WORKING PAPER

Integration of disabled persons into the competitive labour market

WHAT INCENTIVES WORK?

Heidi Knipprath & Sofie Cabus

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INTEGRATION OF DISABLED PERSONS INTO THE COMPETITIVE LABOUR MARKET

What incentives work?

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Abstract

We explore 25 literature reviews and experimental studies on interventions that (could) successfully lead to the integration of disabled persons into the competitive labour market. In spite of the wide scope of health conditions and background characteristics of disabled persons, we are able to identify several 'incentive boosters': (1) work modifications and employer support; (2) empowerment of, and interaction between the disabled person, the family (in case of severe disabilities), the employer, and other stakeholders; (3) communication, information and the role of counsellors or intermediaries; and (4) engagement, facilitated by previous positive experiences and stories. Employers, when engaged, depend on case managers, intermediaries, networks and employer representatives, for trusted (informal) sources of information to facilitate disability employment. We conclude with recommendations for case managers, intermediaries and advocacy groups to encourage the take-up of interventions among employers that integrate disabled persons in the competitive labour market.

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Executive summary

There is an increasing recognition that an inclusive, supportive and diverse environment provided by the employer could supplement in empowering both disabled and non-disabled persons at the work-place and ensure organizational success. The right of people with disabilities to decent work, however, is frequently denied. People with disabilities face enormous attitudinal, physical and informational barriers to equal opportunities in the world of work. In spite of increased acknowledgement of the value and need to support employment of people with disabilities, their unemployment rate remains high compared to the general population.

The Go4Diversity ESF transnational project aims to enhance the employment rate of people with working disabilities by means of focusing on the point of view of employers towards hiring people with working disabilities. Increased knowledge and changing attitudes are expected to lead to increased trust and the courage to hire persons with occupational disabilities. In a time of EU greying labour market, and war for talents, the talent pool of disabled persons is grossly underused. Go4Diversity therefore aims to highlight both the economical and the human rights aspect linked to inclusive entrepreneurship.

The Go4Diversity project explores and takes on these challenges in several ways.

First, we examine the legislative framework on integration of disabled persons in the competitive labour market in four countries: Belgium, Bulgaria, Poland and Sweden. Doing so, we apply a human rights framework in reviewing the way countries define disability; which benefit schemes are in place; how equal opportunities in the workplace are advanced; and which active labour market policies support disabled persons in finding and retaining employment. ***Additionally, we explore literature reviews and experimental studies on interventions that successfully increased employment of disabled persons, to identify incentive boosters for employers in the competitive economy to hire or to (re-)integrate a person with a work limitation. This literature review is provided in this working paper.***

Second, we study the factors that hinder or facilitate hiring intentions of Flemish employers towards disabled persons. Results are obtained by questioning employers with, and without a history of hiring disabled employees, so called 'matchmakers' who are trying to ensure jobs for people with disabilities (e.g. jobcoaches, consultants, interim office workers, the informal network of jobseekers, …), and disabled persons.

Third, we develop an effective hands-on tool for matchmakers to support them in taking on an employer's perspective. This training course consists of an online E-course, a printable syllabus, and a collection of infographics on understanding employer needs, how to reach out to employers, and how to engage and keep employers committed to offering employment opportunities for disabled persons. An impact evaluation is performed to validate the effectiveness of the tool.

Additionally, we make an animated short film directly targeting the hiring intentions of employers. This video informs employers about the existing governmental support measures for employers who hire disabled employees, and the possibilities for employers to enable professional matchmakers to assist them in sustaining an inclusive and diverse work environment.

Finally, we build a central website, making all the gathered and newly developed knowledge, tools and other materials easily accessible to employers, matchmakers and employees with and without disabilities.

While the national partnership (Divergent - Ghent University, HIVA-KU Leuven, GRIP, VDAB and VOKA) directly cooperates on the development of these deliverables, a transnational partnership of Poland, Bulgaria and Belgium is set up for expert review, exchange of views, and sharing of good practices.

1 | Introduction

Illness, injuries, chronic health problems and physical, intellectual or mental disorders may considerably hamper the ability to remain in employment and/or to enter the labour market. According to the European Union Labour Force Study Ad Hoc Module of 2011, the employment rate of persons with occupational disabilities[1] in EU-28 is 38 percent. This rate can be compared to an overall employment rate of 68% among persons without occupational disabilities. Similar observations are made for Belgium. The employment rates are equal to 33 percent and 67 percent for people with resp. without occupational disability (Lamberts & Van Peteghem, 2016).

While longstanding health problem and/or difficulties in basic activities (e.g. seeing, hearing, walking, or remembering) considerably decrease the likelihood on (long term) employment, occupational disabilities do not necessarily coincide with birth deficits or impairments. It may also occur suddenly, as a health shock, or in the form of an attrition process over the career, leading to interrupted careers and long-term sick leave. Long-term sick-leave due to worsened health conditions seems to be on the rise in Belgium. Between 2008 and 2017, the number of employees, sick at home between one month and one year, rose by 31.4%. In 2008, a Belgian employee in the private sector was absent for an average of 9.4 days at work, compared to an average of 12.1 days in 2017. These figures can be compared with employees from the Flemish public sector, with an increase in the number of days absent from work from 9.3 in 2008 to 11.9 in 2017. Figures from the Belgian Social Security Benefits System (RIZIV) show too an increase in (long-term) sick-leave among both unemployed and employed persons between 2012 and 2015, but a slight decrease between 2015 and 2016 (RIZIV, 2018). Psychological problems and musculoskeletal disorders are the main causes of sick-leave (RIZIV, 2018). More than a quarter of the persons in sick-leave (28%) reported psychological complaints as a reason (of which 8% mentioned burnout), 36% of them physical complaints (Van Dousselaere, 2018). In addition, low-qualified older women are more likely to enter sick leave, as opposed to high-educated young men (RIZIV, 2018; Van Dousselaere, 2018; cf. Ahlstrom, Hagber & Dellve, 2013).[2]

Long term unemployment put a financial burden on the individual and the society, and can also have a large impact on a person's psychological well-being (de Buck et al., 2002; Lamberts & Van Peteghem, 2016; OECD 2015). This calls for action, among others, from policymakers and stakeholders in job placement and PES. In order to increase the employment rate among disabled persons, several (target group) policies, including financial incentives, job placement tools, training, or employee support programmes have been developed in OECD-countries (Ahlstrom, Hagber & Dellve, 2013; OECD, 2003; 2015; Joseph et al., 2018). These incentives towards disabled persons, and their (potential) employers, can be clustered into three pillars (Figure 1.1).

The first pillar deals with the benefit system, which is particularly designed to financially support a disabled person during a limited, or unlimited period of time, depending on the nature of his/her occupational disability. If a disabled person has an officially recognised occupational disability, and return-to-work is (partially) not possible, as proven by medical records, then this person qualifies for unemployment benefits, sick leave or disability benefits. This first pillar is called *the compensation policy*

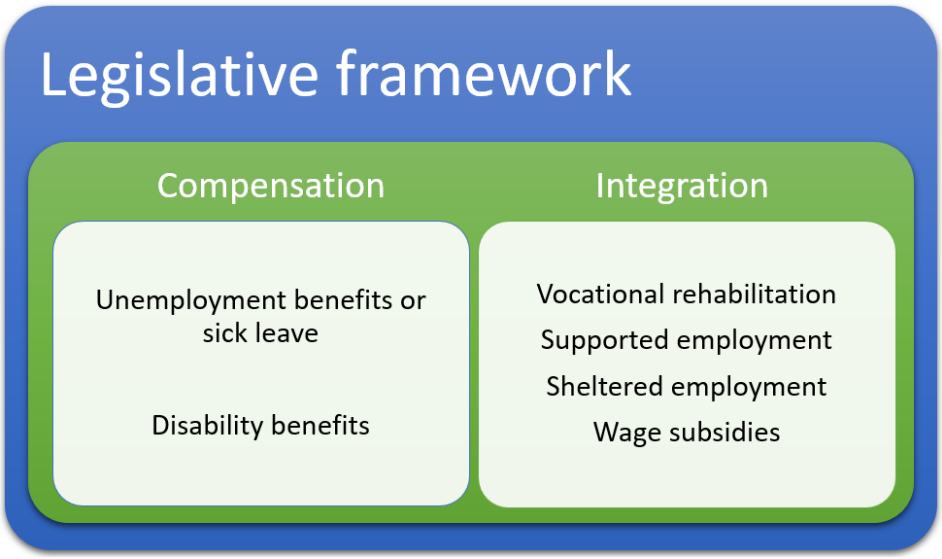
1 Throughout this paper we will use disabled person, person with occupational disability, or work limitations, or client, interchangeably as synonyms.

2 Blue-collar workers are also more likely to enter sick leave than white collar workers.

dimension by the classification scheme of the OECD (OECD, 2013; 2015). The regulation and legislation of benefit systems (e.g. eligibility, amount, and duration of the received benefits) can substantially vary across OECD-countries, or even within countries' regions (OECD, 2013).

