- **Job matching:** This refers to the practice of undertaking assessments of the work capacity of people with health problems or disabilities and then relating these to specific jobs that are available in the labour market. The essence of this approach is that clients are directed towards employment that exists and that their skills are tailored to meet the requirements of these specific jobs.
- **Direct-hire models:** Some of the case study projects used variations on direct-hire models that offered good prospects both for achieving open labour market employment and for meaningful integration into employment pathways (often through social enterprises). Initiatives directly hired people and then either directly marketed their services or acted as a stepping stone to full labour market employment. Ways of extending these models should be examined, as they offer strong and reliable methods of labour market integration.

Incentives

The role of incentives within the systems involved in active inclusion needs further investigation and action. While there has been recognition of the role that disincentives can play, especially in relation to the benefits trap, the role of positive incentives needs further attention, as does the examination

of incentives in sectors other than social benefits. It is essential to review the systems of incentives to answer the following questions:

- To what extent do incentives encourage young people with health problems or disabilities to remain in school, engage in lifelong learning opportunities and strive to gain relevant qualifications? Cost-sharing between individuals, employers and the state can make it more attractive to engage in continuing professional development. Personalised budgets and learning accounts can provide an incentive to improve skills. Extending the eligibility criteria for disability benefits to include engagement in lifelong learning for young people with health problems or disabilities could significantly increase participation in further education and training.
- Do incentives persuade employers to take a more proactive approach to the recruitment of young people with health problems? Negative incentives such as quota levy systems can be more effective in encouraging employers to retain ill or injured workers than to recruit new employees. Additional protection for employees can discourage employers from considering employing new disabled workers. Positive incentives such as tax relief and waivers on social insurance contributions may have a positive impact, but more evidence to support this contention is required. Temporary wage subsidies have been used successfully with people at risk of unemployment in a number of countries.
- To what extent do incentives encourage young people to enter the labour market and actively seek work? Conditionality of benefits such as the job-seekers' allowance forces a person to engage in job-seeking. Disregarding income in relation to disability benefits provides the individual with an option of taking up part-time employment without fear of benefit loss.

There is a debate around active labour market policies in general and those focused on specific target groups in particular as to the effectiveness of such approaches. There are three main issues. Firstly, all incentive measures result in a certain degree of dead weight, in which people who benefit would have got a job even in the absence of the measure or where employers using an incentive would have recruited in the normal course of events. Secondly, a substitution effect can occur where employers shift their recruiting patterns towards a particular target group at the expense of another target group because of the incentive. Thirdly, displacement can occur where an increase in employment of a particular target group results in a reduction for other job-seekers or workers, with no net increase in jobs.

Upgrading skills

The target groups that are the subject of this report are more likely to leave school early, to be classified as NEET or to have low qualifications. All these characteristics can disadvantage a job-seeker, even in the absence of a health problem or disability. Therefore, measures to upgrade the skills of the target groups must be at the heart of the active inclusion strategy. While a focus on employment-relevant skills is essential, it is also critical that young people are provided with transversal or transferable skills that can improve their effectiveness in personal and social competences.

Another concern is the upgrading of the skills and knowledge of professionals and employment officers in how best to respond to young people with health problems or disabilities and in particular to those who have been diagnosed with new psychosocial impairments. There is a continuing professional development requirement to ensure that those operating the system have the necessary knowledge of the active inclusion system to effectively deliver the policy.

Evidence from the case studies in particular points to the success of targeting the training of young people towards job vacancies that exist, rather than providing more general training. This form of training implies much closer relationships with employers and good job-matching services as well as a greater level of employer-focused services, all of which contribute to more successful employment outcomes.

The case studies, and to some extent the national policy profiles, indicate that best practice in active inclusion in relation to employment requires a new skill set, especially among mainstream service suppliers. In particular, the skills and knowledge to deal with disability-related issues, to organise and provide support to clients through the employment process and to enhance supports to employers are needed.

In many Member States, sheltered occupational services are substantial providers of training and education to young people with health problems or disabilities. It is not clear that the training content in these programmes has been updated in line with changes in the demand for skills in the open labour market. In some cases, providers still offer training in traditional craft areas where the demand for jobs is low or decreasing. Linking sheltered providers to employers through dual systems of training and qualification is an important strategy in this regard. It is also important to require specialist providers to comply with the same quality assurance standards as mainstream training providers and to offer nationally recognised qualifications.

Critical social and economic factors

A number of factors will have a critical influence on the success or otherwise of active inclusion policies for young people with health problems or disabilities. These include:

- the impact of the recession;
- the impact of restricted funding for services;
- creating labour demand;
- inclusive growth;
- the effect of withdrawing temporary additional supports to employment;
- attitudes and stigmatisation.

Even though the impact of the recession has differed across the Member States since 2008, it is likely that budgetary austerity policies allied to the widespread welfare reform policies will lead to constraints on relevant budgets for active inclusion. These can in turn lead to restrictions on benefits and reduced spending on services.

In addition, a major impact of the recession has been a sharp rise in unemployment to historically high levels in many Member States. It has had the effect of reducing the pool of job vacancies for all unemployed citizens and of making it even more difficult for those who are specially disadvantaged in the labour market, such as young people with health problems or disabilities.

Against this unpromising background, it is difficult to expect high levels of success for initiatives aimed at young people with health problems or disabilities. However, there was some evidence that two related approaches have been successful. Firstly, initiatives that target specific job vacancies and that provide training and support for individuals to become eligible for those jobs had a greater level of success than initiatives that provide more general training. These initiatives were also active in providing support to employers (often through supported employment models). Secondly, there

were a number of interesting models that in effect actively marketed the specific abilities of the target group. In some cases, these initiatives acted as a direct employer, while in others the initiative acted as a stepping stone on a pathway to open employment.

These types of initiatives share some characteristics that can offer lessons to be learned:

- they are proactive in nature (actively marketing the services of the young people with health problems or disabilities);
- they are localised and specific in their activities (they take account of specific geographic labour markets or sectoral labour markets);
- they support the employer throughout the employment process.

These principles may offer some hope of improving employment outcomes in what are very difficult labour market conditions.

A notable feature of active inclusion policy as it is articulated is that it is exclusively concerned with improving the employability of people who are marginalised on the labour market. There are limits to how successful this policy might be, as it only deals with labour supply. There is a case to be made for simultaneously introducing labour demand stimulation policies that are targeted at young people with health problems or disabilities.

An underpinning policy driver for Europe 2020 is the concept of inclusive growth. Inclusive growth requires that measures that are being put in place to respond to the current economic and labour market conditions are proofed in terms of their potential negative impact on vulnerable job-seekers. The country reports and the case studies reviewed for this study are remarkable for the diversity of approaches and methodologies that are available to promote inclusive growth. It is essential that these are clearly documented and systematically evaluated. This requires better, more up-to-date and more elaborated data upon which judgements on their effectiveness can be made.

In response to the crisis, Member States are putting in place temporary measures to support employment. It is likely that these will also affect young people with health problems or disabilities. The concern is that when these additional supports are phased out or withdrawn, it will have a negative impact on vulnerable employees.

The psychosocial environment, and specifically societal and employer attitudes to disability, has been emphasised as critical in enhancing or restricting the participation of people with health problems or disabilities in the labour market and in society in general. The stigma associated with mental health difficulties in particular has been highlighted.

The attitudes and expectations of young people with health problems or disabilities is another critical factor. It is unlikely that a person will seek a job if they have no expectation of getting one. Tackling negative attitudes requires a focused approach aimed at enhancing the self-esteem of the target groups and raising their expectations. This must be associated with the provision of real opportunities for participation.

The impact of awareness campaigns aimed at the general public have a relatively low return on investment, particularly if they are not linked to more substantive interventions. The approach to attitude change must be integrated into a coherent active inclusion strategy and must aim at increasing the level of participation of young people and employers in practical action.

Evolving initiatives and future policy

On the basis of the national profiles and good practice examples reviewed for this study, it is possible to draw some inferences about the content and approach of an ideal policy initiative specifically targeted at young people with health problems or disabilities. The thrust of the policy should be towards creating opportunities for this group to function as adults in society and to become productive members of the labour market. It should be about what they can do rather than their impairments and incapacities, which requires a move away from the assessment of deficit and benefit eligibility to the evaluation of strengths and needs as well as matching abilities to job demands.

