



Guide

**to integrating people
with mental health
conditions into work**



Obra Social "la Caixa"

WELFARE PROJECTS. THE SPIRIT
OF "LA CAIXA".

Guide to integrating people with mental health conditions into work



PUBLISHER

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GRAPHIC DESIGN AND LAYOUT:

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Participants in the EMILIA Project.
The participation of the team belonging to the Incorpora Programme.

OTHER ACKNOWLEDGEMENTS:

The specialists in the integration process and company representatives who took part in the focus groups.

The participants in the first Collaborative Incorpora Mental Health Project.

Other people who have taken part in reviewing the Guide:

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Foreword

"la Caixa" Welfare Projects, sensitive to the most pressing needs of present-day society, is committed to developing social welfare programmes to create new opportunities for those who need them most.

As part of the Incorpora Programme, "la Caixa" Welfare Projects is promoting a project specifically aimed at integrating people with mental health conditions into the work place. These individuals, who are socially vulnerable and at a high risk of social exclusion, form a group that is increasingly important and visible.

This new project, developed with the methodological support of the Avedis Donabedian Institute UAB, aims to improve the qualitative and quantitative outcomes of the integration of people with mental health conditions into work by means of tools and resources addressed to employment specialists.

The *Guide to integrating people with mental health conditions into work* proposes best practices, work methodologies, analytical models and tools to address placement processes for people with mental health conditions.

The recommendations place special emphasis on developing the aspects that are the key to successful job placement and retention, both from the point of view of the job-seeker and that of the employer. They also seek to be an instrument to heighten awareness and assist in eliminating the stigma attached to this group of people.

We trust that the material compiled becomes a useful tool for all of the agents involved in placement processes for people with mental health conditions.

Finally, we wish to thank all of the people and agencies who have contributed with their invaluable experience and knowledge to the preparation of this Guide on best practices, collaborating in the project to enhance the integration of people with mental health conditions into work.

Introduction

1

1. Introduction

1.1 Job placement as a first step on the path to social inclusion

In the early 21stC, the complex interaction of political, economic, social and cultural factors in post-industrial, globalised societies has given rise to new forms of social marginalisation.

Even though access to work may be a universal right¹, it cannot always be exercised to the full since not everybody has - really and effectively- the same opportunities to participate in the job market.

Certain groups have great difficulties finding access to and performing gainful employment. At the same time as the limitations of the aforementioned context, there exist personal, cultural, family and health factors , etc. that may function as barriers, creating situations of vulnerability and social exclusion with different levels of complexity.

Given that participation in the job market fosters the interchange of value in society (Subirats, 2004) and work is an important component in socialisation and in structuring time in people's lives, job placement can be considered as a path to social inclusion, especially for groups which find difficulty participating in the labour market.

Thus, placement should not be interpreted as an isolated or momentary act, but as a process that requires measures before, during and after being hired to do a job in order to ensure success, both for the individuals that are entering work, and for the companies hiring the people and for the wider social context.

To achieve this objective, active policies and specific support mechanisms are made available for this process, which place a value as much on the needs and interests of those searching for work, as on the opportunities offered by companies, and act as intermediaries in the connection between both parties.

The aims are to reduce the incidence of the risk factors leading to social exclusion among the groups that *are in an area of special vulnerability (Castel, 1997), facilitate their access to performing paid work and promote placement as a first step to broader social inclusion.*

¹ Universal Declaration of Human Rights, Art. 23 C.F.R. (1948)

1.2 "la Caixa's" Incorpora Programme

"la Caixa's" Incorpora Programme is an integration-into-work programme whose objective is the placement of people in a situation of, or at risk of, social exclusion, directly reinforcing the capacity of integration by the welfare organisations participating in the project and contributing to the awareness and the search for opportunities to include people at risk of social exclusion.

The groups benefitting from the programme include in particular:

- People with physical, intellectual or sensory disabilities.
- People with mental health conditions.
- Young people in a situation of, or at risk of, social exclusion, who have particular difficulties getting their first job.
- The over-45s in long-term unemployment
- Immigrants.
- Women affected by abuse.
- Those who are or have been inmates.

The objectives of the "la Caixa" Incorpora Programme are:

- To create greater employment opportunities in the open market through the network of employment specialists set up in collaboration with the welfare organisations participating in the programme.
- To offer companies an alternative form of corporate social responsibility for placement, with the collaboration of "la Caixa's" network of offices all over the country.
- To reinforce the professionalisation and the capacity for placement of all the welfare organisations participating in the programme, as well as the professional training of the employment specialists in the field

Thus, through welfare organisations, "la Caixa's" Incorpora Programme covers a large part of Spain. Since it started in 2006, it has managed more than 38,922 placements on the open job market.²

Its working model consists of creating a placement network through collaboration agreements with the associated welfare organisations which are distributed by geographic area and make up the Incorpora groups. Through this extensive network of institutions the programme attempts to establish synergies to prevent social exclusion.

² Data as of September 2011

The institutions which manage the programme address the individuals and companies benefitting from it through placement specialists who design the specific initiatives geared towards integrating people with difficulties in becoming part of society.

This way the actions of the programme are not only oriented towards individuals, but also to collaborating companies and to welfare organisations (Figure 1.1).

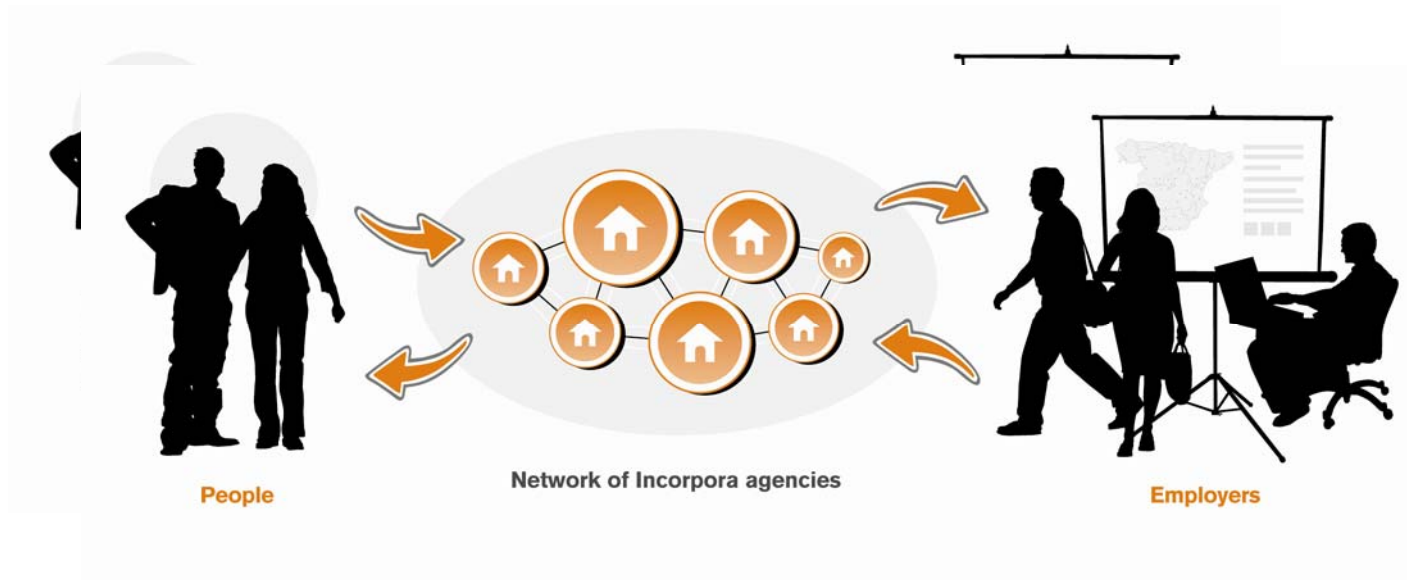


Figure 1.1: Incorpore's working model.
Source: Own material

The last-mentioned with the support of the programme, provide the following services:

- Information and advice to companies on recruiting and looking for staff.
- Personalised pathways for placement to better integrate people into companies.
- Guidance and support for the companies and individuals to adapt to and retain the job.

The Incorpore initiative to foster integrating people with mental health conditions into the workplace arises from a demand by the institutions participating in the programme in the context of the present-day social need to offer a response to one of the groups most affected by lack of employment.

The discrimination and the stigma still predominating against those with mental health conditions hinder the development of their own completely independent lives with the same opportunities as the rest of society.

Contributing to improve this situation forms part of the intentions of this Guide.

1.3 Social inclusion of people with mental health conditions

People with mental health conditions represent a group which is widely present in our society. 25% of the world population has or will have some kind of mental health condition at some time in their lives (WHO, 2001b), whilst studies carried out in Spain indicate that 19.5% of the population has suffered a mental health condition during their lifetime, and 8.4% in the course of the last year (Haro et al., 2006).

The stigma which is imposed on these people hinders their full participation in all spheres of society, perpetuating discrimination, isolation and poverty. This in turn exacerbates the conditions of vulnerability to which they are exposed, resulting in a vicious circle of unemployment and mental health problems (Lehtinen, 1984; WHO, 2001b).

This is where placement services and programmes intervene for people whose interpersonal and institutional support tends to be fragile and inadequate.

People with mental health conditions can work and indeed this is beneficial to their mental health (Grove & Membrey, 2005). Their integration into the workplace is based on the value of the work as a productive occupation, within the overall setting of possible social, economic and political interchange (Subirats, 2004), but in addition and also empowers³ individuals, restoring their control over their own lives, as the basis for recovering their own health (Pachoud, Plagnol & Lepage, 2010; Seymour, 2010).

1.4 Structural aspects of the Guide

1.4.1 OBJECTIVES

This Guide to good practice in the placement of people with mental health conditions seeks to identify the key factors in the placement process of this group and to promote the most effective practices in order to successfully find, adapt to, and hold down a job.

By means of this Guide the Incorpora Programme promotes methods to facilitate the process of joining the labour market for people with mental health conditions by supporting the welfare organisations which are putting the programme into practice.

³ This means strengthening the individual's own competence and capabilities. It refers to the process of taking over the power to decide and be able to exercise control over one's own life.

Its specific objectives are:

1. To identify approach models for addressing mental health conditions and their use in the placement process.
2. To determine the key factors of the placement process of people with mental health conditions and promote effective practices in order to achieve success at every stage of the process.
3. To promote the application of useful tools for job placement and which create new work opportunities in companies for people with mental health conditions.
4. To develop job-retention strategies based on different in-work support models, on stress management and on how to cope with difficult situations.
5. To reinforce the use of tools to improve the coordination between placement services and the network of community services, especially the mental health services.

To do this, the Guide promotes the spread of knowledge, methods and good practices used in the general work integration services and in those specialising in looking after people with mental health conditions.

1.4.2 METHODOLOGY FOR COMPILING THE GUIDE

This Guide has been compiled with the methodological support of the Avedis Donabedian Institute-UAB, who requested the collaboration of a group of experts from various Spanish institutions related to mental health and psychosocial rehabilitation, as well as from collaborating institutions belonging to the Incorpora Programme which work on placement mechanisms, both specific to people with mental health conditions, and for groups at risk of social exclusion in general.

The points of view of mental health service users have also been included through their participation in the working group.

In addition, visits have been carried out to placement services taking part in the Incorpora Programme and also a series of in-depth interviews with key people from the field of job placement.

Also, two different focus groups were set up: one with specialists who provide direct attention and guidance in the integration process and specialists who prospect for companies; and another with company representatives. Thus, the guide also includes a corporate perspective, and includes input from employers, some of who hire people at risk of social exclusion and specifically of people with mental health conditions.

The main structure and contents of this Guide were established through the qualitative analysis of the material obtained from the focus groups and interviews.⁴ The problems specific to integrating individuals with mental health conditions were

⁴ By means of categorical analysis based on constant comparative methods derived from the Grounded Theory (Strauss, 1987)

approached, evaluating the methods used for their placement and determining the key factors in successful integration processes by building a team of professionals in placement, in prospecting for companies, in psychology, psychiatry, social work, and other disciplines, in other words, facilitators with experience in the field of placement and integration in the workplace.

The work plan (described in Figure 1.2) was developed with the active participation of specialists in preparing the structure and content of this Guide, contributing a broad diversity of experience and perspectives from the different disciplines.

In addition to the contributions based on the practical experience of the expert group, a literature review was undertaken on the subject to search for evidence on methodologies and effective practices implemented in placement processes of people with mental health conditions, and collaborative efforts have been established with institutions from different countries specialising in the approach of models that have shown positive results in the placement of this group.

This present Guide had a preliminary version which was put into practice in the first Incorpora Mental Health collaborative project initiated for reviewed implementation of strategies to improve the integration of people with mental health problems into the work place, within the Incorpora Programme.

Finally, and as a result of the implementation, the initiatives proposed have been revised and their content has been broadened, allowing deliberation on effective practices and the contribution of tools, new knowledge and evidence on the approach to the problem.

Figure 1.2 illustrates the development of the workflow while preparing this Guide to good practice.

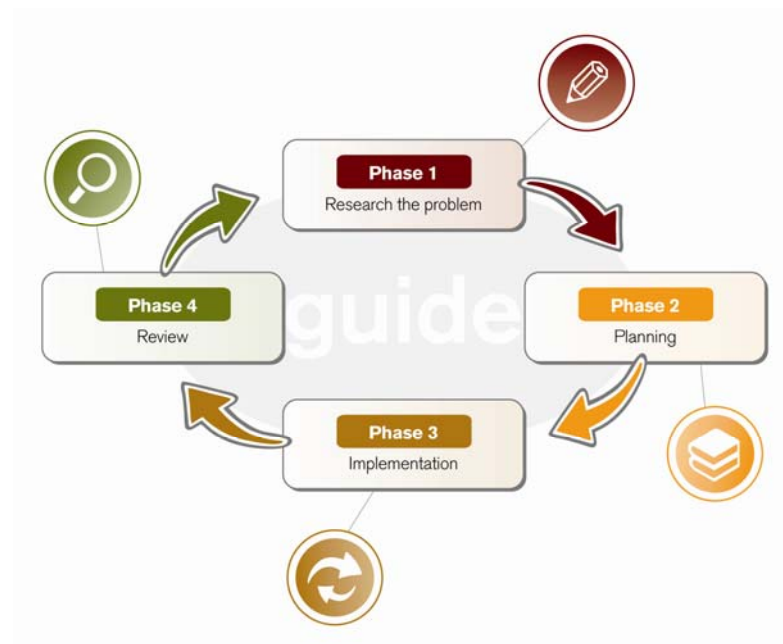


Figure 1.2: Phases in the work methodology.
Source: Own material

1.4.3 CONTENT

This Guide is organised in chapters, the central ones being those which approach the process of placement from different points of view: that of the specialist working in integration, prospecting for companies and job placement, and that of the worker once he/she has joined the company.

The present chapter introduces the Guide in a wider context and describes the methodology of its preparation and content.

Chapter 2 lays down the conceptual framework on which the intervention of placement mechanisms for people with mental health conditions is based. This includes the models for approaching mental disorders, the concept and the main lines of social exclusion, the management of support and psychosocial intervention in the rehabilitation of these individuals.

Chapter 3 explains in detail the phases in the placement process for people with mental health conditions, from the point of view of the placement specialist and that of the person looking for work, and establishes key practices as facilitators for the success of the process.

Chapter 4 lays out a series of strategies related to prospecting for companies, job placement and practices related to the adaptation of the job and follow-up after placement from the point of view of the company.

Chapter 5 proposes practices to do with intervention at the company once placement has taken place, as the key to retaining the job; in other words, the assessment of risks and prevention of stressful situations, and the strategies for coping with these situations both on the part of the company and of the worker.

Chapter 6 examines the aspects related to the integration and coordination of services between employment teams and mental health teams.

These contents are shown in Figure 1.3 which summarises all the approaches considered by this Guide.

In addition, you will find a number of Appendices (templates of forms, documents, etc.) as useful resources for implementing good practices, which form part of the complementary material in the Guide.

The annexes in digital format consist of information resources, regulations and complementary material which is updated periodically and which is available on the "la Caixa" Welfare Projects website:

www.incorpora.org

www.laCaixa.es/ObraSocial

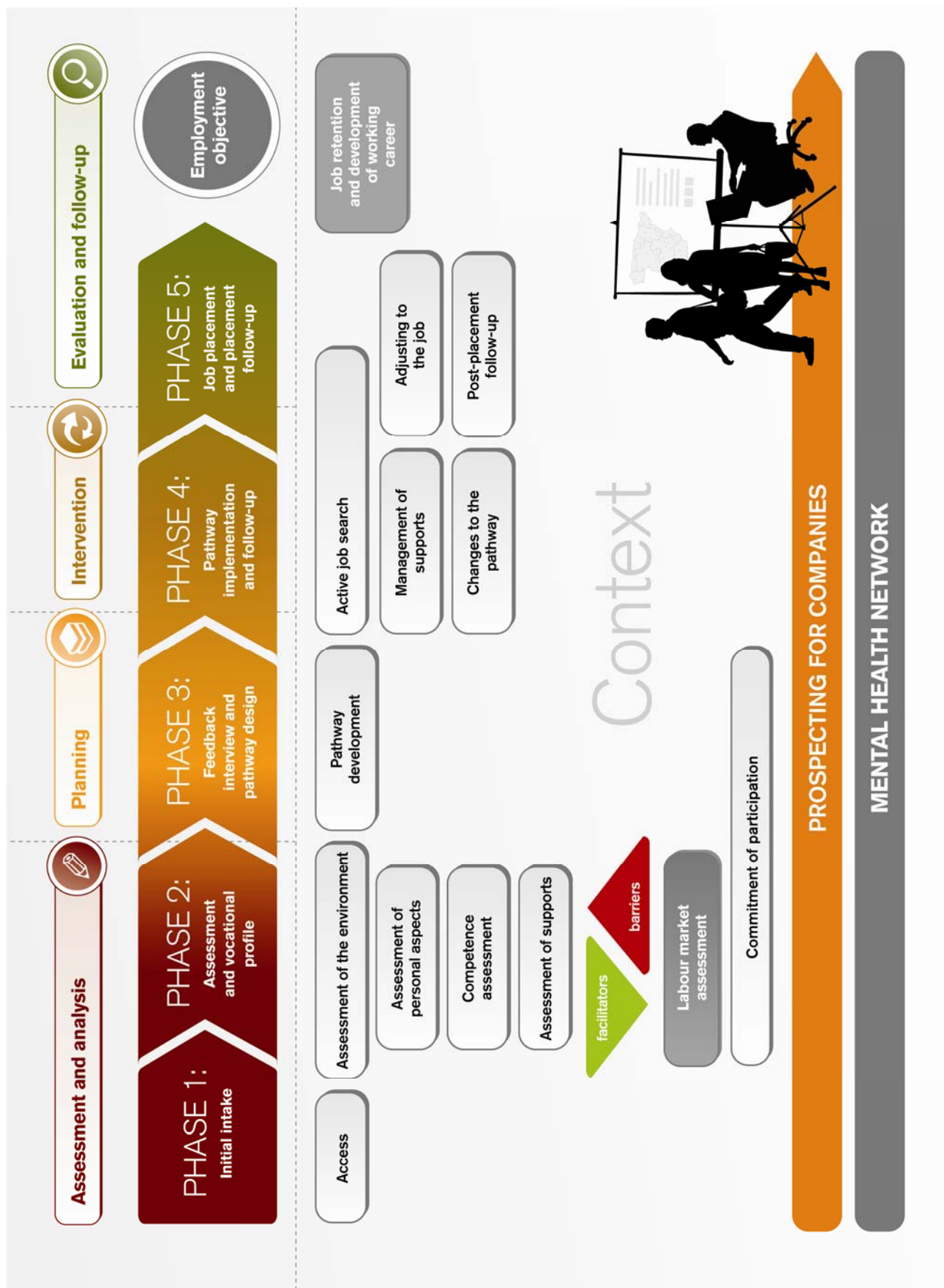


Figure 1.3: Diagram of the overall placement process.
Source: Own material.

Integrating
people with
mental health
conditions
into work

2

2. Integrating people with mental health conditions into work

2.1 Mental health conditions and their approaches

Mental health covers a wide range of activities directly or indirectly related to the component of "mental wellbeing" included under the definition of health established by the World Health Organization⁵, which go beyond the mere absence of a mental disorder. This wellbeing fluctuates in each individual through complex interactions between biological, environmental, social and psychological factors, whose dynamics determine the likelihood of suffering a mental health disorder.

Currently, around 10% of the adult population worldwide has a mental health condition. And one in every four people suffers or will suffer some kind of mental health condition during their lifetimes (WHO, 2001b). Therefore, health determinants (WHO, 2010) are especially important for understanding the risk of social exclusion that these people face.

Conceptually, a mental health condition is a syndrome or behavioural pattern that is clinically significant when associated with distress or disability⁶. Regardless of its cause, it should be considered as the individual manifestation of a behavioural, psychological or biological dysfunction or of the interaction between them.

Several models explain how to address the complex interaction between the factors determining this "unease", shedding light on some of the observable consequences of mental health conditions and driving interventions in the field of rehabilitation. The present chapter describes some of these models.

⁵ A state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity (WHO, 1948)

⁶ Disability understood as a moderate or severe dysfunction of a person's functioning in the working, social and family spheres (APA, 1994)

2.1.1 THE VULNERABILITY MODEL

The Vulnerability Model (Zubin & Spring, 1977) is one of the most renowned models explaining the onset of a condition as a result of the individual's adaptive capacity.

According to this model, the combination of risk factors (environmental, biological, psychological, social...) determines each individual's capacity to cope with stressful situations; in other words, situations that generate tension and the need to adapt.

Consequently, both the likelihood of suffering a mental disorder and its onset depend on the individual's vulnerability and his/her capacity to cope with stressful situations. Therefore, a disorder can be precipitated by a specific environment depending on how vulnerable the individual is to certain risk factors.

Stressors vary from one individual to another and can affect their health (both physical and mental), their link with the environment and their social relationships (Hansen, Pedersen & Dawson, 2007).

Mental health is subject to certain risk factors (see Figure 2.1), such as situations of poverty, unemployment, marginalisation, violence, etc., as well as certain circumstances inherent to the life cycle (death of a loved one, separations, etc.), exposing individuals to a high level of stress and a very significant risk of suffering a mental disorder (Lathinen, Lehtinen, Riikonen & Ahonen, 1999). These factors are compounded by those related to individual vulnerability (genetic and biological predisposition, global body responses, basic psychological processes such as thinking styles, development during childhood, etc.).⁷

If the processes that mediate in coping with stressful situations (vulnerability or personal predisposition) are inadequate and there are no external resources available to the individual, the interaction of the factors will affect the onset and progression of the disorder.

⁷ See Appendix 1: Mental health determinants.

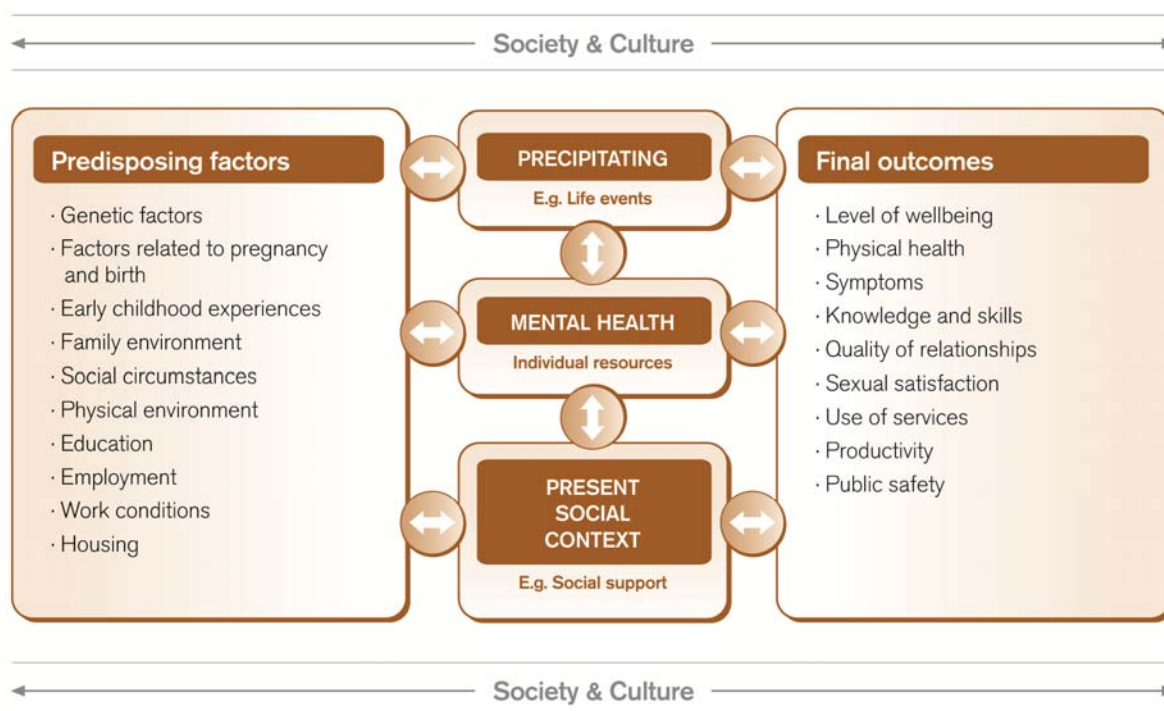


Figure 2.1: The Functional model of mental health.

Source: Lahtinen, E., Lehtinen, V., Riikonen, E., & Ahonen, J. (Eds.) . (1999). *Framework for promoting mental health in Europe*.

Hamina: Ministry of Social Affairs and Health, STAKES, National Research and Development Centre for Welfare and Health.

In: Green Paper Improving the mental health of the population: Towards a strategy on mental health for the European Union, 14.10.2005. Reprinted with permission of the editor.

There is a very broad range of mental disorders. Both their severity and symptoms and the degree of disability that they can cause vary greatly.

2.1.2 THE GLOBAL FUNCTIONING MODEL

The Global Functioning Model explains functioning and disability through a complex process based on how people's health and certain contextual factors interact and evolve (WHO, 2001a).

Contextual factors include personal and environmental aspects related to the individual.

These contextual factors facilitate or hinder the individual's functioning, and his/her disability is the result of the interaction between the individual's health and the prevailing personal and environmental factors.

The International Classification of Functioning, Disability and Health (ICF) (WHO, 2001a) also takes other components into account, such as body systems, activity and participation, using these elements to identify not only the problems (deficiencies in so far as they limit activity or restrict participation)⁸; but also the positive aspects of health included in the concept of functioning (see Figure 2.2).

⁸ These concepts are included under the global concept of disability.

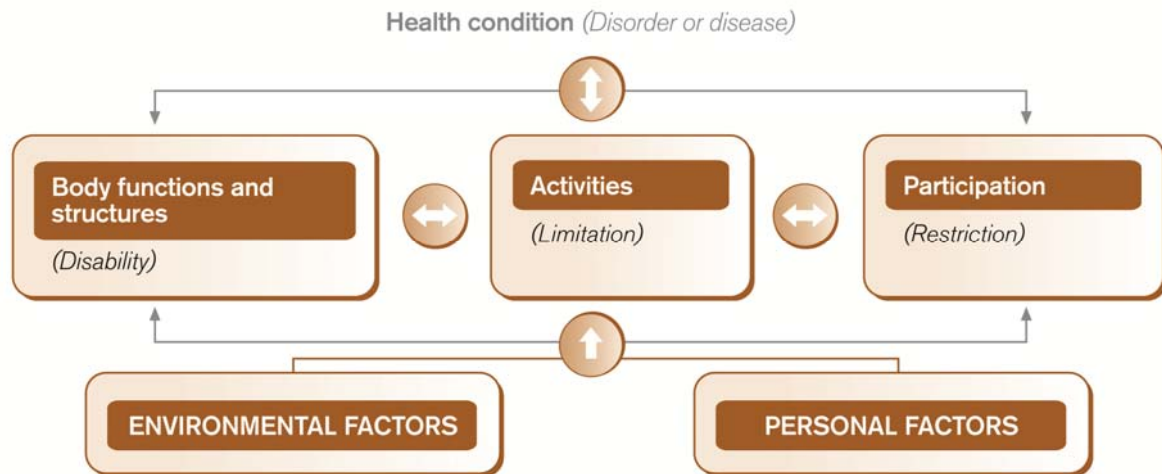


Figure 2.2: Interaction between ICF components.

Source: The International Classification of Functioning, Disability and Health (WHO, 2001). International Classification of Functioning, Disability and Health (ICF). Geneva: World Health Organization). Reprinted with permission of the editor.

The impact of a mental disorder on the individual's functioning varies, as does its intensity and the way in which it can appear. It is important to note that these effects and their impact are not usually permanent, and are related to the degree to which the disorder is controlled and to the individual's situation and context.

The main impacts a mental disorder can have on the affected individual's working and social functioning are⁹:

Direct effects of the mental disorder on the individual:

- Alterations in functioning: cognitive, perceptual, affective and interpersonal.
- Episodic, variable and unpredictable progression.
- Not necessarily implying intellectual disability.

Effects on the "prerequisites" related to performing work:

- Loss or acquisition of social skills.
- Development of inadequate values, attitudes and ambitions.
- Alterations in learning processes.
- Alterations in self-concept and motivation.
- Effects of medication.

Effects on context, social barriers:

- Social stigma.
- Access difficulties.
- Discrimination.

The impact of an individual's mental health condition on his/her global functioning is of vital importance for the placement process and for the management of the support required to adapt to a job.

⁹ Adapted from the Incopora Workshop 2009: conclusions of the working group.

Social functioning can be a predictor of long-term outcome, both in terms of clinical and non-clinical variables (Bailer, Brauer, & Rey, 1996; Johnstone, Macmillan, Frith, Benn, & Crow, 1990).

Therefore, the assessment of social functioning seems to require parameters that can provide information on the individual's degree of autonomy and independence and on his/her supervision and support needs.

Deficits observed in the following broad fields should be taken into account to assess the extent of the loss of social functioning (Blanco & Pastor, 1997):

- Self-care (e.g.: lack of personal hygiene, difficulty coping with the environment, unhealthy lifestyles, etc.).
- Autonomy (e.g.: poor money-management skills, lack of independence for using transport, failure to use leisure and free time, financial dependence and difficulties to perform at work).
- Self-control (for example, inability to manage stressful situations, lack of personal competence, etc.).
- Interpersonal relationships (for example, lack of a social network, inadequate handling of social situations, poor social skills).
- Leisure and free time (for example, isolation, inability to manage leisure, inability to enjoy things, lack of motivation and interest).
- Cognitive functioning (for example, difficulties related to perception, attention, concentration and processing of information).

These disabilities or difficulties for psychosocial functioning pose problems for performing social roles normally and, when combined with other factors and barriers (stigma, social rejection, inadequate social care and support resources, etc.), give rise to social disadvantages and exclusion (social isolation, unemployment, poverty, lack of housing) (AEN, 2002).

2.1.3 THE QUALITY OF LIFE MODEL

This model is related to approaches that seek to improve personal development and the living conditions of people with mental health conditions. The concept of Quality of Life (Schalock & Verdugo, 2003), is a multidimensional construct involving the impact of personal and environmental or contextual factors, and is based on individual needs and choices.

The areas analysed by this model are: emotional wellbeing, interpersonal relationships, material wellbeing, personal development, physical wellness, self-determination, social inclusion and rights.

Mental disorders have a negative impact on the quality of life, mainly in terms of:

- Interpersonal relationships.
- Emotional wellbeing.
- Physical wellness and material wellbeing.
- And on the individual's overall functioning in different contexts, such as the socio-occupational sphere, which in turn affect social inclusion and the exercise of their rights.

This approach takes into account the consequences of healthcare and community interventions on people's social and emotional functioning and the social support available to them.

Under this approach, the concept of quality of life addresses the integration of the individual into the community, stressing the importance of social support (Schalock & Verdugo, 2003) in the prevention of disorders and for improving rehabilitation as a key factor for improving the quality of people's lives.

Consequently, social support has a positive impact on the individual's personal functioning and on his/her adjustment to the community (interpersonal relationships, social integration and opportunities for self-determination, etc.).

How the required support is managed will determine the level, type and quality of the support in view of the individual's personal and social characteristics and the availability or lack of natural supports (Wehman & Bricout, 1999).

When assessing an individual's needs, it is essential to take into account their own opinions, and doing so has a positive effect on their perception of their quality of life.

2.1.4 PSYCHOSOCIAL REHABILITATION

Psychosocial Rehabilitation is based on the concept of recovery (Lieberman & Kopelwicz, 2004), i.e., of restoring a degree of global functioning as similar as possible to that enjoyed by the individual before the onset of the disorder. Recovery would therefore imply achieving a lifestyle that allows an individual to overcome the impact of his/her condition.

Psychosocial Rehabilitation implies recovering the highest degree of individual and social autonomy by acquiring the skills and community support required (e.g.: home-based care, occupational rehabilitation, integration and preservation of work, social support, etc.).

In practical terms, recovery is understood to be a situation in which certain indicators have been met¹⁰:

- Remission of symptoms (to a level that the individual can tolerate).
- Occupational functioning: at least two years of part-time (half-day) employment in a competitive sector.
- Living independently without needing day-to-day supervision.
- Spontaneous engagement in social relationships.

Consequently, psychosocial rehabilitation is a model of intervention that provides the support for integration and social support required for the individual's personal and social autonomy within their environment (AEN, 2002). It also covers aspects related to improving body functions, overcoming disabilities and restrictions on activity and participation, and eliminating contextual barriers.

¹⁰ Adapted from the Model of care for people with severe mental conditions (IMSERSO, 2007).

Contextual barriers are related to:

- Available opportunities.
- Suitability of the support available.
- Social attitudes (stigma).
- Accessibility and quality of treatments.
- Belonging to certain social groups.
- Environmental constraints on culture and lifestyle.
- Political, legal, demographic, geographic and natural factors.

These barriers influence the onset and progression of the condition by combining with a series of personal factors, such as:

- Age and gender.
- Health-related circumstances or existence of other concomitant health conditions.
- Personality and style of coping with the condition.
- Social circumstances.
- Education and job.
- Past experiences.

Even though symptoms can often be well controlled with medication and psychiatric treatment, many people with mental conditions continue to have certain deficits and disabilities that hinder their autonomous functioning and social integration.

From this point of view, psychosocial rehabilitation services and programmes are essential for acquiring or restoring the skills required to lead a normal life in the community. In addition, it is necessary to maintain flexible, ongoing support in order to aid effective social integration in the social and family settings.

Under this approach, vocational rehabilitation implies recovering or strengthening the knowledge and skills required for integration into work. Consequently, vocational rehabilitation programmes aim to provide guidance and help for acquiring the working habits and skills required to enter and remain in the labour market, and also provide adapted vocational training programmes to improve people's job qualifications and employability.

The fields in which vocational rehabilitation intervenes are: career guidance, training in social and job skills, job-search skills, training support and intervention on family issues, as required on a case-by-case basis.

Within this framework, and in view of the demands and barriers found in the labour market, vocational rehabilitation implements actions aimed at promoting job placement for people with mental health conditions, both by encouraging sheltered employment and by supporting placement in the mainstream labour market (Supported Employment), the latter being, in principle, the preferred alternative.

2.2 Work as a mechanism for social inclusion

In our Western, post-industrial societies, work is an extremely valuable social component that shapes people's lives (Castel, 1997). Specifically, it:

- Organizes time.
- Promotes certain behaviour patterns.
- Provides people with an identity and integrates them into a specific social group. Consequently, the working role displaces the patient role and brings with it positive social values. Helps to develop relationships and social networks (Subirats, 2004).
- Promotes financial self-sufficiency and social independence.
- Improves personal satisfaction.
- Improves quality of life.
- Improves autonomy.

Work is a means of participation in social production. It is a means of exchange, creates bonds and helps to generate value. From this point of view, it is one of the cornerstones (Subirats, 2004) of social inclusion (Figure 2.3):

- Economic or market inclusion: an exchange mechanism based on each individual's contribution to value generation and social usefulness.
- Political and legal inclusion: articulated by governments and public administrations, as the keystone of citizenship and redistribution of the value generated.
- Social and relational inclusion: involving relationships of reciprocity within families and social networks.