The second pillar includes active labour market policies (ALMP) to stimulate integration into the labour market and return-to-work. These policies are designed to facilitate the activation of (unemployed or inactive) persons. ALMP comprise of four blocks: (1) vocational rehabilitation; (2) supported employment; (3) wage subsidies; and (4) sheltered employment (cf. Scharle & Csillag, 2016). This second pillar is called *the integration policy dimension* by the classification scheme of the OECD (OECD, 2013; 2015). Vocational rehabilitation and supported employment operate at the supply side of the labour market. Vocational rehabilitation is defined as helping people with health problems to stay at, or to return to, and remain in, work. It consists of work adjustment measures and case management. Supported employment consists of job coaching and follow-up support (cf. Scharle & Csillag, 2016). Vocational rehabilitation and supported employment can go hand-in-hand. Further, wage subsidies operate at the demand side of the labour market. The main goal of wage subsidies is to compensate the wage costs that employers bear upon hiring a person with a work limitation. It can make employment of a person with a work limitation more attractive, whereas in some (but not in all) cases a disabled person is less productive than a worker without work limitations. In the occasion that a person suffers from a severe (often mental) impairment, then work placement in sheltered employment can be considered as an alternative to competitive employment. As such, employment is organised in public-law entities instead of private (for-profit) firms.

Figure 1.1 Three pillars to support disabled persons



Source From the authors, based on OECD (2013, 2015) and Scharle & Csillag (2016)

The two aforementioned pillars support a disabled person according to his/her readiness for work, and are facilitated by *a legislative framework*, the third pillar (more information for Belgium, region of Flanders, on the third pillar can be retrieved in De Norre & Cabus, 2020). The third pillar consists of the labour market, and its institutions associated with it. Entities (and individuals) on the labour market operate within a legislative framework (or institutions) that may foster or hamper the inclusion of disabled persons in the competitive labour market. Frequently mentioned examples of labour market institutions, are: employment protection legislation and collective bargaining; ALMP; benefits; quota schemes and subsidized employment; anti-discrimination legislation; EU health and safety legislation (European Commission, 2004).

According to the OECD, countries have started to shift their approach in the past 10-15 years away from merely paying benefits to people with work limitations towards helping them stay in or return to work (OECD, 2015). Belgium, compared to other OECD-countries, is currently situated in the middle of the integration policy dimension, and in the middle of the compensation policy. Therefore, OECD categorizes Belgium into the group of countries that apply a corporatist disability policy model. It can be interpreted as an intermediate model, relative to the liberal and social-democratic policy model. The corporatist model covers a large number of countries, mostly in the south, east and west of Europe (e.g. Belgium, Austria, Hungary, Luxembourg, and Poland). Benefits are relatively accessible and generous in these countries when compared to other OECD-countries. Similarly, employment programmes are quite developed, but the focus on vocational rehabilitation and supported employment is not nearly as strong as in countries in the north (the social-democratic policy model; OECD, 2015). However, Belgium, like many other countries, has made a shift over the past years towards a larger emphasis on the integration policy dimension. Therefore, in this paper the focus is put on the integration policy dimension in order to define factors that can facilitate successful (re-)integration and inclusion of disabled persons; from the employer's perspective. Factors and measures within the integration policy dimension are likely more malleable within the given context of legislation than measures within the compensation policy dimension. In this way, we are able to retrieve 'incentive boosters' from the previous literature, or incentives towards employers for hiring disabled persons in the competitive labour market.

This review of the literature on 'incentive boosters' is the headline focus of the remainder of this paper. The overall aim of the literature review is to find incentive boosters for employers to hire or integrate disabled persons in the competitive economy. *How can these employers be stimulated to integrate disabled persons due to health conditions?* In order to answer this question, we explore literature reviews and experimental studies on interventions that successfully (could) increase employment of disabled persons. On the one hand, we search for studies on the effectiveness of interventions dealing with return-to-work of persons who, mostly after a long period of sickness, still have a connection with the employer. On the other hand, we search additionally for literature on incentives that may encourage employers in the competitive labour market to hire persons with a disability. While the former strand of literature on return-to-work is largely written from the employees' perspective (what makes an employee to return to work or retain his job?), the latter strand of literature focusses more on the employers' perspective (what makes an employer willing to hire persons with disabilities?). Although studies on return-to-work do not explicitly apply an employers' perspective, they too can help us to distract incentive boosters for employers, whereas successful integration happens in the inner circle where employers' demands meet employees' needs. Finally, we seek to cover a wide variety of disabilities and target groups in the literature review, including: mental and physical disabilities; intellectual or developmental impairments; employees on sick-leave; unemployed or inactive persons with health conditions; and disabled persons previously working in sheltered employment, in order to distract similarities and controversies with regard to the incentive boosters.

This paper proceeds as follows. Section 2 explains the methodology used for making the literature review. Section 3 presents a framework for, and a discussion on the determinants of successful interventions aiming at the integration of disabled persons into the competitive labour market. Then, a discussion follows in Section 4 on the effectiveness of interventions in this field. We formulate several recommendations for the policy that can be adopted in the rather firm context a country's legislative framework. These recommendations are included in Section 5 conclusion and discussion.

2 | A literature review

2.1 Scope of focus

We conduct a narrative literature review with a focus on measures or interventions within the integration policy dimension, in particular: vocational rehabilitation; supported employment; and other (re-)integration (or inclusion) interventions (Section 1). The benefit system (the compensation policy dimension), the legislative framework and the organisation of the labour market, but also the wage subsidies and sheltered employment[3] (with regard to the integration policy dimension) are not easily altered, among others, by employers or policymakers, in the short-run. Therefore, these aspects fall beyond the scope of our literature review. However, we do acknowledge, as shown as follows, that the legislative framework, the labour market, and its institutions, strongly determine the environment wherein interventions for integration (or inclusion) are offered, and, consequently, can be successful. We briefly discuss a few of these other factors in Section 3.5, and refer to De Norre & Cabus (2020) for further details.

2.2 Inclusion criteria

In line with a narrative literature review, we adhere to the overall aim to present the state of the art literature on measures or interventions within the integration policy dimension. The literature review is comprehensive and critical, but not exhaustive. We have used a large variety of keywords to find relevant studies for our review in different search engines, for example, vocational rehabilitation, supported employment, return-to-work, active labour market policies, sheltered employment, work limitation(s), disability/disabilities, impairment, evidence-based, and employer.

Screening the results for inclusion in this literature review, we have focused on (recent) literature reviews, because they exhaustively summarise the literature mostly in a systematic way. In total 14 reviews were retrieved from the initial search. In addition to that, we have included quasi-experimental evidence and other relevant studies in our own review (11 in total), in particularly retrieved results did not appear in other literature reviews. Quasi-experimental evidence (mostly) allow us to make causal claims on 'what works', and, therefore, are considered of substantial added value for our study.

2.3 Results

Appendix 1 summarises the main results from 25 articles in total. Four studies included various mental health problems, including intellectual disability (16%), ten studies physical health problems (40%), six were mixed (24%) and five studies (20%) did not specify the disabilities. In other words, the majority of studies targeted persons with physical health conditions, including cancer, brain injury, back pain and other musculoskeletal conditions. As opposed to musculoskeletal (physical health) conditions, only few studies identified (the effectiveness of) interventions targeted at disabled people with mental (or psychological health) conditions (Franche et al., 2005; van Oostrom et al., 2003; Waddall et al., 2008).

3 With the exception of studies on the integration of persons into competitive employment, who were previously employed in public-law entities.

As follows, we discuss the articles retrieved from the literature review in two separate sections. The headline focus of Section 3 is to present a theoretical framework on the determinants, or ingredients of interventions (or programmes) that aim at the integration of disabled persons into the competitive labour market. A theoretical framework can make us better understand the factors, barriers or drivers, that may play a role in making interventions effective, without generalisation of the evidence base discussed. Therefore, we label the section as a roadmap to integration of disabled persons, while making reservations that not all interventions include all factors, nor should they consists of all factors in order to be effective.

This latter scope of focus in the literature review is discussed in Section 4 that puts more emphasis on the effectiveness of the interventions aimed at the integration (or inclusion) of disabled persons in the competitive labour market. As will become clear in the following sections, there is far more evidence base in the literature on the determinants of interventions than on its effectiveness. Reasons hereto are twofold: (1) it is rather difficult to measure the impact of a (single determinant) on the employment outcomes of disabled persons. Best-evidence on the effectiveness of interventions can be delivered, however, by conducting randomized controlled trials, but the number of trials is limited. Seven studies explicitly focus on the effectiveness of supported employment and other workplace interventions (Burns et al., 2007; Carroll et al., 2010; Crowther, Bond & Huxley, 2001; de Buck et al., 2002; Khan, Ng & Turner-Stokes, 2009; Twamley et al., 2003; van Oostrom et al., 2009). And (2), only few studies are available in so far that they explicitly address the employers' perspective on effective integration of disabled persons. This is confirmed by the study of Beulah et al. (2018), that focusses on Employee Assistance Programmes (EAP) more broadly – as such, not with a focus on disabled persons. The authors were able to identify 17 studies and report important limitations within the field of EAP. First, 11 (or 65% of the) studies were conducted in the United States of America. Only few studies cover European countries. Second, there is little evidence base with regard to the return-on-investment in EAP, and most studies were compromised by a conflict of interests, as the studies got published by commercial providers. We could only select four papers in this literature review that explore factors that would enable or encourage employers to employ persons with a disability (Gustafson et al., 2013; Lamberts & Jacobs, 2014; van der Torre & Fenger, 2014; Waterhouse et al., 2010).

