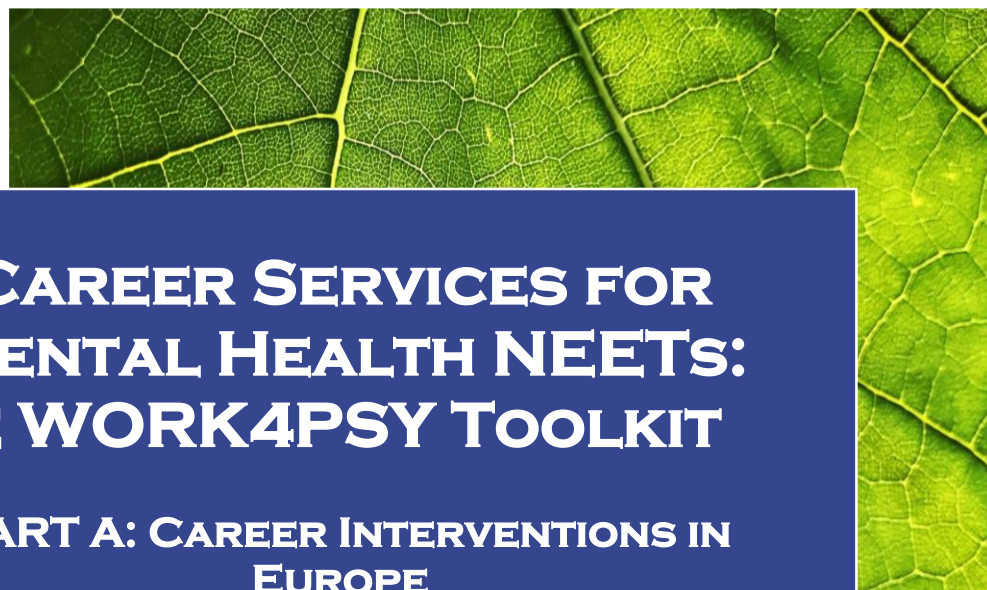




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An innovative model for career counselling
services to mental health NEETs



CAREER SERVICES FOR MENTAL HEALTH NEETs: THE WORK4PSY TOOLKIT

PART A: CAREER INTERVENTIONS IN EUROPE

Partner Organizations





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THE WORK4PSY TOOLKIT

PART A: CAREER INTERVENTIONS IN EUROPE

Edited by:

Nikos Drosos

IMPRINT

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INTRODUCTION

Mental illness affects around 27% (83m.) of Europeans annually (European Social Work, 2013). Three quarters of mental illness begins by age 24 (WHO), affecting the social inclusion and, due to stigma, the work integration of a big number of young citizens in the EU. While many EU projects have focused in facilitating work integration of European NEETs (young people Not in Employment, Education or Training), little attention has been paid to young people with Mental Health problems that are not in Employment, Education or Training ('MH NEETs'). It seems clear that while European NEETs is a growing social group, asking for special attention, MH NEETs seem to face a lot of extra challenges on their way to education and the labour market. Mental illness is likely to be both a risk factor for becoming NEET as well as a consequence of NEET status. Youth with prior mental illness are likely to terminate school early. Mental disorders are also likely to impede the transition into the labour force due to employment restrictions and stigma. The social exclusion that is associated with the NEET status combined with the social exclusion that is associated with the Mental Health Patient status could cause feelings of hopeless.

An obstacle to Work and Education Integration is still represented by the social stigma: often people with mental disability are considered “dangerous” - “unpredictable” and are marginalized. At the same time, although it is widely recognized that NEETs have different needs than older individuals, Mental Health Professionals, Career Counsellors and Informal Carers of MH NEETs don't have the required education/training and tools, in order to support MH NEETs on their way to work integration.

Work Integration for severely mentally impaired people represents today an advanced strategy of the social inclusion with widespread experiences in different European countries. This is also underlined by the fact that 2017 World Mental Health Day theme focused on mental health and work, while the 2018 World Mental Health Day focused on Young Adults/Youth and mental wellbeing. Studying and improving Work Integration process of MH NEETs is one of the main goals of the project supporting the horizontal priority of Social Inclusion.

At the moment, there is a lack of specialized tools facilitating the work integration of MH NEETs. Furthermore, all the main actors involved in this procedure (MH NEETs themselves, mental health professionals, career counsellors and informal carers) are not sufficiently educated, in order to provide the support needed. The big number of MH NEETs remaining outside the labour market constitutes an urgent call for the development of efficient strategies, as well as, the appropriate educative solutions and methodology to integrate MH NEETs in the labour market.

IDENTIFYING THE NEEDS

Labour market integration plays a key role as it supports all crucial interests by aiming at social and economic goals as well as psychological ones. Becoming part of the domestic workforce in EU countries makes MH NEETs trust in their self-efficacy and capability of being autonomous. Work integration is proven to reduce symptoms and improve functionality of people with mental health problems, thus it reduces the frequency of hospitalization and the need for medical treatment, leading to important economic savings for public health systems. Important economic benefits arise also from the fact that work integration of excluded social groups stimulates EU domestic economies by providing them with new workforce, while, at the same time, it brings general population in closer contact with young people with mental health problems, reduces stigma and leads to a wider social inclusion.

On the other hand, mental health professionals, career counsellors and informal carers are the main groups involved with the work integration of MH NEETs. It is important to ensure that all these groups are able to empower, motivate and inform MH NEETs, so that they will be aware of all their possibilities in regard to their work and education integration (free and protected labour market, social entrepreneurship, EU opportunities, training programs, career counselling, etc.). The education of MH NEETs but also of informal carers, mental health professionals and career counsellors working, so that they understand the importance of early intervention and have all the required knowledge and skills in order to enhance the integration of MH NEETs in the labour market and education is a real challenge.

ASPIRATIONS – INNOVATION

The greatest aspiration is that the project will have an immense effect on MH NEETs lives. The aim is to enhance their empowerment by being able to get information on their own, regarding their work and education integration, as well as receive the support needed from a well-trained environment (Informal Carers, such as family members) and professionals specialized on their needs. Moreover, the aim is to promote a capability – approach, a higher social inclusion and an improved quality of life for MH NEETs by providing the methodology and tools that will enhance career counselling. As a result educated and trained mental health professionals and career counsellors will help MH NEETs improve their skills, facilitate the development of the awareness of the context characteristics in which they live and foster the development of an active citizenship thus increasing the likelihood of developing an effective future plan and being integrated in the labour market or education.

The project also aims to help mental health professionals and career counsellors develop knowledge and a better understanding of MH NEETs special background and needs, as well as the importance of early intervention in terms of the target group's work and education integration. Practitioners that are better trained, are able to work effectively and provide specialized services to the target group, leading to a wider work and education integration.

The project aspires to provide tools for support to informal carers of young people with mental health problems (such as family members, friends etc). The project aims to the empowerment of informal carers by providing knowledge and developing skills that are extremely important to them, as these are the persons with whom MH NEETs spend most of their time daily. The work and education integration of their protected members depends a lot on their position towards this matter and when achieved, it can lead to a really improved quality of life for all.

ADDRESSING THE CHALLENGES

We aspire to promote inclusion and employability of MH NEETs by creating specialized tools and methodology that can be used by career counselors, mental health professionals, informal

carers and MH NEETs. Work4Psy developed specialized methodology and tools for Career Counselling that addresses the specific needs of MH NEETs, with a great emphasis in early intervention during the first stages of the mental health problems. Work4Psy partners systematically mapped the training and counselling needs and deficiencies in regard to the most effective integration of MH NEETs in education and the labour market. Furthermore, they reviewed the existing methodology for Career Counselling for NEETs and for people with mental health problems and developed a new methodology for Career Counselling that addresses the specific needs of MH NEETs.

All outcomes were produced using the Co-production model, which involved MH NEETs and their family members in the procedure as they are considered experts by experience, having important knowledge of their needs. Furthermore, the transnational cooperation at European level facilitated the exchange of know-how and good practices between experienced partners from different countries of South and Central Europe that was crucial in the development of a material that could have a great impact and improve Career Counselling Services for MH NEETs across Europe.

THE WORK4PSY PROJECT

The Work4Psy project's aim was to address the challenges described above by trying to enhance the work and education integration of MH NEETs through the creation of a specialised career counselling methodology and the education of the four main target groups involved in this procedure:

- (a) MH NEETs themselves,
- (b) Mental Health Professionals,
- (c) Career Counsellors,
- (d) Informal Carers (such as family members).

In order to reinforce the work integration and thus social inclusion of MH NEETs, Work4Psy partnership created a European Career Counselling MH NEETs Toolkit, a European MH NEETs Work and Education Integration Curriculum and an Open Learning Platform, remaining in line with one of the EU priorities for VET (2015-2020) which asks for “further strengthening of key competences in VET curricula and provision of more effective opportunities to acquire or develop those skills through C-VET”. More specifically:

The first European Career Counselling MH NEETs Toolkit (ECCpsy-KIT)

The toolkit that was created, provides Mental Health Professionals, Career Counsellors, MH NEETs and their Informal Carers, local agencies and authorities and all other interested parties, with the necessary knowledge and Interactive Career Counselling tools, in order to enhance MH NEETs work and education integration. The ECCpsy-KIT offers information and guidelines in various thematics chosen to assist and support all interested parties and raise awareness. The tools and activities that are included in the toolkit are practical, easy to use and oriented to each target group. The ECC psy-KIT guides all interested parties through the work and education process of MH NEETs from the first stage of self-assessment to the final stage of on-going monitoring, aiming to achieve a higher number of MH NEETs in the labour market and education.

The European Work and Education Integration Curriculum for MH NEETs

The Curriculum provides the didactical framework of the Toolkit, including details in terms of each unit’s objectives and learning outcomes, the content to be covered, the unit’s structure, teaching and learning methods, didactic methods, the approximate workload, tips and advice on the use of activities of the Toolkit, how to apply resources (e.g. video clips, interactive career counselling tools), etc. The framework was developed on the basis of the outcomes of

a comprehensive international literature review and an educational needs survey. The Curriculum consists of four units, one per Target Group, following the structure of the Toolkit.

An Open Learning Platform

An Open Learning Platform was created, based on the didactical framework of the Curriculum. It includes all the information and interactive career counselling tools of the Toolkit, as well as a variety of extra resources and material and it aims to become a digital environment where MH NEETs, Mental Health Professionals, Career Counsellors, Informal Carers and everyone interested will be able to find every information, material and resources needed regarding work and education integration of MH NEETs.