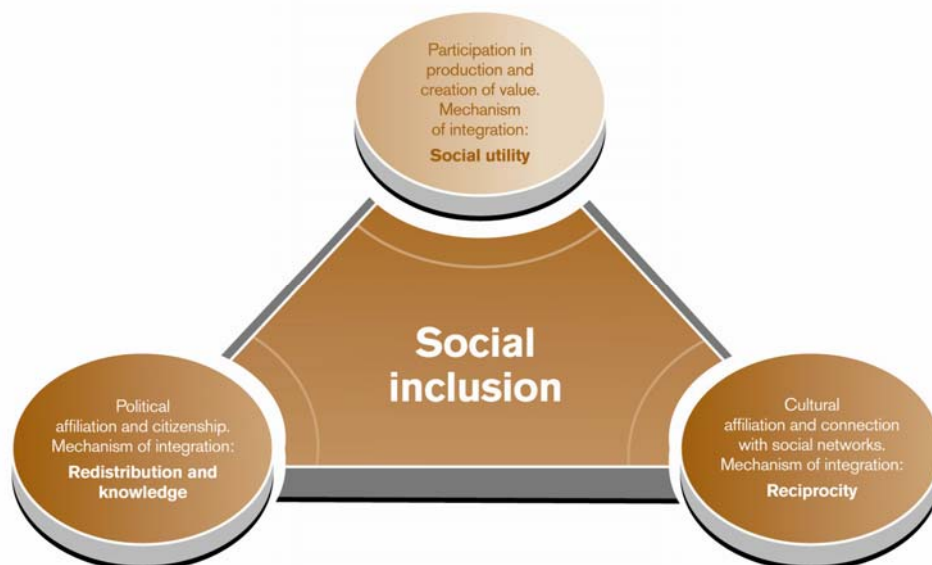


Figure 2.3: The cornerstones of social inclusion.

Source: Subirats, J. (2004). "Pobreza y exclusión social. Un análisis de la realidad española y europea". *Colección Estudios Sociales* (Vol. 16). Barcelona: Fundación "la Caixa"

In short, work is a mechanism of inclusion, enabling the establishment of relationships and social networks, as well as participation in many other aspects which involve the exercise of citizenship rights (social benefits, pensions, etc.).

Social inclusion is a complex and multidimensional process. The gradual loss of participation in any one of these spheres can lead to exclusion.

Therefore, the risk of social exclusion is related to a gradual loss of participation in any of the key areas of inclusion due to the interaction of personal, social, economic and/or health-related factors, etc., potentially leading to a loss of autonomy and social relationships, to isolation and to detachment from the community.

Certain groups face a greater risk of exclusion:

- The long-term unemployed, unemployed people over 45, people in precarious jobs.
- Less-qualified workers, unschooled individuals and early school leavers.
- Immigrants and ethnic minorities.
- The homeless; people in overcrowded or substandard housing.
- People with disabilities.
- People with health problems.
- People supporting dependants.
- Victims of violence (particularly women).
- Current or former inmates.

Consequently, people with mental health conditions are often exposed to certain forms of vulnerability that create a recurrent or permanent risk of exclusion. Social exclusion therefore poses a threat to mental health and, conversely, mental disorders are factors that involve a risk of exclusion (Lehtinen, 1984; WHO, 2001b).

Accordingly, many psychosocial rehabilitation initiatives and active employment policies for people with mental health conditions engage in employment-related interventions as a first step towards achieving wider social integration.

2.3 Other factors affecting placement

In addition to individual and environmental circumstances, there are other important factors that interact to create social vulnerability. These include the individual's age, gender and ethnicity or place of origin. These are also considered key factors in social inequity (Subirats, 2004).

2.3.1 GENDER

Specifically, gender is a crucial variable of analysis when viewed as a source of social inequities related to the uneven participation of men and women in the labour market (Torns & Carrasquer, 2007).

Among women, this participation is characterised by:

- High inactivity rates (due to their role in housework and childcare).
- Higher rate of unemployment.
- Temp jobs, part-time work and precarious jobs, leading to less career stability.
- Vertical segregation (lack of women in managerial posts and difficulty to earn promotion) and horizontal segregation (prevalence of women in certain job sectors, such as the service sector, cleaning, caring for dependants, etc., where working conditions are generally worse than in those that predominantly employ men).
- Direct and indirect discrimination.
- Lower salaries.
- Sexual harassment in the workplace.

As regards the kind of work performed, women's jobs tend to be more monotonous, less involved in planning and more closely related to serving others (Artazcoz, Benach, Borrell & Cortes, 2005).

These conditions have a negative impact on women's health, increasing their exposure to risks and psychosocial issues, such as sedentary lifestyles, the physical and emotional stress caused by having two or even three jobs, and the continuous emotional strain of their care-providing role within their families and environments (Valls, Banqué, Fuentes & Ojuel, 2008).¹¹

Factoring in family-related work, household chores and caring for others, the overload of work restricts women's chances of taking part in the labour market and hinders their career development. This is one of the main causes that prevent women working. This is substantiated by the higher number of men with mental health conditions who use employment services.

These issues cannot be overlooked due to their impact on finding, adapting to and keeping a job, especially for women.

Including a gender-based approach in the placement support process involves assessing factors related to working hours, geographical location of the job and accessibility, mobility, salaries, interpersonal relationships, power relations, social networks, family duties, self-esteem, self care, etc. These aspects have different implications for men and women, and thus require different approaches.

Gender-related differences are also observable in how people relate to others and in

¹¹ According to the ESEMeD-Spain survey, the prevalence of severe mental conditions in Spain's workforce (ages 18 to 64) is 0.6% among men and 2.3% among women. (Haro et al., 2006).

the individual resources they develop to find work or solve problems.

The Competency Model makes a positive assessment of people's prior experience and of the competences developed that may be carried over to other settings (Colomer, 2009b). This model allows competences acquired in household settings to be carried over into the working environment, increasing the placement opportunities of women who do not have much work experience or are not working.

Gender-based approaches do not only apply to women, but also to men: both sexes need to work on the aspects that can help to improve their quality of life and their links with their environment and community of reference. Aspects related to the social construct of masculinity and the social pressure to fulfil certain expected roles (male stereotype) impact their mental health and can encourage behaviours that put both themselves and others at risk. Among competence-related behaviours, for example, aggressiveness and violence, alcoholism, drug abuse, tendency to hide one's feelings, reluctance to seek help or increased likelihood of accidents, among others, are more common among the male population (Schofield, Connell, Walker, Wood & Butland, 2000).

Therefore, the gender-based approach, as a constituent component of people's identity, is a cross-cutting issue that must be addressed both during the placement process, when adapting to the job and when addressing mental health in general.

2.3.2 CULTURAL DIVERSITY

People's cultural diversity is another factor to be taken into account, since there are also barriers related to social discrimination that need to be overcome.

Each cultural group has specific features as regards codes of social behaviour and attitudes towards other people and towards work. It is necessary to distinguish between attitudes that are a part of the user's cultural background and those caused by a mental health condition. In either case, certain attitudes can pose difficulties for settling into a job. Distinguishing them involves taking a differential and respectful approach towards people's cultural diversity.

Language is generally the hardest barrier to overcome, but even seemingly trivial issues, such as customs related to food or dress codes, are especially important when sharing the workplace with others on a daily basis.

The same can be said of issues related to approaching interpersonal relationships: tone of voice and volume, codes of trust or proximity, greetings, etc.

Time management is another aspect that may need considering, as different cultures manage time differently. This could be an important aspect as regards punctuality or the deadlines that are typically found in certain jobs.

It is also advisable to bear in mind that certain issues can be characteristic of the migration process rather than of the culture itself. In other words, certain issues are

more closely related to the circumstances in which individuals adapt to the context and to the resources they develop than with cultural traits or traditions.

For example, an individual's organisational capacity is related to the availability of resources and how they manage them. If certain resources were not available (for example, a social network in the context), the individual might be unable to solve certain situations to allow them to get to work or carry out bureaucracy procedures. This would not be due mainly to difficulties managing the resources but to their unavailability.

Another aspect to bear in mind is that mental disorders can be precipitated by circumstances during the migratory process, as a result of the stress caused by having to adapt to migration.

This phenomenon is characterised by situations of conflict and psychosocial crises that are similar to grief processes, in response to which coping strategies and attitudes are developed to overcome the situation (Beirutí, Gázquez & Benito, 2003).

Immigration is therefore a risk factor for mental health due to the stress caused by the process of adapting to the new environment and to the severing of social and family ties with the context of reference. Both reactive and adaptive mental disorders can be found in these settings (Beirutí et al., 2003).

2.3.3 AGE

Age is an extremely important factor for labour market participation. The available data¹² show that unemployment rates are higher among youngsters seeking their first job and over-45s than in the rest of the population.

Unprotected unemployment figures¹³ reveal how common this situation is among youngsters and, above all, women. Moving up through the age groups, the ratio is gradually reversed as women leave the labour market to look after their families and homes. The highest rate of unprotected unemployment is found among men approximately over 40 (Subirats, 2004), as there is a larger proportion of “inactive” women.

This form of unemployment appears to have a direct impact on mental health, and depends also, among others, on factors such as family situation and gender (Artazcoz, Benach, Borrell & Cortes, 2004).

Consequently, the interaction of different periods during the life cycle with other factors (socioeconomic situation, qualification, working experience, etc.) create differences in terms of employability and lead to situations of social vulnerability.

¹² Spanish National Institute of Statistics data for 2009 and 2010.

¹³ Unemployed people who do not receive any form of unemployment benefits.

2.3.4 HEALTH

There is a lack of statistical data in Spain regarding the unemployment rate among people with mental health conditions. Nevertheless, over 60% of people with a mental health condition are known to be unemployed and only 15% of people with mental health conditions were employed when the condition appeared or had been employed previously (Mental Health Europe, 2008).

These data reveal that people with mental health conditions are exposed to greater instability and insecurity in the labour market, underlining the significant impact of illness or disability on social vulnerability and exclusion, due to the limitations that they impose on the individual autonomy of those who suffer them (Subirats, 2004).

Consequently, the impact of unemployment on mental health¹⁴ increases vulnerability and makes it harder to break the vicious circle of unemployment and mental health problems (Lehtinen., 1984; WHO, 2001b).

2.4 The methodological approach to job placement

A large number of the theoretical approaches previously described converge and interact in the design of job placement schemes. Therefore, some job placement strategies are specifically designed for people at risk of exclusion and, especially, for those with mental health conditions.

Placement programmes or services are schemes that guide and escort people through their search for a job and transition into the labour market.

In order to achieve this, employment services:

- Inform and raise awareness among companies about employing people at risk of social exclusion.
- Advise companies regarding the current labour legislation and available subsidies, as well as on legal changes that promote the hiring of people with disabilities.
- Analyse job profiles and provide resources to enhance employability.
- Design personalised placement pathways together with each service user.
- Provide career guidance.
- Perform job placement tasks.
- Monitor the people starting a job, helping them to adapt and supporting their progress.
- Coordinate with the community resources required to meet their goals (mental health services, community services, employment services, etc.).

¹⁴ The National Health System's Mental Health Strategy 2009-2013 states that "poor mental health is most prevalent among people on sick leave, followed by the unemployed" (Ministry of Health, Social Policy and Equality, 2011).

The placement process involves (Rubio, Palacín, Colomer & Cruells, 2008):

- Identifying individual requirements and needs.
- Determining critical factors for employability¹⁵.
- Designing appropriate placement pathways according to the individual's professional profile.
- Building a work plan.
- Identifying, assessing and enhancing cross-cutting competences (technical, social, work...).
- Investigating opportunities and the necessary support schemes.
- Developing strategies for staying in work once placement has been achieved.

The actions carried out in the employment sphere are based on a series of models that interact to effectively address placement processes for people who find it particularly difficult to enter the open labour market.

These actions are based mainly on the principles of Supported Employment and on the Competency Model.

2.4.1 THE COMPETENCY MODEL

The Competency Model is based on the resources available to an individual to gradually undertake new roles and acquire new skills and capabilities; in brief, to adapt better to change.

Taking on and performing well in a job implies building competences and involve the individual's cognitive capabilities, knowledge and specific work-related behaviours.

Even though it is a very broad concept, the competences deployed in the working environment (Colomer, 2009b):

- Bring together a combination of personal resources (such as knowledge, skills, abilities, behaviours, attitudes, etc.).
- Are geared towards action.
- Are observable through the outcomes of the actions themselves.

In particular, people with mental health conditions have some of their personal and social competences affected, including those required for work.

The Competency Model is key in the new organisational context of post-modern, globalised societies, and is especially relevant in the structure of the job market. This model allows the resources acquired during an individual's life to be identified and restored, and also to carry them over to a variety of contexts, especially for performing a particular job (Colomer, 2009b). In this regard, the model is built around the positive aspects of performance, in other words, on what the individual is capable of doing.

¹⁵ The term employability refers to the chances an individual has of finding a job in the labour market, bearing in mind the personal and contextual factors that affect the person's relation with work at a given time in his/her life and in a specific context.

This conceptual approach is also used for assessing job profiles and recruiting staff, adding weight to the use of this model in the labour market (Mertens, 1996).

In mental health, this approach arises in response to deficit and disability-based models, highlighting instead the individual's competences and skills (Alonso S., Bravo O., & Fernández L., 2004). Especially relevant too is psychosocial rehabilitation, as it works on developing competences to achieve certain levels of autonomy through participation in the community and the promotion of informal social support networks (Brun & Rapp, 2001).

In addition, it is also used in interventions in the field of socio-occupational rehabilitation. These interventions focus on motivational factors, on the individual's potential and on the knowledge acquired through their own experience.

By taking into account this common ground between the capabilities of the individual and the needs of the labour market, the Competency Model also serves as a framework for addressing placement support processes, during which the key competences are developed to improve the employability of groups at risk of exclusion.

2.4.2 THE SUPPORTED EMPLOYMENT MODEL

Supported Employment is a type of employment that addresses the integration of people who have varying degrees of ability and/or particular difficulties finding work in the open market, by providing them with the necessary support (both in and outside the workplace) throughout their working lives. Their employment conditions (tasks, functions, salary, etc.) should be comparable to those of any other employee (EUSE, 2010; Jordán de Urriés & Verdugo, 2003). The concept of support covers every form of assistance provided both to employees and employers.

Supported Employment involves providing opportunities to find and hold down a paid job, based on the individual's specific needs and also on their work-related aims and ambitions. The aim of the method is to find an immediate placement and, once this is achieved, to provide the support required (Verdugo & Urriés, 2003).

Supported Employment is a model for finding people jobs in the competitive market. Initially, it was intended for people with intellectual disabilities, and was later broadened to include other groups of people with disabilities who find it hard to get jobs in the competitive market. One of the forms of Supported Employment that has shown to produce better outcomes for people impaired by a mental health condition is what is known as *Individual Placement and Support (IPS)* (G. R. Bond et al., 2001; G. R. Bond, Drake, & Becker, 2008).

This form of placement has also shown to be more effective than conventional vocational rehabilitation (G. R. Bond et al., 2001; Shepherd, Lockett, Bacon & Grove, 2009).

The key principles of this placement methodology are (G. R. Bond et al., 2001; Perkins, Farmer, & Litchfield, 2009; Sainsbury Centre for Mental Health, 2009):

1. Rapid job search. Preparation and job search take place simultaneously, while training begins after starting the job, preferably within the working context.
2. Job search is consistent with the individual's preferences, needs and priorities.
3. There are no exclusion criteria for taking part in the placement programmes. Everyone who is interested in finding work is eligible to take part in the programme.
4. Both jobs sought and salaries paid are within competitive market boundaries. This is the primary goal of the employment service. It does not address jobs specifically created for people with a disability (in sheltered environments or segregated from the open market).
5. Individualised time-unlimited support is provided to the required degree, both to the individual (for holding down the job and for searching for new job openings) and for the employer.
6. Employment specialists and community mental health teams work in close cooperation. Clinical treatment and job search are simultaneous; therefore these teams must be integrated and be actively involved in the goals of the placement process.
7. Counselling support on welfare benefits (deductions, social benefits, etc.) to allow individuals to make what they consider to be the most appropriate decisions before starting work, and whenever else required during their working lives.

Finally, a new principle has been included:

8. Employment specialists build relationships with employers to get to know their needs and preferences, offering companies a service while seeking job opportunities for service participants (Dartmouth Psychiatric Research Center, 2011). This means that the services are community-oriented.

This model allows the employment service's practices to be assessed, using a Fidelity Scale (see Appendix 2) (Dartmouth IPS Supported Employment Center, 2008) that evaluates the actions and strategies implemented against a set of evidence-based indicators that have shown to be more effective and to produce better outcomes in the integration of people with mental health conditions (G. R. Bond et al., 2001; G. R. Bond et al., 2008).

As we have seen in its principles, Supported Employment is also characterised by the active involvement of companies and by its intermediary role in the placement process. Therefore, support is provided both to users and to companies to ensure that all parties are satisfied with the working relationship.

Beyond the methodological and contextual alternatives of Supported Employment, there is a series of common aspects that form the basis of the model (EUSE, 2010):

- Paid work in the open market.
- Individualised and ongoing support.

This model addresses social integration through the dignified exercise of each individual's rights as citizens. Its values are (EUSE, 2010):

- Individuality: attention is focused on the individual's own needs and interests.
- Respect: for their personal situation, decisions, needs and wishes.
- Autonomy: involves supporting the individual's self-determination and decision-making regarding his/her own life plan.
- Informed choice: implies helping to raise people's awareness regarding their options, to choose according to their own preferences, and to accept the consequences of their choices.
- Empowerment¹⁶: as regards the individual developing an active role in the placement process, and in their way of life and participation in society.
- Confidentiality: the service treats people's data confidentially, complying with the regulations in force and using them only with their due consent.
- Flexibility: adapting the mechanisms and services to the user's needs.
- Accessibility: the services and the information pertaining to them are available to all those interested.

The support provided is characterised by its: flexibility, varying degree and intensity according to the individual's and the company's needs, time-unlimited nature throughout the integration process, and also as regards adjusting to the job and holding it down. In other words, the individual is provided support throughout his/her entire working career (promotion, training, changing companies, etc.).

Under this approach, the individual actively plays the lead role in his/her integration process; encouraging the highest possible level of autonomy is a guiding principle of the entire process.

Consequently, Supported Employment has proved to be highly effective with people with mental health conditions, since the specificity of the support promotes tailor-made processes that can be adapted to the immense diversity found within this group.

While mental health conditions do not necessarily affect intellectual capabilities or job skills, they can involve certain barriers for finding and holding down a job, such as the symptoms inherent to the condition, certain cognitive functioning deficits, and the concurrence of other associated problems (R. E. Drake & Bond, 2008).

In this regard, Supported Employment seeks to overcome these limitations by providing individual support and specific strategies for each situation.

¹⁶ Understood as the building and strengthening of one's own capabilities. This refers to the process of gaining the power and control over one's own life that is needed to live with dignity and self-determination. Implies taking responsibility for one's own life and wellbeing.

Supports are the components required to help people overcome the deficits caused by their disability and to successfully cope with their work (Verdugo & Urrías, 2003).

The basic components of the support provided to people with mental health conditions are related to (Verdugo & Urrías, 2003):

- Designing an appropriate plan, tailored to each individual, minimising their limitations and strengthening their capabilities.
- Being flexible in the design of jobs, working conditions (shifts, working hours, etc.).
- Utilising natural supports (family, friends, workmates, etc.) as tools to aid integration, thus minimising the need for specialists.

Additionally, when designing the type of support that the scheme needs to provide for people with mental health conditions, certain singularities of this group should be taken into account:

- They tend to have certain motivational difficulties (R. E. Drake & Bond, 2008; Mueser & McGurk, 2004).
- The intensity of support required varies throughout the placement process and is determined by the needs of the individual.
- The coordination between employment services, mental health services and community psychosocial rehabilitation services is important for the process of finding and keeping a job (G. R. Bond et al., 2001; Kopelowicz & Liberman, 2003).
- The need to work constantly on job adjustments.
- Support related to workmates and managers.

One of the key components in this approach is the role performed by the employment specialist as the user's person of reference. The specialist performing this task needs to be familiar with the individual and their environment in order to adequately design the supports based on the person's needs. In addition, the specialist needs to be creative and capable of implementing the strategies required to overcome and/or compensate for each of the limitations and barriers posed by the individual and the context, in order to achieve the best possible outcomes from the placement process (Boston University, 2010b; McGurk & Mueser, 2006).

2.5 The employment specialist as the mainstay of support and guidance

While it is the individual who plays the lead role in his/her placement process and life plan, the support provided by the employment specialist¹⁷ is an essential part of the process to help people with particular difficulties into the open market.

In order to fulfil the aim of helping people with mental health conditions into the labour market, employment specialists provide them with support, advice, tutoring and/or follow-up, both during the job search (pre-placement support) and in the early stages of the job, as well as providing post-placement follow-along support according to the employee's and employer's needs.

Their purpose is to lend their support to a placement process that is linked to a pathway for social integration, based upon:

- A diagnosis of the situation of the functional, social, cultural and economic variables involved.
- Each user's individual preferences, motivations and expectations, bearing in mind their personal and professional goals.
- The identification of work-related capabilities and limitations, and the implementation of strategies to enhance the former and overcome the latter.
- The individual's own resources and potential and those of the environment.
- The implementation and management of the support best-suited to each phase of the process.
- The requirements of the labour market and of each particular job.

To do this, they assess the global functioning (WHO, 2001a), capabilities, skills, competences and difficulties of their clients in work settings, in order to direct their search for resources (training, occupational...) as best suited as possible to the needs of their clients.

It is essential that they deconstruct their own stigma towards their client group and that they believe in their capabilities.

By analysing the variables concerning each user, the employment specialist will be able to help build a pathway that is adapted to the user's professional profile, to their expectations, motivations, goals, and to the offers and requirements of the labour market.

To this end, it is advisable for the employment specialists to have certain skills and attributes:

¹⁷ The terms job coach and employment specialist are considered synonyms in this Guide.

- Knowledge regarding the group of people they work with (such as people with mental health conditions).
- A high degree of emotional stability and capability to control their own emotions; flexibility; ability to adapt; capacity for teamwork and networking; enthusiasm; responsibility; good frustration tolerance; planning capabilities; interpersonal relationship skills; good communication skills; creativity...
- Attitudes and skills for establishing and maintaining relationships with employers: sales skills; negotiation skills; empathy; assertiveness; problem-solving skills...¹⁸

¹⁸ See Appendix 3 for further information on the main competences and responsibilities of employment specialists.

The job placement process

3

3. The job placement process

Job placement for people with mental health conditions is an individualised process that is built step by step through the decisions made by the user at the heart of the process, with the support of the resources available in his/her environment and of others especially designed for the process.

Support provided by employment specialists is also crucial to the process. It is essential that they identify the factors that influence the placement process and are familiar with the most appropriate tools, methodologies and competences for providing support as best suited to each case.

This chapter addresses the job placement process from the perspective of the support provided to job seekers and of the pathway that allows them to start working, mainly in the open market, through the available mechanisms¹⁹.

Whilst each process is individual and unique, every placement process requires the completion of certain common stages, as shown in Figure 3.1.

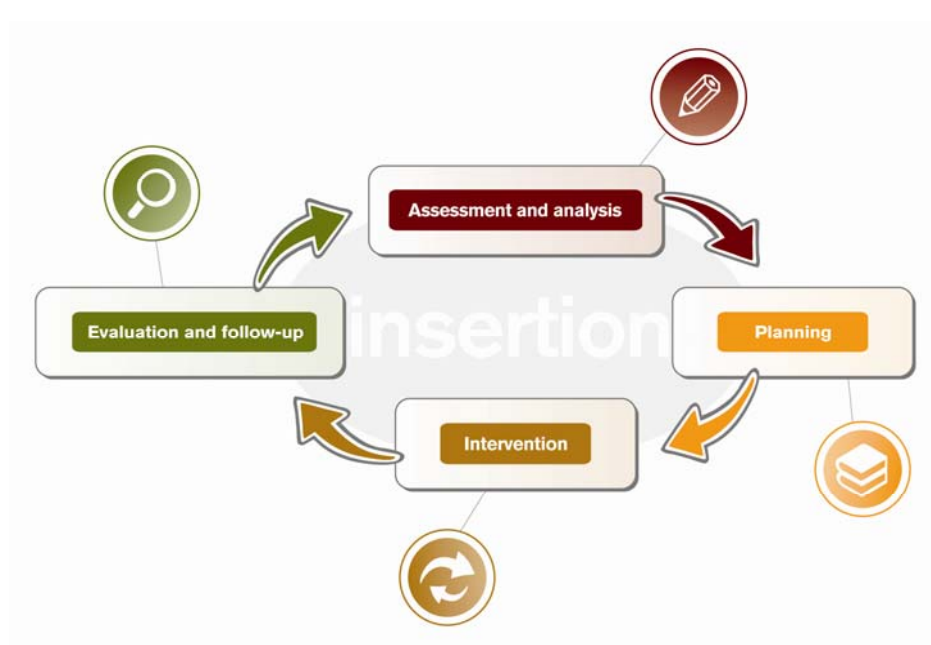


Figure 3.1: Structure of the approach to the job placement process
Source: Own material

¹⁹ See Appendix 4: Employment support mechanisms.

The assessment and analysis stage involves: getting to know the individual; assessing his/her circumstances, competences, skills, knowledge, ambitions, motivations and employment goals; exploring his/her strengths and weaknesses; detecting his/her opportunities in the labour market in view of his/her preferences and possibilities; and also, learning about the course of his/her mental health condition and its impact on her/his functional capacity, especially in the working environment.

This stage is composed of two aspects:

- 1) Compiling information, which implies obtaining the data required to conduct the assessment.
- 2) Analysis and assessment, which involves integrating the information obtained and translating it into a diagnosis to inform future decisions.

Once the information has been compiled and the individual's situation, needs and requirements analysed, the next step is to establish a series of goals and design a set of measures to meet them, bearing in mind the final outcome expected from the placement process as well as the priorities established.

The Planning stage therefore involves designing a specific pathway for each situation and need, including tailored activities to be implemented in the immediate future and the support required to implement the pathway.

Implementing an individual process involves intervening in the reality of the person engaged in the job placement process to drive changes that can help him/her achieve the initial aim.

Finally, the Evaluation of the strategies and activities implemented, of the changes needed in the plan or pathway, the degree to which the goals have been met and the follow-up conducted allows us, if necessary, to redesign the pathway to ensure that it is continuously adapted to the changing needs of the individual and to the context in which it takes place.

This process of assessing and analysing, planning, implementing, evaluating and monitoring forms a logical, ascending spiral towards job placement, which is one of the cornerstones of social inclusion (Figure 3.2).

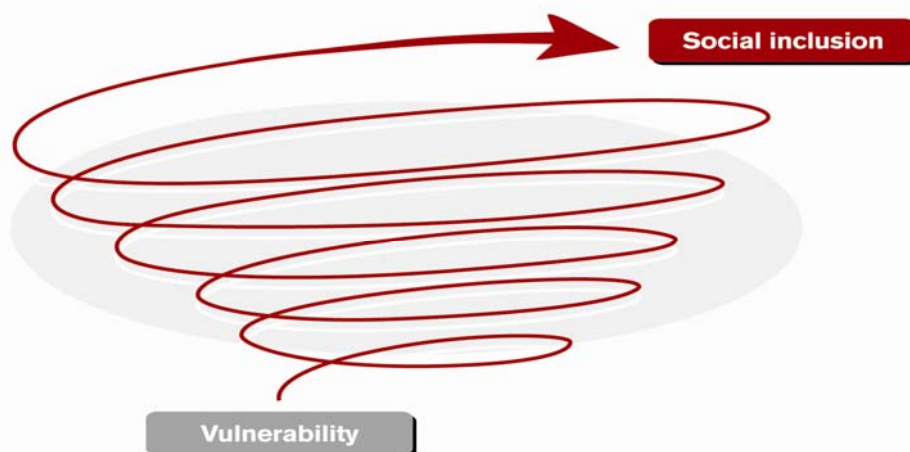
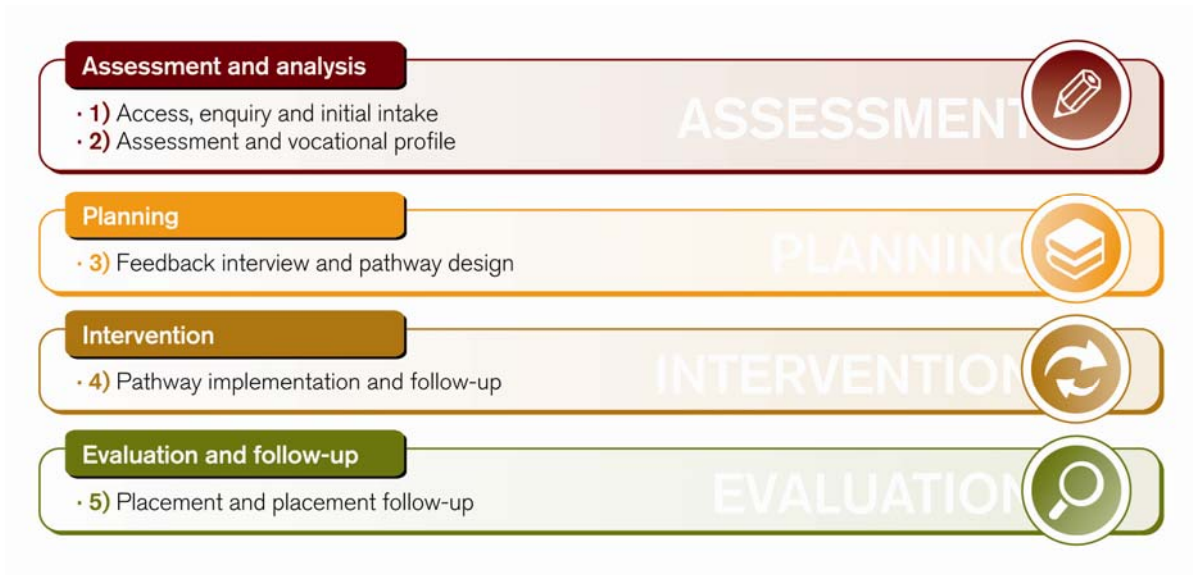


Figure 3.2: The course of the placement process
Source: Own material

Phases in the job placement process

The common stages of every placement process involve several phases²⁰, which are inherent to its design and implementation:

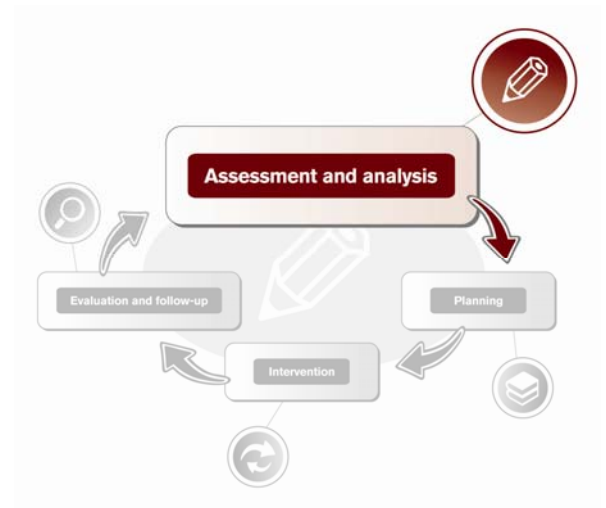


The duration of each phase varies in each individual case.

3.1 Access, enquiry and intake

Access to the employment service can be gained through several means:

- Referrals made through the mental healthcare network (mental health centres, community rehabilitation services, day hospitals, pre-placement services, etc.).
- Referrals from other community agencies or services (primary care, social services, specialist care teams, training centres, etc.).
- Recommendation by others who have been through the placement process with the agency.
- Own initiative.



²⁰ The phases of the placement process were discussed and agreed by the working group involved in producing this Guide.

- Employers can also approach the employment service to seek advice, on how to adapt a job post for instance. They can also refer a specific employee and ask the service to perform the follow-up and provide the necessary support to help him/her keep the job. This type of intervention is extremely useful both for employees and employers (see Chapter 5).

Figure 3.3 displays the different ways of gaining access to the employment service.

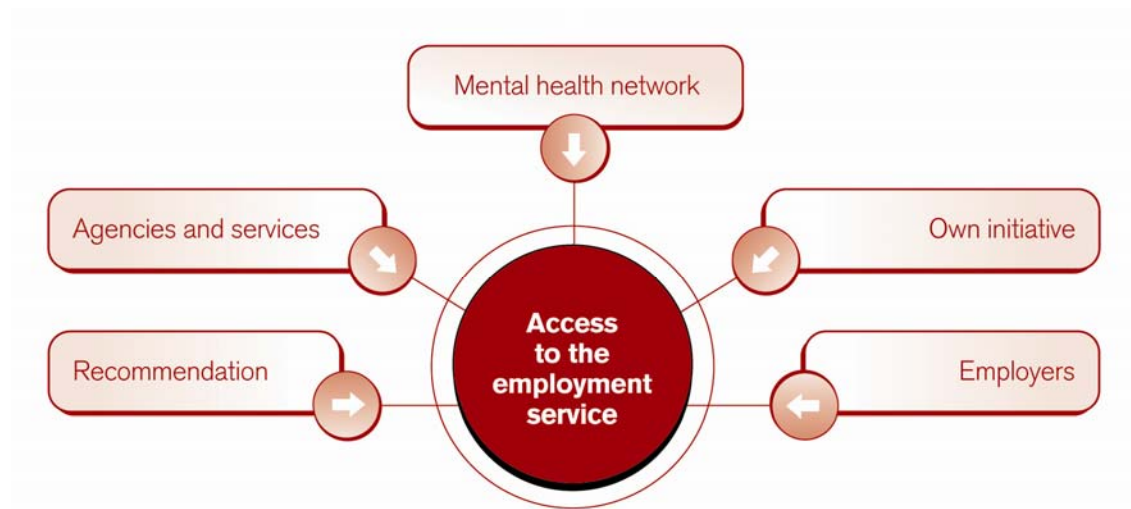


Figure 3.3: Means of access to the employment service
Source: Own material

Each type of referral can give rise to different situations:

- If the individual is referred by an organisation within the mental healthcare network, we can infer that:
 - The individual is a client of a larger, health-related network.
 - His/her condition is being clinically monitored.
 - The intervention can be coordinated, and placement can be jointly assessed with the specialists monitoring his/her condition, bearing in mind its potential impact on the user's mental health. Consequently, the job placement process takes place simultaneously with clinical treatment, encouraging effective coordination between both groups of specialists (Perkins et al., 2009) and the integration of treatment and rehabilitation (Kopelowicz & Libermann, 2003; Perkins et al., 2009).
 - It allows the employment specialist to validate his/her knowledge of the mental health condition, making it easier to establish a bond with the user later on.
 - The referring organisation can supply data collected previously on the user's personal, family, social and work-related situation, avoiding the duplication of efforts.

Referrals from the mental health network would be an ideal and feasible point of entry when the user of the community mental health services has asked to start working. However, once users have enrolled in the employment service, they cease to play a "patient" role and acquire an active role determined by the established pathway (job-seeker, student, worker, etc.).

- When individuals are referred by other agencies or community services, we can presume that:
 - They are clients of larger institutional networks.
 - The employment service should liaise with the referring organisation, both to broaden its knowledge of the client and to coordinate its work with the organisation already conducting an intervention so as to avoid sending out contradictory messages.
- Another point of entry to the service is via a recommendation²¹, or on the individual's own initiative. In either case, the individual may be linked to a health service (within the community of reference or outside the local network) or not.
 - If the individual is linked to a health service and reports this to the employment team, it would be advisable to assess the need and pertinence of getting in touch with the appropriate caseworker (prior agreement with the client) in order to agree a coordination mechanism to jointly conduct the placement follow-up process.
 - However, when an individual approaches the service independently, no form of coordination is established for the initial phase unless the individual specifies that he/she is undergoing treatment. In such cases, information should be obtained about the specialist team monitoring the client's condition in case they need to be contacted in future.²²
 - On the other hand, when the individual contacting the employment service reports some form of malaise or the employment team observes a situation requiring specialist care, it is advisable for the employment team to agree a referral to the mental health network with the user.