3 | A roadmap to integration of disabled persons

3.1 Background

In this section, we describe the determinants of interventions (or programmes) that aim at the integration of disabled persons into the competitive labour market. These determinants are in fact the ingredients of which the interventions are composed. Libeson et al. (2018) have performed a qualitative study on return-to-work experiences of persons with traumatic brain injury (TBI), who received comprehensive vocational rehabilitation. They have held interviews with fifteen individuals, of whom twelve had successfully returned to work. Thematic analyses of the transcribed interviews identify three key factors (or determinants, or ingredients) that affect return-to-work: (1) work factors; (2) rehabilitation-related factors; and (3) the characteristics of the disabled person (or client). These three key factors are found (in part) also in other studies on hiring and return-to-work of disabled persons (Stone & Collela, 1996; Beatty et al., 2018). We adopt the thematic map of Libeson et al. (2018), however, also adapt it in Figure 3.1, labelled as a revised theoretic roadmap to integration (or inclusion) of disabled persons into the competitive labour market, in line with the results from the literature review.

3.2 Work factors

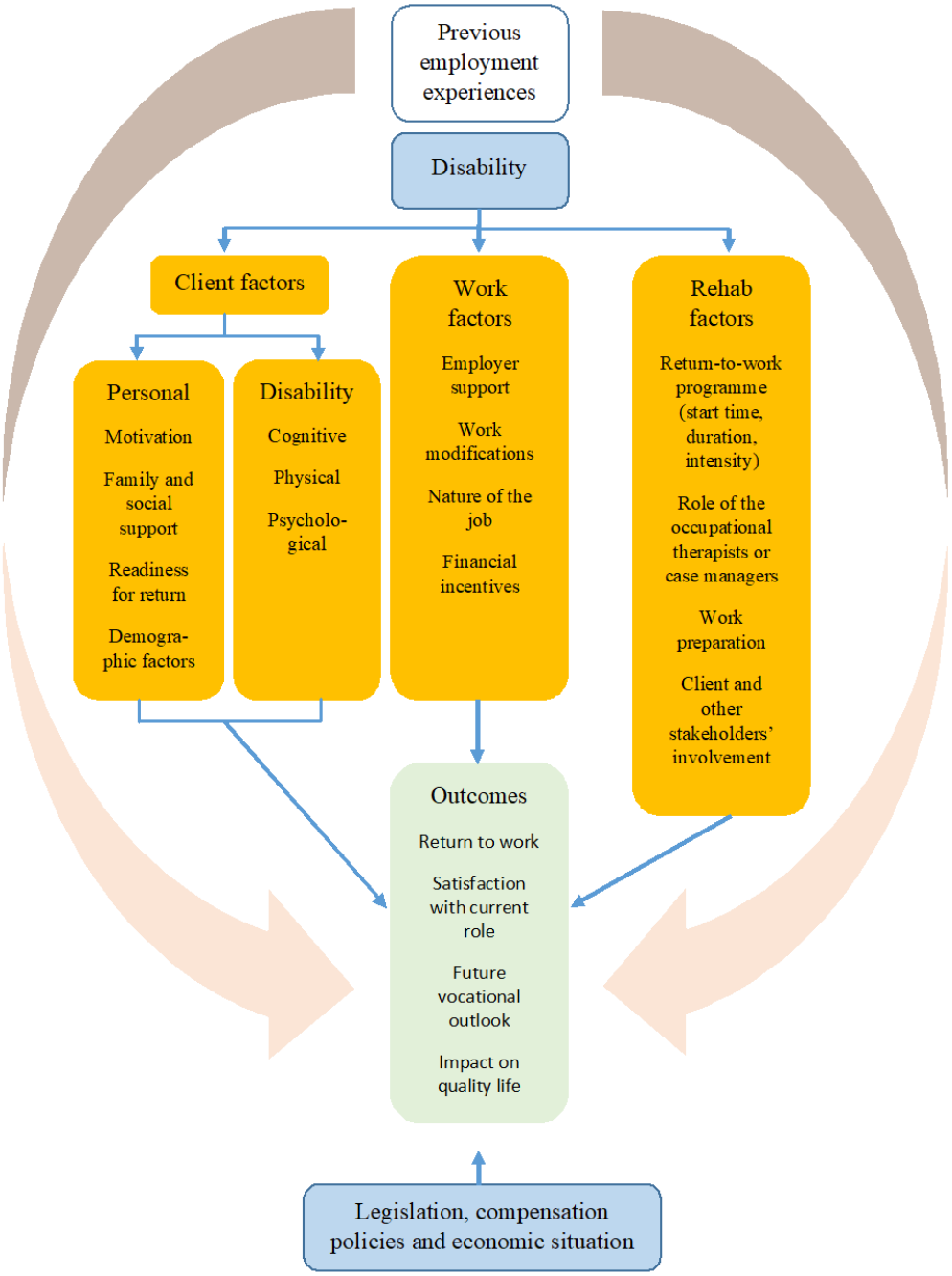
Three different work-related factors stimulate the hiring of disabled persons (Libeson et al., 2018), namely: (1) employer support (flexibility and willingness to make modifications); (2) nature of the job (physically or mentally demanding or not) and work modifications (reduced hours and fewer responsibilities to enable initial return-to-work); and (3) financial incentives (wage subsidies).[4] The importance of work modifications and employer support was also confirmed by literature reviews on musculoskeletal disorders and MS (Crook et al., 2002; Selander et al., 2002; Sweetland et al., 2012), and studies on various other disabilities (Ahlstrom et al., 2013, Heinesen et al., 2017, Vooijs et al., 2015). For example, work modifications are most often mentioned by the interviewees in the study of Libeson et al. (2018), and its important role is confirmed in at least three other studies. Heinesen et al. (2017) observe that pre-cancer job dissatisfaction with regard to job demands, in the sense that physical and mental demands were becoming too hard, and with regard to the superior, are significantly associated with the risk of not returning to work after a health shock such as cancer. They conclude that flexibility at the workplace in terms of adjusting job demands to workers' ability to work may be an important protective factor in reducing exit from the labour market after serious health shocks. Ahlstrom et al. (2013) and Vooijs et al. (2015) also observed that supportive conditions and job satisfaction are important. For example, in Ahlstrom et al. (2013), female workers provided with both workplace rehabilitation (e.g. work training, assessment of work capacity, changes in the work environment) and supportive conditions (e.g. possibilities for development, degree of freedom at work, sense of community) had significantly increased their full-time equivalent at work over time, as compared to female workers having no workplace rehabilitation and no supportive conditions. Therefore, Ahlstrom et al. (2013) have argued that future rehabilitation processes ought to be more

4 Wage subsidies are embedded in the legislative framework of a country, and, therefore, left aside in the discussion. Nonetheless, countries often use wage subsidies in order to subsidize work modifications (Samoy & Waterplas, 2012).

person-centred and focused on patient satisfaction, and should aim at sharing power and responsibility with the individual, in order to enhance the rehabilitation process. Next section on the intervention characteristics confirms this.

However, while modifications, such as reduced hours, and fewer responsibilities, assisted the initial return-to-work process, reported modifications may ultimately lead to lower status roles for the disabled person. This can become a barrier to resume the previous job or for later career advancement (Libeson et al., 2018).

Figure 3.1 A roadmap to integration of disabled persons into the competitive labour market



Source Adopted from Libeson et al. (2018), and adapted in line with the results of our literature review

3.3 Rehabilitation-related factors

In the thematic map of Libeson et al. (2018), rehabilitation-related factors include: (1) the characteristics of the return-to-work programme or intervention (e.g. start time, duration, intensity); (2) the role of the occupational therapist; (3) work preparation (support with getting ready for work); and (4) client involvement in the rehabilitation process.

First, consider the characteristics of the return-to-work programme or intervention. Sweetland et al. (2012) and Selander et al. (2002) emphasize the need for early intervention, responsive and personal (or tailored) services. Early intervention can reduce or remove job-related barriers, before these barriers threaten job satisfaction and job retention. However, persons with MS generally do not wish to take advantage of job-retention schemes – until a crisis develops. Therefore, Sweetland et al. (2012) argue that attention needs to be paid to ensure that retention programmes are on time, but also easy to access, responsive and 'light-touch' to solve potential employment problems. Further, Tjulin et al. (2011) has studied the meaning of early contact in return-to-work of disabled persons. The authors have held 33 interviews with workplace actors (re-entering workers, supervisors, co-workers and human resources managers) at seven worksites. Jurisdictions in various countries (e.g. Sweden, Canada, UK and Australia) appear to emphasise early contact as a strategy and responsibility for employers to facilitate return-to-work. It is argued that early contact between the employer and the sick-listed worker will reduce the negative economic impact of work absence, and maintain the social ties needed for a full return to the workplace. Further, policies promoting early contact arise from the fact that the longer a sick-listed worker is absent from work, the harder it is to re-enter. Therefore, early contact could facilitate an early return-to-work. However, Tjulin et al. (2011) find that early contact in day-to-day return-to-work situations is not always optimal. Early contact is a complex social interaction with several interwoven social issues. Social relational conditions at the workplace can either facilitate or impede early contact among workplace actors, whereas early contact with a sick-listed worker may increase pressure to re-enter, and is not always the best approach for a return-to-work situation (Tjulin et al., 2011).