A proactive, community-based approach should be adopted through which the needs of individuals are addressed progressively using a pathways approach in which labour market is the ultimate objective. This will require that all the mechanisms outlined in the Europe 2020 strategy for inclusive growth are fully implemented, including the use of flexible benefit schemes (flexicurity), the promotion of better school-to-work transitions, improving support for employers, implementing culture and attitude change programmes and encouraging joint actions on the part of the social partners.

It is a basic tenet of an inclusive society that adequate income support should be available for those who are unable to support themselves through work. For clients with work capacity, the emphasis should be on remaining work capacity, not on health or disability. This work-oriented approach should include the identification of work skills, job matching and the active participation of the job-seekers in a coherent and integrated active inclusion plan that clearly specifies the possibilities, rights, obligations and prospects for work for the person. The plan can be made effective through an obligation to accept work or the offer of further education on the one hand, and the use of stronger financial incentives to take up work on the other.

A particular focus in the policy platform should be on the promotion of a better school-to-work transition through local and integrated cooperation between agencies and providers, labour-orientated education that offers learning opportunities in open employment settings and the provision of coaching and support during work-based learning.

Employers can be encouraged to regard young people with health problems or disabilities as a more attractive recruitment option if they are offered timely and appropriate support. Mechanisms that can contribute to more positive employer responses include easy access to advice and guidance through local or regional one-stop service centres; improved job matching on the part of employment services and job carving based on the abilities of the job-seekers and the needs of the employer; a greater awareness of available employment incentives, such as rebates on social contributions; and more practical on-the-job supports, including job coaching and mentoring.

An important vehicle for creating more inclusive workplaces is the development of special arrangements within collective employment agreements between employers and worker representatives. These can be promoted through formal arrangements, as in France or Germany, or by stimulating a culture of participation in labour, as in the Netherlands. Interdepartmental working groups can be used to organise collaboration between government departments and public institutions, and national social partnership agreements can underpin the role of employers and worker representatives in supporting and facilitating the active inclusion strategy.

Above all, good practice should be properly highlighted and disseminated to employers, worker representatives, professionals and most importantly to young people themselves and their parents.

The EU policy platform

The main challenges to be addressed in both national and European policy approaches are:

- the lack of visibility of young people in disability policies and people with health problems or disabilities in youth policies;
- the quality of current labour market and social inclusion data on their status;
- the absence of a cross-sectoral strategy aimed at joining up the activities in each of the flagship initiatives.

The ‘Agenda for new skills and jobs’ proposed a number of actions that have great relevance to the target groups (European Commission, 2010a). In particular, it calls for a targeted approach to vulnerable groups. If young people with health problems or disabilities are specified as a distinct group under the agenda, a range of measures could be proposed, including:

- flexible and reliable contractual arrangements and reducing barriers to job transitions;
- improving access to lifelong learning and competence-based learning and qualifications;
- more effective responses by public employment services;
- addressing their needs as a theme in the social dialogue on the implementation of lifelong learning;
- customising incentives and cost-sharing arrangements such as tax allowance schemes, education voucher programmes and learning accounts;
- making better use of active labour market programmes and in particular individual job counselling, job search assistance and measures to improve skills and employability;
- making disability benefits conditional on participation in active labour market programmes;
- reviewing out-of-work and in-work benefits to improve financial incentives to take up work, training and other activation schemes while making sure that benefits still provide poverty alleviation for those who remain out of work;
- improving benefits coverage for those most at risk of unemployment, such as fixed-term workers, young people in their first jobs and the self-employed;
- improving the monitoring and governance with specific reference to the target groups.

Council conclusions on the role of education and training in the implementation of the Europe 2020 strategy are particularly relevant to the target groups. They emphasise that the aims of the European Platform against Poverty initiative require greater efforts to provide support and open up opportunities for non-traditional and disadvantaged learners. Factors such as better access to high-quality early childhood education and care as well as the provision of innovative education and training opportunities for disadvantaged groups are important for reducing social inequalities and enabling all citizens to realise their full potential.

The Council decision on guidelines for employment policies of the Member States 2010 highlights the urgency of the situation of young women and young men who face exceptional difficulties in entering the labour market due to the severity of the economic crisis. The double disadvantage of youth and disability should be acknowledged in this regard if the headline targets of reducing the share of early school-leavers to less than 10% and increasing the proportion of 30–34-year-olds having completed tertiary or equivalent education to at least 40% are to be met.

The guidelines clearly signal the need to remove barriers to labour market participation, especially for women, older workers, young people, people with disabilities and legal migrants. Once again, there needs to be an acknowledgement that people can experience multiple disadvantages, as in the case of young people with health problems or disabilities. Investment in successful transitions, education and training systems and appropriate skills as well as addressing youth unemployment and inactivity while ensuring adequate, sustainable social protection and active inclusion are all most relevant to young people with health problems or disabilities.

European cooperation in education and training for the period up to 2020 should also be used to establish how the framework addresses the needs of young people with health problems or disabilities and particularly the role the strategic objectives can play in terms of making lifelong learning and mobility a reality, improving the quality and efficiency of education and training and promoting equity, social cohesion and active citizenship.

Lifelong learning and mobility should provide:

- more flexible learning pathways, including better transitions between various education and training sectors;
- greater openness to non-formal and informal learning;
- transparency and recognition of learning outcomes;
- better-quality guidance systems;
- new forms of learning.

Improved quality and efficiency of education and training should focus on:

- greater attention to raising the level of basic skills such as literacy and numeracy;
- initial teacher education and continuing professional development.

Promoting equity, social cohesion and active citizenship should:

- enable all citizens, irrespective of their personal, social or economic circumstances, to acquire, update and develop job-specific and key competencies;
- include learners from disadvantaged, special needs and migration backgrounds.

The status of people with health problems and disabilities also comes within the scope of the EU health strategy (2008–2013) and the European Disability Strategy 2010–2020, and both young people and people with health problems or disabilities are clearly signalled as important target groups in the ESF Regulations 2007–2013. The major challenge is to create a greater visibility under these significant policy initiatives for those who experience the dual disadvantage of youth and impairment.

As indicated in Chapter 5, this study identified 42 issues that have an impact on the employment prospects of young people with disabilities or health problems. It is not useful to address these issues separately, so just 10 recommendations are made here. The recommendations are differentiated in terms of the level of action they pertain to: EU policymaking level, national policymaking level or the level of practice. However, it is also useful to identify a few key recommendations that overarch the detail of the 10 recommendations.

It is clear from the evidence presented in the main body of this report that active inclusion policy is the most likely candidate to address the multiple problems facing young people with disabilities or health problems. It addresses the four key areas of support that are needed by this target group – education and training, income, quality services and access to the labour market. It is a prime example of integrated policy development, but the evidence from the study indicates some problems both at EU and national level. These include a failure of active inclusion policy to be reflected in subsidiary policies and a failure of the policies to adequately target young people with disabilities or health problems. Accordingly, a major theme of the recommendations is to:

- **Ensure that active inclusion is specified and acknowledged in all relevant policies and that they explicitly identify young people with disabilities or health problems as a target group.**

Another major finding from the study concerns the difficulties encountered in identifying and quantifying the target group. Data concerning this group were usually distributed across numerous sources and it was not possible to easily quantify their numbers or to identify the kinds of health problems that they suffered from, either at EU or national level. This leads to the second theme of the recommendations:

- **Improve data collection and reporting systems to adequately characterise the target group.**

The implementation pathway for policy developed at EU level is a long and difficult procedure. Even at national level, transforming policy into practice is difficult and can involve a major reorientation of all the stakeholders involved and the application of resources, training and service redesign. For policies such as active inclusion, which involves the collaboration or integration of policy and practice across a number of policy dimensions, it is to be expected that implementation would take time and that its novelty and demands would generate some resistance, inertia and unforeseen difficulties. This leads to the third major theme of the recommendations:

- **Increase efforts to implement the policy of active inclusion at the level of practice.**

Policy priorities and focus

1. Improve the focus of policy on integrating young people with disabilities or long-term illness.

- EU policy² ■ Ensure that EU policy specifically targets young people with disabilities in policy measures.
- National policy ■ Ensure that equality and non-discrimination disability policy focuses on the integration needs of young people.
- Ensure that labour market, lifelong learning, health and social services, and social protection policies include young people with disabilities as a specific target group for measures.

2. Strengthen the relationships between national policy and practice in relation to young people with disabilities or health problems.

- National policy ■ Increase awareness of social activation policy amongst stakeholders and service suppliers.
- Investigate the situation of and prioritise young people with disabilities in national policies on social activation.
- Practice ■ Focus more closely on the needs of young people with disabilities or health problems.