All the partners have been involved in the creation of the aforementioned materials and tools by cooperating, offering each their unique expertise and co-creating materials and tools. Furthermore, the project's partners utilised the Co-production model involving MH NEETs, their family members and MH professionals in every step of the procedure of creating materials and tools as they are considered experts of their own needs.

THE WORK4PSY TOOLKIT'S STRUCTURE

The European Career Counselling MH NEETs Toolkit (ECC psy-KIT) was developed on the basis of a comprehensive international literature review, taking into consideration each partners' expertise as well as the results of the focus groups that were implemented with all target groups. It will be used in accordance with the didactical framework provided by the European Work and Education Integration Curriculum for MH NEETs.

The innovation of the ECC psy-KIT is that it provides MH professionals, career counsellors, MH NEETs and their informal carers, local agencies and authorities with all the necessary Career Counselling tools to enhance MH NEETs work and education integration. All the material is organised in chapters and sub-chapters which include: (a) Introduction & focus; (b) main

subject, (c) Bibliography/ References, and (d) links for additional resources & material were applicable. A short description of the chapters is presented below:

PART 1 – Career interventions for mental health service users in Europe

The chapter contains the career interventions concerning mental health users that have been or are still in place in all partners' countries. The chapter is organised in sub chapters and each partner describes the career interventions for MH users in its country. All partners share and describe the legal reforms, guidelines, acts and laws that their states have in place in order to promote and facilitate work and education integration in MH users and how these are incorporated in the labour market and educational / training systems. The partners discuss the advantages and disadvantages of these reforms and interventions and how they affect work and education integration. Furthermore, each partner describes and discusses state and non-state interventions, career and training centers, clubs, self-help initiatives, workshops and good practices that offer support in each partner country. Beyond the description and discussion of these initiatives, interventions and reforms, the chapter aims to provide information and ideas about good practices that other countries may find useful to incorporate in their own systems.

PART 2 – The WORK4PSY career intervention model

Chapter 1 -Introducing the WORK4PSY model: A holistic approach for career counseling MH NEETs

The Work4Psy model for MH NEETs is based on the theoretical frameworks of social constructionism and narrative perspectives and borrows elements and characteristics from the Supported Employment framework, in particular the IPS model and PEPSAEE's model of work rehabilitation for MH users. The model emphasises early intervention, benefits counselling and collaboration with a multidisciplinary team of psychiatrists, psychologists and

social workers. It focuses on meaning making and co – constructing a vocational self through commitment and active involvement both from the MH NEETs part and the career counsellor's part. Networking, collaborations and the active involvement of informal carers as well as their support, are significant elements of the proposed model.

Chapter 2 – Working (and networking) with the labour market

The chapter is addressed mainly to employers and provides a thorough guide about the actions employers and the labour market can undertake to enable young people with mental health conditions to get into vocational training and work. The chapter describes the specificities and significance of networking in the case of mental health young employees and discusses ways of support: support for the young person, support for colleagues and managers and financial support for the employer. The chapter also offers a guide on how to choose partners and groups for networking, how to achieve such partnerships and how to utilize and extend the networks created. It offers ideas on accessing existing networks and how to navigate in them.

Chapter 3 – Discrimination and stigma

The chapter focuses on discrimination and stigma on Mental Health people: what is it, how it affects M.H. people, their families and the society in general, how it can be avoided and what can be done to reverse the ramifications and change attitudes towards M.H. people . The concept of stigmatisation is explained as a phenomenon that uses four components to create this attitude: isolating the difference, attributing undesirable traits to labelled people, separating the group of people labelled, experienced loss of status and discrimination by labelled people. In the chapter these concepts are discussed and explained together with the specific stereotypes that follow M.H. people. The scale of the problem is presented as, according to WHO, one of the biggest challenges in the public space. Various statistics are offered about the stigmatisation phenomenon that show that the way to fight stigma for M.H. people is still long. The chapter continues by presenting how attitudes can change the way

M.H. people see themselves and how others see them by offering ideas and proposals based on building acceptance, understanding and changing the societal paradigm.

Chapter 4 – Empowering Mental Health service users

The chapter discusses the concept of empowerment of Mental Health young people in a socioeconomic and personal point of view. Firstly, it offers some terminology and a framework of the concept of empowerment. It goes on to explore ways M.H. NEETs can follow to acquire more power and control over their lives. The chapter starts by discussing how acquiring insight and information on the vocational world can help in taking informed decisions that are better suited to the person. It continues by exploring the concept of support, discussing ways of finding support and how these can benefit the person and empower it. Planning is then discussed as a way to facilitate the achievement of what is and feels as a big goal. A discussion on the power of networking follows, where a small definition is offered, the benefits of networking are presented and ideas of networking are offered. The chapter finishes by presenting the benefits of caring for the self, ideas on how this can be achieved and the power it offers.

Chapter 5 – Working with family and other informal carers

The chapter discusses the role that family and other informal carers play in M.H. NEETs work re-integration. The chapter starts by discussing the difficult and diverse role family and informal carers play in M.H. NEETs lives. It continues by presenting interventions family and informal carers can utilise to facilitate career development of M.H. NEETs and showing the benefits of these interventions in M.H. NEETs work integration. The challenges of getting families and informal carers committed towards M.H. NEETs work and education reintegration, are explored and ways to overcome them are presented. Ways to empower family members and informal carers in order to be able to offer support are suggested: communication, adapted support, teaching/counselling aids, volunteer and peer support, community work. Finally, a small guide is presented about how to approach family members

and informal carers by offering details about three models: information – focused interventions, learning interventions and counselling / therapy.

PART 3 – Tools and activities

The chapter presents experiential activities and tools that can be utilised by all target groups. A set of tools and activities are offered to each of the target groups involved in the project: M.H. NEETs, M.H. professionals, Career counsellors and informal carers. These tools and activities can be utilised by the persons that belong to each target group as a self – help guide or they can be used by professionals in the process of career counselling. Each activity is organised in sub – chapters: (a) Activity refers to, where is it mentioned to whom this activity refers to, (b) Aim of the activity, where a description of the design and purpose of the activity is offered, (c) Theoretical framework, where the rationale and theoretical framework of the activity is presented, (d) Description, where detailed instructions of the activity are given, (e) Tips, where, in some activities, tips are offered as a guide on how to use the activity. All activities and tools are designed to aid in the process of overcoming specific challenges each of the target groups are facing in a creative and experiential manner.

1.1. CAREER SERVICES IN GERMANY

BY SILVIA KELLER & MATTHIAS Z. VARUL

Introduction

With the adoption of the Federal Participation Bill into law 2016, Germany has accelerated the implementation of the requirements for labour market inclusion set out in article 27 of the 2006 UN Convention of the Rights of Persons with Disabilities (UN CRPD). Changes to the Social Code (*Sozialgesetzbuch SGB*, especially books III and IX) mean that the requirement of equal access to vocational training and to the workplace are firmly enshrined in law. For young people with disabilities looking to enter vocational training and the labour market after school, support under this legislation is available if they are recognised as having a health condition that significantly affects their chances to obtain and keep a job during a period of at least six months. This is the definition of a labour-market relevant the Social Code (SGB III § 19). The administration of these measures of support lies with the Employment Agency. However, a multitude of actors, agencies and organisations are involved both facilitating access and working alongside and with the Employment Agency to make the process of vocational a successful one.

In Germany, each year just over 40,000 young people are recognised as having such a disability. About a fifth of them are mainly affected by a mental health condition. (Reims et al 2018: 41). It should, however, be kept in mind that other disabilities can be associated with psychological problems or just happen to coincide with them (a prominent example is deafness, which correlates strongly with psychological problems for various reasons, e.g. Fellinger et al. 2012). Possibly because of the stigma attached but also because of the lower visibility of psychological illness, the access to official channels of support occurs somewhat later for this group (Reims et al. 2018: 50). A report furnished by the Employment Agency's research unit IAB has recognised the need for interlinking vocational rehabilitation and continued therapy in the case of young people with mental health conditions (Tisch et al 2017:

10) poses a challenge to all involved in the rehabilitation process, calling for the creativity and cooperation of “street level bureaucrats” (e.g. Rice 2012) and “street level organisations” (Brodkin 2011) to insure an integrated process.

While the Employment Agency and its vocational rehabilitation counselling service (*Reha-Berufsberatung*, Reha-BB) are the gatekeeper to state-funded labour-market interventions, these are contracted out to and carried out by private and third-sector organisations. As state-funding is substantial, initiatives not at least relying on them are as good as non-existent.

Another important function of non-state organisations as well as local institutions (such as schools) is the induction of the process by identifying young people in need of labour-market interventions and, while also supporting them in their other needs such as finding therapists, dealing with family situations and problems at school, encouraging them to apply for support with the Employment Agency and guiding them through the process.

Support Leading up to Labour-market interventions

As mentioned, on average it takes young people with mental health conditions longer to benefit from labour-market intervention than their peers with different kinds of disability. One of the possible reasons is that some of those conditions by their nature make it more difficult to seek and find help (e.g. social anxiety disorders, depression, and autism). Another reason may be the stigma still attached to mental illness (Oschmiansky, et al. 2017: 225f.; Shankar et al. 2014: 7f.) The fact that access is through a state institution, which many perceive as intimidating, may also act as a deterrent. Therefore, support leading up to this access is vital.

Here non-state organisations engaged in supporting young people are an important contributor. They - a good number of them linked to the Catholic or Protestant church, but many of them also secular associations - play an important part in the German welfare system. In the support of young people with social problems or health issues their role is recognised by the Social Codes's book section on supporting children and young people (SGB VIII) – state institutions are required to cooperate with them in a spirit of partnership. Where there are

independent providers of support, state-run services are legally required not to compete with them (§ 4 (2) SGB VIII), so that they are left with a subsidiary role.

In the support of young people with mental health conditions, the District Offices (*Landratsämter*) play a key coordinating role. On the one hand, they are involved through their Youth Offices' (*Jugendämter*) youth support services (*Jugendhilfe*), coordinating interventions by their own social workers, non-state organisations and institutions not under their own administration, most notably schools.

On the other hand they act as a communication hub for their district's various public and non-state support services for people with mental health problems (housing projects, self-help groups, therapists, clinics, family support), often also acting as a conduit to labour-market interventions through contact to the Employment Agency.