Second, consider the role of the occupation therapist. The occupational therapist helps the disabled person with getting in (early) contact with the employer in order to discuss, for example, reduced working hours, or strategies to deal with cognitive difficulties and fatigue. Hereby, it is argued that the occupational therapist should know well the job demands before entering discussions with the employer. Ideally, vocational rehabilitation services should have sufficient expertise in helping workers with MS to remain at work (Sweetland et al., 2012). Specialised vocational rehabilitation services should employ both health care professionals, and employment specialists, who have expertise in managing the interaction between the impairments caused by MS, the physical environment and the demands imposed by the work. This is confirmed in the study of Selander et al. (2002), that discusses the need of skilled professionals and multidisciplinary treatment in an early intervention with a client-focused involvement. Musculoskeletal problems are complex and require multidisciplinary treatment which appears to be more effective for return-to-work than single-mode treatment (cf. Waddell et al., 2008).

Third, we discuss work preparation. In their review on return to work of persons with low back pain, Williams et al. (2007) highlight both the importance of ergonomic solutions in the work environment (work organization, equipment design) and the importance of a full intervention. The full intervention combines clinical intervention (fitness development, alternating days with increased tasks and days of functional therapy) with occupational intervention (an ergonomic and a work-site evaluation to determine the needs for job modifications). Waddell et al. (2008) too emphasize that vocational rehabilitation is not a matter of healthcare alone. The authors conducted an extensive review of the literature, including 450 scientific papers and reports, on musculoskeletal disorders, mental health conditions and cardio-respiratory conditions. They conclude that interventions, aiming at vocational rehabilitation, commonly require a combination of healthcare and workplace interven-

tions and should be individualised to meet the needs of the person and their health problem. Integration is a process of active change that depends on the participation, motivation and effort of the individual, supported by the workplace and healthcare. It requires in other words 'all players onside' - the individual, the workplace and health professional(s) - working together to a common goal. However, there is a wide spectrum of vocational rehabilitation approaches that vary by type and intensity. Many people with common health problems do not need specialised, multidisciplinary rehabilitation services. They require a much simpler level of help to stay at, return to, and remain in work, which can be delivered in primary healthcare and the workplace by following a few basic principles (Waddell et al., 2008).

Furthermore, training has been emphasized by Sweetland et al. (2012) to ensure job retention among workers with MS. Interventions that focus on self-confidence and self-efficacy with regard to work-related problems appear to be effective. This self-confidence and skills in self-efficacy can be developed to enable people with MS to cope with discrimination, to solve problems systematically, request accommodations in an effective manner, negotiate solutions and communicate effectively in the workplace (Sweetland et al., 2012). Likewise, Vilà et al. (2007) emphasized that training of skills, directly related to the performance of the work role, both prior to and during the work integration process, is effective among young persons with (intellectual) disabilities. The pace and intensity of support must not be conditioned by the worker's disability type, but by the individual needs of the disabled person, and by the particular demands of the job. Moreover, Carter et al. (2018) argue for the use of monitoring during the integration process by a trainer and (personal) job coach. Then again, Durand et al. (2014) has reviewed and analysed 17 documents (including the review of Waddell et al., 2018) to identify a six-step process for persons with musculoskeletal or common mental disorders.[5] This six-step process is based on a worker support approach. The worker support approach implies that organizations draft a health and job retention policy and that resources are made available in the workplace (i.e. economic, social and organisational recognition, support offered in difficult situations, and a degree of control for the worker over his tasks). To ensure successful adoption of this worker support approach by the entire organization, it is recommended that the management, and other stakeholders, are passed on the values of this approach. For example, the health and job retention policy could be developed in close collaboration with all stakeholders involved in the work-absence management. This may then ensure that the different viewpoints are taken into account, and that each group can identify with the new approach adopted by the organization (Durand et al., 2014).

Fourth, consider the client involvement. It is argued that disabled persons, who are able to influence their own rehabilitation, are more likely to return to work (Selander et al., 2002). Therefore, client involvement is important (cf. Ahlstrom et al., 2013; Franche et al., 2005; Libeson et al., 2018). According to Selander et al. (2002), some studies indicate that the individual in today's vocational rehabilitation is too often perceived as an object rather than a person, and tends to be tossed around between the different actors involved. To prevent this, the disabled person or client may be allotted a vocational rehabilitation counsellor, on whom he can trust to help and guide him or her through the system (Selander et al., 2002). Vocational rehabilitation counsellors' role is complex and skill-demanding, however. Ideally, a counsellor requires knowledge of medical and psychological aspects of the work limitation, legal and sociological influences in rehabilitation, and principles of human behaviour. Furthermore, Franche et al. (2005) discuss the need of empowerment of not only the injured worker, but also of the supervisor and case manager. Supervisors must have a vested interest in improving employment outcomes. This can be achieved by increasing the accountability of the supervisor's department for disability costs and by including disability management practices in the performance evaluations of supervisors. Supervisors must also be supported by senior management in their efforts to promote the well-being and safety of workers, even when this impacts production

5 The six-step process includes six steps: (1) time off and start of the recovery period: (2) initial contact with the worker; (3) evaluation of the worker and his job tasks; (4) development of a return-to-work plan with accommodations; (5) work resumption; and (6) follow-up of the return to work.

schedules. Supervisors must have the first aid skills necessary to judge the seriousness of workers' health complaints, and have the skills to make appropriate workplace accommodations based on ergonomic principles and recommendations of healthcare providers. Case managers, then again, must have sufficient authority to recommend work restrictions and accommodations in consultation with care providers. Case managers must have sufficient time and resources to view the physical work environment, engage the worker and supervisor in collaborative problem-solving, and facilitate individualized accommodations (Franche et al., 2005).

Finally, Vilà et al. (2007) stress the importance of including the family of the disabled person in the work integration process. Family should be provided information on the development of the work integration process, as well as on the possibilities and limitations of people with (intellectual) disabilities. In addition, there is a need to set-up channels of joint cooperation between the family, the service agency, and professionals, in order to offer support to parents. For example, they can help them have realistic expectations about the possibilities for social and work integration of their son or daughter. The findings of Vilà et al. (2007) confirm the need of different stakeholders in vocational rehabilitation that encourage disabled persons to employment. Franche et al. (2005) discuss in more detail the role of these different stakeholders, and how to optimize their role in workplace-based return-to-work interventions in case of musculoskeletal disorders. Stakeholders include, for example, workers and their families, labour representatives, supervisors and corporate managers, healthcare providers, and insurers. Franche et al. (2005) shows that these stakeholders have different interests or goals, and that frictions between these goals are inevitable. For example, employers may fear that taking too much responsibility for directing their employee's return-to-work could interfere with medical treatment, jeopardize their employee's health, or lead to legal problems. Healthcare providers may, in turn, feel that individualized return-to-work planning is beyond the scope of their services, is not adequately compensated, or damages patient rapport. Further, cost containment strategy of insurers may be at odds with the paradigms of other healthcare providers, workers, and union leaders. Although, it is possible to encourage stakeholders to tolerate paradigm dissonance while engaging in collaborative problem solving to meet common goals, involvement of all stakeholders is not a necessary condition for optimal employment outcomes. Instead, modulating the level of involvement of stakeholders, taking into account the phase of the occupational disability, may lead to a reduction in conflicted interests and, as such, in improved employment outcomes (Franche et al., 2005).

3.4 Client characteristics

Although characteristics of disabled persons, or so-called client characteristics, are not readily malleable, as seen from the employer's perspective, it is still relevant to observe what characteristics may encourage or hamper employment. Libeson et al. (2018) divide client factors into two sub-factors: (1) personal factors (family and social support, motivation and readiness to return to work); and (2) disability-related factors (cognitive, mood and physical conditions). Motivation, family and social support are positively related to the likelihood of entering (or returning to) employment. On the contrary, disability-related factors were mentioned as barriers to return. Difficulties with concentration, decision making, executive function, processing speed and multitasking, but also fatigue, appeared to have an impact on employment. This highlights the need again to have work modifications and employer support as discussed in Section 3.2.

Other reviews too mention client or personal factors. Selander et al. (2002), for example, concluded that, as a rule of thumb, the worser the patient is, the fewer the likelihood of return to work. Clients with great pain, severe disability, complex medical history and limited activities of daily living return to work more seldom than others after vocational rehabilitation (Selander et al., 2002). Psychological and social factors that influence one's chances to return to work are internal locus of control, self-confidence, motivation and satisfaction with the vocational rehabilitation programme. The role of medical and psychological factors is confirmed by Crook et al. (2002). People, who find it easy to

change occupations, are more likely to return to work. Disabled persons with high quality of life, and who perceive their health as fairly good, are also more likely to have better labour market perspectives (Selander et al., 2002). Selander et al. (2002) also observed the impact of demographic factors. Disabled persons are more likely to return to work when they are younger, man, married, native, and highly educated. The role of gender is also discussed in Ahlstrom, Hagber & Dellve (2013). The nature of the job matters too. To conclude, disabled persons who (re)enter a steady job with high income are more likely employed in the long run.