3. Implement systematic awareness-raising and training programmes for staff working in mainstream services to enable them to deal with the needs of young people with disabilities or health problems.

- National policy ■ Develop and implement training programmes for mainstream services staff to ensure the provision of effective services and efficient handovers between services.
- Practice ■ Ensure staff are adequately trained. Ensure that they have knowledge and skills related to the special circumstances of young people with disabilities or long-term illness. Change the expectations of professionals so that they actively promote the employment prospects of this target group.

² Relevant EU policies include EU Strategy for Youth (2009); European Employment Strategy and National Employment Action Plans of the Member States; EU Health Strategy (2008–2013); European Disability Strategy 2003–2010; Disability Action Plan 2008–2009; Integrated Guidelines for Jobs and Growth; and ESF Regulation 2007–2013.

4. *Develop stronger approaches to mental health issues in the target group.*

- | | |
|-----------------|---|
| EU policy | <ul style="list-style-type: none"> ■ Promote innovative approaches to the mental health problems of young people in relation to health, social protection, education, lifelong learning, rehabilitation and employment. ■ Develop and support an awareness campaign on mental health issues for the target group amongst the main stakeholders at EU and transnational level. |
| National policy | <ul style="list-style-type: none"> ■ Ensure that the main service suppliers are aware of, and have the skills to deal with, the requirements of young people with mental health problems. ■ Develop and implement awareness campaigns on the requirements of the target group. |
| Practice | <ul style="list-style-type: none"> ■ Develop and implement appropriate training for staff within mainstream and other organisations on the requirements of young people with mental health problems. |

Policy tools and mechanisms

5. *Develop new policy tools and improve existing policy tools.*

- | | |
|-----------------|--|
| EU policy | <ul style="list-style-type: none"> ■ Research the development of more effective policy tools in the area. |
| National policy | <ul style="list-style-type: none"> ■ Develop tools for measuring the effectiveness of current policy instruments and their implementation mechanisms. ■ Develop delivery models that integrate the range of services that are needed to support active inclusion for the target group. ■ Identify and address all service-related barriers to achieving active inclusion. ■ Develop much greater flexibility of primary and ancillary benefits and integrate this with income and tax systems. ■ Ensure that lifelong learning systems focus on maintaining young people in education and training; the focus should be on both occupational and non-occupational skills and knowledge. |
| Practice | <ul style="list-style-type: none"> ■ Produce analyses of the barriers affecting the active inclusion of young people with health problems or disabilities and supply these to national policymakers. ■ Improve awareness of the impact of active inclusion policies and measures amongst service suppliers. |

Integrated systems

6. *Develop integrated systems of policy and practice.*

- | | |
|-----------------|---|
| EU policy | ■ Establish responsibilities and accountabilities and define desired outcomes for active inclusion policy. |
| National policy | ■ Integrate national policies and services. ■ Ensure all employment and training services are pathways based; allow for steps forward and backwards; include specific employers and jobs as the end point of the pathway. ■ Ensure all services (and pathways) are needs based for the individual; ensure specific end points for pathways. ■ Design procedures so that handovers between systems and life cycle stages are catered for. |
| Practice | ■ Integrate national policies and services. ■ Design procedures so that handovers between systems and life cycle stages are catered for. ■ Ensure all employment and placement services (and pathways) are needs based for the individual. ■ Ensure that employers' needs are an integral part of plans. ■ Ensure specific end points for employment pathways – orient individuals towards specific jobs. |

Joint action and coordination

7. *Develop mechanisms for joint action between existing policies and practices in order for active inclusion to be realised.*

- | | |
|-----------------|---|
| EU policy | ■ Review Europe 2020 and its flagship initiatives as they apply to youth and to people with health problems or disabilities in order to identify where they intersect. ■ Specify a greater role for social partner involvement in active inclusion. |
| National policy | ■ Establish mechanisms for joint action between the major suppliers of services for active inclusion. ■ Require agencies (public, private and NGO sectors) to collaborate in order to deliver active inclusion services to young people with health problems or disabilities; specify these agencies, their roles and the leadership, responsibilities and accountabilities of those involved. |
| Practice | ■ Develop mechanisms for practical joint action between the agencies involved in delivery. ■ Develop new collaborative structures where necessary, such as joint provision, brokerage, one-stop shops and service integration. |

Evidence- and experience-based interventions

8. *Extend employment services for young people with health problems or disabilities to include strategies that have been demonstrated to be effective and maintain those that already include those strategies.*

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|-----------------|--|
| EU policy | <ul style="list-style-type: none"> ■ Ensure employment policy specifically refers to the effective employment service tools of supported employment and job coaching, mentoring, job matching and direct hire. |
| National policy | <ul style="list-style-type: none"> ■ Incorporate effective employment services tools better. ■ Extend job coaching and supported employment models, including extended support to employers. ■ Extend mentoring models to all young people with health problems or disabilities in education and employment. ■ Apply job-matching services more often and more consistently. ■ Develop more direct-hire models and investigate social enterprise, cooperative and other models of employment. |
| Practice | <ul style="list-style-type: none"> ■ Extend the practice of job coaching and supported employment, mentoring, job matching and direct-hire models. |

Incentives

9. *Investigate and extend incentives within the range of systems involved in active inclusion.*

- | | |
|-----------------|--|
| EU policy | <ul style="list-style-type: none"> ■ Generate evidence to inform the debate on the impact of incentives on the labour market participation of young people with health problems or disabilities. This could be explored through the OMC and through the European Commission's Progress programme. |
| National policy | <ul style="list-style-type: none"> ■ Target existing incentives to encourage a higher participation rate in education more specifically of young people with health problems or disabilities; introduce new incentives where appropriate. ■ Create synergies between incentives measures that support and increase active job-seeking by the young person and active recruitment by employers. ■ Introduce temporary wage subsidies for young people with health problems or disabilities who are already in employment. These should be tied in with short-term benefits systems. This approach should be extended from unemployment benefits to disability and sickness benefits. |
| Practice | <ul style="list-style-type: none"> ■ Raise awareness of incentives amongst school-leavers and young people who have lost their jobs as a result of illness or injury. |

Upgrading skills

10. *Reorient and extend the training provided by service suppliers to take account of best practice in active inclusion.*

- | | |
|-----------------|--|
| EU policy | <ul style="list-style-type: none">■ Develop training policies that are targeted towards more marketable skills.■ Develop devolved training policy so that training can be more accurately targeted at existing jobs for young people with health problems or disabilities.■ Highlight the importance of transversal skills and the use of informal learning opportunities. |
| National policy | <ul style="list-style-type: none">■ Integrate job search and job placement with job training.■ Introduce labour demand-led models.■ Improve training for system agents in order to improve services to young people with health problems or disabilities.■ Upgrade the capacity of training providers, particularly those offering disability-specific training.■ Maintain the links between employers and employees so that the employment link is not broken during episodes of illness. |
| Practice | <ul style="list-style-type: none">■ Intervene with young people early in the disability process, for example when they first become absent or appear on short-term sickness registers.■ Develop early intervention strategies so that disability can be prevented. |

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Annex 1: Methodology

The selected countries for the research – Denmark, Finland, France, Germany, Ireland, the Netherlands, Poland, Portugal, Spain, Slovakia and the United Kingdom – represent a good geographical coverage such that northern and southern Europe as well as the old and the new Member States are included. In addition, a range of different European welfare models are covered, including Central European Corporatist (Germany and France); Scandinavian Social Democratic (Denmark and Finland); Southern European – Mediterranean (Spain and Portugal); Anglo-American – Liberal (Ireland and the UK); New Member States – Post Socialist (Poland and Slovakia); and Hybrid³ models (the Netherlands). The different types of models were considered as part of the selection process.

The country studies that form the basis for the current report were produced in two phases. The data and descriptions for the first six Member States (Denmark, Finland, the Netherlands, Poland, Spain and the United Kingdom) were collected during 2010, whereas the information contained in the reports generated during the second phase (Germany, Ireland, France, Portugal and Slovakia) was collected during 2011. In order to take this into account, and to validate the initial conclusions being drawn from the country studies, the national correspondents from the first phase of the study were invited to contribute to the final report and to provide additional information where relevant.

The methodology adopted in both phases was broadly similar. During the project set-up stage, the criteria for identifying good practice in active inclusion, health and disability was reviewed in order to ensure that there was an overall continuity and consistency between both phases and to improve the focus in the second phase based on learning from the first six studies.