Encouraging and guiding young people to utilize labour-market interventions will thus often be a joint effort of various actors – such as schoolteachers, therapists, parents, social workers. A further actor here is the careers counselling service (*Berufsberatung*, BB) of the Employment Agency advisors picking up on reported health problems when speaking to a young person during office hours at a local school or alerted by a teacher or a parent.

A new addition to the variety of access points is the state-funded Complementary Independent Participation Counselling (*Ergänzende Unabhängige Teilhabeberatung* EUTB), which is provided through independent organisations. These were introduced 2018 by force of law (§ 32 SGB IX) supporting the implementation the UN CRPD to provide independent counselling not only for inclusion in the workplace but to provide a holistic perspective on inclusion in all areas, such as education, cultural and political life, housing, etc.

Labour market interventions under the social code

In order to benefit from the labour-market interventions funded under the Social Code, a formal application for benefits to facilitate the participation in work (*Leistungen zur Teilhabe am Arbeitsleben* LTA) needs to be filed, which is then decided on by professional staff at the Employment Agency. The decision will draw on the opinions of the Agency's specialist services (*Fachdienste*), namely the Occupational Psychological Service (*Berufspsychologischer Service* BPS) and the Medical Service (*Ärztlicher Dienst* ÄD). The ÄD will draw on the diagnostic findings of psychiatrists, therapists and clinics previously involved.

Entitlement to support is recognised if the disability poses a continued obstacle to accessing the labour market (including vocational training). However, the prerequisite for all labour-market interventions listed below is that the ÄD's report certifies an ability to carry out at least basic work tasks for at least three hours a day or 15 hours a week respectively. In most cases applicants with lower capacities not looking for a place in sheltered employment are asked to re-apply after finalizing their course of therapeutic treatment. Here the strongly pronounced separation of the two in the German institutional set-up, which seems to prevent, for example, the full application of the internationally recognised ISP model (Stengler/Hoffmann 2017)

Once the need for support is recognized, professional staff of the Employment Agency, namely in the career counselling services for vocational rehabilitation (*Reha-Berufsberatung*, Reha-BB) are held to coordinate the support for labour-market interventions with external agencies and their support addressing other needs such as, for example, housing (in this case the District Office). They will be responsible to ensure a successful conclusion of the vocational rehabilitation process as, once the Employment Agency has recognised an entitlement they can only terminate it if the applicant has been in regular employment for at least six months.

A full course of the vocational rehabilitation process contains of four main elements: career counselling by the Reha-BB, preparatory measures (diagnostics, orientation, preparatory training), vocational training (with various levels of support), and labour market integration. All labour-market interventions (including, where necessary, travel and accommodation, and support for cost of living) are funded through the Employment Agency's budget for inclusion

of people with disabilities, but only the career counselling is carried out by its own staff. All other interventions are procured, usually by the District-level unit of the Employment Agency, for a limited number of years (e.g. two years with an option to prolong the contract for another two years). There is an obligation to put them out for tender, creating a market in which specialised educational providers owned by secular and church charities as well as for-profit companies compete for cost efficiency on the one hand and set quality standards on the other (e.g. successful labour market integrations).

The kinds of interventions are regulated by the Social Code, but within these regulations there is considerable scope for configuring programmes that respond to particular needs (in terms of disability, age, local labour market conditions). As the contractors receive a guaranteed payment for a set minimum of places, there is pressure on the Reha-BB to fill them – which has the potential for creating problems if the interventions are not adaptable enough to the highly individualised needs especially in the field of mental health. On the other hand, limited places can create back-logs.

While contractors are normally paid directly by the Employment Agency, claimants are entitled to organise payments themselves through a “personal budget” (*Persönliches Budget*), through which they manage payments themselves and can make adjustments within the scope of the agreed strategy – e.g., within the terms of the agreed plan, change providers where they see fit.

Career Counselling

Career counsellors of the Reha-BB will, drawing on their conversations with the young person (often accompanied by a parent, trusted friend, social worker etc.), the reports of the aforementioned specialist services (ÄD and BPS), and their knowledge of possible interventions, available careers and labour market prospects, suggest and discuss aims and strategies. They will agree on a course of action with the applicant and initiate the appropriate interventions. Decisions are to be guided by adequacy and necessity with view of the young person’s equal access – cost efficacy is considered in the process of procurement from external

contractors (see below), so the only cost consideration for counsellors should be when there are decisions between equivalent interventions (e.g. when it comes to travel costs due to geographical distance).

Throughout the process, Reha-BB will monitor progress (e.g. they will receive regular reports from contracted training facilities and communicate directly with tutors) and discuss any matters arising with the individual. In this process counsellors are, on the one hand, held to prioritise, where possible, inclusion in regular training and employment over special provisions and facilities – on the other they are to respect and further strengthen the autonomy of the claimant. Reha-BB career counselling is, thus, not intended to be exclusively focused on disability-specific pathways. Counsellors are required to also be able to advise on the regular market for vocational training and opportunities for further education – which adds to the complexity of the task.

The interventions at hand can be utilized in sequence in a modular way (e.g. if orientation leads into a regular course of vocational training that can be done without further support – or if the young person already is well-oriented and by prior education well-prepared for a particular vocational training course, this can be entered directly). In approximate 40 per cent of cases, sequences of interventions (Förderketten) are used (Reims et al. 2016). Some intervention integrate such sequences – “Assisted Training” (*Assistierte Ausbildung AsA*), for example contains a six-months’ phase of orientation and preparation and subsequently provides assistance during a full course of vocational training. “Participation Support” (*Teilhabebegleitung THB*) provides individualised support in orientation for, acquisition of and initial accommodation in vocational training or employment.

Interventions supporting career orientation and preparatory training

These interventions will support career counselling and facilitate the transition into vocational training.

Diagnostic tools are used in the orientation process. While ÄD and BPS will provide information on the level of capacity. Through interventions like “Diagnostics for Labour Market Capacity” (*Diagnose der Arbeitsmarktfähigkeit* Dia-AM) robustness in view of requirements of training and work can be further assessed in practice.

Programmes of occupational orientation and preparation combine the opportunity to explore vocational fields within a training facility or through placements and individualized preparatory training and education to prepare for further vocational training, e.g. by closing gaps left by infrequent attendance to school caused by the health condition. Most frequent is the intervention **Preparatory Occupational Education Programme** (*Berufsvorbereitende Bildungsmaßnahme* BvB). Such interventions always also contain a diagnostic element, ensuring that careers counsellors receive a heads-up if the envisaged strategy is likely to overburden the young person. The Employment Agency can also facilitate and fund a test run for a vocational training (**Entry Qualification** *Eingangsqualifizierung* EQ) as a long-term placement, a test-run to explore the fit between applicant, occupation, and company – ideally leading to the commencement of a regular (or supported) training.

Interventions supporting or providing training

These interventions comprise a very wide range of means of support adjusted to the needed kind and level of support.

Employers providing vocational training can be supported financially for adjustments made by a **Training Grant** (*Ausbildungszuschuss*, AZ) covering a substantial share of the cost. Psychological and educational support during participation in regular vocational training and initial period of employment is available in the above-mentioned intervention AsA, in which the caseworker is also mediating between client and employer – or in the form of **Support for**

Training (*Ausbildungsbegleitende Hilfen* AbH), which provides mainly educational support, but can be extended to include psychological support.

A more intensive support tailored to individual needs is available as **Supported Vocational Training** (*begleitete betriebliche Ausbildung* bbA). If a more controlled, sheltered environment is required, **vocational training in specialist facilities** (*außerbetriebliche Berufsausbildung*) can be funded – this can take place either entirely within such facility (*integrativ*) or in cooperation with external companies for the practical training (*kooperativ*). Providers are for example **vocational training facilities** (*Berufsbildungswerke* BBW), which often specialise on particular courses of training and/or specific kinds of disability. Those providing for young people with mental health issues often offer residential accommodation and psychological support services.

Interventions supporting or providing employment

The funded interventions for training always include support for finding and applying for jobs. Those who have completed training without having been able to secure employment will be required to register as unemployed and are assigned a placement officer (*Arbeitsvermittler/in*) in the specialised unit for people with disability (*Reha-Arbeitsvermittlung*, Reha-AV) to support them with the search for a job, developing strategies for application and also helping accessing further support, such as the integration grant, supported placements and test employment:

Companies employing a person with disability on a regular labour contract can also apply for an **integration grant** (*Eingliederungszuschuss*, EGZ) for up to two years to cover up to 70 per cent of the labour costs.

While short term **placements** (*Maßnahme beim Arbeitgeber* MAG) up to twelve weeks are supported by the Employment Agency, in some cases it can also carry the cost of an up to three-months long **test employment** (*Probebeschäftigung*) with full pay.

As mentioned above the assigned careers counsellors of the Reha-BB will remain assigned, but they are only involved at this stage if the need for further, more extensive support arises.

One such intervention is **Supported Employment** (*unterstützte Beschäftigung*, uB), the German variant of the individual placement and support (IPS). Here an employer is found and supported in creating a workplace adapted to the needs of the individual who then is provided with further individualised training. As mentioned above, the close interaction between therapy and vocational rehabilitation envisaged in ISP is not fully possible in the German case due to the access criteria to the occupational-medical access criteria.

The only intervention applicable for individuals who do not meet the medical access criteria and for whom vocational training is, currently, not possible; or whose condition deteriorated during or after training in such a way to make employment on the regular labour market unlikely or impossible, is employment in a **sheltered workshop for people with disability** (*Werkstatt für behinderte Menschen WfbM*). There are WfbMs specialising on providing work for people with mental health conditions, but most generalist WfbMs also have their own specialist departments to cater for the specific needs that come with different psychiatric conditions. While not always possible, the ultimate aim of the WfbM will be a gradual transition into the labour market through a modular sequence of orientation/assessment, qualification, work within the workshop area and work in external placements. While at the WfbM individuals receive a small allowance for their work (i.e. they are exempt from minimum wage regulation), but full contribution to social insurance, including the pension fund, are made.

Further support during and after vocational rehabilitation

As mentioned above, while the Employment Agency normally is responsible for the vocational rehabilitation, it is to coordinate the responsibilities for non-employment related needs of support, which may well impact on the ability to progress through the vocational rehabilitation process successfully. So the Youth Office's social worker may stay "on the case" throughout

the process, e.g. mediating family situation, housing etc. This support can continue independent of the conclusion of the vocational rehabilitation.