Whenever the individual has been referred by another agency or service, the latter should be informed that the individual has contacted the employment service so as to establish the conditions for future coordination.

This response to the referral is a means of establishing communication between agencies and specialists to strengthen their ties (see Appendix 6: Form for answering referrals).

During the intake phase, this tool provides information about the referred person's link to the service.

²¹ In some cases, a mental health centre might recommend visiting the employment service without making a formal referral. This can spell an opportunity for employment service specialists to establish more formal contact and pave the way for a more stable coordination mechanism (see Chapter 6).

²² It is important to bear in mind that one of the basic principles of the Supported Employment method followed with people with mental health conditions involves working closely with the community health service. This implies sharing information, goals, discussion and decision-making, (G. R. Bond et al., 2001). It is therefore advisable to follow coordination mechanisms to facilitate this cooperation. This issue is discussed in Chapter 6.



The intake phase begins when the individual arrives at the agency (via a referral, recommendation or on his/her own initiative) and ends when a decision is reached regarding his/her enrolment and participation in the programme.

The aims of this phase are:

- A. To record and clarify the enquiry.
- B. To provide information about the placement programme and its features (voluntary nature, aims, goals, methodology, commitment, availability, framework, etc.).
- C. To establish engagement in the process.
- D. To start to create ties with the employment specialist.

To this end, during the initial intake interview it is advisable to:

- Provide oral and written information about the service and, more specifically, on the programme itself (see the Information about the Service document in Appendix 8).
- Determine the nature of the individual's enquiry.
- Find out about his/her expectations and needs.

A. Recording and clarifying the enquiry.

In theory, the enquiry is an explicit formulation of what the individual wishes to obtain. However, it is not always explicit nor does it always express the wishes of the individual visiting the service. Both of these issues should be assessed before beginning a placement process.

Clarifying the enquiry involves establishing:

- 1) What the individual wants to obtain from the service (for example: help in the job-search process; a job; some sort of activity to occupy his/her time meaningfully; guidance, etc.).
- 2) Whether the enquiry is spontaneous or coaxed (i.e., whether it arises voluntarily from the individual visiting the service or whether it has been urged by the referring team, family, etc.).

Regardless of whether the enquiry is spontaneous or coaxed, it is advisable to determine what the individual expects from the employment service. In other words, how the individual thinks the employment service can help him/her.

It is advisable to write a word-for-word transcript²³ of the enquiry, since explicitly stating his/her request leads the individual to take responsibility and ownership of what he/she is consciously requesting. In addition, the transcript serves as a guide for reformulating the request during the placement process itself.

²³ The word-for-word transcript of enquiry is recorded in the Initial Intake Interview form, Appendix 7.



Key aspects when listening to the enquiry:

- Ask open-ended questions.
- Give the individual time to express him/herself.
- Show interest and listen actively.
- Try to make the individual feel at ease and free to talk about his/her interests, wishes and needs.
- Avoid criticism and value judgements.
- Establish the context from which the individual is making his/her enquiry.
- Check understanding by summarising and repeating the individual's statements.

B. Giving information about the placement programme and its features.

During this initial contact, the employment specialist explains:

- The voluntary nature of participating in the programme.
- The goals and methodology of the placement process, which are driven by the desired outcomes.
- That participation in the programme implies undertaking a commitment with the agency and the employment specialist.
- The programme framework as regards the relationship with the employment specialist who is going to follow the process along.
 - Confidentiality.
 - The responsibility and involvement of the individual as the main actor in his/her placement process.

This oral information is backed up by the written materials provided²⁴, which also give the user a rough idea about what programme participation involves, how much time he/she will need to invest in the process, the potential incompatibilities with the welfare benefits he/she might be receiving, what the potential changes might mean for the organisation of other activities he/she is engaged in, etc.

C. Establishing engagement in the process.

At this point, with the aid of the information compiled from the referral source²⁵ (if available), and bearing in mind the individual's interests and preferences, employment specialist and client can determine whether or not the programme is capable of answering to the individual's needs and whether the individual is suited to the programme in view of the participation criteria,²⁶ if applicable.

²⁴ See Appendix 8, Information about the Service.

²⁵ See Form for Referral to the Employment Service, Appendix 5.

²⁶ Very often, programme inclusion criteria are agreed when coordination is established between the agencies involved with the client. See Chapter 6 in this Guide.

It is important to point out that the “Individual Placement and Support” (*IPS*) model of Supported Employment does not exclude any job seekers as this would imply an initial form of discrimination, and exclusion is precisely what the approach seeks to avoid (Bond et al., 2001; Sainsbury Centre for Mental Health, 2009). Nevertheless, it is still essential to clarify the enquiry and assess the individual's motivation for seeking work, as this is an indicator of success in placement processes (W. A. Anthony & Jansen, 1984).

Referral to a more suitable service may be considered if programme participation is not recommended, bearing in mind - when applicable - that the strategy should be jointly coordinated with the agency who initially referred the individual. In these situations, it is agreed that the individual will not participate in the programme, explaining the motives, and the referring specialist is informed to ensure that other aspects of the intervention continue.

This coordination with the referring service also helps to establish working approaches and to define the appropriate profiles for future referrals.

In addition, it provides the individual with the necessary information about the programme and enables him/her to decide whether or not to proceed. When the individual decides to begin the job placement process, the assessment and vocational profiling phase begins.

If an individual who has approached the service of his/her own accord determines that what the service provides does not meet his/her needs and decides not to go ahead, a referral can be considered or the individual can be invited to return whenever he/she deems it to be of interest.

D. Starting to create ties between user and employment specialist.

During the intake process, and once the individual's participation in the placement process has been agreed, the employment specialist should foster his/her ties with the individual, establishing both the guiding lines of the process and each party's role in it, so as to ensure that all parties feel at ease with the relationship. Encouraging these ties from the very beginning helps to foster engagement both in the process itself and with the employment service or programme.

In this regard, the tie should be based upon confidentiality and mutual trust:

- On behalf of the individual taking part in the process: accepting the specialist as a guide for the placement process, bearing in mind that the individual him/herself is its sole protagonist.
- On behalf of the specialist: empowering the user in the placement process and respecting his/her decisions. It is the client's employment project and it is he/she who must make these decisions.

Follow-along implies being there to provide support on the road to finding work and building a career. It does not mean deciding what path to take.

On the other hand, the means through which the client gets in touch with the service also affect the ties established with the employment specialist. For instance, a referral from another community organisation provides information regarding certain issues related to the client's mental health condition and social context, helping to build trust and facilitating future assessments.²⁷

Maintaining good communication between all parties involved aids both the job placement process and the fulfilment of its goals.

3.2 Assessment and vocational profile

Once the individual has been provided with the appropriate information, accepted the programme conditions and decided to take part, the process proceeds to the assessment phase, in which information is researched, compiled and analysed.

The assessment phase starts by compiling the information that will serve to build the vocational profile and diagnose the individual's situation, and concludes when the information has been analysed and the factors that facilitate or hinder the placement process have been identified.



The aims of this phase are to:

- A. Learn about the participant's personal characteristics, competences and environment.
- B. Determine the facilitators and barriers for the placement process and for future integration into the labour market.
- C. Assess the situation of the labour market in the sectors of interest.

A. Learning about the participant's personal characteristics, competences and environment.

The number of interviews required for the assessment and profile-building phase depends on each particular case and on the procedures in place at each employment service.

Nevertheless, it can be divided into two parts according to the information sought²⁸:

²⁷ For example, an individual referred by a mental health centre can expect both agencies to have been in touch beforehand, and should find it easier to talk about his/her condition, background, response to treatment and other issues, in the knowledge that all of the parties involved are aware of them.

²⁸ If authorised by the employment team, the first and more generic part of the assessment can be conducted by a social worker and the second by a psychologist. However, it is easier to consolidate the relationship of trust with the client if the same person conducts both assessments.

- 1) Firstly, related to the information required regarding the individual's environment and his/her social, economic, vocational and health-related situation, the family or community support available, etc.
- 2) And a second part assessing personal, emotional and competence-related aspects. This second part capitalises on the ties established during the former to address more personal information, which the user might otherwise have difficulty talking about (for instance, information related to his/her mental condition).

Table 3.1 displays a series of aspects to be assessed in each case²⁹:

Table 3.1: Assessment of the environment and of the participant:

Assessment of the environment	Assessment of personal aspects and competences
Identify social, economic, housing, mobility needs, etc.	Assess competences (technical and cross-cutting), skills, knowledge, aptitudes and attitudes.
Identify key cultural aspects for the job placement process.	Assess self-esteem, self-concept and self-image.
Determine types of support currently available.	Find out what type of jobs the user is interested in.
Point out relevant social relationships (immediate network) and those willing to help in the placement process.	Identify motivations and attitude towards work.
Establish which welfare benefits the individual receives and their importance for his/her household.	Determine prior working experience (type of experience, duration, continuity or gaps in the CV, etc.).
Find out if he/she has family responsibilities.	Identify preferences as regards the desired job and whether or not expectations are compatible with the reality of the labour market.
Indicate whether he/she takes part in groups, associations or community activities (volunteer work, etc.).	In referred cases, learn about the history and stability of the disorder, the user's adherence to treatment and his/her relationship with the healthcare team.
	State whether the client is aware of his/her condition and of how to manage its symptoms.
	Assess self-determination, autonomy and decision-making capability.
	Find out whether the user has a disability certificate, the degree of the disability and whether or not he/she wishes to use it for the job search. Also, find out whether the client would prefer to disclose his/her condition in the company if he/she finds a job.
	Learn about the user's daily routines and leisure and recreational activities.

²⁹ See Appendix 7, Initial Intake Interview templates.

During the assessment, special attention should be paid to interpersonal competences and skills, behaviour patterns towards authority, and also stress management and coping with situations of conflict, to help identify what aspects need to be worked upon during the placement pathway.

Assessing these environmental and personal aspects allows us to establish:

- The client's degree of employability, in other words, his/her chances of finding a job, bearing in mind his/her personal, social, psychosocial and health-related situation, education, work experience, readiness to work (hours, salary, jobs he/she is willing and able to do...) and mobility, as well as his/her personal and professional competences for a particular working context. The purpose of the concept of employability³⁰ is to serve as an indicator of how the individual relates to work at a specific point in his/her life and in a specific labour market context. From this point of view, it is dynamic, relative and variable (Cabo, Pagán & Nieto, 2008). Under this definition, employability can be developed by working on the factors that can significantly help to improve it. These are related to personal factors (education, job experience, etc.) and competences (basic, technical and cross-cutting) (Rubio, Palacín, Colomer, & Cruells, 2008).³¹
- The facilitators and barriers in the individual's environment, which impact the aims of the placement by enhancing or limiting the individual's performance.

The diagnosis of situation and employability involves assessing the capabilities, potential, motivations, expectations and difficulties of the individual undertaking the placement process.

For each of the assessment interviews, it is advisable to clearly define and state:

- The goals of the interview.
- The subjects to be addressed.
- The course of the interview.
- Conclusions.
- Agreements, commitments and actions to be implemented.

We recommend reading Appendix 10, which provides guidelines for conducting interviews.

B. Determining the facilitators and barriers for the job placement process and for future integration in the labour market.

In order to conduct this assessment, it is necessary to establish which supports the individual is currently using and which he/she might need, both during the placement process and for integrating into work. The information required for the diagnosis can be assessed, for example, using Table 3.2: Enhancing and Limiting factors as an analytical tool.

³⁰ The employability implies performing paid work.

³¹ It is understood that structural factors are difficult to change because they generally depend on the global context beyond the individual's control.

Table 3.2: Enhancing and Limiting factors.

	Enhancing	Limiting
Environmental features	Family support for finding a job. Relevant social network.	Income from welfare benefits. Caring for elderly people.
Personal and competence-related features	High degree of motivation. Stability of treatment.	Low self-esteem. Scarce awareness of the illness. No job experience.

This is a simple template to gain insight on the client's situation. Alternatively, the situation can also be assessed conducting a SWOT analysis³².

Some of the factors that might affect future integration into work include:



- The individual's motivation for entering the labour market (R. E. Drake & Bond, 2008; Grove & Membrey, 2005; Sainsbury Centre for Mental Health, 2009).
- Prior work experience. (W. A. Anthony & Jansen, 1984; McGurk, Mueser, Harvey, La Puglia & Marder, 2003).
- Awareness of the illness (Giugiaro et al., 2011).
- Expectations “matched” with the reality of the labour market.
- Support from family and social networks.
- Successful participation in prior training programmes or other integration processes, such as the development of skills in mock or sheltered work environments (W. A. Anthony & Jansen, 1984).
- Positive self-concept related to the worker role (W. A. Anthony & Jansen, 1984);
- “Self-belief” (Grove & Membrey, 2005).
- Developing basic social competences (W. A. Anthony & Jansen, 1984). These competences improve significantly with working experience and have a positive impact on self-esteem and self-confidence (Grove & Membrey, 2005).

Conversely, the barriers that hinder placement and/or keeping the job for people with mental health conditions include:

- The severity of the condition³³: negative symptoms, cognitive deficits, concomitant health problems or addictions (W. A. Anthony, 1994; R. E. Drake & Bond, 2008; Grove & Membrey, 2005; McGurk et al., 2003).

³² Appendix 12 provides an example of how to perform a SWOT analysis of the situation.

³³ While there is evidence that the symptoms and diagnosis are poor predictors of individuals' future work performance (W. A. Anthony & Jansen, 1984), the severity of the symptoms could affect their cognitive and social functioning and their hinder performance. However, this could be compensated for if the employment service increases the intensity and quantity of support (McGurk & Mueser, 2006; McGurk et al., 2003).

- Amount of time out of a job or lack of experience (W. A. Anthony & Jansen, 1984; McGurk et al., 2003).
- Stigma, as a social barrier hindering access to the job market (Crisp, Gelder, Rix, Meltzer & Rowlands, 2000; Link, Struening, Neese-Todd, Asmussen, & Jo C. Phelan, 2001; Perkins et al., 2009).
- Low level of expectations on behalf of mental health professionals, and of society in general, regarding the ability of people with mental health conditions to work, leading to a low level of expectations in the individual his/herself as regards his/her own possibilities and capabilities (Perkins et al., 2009).
- Lack of adequate attention for people's individual needs (Perkins, et al., 2009)
- Lack of coordination with the mental health network (G. R. Bond et al., 2001; Cook et al., 2005).
- The characteristics of the job market.
- Receiving welfare benefits that are incompatible with employment
- (Cook et al., 2005; R. E. Drake & Bond, 2008; McGurk et al., 2003).

This last point is an important issue, since many people with mental health conditions who show interest in working decide not to for fear of losing welfare benefits that might be difficult to have reinstated later. Consequently, permanent welfare benefits received providing that the conditions under which they were granted remain unchanged, combined with the instability of the job market, make taking the first step into employment harder for fear of failing to hold down the job and being left without any means of subsistence. This largely economic factor also involves decisions taken in the family environment and not only those made by the individual on benefits.

In such cases, before the employment service encourages a decision, the individual should have a clear understanding of the advantages and disadvantages of employment and assess its potential risks and benefits.

It is also advisable to study each case thoroughly and assess all of the possibilities and modalities of employment, as welfare benefits are often compatible with sheltered work as a first step towards finding a job in the open market.

It is therefore recommendable for the employment service to be able to provide welfare counselling, either through another agency or through a team member specialised in these issues.

In addition, to aid the assessment and building of the vocational profile, it is advisable that the individual provides an updated CV (if available), his/her employment record (if he/she has worked before) and any training certificates held, plus documentation related to welfare benefits and any disability certificates or reports held.

As regards disability certificates, it is important to establish if it is advisable to obtain one (when one is not held) and whether or not to use it in the placement process. This is part of the work that has to be carried out in the pathway, depending on the client's needs and preferences, and is also relevant for adjusting to the reality of the labour market.

When the client has been referred by a pre-employment service, training service or Special Employment Centre, information can also be obtained on his/her performance in settings that bear certain similarities to the conditions found in the competitive labour market (W. A. Anthony & Jansen, 1984).

This would allow the assessment, for example, of:

- Stress tolerance.
- Work rate and perseverance.
- Ability to learn and memorise.
- Concentration and comprehension.
- Supports needed.
- Attendance and punctuality.
- Interpersonal relationships.
- Autonomy.
- Problem-solving skills.
- Motivation.
- Links and relationships with superiors.
- Teamwork.
- Negotiating skills.
- Responsibility

Regardless of how this information is sourced and assessed, it is extremely important to learn about the individual's functioning in other work environments, as it allows us to learn from experience.

It is also necessary to carefully assess enrolment in the placement programme of people who are not fully aware of their mental health condition, are unstable and do not adhere to treatment³⁴.

The evidence available on the matter suggests that there is no reason to exclude people who want to find a job from employment programmes on the basis of their diagnosis, symptoms, hospital record, work experience or social functioning (Grove & Membrey, 2005), since successfully finding and holding down a job is not exclusively related to any of these factors when employment supports are provided.

However, people's needs and the resources available for meeting them need to be considered.

In such cases, it is up to each agency to decide, in view of its own means, whether or not it is capable of answering to the needs of the individuals it enrolls in its placement programmes. If, for instance, a generalist placement agency is incapable of meeting these needs, it should consider referring the client to an employment service that specifically focuses on mental health or to any other it may deem more suitable, in coordination (if possible) with the mental healthcare team monitoring the client.

³⁴ Although there is no evidence to suggest that adherence to treatment is a reliable predictor of successful placement, awareness of the condition does seem to bear relation to the outcomes of competitive employment in people who have not received specific employment support (Giugiaro et al., 2011).

However, it is not advisable to base these decisions on broad generalisations, since the likelihood of success depends on the specific circumstances of particular case. Furthermore, successful working experiences reinforce aspects such as motivation, self-esteem and individual efficiency, improving the individual's global functioning in different areas (Grove & Membrey, 2005).

Depending on the individual's level of autonomy, the initial assessment could be completed by conducting interviews with members of his/her close family environment. This is only contemplated when certain people in the individual's environment are considered to have a significant influence on the placement process due to the support they might provide for fulfilling the intended aims (Swanson & Becker, 2011).

The family may act as a facilitator, but also at certain times as a barrier for the autonomy of the individual; these situations are unique to each participant. Aspects to be taken into account include cultural characteristics, the economic and social situation of the individual and the relationships between family members, as well as communication and interaction patterns, emotional bonds, interdependence, etc.

The employment service should always seek to promote the individual's autonomy and independence.

An initial assessment interview with family members would help to:

- Identify the level of natural supports in the individual's closest environment.
- Obtain information about prior training and/or working experience.
- Cross-check the information provided by the individual.
- Check the individual's stability and adherence to treatment.
- Assess potential barriers or facilitators fostered by the family environment.

If considered appropriate and suitable, contact with family members could continue throughout the job placement process.

The Information for Families sheet (Appendix 11) may prove useful for explaining the nature of the programme and the family's potential involvement in the placement process.

In order to conduct the initial assessment, in addition to the Assessment Interview templates (see Appendix 9) and the guidelines for conducting interviews (see Appendix 10), the individual must first provide his/her consent and take responsibility for the data provided to the organisation.³⁵

Other tools that can be used to complete this assessment include:

- Questionnaire on job motivation for people with chronic mental conditions (Colis, Coy, Galilea, López & Pascual, 1996)³⁶ (see Appendix 13).

³⁵ It should be noted that the data provided by clients are subject to the regulations on Personal Data Protection of Spain's National Agency for Data Protection (<http://www.agpd.es/portalwebAGPD/index-ides-idphp.php>).

³⁶ Version validated by Pascual, López & Coy, (1998).

- The Cloe tool (*on-line*): assesses skills, basic work habits, motivation and awareness of the need for support:
<http://www.oficinatreball.cat/cloe/ST?LANGUAGE=ES&CNMACTION=showIntro>
- Form for recording job-search skills (see Appendix 14).

With all of the information compiled, it is now possible to start building the vocational profile.

C. Assessing the situation of the labour market in the sectors of interest.

In order to plan appropriately, it is also necessary to research the situation of the job market in the sector in which the user is interested or experienced. It is therefore advisable to start prospecting for companies during the Assessment and analysis phase³⁷.

This information is necessary to design the pathway in accordance with the client's needs and the requirements of the labour market.

3.3 Feedback interview and pathway design

The information drawn from the initial assessment serves to establish the key aspects for planning a pathway that is suited to the client's needs and requirements.

The planning phase involves designing the measures and actions required to fulfil a series of goals previously agreed with the client engaged in the job placement process. Therefore, the outcomes of the initial phase need to be shared and analysed with the user in order to agree the intended goals.



Designing the employment pathway involves building a compromise between the client's expectations, preferences and competence profile on the one hand, and the requirements and needs of the job market on the other. This allows the pathway to contribute to the job matching required for job placement.³⁸

³⁷ See Chapter 4.

³⁸ The job-matching form can prove useful for establishing the degree of adjustment required between a job offer and the user's preferences (See Appendix 15).

The concept of job-matching is illustrated in Figure 3.4.

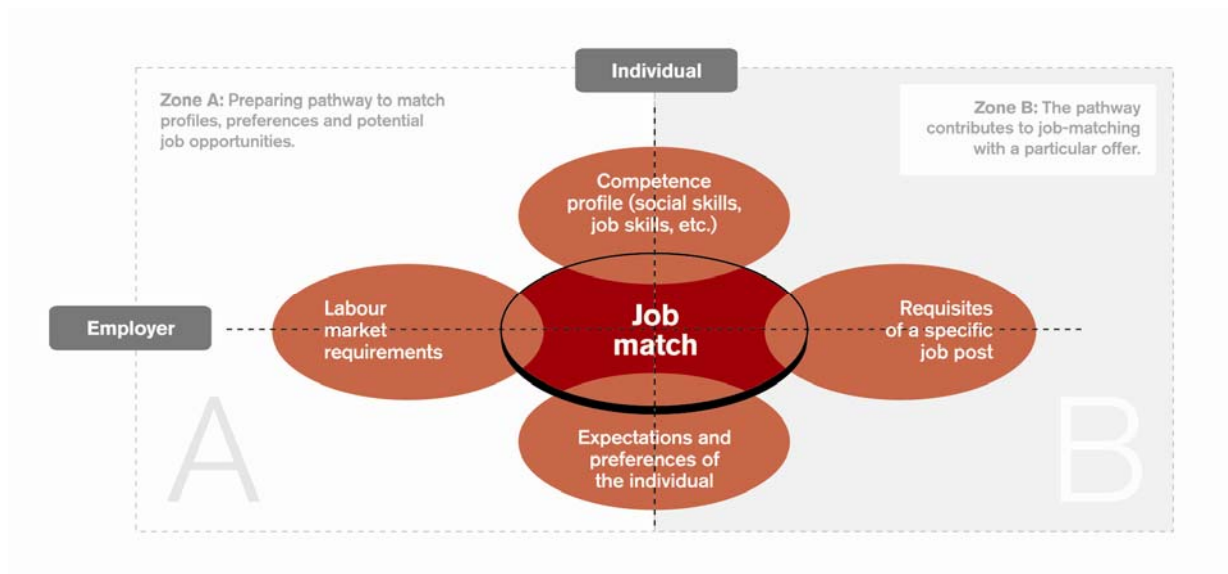


Figure 3.4: Pathway and job-matching
Source: Own material

To reach this compromise, the assessment and vocational profile process needs to have been carried out simultaneously to the analysis of the sectors of interest for the user's placement conducted through the prospection of companies (see Chapter 4).

The feedback interview and pathway design phase begin by reflecting on the results obtained from the assessment (vocational profile, diagnosis of the situation and employability), and ends with the design of a work plan or pathway that must be agreed between the employment specialist and the client.

The aims of this phase are to:

- A. Reflect upon the initial assessment: the feedback interview.
- B. Jointly design the placement pathway.

A. Reflecting upon the initial assessment: the feedback interview.

The client should be provided with detailed explanations regarding the aspects assessed in the previous phase and on his/her situation in terms of employability.

This allows the client to establish his/her employment objectives within the framework of the requirements of the labour market, and also to come to terms with his/her preferences, expectations, attitudes and contradictions and to reflect upon the supports available.



During the feedback interview it is important to:

- Know how to communicate the results of the initial assessment and analysis to the client, pointing out the positive aspects and his/her strengths.
- Assertively address weaknesses and areas for improvement.
- Explain the resources that the service can offer to answer to the user's needs.

Once this has been done, it is advisable to:

- Agree the goals to be achieved, through the design of a work plan or placement pathway.
- Establish the content and activities that define the framework for the intervention.
- Agree on the pathway, step by step and reaching specific agreements.³⁹
- Establish the supports that need to be put in place and/or managed (in terms of type, intensity, frequency and duration) to improve the job match.

It is important to underline that an essential part of the process is that the client, as the main actor in his/her development, takes responsibility for the placement process.

B. Jointly designing the placement pathway.

The placement pathway is the work plan that the client needs to execute during the job placement process. It sets forth a series of measures to be implemented and is geared towards meeting the goals set out for improving his/her employability (Figure 3.5).



Figure 3.5: Design of the placement pathway

³⁹ Both the agreements reached during the feedback interview and the design of the pathway should be recorded. This can be done using the template provided in Appendix 16.

Main features of a placement pathway:

- It is personalised; in other words, it is tailored to the needs of the individual.
- It systematically sets out the activities and goals.
- It is geared towards specific outcomes.
- It has a specific timeframe and its activities are time-lined.
- It must be kept up to date and, therefore, needs to be reviewed regularly.
- It is agreed between client and employment specialist.
- It should specify the support plan⁴⁰ that needs to be implemented and/or managed in each phase of the process.
- It is flexible and dynamic; in other words, it can be modified and adapted to changing needs during its implementation.
- It is not linear and can change course.
- It is assessed on an ongoing basis.

The number of pathways is unlimited, and each one is part of the individual's life plan.

In order to meet the established goals, the pathway is jointly designed by the employment specialist and the client. When the individual has been referred from the mental health network, the pathway should also be agreed and coordinated with the mental health or psychosocial rehabilitation centre monitoring the client, so as to ensure that the placement programme is as complementary as possible with any treatment and rehabilitation plans the client might have.

During the pathway design, the employment specialist suggests, guides and helps; the client assesses, does and achieves.

In this regard, the pathway restates the user's initial enquiry and steers it towards the fulfilment of the desired outcomes.

When user and employment specialist hold different views on an issue, they ought to “negotiate” these aspects. In such cases, it is advisable to:

- Study whether the client's preferences and expectations are in line with his/her capabilities and with what the environment can provide.
- Look at what is causing the disagreement:
 - Fear.
 - Goals perceived to be unachievable.
 - Lack of family support.
 - Lack of motivation (or incompatible lifestyle).
- Find out whether the client believes that change is possible.

⁴⁰ Section 3.4 of this Guide addresses the design of the supports required during the placement process in greater depth, while Section 3.5 describes the design of the supports needed once the individual has started the job.

Placement pathways include different kinds of activities that can be divided into the following fields:

- Advice and guidance, to work on aspects such as:
 - Self-awareness.
 - Awareness of the labour market.
 - Career guidance.
 - Motivation.
 - Managing difficulties for finding a job.
 - Mobility.
- Job-search training, working on:
 - Job search resources.
 - Selection processes.
 - Cover letters.
 - CVs.
 - Job interviews.
 - Community resource networks.

These actions can be addressed both individually and/or in groups.

- Job development, including:
 - Contacts made by the employment service with companies in order to find job openings suited to the client and his/her interests.
 - Intermediation between client and companies and support provided during staff selection processes.

The evidence has shown that job development increases the likelihood of integrating people with severe mental health conditions into work (Leff et al., 2005).

- Training:
 - Cross-cutting competences in general (communication, time management, social skills, etc.).
 - Job search skills and resources.
 - Technical competences (e.g. food handling, IT retraining, etc.).
 - Vocational training.

The pathway can also include certain training and job-related resources provided for the general public by other organisations (occupational training, formal vocational education, occupational workshops, work experience placements, etc.).

Some examples of different pathways:

- A client has agreed a pathway geared towards finding training resources. Once the training goals have been met, the pathway is reassessed and modified to steer it towards new goals, such as finding a job.
- A client who has worked in a Special Employment Centre (SEC)⁴¹ decides to target employment in the open market. In order to do this, he/she will need to establish fresh goals and design a new placement pathway.

⁴¹ The term Special Employment Centre (SEC) is synonymous with Special Work Centre (SWC).

It is worth remembering that jobs can also be actively sought at the very start of the placement process. In such cases, actions to aid and improve the search should also be established, just as they would for any other pathway.

The Supported Employment “Individual Placement and Support” (*IPS*) approach proposes beginning the job search immediately⁴² (Sainsbury Centre for Mental Health, 2009). This encourages the rapid implementation of other pathway activities, which should be brief, so as to prioritise the active job search.

It is also advisable to conduct training activities simultaneously with the job search. In other words, the client can engage in specific training to enhance his/her employability before finding a job.

Supported Employment prioritises placement. Training takes place once the client has already started the job, rather than beforehand, and its aim is to improve his/her performance. This method has shown to be more effective, since it avoids delays in the job search that have a negative impact on placement outcomes (Bond, Dietzen, McGrew & Miller, 1995; G. R. Bond et al., 2008).

The goals established when designing the pathway should be specific and realistic, and must be evaluated individually. This enables employment service clients to see the progress achieved, which is an essential factor for keeping motivation high throughout the entire placement process.

This is an extremely important aspect, because pathways that are too long and lack short-term results risk demotivating the individual and leading him/her to drop out of the process. Furthermore, as seen earlier, motivation is one of the main predictors of success⁴³ in the placement process (R. E. Drake & Bond, 2008; Grove & Membrey, 2005; Sainsbury Centre for Mental Health, 2009).

The ongoing evaluation of the process and its outcomes allows the pathway to be modified, adjusting it to changing needs by updating its goals and the activities required to achieve them. This fosters the individual's initiative and engagement in the process.

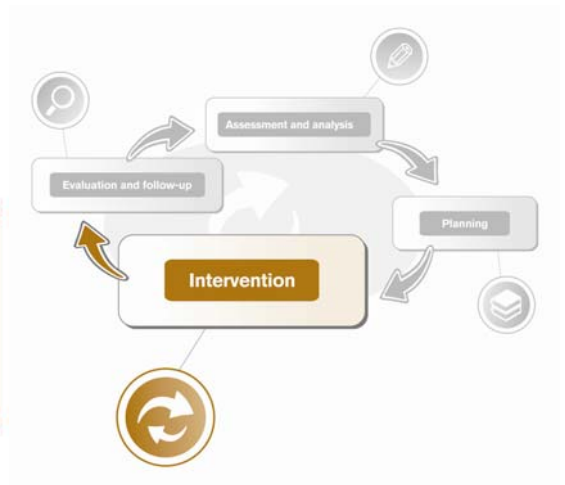
⁴² No more than 1 month after the client has enrolled in the programme.

⁴³ For more information on predictors of success in job placement, see Appendix 17.

3.4 Pathway implementation and follow-up

Once the pathway has been designed and agreed, the activities to fulfil its aims are implemented.

The pathway's implementation and Follow up phase begins when its first activity is implemented and ends when the established goals have been met.



The aims of this phase are to:

- A. Implement the pathway activities.
- B. Assess the process and consider possible changes.
- C. Assess the advantages and disadvantages of disclosure.

A. Implementing the pathway activities.

The implementation of the pathway involves conducting the activities scheduled in the work plan in order to achieve its goals.

The individual's pathway can also involve referrals to companies or training activities. These measures are aimed at achieving certain outcomes. The competences acquired illustrate the successful achievement of the goals and activities.

A wide range of pathways are possible: as many as users in the employment service. Nevertheless, three types of pathway can be established according to the level of support required (Figure 3.6 and Table 3.3).

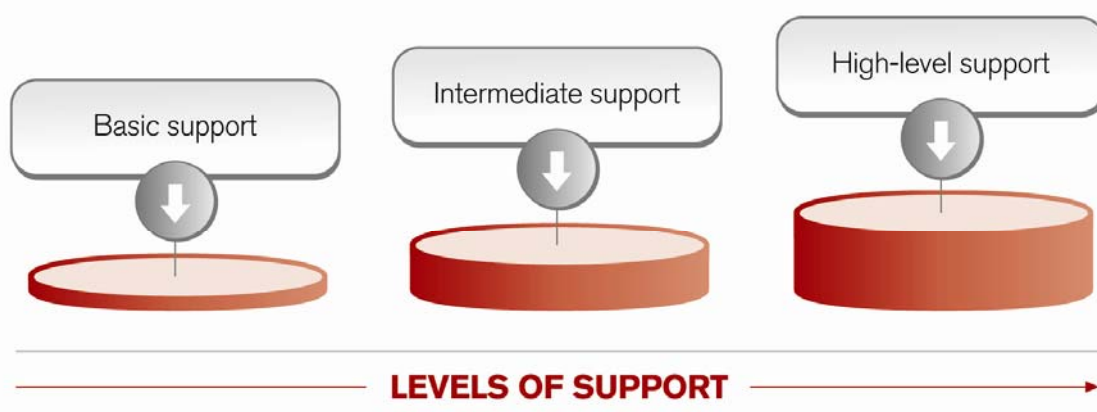


Figure 3.6: Varying degrees of support
Source: Own material

Table 3.3: Pathway support levels

Pathway	Basic support	Intermediate support	High level of support
What does it involve?	Geared mainly towards job search, with minimal support.	Geared towards finding job and/or training resources; requires support for coming to terms with the reality of the job market, for assessing one's own possibilities and the opportunities available in the market and for decision-making. Training on cross-cutting competences is generally recommended.	Geared towards raising awareness regarding the working environment and evaluating one's own work-related potential and limitations. Requires strengthening decision-making and encouraging the individual to take training modules on basic and cross-cutting competences.
The specialist's role	<ul style="list-style-type: none"> • To aid the job placement process. • To guide the individual on the path to achieving his/her goals. • To provide resources and tools for the individual to fully develop his/her potential and reach the highest possible level of autonomy. 	<ul style="list-style-type: none"> • To aid the job placement process. • To guide the client when setting the goals. • To provide resources and tools for achieving the goals established. • To foster knowledge regarding the working context. • To guide the individual towards training based on his/her needs and interests. • To provide resources to allow the individual to assess his/her needs and find solutions as independently as possible. 	<ul style="list-style-type: none"> • To aid the job placement process. • To guide the setting of the goals. • To provide resources and tools to help to achieve the established goals. • To encourage and guide the individual's self-awareness building process. • To foster knowledge regarding the working context. • To offer specific training resources. • To motivate. • To encourage autonomy.
Examples of activities	Active job search.	Training on job search techniques.	Introduction to the reality of the labour market.
	Support during job selection processes.	Introduction to the reality of the labour market.	Education on workers' rights and duties.
	Placement in open-market companies.	Time management.	Time management.

Pathway	Basic support	Intermediate support	High level of support
(Cont'd.) Examples of activities	Client post-placement follow-along.	Managing conflict and stress in the workplace.	Self-concept and personal image.
	Support during the stage of adapting to the job.	Active job search.	Managing the supports in the environment.
		Self-concept and personal image.	Adapting to the work environment.
		Cross-cutting competences: computer skills, assertiveness.	Managing conflict and stress in the workplace.
		Supported placement with open-market employer.	Cross-cutting competences: computer skills, assertiveness, communication.
		More intense support during the stage of adapting to the job.	Social skills in the workplace.
			Active job search.
		Post-placement follow-up for both employee and employer.	Support for adapting to the job
			Post-placement follow-up and support for job retention.

These support levels depend on each individual's degree of autonomy.

The type of support also determines which resource needs to be implemented, either to achieve the ultimate goal of the placement process, or as an activity aimed at achieving a long-term goal:

- Placement in the open market.
- Supported Employment in the open market.
- Placement with a Special Employment Centre and other labour-market integration companies.
- Self-employment.
- Training

Each user establishes his/her goals according to his/her needs and possibilities, and can design several pathways throughout his/her working life.

If the recommended activities cannot be performed at the employment service itself, the client should be referred to the appropriate organisation without removing him/her from the programme, as the employment specialist will perform the follow-up of the activity, which is included in the pathway.

In such cases, the specialist could get in touch with the resource provider and perform follow-up both with the individual and the provider.