The analytic framework applied in this study strongly reflects a multifaceted view of inclusion and exclusion processes. The study builds on this approach by focusing more clearly on the principles of active inclusion and elaborating the framework to make it more amenable to identifying and describing the types of benefits and schemes that apply to young people with health problems or disabilities, describing how young people are identified as having health problems or disability, exploring the causes of the health problems that lead to exclusion, documenting the role of gender in the exclusion process and describing good practice in ‘active inclusion’ and the coordination between different actors, processes and initiatives. The framework was designed to capture the factors and measures that operate to form a threshold between inactivity and active working life. It clearly focused on the principles of active inclusion and allowed a consistent approach across the country studies.

The complex factors involved in social exclusion and the pathway to economic inactivity by young people with disabilities or health problems were documented using a set of templates derived from a background study and developed in consultation with Eurofound. This approach has proved effective in analysing complex structural and system factors. The templates covered are as follows.

- **The policy and legal framework for young people with disabilities or health problems:** This template was used to characterise the legal and policy context of a Member State relevant to young people with disabilities or health problems within the four pillars of active inclusion.
- **The systems and services for young people with disabilities or health problems:** This template provided a structured approach to describing the systems and services for young people with disabilities or health problems within the areas involved in active inclusion in terms of

³ The Dutch system now contains elements of all models, hence the term ‘Hybrid’.

funding, overall aims, the nature of the services or supports provided, eligibility criteria for access, the types of service providers offering the services and their intended beneficiaries.

- **Good practice for young people with disabilities or health problems:** This template provided a systematic framework for identifying and describing good practice with a view to identifying the elements that had a greater potential for generalisation.
- **The economic and social context within each country:** This template was used to ensure a systematic approach across countries to documenting the multiple and complex factors that influence the activity and participation of young people with a disability or health condition.

The templates served to link macro-environmental factors such as laws and regulations and mediating mechanisms such as supports and incentives, fiscal constraints and administrative procedures to actual, concrete initiatives happening at a local level.

National correspondents were brought together and trained in relation to the meaning of active inclusion, the criteria for identifying good practice, the issues facing young people with disabilities or health problems, and the methodology.

National correspondents in each of the 11 Member States were asked to:

- document the current status and recent trends on the incidence of disability claims amongst young people, with a special emphasis on mental health problems as a cause;
- document and analyse the national legal and policy context relevant to young people with health problems or disabilities, with particular reference to flexible adequate income, inclusive labour market measures, access to quality health and social services, and education and lifelong learning;
- select, analyse and describe in detail four case studies of active inclusion mechanisms or programmes and explain in which respects they represented good practice in active inclusion.

Each national correspondent researched different data sources (such as websites and policy informers) and reviewed documents, reports and position papers; carried out face-to-face and telephone interviews; and where necessary implemented site visits to some of the initiatives to be profiled in the case studies. The national reports form the primary source for this consolidated report and the 44 case studies are to be made available on the Eurofound website.

Annex 2: List of researchers

| Name | Location | Organisation |
|-----------------------------|-----------------|--------------------------|
| Donal McAnaney | Ireland | WRC |
| Richard Wynne | Ireland | WRC |
| Joanna Sielska | Poland | INSE |
| Rafal Jaros | Poland | INSE |
| Borja Jordan de Urries Vega | Spain | Universidad de Salamanca |
| Lena Steen | Denmark | LOS |
| Anna-Liisa Lämsä | Finland | Luovi |
| Kvetoslava Repková | Slovakia | NROZP |
| Katarína Šelestiaková | Slovakia | NROZP |
| Dominique Velche | France | EHESP |
| Edwin de Vos | Netherlands | Astri |
| Femke Reijenga | Netherlands | Astri |
| Jan Spooren | Belgium | EPR |
| Claude Delfosse | Belgium | EPR |
| Dennis Klinkhammer | Germany | Cologne University |
| Elsa Pacheco | Portugal | CRPG |
| Nicky Neilson | UK | Momentum |

Annex 3: Integrated legislation and programmes

An analysis of the legislation, policies and programmes presented in the country reports was carried out to gain an insight into the extent to which these were designed to achieve coordinated and integrated actions across the four pillars of active inclusion. The analysis included legislation and programmes relevant to people with disabilities or youth in general and not only those targeted at young people with health problems or disabilities. The focus was on the aspects of active inclusion that were most frequently addressed by specific laws and programmes. Member States differed in terms of the way in which legislation was used to govern activities. For example, 31 individual pieces of legislation relevant to active inclusion were identified in Spain. By contrast, the Dutch response to disability was covered by 11 legal instruments. Overall, 144 laws and policies were described in the country reports, of which 58 addressed more than one domain of active inclusion; 117 relevant programmes were described, of which 54 addressed more than one domain. This section describes those laws and programmes that could be described as supporting a coordinated or integrated approach to inclusion.

Combining flexible income, inclusive employment, access to services and lifelong learning

Laws and programmes that addressed all four pillars of active inclusion were rare. Most of these were framework instruments designed to govern the way in which other aspects of the system operated. In a number of cases, these were national instruments that were introduced to give effect to the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

The UNCRPD has been ratified by 18 Member States and at the level of the EU. Seven of the Member States reviewed for this study had ratified the UNCRPD and several highlighted the ratification process as an important driver for the development of integrated policies and services. The current status of the UNCRPD in the selected Member States is presented in Table A1.

Table A1: Status of the UNCRPD in the selected Member States

| Country | Convention signature date | Protocol signature date | Convention ratification date | Protocol ratification date |
|----------------|---------------------------|-------------------------|------------------------------|----------------------------|
| Denmark | 30 March 2007 | | 24 July 2009 | |
| Finland | 30 March 2007 | 30 March 2007 | | |
| France | 30 March 2007 | 23 September 2008 | 18 February 2010 | 18 February 2010 |
| Germany | 30 March 2007 | 30 March 2007 | 24 February 2009 | 24 February 2009 |
| Ireland | 30 March 2007 | | | |
| Netherlands | 30 March 2007 | | | |
| Poland | 30 March 2007 | | | |
| Portugal | 30 March 2007 | 30 March 2007 | 23 September 2009 | 23 September 2009 |
| Slovakia | 26 September 2007 | 26 September 2007 | 26 May 2010 | 26 May 2010 |
| Spain | 30 March 2007 | 30 March 2007 | 3 December 2007 | 3 December 2007 |
| United Kingdom | 30 March 2007 | 26 February 2009 | 8 June 2009 | 7 August 2009 |

The Convention provides a framework that addresses rights in a wide span of domains. The following are the most relevant articles in the Convention to active inclusion.

- **Article 19 Living Independently** supports the right to live independently in the community and to exercise choices in the same way as everyone else. It requires states to put in place the measures required to ensure full inclusion and participation in the community and to provide a guarantee that people can select where, how and with whom they live and are free from coercion in this regard. To underpin this right, states must make sure that people have access not only to community services that are available to the general population, but also to a range of targeted and customised in-home, residential and community services, including personal assistance services.
- **Article 24 Education** underpins the right to equal access to inclusive primary and secondary education, vocational training, adult education and lifelong learning. States must provide appropriate materials, techniques and forms of communication. Students with support needs are to receive appropriate support measures. The education of people with disabilities must foster their participation in society, their sense of dignity and self-worth and the development of their personality, abilities and creativity.
- **Article 25 Health** sets out the right to the highest attainable standard of health without discrimination on the basis of disability. People with disabilities are to receive the same range, quality and standard of free or affordable health services and are not to be discriminated against in the provision of health insurance.
- **Article 26 Habilitation and Rehabilitation** commits states to providing comprehensive habilitation to persons with disabilities from birth and rehabilitation services in the areas of health, employment and education for people with acquired disability, with the overall aim of enabling people with disabilities to attain maximum independence and ability.
- **Article 27 Work and Employment** ensures equal rights to work for people with disabilities. Among the measures that states must put in place are the prohibition of discrimination in job-related matters, the promotion of self-employment and entrepreneurship, actions to increase the public and private sector employment rates of people with disabilities and the right to reasonable accommodation at work.
- **Article 28 Adequate Standard of Living and Social Protection** recognises the right of people with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions. States must take appropriate steps to safeguard and promote the realisation of this right without discrimination on the basis of disability.

It is not the case that countries that have ratified the treaty have put in place a more coordinated response to disability. In some instances, the disability framework or strategy pre-dates the UNCRPD. Nevertheless, in some countries the UNCRPD was perceived to be driving a move towards more proactive, coordinated and inclusive measures for people with disabilities.