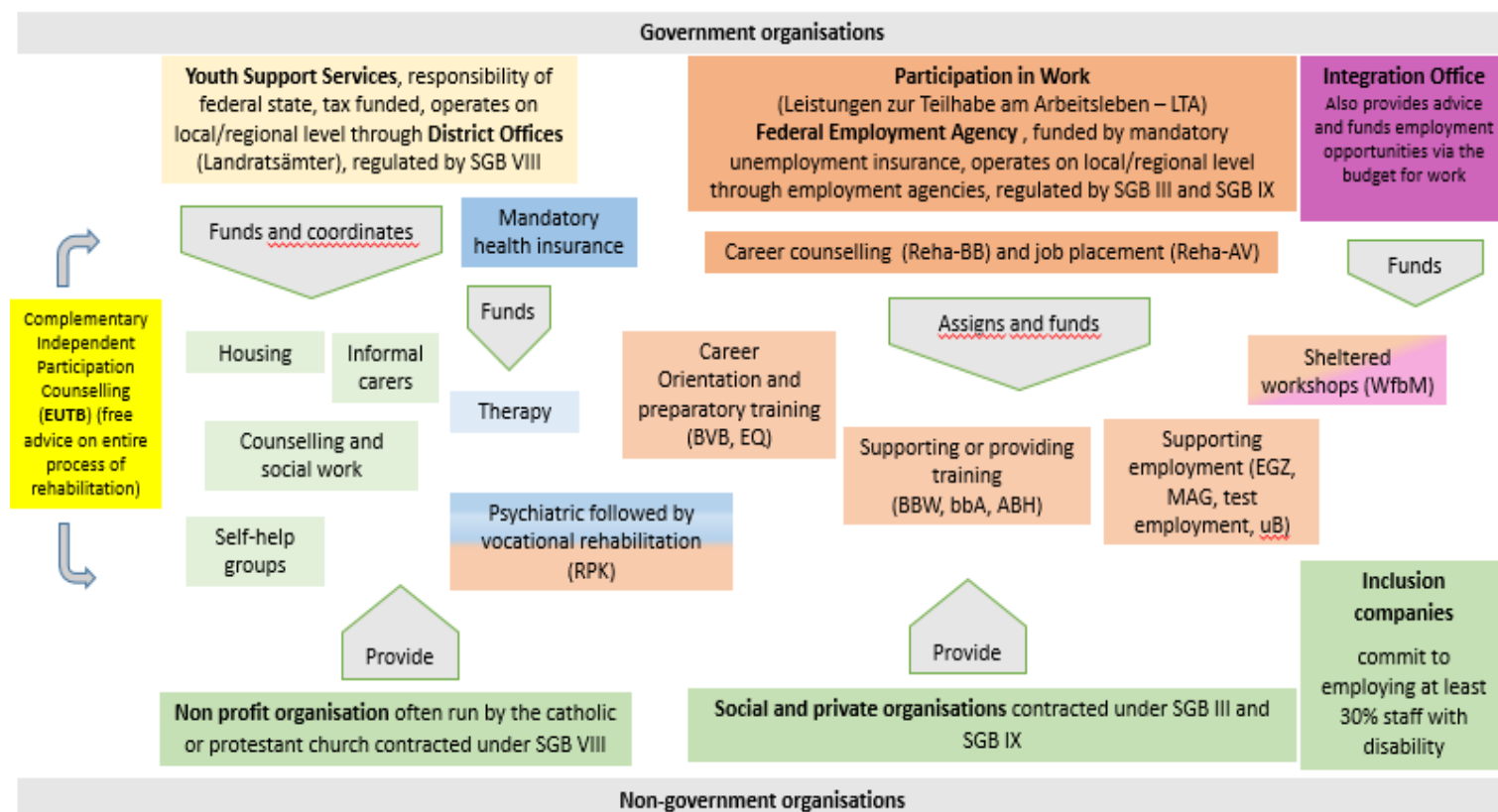
There are cases in which labour market integration is successful according to the six-months criterion, but the need for support is ongoing. In such cases, responsibility may be transferred to the Federal-State level **Integration Office** (*Integrationsamt* IA) and its District level **Specialist Integration Service** (*Integrationsfachdienst* IFD). Access to their counselling and support services hinges on the recognition of a status of “severe disability” which is assessed by the **Social Security Office** (*Versorgungsamt* – at district or regional level, varying according to Federal State legislation). The IFD can access funds to follow up initial support, such as an EGZ, through programmes like the **Budget for Work** (*Budget für Arbeit*).¹

A frequent role of the IFD is to provide advice and guidance in the transition from a WfbM into regular employment, helping with applications, accompanying the client to appointments with the job centre or employment agency, helping with applications to the Employment Agency’s offers of support listed above as well as being able to offer potential employers the perspective of follow-up funding once the maximum duration of the Employment Agency’s EGZ grant runs out.

A particular form of employment in proximity to the regular labour market are **inclusion companies** (*Inklusionsbetriebe*) which commit to a quota of employing at least 30 per cent (but below 50 per cent) of staff with severe disabilities (see below 2.5.5.2. for an example, also Gerling 2013). This is an attempt to move closer to inclusion than a WfbM (as the people with and without disability work together), while still being able to provide for some special adaptations, supported by state funding.

¹ There is also the possibility to support vocational training through a budget for training (*Budget für Ausbildung*), but this does not normally be utilised for the support of young people with mental health conditions [field sources]

The German system of supporting young people with mental health conditions



CASE STUDIES

Case study: Rehabilitation Facilities for People with Psychological Illnesses or Disabilities (Rehabilitationseinrichtungen für psychisch kranke und behinderte Menschen RPK)

RPKs have been founded based on an agreement, dating from 2005, between the relevant funding institutions in the rehabilitation process, including statutory health insurers, pension funds, and the Federal Employment Agency. The express aim of the RPKs is, according to this agreement (BAR 2011: 12) is to integrate psychiatric treatment with vocational rehabilitation. Thereby it tries to address the problem that, with the separation of responsibilities between the medical system and the process of vocational rehabilitation as outlined above. Uniquely, the RPKs combine the two processes “under one roof”. The process is still sequentialise with

the cost carried by separate funding bodies² – i.e. first a therapeutic sequence which will be followed, as soon as therapeutic progress allows for the vocational rehabilitation element to take centre stage, by a preparatory occupational orientation and training sequence similar to the BvB (see above). This way, the separation of responsibilities is maintained, but the two sequences shade into each other. Already the psychiatric therapy will contain elements of occupational orientation and will utilise them in the therapeutic process. Therapeutic support will then continue into the vocational sequence in way that could be said to be akin to the early stage of the ISP concept (Stengler et al. 2014: 101) – a model the roof organisation of the RPKs positively refers to (Kress et al. 2019: 7-9). In this way RPK appears to offer a way round the problem of access to the vocational rehabilitation process for people who currently cannot be medically certified fit for work for at least 15 hours per week, which is explicitly mentioned as one possible utilisation of the programme (BAR 2011: 16). Participation is, however, still conditional on a prognosis that ability to work will be restored over a given timeframe.

After more than a decade, RPKs can still be seen as an innovative approach. The question for the future will be, whether this approach can be further developed to circumvent the structural barrier between therapy and vocational rehabilitation. Another issue will be whether a further expansion can be envisaged as the programme is, still, not available in all areas (Stengler et al. 2014: 100)

Case study: Ifa Heidelberg³

As an inclusion company, Ifa has committed to employing people with a certified severe disability, who make up about half their workforce. Through the financial support available to inclusion companies, it can adapt to special needs in ways a regular company usually cannot. However, by employing both people with and without disability and by working as a regular business, they also aim to achieve the ideal of inclusion. Having been offering a range of services such as removals, refurbishing and renovating, demolishing, gardening and house

² For the young people the costs will normally be split between health insurance and Employment Agency

³ www.ifa-heidelberg.de

clearances for decades, the company has built up a good reputation in the region, ensuring that working for them earns employees social recognition communicated through customer satisfaction.

While also employing people with sensory, physiological and intellectual disabilities, Ifa particularly adapts to the needs of people with psychological conditions. One way of accommodating the need of individuals with mental health problems is the possibility of tailored working hours, including the possibility of occasional/casual work for individuals with strongly reduced capacity. For example, the possibility of working just a few hours per week in one of the company's second-hand shops may offer first steps both into the world of work and social life in a broader sense.

Ifa itself as part of the region's psycho-social care network in which therapists and psychiatric clinics, employment agency and job centre, district offices and third-sector organisation coordinate, aiming to ensure the inclusion of people with disabilities, and in this case particularly with mental health conditions. As such, it has contributed to the Rhine-Neckar District's current social and participation plan for people with chronic mental illness or severe psychological disability (Landratsamt Rhein-Neckar-Kreis 2018)

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Glossary

German term	Abbr.	English translation	legal reference
Arbeitsagentur, Agentur für Arbeit	AA	Employment Agency	
Arbeitsvermittler/in		placement officer (in the Employment Agency)	
Arbeitsvermittlung	AV	Placement Service (in the Employment Agency)	
Ärztlicher Dienst (der Arbeitsagentur)	ÄD	Medical Service (of the Employment Agency)	
Assistierte Ausbildung	AsA	Assisted Training	§§ 74f. SGB III
Ausbildungsbegleitende Hilfen	AbH	Support for Training	§ 75 SGB III
Ausbildungszuschuss	AZ	Training Grant	§ 50 SGB IX, § 73 SGB III
Außerbetriebliche Berufsausbildung (kooperativ oder integrativ)		Vocational training in a specialist facility	§ 51 SGB IX
Berufsberater/in		Careers counsellor	
Berufsberatung (der Arbeitsagentur)	BB	Careers counselling service (of the Employment Agency)	§§ 29 - 35 SGB III § 187 (1) und (4) SGB IX
Berufsbildungswerk	BBW		§ 51 SGB IX
Berufpsychologischer Service	BPS	Occupational Psychological Service (of the Employment Agency)	
Berufsvorbereitende Bildungsmaßnahme	BvB	Occupation Preparatory Education Programme	§ 51 SGB III
Begleitete betriebliche Ausbildung	bbA	Supported Vocational Training	§§ 117, 118 SGB III, § 49 SGB IX
Budget für Arbeit		Budget for Work	§ 61 SGB IX
Budget für Ausbildung		Budget for Training	§ 61a SGB IX
Bundesagentur für Arbeit	BA	Federal Employment Agency	
Bundesland		Federal State (of the Federal Republic of Germany)	
Bundesteilhabegesetz	BTHG	Federal Participation Act	
Eingliederungszuschuss	EGZ	Integration Grant	§ 90 SGB III, §
Ergänzende Unabhängige Teilhabeberatung	EUTB	Complementary Independent Participation Counselling	
Inklusionsbetrieb, Inklusionsfirma		inclusion company	§§ 215-218 SGB IX
Integrationsamt	IA	Integration Office	
Integrationsfachdienst	IFD	Specialist Service for Integration	
Jugendamt		Youth Office (part of District Office)	
Jugendhilfe, Kinder- und Jugendhilfe (beim Jugendamt)		Youth Support Services (attached to District Office's Youth Office)	
Landkreis	LK	District	