It is important to underline that pathways take more or less time to complete according to each client's needs and interests at each moment in time. The approach suggests providing unlimited support during the individual's entire career project.

B. Assessing the process and considering potential changes.

At this point, the evaluation phase begins. During this stage, the strategies and activities implemented and the changes achieved are assessed. As mentioned, the pathway needs to be flexible and adapted to the individual's needs and to the context during each stage of the placement process.

Each client's work plan is followed up as regularly as necessary (daily, weekly, monthly...).

Therefore, follow-up allows the assessment not only of the placement pathway's progress towards the expected goals but also of the aspects related to its implementation and to the management of the supports.

Follow-up:

- Indicates the progress made in the placement process.
- Identifies aspects that might facilitate or hinder the fulfilment of the goals.
- Establishes opportunities for change.

The actual pathway and the type of support provided determine which mechanisms should be used for the follow-up and evaluation both of the results achieved and of the process implemented.

It is important to keep a record of the results achieved in the pathway and of the changes proposed⁴⁴. Table 3.4 displays a sample of how to record successful steps in the implementation of the pathway.

Example: a service user has never before looked for jobs on the internet and does not know how to do so. However, he/she is aware that it could provide him/her with many job openings. Searching the internet for jobs would increase his/her placement opportunities. Therefore, acquiring the skills to do this is a short-term goal.

Result: regular use of internet to search for jobs.

Objective: to learn to search for jobs using the internet.

⁴⁴ See Appendix 18, Pathway Follow-up template (reassessments).

Table 3.4: Example of how to record pathway progress

	Pathway activities	Result expected	Start-End time expected
Goal	Search for jobs on the internet.	X no. of applications made.	2 months.
	Do introductory course on computer skills.	Attend 80% of the lessons.	15/04 to 14/05. 1 month.
	Do Introduction to Internet course.	Attend 80% of the lessons.	2/05 to 2/06. 1 month.
	Open e-mail account.	E-mail:/... 1 day.
	Do Active Job Search course.	Attend 80% of the lessons.	.../... to .../... 1 week.
	Write CV.	CV printed.	.../... 1 day.
	Practice sending e-mails.	Send 5 e-mails to: Answer e-mails sent. Attach CV and send to:	.../... to .../... 1 week.
	Register on <i>Infojobs</i> or similar sites.	Upload CV to <i>Infojobs</i> or similar sites.	.../... to .../... 2 weeks.
	Review offers once a week and apply for those that are of interest.	Application to X no. of job offers.	.../... to .../... Weekly.

As can be seen in the dates for the activities, these may be performed simultaneously.

As well as the activities conducted, follow-up or reassessment can also study the following aspects:

- Continuity and adherence to medical treatment.
- Assessment and fulfilment of expected goals.
- Motivation.
- Changes in the management of supports (due to need or availability).
- Stating or restating requirements.
- Changes in the client's context or situation affecting his/her employability.
- Initiative.
- Autonomy

One aspect that needs to be taken into account throughout pathway implementation and follow-up is the context in which it takes place and how it is assessed during the process.

Failing to factor the context and the support it provides into the pathway can lead to the client becoming disengaged from the placement process.

This can occur, for example, if the context is:

- Neglected during the placement process.
- Poorly assessed as regards its influence on the course of the process.
- Inflexible.
- Overly stimulating.

Contexts that create too much pressure or stress can cause people with mental health conditions to suffer a relapse of their illness, not only once they have found a job but also during the placement process itself.

Part of the support provided by the process is to maintain an organised context that provides the client with a sense of control and reassurance. In order to ensure this contextual support, it might prove useful to:

- Identify, create and strengthen a network of natural supports in the workplace.
- Include intervention in the family context to ensure that the client's family is a supporting element in the process.
- Plan external support from other specialists (mental health, psychosocial rehabilitation, etc.).
- Schedule contacts with companies in the community and assess their participation in the placement process.

C. Assessing the advantages and disadvantages of disclosure.

One of the important aspects to be taken into account throughout the placement process is whether or not the client wishes to disclose his/her mental health condition to the companies he/she applies to, and to assess the possibility of the employment service acting as an intermediary to improve his/her placement opportunities (Leff et al., 2005).

Disclosure of the condition is a key issue that should be discussed with the client at different times during the placement process, as he/she might change his/her mind depending on the moment and context:

- When searching for a job, as it can be disclosed to the employer during a selection process or when a job is offered.
- When adapting to the job, as the client might wish to disclose it to certain workmates or to his/her superior.
- During the job retention phase, if certain difficulties arise.
- When returning to the job after a period of medical leave.

In this regard, it is necessary to assess the circumstances, advantages and disadvantages of disclosure at work (Boston University, 2010a.).

The advantages and disadvantages (Perkins et al., 2009) of disclosure depend on:

- Who is informed: the employer, workmates... Information provided may vary depending on the case.
- What is disclosed, and how: the existence of a disability may be disclosed, without providing further details about the condition. This could confer the potential benefits of disclosure whilst avoiding the discrimination and value judgements that people might attach to the illness.

In this regard, it is necessary to decide how specific to be in terms of:

- Describing the disability or condition, and
- Establishing what information to give and how to word it
- What is sought with disclosure: it could help to provide certain accommodations to adapt the job, but also create certain difficulties related to social stigma and pose an obstacle for the individual's career development.

Therefore, it is advisable to carefully assess the aims of disclosing a mental health condition or disability and its potential consequences, both sought and unsought.

The employment specialist should help the client to assess the situation and make a decision, but must not decide for him/her. The client's autonomy and empowerment should be enhanced throughout the entire placement process.

Table 3.5 displays the advantages and disadvantages of disclosing the condition to the employer (Boston University, 2010a; Perkins et al., 2009; Swanson et al., 2011):

Table 3.5: Advantages and disadvantages of disclosure

Advantages	Disadvantages
<p>Enables job development with companies, helping to find job opportunities and to provide support for keeping the job (performance assessments, help coping with difficult situations, etc.).</p> <p>The employer could provide certain aids or accommodations for adapting the job.</p> <ul style="list-style-type: none"> • Avoids the individual having to conceal his/her difficulties, allowing him/her to ask for help when needed, request permission to attend doctor's appointments, etc. • If the client chooses not to disclose his/her condition and his/her employer or workmates find out about it, they might think that the individual has lied, with the subsequent impact on his/her relationship with the company. In addition, disclosure could avoid rumours about the situation circulating among workmates. • Not having to hide his/her condition would make the individual feel more at ease in his/her social relationships. • Finally, if the employer sees that the employee is able to perform the job well and without difficulties, it would serve to eliminate prejudice and change attitudes regarding people with mental health conditions, helping to build awareness about this group of people among those working with them. 	<ul style="list-style-type: none"> • Disclosure of a mental health condition could hinder integration into work due to stigmatisation. • If the individual is already employed, disclosure could pose obstacles for promotion or job retention. Furthermore, the employer could decide not to entrust the individual with other responsibilities. • The employee might have to work twice as hard to prove him/herself capable of doing the job well. • The slightest problem encountered by the individual for performing the job might be blamed on his/her condition. • The employee's workmates might treat him/her differently. • If the condition is known to the employer and to the employee's superior but not to his/her workmates, confidentiality would not be guaranteed and the situation could affect the employee's social relationships at work.

Before deciding to disclose the condition, it is also advisable for the individual to explore his/her own feelings about sharing this information with others.

Likewise, it is also advisable to find out whether there have been similar situations in the company and whether people's awareness on the issue has been raised.

It is also recommendable to assess whether disclosure might place the employee at a disadvantage due to the requirements of the job.

In short, disclosure is a relevant factor in terms of:

- The course of the pathway.
- The job search.
- Job development in the placement process.
- Placement with a company (adapting to and holding down the post).
- Managing supports in the everyday context of the job and during specific crisis situations.
- Promotion during the working career.

Therefore, the individual may change his/her mind regarding disclosure at any point in the process.

3.5 Job placement and following the placement up with the client

While follow-up of the pathway is ongoing, the decision to actively seek a job marks an important turning point in the individual's pathway.

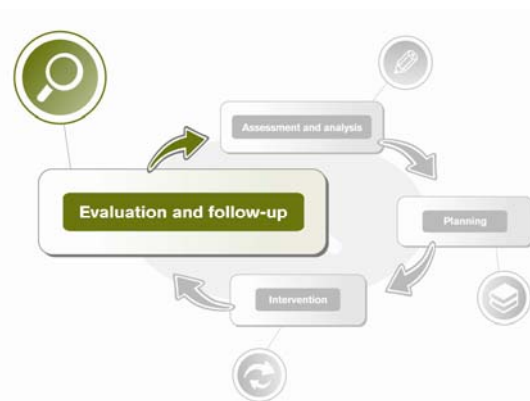
This can occur at the start of the pathway agreed with the employment service or once the initial guidance and profile-building activities have been conducted.

Now is when the client puts into practice the job search skills acquired, which are needed to successfully pass a selection process and begin work.

It is important to point out that under the Supported Employment approach, especially when following the “Individual Placement and Support” (*IPS*) method, job search is rapid and that any training activities required are conducted simultaneously. Finding a job is viewed more as the starting point of another process rather than the ultimate aim (Sainsbury Centre for Mental Health, 2009).

Therefore, the active job search merits specific attention, beginning with the assessment of the work plan implemented thus far.

Generally speaking, it is the clients who drive the active job search, while the actual pathway is adapted to each instance.



The placement and follow-up phase begins with the active job search and ends with the in-work follow-up.



The aims of this phase are to:

- A. Conduct an active and effective job search.
- B. Follow the job placement along.
- C. Perform the post-placement follow-up.

A. Conducting an active and effective job search.

The “task” of conducting a job search involves deploying a series of skills, such as learning about the job market, job search resources, about the situation in certain sectors and the job the user is interested in, etc.

In addition, it involves putting into practice a series of personal competences, such as initiative, patience, frustration tolerance, etc.

An active job search also involves a series of specific activities:

- Writing and sending a CV⁴⁵ and cover letter (adapted, as necessary, to the offer in question).
- Taking part in staff selection processes: job interviews, psychometric and/or job competence tests, group tests, etc.

Therefore, the follow-along provided by the employment specialist during this phase is very intense and depends also on the circumstances of the job search.

It is important not to close the door to any possibility, since the context of the labour market establishes its own restrictions and it is not always possible to find the intended job. The pathway is gradually adapted according to the opportunities provided by the context as well as to the client's needs.

One of the first things that need to be determined at the start of a job search - and established too in design of the pathway - is the type of company in which to seek placement:

- Placement in the open labour market.
- Supported Employment in the open market.
- Placement in Special Employment Centres (SEC) and labour-market integration companies.⁴⁶
- Self-employment.

When the active job search targets the open market, the client uses the most common and widespread job search resources, and the employment specialist provides a basic level of support, i.e. monitors the activities that the user carries out.

⁴⁵ It is advisable to bear in mind the need to adapt the format of the CV according to each case. For example, if there are certain “gaps” in the CV due to the client’s mental health condition, it is advisable to organise the format according to areas or sectors worked in rather than chronologically.

⁴⁶ It is worth noting that the Supported Employment method only targets paid jobs in the open market, using whichever support is required, but always in competitive employment.

When the job search is aimed at Supported Employment in competitive companies, there is a greater degree and intensity of support, although it is scaled down over time. Job development⁴⁷ is also necessary, as it increases the likelihood of fulfilling the aims of the placement (Leff et al., 2005). Furthermore, support can be provided both to the client and to the company he/she joins. When job development is carried out it is understood that the client has decided to disclose his/her disability to the employer (see subsection 3.4).

The types of job an individual is capable of doing do not depend on his/her mental health condition but on his/her competences, skills and knowledge. To this end, the placement pathway includes an employability improvement plan, aimed at enhancing the competences and skills related to the individual's area of interest and to the requirements of the jobs targeted.

It is also advisable to assess the job match⁴⁸ for each particular job offer that the client intends to apply for, and to adjust the job search variables until a better match is found between the user's preferences and the requirements of the job market.

Therefore, people with a mental health condition can perform any kind of activity they are trained and prepared for. It does not depend on their mental health condition but on each individual's characteristics and competences.

Nevertheless, there may be certain limitations that make certain timetables unadvisable.

For example, posts involving rotating shifts or night shifts may interfere with treatment administration and have negative effects on the individual.

Thought should also be given to the potential effects of medication on handling machinery or performing potentially dangerous tasks.

Other jobs that might not be advisable for some people are those involving extremely demanding peak periods of work requiring great efficiency, or others requiring certain social or relational skills (customer service, catering industry; or managing money in a job where the cashier needs to work fast, for example).

We should, however, avoid generalising, since each individual has his/her own characteristics and a particular range of tasks that he/she is able to perform well. Therefore, an important part of the placement pathway is to help clients develop their self-awareness, as through it they learn to recognise their own skills and build their belief in what they *can* do.

⁴⁷ See Chapter 4.

⁴⁸ For example, using the Job-matching form (see Appendix 15).

The tasks required for a job are not the only relevant issue. So too are other features of the post, such as the number of workmates the individual has to relate with, the type of supervision available, the working environment (noisy or quiet, open or closed...). These aspects are also adjusted according to the individual's preferences.

On the other hand, selection processes are very often an important source of stress. Individuals require support not only to prepare for them, but also to help to contain their emotions, as these processes test their capabilities, knowledge, skills, performance, emotions, etc.

One example of a job development support strategy is for the employment specialist to be present at the job interview. This can only occur in certain cases (Supported Employment in which the individual discloses his/her condition to the company). This increases the candidate's confidence and allows the specialist to see how the client fares in the interview and help him/her to improve his/her interview skills. One study has shown that individuals stand a better chance of being offered a job when accompanied by an employment specialist than when they attend an interview alone (Gervey & Kowal, 2005).

It is advisable to organise the job search and conduct a detailed follow-up of the offers the client applies for. This can be done providing the client with a job offer follow-up form to keep track of the processes in which he/she takes part (see Table 3.6):

Details of the offer: (Company, post, tasks, requirements, conditions...)	
Published in:	
CV sent via:	
Date sent:	
Response:	
Contact details (person receiving the CV; e-mail, telephone...):	
Job interview:	
Date:	
Result:	
Other tests:	
Date:	
Result:	

Table 3.6: Job offer follow-up form.
Source: Own material.

Organising the job search helps to assess its results and makes it easier to reflect upon:

- The type of jobs targeted in the search.
- The job conditions.
- The response to CVs sent.
- The outcomes of job interviews and/or tests.

Monitoring his/her applications processes brings the individual face to face with the reality of the labour market and might lead to frustration and loss of motivation. It is therefore important to underline the successes achieved thus far and to spur the process on.

The evaluation of the process and of the outcomes of the job search phase may require changing the strategies set out to fulfil its goals. Consequently, the follow-up of the selection processes informs and modifies the pathway.

For example, if the individual has not succeeded so far in finding a competitive job without disclosing his/her condition, he/she may decide to start using his/her disability certificate and disclose the condition when applying. This would involve a change of strategy in his/her job search and job development⁴⁹.

B. Following the job placement along.

Once the client has passed a selection process successfully and found a placement, his/her adjustment to the job needs to be followed along.⁵⁰

This follow-along process is conducted according to the individual's level of autonomy and to the type of supports required.

Supports in the job setting can be:

- Natural, in other words provided by the actual people (workmates, heads of department, etc.) or mechanisms available through the company's HR policy (occupational health and safety procedures and systems, measures to balance work and personal and family life, evaluation and improvement of the work atmosphere...). This support comes from the relationships that allow the individual to maintain his/her job routines and to interact with others.
- Natural supports are part of the company's own values and culture. In other words, they are always available and depend on the actual working context (Secker & Membrey, 2003). These supports are assessed in terms of their suitability for each individual during the adjustment process.
- Supports available through employment services, programmes and mechanisms or by mental health or social services networks, provided by specialists and not part of the natural context or company culture.

⁴⁹ See section 3.4 in the present chapter.

⁵⁰ The term "placement follow-along" refers to the support provided when the client starts working and during the initial adjustment phase, whether after a period of sick leave or when starting a new job. Post-placement follow-up is a continuation of this phase and its aim is to help job retention.

Depending on the stage in which the individual is engaged, the intensity, frequency, duration and impact of supports may also vary. In other words, they are adapted to the individual's changing needs, either due to the progress made (adapting to the job, change of tasks, change of employment category, new skills acquired, significant improvement of the health condition, etc.) or to setbacks in the process (changes in personal circumstances, changes related to the underlying condition, etc.).

In order to analyse and appropriately design the supports, the following variables should be taken into account:

- **Frequency:** refers to the sequencing of the support provided, in other words the cycle in which the support is provided.
- **Intensity:** refers to the degree or amount of support provided and ranges from greater to lesser intensity.
- **Duration:** refers to how long the support lasts, ranging from short-term to long-term.
- **Scope:** refers to how many environments the support is provided in.

These four variables are combined for each support, depending on the part of the placement process involved (placement, job retention or promotion), and illustrate the individual's perspectives and progress in the job.

Furthermore, the combination of the four variables is the key for standardising the support provided to each individual at each particular moment, based on his/her needs. Hence, the main feature of the supports provided by employment services, programmes and other mechanisms is their availability. In other words, they need to be available for the individual and for the working context (employer), although this does not imply that they have to be in place at all times. These supports can therefore be likened to the natural supports available as part of the actual context.

Consequently, the combination of the four variables leads to the four types of supports (see Figure 3.7) required in the job placement processes (placement, retention and promotion)⁵¹:

- **Intermittent:** support is provided sporadically and episodically, when needed, and is infrequent. It is more or less intense, depending on the setting, preferably outside the working environment.
- **Limited:** support is provided periodically, consistently and over limited periods; it is variable in intensity and provided in some settings, preferably outside the working environment.
- **Extensive:** support is consistent and time-unlimited; its frequency ranges from medium to high, and is fairly intense; it is provided in more than one environment, including work.
- **Pervasive:** support is continuous and stable, with great frequency and intensity; it is provided in most settings, especially in the working environment.

⁵¹ The grading of the intensity of supports in the working environment has been adapted from the classification used in healthcare mechanisms (Luckasson et al., 1992).

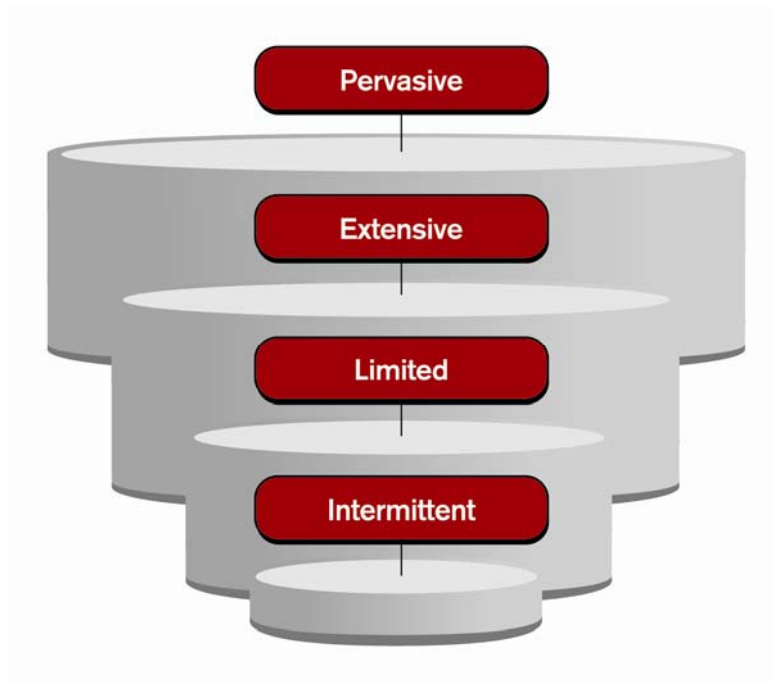


Figure 3.7: Intensity of supports.
Source: Own material

Workplace supports can be planned using the sample Support Plan adapted to the job context (see Appendix 19).

Adjustment to the job is gradual and based on the supports required; follow-along is provided on site, by phone and/or e-mail, and is relatively frequent. Table 3.7 provides an example of this follow-along.

Placement follow-along provides the support available to ensure that the individual adapts to the job successfully and to assist job retention.

Table 3.7: Placement follow-along.

Placement follow-along involves:	For example:	Practical example:
Assessing the work done as regards the performance of functions, tasks and responsibilities.	The assessment of the work done in terms of the performance of tasks and functions requires in-depth knowledge, not only as regards all of the relevant job functions, but also regarding all of the tasks that the individual needs to perform in the workplace and how difficult he/she might find them.	A person working as an office cleaner is the first to arrive at the workplace. This involves turning the lights on and organising the materials used by the rest of the staff. Although he/she is perfectly capable of performing his/her cleaning tasks, doing so may involve a certain degree of stress, which he/she needs to cope with appropriately in order to keep the job.
Assessing aspects related to the atmosphere at work and to interpersonal and subordinate relationships that might affect the employee's integration.	Relationships between workmates can be a source of stress and demotivation, as can communication and relationship with the employee's immediate superior (supervisor, manager, etc.). Follow-along may serve to manage these difficulties so that none of the parties feel too uncomfortable with them.	An employee in a company's admin department feels that his/her workmates ignore him/her when deciding the weekly rotation of tasks and responsibilities, but does not dare to address the situation with his/her supervisor. This makes him/her feel insecure and harbour doubts regarding his/her capacity to retain the job. Being able to address the subject with his/her supervisor or workmates would help to ease the uncertainty that is making him/her so anxious.

Stress or conflict factors can be driven by inflexible, authoritarian and controlling work environments, but also by working relationships characterised by competitiveness and lack of cooperation between workmates.

One of the aims of this phase is to learn how to identify stress or conflict factors in the work setting and to develop strategies and resources to successfully cope with them.

Placement follow-up involves helping the individual's introspection regarding his/her new role as a worker. The process involves a series of aspects that are not always related to the working context, but brought about by the effect that work has on people.

For example, new everyday dynamics (work and sleep cycles, time distribution, etc.), the redistribution of family tasks and roles, family assessments... This illustrates why cultural and gender-based aspects must not be neglected.

The initial placement period is extremely important for people with mental health conditions, as it allows them to gauge their own performance, work on adjusting to the job, identify difficulties and avoid dropping out of work. As well as bearing in mind the characteristics and requirements of the environment and of the job⁵², the type of support provided also depends on the individual's personal characteristics, his/her cognitive functioning and symptoms (McGurk et al., 2003) and on his/her prior working experience. In principle, individuals lacking prior experience will probably need more support. Additionally, the greater the cognitive deficit, the greater the need for supports to compensate for its impact on the individual's performance at work (McGurk & Mueser, 2004; McGurk et al., 2003).

It is important to intensify follow-along during trial or adjustment periods, during which both employer and employee assess:

- The real possibility of performing the work expected.
- The fulfilment of both employee's and employer's expectations regarding how the former performs the activity.
- The ability to learn and adapt to new situations that the job might pose.

Overcoming this phase can mark a turning point in the individual's gradual adjustment to the job and, consequently, in his/her adjustment to all of the changes brought about by integrating into work.

C. Performing post-placement follow-up⁵³.

The aim of the placement process involves settling into work on a stable and long-lasting basis. In order to achieve this, the employee is monitored and provided the support needed to overcome the difficulties the job might pose.

Post-placement follow-up can be conducted in person or by phone⁵⁴ (outside working hours), and its main aim is to provide the support needed for coping with new situations inherent to performing the job.

On the other hand, follow-up allows timely intervention should signs of decompensation appear.

In addition, when job development⁵⁵ is carried out, follow-up is also conducted with the employer, thus providing information from both of the parties involved in the job placement process: employer and employee.

⁵² See Chapter 4, subsection 4.3.2.

⁵³ Post-placement follow-up with employers is addressed in Chapter 5.

⁵⁴ Also via e-mail, when appropriate.

⁵⁵ See Chapter 4.

The need and pace of follow-up is established by the employee, in the knowledge that the employment specialist will be available to perform any follow-along needed⁵⁶. This creates confidence and assurance both in the participants in job placement processes and in their employers.

Even so, it is possible to identify certain types of follow-up:

- Normal follow-up: that previously agreed with each employee and employer, assessing progress in the job and implementing the appropriate interventions according to the support plan designed.
- Focused follow-up: prompted by certain unforeseen circumstances (unusual behaviour, conflicts or difficulties, poor performance, work stress, malaise, etc.).

The duration of post-placement follow-up varies depending on each particular case. Once the individual has settled into the job, the type of follow-up support changes and is gradually stepped down in intensity, frequency, duration and scope, as needed⁵⁷.

It is advisable to help the individual to adapt gradually to the new situation until he/she no longer requires support but knows that it will still be available whenever needed.

In short, every post-placement follow-up should provide:

- Tools to help the individual to adapt to the new situations that the job involves.
- Support to keep the job autonomously.

Follow-up is also important in the event of contract termination. In such cases, it is provided according to the circumstances surrounding the termination:

- In the event of a regular end of contract when no performance or adjustment problems have been observed, the employment specialist conducts an assessment of the job experience acquired and continues to work with the individual on his/her career pathway and on setting new employment goals.
- If termination is due to failing to pass the trial period, the reasons behind the failure should be worked upon and new employment goals should be planned ahead of future placements, bearing in mind the areas for improvement.
- If it is because the employee leaves the job of his/her own accord, the reasons leading to this decision should be analysed and new goals planned. When job development⁵⁸ is conducted, the company can also inform the

⁵⁶ Chapter 5 describes some of the strategies used by employment specialists to provide in-work support according to the nature of the difficulties encountered.

⁵⁷ The Supported Employment Fidelity Scale establishes the following frequency of follow-up contacts: face-to-face contact within 1 week before starting a job, within three days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily, and as desired by clients. Following steady employment, employment team specialists gradually scale down the intensity of support. In addition, employment specialists contact clients within three days of learning about the job loss (Dartmouth Psychiatric Research Center, 2008).

⁵⁸ See Chapter 4.

employment specialist of the employee's decision and they can work on a joint intervention to prevent the employee dropping out, if possible.

- Other circumstances leading to contract termination, such as repeated and unjustified absences, etc., also require timely intervention within the placement pathway.

An individual's decision to leave a job does not imply the end of his/her active involvement with the employment service. The specialists should help the individual to learn from each job experience and work to analyse both job losses and job successes (Dartmouth Psychiatric Research Center, 2008).

A client's active involvement in the programme ends when:

- The established goals have been met.
- There is a breach in the contract of agreements and commitments.
- He/she is referred to a more appropriate service.

Once the goals have been met, in-work support is unrestricted; in other words, there is no limit to the time or intensity of the support that can be provided; it is available whenever the individual may require it. This means that it is the client who decides when and how to make use of it.

In any event, when the active part of the process comes to an end, the client's satisfaction with the programme should be assessed, providing him/her either with a satisfaction survey or a suggestions form (see Appendix 20).

In addition, a final assessment of the work plan and the client's competence profile at the end of the placement process should be included in the client's record, to allow comparisons regarding the improvements made and the course of the process. This can be done using the Guideline summary for closure of the active participation phase in the job placement process (see Appendix 21).

Finally, Appendix 36 provides a summary of key job placement practices, and Appendix 37 provides a suggested checklist on good client care practices in the job placement process, which might prove useful to check the activities carried out in each of the phases of the process.

Job development

4

4. Job development

Job development is a process in which an agency helps to connect people (actively searching for work or on training programmes) with companies that offer job opportunities.

In this context, the aim of job development is to provide a suitable meeting point for both parties (employers and employees), not only for job placement but also for retention and promotion (Figure 4.1).



Figure 4.1: Job development
Source: Own material

As a process, job development involves a set of coordinated and consecutive actions aimed at integrating people into work.

This process is developed through a series of different phases under a common structure (Figure 4.2):

The Assessment and analysis stage in job development involves obtaining information about the companies in the area or those that are of interest and analysing the information from the point of view of the employer's needs. This information also serves to offer them services that meet their needs.

The information gathered in the previous stage serves to develop strategies based on the aims chosen as regards the results sought with the companies. With this in mind, a work plan is developed to be followed with the companies.

At the Intervention stage, the work plan established is carried through and the strategies are deployed through concrete actions conducted with the companies.

Finally, Evaluation and follow-up (of the companies and of people who have joined them as workers) assesses the results achieved and the overall process developed through the strategies and actions applied.

This follow-up is transversal to the rest of the processes that form part of placement and illustrates the results achieved.

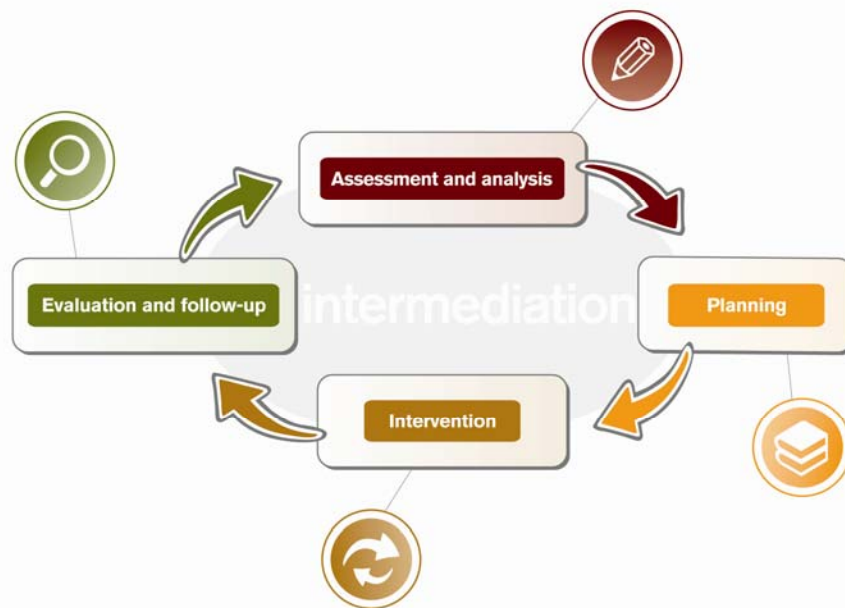


Figure 4.2: Structure of the approach to the job development process.
Source: Own material

One of the important aspects of the job development process is finding potential employers

4.1 Prospecting for companies

Prospecting is a concept that includes a series of strategies and procedures for assessment, analysis, planning and intervention in the entrepreneurial structure, with the main aim of identifying job placement opportunities for employment service clients (Parent, Sherron, Stallard & Booth, 1993).

Other definitions expand on the key aspects of this concept (Carlson, Smith & Rapp, 2008), which are:

- Interacting and working with companies.
- Building a network of contacts to obtain information about employment and create opportunities for collaboration.
- Getting to know the companies in the community in question and the main aspects of their business and needs.

It is important to bear in mind that in order to achieve the main objective of job development, mentioned above, it is necessary to understand the needs of the companies whilst considering the preferences and skills of the individuals with the aim of finding a good match which satisfies both parties (Carlson et al., 2008).

This approach is focused on companies' needs and not, as is the case with the traditional focus on prospecting for job openings in the open market, solely on those of the employment service and its clients. In contrast, the new approaches seek employment opportunities in the "hidden" market; in other words, tapping into companies' needs before they translate into published offers and creating new job posts to cover them (Bissonnette, 1994; Carlson et al., 2008; Randall & Buys, 2006).

This point of view proposes a proactive, planned approach to prospecting and follows certain strategies to achieve its aims. The prospecting phases are related to these strategies.

It is also worth remembering that the evidence shows that job development efforts increase the likelihood of people with severe mental health conditions obtaining competitive employment (Leff et al., 2005).

Depending on the model employed by each service, these tasks may be performed by:

- Each employment team specialist, who in addition is responsible for attending to employment service users.
- A professional in the prospecting field, specialising in employer relations.

Both approaches are possible, and each has its own advantages and disadvantages (Table 4.1).

Table 4.1: Advantages and disadvantages of different employment service models

Staff	Advantages	Disadvantages
Each employment specialist prospects for companies	Knows the individuals in depth and is capable of emphasising their strengths and skills based on their preferences.	Reduces the time devoted to both tasks as it divides the working day between attending to users and prospecting for companies. This way, his/her prospecting activity will probably be based mainly on his/her own caseload. ⁵⁹
	Does not focus solely on attention to individuals; complements his/her work with employer relations, identifying their needs to achieve good job matches. Involves developing specific skills.	
	Can provide employer support in cases where the company itself requests it.	Requires maintaining a high level of coordination, both internally and with specialists outside the agency, in order to organise the employer and client follow-up ⁶⁰ . May cause duplicate contacts and difficulties in the case of companies where there is more than one contact person.
	Makes it possible to adapt the job based on his/her knowledge of the individual.	
There is a person specialising in prospecting	Knows employers in depth and can offer solutions that are better adapted to their needs.	Does not have in-depth knowledge of the individuals that he/she is offering to companies.
	Concentrates solely on attending to companies and can advise them on other aspects (legal, human resources, corporate social responsibility, etc.), in addition to hiring staff.	Requires a high level of internal coordination with the specialists doing the following-up.

A mixed model can also be used depending on the level of skills of the specialists involved.

Thus, the model chosen will depend on the organisational system, on the resources available and on the skill profile of the staff in each employment service. The IPS Model recommends that all of the specialists carry out prospecting work.

⁵⁹ This may be an advantage for the individuals in his/her caseload because he/she concentrates only on them, but a disadvantage for the employment service's work as a team. In this case, internal coordination is a very important aspect.

⁶⁰ This is a disadvantage, bearing in mind the great effort and difficulty that this requirement might involve depending on the context, but once an adequate level of coordination has been achieved, it is a great advantage both for the employment service and for individuals participating and the specialists.

4.2 Phases in the process of prospecting for companies

Within the broad concept of prospecting for work or companies, certain phases can be differentiated based on the desired objectives. These can be understood as a logical, sequential (although not necessarily chronological) progression of the process.

Figure 4.3 illustrates the different phases of prospecting depending on the different aims and actions:

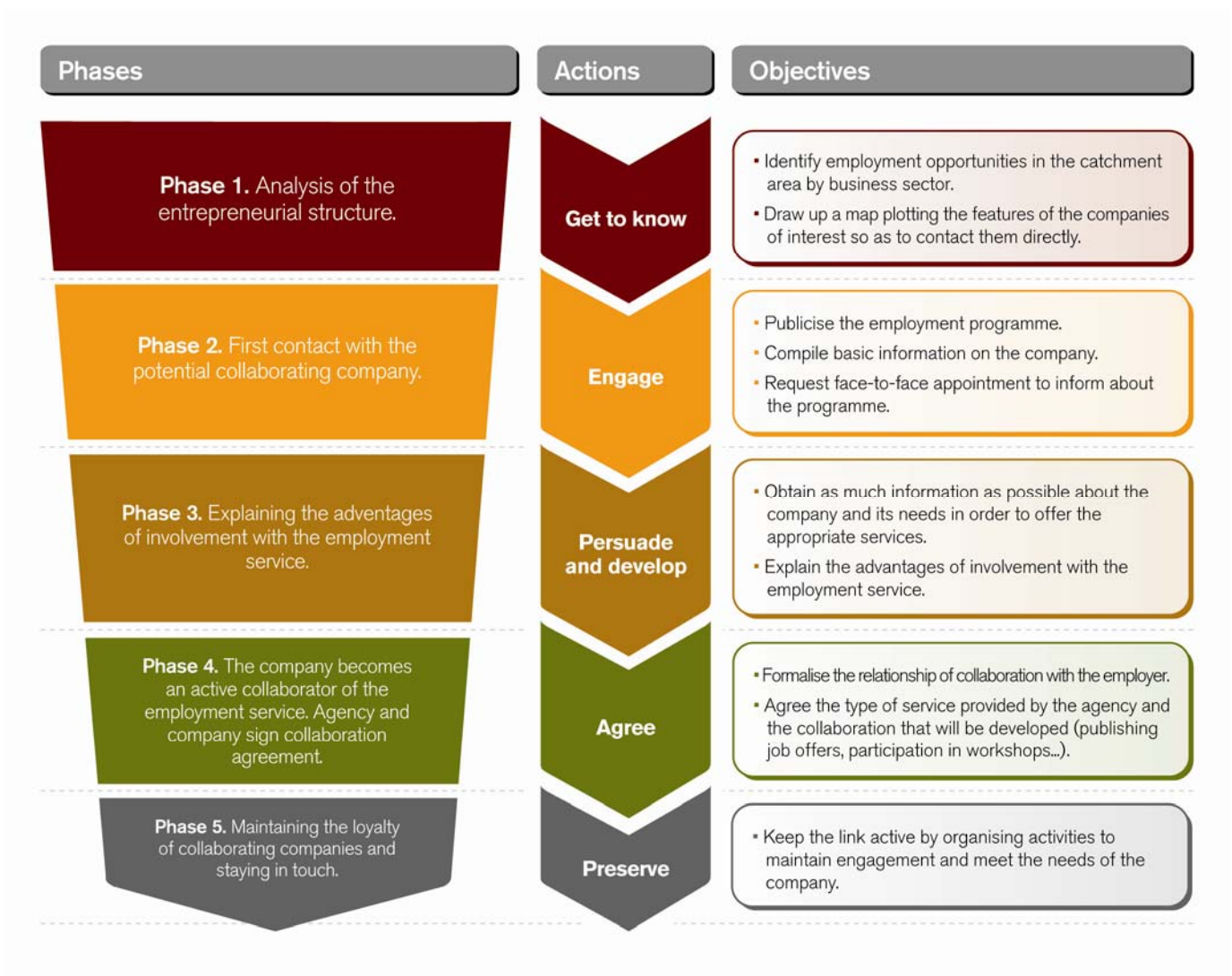


Figure 4.3: Phases aims and methods in the prospecting process.
Source: Own material.