3.5 Other factors

We already argued that the legislative framework, the benefit system, and the organisation of sheltered employment, are not easily altered in the short run. These factors fall beyond the scope of this paper, and, therefore, were not included in Figure 3.1. However, our literature review includes two studies that discuss several of those particular factors. We discuss these factors as follows.

Selander et al. (2002) mention the impact of the benefit system, legislation and the economic situation on the successfulness of rehabilitation programmes. For example, in times of economic downturn, in combination with relatively strict dismissal laws, employers less likely invest in vocational rehabilitation. For example, in times of economic downturn, in combination with relatively strict dismissal laws, employers less likely invest in vocational rehabilitation. Rehabilitation then becomes a responsibility of the community rather than that of employers while both have important roles to play. Furthermore, Selander et al. (2002) argue that interest in vocational rehabilitation would probably increase if the economic and/or financial incentives were greater. For the disabled person, too, the economic or financial incentives of going back to work can be rather small. And for other stakeholders involved in the rehabilitation process, incentives are also unclear.

Vilà et al. (2007) argues that integration (or inclusion) of disabled persons into the competitive labour market will be limited when legislation favours placement into the sheltered employment. The authors study the situation in Spain, and find that the government subsidises employment in sheltered employment more than companies in the competitive labour market. This fact does not favour the work integration of disabled persons in competitive employment.

The economic and legislative situation on the regional or national labour market indeed plays a role in effective integration of disabled persons into the competitive labour market. For example, if local unemployment rates are high, then rehabilitation outcomes may be limited due to lack of jobs. When people with no health problems have difficulties finding a job, those with disabilities find it even harder (Selander et al., 2002).

4 | The effectiveness of interventions

4.1 Background

While Section 3 discussed the determinants of interventions aimed at the integration (or inclusion) of disabled persons in the competitive labour market, the focus of this section is on the effectiveness of these interventions. We have selected seven studies that focus on the effectiveness of supported employment and other workplace interventions (Burns et al., 2007; Carroll et al., 2010; Crowther, Bond & Huxley, 2001; de Buck et al., 2002; Khan, Ng & Turner-Stokes, 2009; Twamley et al., 2003; van Oostrom et al., 2009). Three studies cover only physical conditions, three only mental illnesses, and one study combined both mental and physical health conditions.

4.2 Return-to-work interventions

Carroll et al. (2010) and van Oostrom et al. (2009) have reviewed studies on the effectiveness of workplace interventions for musculoskeletal (physical) disorders. Carroll et al. (2010) define workplace interventions as interventions that take place, in full, or in part, at the workplace of the employee. The intervention involves direct contact with the employer or a representative. In other words, Carroll et al. (2010) defined workplace interventions quite broadly, varying from usual care (visiting own GP) to complete vocational rehabilitation programmes. The authors conclude that interventions, involving active and structured consultation between the employee, the employer and the occupational health practitioners, and agreements regarding subsequent, appropriate work modifications, are more effective to help people with low back pain to return-to-work, than interventions that do not possess such components.

Van Oostrom et al. (2009) define workplace interventions more narrowly as interventions that aim at preventing work disability by means of job accommodation or involvement of at least the worker and the employer, as key stakeholders, in the return-to- work process. Job accommodation include changes in the workplace or equipment (which was found in all studies), work design and organization (found in five out of six studies), working conditions or work environment (which appeared to have been applied less often). Active involvement was defined as face-to-face conversations about return-to-work between (at least) the worker and the employer (in all studies). The workplace interventions were compared to usual care or clinical interventions. Van Oostrom et al. (2009) conclude that there is moderate-quality evidence to support the use of workplace interventions instead of usual care in order to reduce sickness absence among workers with musculoskeletal disorders. The authors also have included studies on mental disorders in their review, but no conclusions could be drawn regarding interventions for people with mental health problems or other health conditions, such as cancer, due to a lack of studies (van Oostrom et al., 2009). Interestingly, the authors also observe a discrepancy between work-related outcomes and health outcomes. Return-to-work seems to be influenced by workers' ability to function and to adapt to the pain and symptoms, and does not necessarily imply a complete disappearance of pain and other symptoms (van Oostrom et al., 2009).

De Buck et al. (2002) and Khan et al. (2009) have performed a systematic literature review on the effectiveness of vocational rehabilitation programmes for persons with chronic rheumatic diseases and multiple sclerosis (MS), respectively. Both reviews provided little information about the characteristics of the vocational rehabilitation programmes, and little evidence of the effectiveness of the programmes. De Buck et al. (2002) define vocational rehabilitation programmes as programmes that

are executed by one or more health professionals, including rehabilitation counsellors. Five of six studies in the review of De Buck et al. (2002) consist of multidisciplinary interventions, from which a positive effect on return-to-work was observed. However, these studies were marked by methodological shortcomings. Khan et al. (2009) define vocational rehabilitation programmes as programmes including structured multi-disciplinary or multi-agency interventions to preserve employment, such as clinic or community based counselling, planning for disclosure and accommodation, and work place accommodation. The authors could only retrieve two studies that applied to various (methodological) criteria: one controlled trial on job-retention and one controlled trial on re-entry. They conclude that both studies did not provide sufficient evidence for the effectiveness of the programmes for persons with MS, but also noticed the specificity of the context. One of the studies shows, for example, that supporting the individual to continue to work against all odds may be to the detriment of other important aspects with regard to the quality of life, such as family relationships and leisure. In this way, supported withdrawal from work at the appropriate time may be just as important as job retention (Khan et al., 2009).

The three studies on mental illnesses either review or perform randomized controlled trials to compare supported employment, in particular individual placement and support, to other vocational services or interventions. The authors make a distinction between traditional rehabilitation and supported employment programmes. Traditional rehabilitation is referred to as the 'train then place approach' (Burns et al., 2007; Tawmley et al., 2003), whereby persons with disabilities are offered training classes (to teach, for example, work skills and job search skills), trial employment or volunteer placements to prepare themselves before transferring to competitive work. This approach is considered by Tawmley et al. (2003) as less desirable. Many patients appear to obtain employment only in sheltered workshops, whereas sheltered workshops are being criticized to isolate patients and fail to teach skills that are comparable to those needed in competitive employment (Burns et al., 2007; Twamley et al., 2003). Supported employment programmes, on the contrary, place clients in competitive jobs without extended preparation, and provides on-the-job support from trained job coaches or employment specialists (Crowther et al., 2001). This is called the 'place and then train' approach (Burns et al., 2007; Twamley et al., 2003).

Individual placement and support programmes are supported employment programmes, integrated within mental health settings so that participants have access to psychiatrists, psychologists, social workers, vocational specialists and other care providers. Co-workers and supervisors collaborate with the treatment team to provide optimal support for the employee (Twamley et al., 2003; Burns et al., 2007). Twamley et al. (2003) and Crowther et al. (2001) conclude on the basis of their review studies that persons in supported employment were more likely to enter competitive employment. Further, disabled persons earned more, and worked more hours per month, than those who received traditional vocational rehabilitation. Both reviews of Twamley et al. (2003) and Crowther et al. (2001) partly overlap in terms of the studies being reviewed, which explains their corresponding findings. However, the positive effect of supported employment, in particular individual placement and support, has additionally be confirmed by Burns et al. (2007), who performed a randomized controlled trial in six European countries.

From the abovementioned studies we learn that supported employment with a focus on a quick return to work, implying face-to-face contact with the employer and other stakeholders, and job accommodations, appear to be more effective than interventions focused on prior training (in case of mental disorders) or only on usual care by a physician (musculoskeletal disorders). However, as compared to Section 3, the studies included in this section do not provide abundant information about the successful factors of the interventions to encourage return-to-work.

4.3 Incentives to hire disabled persons

Four papers explore factors that would enable or encourage employers to employ disabled persons (Gustafson et al., 2013; Lamberts & Jacobs, 2014; van der Torre & Fenger, 2014; Waterhouse et al., 2010). Waterhouse et al. (2010) has interviewed 40 employers. Interestingly, they find that most employers would like to do more on employment of disabled persons. Employers tend to define the problem, not so much in terms of the perceived disabilities of individuals seeking employment, but rather in terms of their own insecurities in relation to disability and disability employment. According to Waterhouse et al. (2010), confidence in disability employment can be acquired when employers know how to make adjustments to the workplace to retain employees who have disability. Further, employers wish to know how to make changes to the recruitment processes to allow skilled and talented job seekers with disabilities to compete on a level playing field. However, employers are not looking for a formal training on how to hire disabled persons. They are looking for assistance in building their capacity to support the productive employment of disabled persons. Therefore, the role of trusted brokers or intermediaries is very important. Not only employers, but managers, supervisors, and staff, too, need to learn about disabilities in an informal manner through trusted sources of information which could be easily accessed. The adage, I need to know 'just-enough, just-in-time, just-for-me' appears to be pertinent (Waterhouse et al., 2010).