Landratsamt	LRA	District Office	
Leistungen zur Teilhabe am Arbeitsleben	LTA	benefits to facilitate the participation in work	§§ 49-63 SGB IX
Persönliches Budget	PB	Personal Budget (for inclusion)	§ 29 SGB IX. § 119 SGB III
Probebeschäftigung		Test Employment	§ 46 SGB III
Reha-Arbeitsvermittlung	Reha-AV	Vocational rehabilitation placement service (in the Employment Agency)	
Reha-Berufsberatung	Reha-BB	Vocational rehabilitation counselling service (Employment Agency)	
Sozialgesetzbuch	SGB	(German) Social Code	
Unterstützte Beschäftigung	uB	Supported Employment	§ 55 SGB IX,
Versorgungsamt		Social Security Office	
Werkstatt für behinderte Menschen	WfbM	Sheltered Workshop for People with Disability	§§ 219 - 227 SGB IX

1.2 CAREER SERVICES IN GREECE

BY NIKOS DROSOS, MENELAOS THEODOROUAKIS & MARA KOURTOGLOU

This sub-chapter presents the career interventions concerning MH people that have taken and /or are still in place, in Greece.

SHELTERED EMPLOYMENT⁴

The Sheltered Employment perspective for the vocational inclusion of people with disabilities refers to sheltered vocational centers where people can develop their vocational skills and acquire work experience. They are not productive centers and they aim mainly to prepare the person for a more competitive work environment. The following law regulates them in Greece:

- In 1999 the law: 2716/1999 (FEK A' 96/17-5-1999) offered the chance for operating sheltered employment organizations for people with chronic mental health problems and serious psychosocial problems. They are “Special Rehabilitation and Work Integration Units” and they operate “Sheltered Laboratories” and “Laboratories of Vocational Training”. They operate as decentralized units of hospitals, Academic Psychiatric Hospitals, Academic Mental Health Institutes and University Units in the field of mental health.

The sheltered laboratories in Greece operate as a non-formal kind of employment and they provide people with mental health problems a structured daily routine, support, education and development of professional skills. However they do not aim in productivity and they rarely offer goods for sale except in special occasions or annual exhibitions. In most cases there is no payment for the work and people do not have legal insurance and pension rights.

⁴ Drosos, N., Antoniou, A.S. (2020). Disability and work integration: sheltered and supported employment. eos 6(1), 109-123.

SOCIAL COOPERATIVES

The Limited Liability Social Cooperatives (KOISPE) are a special kind of cooperatives, being simultaneously productive and commercial units and mental health units. They are regulated by the Ministry of Health, Department of Mental Health and partly financed by it to cover expenses associated with its status as mental health unit. Their main aim is the socioeconomic and work integration and the financial autonomy of people with serious psychosocial problems. In light of this aim, they develop economic activity. All employees with mental health problems receive a salary and have all legal insurance and pension rights. A percentage of 30% of the employees that work in a KOISPE should be people from vulnerable groups.

Only one KOISPE may operate in each Mental Health Sector of the two main urban centers of Athens and Thessaloniki and there is one KOISPE in every Precinct in the rest of the country. Currently there are 28 KOISPE and about 600 mental health users work in them.

The Limited Liability Social Cooperatives (KOISPE) have also formed the Panhellenic Federation of Limited Liability Social Cooperatives and they form collaborations.

The KOISPEs are regulated by the following laws:

- In 1999 the law: 2716 (FEK A' 96/17-5-1999) provides the possibility of establishing entities of social economy. The article 12 offers the opportunity of establishing Limited Liability Social Cooperatives having as their main goal the socio-economic and work integration of people with mental disorders and serious psychosocial problems.
- The above law was later refined by the laws: 4019 (FEK A' 216/30.9.2011) and 4430 (FEK A' 205/31-10-2016), which refer generally to social economy, in 2011 and 2016 respectively.

All vulnerable group employees that work in the Social Cooperative Businesses, maintain their state disability benefits, which removes a significant anti-motive for them to work.

STATE INTERVENTIONS

People with mental health problems that received disability benefits, used to lose those benefits if they started work in the free market. This was a serious disincentive for people with mental health problems to work in the free market. This changed with the following law:

- In 2017 the law: 4488 (FEK A' 137/13-09-2017, art. 23) determined that people with mental health problems or intellectual disability that receive benefits or pensions, can maintain them even if they find paid work in the free market as long as work contributes⁵ to their psychosocial rehabilitation and social reintegration.

The 'Special Secretariat of Social and Solidary Economy' of the Ministry of Labour, had developed a lot of activity in implementing effective measures of social and solidary economy. Especially in 2017 and 2018 it conducted annual exhibitions with the participation of more than 100 units that operate in social economy. In 2020 though, it was reformed as a department of the Ministry and the next exhibitions were not implemented.

In 2017 the Manpower Employment Organisation (OAED) provided initiatives for businesses to employ 2000 people from vulnerable groups. The measures include, among others the following:

- Funding in the 70% of the salary with a maximum of 700€ for full time jobs and 350€ for part time jobs
- A duration of 12 months with the possibility for renewal for two more years

Since the places were not covered, in 2020 the initiatives provided were reinforced:

- The funding provided for the salary was raised in 90% with a maximum of 800€ for full time jobs and 400€ for part time jobs

⁵ A psychiatrist or a mental health organization should state whether employment contributes to their psychosocial rehabilitation and social reintegration.

- The criteria of enrollment in the program for unemployed people were lessened
- Public service companies and organisations were given the opportunity to also hire people from vulnerable groups, using these initiatives.

THE CASE OF PEPSAEE

The PanHellenic Association for the Psychosocial Rehabilitation & Work Re-Integration (PEPSAEE) ⁶has established the first ‘Support for Employment Office’ for mental health users in 2010 and implemented the ‘Bridges for Employment’ project in 2012 until 2014.

The ‘Support for Employment Office’

The office is staffed with four career counsellors and one mediator and offers individualised services to mental health people who seek a job in the free market (whether they wish to disclose their mental health status or not), or in social cooperatives or an education program. The model under which the Office operates, combines elements from the IPS model and postmodern theories of career guidance (constructivist and narrative approaches). A detailed presentation of the model can be found in Drosos, N., & Theodoroulakis, M. (2019)⁷.

In summary, the following elements are of importance:

- The career counsellors network with potential employers. A network of about 100 employers has been created. The career counsellors participate and organise career days and job shadow days.
- Job search training is provided.
- A vocational profile is co-created with the user. Long-term goals are set and reached with the support of short-term goals.

⁶ The PEPSAEE is an NGO established on 1996 that takes part in the national programme for psychiatric rehabilitation “Psychargos” and operates two day centers and one residential house. Its activities under the “Psychargos” programme are financed by the Ministry of Health.

⁷ Drosos, N., & Theodoroulakis, M. (2019). Employment as an integral part of social inclusion: The case of mental health patients in Greece. In K. Scorgie & C. Forlin (Eds.) Promoting Social Inclusion: Co-creating Environments that Foster Equity and Belonging. UK: Emerald Group Publishing LTD.

- A mediator (a mental health user) is the first point of contact in the Office and supports the user in his/her first appointments.
- There is collaboration with other mental healthcare services to provide better support and individualised services.
- An action plan is co-created and implemented.
- There is close collaboration with Social cooperatives.
- The implementation of workshops and job clubs provide additional support to the individualised sessions, in terms of skills development and job searching.
- Policymaking efforts are implemented in terms of reports and suggestions to the Ministry of Labour.

The 'Bridges for Employment' project

In 2012-2015 the PEPSAEE implemented a project for the work integration of mental health users in the free labor market, which was co- financed by the Greek Ministry of Health and the European Union. The following elements are of importance:

- PEPSAEE created fifteen supported employment offices in collaboration with fifteen mental health organisations
- The staff of the offices consisted of sixty mental health professionals trained in PEPSAEE's model of supported employment.
- A supported employment model was created and used.
- Sixty mental health people received services and were placed in free labour market jobs.
- Continuous, after-placement support was provided to them and an employee in each company was trained to act as 'mentor' for support to the mental health person.

- After the completion of the program, 45% of the people were still in employment or in a training program. The rest of the people did not wish to continue working for fear of losing disability benefits.
- After the completion of the program most of the employment offices closed due to lack of funds. One Unit that remained is the 'Office of Supported Employment' that runs now as a service offered by KOISPE 'DIADROMES'. The Office offers career counselling to mental health users aiming at their inclusion in educational and work life.

As of now, there are almost no services or projects specifically targeting MH NEETs in Greece.

1.3 CAREER SERVICES IN ITALY

BY ALESSIA VALENTI

INTRODUCTION

Job and career guidance services direct people towards a path of education, training and job search. In Italy they are the responsibility of several institutions and not of a single body: Upper Secondary Schools, Universities, Training Bodies, Employment Centres, Municipal Job Orientation Centres, Youth Information Centres, Employment Agencies, Chambers of Commerce, Third sector organisations. As a result, there is unsatisfactory information about the offer and quality of services provided, which undoubtedly differ from the different bodies/institutions involved as well as from North to the South of the country.

CAREER GUIDANCE SERVICES IN ITALY

EDUCATION

Following the national guidelines of the Ministry of education (MIUR 2014), schools and universities are responsible for most of the guidance activities for students.

Schools play a central role in guidance processes from students aged 3 to 19 years. In line with the provisions of the Ministry of Education, each school has to include a plan of guidance activities within the official document that presents the yearly education offer of the school. Each school also has to appoint a teacher as person responsible for guidance activities (*Figura Strumentale per l'Orientamento*). There is no dedicated funding for guidance. The Ministry of education provides funding to each school for all activities, but there is no specific funding that is bound and reserved to guidance. Activities are therefore supported by each school's budget or, in some cases, funded by regional programmes.