The inverted pyramid graphically illustrates the filtering of companies through each one of the prospecting phases.



4.2.1 ASSESSMENT AND ANALYSIS OF THE ENTREPRENEURIAL STRUCTURE

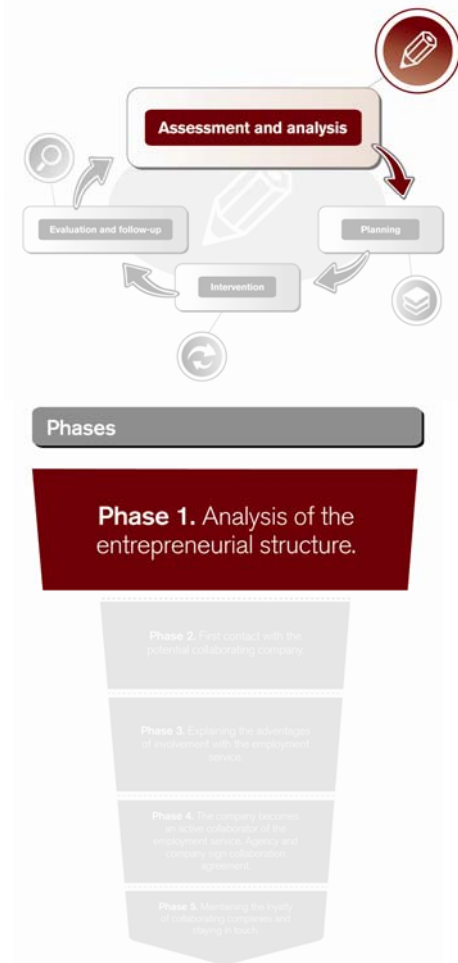
Phase 1. Analysis of the entrepreneurial structure

As mentioned previously, the Assessment and analysis stage in job development involves exploring companies in the catchment area.

Conducting the assessment and analysis of companies in the catchment area by activity and size is essential when carrying out prospecting for the placement of individuals with special difficulties for job placement.

Many employment service clients with mental health conditions may be going through employment retraining, or in some cases display certain characteristics due to which certain work environments (involving high levels of stress, enclosed spaces, rotating shifts etc.) are not advisable. Therefore, it is necessary get to know what characterises the economic sectors of the companies that may offer placement opportunities.

In addition, geographic location and accessibility of companies are very important for people with mental health conditions, as they may sometimes have limited mobility (not holding a driver's licence, long time since they drove, or insecurity using public transport, for example). Particularly for individuals with family responsibilities, distance and time spent commuting to and from work are of considerable importance.



Prospecting for job opportunities or companies involves analysing the make-up and organisation of the entrepreneurial structure in the catchment area, bearing in mind its needs and demands

Therefore, when it comes to placing people with mental health conditions it is vital to comprehend the entrepreneurial structure to design the best strategies to approach potential employers (Table 4.2).

The more exhaustive the analysis, the better oriented the second phase of prospecting (direct contact) will be and the more effective the service provided to employers (Colomer, 2009a).

This way, a collaborative effort is established in which both parties benefit from the relationship, since once the needs, concerns and possible solutions have been explored, the activities that make it possible to identify points of interest and obtain commitments from the companies can be planned (Carlson et al., 2008).

Table 4.2: Characteristics of Phase 1 of prospecting

This stage involves GETTING TO KNOW the characteristics of the companies in the local area. For the purposes of assessment, it is important to obtain information on:	
The main economic sectors	Facilitates analysing opportunities for integration depending on job profiles.
The size of companies	Allows specialists to determine whether the company is obliged to comply with current regulations, its staffing needs, staff rotation, etc.
Market presence	Gives information on the importance of the company in the area, market penetration and its prestige and image in the community.
Human resources and CSR policies ⁶¹	Provides information about recruiting, work atmosphere, staff turnover, responsible involvement in the local community, subcontracting services, etc.
Details of the product or services provided	Gives information on the jobs that the company has, possible suppliers and clients, its business potential, the markets it serves, etc.
Geographic location and accessibility	Gives information on issues related to employee mobility requirements.

Figure 4.4 shows an example of a study of the job market, basically bearing in mind the following variables:

- Economic sectors that offer job possibilities (differentiated by colours).
- Presence and make-up of the companies in the catchment area⁶².
- Size

⁶¹ Corporate Social Responsibility referred to small and medium enterprises, which make up the largest percentage of the Spanish and European economies.

⁶² Employer proximity to the prospecting employment service is taken as a reference, as the latter is understood to be within service users' community of reference.

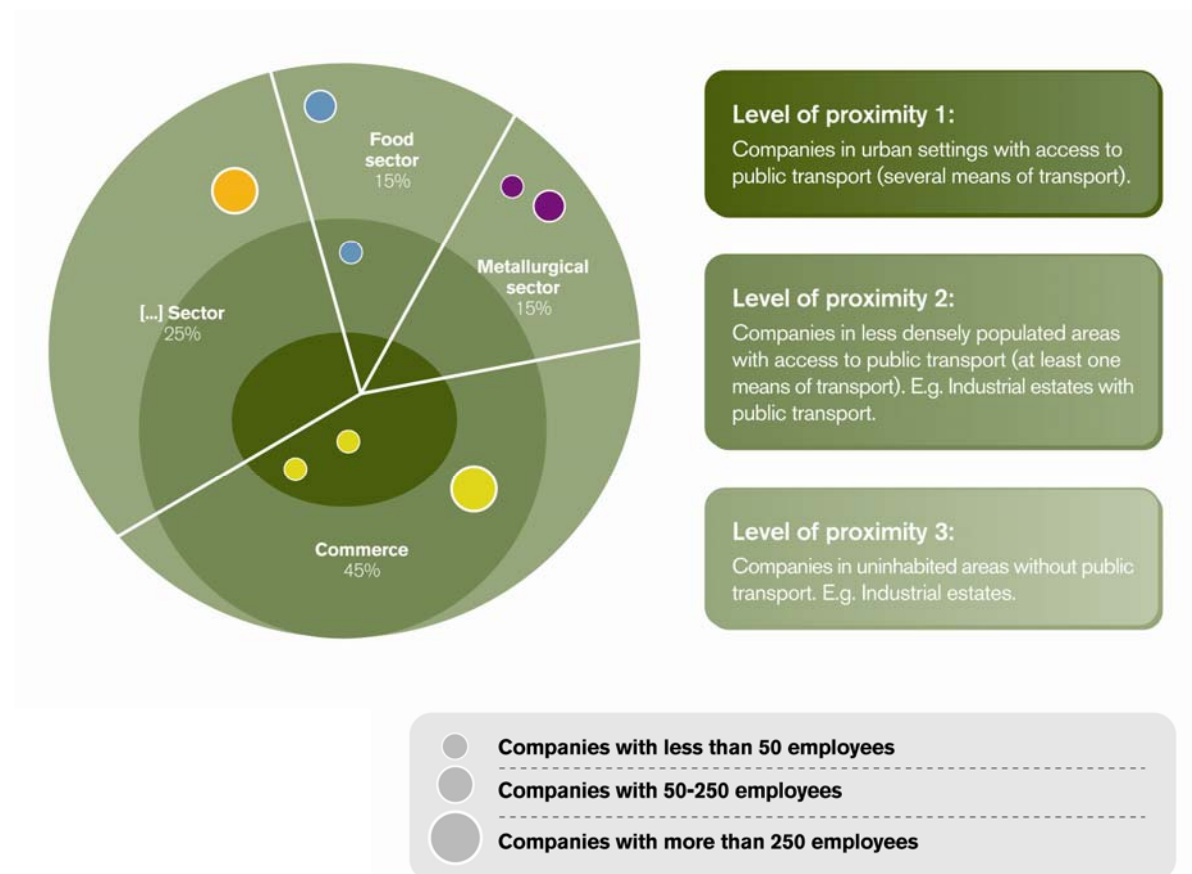


Figure 4.4: Labour market study
Source: Own materia

To carry out this analysis, statistical information can be obtained from secondary sources available at the different public administrations, Chambers of Commerce, National Statistics Institute, employers' organisations, professional associations, labour market observatories, etc.

This first analysis also serves to know which companies to approach depending on the preferences of the users participating at any given time, and to obtain a map for future employer follow-up that shows the diversity of companies that the employment service is in touch with.

The qualitative data and more up-to-date, detailed information should be obtained as part of the following stages of the prospecting process and by designing a database to fulfil the employment service's prospecting needs at each particular moment.

Appendix 22 provides an indicative list of the structural and contextual data related to employment to take into account when designing a study on the employment service's catchment area.

Parallel to the analysis of the job market and to make future placements possible, it is necessary to get to know the profiles of the clients involved in placement processes at the agency. This can be done conducting an initial assessment and

analysis⁶³ of all of the data obtained in the initial interviews and through the follow-up of the placement pathway done the specialists in charge of their cases.

This assessment and analysis takes into account the personal, psychosocial, health, educational, work and/or cultural characteristics of employment service users.

This involves determining, among other matters:

- Clients' psychosocial characteristics (whether or not they are on welfare benefits, social and family context, general state of health, the evolution of their mental health condition, etc.).
- Their basic, technical and cross-cutting competences.
- Educational levels and special areas of knowledge.
- Previous work experience.
- The sectors they might be interested in for future placement.
- The tasks that they could perform in a job.
- Their strengths and weaknesses.

Once both analyses have been carried out - that of the entrepreneurial structure and that of the users' profiles - it is possible to plan the following steps of prospecting and, consequently:

- Establish aims and priorities with regard to each user's placement plan.
- Focus on approaching the companies of interest.
- Decide on the most suitable prospecting strategies in view of the expected results and objectives.
- Identify which potential services to offer to employers.
- Establish mechanisms for placement follow-up, bearing in mind the aims and strategies of the client's work plan.

It is important to take into account the fact that any company, and not only the largest ones, can promote job opportunities for employment service users. Even small companies run by the self-employed can collaborate with the service.

The following stages of prospecting (2, 3, 4 and 5) are addressed in detail in Subsection 4.2.3, since they have to do with direct contact with companies.

⁶³ See Chapter 3.

4.2.2 STRATEGIES FOR DEVELOPING THE PROSPECTING PROCESS

Once the situation of the companies has been assessed (as per phase 1 of the prospecting process), the most suitable intervention strategies are planned.

The prospecting process can be developed through different strategies that complement one another and determine how to approach the company in view of the intended goals and outcomes.

These strategies also depend on the phase of the prospecting process that the employment service has reached with the company, since at each moment in the process the aims are different.



From this perspective, there are groups of strategies⁶⁴ oriented towards

- Creating new bonds with companies: these strategies look for means and sources to make new contacts that can nurture future connections at each point in the process. The connections are not only geared towards obtaining job opportunities from the companies contacted but also towards creating services that benefit them.
- Strengthening and maintaining ties with the collaborating companies: in addition to obtaining job offers from companies already collaborating with the employment service, these strategies seek to create commitments on collaboration and new job opportunities depending on the needs of the companies.
- Publicising the employment service, raising awareness and intensifying networking: these strategies promote the spread of the practices employed and use social marketing to exchange experiences, establish new collaborations, promote awareness regarding programme participants and enhance their recognition and standing. Indirectly, they serve to create new contacts and strengthen existing connections.
- Promoting competitive employment through Special Employment Centres, public authorities and through self-employment: these strategies focus on specific situations such as those of organisations that have a Special Employment Centre. They also approach the connection with the public administrations and promote self-employment as a potential means of placement.

Table 4.3 summarises the strategies by groups. Each strategy is described immediately after the summary table.

⁶⁴ Some strategies follow the traditional approach, although the majority of them propose a new approach to prospecting called entrepreneurial job development, which focuses on the needs of the company and not on those of the employment service.

Table 4.3: Summary of strategies

Strategies aiming to:	Designation
Create new bonds with companies:	1. Strategy of prospecting for new companies
	2. Strategy of prospecting for companies with offers via the usual channels
	3. Strategy of prospecting in the individual user's environment
	4. Strategy of prospecting for suppliers
	5. Strategy of prospecting for new undertakings
	6. Strategy of prospecting in the environment of the person doing the prospecting
	7. Strategy of prospecting through key individuals in companies
Strengthen and maintain the ties with the collaborating companies	8. Collaborating companies strategy
	9. Mutual commitments strategy
	10. Job carving strategy
Publicise the employment service, raising awareness and intensifying networking	11. Publicising and events strategy
	12. Agency networking strategy
	13. Strategy of prospecting for recommending companies
	14. Strategy of prospecting business associations and organizations
	15. Strategy of awareness-raising through volunteer work
Promote competitive employment through SECs and public administrations	16. Strategy of prospecting for clients of Special Employment Centres
	17. Labour enclaves strategy
	18. Public employment strategy
	19. Training placement strategy
	20. Self-employment strategy

Description of the strategies oriented towards creating new bonds with companies:

1. Strategy of prospecting for new companies

Intended Outcome	Objective	Strategy 1
Enlisting new companies in the catchment area depending on the profiles and preferences of employment service clients.	To contact new companies that can offer job opportunities to increase the possibilities of placement in companies in a particular sector preferred by users.	Looking for companies in the catchment area (not yet contacted), depending on the sectors job seekers are interested in, or companies that clients specify as being of interest. Contacting them and managing to arrange a meeting to find out more about their needs and demands and to explain the placement programme, the profiles of individuals currently looking for work, etc. Knowing more about the company gives the opportunity to suggest other ways of participating such as Incorpora awards and workshops.

It is a great help to be familiar with the sectors of interest to individuals who are setting out on the integration process and additionally, if possible, to find out which companies they would specifically be interested in working for.

First contact with the companies may be made by phone, in person or by electronic means (see their various advantages and disadvantages in Subsection 4.2.3 Contacting Companies).

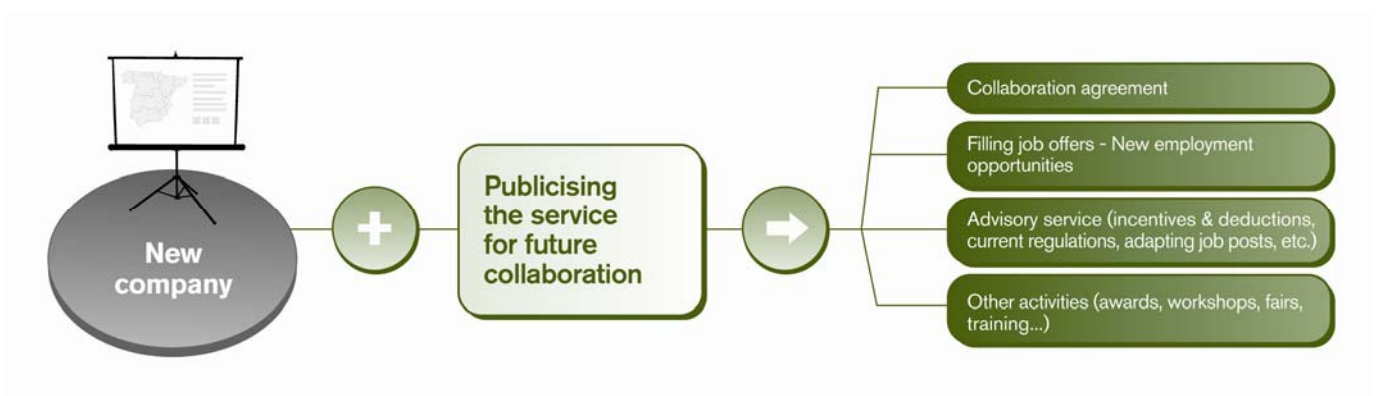


Figure 4.5: Strategy 1 of prospecting for new companies
Source: Own material

2. Strategy of prospecting for companies with openings via the usual channels

Intended Outcome	Objective	Strategy
New placements for people with mental health conditions, through offers published in the usual channels.	<p>To present candidates for existing job offers published in various channels.</p> <p>This is in new companies and those already collaborating that have not notified the job offer to the service.</p>	<p>Contacting companies that request staff through the usual channels (employment websites, the State employment service, press adverts, etc.) and establish initial contact or renew contact, offering them candidates to fill vacancies.</p> <p>It is advisable to have selected beforehand individuals who meet the profile required and assess their suitability based on the information provided by the company regarding its needs.</p>

This strategy is based on the existence of vacancies and on good communication and dexterity in dealing with the company so that it accepts to consider the candidates offered by the employment service. If the company is already collaborating with the service, it is important to know why it has not told the employment service about the job offer, as this may indicate problems in the relationship with the company. Some companies may assume that the service is not capable of managing certain profiles or simply believe that it will not provide suitable candidates. In such cases, it is advisable to reactivate the connection using other strategies.



Figure 4.6: Strategy 2 of prospecting for companies with openings via the usual channels
Source: Own material

3. Strategy of prospecting in the individual user's environment

Intended Outcome	Objective	Strategy 3
New placement opportunities for service users by prospecting in their own environment	To become familiar with clients' personal environments and contacts in their social network that may offer job opportunities.	<p>Analysing the immediate social environment of placement process clients through acquaintances, neighbours, friends, family members...</p> <p>Contacting the companies that may offer job opportunities in each client's social network.</p> <p>In addition to fostering placement for individual whose network is being explored, this may open new opportunities for other employment service clients.</p>

It is advisable to try this strategy with each placement process participant and use their social network to check placement possibilities. In addition, this strategy empowers the individual to increase his/her autonomy and activate his/her own resources.

The multiplier effect of the strategy directly affects all service users.

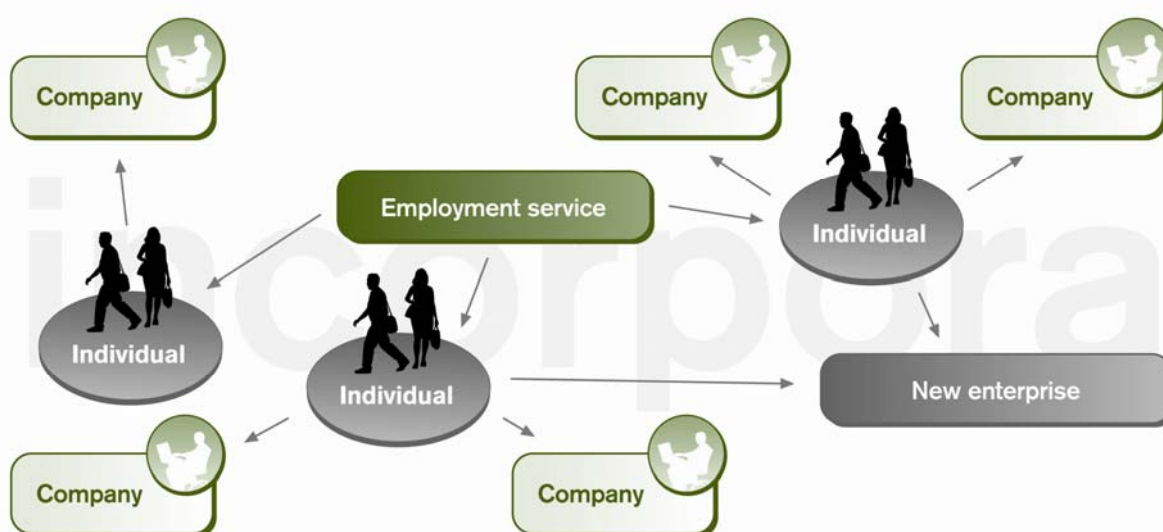


Figure 4.7: Strategy 3 of prospecting in the individual user's environment
Source: Own material

4. Strategy of prospecting among suppliers

Intended Outcome	Objective	Strategy 4
More placement opportunities for people with mental health conditions by including the network of suppliers.	To turn the companies supplying the employment service into potential collaborators.	Contacting the employment service's suppliers (courier service, catering, accounting firm, office material supplier, etc.) and offering them the service so that in addition to being suppliers they also become collaborators.
This strategy is based on the leverage conferred by the fact of being a client of these companies, and being able to assess their Corporate Social Responsibility (CSR) practices. What is more, the day-to-day contact and the trust that the service has with them ought to facilitate the first contact and create opportunities for mutual collaboration.		



Figure 4.8: Strategy 4 of prospecting for suppliers
Source: Own material

5. Strategy of prospecting for new enterprises

Intended Outcome	Objective	Strategy 5
Extending the network of collaborating companies to new enterprises and small companies, creating new job opportunities.	To offer the employment service to entrepreneurs who need to hire staff (mainly small companies and the self-employed).	<p>Contacting small companies or the self-employed who are starting a new business and need to hire staff.</p> <p>Contact with this type of companies could be made through the municipal advisory services for entrepreneurs, among other possibilities.</p>

This strategy is based on the need for staff in small or start-up companies. The key is to be familiar with the strengths and needs of the business, to offer them customised job solutions and using deductions in the cost of hiring people with disabilities or other groups as a sales point. In addition, the agency provides advisory services without charge, which may be of great use to small companies.

It is important to take into account that relationships between people in small companies are very close. This may be an advantage when hiring people with mental health conditions, since the atmosphere may be more family-like and may permit more flexible and customised approaches when it comes to adapting the job.

It must be remembered that many entrepreneurs need staff capable of taking on a variety of tasks on their own, making it essential to analyse in detail the needs, competences and potential functions required before offering individuals as candidates.⁶⁵

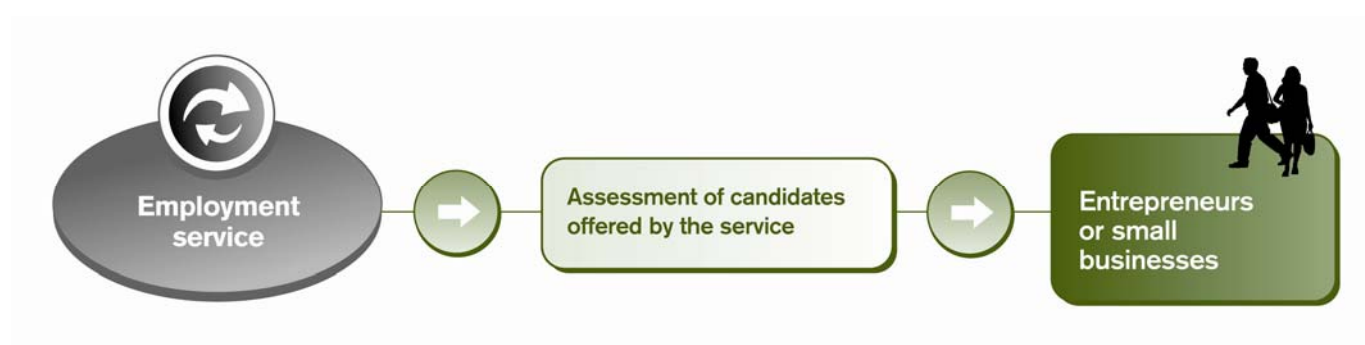


Figure 4.9: Strategy 5 of prospecting for new enterprises.
Source: Own material

⁶⁵ This strategy is complemented very well by Strategy 10, the creation of "tailor-made" jobs.

6.Strategy of prospecting in the environment of the person doing the prospecting

Intended Outcome	Objective	Strategy 6
New contacts by analysing the social environment of the employment specialist.	To contact companies belonging to the employment specialist's social network to find new job opportunities.	Analysing the possibilities offered by the employment specialist's social environment, contributing his/her own resources to the search for new contacts.
Similar to the strategy of prospecting in the client's environment, it proposes heightening the awareness of those in the employment specialist's environment, making the most of their confidence and closeness to the specialist.		

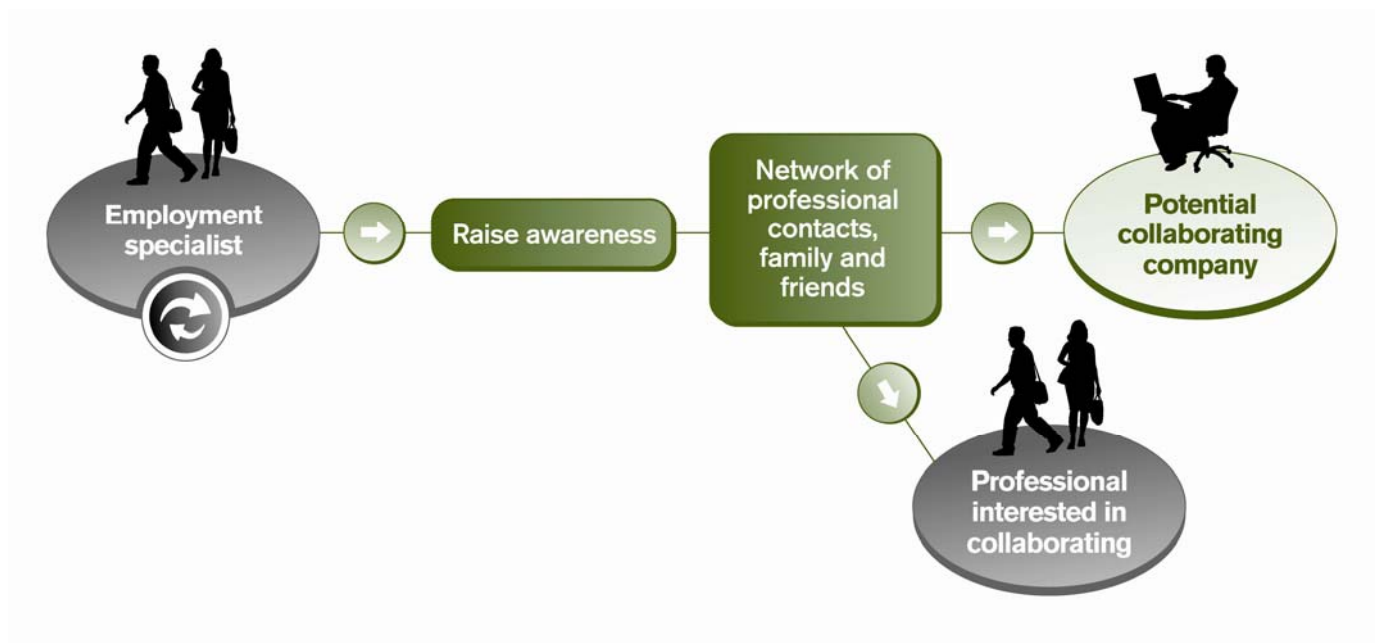


Figure 4.10: Strategy 6 of prospecting in the environment of the person doing the prospecting
Source: Own material

7. Strategy of prospecting by means of key individuals in companies

Intended Outcome	Objective	Strategy 7
New opportunities by means of the awareness fostered by employees who, by virtue of their posts, have access to the senior management, directors and other influential individuals in a company.	To obtain new work opportunities through the link established by (aware) employees with others in influential positions (senior management, directors, etc.) in their company.	Employees who are more aware of the situation can influence others who have decision-making power in the companies where they work. This way, they can raise awareness among others and promote collaboration between the company and the agency.

This strategy makes use of aware individuals and their influence over other people who may have responsibilities within a company, for example for hiring staff or training. For example, the custodian of the office building who has access to decision-makers, top management or directors at a company might be a key person to suggest using the employment service (because he/she knows it, has some family member participating in it, or because is a user him/herself) and consider collaborating with it. Once the person has acted as a link and the company is interested, the prospecting team takes over the contact. This can also be combined with the strategy of heightening awareness through volunteers (no.15).

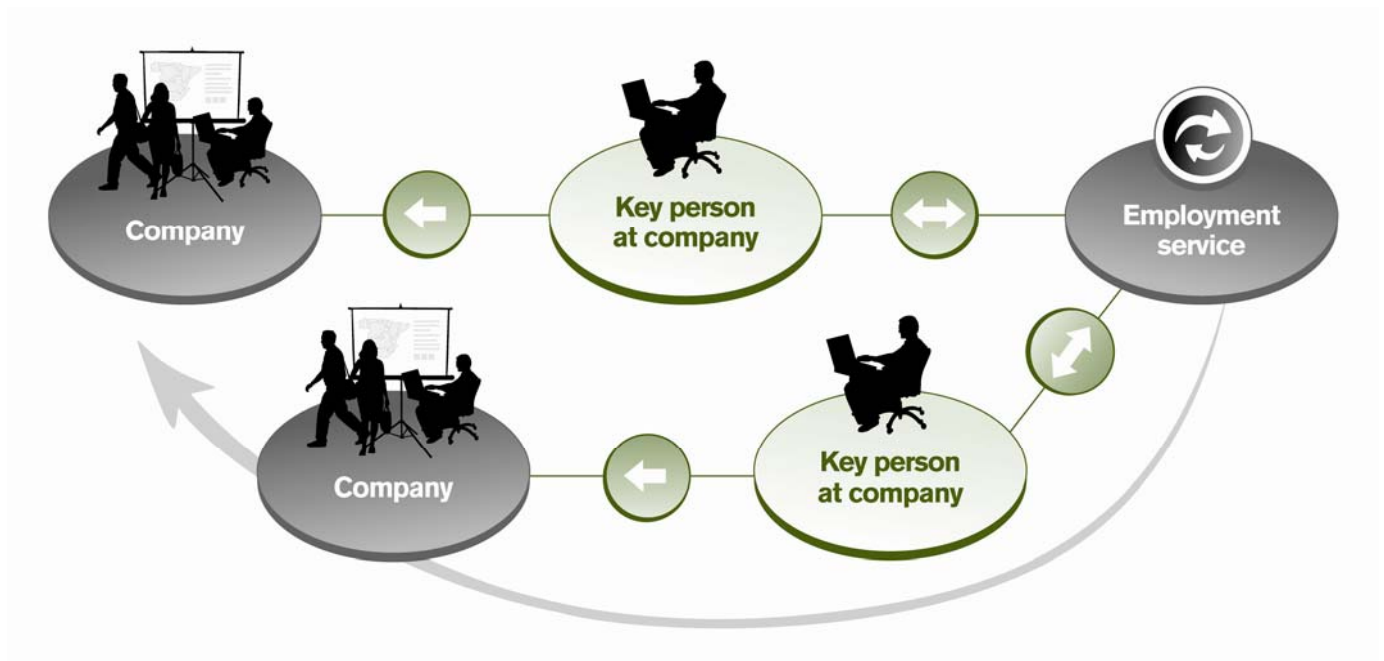


Figure 4.11: Strategy 7 of prospecting by means of key individuals in companies
Source: Own material

Description of the strategies oriented towards strengthening and maintaining the connection with companies:

8. Collaborating companies strategy

Intended Outcome	Objective	Strategy
New placement opportunities for people with mental health conditions in companies collaborating with the service.	To strengthen links with the collaborating companies so that they share their needs and new opportunities for collaboration can be created.	Maintaining active links with collaborating companies through follow-up actions, allowing the employment service to become more familiar with the company and detect new needs. Actions which foster recruitment in the future can be considered, such as introducing individuals who fulfil the company's requirements, even though at present there are no job vacancies.
<p>The fact that the company already knows how the service works provides the degree of trust necessary to allow presenting individuals' profiles. Previous positive placement experience is the key to promoting new candidates. It is also advisable to provide other services to the companies on a regular basis (newsletters, advice, etc.).</p>		

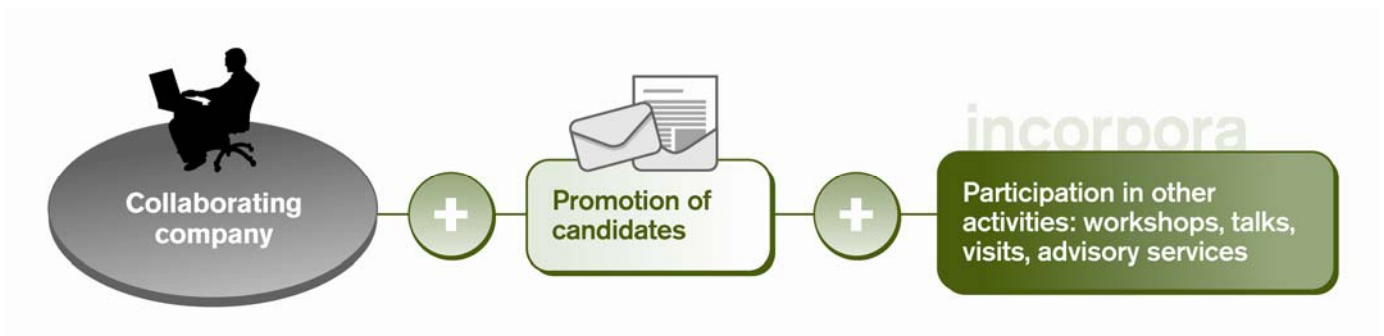


Figure 4.12: Strategy 8, Collaborating companies
Source: Own material

9. Mutual commitments strategy

Intended Outcome	Objective	Strategy 9
Maintain the link active and intensify collaboration between the company and the service.	To pave the way for mutual collaboration by establishing minor commitments that strengthen the relationship between the company and the service (Carlson et al., 2008).	It is helpful if, rather than follow-up, frequent contact with the company is used as an opportunity for mutual collaboration. Even though the company may not need to recruit staff, it can still collaborate with the employment service. Establishing minor commitments on the part of the company activates its participation and intensifies ties so that, should the opportunity arise, it may recruit via the service. In parallel, the service explores the company's needs and accepts the commitment to carry out activities that respond to them.

Some commitments on the part of the company might be: allowing visits to production sites with a client user who is looking at the sector in which the company works; that somebody from the company gives a talk to people from the service; that it agrees to meet a client even though if there are no current vacancies; to make job offers available to the employment service before they are made public; that it liaises to help to approach another company...

The employment service can agree to conduct awareness-raising or training activities with company staff, analyse and redesign a job post, address difficult situations with individuals already working in the company, etc.



Figure 4.13: Strategy 9, Mutual commitments
Source: Own material

10. Job carving strategy

Intended Outcome	Objective	Strategy 10
New jobs that cover the company's needs and are "tailored" to the future employee.	To create new job opportunities through the creation of jobs that respond to employers' needs but are not yet covered.	The trust the service enjoys with the company allows it to address its needs by proposing new jobs. Some very specific or uncommon tasks are designed specially bearing in mind a possible candidate being offered by the service and who, because of his/her personal qualities, would be perfectly suited to the unanswered needs of the company. This is a win-win situation for all (Carlson et al., 2008).

This strategy involves searching for new job opportunities in the "hidden job market" rather than the open market. In other words, instead of answering a job advert, the service makes a proposal for a job⁶⁶ in which the skills of the candidate proposed are described. In this regard, the job position is defined by the results obtained and needs met, rather than through tasks and qualifications (Bissonnette, 1994; Randall & Buys, 2006; Swanson & Becker, 2011).

This strategy is based on the trust placed in the link between company and employment service, and in the work carried out beforehand to get to know the company and be able to address its needs.

This is one of the main strategies to be used for people with mental health conditions, since it allows better job matching and also provides access to opportunities before they are published on the open job market.