While the UNCRPD enshrines the principle of non-discrimination, it goes further to specify active measures to support and promote the rights of people with disabilities. Some country reports proposed that anti-discrimination legislation represented an active inclusion measure on the grounds that many equality laws cover access to services, including educational services and employment and training. It is clear that such legislation covers a number of the domains of active inclusion

and should probably be considered a basic prerequisite for an effective active inclusion platform. However, many anti-discrimination mechanisms operate retrospectively or reactively after a person has experienced discrimination and do not meet the proactive criterion that was adopted by this study.

Broad-spectrum active inclusion measures

A number of measures incorporate income supports, employment services, rehabilitation and other services and access to learning opportunities (Table A2). Many of these measures are confined to people with disabilities and health problems but don't focus on young people as a target group.

In **Finland** the legislation on rehabilitation benefits and allowances from the Social Insurance Institution of Finland (2005) covers activation, personal supports, individual services and vocational training. These are available to anyone whose work capacity has deteriorated or is at risk of deteriorating and are intended to assist people in coping with work demands, to promote return to work and to facilitate young people's entry into employment. The Act on Disability Allowance (2007) in Finland provides income to support people with disabilities or chronic illness to cope with everyday life and participate in work or education as well as supporting the person to live at home and to access rehabilitation and care.

The **Danish** strategy for employing people with disabilities describes how active employment, active social policy, social services, public health and compensation for people with disabilities should combine to promote inclusive employment for people with disabilities.

In **France**, the Law on the Equality of Rights and Opportunities, Participation and Citizenship of Persons with Disabilities (2007) covers all areas of a person's life in relation to non-discrimination but also strengthened the enforcement of the quota, created a methodology for funding public sector employment and broadened the way in which employers could meet their responsibilities under the quota.

Portugal has adopted a biopsychosocial approach to disability, which acknowledges the role of the environment in creating disabilities but which also responds to the medical and functional needs of people with impairments. An example of a broad-spectrum measure, in this case focused on occupational injuries, is the Law on Work Accidents and Occupational Diseases, Including Professional Rehabilitation and Reintegration (2009), which obliges an employer to reinstate an employee who has suffered a work accident or occupational disease and which provides for necessary adjustments to the workplace, training, technical assistance and rehabilitation services. An equivalent measure for people with disabilities in general covers prevention, habilitation, rehabilitation and participation (2004). It is intended to promote the integration of people with disabilities in all areas of society and sets out their entitlements to goods and services and an active role in the development of society, and prohibits discrimination. It is supported by an information and mediation service for people with disabilities that provides access to information across all areas of life. The current Portuguese National Strategy for Disability (2011–2013) covers four axes of discrimination: justice and exercise of rights; autonomy and quality of life; accessibility and design for all; and the modernisation of administrative and information systems.

Table A2: Broad-spectrum active inclusion measures

| Member State | Legislation |
|--------------|--|
| Finland | Act on Rehabilitation Benefits and Rehabilitation Allowance Benefits from the Social Insurance Institution of Finland 2005 |
| Finland | Act on Disability Allowance 2007 |
| France | Law for the Equality of Rights and Opportunities, Participation and Citizenship of Persons with Disabilities 2007 |
| Ireland | National Disability Strategy 2004 |
| Portugal | Repair Scheme of Work Accidents and Occupational Diseases, Including Professional Rehabilitation and Reintegration 2009 |
| Portugal | Ratification of the UN Convention on the Rights of People with Disabilities and additional protocol, 2009 |
| Portugal | National Strategy for Disability 2011–2013, 2010 |
| Portugal | Law on Prevention, Habilitation, Rehabilitation and Participation of Persons with Disabilities 2004 |
| | Programmes |
| Germany | National Plan of Action (Nationaler Aktionsplan der Bundesregierung zur Umsetzung der UN-Behindertenrechtskonvention – NAP) 2010 |
| Ireland | Active inclusion pilot scheme |
| Portugal | SIM-PD Information and Mediation Service for People with Disabilities |
| Slovakia | The National Programme for the Development of Living Conditions of People with Disabilities in All Areas of Life |

The National Disability Strategy in **Ireland** pre-dates the UNCRPD and the Commission’s recommendation on active inclusion and puts in place a coordinated national response for people with disabilities. Within the strategy, a number of legislative instruments were gathered that covered employment (a public sector quota was introduced), inclusive education (a right to an individual educational plan), an assessment of social and health needs and a service plan, an information and advocacy service, and a requirement for six ministries to produce a sectoral plan to specify how they were to address disability issues and how they would work together to achieve a coordinated approach. Within the sectoral plan for social welfare, the concept of active inclusion and adequate income are clearly signalled. An active inclusion pilot scheme was implemented as part of the Department of Social and Family Affairs commitments under the strategy.

The **German** National Plan of Action (2010) covers employment, education, prevention, rehabilitation, health and care, children, youth, family and partnership, older people, women, construction and housing, mobility, and cultural, social and political participation. The **Slovakian** National Programme for the Development of Living Conditions for People with Disabilities in All Areas of Life (2001) represents the government’s approach to disability, including education, services and employment.

Adequate income, inclusive employment and access to services

The main axes of the Commission Recommendation on active inclusion proposed coordination across the three domains of flexible adequate income, inclusive labour market interventions and access to quality services. Some of these measures were directed at specific target groups. For example, in **France** coordinated health, income and employment measures are readily available to workers who acquire occupational injuries or occupational diseases. The work injury benefit (RAT-MP) covers hospitalisation, treatment and transportation by ambulance as well as prosthetic and assistive devices, functional and vocational rehabilitation. The RAT-MP benefit is calculated according to a lump sum and a monthly allowance.

Table A3: Adequate income, inclusive employment and access to services

| Member State | Legislation |
|--------------|---|
| France | Work injury benefit (RAT-MP) |
| | Programmes |
| Ireland | Sectoral plan for the Department of Health and Children |
| Netherlands | Tax benefits |
| UK | Access to Work scheme |

The UK Access to Work scheme provides flexible supports for people with disabilities who wish to go to work. The scheme, operating since 1994, aims to assist people with disabilities to get or to keep jobs by contributing towards their extra employment costs. It provides advice and practical support to disabled people and employers to help overcome work-related obstacles. It may pay a grant of up to 100% of the approved costs for someone who is starting a job. These may include adapting equipment, providing special equipment or software, providing a support worker or paying for the additional costs incurred in travelling to work.

In **the Netherlands**, people may receive tax benefits to supplement income or alleviate the burden of the costs for healthcare (special costs of care not covered by insurance, for example dental care, costs of insurance benefits, diet, transport and facilities).

Adequate income, access to services and learning opportunities

Portugal has implemented a range of social responses for people with disabilities, dependency needs or mental illness. Social services for children and young people with disabilities include early intervention services, home support, transportation, foster care and access to holidays and leisure facilities. Adults with disabilities are entitled to support, monitoring and activation services; home support; access to the Centre for Occupational Activities; residential home or independent living arrangements; transport; and access to holiday and leisure opportunities. People in a situation of dependency can obtain support to live at home or in integrated residential living arrangements.

In **Ireland**, the Disability Act 2005 provides for an independent assessment of health and social care needs and a subsequent service plan. It applies to children under the age of five years and adults over 18. Young people during primary and secondary education are entitled to a similar facility under the Education for Persons with Special Educational Needs Act 2004. There is a requirement on both health and education authorities to act on the recommendations of an individual plan regardless of whether it was carried out in the health or education sector.

Table A4: Adequate income, access to services and learning opportunities

| Member State | Legislation |
|--------------|------------------------------------|
| Ireland | Disability Act 2005 |
| | Programme |
| Portugal | Centre for Occupational Activities |

Adequate income, inclusive employment and learning opportunities

A number of measures were identified that combined flexible income support with work and learning opportunities. The **Danish** flex job (2009) programme offers activation, income support and personal assistance. People who are able to work on flexible terms, such as reduced time, reduced speed or more frequent breaks, can receive a full salary regardless of hours and productivity. Reduced-demands jobs cater for those who cannot handle a job under normal conditions. The system also includes financial incentives for employers in order to encourage them to employ people with disabilities and provide training opportunities.