Guidance activities carried out within the school context can be differentiated into three macro-areas:

- a) activities aimed at *preparing* the student to face the different guidance tasks and to manage their self-orientation process;
- b) activities aimed at *accompanying* the student along the different levels of the school experience for the fulfilment of the right and duty to education, to guarantee guidance success and to build future choices;
- c) activities aimed at *supporting* decision-making processes and personal planning within the different psychosocial transitions that the student needs to face.

Activities aimed at preparing the student

The activities aimed at preparing the student to manage their own self-orientation process in an autonomous and conscious way, refer to the use of two specific tools:

- 1. Orientative/orientating didactics (or orientative training), aimed to the development of the student as a person. It is focused on developing some prerequisites for guidance: general skills, problem-solving, critical thinking. Method is an active (disciplinary and interdisciplinary) didactics.
- 2. Self-orientation education, aimed at strengthening the capacity to cope with those tasks that characterize the training path, especially at the end of a level of education (awareness of personal resources and personal values with respect to training and work, knowledge of the territory, preparation for school choices – study preferences, analysis of the alternatives, personal activation, problem-solving strategies etc.). These activities normally take the form of extracurricular activities.

Activities aimed at accompanying the student

The activities linked to this function are carried out throughout the whole scholastic path and are declined in:

1. School tutoring, a prevention measure for early school leaving: it includes development of self-monitoring skills, guidance and interventions addressed to students who need support to improve their performance. It is normally managed by teachers.
2. Tutoring in transitions: a secondary prevention action to support students at risk of failure or early school leaving in school duties, extracurricular activities as well as in management of risk factors. It involves the use of specific external professionals taking care of the student in the transition between levels of education or different training fields.
3. Tutoring in work socialisation experiences: accompanying activities for students at their first approaches with the labour world, like workshops and internships.

Activities aimed at supporting the student's decision-making processes

These activities take place in specific circumstances of the student's path, and in particular situations like transition between the levels of education (e.g. the transition from the first to the second cycle) or breaks in personal history (changed course of study, switch from general education to VET).

1. Informational guidance - acquisition of specific information on training opportunities in the area to support the choice with respect to university studies, professional qualification or work. It supports skills related to research and analysis of information. The information covered by these activities can be distinguished into: context information, useful to acquire a "key to reading" of the context; or in-depth information, which allows analysis of an alternative. Initiatives include information days, exhibitions and conferences on the content and outcomes of the different pathways.
2. Counselling: aimed at the student who is unable to make a critical synthesis (choice) in an autonomous way or in case of lack of autonomy in managing this process, or in the presence of particular constraints or personal, physical or environmental criticalities. Specialist advice can be provided through individual interviews with parents (first

cycle) and students. Counselling should always be provided by external professionals who are able to be neutral with regard to student - family - school dynamics.

Universities have their own guidance and placement services, supporting students in choosing the most appropriate training pathway and in getting an overall picture of labour market trends and related job opportunities. Some universities also provide information about their training provision via job and career fairs or via “Open Days”; in this area, universities may be supported by research centres, professional associations, associations of enterprises, etc.

Despite adult learning being part of the Italian education system (through the Provincial Center for Adult Education, *Centro Provinciale per l’Istruzione degli Adulti* – CPIA), there is no structured system of career guidance for adult learners.

WORK

Career guidance services are organised by each region, which are sovereign in this policy area. Public providers act as a national network with the support of the Ministry of Labour and the new National Agency for Active Employment Policies (ANPAL). The Ministry of labour and each region allocate funding for employment services and for promoting active employment politics (including guidance services). These are national and European funds.

Employment strategies in Italy are of 2 main kinds:

- Those focused on the creation of opportunities. They are based on social responsibility, training and protection of the users’ rights related to employment. This category includes:
 - Financial aid to enterprises to support a user’s employment (*borsa lavoro*)
 - Internships, apprenticeship
 - Targeted placement (Law 68/1999)
 - Social cooperative “B-type” (Law 381/1991)
 - Simulation and enterprise creation

- Those focused on individual skills support. They are focused on individual responsibility of the user, motivation and empowerment. This category includes:
 - Active job search (autonomy of the user)
 - Career guidance
 - Temporary staffing projects
 - Individual Placement and Support
 - Microcredit

The main guidance providers are:

- Employment Centres (*Centri per l'Impiego*, CPI) – approximately 536 across the country which operate mainly at provincial level in accordance with the guidelines of the regional authorities. They represent the point of reference for different types of users: job seekers, workers interested in a career change, entrepreneurs looking for staff to join the workforce, foreign workers, women returnees, early school leavers, NEETs and people with special needs.
- Municipal Employment Guidance Centres (*Centri di orientamento al lavoro* or *Centri di Iniziativa Locale per l'Occupazione*). They offer information and second-level orientation to individuals and/or groups to identify and define individualised training plans and/or job search plans.
- *Informagiovani*, a structure present at municipal or provincial level, which offers free information to young people about VET (job offers, competitions, internships, apprenticeships, universities, scholarships, schools), ongoing events (exhibitions, concerts, fairs and other) and voluntary work.

The main services offered by the Employment Centres (CPI), which may differ in the territory, are:

- Information:
 - Needs analysis and redirecting to the most suitable service.
 - Information material: databases, gazettes, national and local press, notice boards, thematic dossiers and websites dedicated to the labour market.

- Information on vocational and training opportunities.
- Guidance:
 - Interviews: skills assessment, accompaniment in the definition of a professional and/or training development project, assistance during job search.
- Training:
 - Active job search workshops: support in writing a curriculum vitae or cover letter and information on how to hold a selection interview, training on job search strategies.
 - Traineeships: training and orientation experiences carried out through job placement in the company.
- Job offer matching and pre-selection:
 - Profiling of job seekers.
 - Receiving vacancy notices from companies looking for staff.
 - Matching candidates to companies.
- Targeted placement: support for the integration into the world of work of disabled people and people belonging to other protected categories.

Through standardised questionnaires and tests a Personal and Professional Data Sheet of the worker is drafted and an Individual Activation Plan is designed. This is an agreement between the Employment Centre itself and the job seeker who undertakes to:

- participate in training initiatives, for example courses or internships;
- take part in initiatives aimed at support active job search, for example how to prepare for an interview;
- accept suitable job interviews and job offers that the Centre may offer the job seeker.

The Individual Activation Plan is also a requirement for applying for and obtaining unemployment benefit and eventually other social welfare measures.

SUPPORT TO DISADVANTAGED JOB SEEKERS

In Italy, there are laws and regulations that frame the issue of disability in an innovative way compared to the rest of Europe, so much so that some countries are taking inspiration from Italian Law 68/1999 – "Regulations for the right to work of people with disabilities" which aims at the integration and employment of people with disabilities, as well as those suffering from MH issues, in order to guarantee their right to work through targeted support and placement services – to take action on the subject.

The strategies for the inclusion of people with MH problems in training and/or work programmes are very heterogeneous: each region uses different measures and stakeholders in relation to the various economic and industrial realities that characterize their territory.

TARGETED PLACEMENT

Italian Law 68/1999⁸ has introduced **the "targeted placement" methodology**: people with special needs related to a total or partial physical, mental or sensorial disability⁹ who meet prescribed requirements (for MH users: reduction in working capacity equal to or greater than 45%, assessed by a competent commission for the recognition of civil invalidity) can enrol in

⁸ According to Italian Law 68/1999 – "Regulations for the right to work of people with disabilities" people who have one of these requirements can sign up for specific targeted employment services:

- People of working age suffering from physical, psychic or sensory impairments and intellectually handicapped people with reduction in working capacity equal to or greater than 45%;
- Bearers of a physical or mental disability equal to or greater than 33% due to accident at work;
- Bearers of a sensory disability (deaf-mute - blind);
- People whose ability to work is permanently reduced to less than 1/3 due to illness or physical or mental impairment;
- Bearers of a war invalidity or invalidity due to military service.

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- People whose ability to work is permanently reduced to less than 1/3 due to illness or physical or mental impairment;
- Bearers of a war invalidity or invalidity due to military service.

appropriate lists held at Employment Centres (CPI), which records job skills, abilities, skills and inclinations, as well as the nature and degree of disability on a special form and then analyses the available offers to match the user with a suitable placement.

The process usually follows the following steps:

- i. The person with special needs goes to the CPI with the necessary documentation to apply for targeted placement (TP).
- ii. The registered user is invited to an interview in which their characteristics are assessed and entered in a database.
- iii. The registered user is invited to guidance interviews, managed by the CPI itself or by external counsellors.
- iv. Companies indicate to the TP service the vacancies for internships or jobs they have. The TP service advertises the request to their users with the details of the necessary requirements.
- v. All those registered in the TP service lists may apply for any vacancy. Users have to look for vacancies and submit their candidature autonomously.

The order of the 2 final steps vary depending on the region:

- vi. The TP service checks the eligibility of applications and submits them to the Technical Committee, which evaluates the matching between the required tasks and the person's functional data sheet.
- vii. The TP service proposes to the company a list of persons considered suitable that the company itself will interview and from which it will select the figure they are looking for.

OR

- vi. The TP service proposes to the company a list of names that the company itself will interview and from which it will select the figure they are looking for.
- vii. The company's choice is validated by a Technical Committee, which evaluates the matching between the required tasks and the person's functional data sheet.

The “targeted placement” requires the assessment by a medical-forensic committee which focuses first of all on the diagnosis, assessing the functional impairment of the MH person's psycho-physical and sensory state (based on clinical data and medical documentation) and then on the person's social and working profile (living environment, family situation, education, work experience) in collaboration with technical experts. The process is aimed at identifying the activities and tasks that can be carried out with the "residual work skills".

Placement is made through a ranking whose criteria are: seniority of enrolment; economic condition; family size and kind of special needs; difficulties in moving around the territory; further elements identified by the regions according to territorial needs. For those users having more difficulties integration may be supported through: direct hiring (the employer can hire a specific user from the lists), an internship period for training and guidance, a fixed-term employment contract or a longer probationary period.

The official mission of the competent services is to facilitate and support the meeting between employers and job seekers with special needs and not to "find work for them", so in any case a personal activation of the user and an interest of employers is needed.