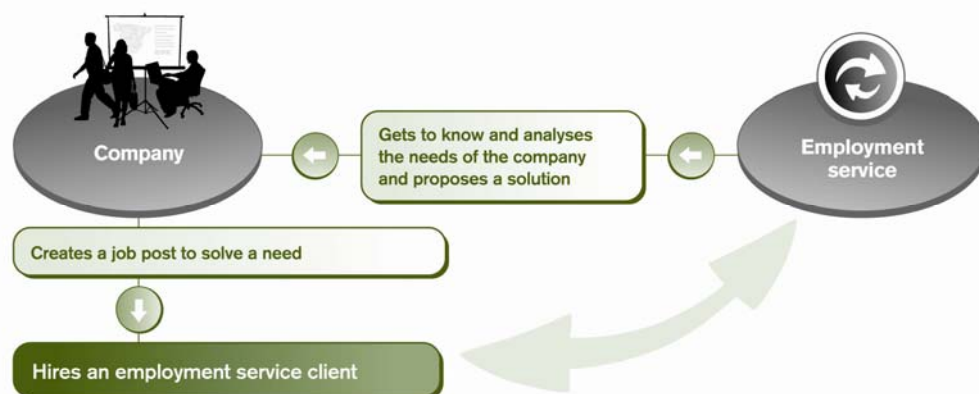


Figure 4.14: Strategy 10, Job carving strategy
Source: Own material

⁶⁶ A sample job proposal form can be seen in Appendix 23.

Description of the strategies oriented towards publicising the employment service, making companies aware and intensifying networking:

11. Publicising and events strategy

Intended Outcome	Objective	Strategy 11
Publicising the Incorpora Programme services and garnering social recognition and prestige among the companies participating.	To promote the participation and involvement of companies in the placement of people with mental health conditions by publicising the practices of the Incorpora Programme.	<p>Running programmes to mobilise collaborating companies, inviting new companies to participate and promoting the services of Incorpora and its results in the local business community.</p> <p>Programmes to mobilise companies might include: workshops, awards, working breakfasts, participation in job fairs, promoting good CSR practices and other activities.</p>
<p>The key here is promoting the programme and publicising its products among catchment area companies, broadcasting its philosophy and benefits both for companies and individuals, and garnering social recognition and prestige as an added value for the companies collaborating in the programme. In addition, it serves to heighten company awareness through the exchange of positive experiences among them.</p> <p>This strategy mainly serves to reinforce loyalty among companies already collaborating, although also to generate contacts with new companies.</p>		

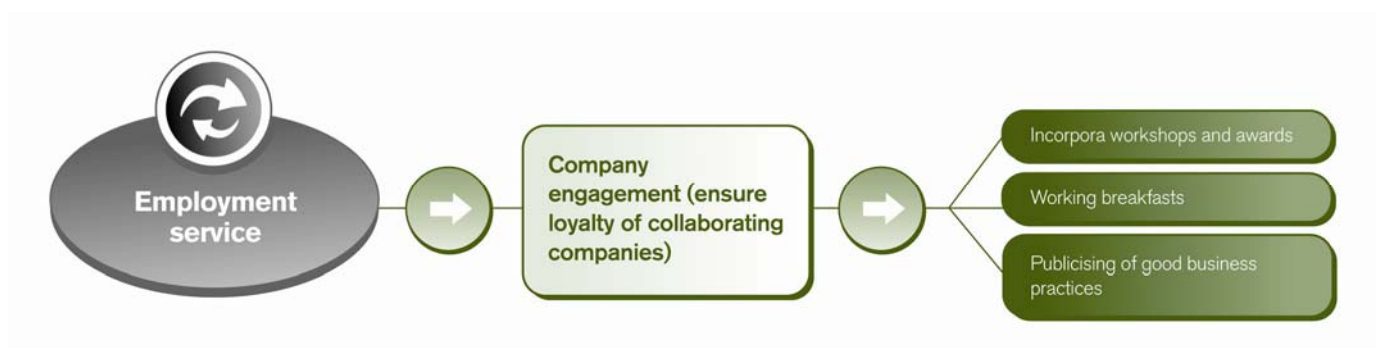


Figure 4.15: Publicising and events strategy
Source: Own material

12. Agency networking strategy

Intended Outcome	Objective	Strategy 12
Working in a network to establish synergies and optimise resources related to placement for people with mental health conditions.	To attract new collaborating companies through the shared resources of agencies, for example, from other geographic areas that also need staff in a nearby area.	<p>Prospecting in coordination with other agencies belonging to the programme in the same or other catchment areas, encouraging optimisation of resources and networking.</p> <p>Sharing information about collaborating companies to promote synergies in collaboration.</p> <p>For example, a collaborating company, a leading foodstuffs enterprise in Andalusia, will promote contact with the other sales outlets in Catalonia and Madrid with the corresponding local employment services.</p>

The key here is coordination between specialists from the different employment services collaborating with Incorpora, establishing networking protocols to promote synergies and share resources.

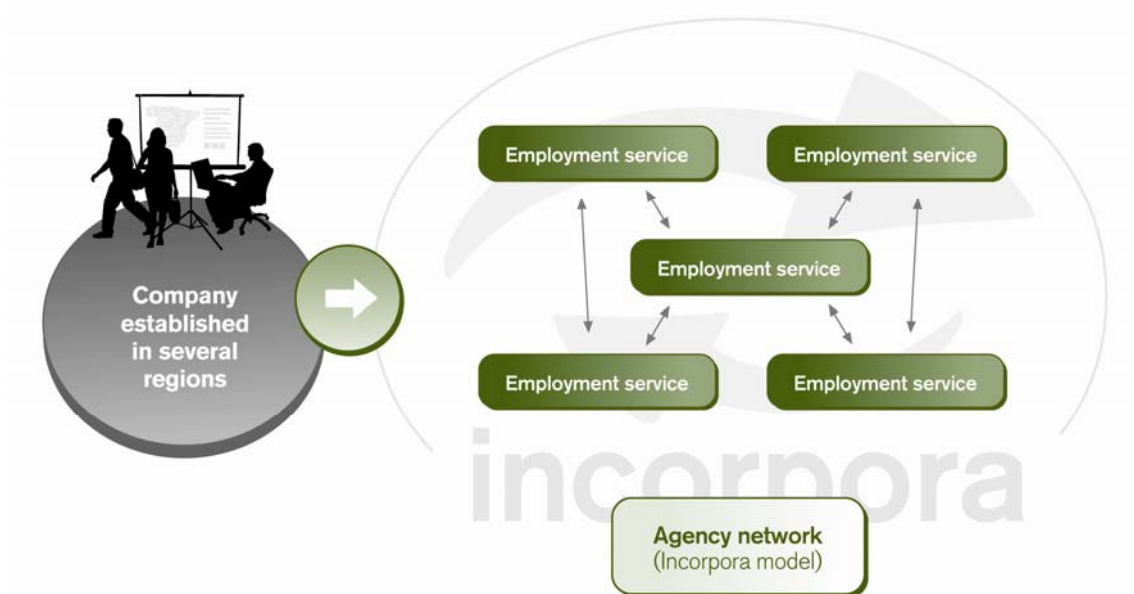


Figure 4.16: Strategy 12, Agency networking
Source: Own material

13. Strategy of prospecting for recommending companies

Intended Outcome	Objective	Strategy 13
Extending the network of collaborating companies through recommendations from client companies.	Multiplying the number of potential companies collaborating through recommendations from companies using the service, such as accounting firms, etc. or others that can help liaise with other companies.	<p>Contact collaborating companies and suppliers of services to other companies and request their collaboration in publicising the service among their clients.</p> <p>Thus, the company collaborating endorses the employment service to its contacts.</p>
<p>In this case, the collaborating company should be trustworthy, aware and/or has had positive experiences of integration so that it agrees to promote the service among its clients, either through information folders or direct recommendations.</p>		

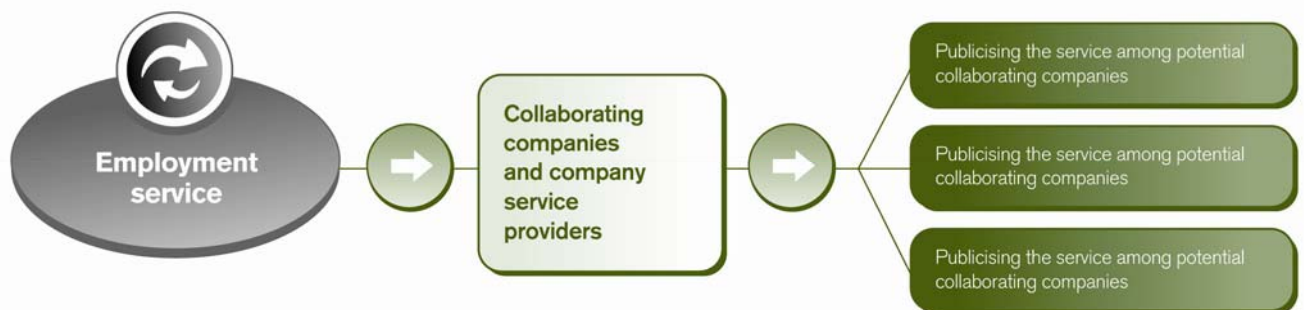


Figure 4.17: Strategy 13 of prospecting for recommending companies
Source: Own material

14. Strategy of prospecting business associations and organizations

Intended Outcome	Objective	Strategy 14
Extending the network of collaborating companies through business and professional associations which collaborate in publicising the programme.	To get the support of business associations, confederations and groupings of all kinds to publicise the practices of the employment service and raise awareness among companies and professionals to establish potential collaborations.	Encourage contact and workshops, seminars and other events through business associations to publicise the practices of the agency and raise awareness among associated companies. Professional societies can also help to publicise the employment service among members so that they too might collaborate with the programme.
<p>This strategy is based on the contact and the trust placed in the service by business or professional associations. The association is offered the same services as any other company and its collaboration (or commitment) is requested to liaise with other companies. Other kinds of collaboration can also be agreed with the association such as talks, training, etc., following the strategy of mutual commitments (no. 9).</p>		



Figure 4.18: Strategy 14 of prospecting business associations and organizations
Source: Own material

15. Strategy of raising awareness through volunteer work

Intended Outcome	Objective	Strategy
Raise people's awareness within companies to increase commitment and collaboration.	To promote corporate volunteering among collaborating companies so that company employees experience what the employment service is and feel more familiar with the group. This would help to eliminate stigma and aid the integration of employees who have mental health conditions.	Collaborating companies offer their employees the opportunity to engage in volunteer work, helping the placement process of employment service clients. This fosters employee awareness, which may in turn create new opportunities through their social relationships and make people with mental health conditions more readily accepted within companies, with the volunteers possibly functioning as a natural support.

This strategy is based on close collaboration with the company promoting volunteer work among its staff and on providing experiences that might help to reduce barriers and stigmatisation. Volunteer work provides added value to the company's CSR policies. In turn, more aware employees can help to spread the message within companies and in their social circles, thus generating considerable potential for spreading the message. For companies, it is spells another opportunity for collaborating and raising awareness among their workers.

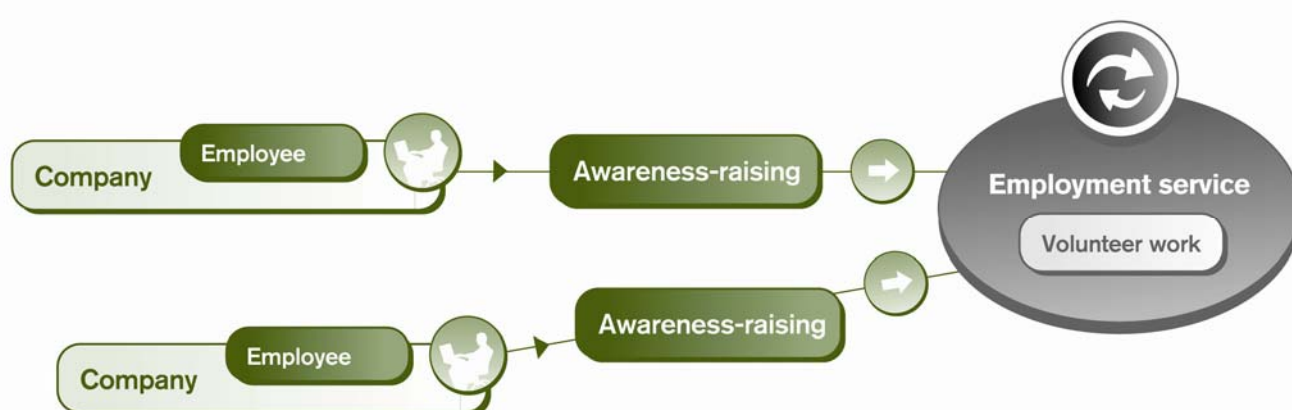


Figure 4.19: Strategy 15 of raising awareness through volunteer work.
Source: Own material

Description of strategies oriented towards promoting competitive employment through Special Employment Centres, the public administrations and self-employment:

16. Strategy of prospecting from clients of SECs (sheltered work)

Intended Outcome	Objective	Strategy 16
Involving companies that are clients of Special Employment Centres (SEC) as collaborators of the employment service (assisting the SEC), so that they promote new job opportunities.	To turn companies that are SEC clients into potential collaborators, creating a more stable and long-lasting commitment geared to hiring staff in open market companies.	Promoting collaboration of companies that are SEC clients by publicising employment service practices and results. The proposal is that, in addition to buying the SEC's products or services (alternative measure under the LISMI), the company can collaborate in other ways, such as hiring staff.

This strategy is geared towards agencies that in addition have an SEC and helps to pave the way to open market employment for individuals working in SECs. The relationship of trust with the company that is an SEC client, which has a greater degree of awareness than others, might be the start of a new collaboration, helping them too to comply with the current regulations. In addition, the employment service always proposes placement follow-up and support to the contracting company. This strategy goes one step beyond the labour enclaves (no. 17) since it encourages taking the step towards open market companies.

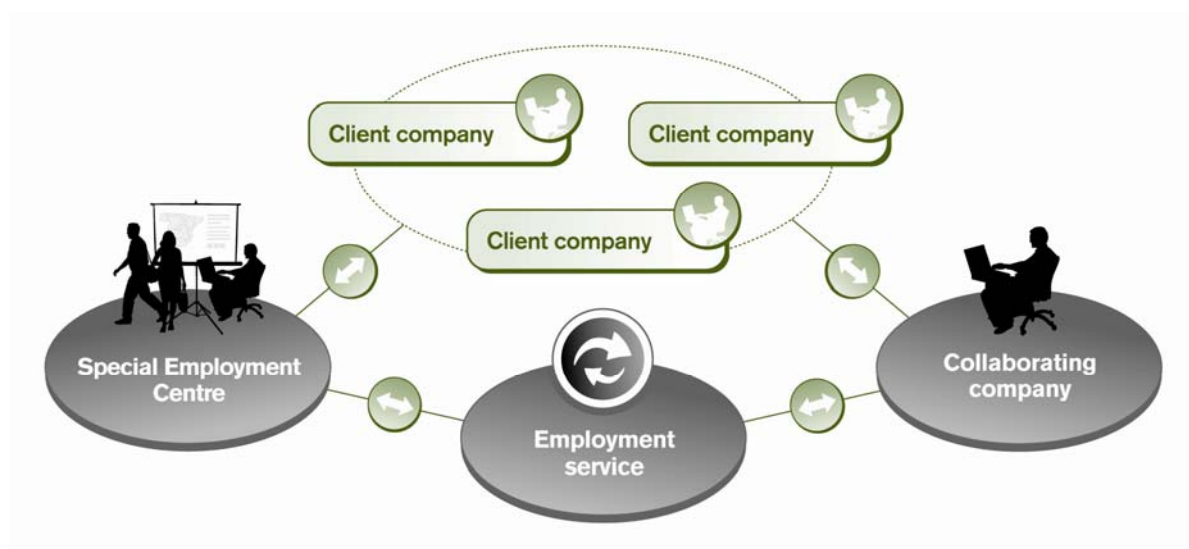


Figure 4.20: Strategy 16 of clients of the SECs (sheltered work).
Source: Own material

17. Labour enclaves strategy

Intended Outcome	Objective	Strategy 17
Creating labour enclaves ⁶⁷ in client companies of Special Employment Centres (SEC) linked to collaborating agencies.	To attract new collaborating companies through the labour enclave model, when the prospecting agency has an SEC.	Promoting the development of labour enclaves through the agency's SEC to raise awareness in the company and enhance the autonomy of CEE employees in normal workplaces.

This method is only possible in agencies that have an SEC. However, this alternative guarantees complying with legislation and aids the integration of individuals in open market companies. In this regard, it is a step prior to integration in the competitive market. This strategy can be complemented with that of clients of the SEC (no. 16), in which the company directly recruits a person from the employment service or SEC and receives support from the employment service.

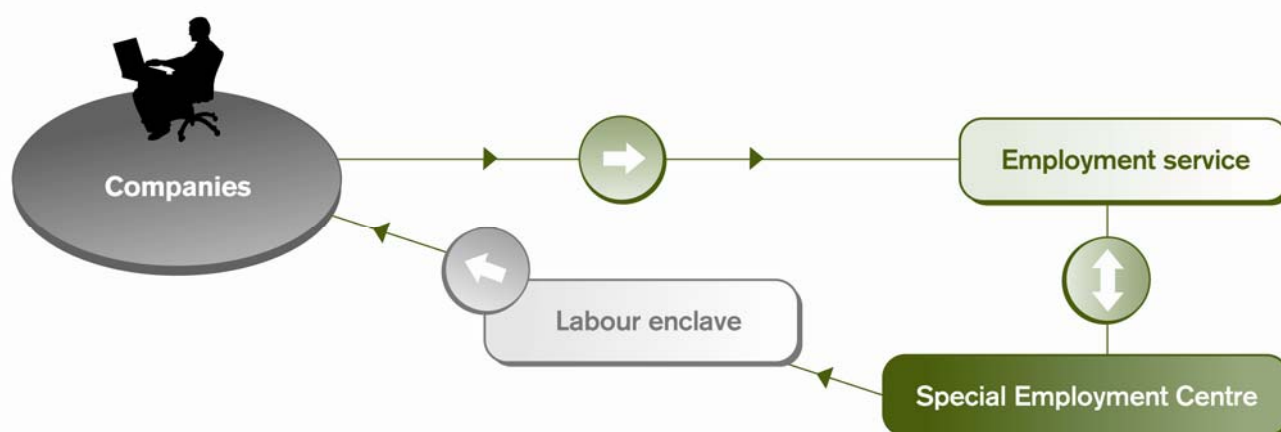


Figure 4.21: Strategy 17, Labour enclaves.
Source: Own material

⁶⁷ Royal Decree 290/2004 of 20 February regulates labour enclaves as a measure to promote work for people with disabilities. The labour enclave is a contract between a company in the open market economy and a Special Employment Centre to perform work or services that are directly related to the normal activity of the company. The management and organisation of work in the enclave is the responsibility of the Special Employment Centre. The enclave is formed by at least 5 workers if collaborating company has 50 or more permanent employees or at least 3 workers if the number of permanent staff is lower.

At least 60% of the workers deployed to the enclave must have difficulty finding access to the open labour market, have an officially certified disability and 75% must have been employed a minimum of 3 months in the company. The duration can range between 3 months and 3 years and the final objective is that the open market company hires individuals with difficulties finding access to work as permanent staff. For this purpose there are incentives to recruitment.

18. Public employment strategy

Intended Outcome	Objective	Strategy
Placement in public bodies.	To have access to employment in the public sector as a source of placement for employment service clients, through different possibilities (subcontracting, subsidies, temporary work linked to training, direct recruitment...).	Promoting the employment service among public bodies that are having difficulties complying with the LISMI [Law on the Social Integration of the Disabled]. Also, promoting recruitment of individuals at risk of exclusion through quotas, hiring individuals from certain groups through subcontracting tenders, or social clauses in subsidies granted to companies and/or independent professionals.

This strategy is based on the agency's links with public administration bodies. The paths to collaboration may vary, but hiring staff is an aspect that tends to cause difficulties, be they in complying with the regulations (LISMI) or in extending collaboration to other aspects such as the subcontracting of services. Therefore, the help of the employment service, with its experience in the entrepreneurial field, can be beneficial for both the employment service and for the public administration. Although jobs in some cases may be temporary, this can improve the work experience of people with mental health conditions and move them a step closer to their recovery.

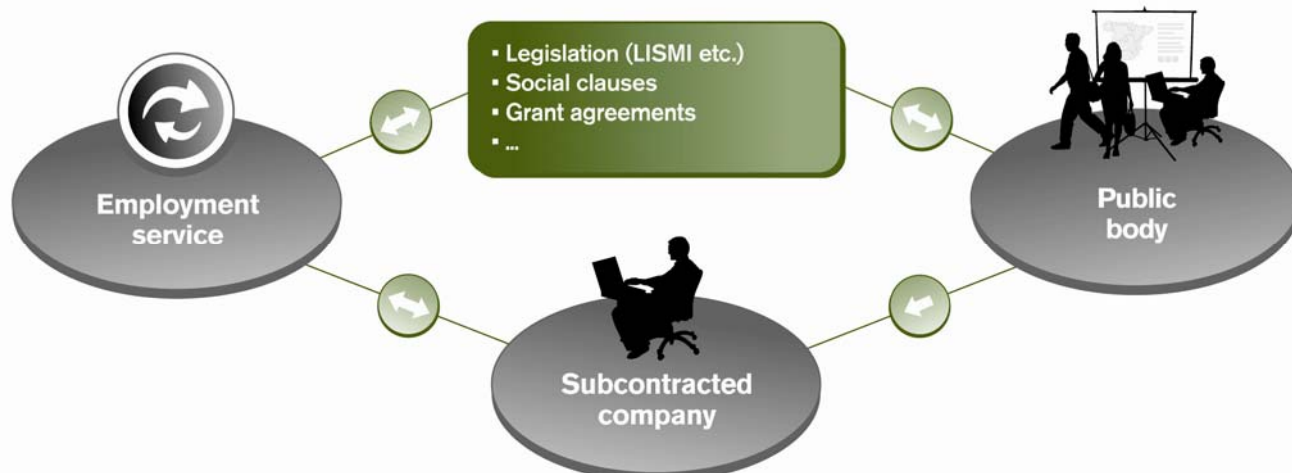


Figure 4.22: Strategy 18. Public employment
Source: Own material

19. Training placements strategy

Intended Outcome	Objective	Strategy
Close collaboration with companies, enabling the placement of individuals with mental health conditions through training in real work contexts.	To promote the participation of companies in the training of individuals, with the final objective of job placement.	Contacting catchment area companies, whether they collaborate or not, on the basis of an individual's interest in the sector, seeking work experience placements in real contexts. To this end, it is essential that both company and individual (apprentice) are willing to carry through the work experience placement as part of a wider learning process.

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In many cases, work experience placements in real work contexts generate trust and assurance both for the company, which can rate the future worker's performance, and for the person who is learning to carry out the tasks required in a particular job. If the work practice experience is positive, this may be the key to later recruitment.

It is advisable that work practice is carried out for a previously agreed, brief period of time, since the final objective is job placement in the open labour market.

Work experience placements may be advisable in cases of vocational retraining where the individual wishes to "try out" a particular type of job without prior knowledge of it, or as part of broader technical training.



Figure 4.23: Training placements strategy
Source: Own material

20. Self-employment strategy

Intended Outcome	Objective	Strategy 20
Creating self-employed job based on the needs identified through the knowledge acquired of the entrepreneurial structure.	To enhance self-employment for individuals with mental health conditions, who can carry out a useful activity or service required by companies collaborating with the agency or are known in the community of reference.	This strategy is based on the extensive knowledge and analysis of the entrepreneurial structure, which may permit creating work opportunities that are not related to a single company, but to a group of companies that share the same need. This way, and with the support of the employment service, a company can be established to offer solutions to others.

In this case, the support of the employment service is essential insofar as it can share the information gathered from its collaborating companies and assist in the creation of a new company managed by a client of the service. It is important to help the individual involved develop strong autonomy and management skills and to enhance his/her entrepreneurial attitude.

Finally, the company may also expand and recruit other employment service clients. Some examples might be: translation or proofing of texts, graphic or website design, etc. Therefore, a self-employed person can perform these services for a variety of clients. This strategy follows the rationale of strategy to create "tailor-made" jobs, but self-managed, thus supporting entrepreneurial activity.

It should also be taken into account that hiring self-employed workers with a disability is an alternative measure for complying with the LISMI or other regulations in force.

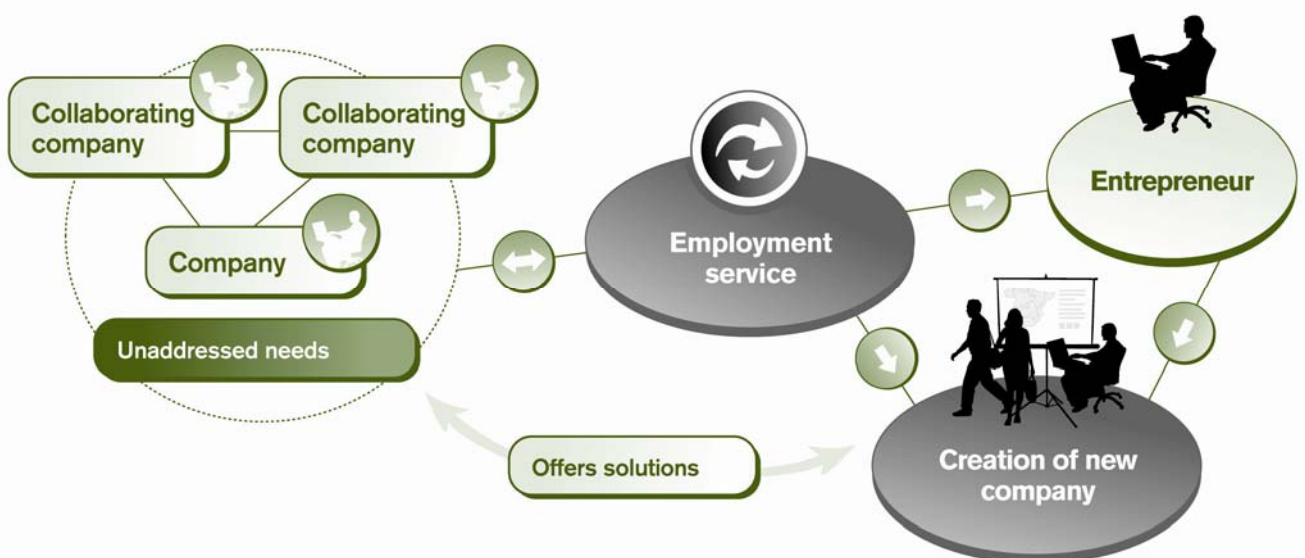


Figure 4.24: Strategy 20, Self-employment.
Source: Own material

4.2.3 CONTACTING COMPANIES

Once the most suitable strategies for each case have been planned, they are put into practice using specific actions.

Contacting companies is the main action in the process of prospecting for companies, since the collaboration and the relationship with them hinge on this contact.

Developing this contact in a suitable manner:

Facilitates communication with companies.

- Promotes the quality of the employment service in the business sector.
- Enhances trust, both of companies and users, in the effectiveness of the employment service.
- Extends collaboration over time.
- And, above all, it generates new job placement opportunities based on fluent relationships and professional excellence.

Although the contact with the company evolves over time and according to which stage of prospecting the employment service is involved in with the company, achieving a first positive contact with the company is a fundamental element for future collaboration.

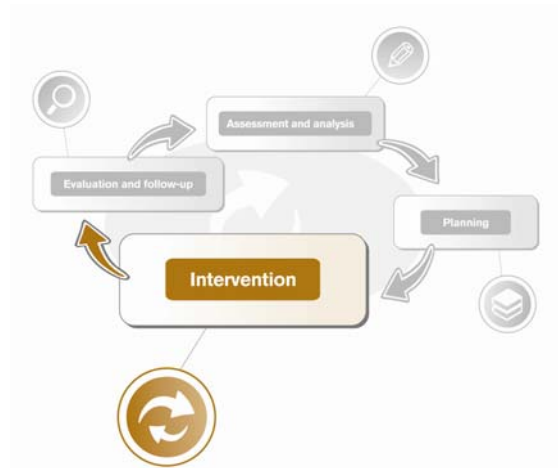
In the initial contact phase, prospecting is proactive and geared towards aims established beforehand, and is based on direct contact with companies with the object of offering the services the agency provides.

One of its main functions is to raise the awareness of companies in order to encourage the job placement of individuals who have special difficulties getting into the job market.

But in addition, the specialist who is prospecting:

- Offers individuals who are ready to perform a job.
- Advises the companies on adapting jobs which need support.
- Provides information about legal and fiscal aspects of recruiting staff (for example, the deductions available for hiring certain groups of employees).
- Guides the firm on issues related to job design and training needs.
- And, above all, learns about the company's needs, requirements and concerns in order to be able to provide the appropriate information and services at any given moment.

We shall detail the key aspects of this contact according to the different stages of the prospecting process described previously (See Section 4.2)⁶⁸:



⁶⁸ Phase 1 is described in Subsection 4.2.1, since it has to do with the analysis of the entrepreneurial structure.

Phase 2. First contact with the potential collaborating company



There are different ways of establishing the first contact, depending on the strategies implemented by the employment services and, on occasions, on the aims and skills of those carrying out the prospecting.

Consequently, the first contact with companies can be:

- by phone.
- in person.
- by e-mail/fax.

All of them are valid and feasible for initial contact. The choice of one or the other depends on the aims set out and on the skills of the employment specialist who is making contact, among other things.

Table 4.4 shows the advantages and disadvantages of a first contact by telephone, in person or by electronic means, as well as the skills necessary for each type of contact to be successful:

Table 4.4: Methods for first contact with companies.

Type of contact	First contact with the company ⁶⁹	Skills necessary
By telephone	+ Speeds up contact as it avoids travel.	Ability to communicate.
	+ Makes it possible to obtain basic information on the company. - Might make it difficult to arrange a face-to-face meeting if, from the start, the company has no wish to be informed about the employment service and shows lack of interest. Saying “no” is easier over the telephone. - Might postpone direct contact, making it difficult to manage job offers valid at the time of contact.	Ability to express oneself well (diction, etc.)
		Ability to listen.
		Command of sales techniques
		Assertiveness.
In person	The job developer's physical presence helps to achieve a first meeting (immediately or with a view to a date in the near future).	Ability to communicate.
		Ability to express oneself well (diction, etc.)

⁶⁹ Positive factors or those which facilitate contact are marked with the (+) sign and those with limitations and difficulties with the (-) sign.

Type of contact	First contact with the company ⁶⁹	Skills necessary
	+ It is possible to obtain the contact person's business card and information, thus avoiding mistakes which might hinder a first contact	Ability to observe. Active listening Analytical ability
	- In many cases, the contact person is not on the premises or cannot see the job developer and contact has to be made by phone.	Command of sales techniques
		Assertiveness.
		Negotiating skills (ability to persuade and present arguments).
By electronic means	Ensures quick access to companies by using e-mail or contact forms on the company's website.	Ability to communicate and express oneself in writing.
	+ Lower cost.	Command of computer skills.
	- Makes it difficult to establish true closeness in an initial contact, which is necessary for creating a relationship of trust and raising awareness at companies.	
	- E-mails tend to be more impersonal, easy to avoid and do not generate feedback, nor do they require much attention.	

Regardless of the method of contact, in all cases basic guidelines can be laid down about what to say during an initial contact, what attitude to adopt or what to look out for to obtain useful information, in addition to establishing the most appropriate channels and strategies for communication at any given moment.

Interviewing and listening skills are key aspects during an initial contact, since they allow the necessary information to be obtained to successfully “sell” the employment service.

Table 4.5 describes the keys for communicating with the company:

Table 4.5: Keys for communicating with the company.

	What to say	Attitude	What to look out for
1	Ask for the person responsible for recruiting staff	Proactive .	Company organisation
2	Introduce yourself personally and the agency you are representing.	Proactive .	Receptiveness. Your opposite number's ability to listen
3	Inform them of the existence of the placement programme and explain it briefly (without giving too many details), but arousing their curiosity and interest in meeting personally.	Proactive. Positive. Selling the service.	Interest . Ability to listen .
4	Request and agree on a personal meeting to explain the programme in detail and encourage collaboration in the future.	Proactive. Positive. Persuasive Prepared to negotiate.	Interest. Receptiveness. Willingness to discuss the matter.

Nevertheless, regardless of the kind of initial contact chosen, it is always necessary to visit the company in person to become directly acquainted with its activity, as far as is possible, its recruitment policy, the work atmosphere, the people in charge of the company, the kind of people that work in it, its internal organisation, etc.

During this first contact, the key is to GRASP:

- The company's attention.
- Its needs and interests.
- Information to be able to offer it suitable services and in the most convenient manner.
- Possibilities of collaboration.



Managing to appoint a personal meeting to explain the programme means the initial contact has been a success.

Therefore, it is advisable to explain with a clear, brief and concise argument why it is in the interests of employer to agree to a meeting with the employment service job developer (Carlson et al., 2008).

For example, if the first personal contact is a "cold call" and the person responsible for Human Resources or the owner of the business is available to receive the information, phases 1 and 2 of prospecting take place on the spot.

Phase 3. Meeting to explain the employment service and to determine the recruitment needs and other collaborations

The personal visit to the company is the backbone of the prospecting process, since this is where the actions of exploring and contacting come together. In other words, this contact is where the majority of the most relevant information for the placement of individuals with mental health conditions is obtained.

On this visit it would be ideal to become acquainted not only with the people responsible for recruitment, but also the facilities, the plant, the basic functions and tasks of each job, how production is organised, the work atmosphere and some indication of the type of employees working in the company.

Most of this information is obtained through observation and is complemented by whatever the contact person can contribute.

Acute observation serves helps to make contact more meaningful and geared towards fulfilling the intended goals. In this case, the main objective is to build a long-lasting relationship with the company and, consequently, it is necessary to learn more about the business, its internal organisation, its potential, problem areas, etc.

In addition, the job developer's belief in what he/she is promoting is a key factor in achieving the company's active collaboration (see Figure 4.25).

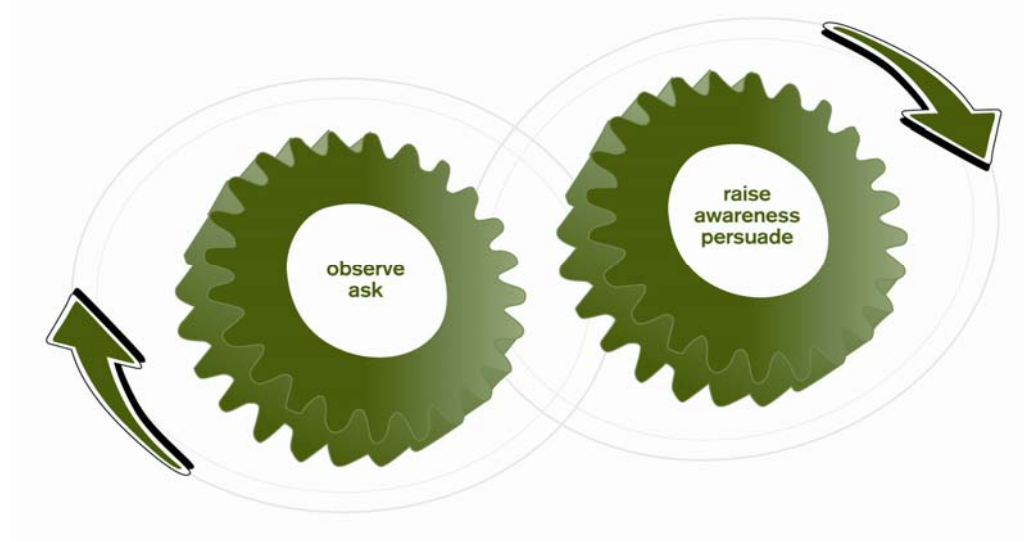
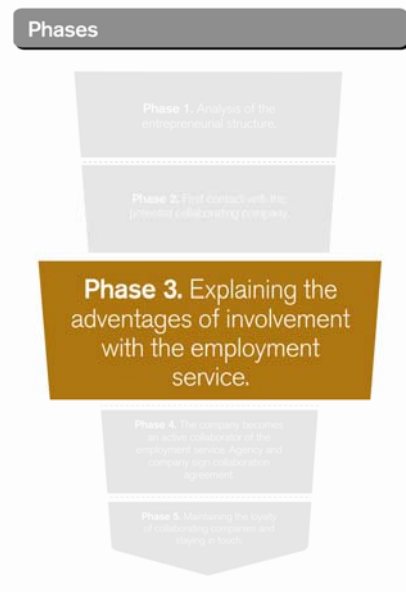


Figure 4.25: How the job developer proceeds
Source: Own material

During the meeting, it is advisable to focus on the company more than on the employment service; consequently it is the company representative who should do most of the talking during the interview.