The revised *Wajong* assistance for young persons with disabilities (2010) in **the Netherlands** is split into three measures: a benefit providing a minimum income for those who are really unfit for work; an employment measure with the right to receive all support needed to prepare for and find a job; and a study measure for those who remain in education or start studying after 18 years, with a (reduced) income support. The Work and Social Assistance Act 2004 allows partial benefits to be combined with labour earnings. If recipients of partial benefits are unable to find gainful employment, they are entitled to partial unemployment benefit as well. Young people (18+) with health problems or disabilities not eligible for *Wajong* may receive social assistance from the municipality. This benefit is income and means tested.

Disability benefits for adults in **Finland** are paid to compensate for any impairment and the need for assistance, services and special expenses caused by the disability. These benefits are not linked to employment and can be claimed while in education or training. In **Ireland**, recipients of disability income support (Disability Allowance) are entitled to earn a certain level of additional income up to a maximum equivalent of the tax-free allowance on the basis that the work is justified as part of a vocational rehabilitation programme.

In **the UK**, the Modern Apprenticeships programme provides in-work training and the opportunity to earn an income and gain a qualification for those aged over 16 with the facility to achieve a national qualification. This initiative is not specifically targeted at people with disabilities but has been used to good effect to provide in-work training and qualifications for individuals with disabilities. All apprenticeships are developed by the industry or sector in which they are offered and give the candidate all the skills they need to become a craftsman, technician or manager in that area.

Table A5: Adequate income, inclusive employment and learning opportunities

| Member State | Legislation |
|--------------|---|
| Denmark | Flex job 2009 |
| Ireland | National Inclusion Plan 2007 |
| Netherlands | Disablement Assistance Act for Handicapped Young Persons; Work and Employment Support (Young Disabled Persons) Act (<i>Wajong</i>) 1986, 2010 |
| Netherlands | Work and Social Assistance Act (<i>Wet werk en bijstand – WWB</i>) 2004 |
| | Programmes |
| Finland | Disability benefits for adults |
| UK | Modern Apprenticeships programme |

Inclusive employment, access to services and learning opportunities

A number of coordination measures combine inclusive labour market activities with learning and access to necessary services. In **Denmark**, the rehabilitation measure (2009) focuses on activation and the provision of individual services, either in the workplace or to progress to a job that fits a person's needs. It offers both work-related activities and financial assistance. In 2010 a new scheme for personal assistants was introduced that aims to assist an individual to maintain or attain an independent life by focusing on their personal desires and needs. The Danish laws on active employment and on social services provide an important framework for the development of rehabilitation and training in real-work settings in collaboration with private businesses or in social enterprises, the use of job coaching and personal mentoring, a focus on transition and progression from sheltered settings and from school to work, and a clearer focus on the needs of young people with mental health problems.

The **Finnish** Services and Assistance Law (1987) combines entitlements to individual services, personal support and income support. It aims to improve a person's ability to live and act as a member of society on an equal basis with others. It aims to prevent and eliminate the disadvantages and obstacles caused by disability by providing reasonable transport and related escort services, interpretation services, service accommodation and personal assistance and equipment needed in order to manage daily affairs, including participation in education. More recently, there has been a reform of services legislation (2010), which includes new groups of people with disabilities in the scope of legislation for assistance. Personal assistance has been extended to cover workplaces, recognising that a person who needs personal assistance may be capable of working. Every person with a severe disability has a right to have personal assistance within and outside of the workplace.

In **Poland**, the measure governing social and vocational rehabilitation and employment (1997) regulates the labour market situation of people with disabilities. It defines occupational rehabilitation and its goals, the rights of employees with disabilities and the rights and duties of employers of disabled workers. It gathers together the regulations that assist people with disabilities to function in the labour market and guarantee them optimal living conditions. Other measures incorporated into the Act include ways of implementing occupational rehabilitation (medical rehabilitation is covered by a separate Act) and the operating principles of sheltered workshops.

Supports for (re)integration and qualification in **Portugal** (2009) are covered under a measure that includes learning and qualification support; support for integration, retention and reintegration into the labour market; and supported employment.

In **Germany**, the Federal Commissioner for Disabled People uses an Inclusion Map (2010) to collect information on projects related to inclusion and to disseminate their essential features in order to give examples of good practice. The Inclusion Map is a political approach that functions as a database of practical examples and research in the field of active inclusion.

Table A6: Inclusive employment, access to services and learning opportunities

| Member State | Legislation |
|--------------|---|
| Denmark | Rehabilitation 2009 |
| Denmark | Personal assistance (BPA) 2010 |
| Denmark | Mentoring |
| Finland | Services and Assistance for the Disabled Act 1987 |
| Finland | Act on Interpretation Services for the Disabled 2010 |
| Poland | Act on Vocational and Social Rehabilitation and Employment of People with Disabilities 1997 |
| Portugal | Programme of Employment and Qualification Support of People with Disabilities 2009 |
| | Programmes |
| Denmark | Disability and Jobs – An Employment Strategy for People with Disabilities, 2009 |
| Denmark | On the Way – To a Job |
| Finland | Personal assistant services |
| Finland | Transport services |
| Finland | Interpretation service |
| Germany | Inclusion Map (<i>Inklusionslandkarte</i>), 2010 |
| Netherlands | Reintegration Trajectories (including job coach) |
| Portugal | Programme of employment and qualification support of people with disabilities |
| UK | Direct payments |

A number of Member States offer supported employment programmes that extend their remit beyond employment and learning to include the provision of the services needed by employees with health problems or disabilities to remain in work. The **Dutch** Reintegration Trajectories programme is intended to help people receiving a range of disability benefits to get back to work and includes vocational profiling, job coaching, schooling and trial placements in work.

The use of personal budgets or direct payments was highlighted in a number of country reports as measures aimed at joining up services on behalf of a person with disabilities. The scope of these measures differed, but the principle was similar – to provide the individual with the control over which services and supports they acquired. In some cases, these payments were linked to employment. The Dutch individual reintegration plan is an example of this and in other cases, as in the UK, they are focused around health and social care and independent living.

The sectoral plan of the **Irish** Department of Health and Children sets out the strategy to be adopted in the provision of health and social services. The plan specifically targets links to housing, income, employment and education.

Adequate income and inclusive employment

A wide range of measures was reported that combined flexible adequate income with inclusive labour market measures. Wage subsidy schemes were in evidence in most Member States. The **Danish** scheme focuses on training and retraining of occupational, social or language skills. The purpose of the activation plan is to improve the chances of getting a job, and the job-seeker was obliged to respect the job plan to retain the right to benefits. In **France**, the National Employment Pact for People with Disabilities (2009) provides for company agreements on employment, working conditions, wages and training; adjustment of the services provided by the Cap Emploi and Pôle Emploi; the formalisation of joint plans for training people with disabilities at the regional level; and the reform of the non-contributory disability benefit, which can be paid in combination with wages.

Table A7: Adequate income and inclusive employment

| Member State | Legislation |
|--------------|--|
| Denmark | Wage subsidy |
| France | National Employment Pact for People with Disabilities 2009 |
| Germany | Supported Employment (Unterstützte Beschäftigung) 2009 |
| Ireland | Social Welfare and Pensions Act 2011 |
| Netherlands | Act on Disabled Workers (Wet vermindering arbeidsvermogen – WVA) 2006 |
| Slovakia | Act on Cash Benefits for Compensation of Severe Disability 2009 |
| Spain | Social Integration of Disabled Persons 1982 |
| Spain | Law 8 of 6 June 2005 |
| UK | Income Support |
| UK | National Minimum Wage Act 1998 |
| UK | Low Pay Commission (LPC) 1998 |
| UK | Working Tax Credit 2003 |
| | Programmes |
| France | Public employment service (Pôle Emploi, Mission Locale, Cap Emploi) |
| Ireland | Sectoral plan of the Department of Social Protection |
| Netherlands | Wage supplement |
| Netherlands | <i>No-riskpolis</i> for employers of people with disabilities |
| Slovakia | Cash benefits for compensation of severe disabilities (for example, for personal assistance, personal care, devices and increased costs related to disability) |
| UK | Employment and Support Allowance |
| UK | Job Seekers' Allowance |
| UK | Working Tax Credit |

The **German** Supported Employment measure (2009) covers vocational education and training in the workplace, individual vocational qualification measures and support for people at work. People with disabilities can obtain financial support for their maintenance and the costs of their qualification. The **Dutch** Act on Disabled Workers (2006) obliges the employer to pay at least 70% of the last earned wage of an employee who is absent from work for health reasons for a period of two years. After this time, those still able to work partially will receive a supplement to their wage under a return-to-work scheme for the partially disabled. Other related initiatives in the Netherlands include a wage supplement for employers and an arrangement that removes the obligations of the employer to support the income of an employee who has been recruited with a disability.