Success factors	Risk factors
<ul style="list-style-type: none"> ▪ Specific support to the job seeker according to their special needs ▪ Knowledge of the labour market in the area ▪ Relation between employers and employment centre ▪ Relation between employment centre and social services ▪ Corporate culture of the employers 	<ul style="list-style-type: none"> ▪ Stigmatising ▪ Complex and slow ▪ Unemployment rates in the area/country ▪ Qualifications of the job seekers ▪ Availability of <i>ad hoc</i> work ▪ Autonomy of the user in job seeking ▪ Reliability of the diagnosis

SOCIAL COOPERATIVES

Social cooperatives were created in order to meet the need to entrust the management of services defined as "general interest" (agricultural, industrial, commercial or service activities such as care for the elderly, disabled people, sick people, drug addicts, alcoholics, etc.) to non-

profit private facilities. Their main aim is to provide a public social service, managed with the logic of private organisations and ensuring an acceptable cost-benefit ratio.

In Italy, social cooperatives have become an important reality both in terms of employment and service provision. The reasons for their development are linked not only to the size of the share of social, health and educational services they have been entrusted with by public bodies but also to the fact of being expression of the self-organization of society: citizens, groups, associations usually create social cooperatives to respond to unsatisfied needs or to innovate the provision of social welfare services.

National Law 381/1991 on Social Cooperatives has opened the chance for “disadvantaged people” (for MH issues: people bearing psychic disabilities, former inmates of psychiatric institutions and persons under psychiatric treatment) to become social workers for a cooperative.

Social cooperatives defined as “B-type” are aimed at promoting the employment of "disadvantaged people", whatever the activity they carry out, thus fostering employment. They join the work integration goal with general interests of the community. For this reason, within this type of social cooperatives disadvantaged people are to be at least 30% of members or employees of the cooperative.

Success factors	Risk factors
<ul style="list-style-type: none"> ▪ Cooperation between enterprises and cooperatives ▪ Creation of new professional figures to support disadvantaged workers ▪ Reserved public contracts 	<ul style="list-style-type: none"> ▪ Small number of cooperatives ▪ Excessive protection of the users ▪ Short average life span of a cooperative ▪ Lack of public and private funding ▪ Poorly professionalizing work activities ▪ Competition with enterprises

IPS METHOD

The most innovative practice in Italy is the **Individual Placement Support (IPS) method**, which focuses on users' personal empowerment and taking of responsibilities in searching the job they want and in line with their aspirations.

The IPS is a model developed in the United States of America at the New Hampshire Dartmouth Psychiatric Research Center by Dr. Deborah Becker and Dr. Robert Drake (1993; 1994) and based on support for individual skills. The IPS model is deemed as especially suitable for patients with severe psychiatric disabilities: schizophrenia and other psychotic disorders, bipolar disorders or personality disorders.

The IPS model is based on the following principles:

- The support is integrated with the treatment. Collaboration between the guidance counsellors and the social serviced and health carers to discuss relevant problems and issues connected to work.
- There are no exclusion criteria. Diagnosis is not a reason for exclusion, no training is required, only condition: the user is motivated to get a job.
- The goal is employment in the labour market. Once areas of interest, tasks and aspirations of the person are identified, they autonomously start active job seeking.
- Career goals, type of support and strategies adopted are the client's choices.

Career guidance services adopt a non-assisting approach where they do not mediate anymore with employers. Career services rather support the disadvantaged user in independently and correctly carrying out their search for training/employment.

The process follows the following steps:

- i. The career guidance services direct the user to the IPS service. The client won't be included in other projects aimed at obtaining work or other targeted placement initiatives.
- ii. Building a relationship with the user.

- iii. Do a professional evaluation focusing on: work skills, feasibility of the user's career goals, education and training received, work experience and causes of failures and unemployment, clinical history, constraints.
- iv. Formulation of an individualised intervention plan aimed at reaching the user's goal.
- v. Active job search. Support in CV writing, active job searching and handling interviews can be given.
- vi. Continuous support. Disadvantaged users are supported also in keeping their job and overcoming crisis.

The success of this method relies in employers not being aware of the health issue: being an autonomous search, the prejudice that usually exists towards a person with a MH issue is not triggered in the employer, and users have more chances to be hired. It is the users' decision whether or not to disclose their status. If the career guidance service steps in, employers would refuse to hire or they would propose an internship, fearing the MH issue would cause problems.

Success factors	Risk factors
<ul style="list-style-type: none"> ▪ No stigma ▪ Individual responsibility ▪ Empowerment ▪ Self-determination ▪ Simplicity 	<ul style="list-style-type: none"> ▪ Unemployment rates in the area/country ▪ Requires skills ▪ Requires connection with social and health services ▪ More stressful

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1.4 CAREER SERVICES IN POLAND

BY KAMIL BRZEZIŃSKI & JAKUB OWCZAREK

Introduction

Activity in the labour market for people with mental disorders is important for their functioning. Work has healing value, and having and maintaining employment is one of the main forms of rehabilitation [1]. In Poland, issues related to social and vocational rehabilitation of people with disabilities, including people with mental disorders are largely regulated by the Act on professional and social rehabilitation and employment of people with disabilities of 27 August 1997 [2]. According to the Act, most of the tasks related to social and professional rehabilitation of disabled people were entrusted to Local Government Unit (Local Job Centers, Local Family Assistance Centers, Local Social Welfare Centers and so on) [3]. Among the documents related to support for disabled people, including people with mental disorders, should also be mentioned

- The Act of 19 August 1994 on the protection of mental health [4];
- The Act of 13 June 2003 on social employment [5];
- The Act of 12 March 2004 on social assistance [6].

The forms of support presented below operate based on the above mentioned legal acts. At the same time, it should be noted that in Poland most laws and ordinances apply to all disabled people, including people with mental disorders. No legal acts are referring only to people with mental disorders.

Nevertheless, according to the Act on vocational and social rehabilitation and employment of disabled people [2], disabled people, including people with mental disorders who have a disability certificate, may use labour market instruments and services on the same rules like other people. Moreover, these people can benefit from special training directed at them,

aimed at increasing their employability and acquiring, expanding or changing professional qualifications. The relevant state institutions (The State Fund for Rehabilitation of Disabled People or The Labor Fund) cover the costs of training, internships, intervention works, vocational training and medical examinations. Besides, these persons can take advantage of the loan intended for starting a business, starting an agricultural activity or making a contribution to a social cooperative [3].

Additionally, the Act, although it is not explicitly stated, provides for two types of support. The first of these refers to the process of vocational and social rehabilitation, including gaining vocational qualifications necessary in the labour market. The second one relates to the job maintaining by people with disabilities, including those with mental disorders.

GAINING VOCATIONAL COMPETENCES

Among the mechanisms supporting the acquisition of professional competences, special attention should be paid to so-called occupational therapy workshops (OTW) and club activities [2].

Occupational Therapy Workshops (OTW)

Occupational therapy workshops (OTW) are organizationally and financially separate institutions, organized by non-governmental organizations or local governments [3]. Workshops creating opportunities for social and professional rehabilitation for people with disabilities to acquire or restore skills necessary to take up employment [7]. In other words, the goals of the workshop are:

- active support of the process of vocational and social rehabilitation of the disabled,

- creating opportunities for social and vocational rehabilitation for disabled people (unable to take up work) to acquire or restore skills necessary to take up employment [7].

The implementation of the above objectives is based on the individual rehabilitation program of each participant [2]. What's more, it is also worth noting that the participants do not incur any fees related to participation in the workshops. On the other hand, the costs of creating and operating the workshops are co-financed by The State Fund for Rehabilitation of Disabled People, local government and other sources [3]. According to information on government websites, there were 720 OTW in Poland at the end of 2017, although it should be noted that they are addressed to all people with disabilities – not only to people with mental disorders.

Club Activities (CA)

Club activities mean an organized form of rehabilitation aimed at supporting people with disabilities in maintaining independence in social and vocational life [2]. Club activities are carried out by OTW and are addressed to people who participated in the workshops and left them due to taking up employment or whose application to participate in the workshops has been approved, but have not started therapy yet. The duration of club activities for a person with a disability is at least 5 hours per month. However, the detailed scope and organization of club activities are set by the OTW [8].

Vocational Development Centres (VDC) – indirect form on the way to employment

Vocational development centres operate based on the same act as OTW – the Act on social and vocational rehabilitation and employment of disabled persons [2], [3]. The purpose of VDC is to provide disabled people (including people with mental disorders) with transitional employment [3]. VDC may be created by local government units or by non-governmental organizations whose statutory goal is vocational and social rehabilitation of disabled people

[3]. Government data shows that in Poland in the middle of 2019, 124 factories were employing less than 5.5 thousand disabled people [7].

Both VDC and OTW should be treated as a temporary form of employment that leads to employment for a disabled person on the open labour market [3].

ADDITIONAL FORMS OF SUPPORT

Community Self-help Centre (CSC)

In addition to the above forms of support, there are also so-called Community Self-help Centres¹⁰ [9], [10]. The major task of such centres is to support mentally ill people, people with intellectual disabilities and people with other chronic mental disorders (e.g. people with autism, Alzheimer's disease) in the local environment. The CSC operates at least 5 days a week for 8 hours a day, including classes for participants for at least 6 hours a day. The numerous services catalogue includes, among others: training in functioning in everyday life, psychological counselling as well as forms of support preparing for participation in occupational therapy workshops or taking up employment [9]. Government data shows that at the end of 2015, the number of CSC in Poland was 760, and 28,059 people used their services [9].

Social Integration Centers (SIC)

Social Integration Centers operate based on the Act of 13 June 2003 on social employment. Their task is to provide services for the social and vocational reintegration of the long-term unemployed, homeless, people with disabilities, addicted to alcohol and drugs, people with

¹⁰ These units operate on the basis of other legal acts: The Act of 19 August 1994 on the protection of mental health (Dz.U. 2020 poz. 685); The Act of 12 March 2004 on social assistance (Dz. U. 2004 nr 64 poz. 593); Regulation of the Minister of Labour and Social Policy (the 9th of December 2010) on Community Self-help Centre (Dz. U. Nr 238, poz. 1586)

mental disorders, released from prisons and refugees [5], [11]. These units are created by local governments or non-governmental organizations. They implement vocational and social reintegration by conducting educational programs for people at risk of social exclusion, including acquiring professional skills, retraining or upgrading vocational qualifications, and acquiring other skills necessary for everyday life. At the end of 2018, 186 SICs were active in Poland and nearly 12.1 thousand people, from groups at risk of social exclusion, participated in classes run by the CIS [12].