Effective networks, contacts and community connections help to build the confidence and capability needed by employers. There are specialised support agencies and programs available to help employers in this, however, employers not always find their way to these providers. Small-to-medium-sized enterprises in particular appear to be less likely to be effectively connected to such support services (Waterhouse et al., 2010). Small-to-medium-sized enterprises can also learn from larger, more experienced corporate and public enterprises that can facilitate change and the spread of learning and best practice. The authors recommend that traditional advocacy groups working with disabled persons on the supply side of the labour market - if not already doing so - could expand their focus of attention to address the employers' demand side issues. Such advocacy groups have ready access to the knowledge and experience which employers need. Finally, work experience among disabled persons is much appreciated by employers. Employers perceive the previous employer or provider of work experience as a potentially reliable source of information regarding the applicant (Waterhouse et al., 2010).

The study of Gustafson et al. (2013) summarizes 20 interviews with employers, who have experiences with subsidized employment of disabled persons (in the system of wage subsidies). These interviews give additional insights into what it takes to hire disabled persons. Employment of disabled persons is (originally) seen, by the respondents, as something unusual or somewhat different from the employment of people without these disabilities. If the employment of a disabled person goes well, however, the employer respondents are happy to consider employing more of them. In addition, having the opportunity to see the potential employee in action before making the hiring decision, has a positive effect on the employers' attitude toward hiring disabled persons. Interestingly, Gustafson et al. (2013) argue that in this way it may be easier for a disabled person to obtain employment in smaller companies, where the employer often has control over hiring decisions (Gustafson et al., 2013). Further, the authors argue that wage subsidies can help increase the likelihood of hiring a disabled person, but it also carries some risks. The wage subsidy given to an employer is meant to compensate for reduced productivity stemming from the disability and to facilitate accommodations in the work environment. However, the wage subsidy system may, as a side-effect, confirm a pessimistic view that employees in subsidized employment are 'second class employees'. The signal of the wage subsidy is after all associated with a lower productivity. To be seen as a 'second class employee' can have, in turn, serious consequences for the individual, not only for the hiring, but also for promotions within the firm. To invest more in a better employer-employee job match, may eventually decrease the necessity of subsidies (Gustafson et al, 2013).

Lamberts and Jacobs (2014) have performed a case study in ten organizations in the competitive economy that actively promote the hiring of vulnerable groups (including disabled persons), who came from or are eligible for sheltered employment. Both employers and employees were interviewed. Lamberts and Jacobs (2014) define what factors may facilitate the hiring of persons from vulnerable groups. These factors are similar to the findings of Waterhouse et al. (2002): (1) engagement and open culture within the organization; (2) the advantage of internships to get to know the future employee and to facilitate a proper job match; (3) (continuous) support from the former employer (sheltered employment); (4) tailor-made support of the employee with disability and appropriate accommodations which are not at the expense of other colleagues and the whole work environment; (5) limited, but efficient communication towards colleagues to avoid labels and stereotypes (collaborating with vulnerable groups can lead to spontaneous increase of understanding of diversity aspects); and (6) importance of positive experiences and success stories. Lamberts and Jacobs (2014) conclude that engagement and attitude were more important in explaining the employment of vulnerable groups than economic and financial factors, although incentives and the presence of (low-skilled) hard-to-fill vacancies can act as a lever to the employment of vulnerable groups. Therefore, Lamberts and Jacobs (2014) recommend to target organizations that experience hard-to-fill vacancies with information and awareness campaigns, to increase training opportunities for vulnerable groups towards hard-to-fill jobs, and to share success stories among sectors and organizations. In addition, legal entities that provide sheltered employment and enterprises in the competitive economy do not always find each other. This requests more cooperation between legal entities and enterprises, which could potentially be facilitated by the government. For example, the provision of internships in the competitive economy towards employees of sheltered employment may decrease the knowledge gap between the two economies. It is also a guarantee to be able to return back to sheltered employment upon necessity, for example, when competitive employment is too difficult (Lamberts & Jacobs, 2014).

However, sheltered employment has increasingly been considered as less desirable (supra). Sheltered employment offers a safe and protective environment, but is also a barrier due to this safe environment for disabled people to accept a competitive job. Sheltered work has also being increasingly considered an expensive solution for the inclusion of disabled people. Criticism on sheltered employment, and the scarcity of labour in some sectors of the workforce, led to innovative practices in the Netherlands (van der Torre & Fenger, 2014). According to van der Torre and Fenger (2014) Dutch sheltered work (sw) companies offer now five job types to disabled persons: (1) sheltered work at the sheltered work company; (2) working on location in supervised groups outside the sw-company in occupational areas such as gardening or cleaning; (3) group secondment at a regular company; (4) individual secondment at a regular company with more independency but continuous access to a consultant from the sw-company; and (5) supported employment when disabled people commence employment with a regular employer, with employers receiving 'wage cost subsidies'. All of these job types are steps in a career path with sheltered employment as the lowest step, and supported employment as the highest, ultimate step. These initiatives appeared to have resulted in an increase of non-sheltered jobs for disabled people in the Netherlands. Therefore, the authors argued that the simple 'sheltered/non-sheltered' dichotomy does not do justice to the gradual evolution of labour participation among disabled persons and that the role of sheltered work places as a first step to the inclusion of disabled people should not be underestimated.

To convince employers in the competitive labour market to provide employment to disabled persons, van der Torre and Fenger (2014) give an overview of recommendations. A first step in generating more jobs with regular employers is to get known by them. Sw-companies need to raise awareness amongst regular employers before they can start to 'sell' their services. Employers' networks offer opportunities to gain contact with employers and for sw-companies to get known by them. In addition, external communication tools should be utilized to increase the visibility of an organization,

such as articles in employers' magazines about the sw-company, a comprehensive marketing campaign directed at employers, and business lunch meetings. Besides becoming known by employers, it is also important to convince employers to do business with the sw-company (Torre and Fenger, 2014). Incentives to make employers 'tempted' to hire disabled people as their employees, are: (1) the employer approach, i.e. work-demand driven, gain real insight into the wishes and demands of employers and try to meet these wishes and demands; (2) facilitate employers to hire disabled people by unburdening the employer (administration such as grant applications, personal guidance and guidance in social return requirements); and (3) take away hesitations by setting up pilot projects to give employers the opportunity to experience working with disabled people, by providing references and success stories, summing up the advantages of hiring disabled people and using promotional tools that 'give disabled people a face' (e.g. CV or photograph).

The recommendations of van der Torre and Fenger (2014) are in line with the findings of the other three studies on the employers' perspective discussed above (Gustafson et al., 2013; Lamberts & Jacobs, 2014; Waterhouse et al., 2010), namely: (1) providing positive experiences and stories; (2) building networks and making information and practices visible; (3) providing demand-driven support to employers (e.g. access to grants and benefits); and (4) emphasizing the benefits of disability employment. As such, these recommendations can be applicable for other vocational rehabilitation services, case managers and other advocacy groups to convince employers in the regular labour market to hire disabled persons, on the condition that sufficient resources are available.

5 | Conclusion and discussion

In spite of the wide scope of health conditions and background characteristics of the disabled persons, we could identify commonalities across the literature with regard to 'what works' (incentive boosters) to hire or integrate a disabled person: (1) work modifications and support for employers to make these modifications (combined with health care); (2) empowerment of and interaction between the (future) employee, and his family in case of severe disabilities, the employer and other stakeholders (e.g. supervisors, colleagues, union representatives, sheltered employment services); (3) early communication, information and the role of counsellors or intermediaries; and (4) engagement, facilitated by previous positive experiences and stories.

Modifications in work organization or work environment can be very meaningful for persons with disabilities to facilitate their return to work. These modifications do not need to be far-reaching – they depend on the disability and the situation, but should not be too much at the expenses of colleagues. Work modifications are more likely successful and easier to implement, when: (1) there is employer support; (2) flexibility already exists in the work environment; (3) a return-to-work plan is available, including a monitoring process or a plan to hire persons with work limitations; (4) and/or financial incentives can be given to the employer. Intermediaries and case managers can help employers by providing access to those incentives, and by giving advice about the modifications that need to be made. Work modifications are preferably combined with health care. For example, providing only physical exercises, in case of musculoskeletal disorders, or implementing only work modifications alone, will not be sufficient. Both need to be combined.

If, combining healthcare and workplace modifications, is necessary, many stakeholders are involved, for example, the disabled person, the physician, a rehabilitation counsellor, and the employer. Communication and interaction between these stakeholders, taking into account each other's paradigm, will facilitate the integration process. Moreover, empowerment of the different stakeholders, in particular, the disabled person, the employer, supervisors and case manager, is likely even more important. Disabled persons need to be involved in their own return-to-work process, taking into account his or her abilities. Besides client involvement or empowerment, it is important to empower the supervisor. Supervisors must have a vested interest in improving employment outcomes, which can be facilitated by the development of a return-to-work plan together with the other stakeholders, e.g. to ensure that the different viewpoints are taken into account. They can be supported by senior management in their efforts to promote the well-being and safety of workers. In addition, case managers must have sufficient time and resources to view the physical work environment, engage the worker and supervisor in collaborative problem-solving, and facilitate individualized accommodations. However, it is equally important that case managers, advocacy groups and intermediaries adopt an employer support approach and work demand driven. They should gain real insight into the wishes and demands of employers, try to meet these wishes and facilitate employers to hire disabled people by unburdening the employer (administration such as grant applications, personal guidance and guidance in social return requirements).