In **Slovakia**, cash benefits are available for compensating severe disability (2009) that can be combined with employment income. The **Spanish** system provides for several diverse initiatives in sheltered employment, supported employment and open employment, and allows people to combine a non-contributory invalidity pension with paid work as long as earnings do not exceed 1.5 times the minimum salary index.

The **Irish** employment system offers employers a subsidy to compensate for the productivity loss associated with employing a person with disabilities (up to 50% of the person's salary). The worker is reassessed on an annual basis.

In **the UK**, there are a number of schemes that are designed to allow a person with a disability to work while receiving a partial disability-related benefit. These include the Employment and Support Allowance and the Working Tax Credit. Another common mechanism available in most Member States is a job-seekers' allowance, which provides income support to any person seeking employment and can be retained for a temporary period while in employment. In some cases the amount provided gradually decreased with each year of employment.

Adequate income and access to services

A number of measures were schemes designed to compensate people with disabilities for the extra costs of disability. The **Danish** sickness benefit scheme (2011) is granted to an employed young person who is unable to work due to illness or injury. This is a contributory benefit that requires the person to have been in work for a minimum period of time. In **France** the disability compensation benefit is offered to students aged 18 and over, based on an assessment of their personal and material needs, and can include housing benefits to assist the person in living independently.

Under the **Polish** social welfare legislation (2004), people with disabilities are entitled to receive financial benefits and assistance from local authorities. Young people with disabilities are given assistance to promote their independence and social inclusion. The support consists primarily of financial assistance that is given to people leaving educational institutions and special education centres. This type of additional financial support is granted for one year. Young people can also get funding to find accommodation and to continue learning.

The **Slovakian** health insurance system (2004) provides compensation payments to provide young people with disabilities with the necessary special devices and services to overcome the effects of their functional impairments. The aim of the provision is to protect the income conditions of people with disabilities and support their motivation for labour inclusion.

Under **Spanish** law, financial incentives can be made available to improve growth and employment. The incentives are offered to support the employment of people with disabilities or at risk of social exclusion, or victims of violence. There is a maximum level of economic benefits that can be allocated, which is based on the severity of disability and the need for care.

There are a range of payments and secondary benefits that can be provided to people with disabilities in **the UK**, depending on their needs. These include the community and public transport scheme; the personal equipment, prescriptions and hospital travel allowances; and the Motability Scheme, which subsidises the acquisition of private transport for people with disabilities. Similar schemes were identified in a number of the selected Member States.

Table A8: Adequate income and access to services

| Member State | Legislation |
|--------------|---|
| Denmark | Sickness benefit 2011 |
| France | Disability compensation benefit |
| Poland | Act of 12 March 2004 on Social Welfare |
| Portugal | General basis of the social security system, 2007 |
| Slovakia | Act on Health Insurance 2004 |
| Spain | Law 51 of 2 December 2003 |
| Spain | Act 39/2006 of 14 December 2006 |
| Spain | Royal Decree 374/2010 of 26 March on the economic benefits of Law 39/2006 of 14 December 2010 |
| | Programmes |
| Finland | Care Allowance for Pensioners |
| Poland | National Programme for Social Security and Social Integration, 2008–2010 |
| Portugal | Special Schooling Subsidy |
| UK | Personal equipment, prescriptions and hospital travel allowances |
| UK | Motability Scheme |

Adequate income and learning opportunities

The option of attending further education or training while being in receipt of a disability pension was evident in most country reports and was usually combined with inclusive labour market measures. In a few instances the scope of such measures was more specifically focused on learning.

The Back to Education Allowance in **Ireland** is an example of such a scheme that is not targeted specially on people with disabilities. The **Polish** National Programme for Social Security and Social Integration provides guidelines for the provision of financial supports in and outside of education. In **Portugal**, a Special Schooling Subsidy is available to the families of young people with disabilities to support them in education.

Table A9: Adequate income and learning opportunities

| Member State | Programmes |
|-----------------|---|
| Ireland | Back to Education Allowance |
| Portugal | Special Schooling Allowance |
| Poland | National Programme for Social Security and Social Integration 2008–2010 |

Inclusive employment and access to services

In some Member States, employment services took a broad approach to assessing suitability for employment and identifying the services needed by job-seekers with health problems or disabilities. Employment services in **Finland** are required to arrange or provide services, training and other services for vocational development to job-seekers with disabilities, including arranging employment subsidies to an employer or directly to the job-seeker.

Table A10: Inclusive employment and access to services

| Member State | Legislation |
|-----------------|--|
| Denmark | Support for vehicles, 2010 |
| Finland | Act on the Public Employment Service 2002 |
| Germany | Activities of specialist integration services |
| | Programmes |
| Portugal | Access to technical aids (assistive products) |
| Slovakia | Running a separate register on job-seekers with disabilities |

The specialist integration services in **Germany** must promote the employment of people with disabilities in collaboration with the Federal Employment Agency. They evaluate the performance of job-seekers with disabilities and connect them with appropriate measures and service providers in order to promote employment. The services of the integration offices aim to overcome job-specific demands through the creation of barrier-free structures and the provision of technical aids. They can also provide access to the services of other rehabilitation providers. They also provide training for management in enterprises and for those who are responsible for people with disabilities within the enterprises and support institutions.

In **Denmark**, aid is granted through interest-free loans up to a maximum of DDK 160,000 (2010) (€21,472 as at 29 August 2012) in order to purchase an adapted car. If a functional impairment makes it necessary to buy a bigger car than ordinary loans cover, the person can request an additional service that covers a more expensive car. The objective here is to ensure that people can travel to work.

People with disabilities or with temporary incapacity in **Portugal** are entitled to free technical aids to compensate and mitigate the activity limitations and participation restrictions.

Inclusive employment and learning opportunities

Combining learning opportunities as a means to achieve labour market integration was a common strategy identified in most country reports. Many of these were offered through specialist agencies and often in sheltered settings. However, a number of measures provided for more mainstream and inclusive approaches. In **Germany** the Special Regulations for the Framework Conditions of Vocational Education and Training of Young People with Disabilities 2006 set out the basis for the creation of new jobs for people with disabilities that are adapted to the needs of disabled people within the open labour market.

Table A11: Inclusive employment and learning opportunities

| Member State | Legislation |
|--------------|---|
| Denmark | Delicate Job |
| Denmark | Preferential access for disabled job-seekers |
| Denmark | Law on Secondary Education for Young People with Special Needs 2007 |
| Germany | Special Regulations for the Framework Conditions of Vocational Education and Training of Young People with Disabilities (Besondere Ausbildungs-regelungen für behinderte Menschen) 2006 |
| Slovakia | Act on Employment Services 2004 |
| Spain | Royal Decree 1538/2006 |
| Spain | Royal Decree 395/2007 |
| | Programmes |
| Finland | Vocational rehabilitation |
| Finland | Special vocational education and training |
| France | Information and Documentation Centre for Youth (Centre d'Information et de Documentation Jeunesse, CIDJ) |
| France | Arpejeh |
| Germany | Job – Barrier-free jobs (<i>Job – Jobs ohne Barrieren</i>), 2004 |
| Germany | Job4000 2007 |
| Ireland | FÁS strategy on vocational training for disabled people |
| Ireland | Sectoral plan of the Department of Enterprise, Trade and Employment |
| Netherlands | Individual reintegration plans (IROs) |
| Slovakia | Support of Employment for People with Disabilities national project |
| UK | Train to Gain |

In **Slovakia**, the Act on Employment Services 2004 has a specific provision on young job-seekers who have just left school. It has a range of supportive provisions for disadvantaged job-seekers with disabilities. In addition to support for sheltered workshops or protected workplaces within open employment, there are actions to maintain a person with a disability in a job, support for a person with a disability in self-employment and support for assistance at work. It aims to prepare people with disabilities for employment and ensure continuity of education after finishing formal education. Training for a job, work preparation, adapting job performance, accreditation of education programmes, rules for recognition of lifelong learning outcomes and educational results, information systems for lifelong learning, and identifying and monitoring learning needs are all covered. Since 2004, the majority of inclusive labour market policies for people with health problems or disabilities have been organised and financed under the European Social Fund in the Support of Employment for People with Disabilities national project.