Social Integration Clubs (SIC)

Social Integration Clubs operate based on the Act of 13 June 2003 on social employment [5]. According to it, SIC may be created by local government or non-governmental organization [13]. Their support is available to long-term unemployed, homeless people, people with disabilities, alcohol and drug addicts, people with mental disorders as well as those released from prisons and refugees [11]. The purpose of the clubs is to help individuals and their families to rebuild and maintain the skills of participating in the life of the local community, in returning to their social roles and in raising vocational qualifications as values on the labour market [10]. The clubs' activity is focused on the social and vocational reintegration of participants. They help to rebuild and maintain the skills of participating in the life of the local community, return to performing roles and raise vocational qualifications [13]. At the end of 2018, about 245 SICs operated in Poland [12].

KEEPING EMPLOYMENT

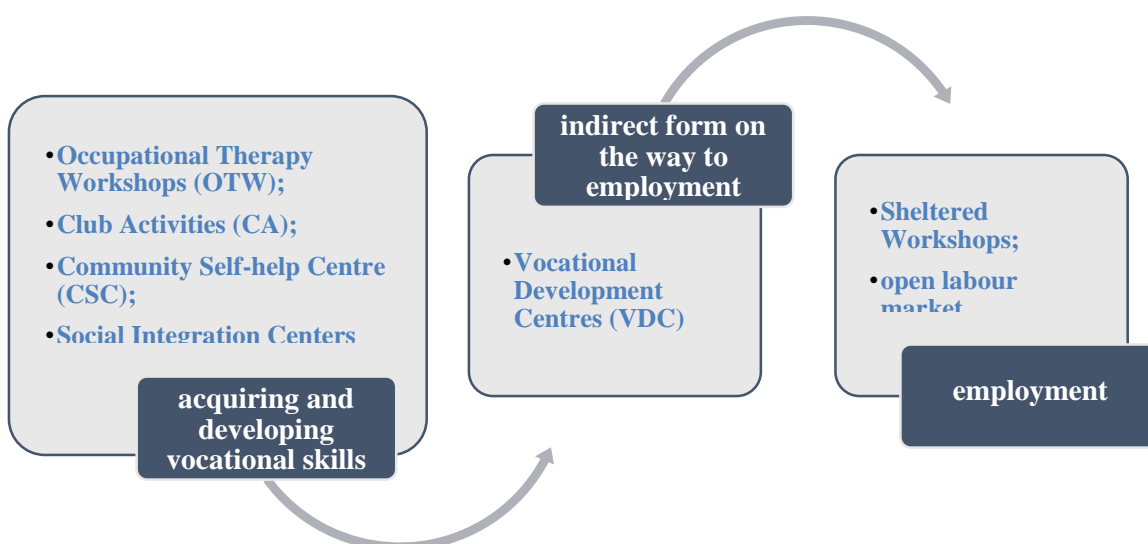
The above-mentioned forms of support for disabled people, including people with mental disorders, related to the development of social and vocational competencies – the purpose of these activities is to prepare people with disabilities to take up employment in the open labour market. However, it is worth noting here that in Poland also entrepreneurs can count on state support when they employ people with disabilities. And so, a company employing people with disabilities can count on co-financing for appropriate adaptation of rooms, purchase of

equipment and software necessary for people with disabilities, as well as co-financing for remuneration for employees [2].

Sheltered Workshops

Sheltered workshops also operate based on the Act on social and vocational rehabilitation and employment of disabled people. This status can be applied by employers who run a business for at least 12 months, employing at least 25 people on a full-time basis, and have an appropriate rate of employed persons with disabilities [2], [3]. Having the status of a sheltered enterprise by an entrepreneur is associated with numerous privileges, including exemption from certain taxes; co-financing for salaries of employees; co-financing for loans taken out; reimbursement of the costs of building or extending plant facilities and premises etc. These privileges are to encourage Polish entrepreneurs to launch and maintain jobs for disabled people, including people with mental disorders. At the end of 2019, there were 867 sheltered workshops in Poland, employing almost 110,000 disabled people [7].

POTENTIAL PATH OF CAREER INTERVENTIONS IN POLAND



EUROPEAN UNION CO-FUNDED PROJECTS

Implementation of EU-funded projects takes place by various types of organizations, both from the public and private sectors. The final beneficiaries of these projects are differentiated, for example individual employees, groups of people, industry sectors, trade unions, state administration units or individual companies.

Particularly vulnerable environments are a separate target group. This applies to people who have difficulty finding a job or getting a promotion, such as the long-term unemployed, etc. It is worth noting that it is estimated that every year over 9 million people from vulnerable groups receive help through participation in projects financed from the European Social Fund [14] – one of the co-financed programmes.

„We will make it together!” project

In Poland, there are many examples of EU projects aimed at professional activation of vulnerable environments, including MH NEET persons. An example would be the "We will make it together!" project implemented by the Pomost Association. The program is aimed at people with mental disorders aged 18-60 and their carers. The goal of the program is to restore the ability to fulfil social and professional roles for people with mental disorders for 36 months. Support is offered both stationary at the registered office of the association and the beneficiary's place of residence. Targeted to mentally ill people and their carers [15].

„Voluntary service as a tool for the active integration of mental diseases” project

This project began in 2012 and its goal was to enable mentally ill people to engage in voluntary service in the process of their rehabilitation. It was organized by the Centerko Regional Voluntary Service Center. The use of voluntary service as a form of activation is an innovative solution that was not previously used in Poland for mentally ill people. Voluntary service is an active form of influence that gradually helps people get used to the reality of work. In addition, it allows healthy people to learn about the problems of sick people - thanks to direct contact with the volunteer [16].

GOOD PRACTICES

„Warsaw House under the Fountain”

In Poland, the so-called clubhouse¹¹ initiative – inspired by the fountain house in New York, has been developed for several years. This initiative is addressed to people experiencing mental health disorders as a fundamental problem. As Bernadetta Szczupał says (2015: 184-185) „The activity of clubhouses is directed at creating favorable conditions for social and financial independence of participants, including obtaining employment on the open labor market. Clubhouses do not provide medical, therapeutic or social services, but teach how to take responsibility by participating in all aspects of its functioning: continuing education or expanding vocational qualifications”. She adds that: "Clubhouses also affect the labour market by making it more accessible to people with mental problems. This is achieved by the formula of "transitional employment", allowing trial periods of work in several places. It also provides for the replacement of a person who cannot work on a given day (e.g. due to the worsening of disease symptoms), which is very important for the employer” [1].

A Polish example of a clubhouse is "Warsaw House under the Fountain” [17], which is run by an association “Zespół Regionalny Koalicji na rzecz Zdrowia Psychicznego” (Regional Mental Health Coalition Team).

As part of the clubhouse activity, the idea of "transitional employment" is implemented. It is implemented as follows:

- Clubhouse tries to establish cooperation with companies and institutions that need a part-time employee.
- Employment of one member of the clubhouse in one place lasts from 6 to 9 months; the workplace is transient, not final.

¹¹ Activities of the so-called clubhouses is coordinated by the organization Clubhouse International – www.clubhouse-intl.org.

- The tasks – specified by the employer – are performed by an employee – a member of the clubhouse, and in emergencies, his duties are taken over by the deputy (reserve person) who is also a member of the clubhouse.
- A member does not have to have a disability certificate.
- The employer does not benefit from the refund of the person's salary costs [17].

Social company - guest house and restaurant "U Pana Cogito"

An important link in the professional activation of people with disabilities can be projects based on the idea of social economy [1]. An example of such an initiative is a social company from Krakow - a guest house and restaurant "U Pana Cogito", which has been functioning since 2003 as the vocational development centres runs by the association: Stowarzyszenia Rodzin „Zdrowie Psychiczne” (Family Associations "Mental Health"). It employs over twenty people who have undergone mental crises. The company operates a hotel and catering business, also serves events and occasional parties [1].

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THE WORK4PSY CONSORTIUM

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The **University of Applied Labour Studies of the Federal Employment Agency (HdBA)** is an important provider of study programs and training for students and practitioners in the field of vocational orientation and counselling. The HdBA regularly participates in projects that focus on young people with special social and health problems, such as programs for vocational training (BEB, Programme für die Berufsausbildung), assisted vocational training (AsA, Assistierte Ausbildung), Advice as innovative prevention of training dropouts (PraeLab, Beratung als innovative Prävention von Ausbildungsabbrüchen), etc.

The **Pan-Hellenic Association for the Psychosocial Rehabilitation & Work Re-integration (PEPSAEE)** has a broad expertise in the field of mental health and especially in the field of career counselling/ work integration of people with mental illness, as it maintains the only Supported Employment Office for people with mental health problems in Greece. The past year more than 150 mental health patients received services from specialized career counsellors and more than 40% of them are now in employment/ traineeship. PEPSAEE has, also, implemented innovative projects concerning this issue, such as "Bridges for Employment", a multilevel project, aiming at work integration of mental health patients.



CESIE is a European Centre for Studies and Initiatives, which focuses on the research of social needs and challenges and the use of innovative learning approaches. In this way, CESIE actively connects research with action through the use of formal and non-formal learning methodologies and has participated in a number of projects relevant to (a) the development of innovative approaches and tools to promote the inclusion of people with both mental and physical disabilities (Projects: MENS; ALdia; CREATE; EQUIL), (b) the development and implementation of training activities to promote employability (Projects: STARTUP; SUCCESS; SCIENT; ARISE; SERCO) and (c) the development of VET programmes (Projects: VIRTUS; CAPE; CREATE; Journeys; Arts).



POMOST is strongly active in the field of rehabilitation of young people with mental health illness from the Lodzkie region in Poland. POMOST's Day Care Centre hosts 26 people. The target of vocational rehabilitation of MH NEETs is also achieved through innovative projects such as "Focus on Job" aiming to build a model of cooperation between people with MH illnesses, job coaches and employers. POMOST is part of an initiative/coalition of non-profit organisations, companies and institutions. The initiative pursues incorporating supported employment as a standard part of rehabilitation in Polish social politics towards people with mental health (and other) disabilities.



Vsl "eMundus" has a broad expertise in the development of various ICT applications. The mission of eMundus is to actively promote the development of the knowledge society by developing and developing services related to educational activities, information technology, innovation and practical applications in education and social activities, ecology, healthy lifestyles and harmonious education in order to ensure quality cooperation and unity between different generations and different groups in society.

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