Case managers, occupational therapists, return-to-work coordinators or intermediaries have thus a complex, but important role to play. They require knowledge of medical and psychological aspects of the disability, legal and sociological influences in rehabilitation, and principles of human behaviour. Case managers, counsellors, and alike, need to be a trusted and neutral party to both the disabled persons - who can turn to them for all their questions and requests for negotiations with their (future)

employer - and (future) employers and supervisors - who are dependent on counsellors for adequate information and support to implement disability employment and return-to-work policies. In addition, (early and regular) communication between different stakeholders can facilitate (early) return-to-work interventions, although, when persons end up in sick-leave, (early) contact with the disabled person needs to respect the (initial) recovery period and the attending physician's recommendations. Moreover, the impact of (early) contact on employment outcomes is not necessarily always positive.

Figure 5.1 **Recommendations for case managers, intermediaries and advocacy groups to encourage the take-up of interventions among employers that integrate disabled persons in the competitive labour market**

1. Employer empowerment

1a. Listen to the demands and needs of employers

1b. Build networks between companies, intermediaries and advocacy groups

1c. Provide tailor-made information for employers (e.g. work modifications)

1d. Spread success stories and inform about the benefits of disability employment

1e. Encourage employers to provide internships

1d. Unburden employers (e.g. administration for financial incentives)

1e. Help the employers with developing a return-to-work plan based on a worker support approach

2. Supervisor and other stakeholders empowerment

2a. Encourage employers the involvement of supervisor and senior management in sick leave and disability management

2b. Involve and empower other stakeholders when relevant (e.g. family, union representatives)

3. Client (or disabled person) empowerment

3a. Encourage employers to apply a worker support approach/client involvement

4. Case manager, counsellor or intermediaries empowerment

Source From the authors

Employers, when engaged, depend on case managers and intermediaries for trusted (informal) sources of information to facilitate disability employment. Engagement appears to be a necessary condition for work modifications and the employment of disabled persons, but can also be positively affected by previous positive experiences, for example, owing to pilot projects, internships, and success stories. Employers can also be provided information about the benefits of disability employment to encourage confidence and engagement. Case managers, counsellors, or intermediaries, and employer networks or representatives, can help to spread trusted sources of information and success stories.

To conclude, within the given context of labour market institutions and legislative frameworks, our aforementioned recommendations can encourage the integration of disabled persons. These recommendations can be adopted by vocational rehabilitation services, public employment services, case managers, counsellors, and advocacy groups, in order to convince employers in the competitive economy to hire disabled persons. These recommendations are summarised in Figure 5.1.

appendix 1 Summary of the literature review

Appendix 1 Summary of the results

Reference	Type of the study	Types of disabilities due to health conditions	Types of interventions or determinants	Results
Ahlstrom, L., Hagberg, M., & Dellve, L. (2013). Workplace rehabilitation and supportive conditions at work: a prospective study. *Journal of occupational rehabilitation, 23*(2), 248-260.	Survey study	Female workers with one or more disabilities. Most participants had musculoskeletal (48%) and/or mental health (40%) diagnoses	Workplace rehabilitation, offsite occupational rehabilitation, physiotherapy medical treatment, self-directed physical exercise, rehabilitation courses/programs, socio/psychotherapy, complementary medicine	The individuals provided with workplace rehabilitation and supportive conditions (e.g. influence at work, possibilities for development, degree of freedom at work, meaning of work, quality of leadership, social support, sense of community and work satisfaction) had significantly increased work ability and working degree over time, compared to those individuals having work place rehabilitation without supportive conditions, or neither.
Burns, T., Catty, J., Becker, T., Drake, R. E., Fioritti, A., Knapp, M., ... & White, S. (2007). The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial. *The Lancet, 370*(9593), 1146-1152.	Randomized trial in six European countries	Severe mental illness	Individual placement and support (IPS) versus vocational services	IPS is widely effective in differing labour market and welfare contexts. Patients assigned to IPS obtained competitive employment more often than those assigned to vocational services, but they also kept their jobs for longer and worked for more hours.
Carroll, C., Rick, J., Pilgrim, H., Cameron, J., & Hillage, J. (2010). Workplace involvement improves return to work rates among employees with back pain on long-term sick leave: a systematic review of the effectiveness and cost-effectiveness of interventions. *Disability and rehabilitation, 32*(8), 607-621.	Systematic literature review (*14 articles with 9 control intervention studies*)	Back pain and related musculoskeletal conditions	The intervention involved the workplace, i.e. the intervention took place in full or in part at the workplace of the employee, or involved delivery of the intervention by or direct contact with the employer or a representative.	Interventions involving employees, health practitioners and employers working together, to implement work modifications for the absentee, were more consistently effective than other interventions. Early intervention was also found to be effective.

Reference	Type of the study	Types of disabilities due to health conditions	Types of interventions or determinants	Results
Carter, E. W., Bendetson, S., & Guiden, C. H. (2018). Family perspectives on the appeals of and alternatives to sheltered employment for individuals with severe disabilities. *Research and Practice for Persons with Severe Disabilities, 43*(3), 145-164.	Interview with 93 family members	Intellectual and developmental disabilities	Supports or assurances needed to consider community employment	Factors related to ensuring safety, the availability of personal supports, and opportunities for relationship development were pronounced.
Crook, J., Milner, R., Schultz, I. Z., & Stringer, B. (2002). Determinants of occupational disability following a low back injury: a critical review of the literature. *Journal of occupational rehabilitation, 12*(4), 277-295.	Systematic literature review (*19 studies*)	Low back injury	Exploration of determinants, including characteristics of the work environment	Time since onset, demographic factors, functional disability, psychological distress, pain reports, previous episodes, and work environment were identified as prognostic factors of work disability.
Crowther, R. E., Marshall, M., Bond, G. R., & Huxley, P. (2001). Helping people with severe mental illness to obtain work: systematic review. *Bmj, 322*(7280), 204-208.	Systematic literature review (*11 randomized control trials*)	Mental illness	Prevocational training, standard community care and/or supported employment	Subjects in supported employment were more likely to be in competitive employment, earned more and worked more hours per month than those who received prevocational training.
de Buck, P. D., Schoones, J. W., Allaire, S. H., & Vlieland, T. P. V. (2002). Vocational rehabilitation in patients with chronic rheumatic diseases: a systematic literature review. *Seminars in arthritis and rheumatism, 32*(3), 196-203.	Systematic literature review (*6 uncontrolled studies*)	Mostly chronic rheumatic diseases	Vocational rehabilitation programs	Five of six vocational rehabilitation programs consisted of multidisciplinary intervention and 15% to 69% of the patients successfully returned to work.
Durand, M. J., Corbière, M., Coutu, M. F., Reinharz, D., & Albert, V. (2014). A review of best work-absence management and return-to-work practices for workers with musculoskeletal or common mental disorders. *Work, 48*(4), 579-589.	Systematic literature review (*17 documents*)	Musculoskeletal and mental disorders	Work-absence management and return-to-work practices	Work-absence management and return-to-work practices were integrated into a six-step process: (1) time off and recovery period; (2) initial contact with the worker; (3) evaluation of the worker and his job tasks; (4) development of a return-to-work plan with accommodations; (5) work resumption, and (6) follow-up of the return-to-work process.
Franche, R.L., Baril, R., Shaw, W., Nicholas, M., & Loisel, P. (2005). Workplace-based return-to-work interventions: Optimizing the role of stakeholders in implementation and research. *Journal of Occupational Rehabilitation, 15*(4), 525-542. DOI: 10.1007/s10926-005-8032-1	Narrative literature review	Musculoskeletal disorders	Workplace-based RTW interventions	Great disparity exists in RTW intervention stakeholders' paradigms. It is possible to encourage stakeholders (i.e. injured employees, colleagues, employer, insurer, case manager, union representative, health care provider) to tolerate paradigm dissonance while engaging in collaborative problem solving to meet common goals. However, involvement of all stakeholders is not a necessary condition for optimal RTW outcomes. Instead, modulating the level of involvement of stakeholders may lead to a reduction in conflict and to improved RTW outcomes.