In **Spain**, the administrative requirement of vocational training within the education system (2006) specifies the need to set measures to adapt curricula and to assess the requirements of students with special needs to ensure accessibility as well as to include information about disability in the mainstream curricula. Another measure categorises people with disabilities as a group with special difficulties in finding a job and provides grants to students with disabilities in individualised programmes.

The **Finnish** system has mainstream and special vocational education and training options for students with disabilities. The special system offers access to nationally recognised qualifications within a system of segregated further education institutes for young people with more severe disabilities. The **French** system includes regional and local training organisations that specialise in the vocational training of young people with disabilities in parallel with the mainstream system.

The Train to Gain initiative in **the UK** is primarily targeted at employers and aims to help businesses gain access to the training they need to improve their employees' skills as a route to improving their business performance. It has the potential to provide opportunities for young workers who become ill or injured at work and need to be redeployed.

The individual reintegration plans (IRO) in the **Netherlands** is based on the assumption that people with health problems or disabilities and the unemployed can best plan their own road to employment. From January 2004 to April 2007, about 25,000 people received a personal budget as a way of helping them to reintegrate into the labour market. In 2009, a total of 13,599 IROs were granted to people with disabilities. That same year, 4,700 achieved a job placement. At the end of December 2009, there were 20,813 IROs in operation. Almost half of the beneficiaries were under the age of 30 years and in receipt of a *Wajong* benefit.

Denmark has a number of mechanisms to allow people to combine work and learning. The Delicate Job measure is targeted at people who can't handle a job under normal conditions. People under 65 years can work full time or part time and receive early retirement pension. Preferential access for disabled job-seekers provides people with compensation for their impairment so that they can compete on an equal basis with other people without disability and get the same opportunities to pursue a career. Under the Law on Secondary Education for Young People with Special Needs, young people with special needs have a legal right to a three-year youth education after having completed primary school. The programme includes instruction, practical training and internships in companies or institutions.

The Information and Documentation Centre for Youth (Centre d'Information et de Documentation Jeunesse, CIDJ) in **France** supports young people in general in accessing the labour market. However, it acts as a mainstreaming location where young people with disabilities can also access information about the diverse training opportunities and courses available. In 2008, a support programme was put in place specifically for young people with and without disabilities (Accompagner la Réalisation de Projet d'Etudes de Jeunes Elèves et Etudiants Handicapés – Arpejeh). More than 1,300 young students have benefited from Arpejeh employment programmes, which include work experience, discovery workshops, preparation for work, visits to enterprises and tutorial support.

In **Germany**, an extensive network of vocational training centres provides vocational education and training to young people with disabilities in a segregated setting but focused on achieving open employment. More recently, more inclusive approaches have been established, including the Barrier-free Jobs scheme (2004), which supports training opportunities that combine on-the-job training

in open employment with centre-based training; and Job4000 (2007), which aims to create new jobs and vocational training places in the open labour market for people with severe disabilities. The objective is to place 2,500 people with severe disabilities, especially school-leavers, in open employment.

In **Ireland**, the National Disability Strategy specifies mainstreaming as a key principle, particularly in the areas of inclusive employment and vocational training. Nevertheless, parallel systems of special training services operate in tandem with mainstream training centres. Most programmes lead to nationally recognised vocational qualifications and combine opportunities for work experience in open employment and employer-based training, including supported employment.

Access to services and learning opportunities

Measures to support people with disabilities in mainstream further and higher education by providing them with the services they require are reported in most of the selected Member States. In **Ireland**, the Higher Education Authority provides funding to students in further and higher education to support personal assistance and assistive technology. At second level, students are legally entitled to an individual transition plan to assist them to progress to the adult system of employment and vocational training. This measure has not yet been fully implemented.

Table A12: Access to services and learning opportunities

| Member State | Legislation |
|--------------|---|
| Ireland | Education of Persons with Special Needs Act 2004 |
| Portugal | Legal regime of the National Qualification System 2007 |
| Portugal | Provision of specialised support in pre-school, primary and secondary education, and in the public, private and cooperative sectors, 2008 |
| | Programmes |
| Ireland | Sectoral plan of the Department of Education |
| Poland | PARTNER scheme |
| Portugal | Specialised educational support |
| Portugal | Access to general dynamics of qualification, complemented by specific responses |
| Portugal | Early intervention |
| UK | Disabled Students' Allowance |

In **Portugal**, support in secondary education is compulsory for young people with difficulties in communication, learning, mobility, autonomy, interpersonal relationships and social participation, and the right of access to education and lifelong learning training is also established. In **Poland**, the PARTNER scheme offers support for access to the facilities necessary for everyday life and professional activities. The aim is to improve the quality of life for people with disabilities in every aspect of their lives, facilitating their access to education and employment.

Students with disabilities in **the UK** can apply for a Disabled Students' Allowance (DSA). Eligibility is determined through an assessment from a relevant medical or allied health professional. A wide range of disabilities can be eligible for DSA, including physical or sensory impairments, mental health difficulties and specific learning disabilities such as dyslexia. The DSA is a grant, which is not means tested, and covers four areas – specialist equipment or assistive technology, non-medical personal assistance, a general disabled students' allowance to meet other out-of-pocket expenses and reasonable expenditure on extra travel.

Annex 4: Inactivity status of young people in the EU

Table A13: Distribution of inactivity status (%) of people with and without disabilities, by Member State and age group, 2002

| | Age range | Without disabilities | With disabilities | Percentage difference |
|-------------|-------------|----------------------|-------------------|-----------------------|
| EU 25 | 16–24 years | 45.2 | 49.5 | 9.51 |
| | 25–34 years | 15.5 | 27.6 | 78.06 |
| | All ages | 26.6 | 45 | 69.17 |
| Denmark | 15–24 years | 27.6 | 31.4 | 13.77 |
| | 25–34 years | 10 | 27.6 | 176.00 |
| | All ages | 13.5 | 43.8 | 224.44 |
| Finland | 15–24 years | 33.9 | 34.9 | 2.95 |
| | 25–34 years | 11.4 | 17.8 | 56.14 |
| | All ages | 16.5 | 33.8 | 104.85 |
| France | 16–24 years | 59.2 | 53.5 | -9.63 |
| | 25–34 years | 12.5 | 18.4 | 47.20 |
| | All ages | 26.5 | 37.1 | 40.00 |
| Germany | 16–24 years | 44.6 | 42.1 | -5.61 |
| | 25–34 years | 15.8 | 22.8 | 44.30 |
| | All ages | 24.7 | 48 | 94.33 |
| Ireland | 16–24 years | 45.7 | 53.9 | 17.94 |
| | 25–34 years | 13.2 | 39.1 | 196.21 |
| | All ages | 27.5 | 56.7 | 106.18 |
| Netherlands | 15–24 years | 23.7 | 28 | 18.14 |
| | 25–34 years | 10 | 23 | 130.00 |
| | All ages | 18 | 39.5 | 119.44 |
| Poland* | 15–24 years | n.a. | 83.57 | |
| | 25–29 years | n.a. | 63.92 | |
| | 30–34 years | n.a. | 63.92 | |
| | All ages | n.a. | n.a. | |
| Portugal | 16–24 years | 48.6 | 52.8 | 8.64 |
| | 25–34 years | 10.1 | 26.4 | 161.39 |
| | All ages | 23 | 41.1 | 78.70 |
| Slovakia | 16–24 years | 52.5 | 78.2 | 48.95 |
| | 25–34 years | 13.1 | 65.3 | 398.47 |
| | All ages | 25.1 | 72.4 | 188.45 |
| Spain | 15–24 years | 59.1 | 25.5 | -56.85 |
| | 25–34 years | 62 | 57.6 | -7.10 |
| | All ages | 44.2 | 72.9 | 64.93 |
| UK | 15–24 years | 29.2 | 34.8 | 19.18 |
| | 25–34 years | 12.4 | 30.7 | 147.58 |
| | All ages | 16.4 | 41.4 | 152.44 |

Note: *Poland is not included in the Eurostat data so national data has been substituted.

Source: Eurostat, 26 March 2009

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Young people with disabilities or health problems face particular difficulties in accessing employment. Active inclusion policy is seen as the most appropriate policy instrument for combating the exclusion of these young people from the labour market. This study examines the implementation of active inclusion policy at national level in 11 EU Member States. The study reviews policy in these countries and compiles information from 44 case studies of good practice among diverse and innovative service providers. The study concludes that policy and practice need to focus more keenly on these young people, to learn from available evidence, and to take a more joined-up approach to service delivery.

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