In addition, it is highly recommended to prepare a list of questions using the basic information that is available on the company.

For example, some sample questions might be⁷⁰:

- What kinds of jobs are there in the company? What does the person in a certain job do?
- What sort of people make up the company? What personal qualities do consider important?
- In general, what do people in this company contribute to the business?
- For you as a company, what must an ideal worker have?
- How does the selection process work? Where do you recruit people from? What channels do you use for job offers?
- What is it that most concerns you or is a problem when it comes to selecting staff?
- Do you have seasonal fluctuations in work levels? What are the posts with most staff rotation?
- As far as you know, do you have any employees with some kind of disability? In what jobs?
- How did they come to be employed?
- Are you familiar with the tax incentives and deductions for recruiting employees from certain groups?
- Are you in the process of selecting staff or do you need staff short term?

The job developer can mention that in the service there are individuals able and ready to work, and it would thus be a valid channel to manage job offers and provide support in selection processes. In addition, if the firm has no information about hiring individuals with a disability or other groups, it can be informed about the legislation in force and the resources available.

It is necessary to emphasise that the service offers support in the design of job posts and works in conjunction with the company so that the individuals who are hired adapt adequately to the work environment. Also explain what the support consists of and give examples of other successful experiences at companies in the same sector or geographical area.

The relationship with the company becomes deeper over time and through the experiences shared, bearing in mind that through collaboration all sides benefit.

Within this third phase of the prospecting process, it is worth taking into account a number of aspects.

⁷⁰ Some questions were adapted from Swanson & Becker, (2011).

- A. Resistance and reticence on the part of companies.
- B. What to take with you on a company visit
- C. Some of the key elements of Corporate Social Responsibility.

A. Resistance and reticence on the part of companies.

Some companies are reticent about engaging in the job development service and resist the idea of hiring people with mental health conditions. To do this, they wield certain arguments (see Table 4.6) that are usually a result of unfamiliarity with this group.

Consequently, these gaps in their knowledge tend to be filled by socially accepted generalisations applied to all those who suffer mental health conditions. These generalisations commonly share negative connotations that are also spread by the mass media and stigmatise people with mental health conditions.

In this regard, stigma refers to negative attitudes (prejudices) and negative behaviour (discrimination), fear and rejection (Center for Addiction and Mental Health, 2007).

Stigma includes:

- Preconceived ideas and value judgements.
- Avoiding or distrusting what cannot be understood.
- Marginalising people who are different due to some particular characteristic.

It is important to bear in mind that everybody is influenced by the social depiction and stigmatisation of people with mental health conditions, including employment specialists, health workers, family members, and even the individual with a mental health condition him/herself, who internalises prejudice and discrimination (self-stigma) and often excludes him/herself from performing activities out of fear of rejection or lack of self-confidence. In this regard, stigma affects the self-esteem of people with mental health conditions (B. G. Link, E. L. Struening, S. Nesse-Todd, S. Asmussen & J. C. Phelan, 2001).

Other effects of stigmatisation are:

- Exclusion of the individual from the workplace, making it difficult to find and keep a job.
- Difficulties in receiving attention suited to the needs of the individual with a mental health condition.
- Marginalisation in his/her own family and social environment
- Limits on participation in social activities.
- Keeping the problem hidden, making it difficult to receive care and reducing the likelihood of improving the condition of the person who has a disorder.

Therefore, raising awareness among companies and their employees is an ongoing task to be carried out through prospecting for companies, as an additional factor in the intervention.

In this regard it is helpful to:

- Know about mental disorders and how they affect people.
- Work on sensing negative attitudes, prejudices and discriminatory behaviour.

Awareness is raised through the message conveyed to the company, for example, about positive experiences in the sector or other well-known cases.

In addition, it is important to emphasise that:

- The people offered by the employment service are prepared and motivated to work.
- With regard to their mental health conditions, they are receiving medical treatment and have been balanced and stable for some time.
- The employment service offers the support necessary both to the company and to the individuals, during the selection process, during placement in the company and for keeping the job.
- The employment service can advise the company about adapting workplaces and the support necessary inside and outside the company.

The arguments commonly used by employers who are not sensitive to the placement of people with mental health conditions are a product of stigma. Consequently, every one of these arguments can be easily put into context by fully explaining situations where people with mental health problems have been integrated into the workplace in different companies.

However, talking about the characteristics of the group as a whole continues to be a matter of assumptions about behaviour and generalisations that do not necessarily conform to specific cases.

In contrast, a good strategy is to explain real cases to the company and talk specifically about the individuals being offered for the job. As a result, the company is obliged to become acquainted with the people before generalising about any kind of behaviour typically associated with people with mental health conditions.

Table 4.6: List of arguments.

Statement	Counter-argument
They are often off sick or absent because of doctor's visits	No more than other workers. Job applicants are balanced and stable. Whether out of fear of losing the job, the feeling of gratitude or the psychosocial benefits of work, in general these individuals are absent due to sickness less than other workers.
Low productivity	Not if the job is in line with their abilities and skills. They are capable of performing high quality work which is demonstrated in companies that have already tried it out successfully.
Limited autonomy on the job or need for constant supervision	No more than any other worker. If they already know the functions and tasks they have to perform, they do not need more supervision than any other employee. The employment service collaborates in designing in-work supports and in monitoring the individual's gradual adjustment so that he/she achieves autonomy and keeps the job.
Might affect the work atmosphere	There are no reasons why they should. The personal contact and relationships among workers should occur spontaneously and normally.
They are not so flexible when it comes to changing tasks	This has more to do with the person's competences and not with their mental health. Not everyone can take on a variety of jobs.
Workers or people collaborating with our company are not used to working with this kind of individuals.	There are no differences between them and other workers. These arguments are more to do with stigmatisation than with reality.

With all the arguments, it is always a good idea to lead the conversation round to introducing specific individuals, talking about them and not generalising.

B. What to take with you on a company visit

- It is advisable to have certain documentation available, even though you only show what is useful. It is recommended to take a folder with:
 - Corporate information on the agency.
 - Information on the employment service or placement programme (see Appendix 8).
 - Publicity about the companies collaborating in the programme.

- A guide to recruiting individuals with disability.
- A collaborating company form (see template in Appendix 24), giving consent to enter the data in the agency's database and in the Incorpora website, in accordance with Data Protection legislation.
- File for recording job offers (see template in Appendix 25).
- CVs of individuals with profiles matching the jobs in the company or sector (depending on the information obtained beforehand)⁷¹, in order to put forward your candidates if the opportunity arises, providing that the clients have given their consent.
- Some give-away publicising the service with the agency's image (for instance: calendar, ball-pen, etc.).

C. Some of the key elements of Corporate Social Responsibility.

Corporate Social Responsibility (CSR) is the active, voluntary involvement of companies to achieve social, economic, environmental and human rights improvements, as part of their governance, management, strategy, policies and procedures.

It is an added value which improves their competitiveness and improves their image.

Good practices or entrepreneurial measures of Social Responsibility should be integrated into the management of the company to develop sustainable, social and responsible growth of the area (Diputació de Barcelona, 2007).

Responsible recruitment practices can improve the job occupation of individuals and reduce the risk of social exclusion.

Some of the potential benefits of socially responsible recruitment:

- Stability of permanent staff, low staff turnover and consequent increase in productivity.
- Social recognition in the local community has a positive impact on the company's image and prestige.
- Deductions on Social Security contributions and legal compliance (related to hiring individuals with special difficulties to enter the job market).
- Reinforces the loyalty and motivates the staff vis-à-vis the company, strengthening their connection with the firm as they perceive a certain degree of social awareness.

The agency's presence in the local area allows companies to better understand their social contribution when it comes to deciding to collaborate in helping to integrate individuals from the same community.

⁷¹ Information can be obtained on job offers published in the usual job-seeking channels: internet, the press, etc., or on the company website

In addition, companies can become active agents against social exclusion, promoting responsible subcontracting, since this will improve their business relationships with other companies and encourage corporate responsibility. Consequently, responsible subcontracting avoids commercial ties with companies that do not guarantee compliance with labour legislation nor use quality criteria in their work conditions. This is a strategy that stimulates Social Responsibility between the companies themselves.

On the other hand, work conditions have an effect on the mental health of people working in the company, so that implementing a positive policy will have a positive effect on all the workers, avoiding and preventing relapses due to mental health problems (Knifton, Watson, Besten, Gründemann & Dijkman, 2009b).

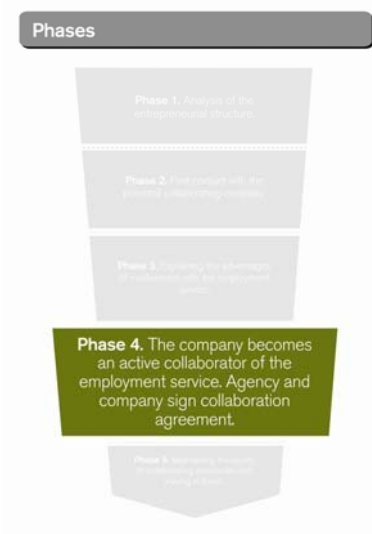


To sum up, in phase 3 of the prospecting process, the key is TO CONVINCE the company:

- That the agency's employment service can offer it solutions.
- Of the benefits of establishing collaboration with the agency.
- That people that the service offers are prepared and motivated to work.
- Of the advantages that socially responsible action generates in the community and in the company.
- Of the need to comply with the current legislation.
- That individuals with mental health conditions can perform a job just as well as any other person if they have the competences required.

All of the foregoing will make it possible to BUILD a basis for the future relationship between agency and company.

Phase 4. The company becomes an active collaborator of the employment service. Agency and company sign a collaboration agreement



The main, usual form of collaboration between the company and the agency is the demand for staff, but it is not the only one. The company and employment service can collaborate by organising talks, visits to the facilities, conducting interviews, designing jobs, participating in workshops, etc.

From the time when the company counts on the agency to fill vacancies, or carry out any other activity, it becomes a collaborator of the employment service.

When managing job offers, it is essential to comply with the requirements of the vacancy and satisfy the company's explicit demand. This implies that if the placement programme does not have any clients who comply with the job requirements or the qualities expected by the company, it should not put forward any CVs or work proposals⁷². It is preferable not to take part in the selection process rather than do so with candidates who are not suited to the job, as this creates a lack of confidence and hinders future work opportunities.

It is important to foster trust and the feeling that the firm is in control of its selection process. The selection of individuals is always done by the company itself; the agency merely offers individuals who are ready for work.

The credibility of the specialist is essential, and must be acquired through positive results and initiatives that prove his/her professionalism (Carlson et al., 2008).

Other important aspects of this phase are:

- A. Networking with other agencies in the group.
- B. Collaboration agreements.

A. Networking with other agencies in the group.

Networking permits, among other things, sharing job offers and consequently combining resources to facilitate the placement of individuals at risk of social exclusion. Promoting synergies and other kinds of collaboration only seems possible by efficient coordination between the agencies that form the network.

If the placement programme or employment service cannot respond to a demand on the part of the company, it is advisable to:

- Talk to the company and mention that the service cannot - for the time being - offer individuals with the profile required (if the demand is for staff). Requests made by companies should always be replied to; it is part of the loyalty-building process.
- Request the company for permission to publicise a job offer among the agencies in the group⁷³, to be able to respond to the demand. So, if one agency has employment service clients who are suitable for the job, it will contact the company directly.

However, if collaboration with the company is close, the specialist will be able to anticipate the demands and make an offer “tailored” to the needs of the company and not simply wait until the company requests staff. This way, the approach is more proactive.

⁷² See Appendix 23: Example of job proposal.

⁷³ The agencies within a same Incorpora group belong to the same geographical area.

B. Collaboration agreements

Formalising collaboration with the employer involves commitment and mutual collaboration for the placement of employment service participants, while at the same time fostering continuity in the connection that benefits both parties.

The company and the service formalise these mutual commitments through a collaboration agreement.

The key aspects of a collaboration agreement are:

- Definition of the contracting parties.
- The object of the agreement: definition of the framework of the agency/company collaboration (for example: placement of individuals at risk of exclusion).
- The commitments to be assumed by each one of the parties.
- Setting up a committee to monitor the initiatives agreed on with members from the parties to the agreement.
- Duration.
- Everything relating to publicising the collaboration, regulations on data protection and the applicable legislation.
- Annexes: detailed description of the service, list of participants (if engaging in training), etc.

In this phase, the key is TO AGREE ON:

- Types and mechanisms of mutual collaboration.
- Communication channels depending on the needs of the company.
- Relevant information to be notified to individuals, to the company and to the agency.
- Methods of intervention in staff selection, training needs, recruitment of individuals sent by the agency, post-placement follow-up, work experience placements...
- Participation in workshops, awards and other activities to drive the programme, etc.



Phase 5. Maintaining the loyalty of collaborating companies and keeping contact

Maintaining loyalty involves keeping alive the connection created with the company, fostering a stable, long-lasting relationship. Not many companies reach this phase of the prospecting process, so it is necessary to cultivate the work carried out up to this point using specific strategies.

The methods for motivating companies are a key element for maintaining loyalty and exchanging updated information obtained in the first contacts. The key is in keeping in frequent touch with the company:



- Offering it information that might be of interest (by means of e-letters, by phone and in person).
- Urging it to participate actively in the events and workshops that are being organised (Incorpora awards...).
- Inviting the company to activities organised by the agency (open days, working breakfasts, stands at local fairs, etc.), workshops of interest and other events.

During these contacts, all of the information gathered will form the basis for new proposals to be put to the company. Phone calls (follow-up on a placement, information about a new tax incentive or subsidy, etc.) can always be used to ask if they need staff

In this phase, the key is to MAINTAIN:

- Active contact with the company.
- Up-to-date information on the company to offer solutions to its needs and interests.
- A close link and one of trust, which conveys a feeling of credibility and guarantee to the company.

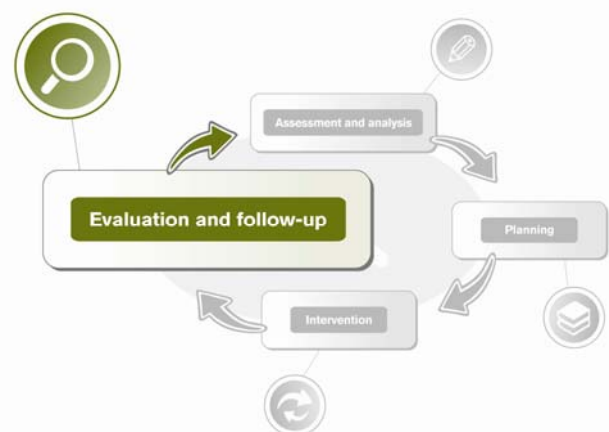
It is worth remembering that strategies exist to achieve the objectives of every phase of the prospecting process (see Subsection 4.2.2 of this Chapter).

4.3 The follow-up offered to the company

Follow-up involves frequent contact with the company to update the information about its needs, and also to find out and assess how the placement of an individual referred by the service is developing or to provide support to a company that is working on a selection process.

If the company needs staff, the agency steps in to provide its services, as explained in phase 4 of Subsection 4.2.3, detailed above.

On the other hand, if the company has already recruited a candidate put forward by the employment service, the follow-up is done to ensure the success of the recruitment and, at the same time, evaluate the process and the outcomes of the interventions carried out with the company, for example, in managing job offers and adapting the job.



This belongs to a later stage, that of follow-up as part of the added value offered to the company, serving even as a loyalty strategy (phase 5 of the previous Subsection).

4.3.1 MANAGING JOB OFFERS

When a collaborating company needs staff and handles the offer through the agency, a series of procedures come into play to ensure transparent management, in line with the needs of the company, and to offer assurances concerning the individual participating in the selection process.

In all job placement processes, three agents interact: the individual, the company and the agency's employment service, this latter within a wider network of agencies⁷⁴.

- With respect to the company, the job developer:
 - Negotiates the possibility of hiring a person who is a user of the service. The job development process is a negotiation.
 - Ensures that recruitment complies with the current regulations.
 - Must make a comprehensive description of the job being filled: job conditions, work environment, tasks, functions, responsibilities...
 - Encourages the post to be viewed based on the needs that it is supposed to fill and the results expected.
- With respect to the candidates for the post, the employment specialist:
 - Helps them to analyse job openings to decide whether or not to apply.
 - Encourages them to consider the image and information they wish to convey to the company (among other things, whether to reveal their disability or mental health condition).
- With respect to the agency and the company, job developers:
 - Follow the coordination mechanisms (see Chapter 6).
 - Process information complying with the legislation on the protection of personal data.

As regards the job offer, the job developer must compile all of the data available relating to the offer. Through direct observation, he/she should get to know the specific features of the job, its specific functions and tasks, as well as the degree and kind of disability that this post will permit. It is advisable to know what needs have to be filled and what results are expected.

To do this it is useful to use a file for recording job offers (see Appendix 25), which allows the company requirements to be gathered and passed on to the employment specialists to look for the appropriate profiles.

⁷⁴ For example, within a group of agencies of the Incorpora network.

In managing the offer, it is important to:

- Observe company requirements regarding data, in other words, not to make them public with the offer.
- Send only the CVs of people who fulfil the requirements, with their prior consent (and within the work plan of every placement pathway).
- Carry out a follow-up visit soon after to the company and receive feedback on the candidates sent (on the CVs of interest or on the interviews that were performed).⁷⁵
- Agree with job candidates the information that will be given to the company and obtain their consent to convey this information (see Section 3.4 of Chapter 3).

It is always necessary to inform both parties about the need for job accommodations, if it is considered relevant for starting and keeping the job.

Likewise, it is also necessary to analyse the supports required and whether they are available in the company or from the employment service.

The follow-up of job candidates must be rigorous. All of the feedback provided by the company is useful for the employment specialist to work on clients' placement pathways.

Whatever the company can contribute related to the performance of a candidate during a selection process helps users to make assessments and improve in the future. In this regard, the company helps to improve the job-search skills and competences of the people it interviews or who do job selection tests for a given post.

In order to recruit staff, the agency can offer the following services:

- Pre-selection interviews of candidates (in addition to filtering CVs).
- Follow-up of job candidates.
- Advising the chosen candidate on adapting to the job.
- Follow-up of the placement in the company during the adaptation period.
- Post-placement follow-up in the company to keep the individual in the job.

It is important to point out that if there are no individuals in the employment service who fulfil the requisites for selection, it is advisable not to send any candidate, since this will tend to weaken the company's trust in the agency's selection criteria.

In such cases, it is advisable to turn to networking and publicise the offer with other agencies that might have individuals with the required profile.

It is important to keep the data available on the offer and its status updated. Network agencies should be informed immediately when an offer is changed or closed.

⁷⁵ For this purpose, it is advisable to use a follow-up file for job offers (see Appendix 26).

As soon as an offer is closed and the person selected was not provided by the agency, or simply as a matter of routine, the company should be asked about its satisfaction with the agency's role in its selection processes, using a satisfaction questionnaire on the management of job offers and placements in the company (see Appendix 27, first part). This helps to improve the quality of job development work with employers.

Informally, every so often the job developer can also assess the employer's satisfaction regarding his/her work and with the employment service, as a means of improving his ties and credibility with the company (Carlson et al., 2008).

4.3.2 ADAPTING THE WORKPLACE

Once the selection process is concluded and the person sent by the employment service has been selected, it is sensible to advise the company about adapting the workplace, since it is the employment service who knows best the person who is going to fill the post.⁷⁶ In addition, this forms part of the initial offer made to the company and is a way of ensuring the success of the placement process and maintaining ties with the company.

In order to ensure that the individual adapts to the workplace, it is helpful to foresee the risk factors with regard to possible situations that may cause certain levels of stress in the worker (Hansen et al., 2007).

Risk factors are not the same for all individuals; therefore, aspects that might seem insignificant should not be underestimated and the necessary preventive measures should be jointly agreed with the employer.

The Supported Employment method proposes considering what type of job accommodations each person requires, based on the individual's vocational profile and the job to be filled. It is therefore necessary to analyse the demands of the job and of the environment or environments where it will be performed, in order to design the most suitable supports depending on the individual, the moment and the context. These supports will be laid out in the Support Plan adapted to the work context (see Appendix 19), and will be updated periodically.

Consequently, the concept of support is redefined, considering actions for modifying, compensating and/or adapting the environment (physical or social) or the demands of the activity (degree or adaptation) in order to promote competent performance in the everyday work environment.

Both concepts are detailed below⁷⁷:

⁷⁶ If the person selected was not referred by the agency, the same service can also be offered for integrating the person who fills the job, so that the company can count on support whenever it needs it, and the individual too. To do this it is advisable to put this into practice with the individual including an initial assessment and the support plan to be developed.

⁷⁷ Adapted from the American Occupational Therapy Association. (2002). Occupational Therapy Practice Framework: Domain and Process. *The American Journal of Occupational Therapy*, 56(6), 609-639. Published with permission of the editor.

Activity demands are defined as the aspects of a work activity that are necessary in order to perform it. These include among others:

- Objects used and their properties.
- Space, in other words, relating to physical space.
- Social demands, in other words, relating to the social and cultural environment.
- Sequencing and timing.
- Required actions.
- Body functions and structures.

In order to facilitate the analysis and the adequate adaptation of the activity demands, it is recommended to consider the following questions from Table 4.7:

Table 4.7: Activity demands.

What needs to be analysed?	What does it mean?	What does it include? (Examples)	How can it be adapted? (Examples of possible adaptations)
Objects and their properties.	Tools, materials and equipment used in the process of carrying out the activity.	Tools: scissors, dishes, shoes, machinery... Materials: paint, fertilisers, bags... Equipment: computer, fax, workbench, cooker, table...	Initiation to learning, moving from simple to complex tools. Adaptation of handling and safety systems on the basis of the limitations in the machinery and the positioning of the objects to be used in carrying out a task (perform visual tests and prior preparation). In the adaptation, the number, availability, flexibility, complexity, and meaning of the tools and objects to be used can be considered.

What needs to be analysed?	What does it mean?	What does it include? (Examples)	How can it be adapted? (Examples of possible adaptations)
(Cont.) Space demands (relates to physical context)	The physical environmental requirements of the activity (e.g., size, arrangement, surface, lighting, temperature, noise, humidity, ventilation, surface...).	<p>Gardening work in the open air, conditions of cold and heat.</p> <p>The work of an operator in a materials handling company in a noisy, enclosed space.</p> <p>Teleworking, from the individual's home (conditions that permit and limit this kind of work).</p>	<p>Promote the family or non-family environment.</p> <p>Structured or not (for example the structuring of physical space can be done by zones in the case of large areas).</p> <p>With high or low levels of stimulus (example: performing a job at times of low stimulus density).</p> <p>Clear identification and marking of space.</p> <p>Accessibility</p>
Social demands (relates to social and cultural contexts)	The social demands and structures that may be required by the activity.	<p>Rules and codes of conduct of the work group.</p> <p>Expectations of other individuals within the group.</p>	<p>Different kinds and levels of support as regards:</p> <p>Levels of supervision: constant, intermittent, occasional.</p> <p>Instructions: verbal or written.</p> <p>Promoting changes in the roles and functions of the group depending on the work.</p> <p>Making changes to reinforcement and attitudes.</p>

What needs to be analysed?	What does it mean?	What does it include? (Examples)	How can it be adapted? (Examples of possible adaptations)
(Cont.) • Sequence and timing	The process used to carry out the activity (specific steps, sequence, timing requirements)	Steps for building a supporting wall: prepare the area, mark levels, mix mortar (time required before being able to use the material), place bricks... The result will be seen in a week's time.	Adaptations in sequencing: perform only one task (mixing mortar), perform several tasks, perform multiple tasks. Adaptations in managing time: part time (increasing from less to more), offering tasks that are not subject to time.
Required actions	The usual skills that would be required by any performer to carry out the activity. Motor, process, and communication interaction skills should each be considered. The performance skills demanded by an activity will be correlated with the demands of the other activity aspects (objects, space...).	Choosing the appropriate material for the task (a website designer will need a computer with specific programmes, for example). Apply the required force (in order to remove trees, for example). Handle money (at the cash desk in a shop).	Adaptations of a task to: One single demand: cognitive, motor, communication or interaction. For example, in a baker's, only doing the kneading. Reduce demands to low cognitive, motor, communication and interaction requirements, if need be. Combined demands. E.g.: In a job, perform the motor tasks of loading and unloading, but not be in charge of checking or positioning the goods. High levels of cognitive, motor, communication and interaction demands. For example, increase the degree of complexity as the worker fulfils the tasks (vertical adaptation).

What needs to be analysed?	What does it mean?	What does it include? (Examples)	How can it be adapted? (Examples of possible adaptations)
(Cont.) Required body functions	The physiological functions of body systems (WHO 2001a) (including psychological functions) that are required to support the actions used to perform the activity.	Mobility of joints Level of consciousness.	Adaptations for: Safety: of the skin, of the respiratory system (masks in jobs that require them). Control of sensory hyper or hypo stimulation. Job ergonomics.
Required body structures	Anatomical parts of the body such as organs, limbs and other components (that support body function) (WHO, 2001a) that are required to perform the activity.	Requiring both hands.	

The work environment or environments, including the physical, social, temporal and virtual, refer to the variety of surrounding conditions which interrelate and influence the worker's performance. In this explanation, those of personal, cultural or spiritual nature are excluded, as they are not generally susceptible to adaptation. Table 4.8 describes these requirements:

Table 4.8: Requirements of the environment.

What needs to be analysed?	What does it mean?	What does it include? (Examples)	How can it be adapted? (Examples of possible adaptations)
Physical surroundings	Non-human aspects of the environment. Permitting accessibility and performance. Within the environment: natural terrain, plants, animals, buildings, furniture, objects, tools or devices.	Objects, built environment, natural environment, geographic terrain, sensory qualities of the environment.	Adaptations: Demarcation of zones. Define more direct journeys and/or trips and with fewer complications Identifying signs. Delimit stimuli.

What needs to be analysed?	What does it mean?	What does it include? <i>(Examples)</i>	How can it be adapted? <i>(Examples of possible adaptations)</i>
(cont.) Social environment	Availability and expectations of significant individuals, such as family members, friends and carers. In addition, it includes large social groups that are influential in establishing regulations, role expectations and social routines.	Relationships with individuals, groups or organisations. Relationships with systems (political, economic, institutional).	Adaptations: Changes of location within the company. Training in social skills for members of the team. Creation of work groups (macro or micro). Teamwork: performing the work in parallel tasks (each one performs individual tasks), self-managed cooperatives.
Temporal environment	When the work period takes place.	Stages of life, time of day, time of year, duration.	Adaptations in: Type of contract (by weeks, limited to completing a job contract...). Work timetable (6 hours...). Type of shift (afternoons, rotating...).
(Cont.) Virtual environment	Environment in which communication exists without being present physically.	Realistic simulations of an environment, chats rooms, radio transmissions.	Adaptations: Training in the use of new technologies (mobile phone, internet...). Using agendas with definition of tasks by time, alerts, (for cognitive difficulties...).

Thus, identifying the needs of individuals based on the job to be filled is an essential prior step for adapting the job.

The aim is to give the same opportunities to all workers. To do this, as well as identifying risk factors of the post, it is advisable to make certain accommodations that may compensate for the functional limitations that the individual with a mental health condition has relative to the demands of the activity or of the environment (Boston University, 2010d).

For example:

- Accept certain flexibility in the working day in order to compensate for the effects of medication that might interfere with the individual's energy and concentration at given moments during the day.
- Give written guidelines on the work to be performed to compensate for limitations of memory or attention.
- Lay down the timing of tasks or give more freedom to organise the working day in order to facilitate more effective organisation of the work time.
- Give guidelines on communication in order to minimise problems and encourage feedback about the work carried out.

In short, the aim is to support certain work procedures to adapt them to the needs of the individual filling the post. These support mechanisms compensate for the limitations and deficits of the individual in order to achieve better results in work performance (McGurk et al., 2003). These supports are explained in detail in the support plan designed for every individual (see Chapter 3, Section 3.5).

It is not always possible to adapt all of the procedures of a “tailor-made” job to the employee, and it is also important to help the person to adapt by means of different strategies (see Appendix 28).

4.3.3 FOLLOW-UP TO PLACEMENT WITH THE EMPLOYER

When a person is selected for a job, it is essential that the employer is guaranteed the follow-up and support offered by the agency once the person has joined, especially during the period of adaptation.

This first placement follow-up phase covers from the moment the person starts to work to his/her adaptation in the workplace, and usually includes the contractually-agreed trial period.

The aim is to reassure the company that the agency will be available all the time, if it becomes necessary to deal with any possible conflict situations or if problems of adaptation arise.

In addition, it is necessary to agree with the employer on the aims, frequency and type of follow-up, as well as the company contact person from this moment onwards.

If client follow-up is conducted by someone other than the person who is usually in contact with the company⁷⁸, it is advisable to introduce him/her to the company⁷⁹.

This introduction also serves to get to know the company contact person who will be collaborating as the tutor to the new worker, because conducting the follow-up requires the direct collaboration of one or two individuals from the company, depending on the model of intervention chosen to conduct the follow-up (see Chapter 5).⁸⁰

Whatever the case, the superior in charge needs to be clearly informed about the worker in order to make it easier for the latter to adapt to the job.

The aim is to provide information to eradicate potential prejudices within the company itself, as a means of raising awareness.

Some guidelines to be conveyed to the employer are:

- Treat the individual just like any other person in the work team.
- It is advisable to notify the employment specialist conducting the follow-up about all incidents that occur on the job.
- Make the same level of demands on the new worker as with any other person in the company and avoid overprotecting them.

Some key questions⁸¹ for carrying out the periodic follow-up with the company tutor are:

- How is the individual adapting to the job?
- How is he/she performing the tasks and functions assigned?
- Does he/she properly understand the instructions he/she is being given?
- How is he/she relating to his/her work mates?
- If he/she has to work in a team, how is his/her coordination with the rest of the team?
- What is his/her attitude to work?
- Does he/she seem motivated?

Another alternative is to use the Work Behaviour Inventory (Bryson, Bell, Lysaker & Zito, 1997; López et al., 2007), which is an abbreviated scale that assesses job functioning designed for individuals with severe mental health disorders (see Appendix 30).

In addition, people in charge or directly responsible can be advised about any doubts they need to resolve or any concerns they may show about the new employee.

⁷⁸ If different people perform the job developer and employment specialist roles

⁷⁹ This can be recorded in the template for the follow-up to placement with the employer in Appendix 29.

⁸⁰ The model using a company tutor and that of significant reference person.

⁸¹ It is advisable to always start with open-ended questions.

In this regard, the presence of the employment specialist will put the employer at ease and benefit the individual's integration.

Making it through the trial period represents a challenge both for employee, employer and agency. If necessary, the agency should conduct an assessment with the employer before this period is completed.

Follow-up with the employer can be done by phone, in person or by electronic means. It is advisable to conduct it in a way that does not interfere with the normal dynamics of the work process nor with the interpersonal relationships with the other people working in the company.⁸²

If all goes well, placement follow-up should be gradually and spontaneously stepped down to the contacts necessary for post-placement (see Chapter 5). This does not apply to the ties between the agency and company related to other types of collaboration.

Once the person has found their feet in their job, or after a certain time once placement has taken place, the employer should be encouraged to reply to the questionnaire on satisfaction regarding placement (see Appendix 27).⁸³

Finally, Appendix 38 provides a guideline checklist of good practices in job development that may be useful to check the actions implemented in each of the phases in the process.

⁸² This can be recorded in the template for the follow-up to placement with the employer in Appendix 29.

⁸³ If the employer regularly undertakes placement of individuals from the agency, it is advisable to fill in a satisfaction questionnaire once a year, for example. For isolated placements, it is advisable to complete the questionnaire 6 months after the placement.

Job retention

5

5. Job retention

One of the main barriers to the integration of individuals with mental health conditions into competitive employment are the low expectations that health professionals have about the possibility that these individuals will be capable of performing a job. This prejudice is compounded by the fear that the individual's state of health will be worsened by work (Perkins et al., 2009) as a result of the demands on the individual. In general, it is assumed that many of them will never return to the job market and, consequently, this subject is not as part of an integrated rehabilitation strategy (Swanson & Becker, 2011). However, unemployment has a greater negative effect on mental health (Ministry of Health, Social Policy and Equality, 2011), because performing a work activity improves motivation, raises self-esteem, the feeling of personal effectiveness and social skills, and reduces the symptoms and likelihood of relapse (Grove & Membrey, 2005).

While it is true that work is an extremely relevant aspect in people's lives, and that access to work is the main means of social inclusion for individuals at risk of exclusion, the benefits of performing a work activity (Secker & Membrey, 2003) for people with mental health conditions should be assessed against the risks involved.

The growing demands in certain work contexts, the dynamics of work and the changing nature of the environment increase the vulnerability of workers and their confrontation with situations that can generate high levels of stress. These aspects affect all those who work, and not only those who suffer some kind of mental health condition. Nevertheless, people with mental health problems may be especially vulnerable to the stress created by certain work conditions.

Assessing whether or not the stress or difficulties that certain situations inherent to work can create outweigh the benefits of work is a matter that has to be decided by the clients together with their families and friends and the specialists of the services that they use (mental health care network, employment service, etc.), before and during a job placement process. Learning to handle cognitive deficits, symptoms, secondary effects of medication and difficult situations in the work environment is a decision that only the client can take, but which will motivate the support of the network of personal and social assistance available to him/her.

Moreover, employers too are responsible for fostering mental health and preventing mental disorders in the work environment and can incorporate strategies that have a positive effect on the staff's mental health (Knifton et al., 2009b).

In this regard, initiatives are implemented that seek to reduce or eliminate risk factors arising at work, and create individual, social and environmental conditions that permit the development of optimum work environments (Knifton et al., 2009b).

These conditions include initiatives to promote mental health, and the prevention, follow-up and treatment of mental disorders, as well as initiatives that facilitate

rehabilitation, long-term job retention and, especially, the return to work of people with mental health conditions.

For these reasons, it would be advisable for companies to consider the treatment of mental health problems as something "normal", making it part of their occupational health strategies. Awareness - in this regard - is a fundamental tool for:

- Eliminating the myths surrounding mental disorder.
- Helping to understand the problem in a realistic, positive manner.
- Managing risk situations to minimise the effect of mental health problems in the work environment.

In conjunction with the strategies to improve mental health promoted by the company, people with mental health conditions can develop certain skills to overcome and/or compensate for limitations and their impact on work performance (Knifton, Watson, Besten, Gründemann & Dijkman, 2009a; McGurk & Mueser, 2004, 2006; McGurk et al., 2003).

In both approaches (from the point of view of the worker and of the company), the employment services have a key role to play in giving adequate support to successfully integrate people with mental health conditions into the workplace.

In the next Subsections, the intervention and follow-along models practised by the company and the strategies for resolving difficult situations from the worker's point of view are explained in detail.

5.1 Approaches to follow-up within the company

5.1.1 THE COMPANY TUTOR

Once the client starts work in a new job, follow-along support is the basis for adapting, and post-placement follow-up will help the individual to retain the job, supporting both the company and the worker.

In order to perform this latter follow-up, the employment specialist needs to determine who the company's contact person is, with whom he/she will intervene directly.

Usually, it is another employee who takes on the function of "tutoring"⁸⁴ the new worker in the workplace, and with responsibilities over him/her. In other words, it will be his/her immediate superior, since this is who decides the tasks to be performed and can supervise them directly, in addition to coordinating with the company's occupational health service.

⁸⁴ This term implies orienting, reinforcing, protecting and directing. These are actions carried out by the person that has responsibility immediately above another in a work context.