Reference	Type of the study	Types of disabilities due to health conditions	Types of interventions or determinants	Results
Gustafson, J., Peralta, P.J., & Danermark, B. (2013). The employer's perspective: employment of people with disabilities in wage subsidized employments. *Scandinavian Journal of Disability Research, 16*(3).	Semi-structured face-to-face interviews with 20 employers who had current experience employing people with disabilities	Not specified	The main factors behind decisions to employ people with disabilities within a context of wage subsidies	The results show that four types of factors -attitude, matching, wage subsidies and accommodations - are important for the employment of people with disabilities within a context of wage subsidies. Since employers' previous experience is an important factor for recruitment, it may be easier for a person with disability to obtain employment in smaller companies where the employer who has the experience of people with disabilities also has control over hiring decisions.
Heinesen, E., Kolodziejczyk, C., Ladenburg, J., Andersen, I., & Thielen, K. (2017). Return to work after cancer and pre-cancer job dissatisfaction. *Applied Economics, 49*(49), 4982-4998.	Survey study	Cancer	Job satisfaction	Return-to-work probability has a negative correlation with pre-cancer job dissatisfaction with mental demands and with physical demands and the superior.
Khan, F., Ng, L., & Turner-Stokes, L. (2009). Effectiveness of vocational rehabilitation intervention on the return to work and employment of persons with multiple sclerosis. *Cochrane Database of Systematic Reviews, (1).*	Systematic literature review (*2 trials*)	Multiple sclerosis	Vocational rehabilitation	The data neither supports nor refutes the effectiveness or cost-effectiveness of VR programs for persons with MS.
Lamberts, M., & Jacobs, L. (2014). Naar duurzame tewerkstelling van doelgroepwerknemers uit de sociale economie op de reguliere arbeidsmarkt. Lessen uit tien unieke organisatiecases. *OverWerk, 3*, 68-75.	Case study	People working in sheltered employment	Incentive boosters to encourage employers in the regular economy to hire persons coming from sheltered employment	Factors that may facilitate the hiring of persons with disabilities are: engagement and open culture, apprenticeships, support from the former employer (sheltered employment), tailor-made support of the employee with disability, limited but efficient communication towards colleagues, importance of positive experiences and success stories.
Libeson, L., Downing, M., Ross, P., & Ponsford, J. (2018). The experience of return to work in individuals with traumatic brain injury (TBI): A qualitative study. *Neuropsychological Rehabilitation*. DOI: 10.1080/09602011.2018.1470987	Semi-structured interviews with 15 individuals	Traumatic brain injury	Exploration of factors affecting RTW	Thematic analysis identified three key factors affecting RTW: client, work and rehabilitation factors. Across these factors, 12 themes reported to be critical to the success or failure of the RTW programme were identified. Client themes included social support, cognitive difficulties and motivation, with RTW too early associated with unfavourable outcomes. Work themes included work modifications, employer support and financial incentives. Rehabilitation themes included the RTW programme, the role of the vocational occupational therapist and work preparation.
Selander, J., Marnetoft, S. U., Bergroth, A., & Ekholm, J. (2002). Return to work following vocational rehabilitation for neck, back and shoulder problems: risk factors reviewed. *Disability and rehabilitation, 24*(14), 704-712.	Systematic literature review *(43 studies of which 4 review studies)*	Neck, back and shoulder problems	Factors associated with return to work following vocational rehabilitation for problems in the neck, back, and shoulders	A great number of demographic, psychological, social, medical, rehabilitation-related, work place-related and benefit-system-related factors are associated with return to work.

Reference	Type of the study	Types of disabilities due to health conditions	Types of interventions or determinants	Results
Sweetland, J., Howse, E., & Playford, E. D. (2012). A systematic review of research undertaken in vocational rehabilitation for people with multiple sclerosis. *Disability and rehabilitation, 34*(24), 2031-2038.	Systematic literature review *(89 papers)*	Multiple sclerosis	Barriers to working with MS and successful factors of VR service	What helps people with MS to remain in the work: specialist VR services with access to a multidisciplinary team, early intervention, open access, responsive and personal services, support managing work performance, liaison with employers to ensure work-place accommodations and redeployment, education and support to re-enter to the work place and service provision.
Tjulin, Å., Maceachen, E., & Ekberg, K. (2011). Exploring the meaning of early contact in return-to-work from workplace actors' perspective. *Disability and Rehabilitation, 33*(2), 137-145. DOI: 10.3109/09638288.2010.489630	Individual open-ended interviews with 33 workplace actors at seven worksites across three public employers in Sweden	Not specified	Early contact in return-to-work	The findings indicate that early contact in day-to-day return-to-work situations is not always optimal, and that social relational conditions at the workplace can either facilitate or impede early contact among workplace actors.
Twamley, E. W., Jeste, D. V., & Lehman, A. F. (2003). Vocational rehabilitation in schizophrenia and other psychotic disorders: a literature review and meta-analysis of randomized controlled trials. *The Journal of Nervous and Mental Disease, 191*(8), 515-523.	Systematic literature review *(11 randomized controlled trials)*	Schizophrenia and other psychotic disorders	Vocational rehabilitation interventions: (1) individual placement and support (IPS) or supported employment; (2) job-related social skills training; (3) incentive therapy	Supported employment programs in general, and IPS specifically, have produced consistently better outcomes than traditional vocational rehabilitation in terms of both competitive employment and employment of any type.
van der Torre, L., & Fenger, M. (2014). Policy innovations for including disabled people in the labour market: A study of innovative practices of Dutch sheltered work companies. *International Social Security Review, 67*(2), 67-84.	Overview of policy innovations and recommendations for employers	Not specified	Recommendations to include disabled people in the (regular) labour market	Incentives for employers: (1) get involved in employers networks and (2) external communication. Recommendations for sheltered employers to convince companies in the regular labour market: (1) work-demand driven; (2) facilitate employers to hire disabled people; (3) take away hesitations.
van Oostrom, S. H., Driessen, M. T., de Vet, H. C., Franche, R. L., Schonstein, E., Loisel, P., van Mechelen, W., & Anema, J. R. (2009). Workplace interventions for preventing work disability. *Cochrane database of systematic reviews, 2*.	Systematic literature review *(six randomized controlled trials)*	Musculoskeletal disorders and mental health problems	Work place interventions	There is moderate-quality evidence to support the use of workplace interventions to reduce sickness absence among workers with musculoskeletal disorders when compared to usual care. No conclusions could be drawn regarding interventions for people with mental health problems and other health conditions due to a lack of studies.
Vilà, M., Pallisera, M., & Fullana, J. (2007). Work integration of people with disabilities in the regular labour market: What can we do to improve these processes? *Journal of Intellectual and Developmental Disability, 32*(1), 10-18. DOI: 10.1080/13668250701196807	Semi-structured group interviews among 32 professionals from 17 agencies	All types of disabilities	Work integration in general	The goal was to identify the principal elements contributing to the processes of integrating people with disabilities into the regular labour market. The results indicated that family, training (prior to and during the integration service), monitoring of the worker in the workplace, and work setting were relevant and contributing aspects of the process of work integration.

Reference	Type of the study	Types of disabilities due to health conditions	Types of interventions or determinants	Results
Vooijs, M., Leensen, M. C. J., Hoving, J. L., Wind, H., & Frings-Dresen, M. H. W. (2015). Interventions to enhance work participation of workers with a chronic disease: a systematic review of reviews. *Occup Environ Med, 72*, 820-826. doi:10.1136/oemed-2015-103062	Systematic literature review (*9 reviews*)	Different types of chronic diseases	Exploration of effective interventions	Interventions examined in populations having different chronic diseases were mainly focused on changes at work. The majority of the included interventions were reported to be effective in enhancing work participation of people with a chronic disease, indicating that interventions directed at work could be considered for a generic approach in order to enhance work participation in various chronic diseases.
Waddell, G., Burton, A. K., & Kendall, N. A. (2008). *Vocational rehabilitation: What works, for whom, and when?* (Report for the Vocational Rehabilitation Task Group). London: TSO. DOI: http://eprints.hud.ac.uk/id/eprint/5575/	Systematic literature review *(450 scientific reviews and reports)*	Musculoskeletal disorders, mental health and cardio-respiratory conditions	Vocational rehabilitation interventions	Vocational rehabilitation is not a matter of healthcare alone. Proactive company approaches to sickness, together with the temporary provision of modified work and accommodations, are effective and cost-effective. Effective vocational rehabilitation depends on communication and coordination between the key players – particularly the individual, healthcare, and the workplace. There is strong evidence on effective vocational rehabilitation interventions for musculoskeletal conditions, whereas there is a lack of evidence on effective interventions for mental health and cardio-respiratory conditions.
Waterhouse, P., Kimberley, H., Jonas, P., & Gloverm J. (2010). *What would it take? Employer perspectives on employing people with a disability*. Adelaide: NCVER.	Focus groups with 40 employers (33 from small-to-medium-sized enterprises and 7 from large companies)	Not specified	Exploring factors that would enable employers to employ people with a disability	Key findings: The research confirmed that, even when employers are open to the idea of employing a person with a disability, they are often not confident that they have the knowledge, understanding and capability to do so. Disclosure (or more often lack of disclosure) of a disability is a key concern for employers, especially in relation to mental illness. However, employers readily conceded that this issue is mitigated if there is trust between the employer and employee. The role of trusted brokers and mediators emerged as a key issue. Small-to-medium-sized enterprises expressed frustration at their difficulties in accessing information relevant to their businesses. Employers are not looking for formal training in 'disability employment'. They are looking for assistance in building their capacity to support the productive employment of people with a disability.
Williams, R. M., Westmorland, M. G., Lin, C. A., Schmuck, G., & Creen, M. (2007). Effectiveness of workplace rehabilitation interventions in the treatment of work-related low back pain: a systematic review. *Disability and rehabilitation, 29*(8), 607-624.	Systematic literature review *(10 studies in 15 articles)*	Low back pain	Work place rehabilitation interventions	The best evidence was that clinical interventions with occupational interventions as well as early return to work/modified work interventions were effective in returning workers to work faster, reducing pain and disability, and decreasing the rate of back injuries. Ergonomic interventions also were found to be effective workplace interventions.

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