This person, also called “the company tutor”, is a key factor for retaining the job. Consequently, apart from knowing about the mental health condition, he/she:

- Assesses the attitudes, aptitudes and performance of the worker when performing his/her tasks and functions.
- Supervises the tasks.
- Detects any possible difficulties and conflicts.
- Reinforces competences and skills.
- Encourages continuous learning at the workplace.
- Offers support in performing the tasks and functions, as far as his/her competences and possibilities permit.

To sum up, he/she guides the worker in developing his/her activities (see Figure 5.1).

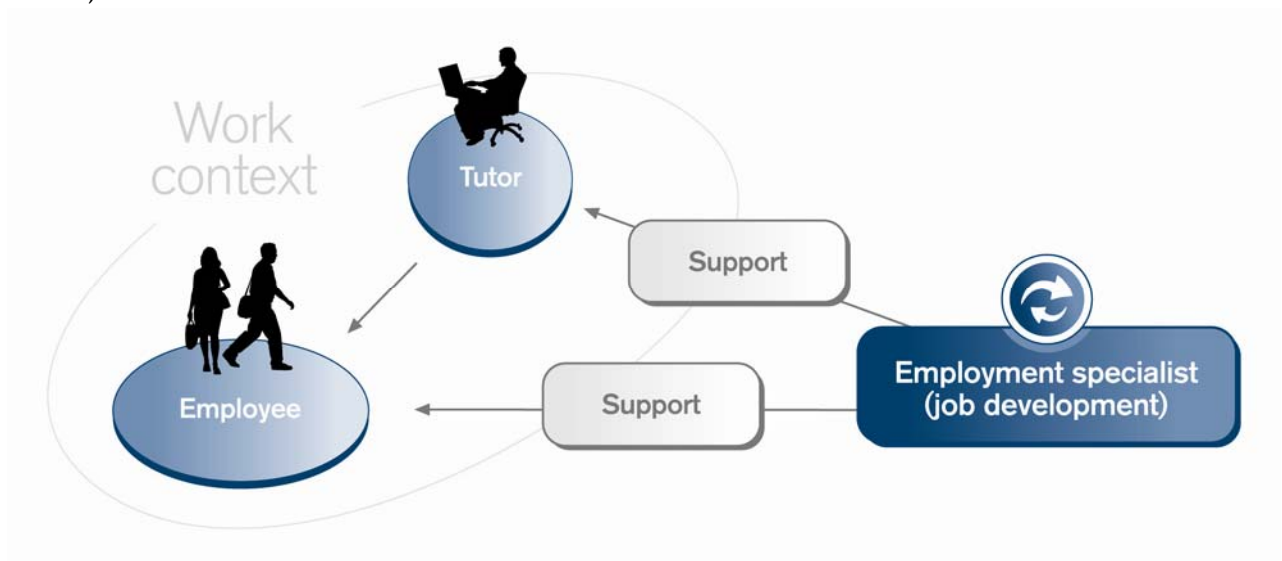


Figure 5.1: Company tutoring model
Source: Own material

In addition, it should be pointed out that tutoring the new worker is a task that is added to the usual functions of the person appointed as tutor. For this reason, it is also recommended to give support to his/her undertaking, which requires specific competences that the tutor has not always been trained to carry out.

The relationship with the company tutor, this person being his/her immediate superior, is subject to certain characteristics that need to be taken into account:

- This relationship is not disassociated from the hierarchical structure of the actual organisation.
- On the one hand it provides support to the worker and on the other it motivates the worker to achieve the maximum potential in his/her job.

In this regard, it is important for the employment specialist to offer support to both (tutor and worker) with the aim of keeping the job in a manner satisfactory to both parties.

5.1.2 THE PRIMARY PERSON

Another follow-up approach model in companies consists of selecting a primary person⁸⁵ from within the work environment, this person being a volunteer whose relationship with the worker is horizontal and cooperative.

This model allows a certain intermediation in the relationships within the work environment, and promotes establishing new kinds of relationships to handle difficulties with superiors (Figure 5.2).

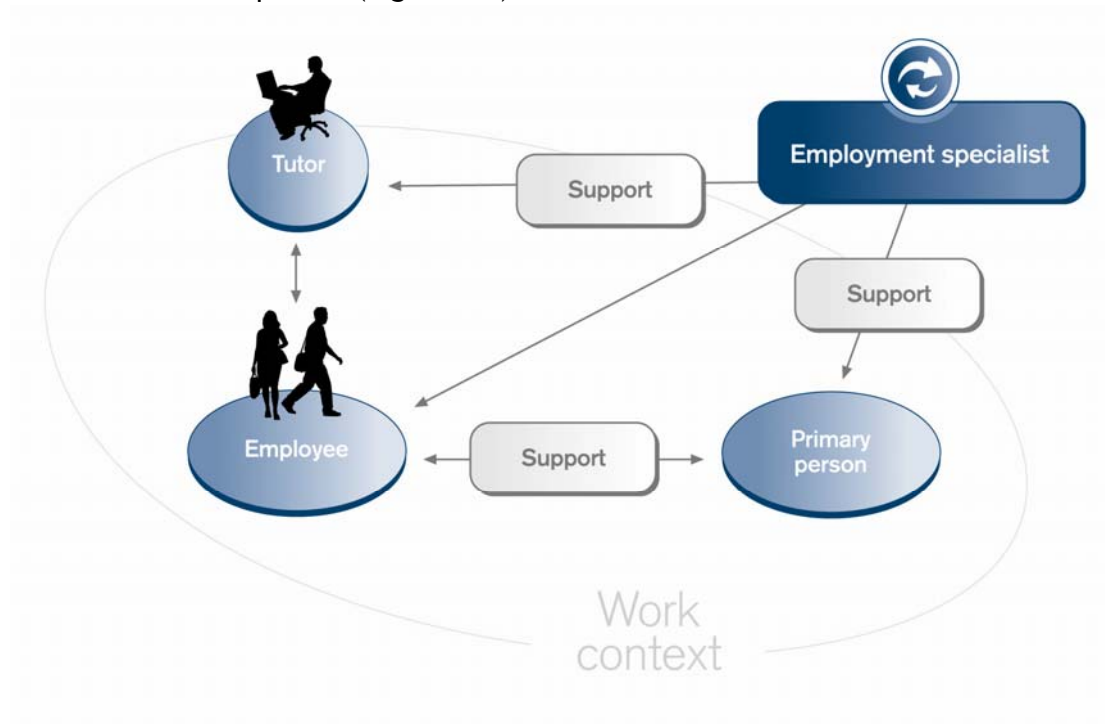


Figure 5.2: Model of the primary person.
Source: Own material

The tasks and responsibilities of the primary person are to:

- Welcome the worker and introduce him/her to the new work surroundings, explain the company regulations and values, introduce the staff and the work habits shared by all those present in the work environment.
- Help the worker with his/her day-to-day needs on the job.
- Provide support to reinforce strengths and improve weaknesses related to the job.
- Contribute to detecting any signs of decompensation early on, if this has been agreed in the intervention plan for crisis situations (see Subsection 5.2).

Both the primary person and the company tutor need know that the worker has a mental health condition.

⁸⁵ Concept adapted from the Emilia Project (Hansen et al., 2007).

In addition, the primary person and the worker should hold regular meetings to discuss the person's work-related experiences, his/her relationships with work mates, the need for performance or behaviour-related changes, etc.

This model combines the functions of the employment team's post-placement follow-up with the mediation and tutoring in the company itself. Therefore, before opting for this approach it is essential to adequately determine whether or not it is feasible to implement it in the company and how it might be done.

If the approach is chosen, in the event of stress or difficulty, the worker will have the support of the primary person, and both of them that of the employment specialist.

The role of the employment specialist is to follow along the growth of the relationship between worker and primary person until the relationship is sufficiently independent and only requires occasional support.

To sum up, the primary person seeks to be a natural support within the company, since natural supports are essential for keeping the job, furthering support for learning (about the work environment, tasks, etc.), the relationships with other employees, the introduction to the company culture and the feeling of wellbeing within it (Secker & Membrey, 2003).

5.2 Preventive, protective and rehabilitation measures and detection of signs of decompensation

One out of every four people suffers from or will suffer from some kind of problem related to mental health at some time in life, whilst 1 or 2% of the population will suffer severe mental disorder (Haro et al., 2006; Mental Health Foundation, 2008; WHO, 2001b). Their negative impact on quality of life is greater than that of chronic illnesses such as arthritis, diabetes or cardiac and respiratory diseases (Ministry of Health and Consumer Affairs, 2007).

It is expected that by 2020 depression will be the number one cause of illness in the world and the second cause of disability (Commission of the European Communities, 2005).

Furthermore, mental health problems can have as significant an impact as work accidents or occupational illnesses, due to their huge economic cost in terms of absenteeism, loss of productivity and healthcare (Harnois & Gabriel, 2000).

In Spain, mental illnesses are the cause of 10.5% of days lost due to short-term sick leave and around 6.8% of the years of working life lost due to permanent disability (Araña Suárez, 2008).

Whilst the positive effect of work on mental health is proven (Evans & Repper, 2000; Harnois & Gabriel, 2000; Secker & Membrey, 2003), certain situations can cause work stress and, as a consequence, increase work accidents and health complaints, and give rise to symptoms that in the medium to long term can cause some kind of mental health condition (of varying intensity) (Gray, 2000; Knifton et al., 2011) in individuals who up until that moment had not shown any symptoms.

In particular, for people with mental health conditions, these situations can act as precipitators of a new crisis and decompensation.

The factors that affect mental health in work environments (Figure 5.3) have to do with (Artazcoz et al., 2005; Gray, 2000; Knifton et al., 2009a; Seymour, 2010):

- Long working days and/or limited timetable flexibility.
- Work under pressure or high volume of work.
- Poor working conditions.
- Situations of discrimination and violence (for example, sexual or gender-based harassment, mobbing, etc.).
- Disorganisation of the work process.
- Little control over the tasks performed.
- Inflexibility in the structure of work.

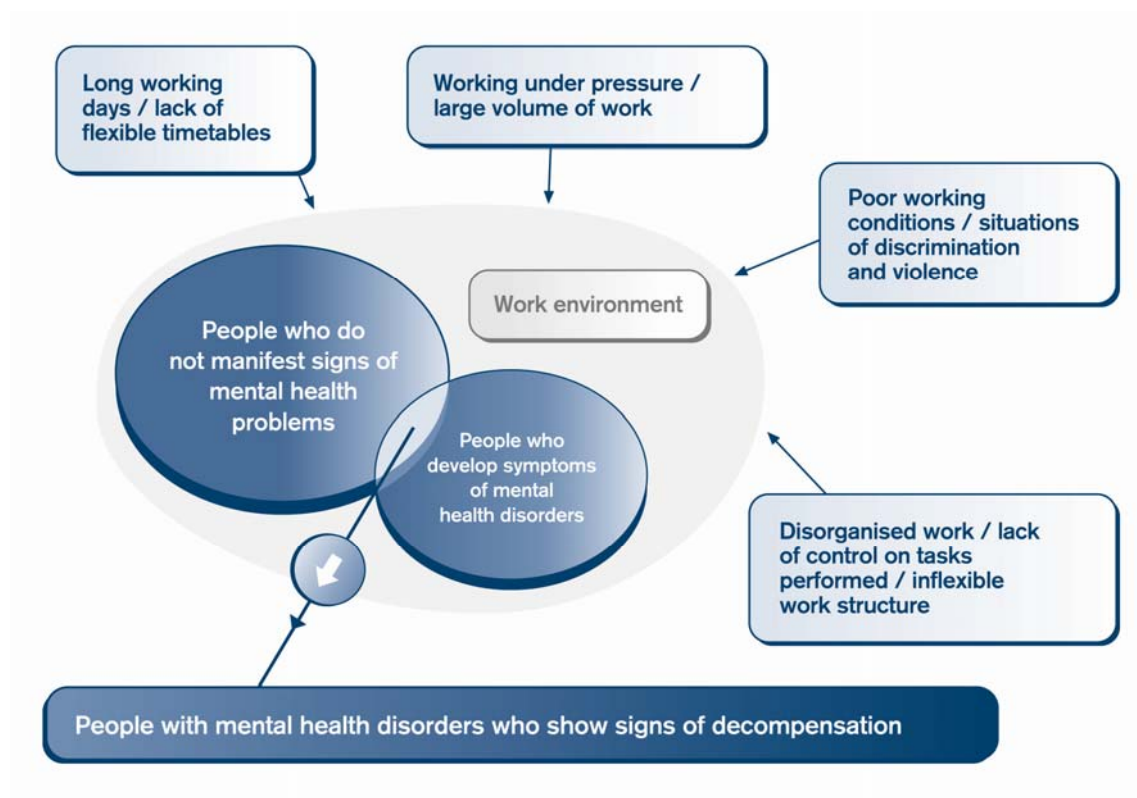


Figure 5.3: Factors that affect mental health in work environments.
Source: Own material

It is advisable to be familiar with some of the signs that indicate these problems are surfacing.

Some indicators⁸⁶ that possible mental health problems may be emerging (Hansen et al., 2007; Knifton et al., 2009a):

- Insomnia.
- Sudden loss or increase in appetite.
- Fatigue/exhaustion (physical and mental).
- Irritability.
- Worry.
- Indifference/apathy.

If these symptoms continue for a long period, they have a serious impact on the overall functioning of the individual who suffers them, and on his/her daily life.

On the other hand, detecting signs of decompensation in time can allow quick and efficient measures to be taken to allow the employee to retain the job (Gray, 2000; Knifton et al., 2009a).

In line with this, three groups of measures can be implemented, depending on the level of intervention (Figure 5.4):

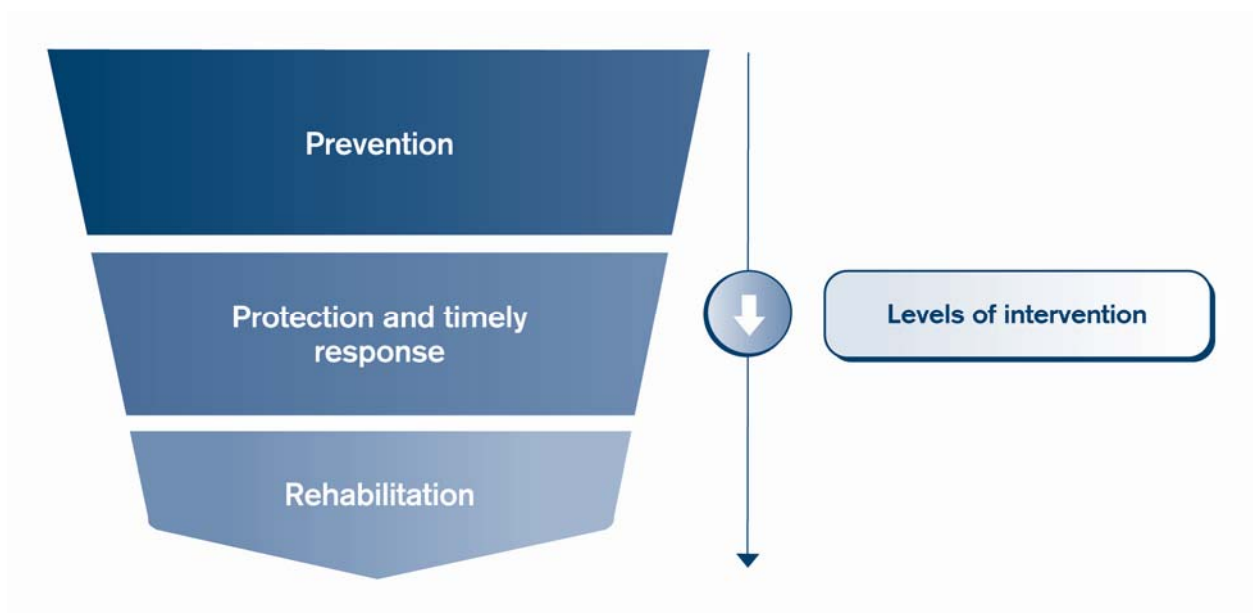


Figure 5.4: Levels of intervention.
Source: Own material

⁸⁶ Some of these indicators are similar to the signs of decompensation in individuals who already have a mental health condition when they take up the job.

5.2.1 PREVENTIVE MEASURES

Preventive measures are related to:

- Promoting mental health in the workplace.
- On the one hand, noting protective factors, and, on the other, risk factors (stressors or precipitators) that have a specific effect on the working individual, and seeking measures to prevent or reduce their appearance.
- Developing effective coping strategies (see Sections 5.3 and 5.5).
- Deciding what are the early signs of decompensation that can be noticed by the employee and his/her immediate environment (company tutor, work mates, primary person, etc.), and agree on a personalised intervention plan to prevent relapse⁸⁷.

The stressors (Gray, 2000; Hansen et al., 2007) to be taken into account include:

- Substances that have an effect on a physical level (drug consumption, caffeine, medication...).
- Intense emotions or stressful life events.
- Alterations in communication in the work environment.
- Disorganisation of work.
- Discrimination or exposure to situations of violence.
- Pressure and demands in the work environment.
- Lack of interpersonal support.
- Underestimating capabilities and the job performed.

Learning to identify early signs of decompensation is a psycho-educational task that needs to be carried out jointly between the employee, the person providing support (primary person and /or employment specialist), the family or social environment, people in the work environment and the mental health specialists implementing follow-up.

With the contributions of all the parties involved and their own self-awareness, many workers will be able learn about these early signs, recognise them when they start to appear and decide on the action steps to prevent relapse.

To do so, it is helpful to remember previous episodes, talk to people they trust who have witnessed previous episodes, and put into practice a plan to monitor their cognitive and emotional functioning, keeping a daily record. The action steps in case of crisis or decompensation is a tool to help start doing this (see Appendix 31).

The warning signs may cause changes in sentiments, thoughts and behaviour, but do not necessarily imply a relapse of the illness. They are effects of stressful situations that the individual may be going through and can increase the possibility of relapse if they are not managed in time (Birchwood et al., 1989; Fitzgerald, 2001).

⁸⁷ See Appendix 31, sample template for an action plan in case of crisis or decompensation, and Appendix 32, sample document of agreements between the company and workers for situations of decompensation.

Some early signs of decompensation may involve⁸⁸:

Changes in sentiments:

- Anxiety, worry.
- Tension, restlessness.
- Irritability; rapidly turns into aggressiveness.
- Depression.
- Insecurity and threat.
- Paranoia.

Changes in thought processes:

- Difficulty in concentrating or remembering things.
- Difficulty in taking decisions.
- Thought processes slow down, confusion.
- Negative and pessimistic thoughts
- Hearing voices
- Thinking of self-harm.

Changes in behaviour:

- Social isolation.
- Avoiding leaving the house.
- Insomnia or drowsiness.
- Increase in dangerous behaviour (may be related to alcohol or drug use)
- Increase in emotional outbursts (weeping, laughing, shouting...).
- Reduced levels of energy and motivation to take part in activities of interest.
- Difficulties caring for one's personal appearance and hygiene.

The record of agreements between employer and employee may be of great use for the company situations of decompensation (see Appendix 32). It includes some of the points looked at in the action steps and views them as agreements reached between the worker and the company for action to be taken if signs of decompensation and crisis situations are detected. This tool complements the preventive measures within the company.

Appendix 33 provides examples of preventive measures in a specific case.

To sum up, what defines a preventive measure is that which:

- Is considered from the start of the work activity, bearing in mind the characteristics of the job, of the environment, and of the individual.
- Tries to anticipate situations, preventing or reducing risks.

The degree of job match would also function as a predictor of stability at work and help to prevent situations of decompensation.

⁸⁸ Adapted from Birchwood, M., Smith, J., Macmillan, F., Hogg, B., Prasad, R., Harvey, C., et al., (1989). Predicting relapse in schizophrenia: the development and implementation of an early signs monitoring system using patients and families as observers, a preliminary investigation. *Psychol Med*, 19(3), 649-656; Fitzgerald, P. B. (2001). The role of early warning symptoms in the detection and prevention of relapse in schizophrenia. *Aust N Z J Psychiatry*, 35(6), 758-764.

5.2.2 PROTECTIVE MEASURES AND TIMELY INTERVENTION

Protective measures and timely intervention involve:

- Developing coping strategies suited to each situation.
- Rapidly putting into practice mitigating measures and support in the face of stressors.
- Implementing the action steps agreed when faced with the onset of early signs of decompensation or occasional situations that cause certain levels of stress having a negative effect on the individual.
- The possibility of accommodating or facilitating the work environment to a certain extent (Boston University, 2010d; Perkins et al., 2009; Swanson & Becker, 2011).

Providing support early can reduce the severity of the symptoms, decrease the severity of the symptoms, shorten the duration and severity of the episode, favour rehabilitation and reduce the possibility of future relapses (Birchwood et al., 1989; Fitzgerald, 2001; Knifton et al., 2009b).

The act of recognising the actual signs of relapse and implementing preventive or protective mechanisms allow -among other things- (O'Sullivan & Gilbert, 2003):

- To enhance the individual's ability to handle the illness.
- To reduce the incidence of relapses.
- To take on a more active role in treatment.

The action steps agreed beforehand for these situations are related to carrying out appropriate actions in view of the risk factors faced by each worker. These measures are tailored to each individual. Implementing the plan at the right time is the responsibility of the people appointed (company tutor, primary person, or others who intervene).

It is essential to set the plan down in writing, so that it is clear what steps should be implemented and who should be contacted in the event of an emergency resulting from a crisis or decompensation.

At the onset of the earliest signs, the individual should (O'Sullivan & Gilbert, 2003):

- Talk to someone they trust (natural support, etc.).
- Reduce possible sources of stress.
- Engage in activities he/she finds relaxing (music, walking, breathing exercises...).
- Try to keep to a daily routine.
- Take his/her medication regularly.
- Get in touch with the mental health specialist doing the follow-up.
- Put into practice the strategies planned for such cases.

For those providing support, some guidelines to take into account at these times are (Mental Health Foundation, 2008):

- Listen attentively, without judging or confronting the individual.
- Seek adequate professional support as per the action steps.
- Reassure the individual that they will receive the support necessary.
- Keep the situation confidential.

It is not always advisable to stop working when the first signs appear. This depends on every individual, but work can be a protective factor that helps many individuals to recover (Seymour, 2010). In these cases, certain accommodations may be made or facilitations provided. For instance, making timetables flexible, adjusting responsibilities, reducing demands, arranging more frequent meetings with whoever is doing the follow-up (specialist and/or primary person), considering revising medication with the mental healthcare network, etc.

In short, protective measures and timely intervention:

- Are mitigating measures in the face of certain signs or stressors that may cause a relapse in the illness.
- Involve putting into practice the action steps agreed.
- Enable accommodation strategies to be implemented that foster factors to protect mental health so that the individual can remain in the job.

5.2.3 STEPS TO REHABILITATION

Rehabilitation steps are those that are carried out once a crisis or relapse that could not be avoided or prevented has taken place.

In this regard, the steps tend to progressively restore the worker to his usual functions by:

- Mitigation and support for performing the usual tasks.
- Reinforcing protective factors.
- Making adaptation to the job more flexible and providing up for this part of the process.
- Establishing short-term goals.

Some protective factors are:

- Learning skills for coping with stress.
- Developing the ability to adapt.
- Positive social interactions.
- Learning conflict resolution skills.
- Working on self-esteem.
- The support of family and friends.
- Social participation.
- Enhancing autonomy and decision-making (empowerment).
- The support of a close social network (social agents).

In this case, it is probable that the worker will return to work after a period of temporary sick leave, so it is advisable that he/she adapts progressively to the workplace, avoiding risk factors that might precipitate a crisis.

Some guidelines that the company can follow⁸⁹ before and during the individual's return to work are:

- Respect the employee's confidentiality and wishes regarding the reason for his/her absence, with regard to work mates.
- Keep in touch with the individual during his/her absence, so as not to reinforce their isolation (for instance, encourage informal visits to the work place).
- Modify or reduce the volume of work.
- Make the working day more flexible.
- Encourage a progressive return to the job tasks.
- Allow leave to visit the doctor, etc.

The objective of these initiatives is to promote equal opportunities at work. Thus, identifying the actions to be implemented individually is essential, as every job has its specific requirements and every person has different functional limitations.

In this case, the work to be performed is similar to adapting the workplace when a new worker with a mental health condition joins the company.

The implications of returning to work for people with mental health conditions as regards motivation, self-esteem and trust in their own abilities and skills can help to improve their mental health and promote a more rapid recovery (Grove & Membrey, 2005). Therefore, the possibility of a return to work can be considered even if the symptoms have not completely remitted (Seymour, 2010; Seymour & Grove, 2005).

In short, steps to rehabilitation:

- Include steps to support a return to work after a crisis or decompensation.
- Tend to make it possible for the individual to readapt to the job, reinforcing the protective factors.

5.3 Strategies in the social environment

The support of the social environment, including that of work mates, is vital both for detecting problems and for the protection and rehabilitation of individuals. Not all of them talk about their situation openly and disclose their condition, but having guidelines on how to act in the face of certain situations can be extremely useful, in addition to raising awareness to root out the stigma that accompanies mental health conditions. In this regard, natural supports in the work environment are a great “therapeutic ally” that help prevention, protection and rehabilitation.

⁸⁹ Some of these practices can be agreed in the version for the company of the action steps (See Appendix 32 Agreement between company and worker for situations of decompensation).

Encouraging certain behaviours and attitudes in company staff also helps the recovery of the individuals concerned and the prevention of future relapses. To do this, it is advisable that all employees:

- Encourage addressing people with mental health conditions with respect and dignity.
- Show an open attitude and are prepared to talk about mental illness without taboos.
- Keep any information they receive confidential if a workmate discloses his/her situation to them.
- Maintain a listening attitude without judging or diagnosing, nor interpreting the situation. Neither should they ask too many questions, allowing the individual to decide whether he/she wants to talk or not.
- Offer the help necessary whenever appropriate.
- Respect the feelings of their co-worker, regardless of whether or not they agree with him/her.⁹⁰

This way, natural supports in the work environment itself will facilitate the return to work of people with mental health conditions after a prolonged period of absence.

Social support can be reinforced by sharing spaces and activities (rests, coffee breaks, meals, etc.) and by the company stimulating teamwork.

5.4 Adaptation to changes from the worker's point of view

Certain life events and changes in people's lives tend to be a cause of stress. A change of job or returning to a job after a period out of work can be stressful situations and require strategies to adapt to them.

However, not everybody copes with changes in the same way and not all situations involving change produce the same levels of stress in every individual.

People with mental health conditions are especially vulnerable to certain changes that can cause high levels of stress and which, if not coped with adequately, can cause distress, crisis, decompensation and/or relapse.

When they start working after a (more or less lengthy) job placement process, they are faced with a new situation that, among other things, involves:

- Interrelating with new people.
- Their daily timetable is altered.
- A new rhythm of daily life.

⁹⁰ Adapted from Mental Health Foundation (2008). What works for you? Scotland: Mental Health Foundation.

- A change of role.
- The demand of correctly performing the tasks they are assigned.
- The relationship with superiors.
- A new context of social relationships.
- A new environment in life.

In short, a new life experience that requires a process of adaptation.

The objective of the follow-up for people that have found a job is to offer support in the new situations created by their switch to the worker role.

The intensity, frequency and type of support in this stage are based on the needs of each worker, just as the support provided to the company is in line with its needs. This is a task coordinated between employer, employee, the agency providing the support and the wider context (mental health network, social network, family, etc.).

However, once the work situation ceases to be a novelty and a certain degree of adaptation has been attained, retaining the job and the stability in the post depend on how occasional stressful situations are managed, such as:

- The need to make work compatible with family life.
- The emergence of conflicts in relationships in the work context.
- Inflexible environments.
- Tasks that present new difficulties or difficulties that have not yet been solved.
- Insufficient or inadequate forms of help.
- Difficulty in relationships with superiors in charge or with observing rules.
- Effects of medication or symptoms on performing the activity.

5.5 Strategies for managing stress and addressing difficult situations

Stress is an adaptive phenomenon that contributes to a great extent to survival, to adequate performance in certain activities, and to a carrying out tasks more effectively in many areas of life.

However, when the feeling of stress is excessive or becomes uncontrollable, it has negative effects on people (Peiró, 1993).

Stress is a state of physiological imbalance that generates an overload, with unpleasant effects for the person who suffers it. This concept involves an external stimulus and a response that alters a certain balance in the individual (Epstein, 2001).

We can consider that there is a dynamic equilibrium between the person, the job, and the company. People experience stress when this equilibrium is out of phase and the individual does not have enough resources to cope with the difficulties faced (Peiró, 1993).

Work-related stress is a pattern of psychological, emotional, cognitive and behavioural reactions in the face of certain extremely overwhelming or demanding aspects as regards the content, organisation and atmosphere at work.

This occurs when workers are faced with occupational demands that are beyond their knowledge, skills or capacity and that need to be confronted competently. In other words, there is an imbalance between the job demands and the environmental or personal resources that the worker can call upon (Houtman, Jettinghoff & Cedillo, 2008).

The response to stress may include a series of reactions (Houtman et al., 2008):

- Physiological (for example, increase in heart rate or blood pressure, hyperventilation, secretion of certain hormones, etc.).
- Emotional (for example, nervousness, tension, irritability, anxiety, etc.).
- Cognitive (for example, reduction or narrowing of attention and perception, forgetfulness, etc.).
- Behavioural (for example, aggressive, impulsive behaviour, making mistakes, etc.)⁹¹.

Stress occurs as a result of many different circumstances, but some may be particularly important due to:

- The individual's ability to control the demands of work being compromised.
- Worries about successful performance and fear of the negative consequences of potential failure.

These circumstances are of great importance for people with mental health conditions to hold down the job, as they affect aspects such as self-esteem, the individual's exercise of his/her own competences and skills, the feeling of personal effectiveness, the implementation of techniques for coping with novel situations, motivation and others.

The feeling of stress is intensified when there is no support from the social environment, which is why the follow-up conducted by the company (through the tutor or the primary person) and the post-placement follow-up provided by the employment service are so important.

Consequently, active coping strategies should be encouraged:

- Confronting the problem or situation.
- Positive thinking.

⁹¹ Appendix 34 states some of the consequences of stress in workers.

- Seeking social support.
- Seeking solutions.
- Enumerating the advantages (compared with a worse situation).
- Self-control.
- Planning solutions.

And working on the excuses that do nothing to improve the situation:

- Blaming oneself or others.
- Wishful thinking about other possible situations, but not the real one.
- Resignation.
- Flight.

Stressful situations that arise during an active job search reveal the way the person copes, and serve both him/her and the employment specialist to work on circumstances arising in the future.

Some of the situations that cause difficulties are inherent to certain work environments, and it is worth bearing them in mind when addressing the job placement process. However, it is also advisable to know how to solve them, since they serve both for people starting a new job and for those who are already working and find certain difficulties that they had not yet been able to solve.

Difficult situations can arise in the following areas:

- Difficulty reconciling family and work demands: organising time, leave, etc.
- Interpersonal relationships.
- Relationships with superiors.
- Difficulties performing tasks due to cognitive deficits or symptoms.
- Effect of medication or of symptoms on performing the activity.

As mentioned in previous chapters, cognitive deficits can impact job performance, causing negative outcomes in job integration and retention. The intensity of support depends on the degree of difficulty that an individual experiences (McGurk et al., 2003).

Employment specialists use countless strategies to help people to cope with their deficits and limitations (McGurk & Mueser, 2006), as part of the support proposed by the employment service.

In this regard, “creativity empowers” and the larger the number of strategies used, the greater the perception of effectiveness on the part of the employment specialists, and the higher the rate of integration (McGurk & Mueser, 2006).

Table 5.1 considers some of the difficulties related to the workplace, describes their characteristics and how to detect them, and suggests possible solutions⁹² based on the different support strategies that employment specialists propose in follow-up and which are laid down in the updated supports plan. Furthermore, Appendix 28 provides some strategies that are often employed by employment specialists for coping with cognitive deficits related to attention, memory, speed and problem-solving.

Table: 5.1: Difficulties and solutions at the workplace

Difficulties	Manifestations	What can be done? Possible solutions
Difficulty concentrating.	Feeling ill at ease, wandering... Finding it hard to focus attention on a task or remember verbal instructions.	<ul style="list-style-type: none"> • Try to divide big projects into small tasks. • Ask for instructions in writing. • Take short breaks when attention flags.
	Certain noises, sights or smells may interfere in the concentration required to perform a task (for example, the constant noise of telephones, printers, people moving about, conversations, etc.).	<ul style="list-style-type: none"> • Ask permission to move the source of stimulus, or if possible, the workplace. • Use earphones with pleasant, relaxing music. • Help to create natural supports that remind the individual not to lose sight of the task at hand.
(Cont.) Alteration of memory (as a result of the symptoms or medication).	<p>Limited ability to retain verbal instructions.</p> <p>Forgetfulness when performing tasks and procedures.</p> <p>Loss of memory regarding relatively recent events.</p>	<ul style="list-style-type: none"> • Use a calendar or diary (on paper or in the computer) to remember meetings, task deadlines, etc. • To remember procedures, use a notebook to take notes and write down the steps to follow. • Help to create natural supports that aid the individual with reminders.

⁹² Adapted from Boston University. (2010). What are reasonable accommodations? *Center for Psychiatric Rehabilitation*, 2010, retrieved on 12/09/2011 from <http://www.bu.edu/cpr/jobschool/whatareRAs.html>; Boston University. (2010b). How does mental illness affect my work performance? *Center for Psychiatric Rehabilitation*, 2010, consulted on 12/09/2011 in <http://www.bu.edu/cpr/jobschool/functemp.htm>; Boston University. (2010and). Dealing with a difficult supervisor. *Center for Psychiatric Rehabilitation*, 2010, consulted on 12/09/2011 in <http://www.bu.edu/cpr/jobschool/boss.htm>; Swanson, S. J., & Becker, D. R. (2011). Supported Employment: *Applying the Individual Placement and Support (IPS) Model to Help Clients Compete in the Workforce*: Hazelden.

Difficulties	Manifestations	What can be done? Possible solutions
Difficulties solving problems or imagining what to do in new situations.	Freezing when faced with a decision or a new situation. Appearing confused and bewildered, without knowing what to do.	Encourage the individual to ask questions. Help him/her to use guidelines to take decisions. Reinforce the creation of natural supports that may help the individual in new situations.
Slow movements and lack of speed during work.	Slowness, lack of rhythm in movements. Stopping between one task and another.	Help the individual to organise his/her tools and tasks better to make more efficient use of time. Try using guides or alarms to set the rhythm from one task to other.
Lack of energy (result of medication).	Feeling drowsy, sleepy, low on energy, physically tired. Difficulty getting to work on time (usually in the morning).	<ul style="list-style-type: none"> • Make the timetable more flexible; make it coincide with the hours when the individual has more energy. If the job is full-time, take a break in the middle to replenish energy. • Go over the medication with the mental health specialists conducting the follow-up and try to adjust quantities and times to minimise secondary effects.
(Cont.) Working under pressure to finish a task.	Difficulties following instructions related to the task and setting priorities. Difficulties managing to finish the task in the time allotted.	<ul style="list-style-type: none"> • Try to divide big projects into small, manageable tasks. • Ask for help to order tasks according to priority and calculate the time to perform them to reach the deadline. To organise work, too.

Difficulties	Manifestations	What can be done? Possible solutions
Interacting with other people (work mates).	Shyness. Difficulties with interpersonal relations. Underdeveloped Social skills.	<ul style="list-style-type: none"> • For instance, a workmate can act as a link with the other people, introducing the individual into the group. • Ask the workmate directly, or the superior to provide this link.
Negative feedback about the task performed.	Difficulties accepting and understanding criticism. Defensive attitude. Not knowing how to be able to improve. Feeling guilty.	<ul style="list-style-type: none"> • The feedback is an opportunity to learn to perform the tasks better. • Talk from the point of view of strengths and weaknesses; of the difficulties of performing the tasks... • Ask for guidelines on how to be able to improve (change of attitude towards feedback about the work performed).
Difficulty responding to changes in the environment (tasks, rules, supervisors, work mates).	Taking a long time to learn new tasks. Suffering anxiety in the face of new relationships.	<ul style="list-style-type: none"> • Request notification beforehand about possible changes. • Make an effort to learn the new requirements. • Make an effort to be sociable with new work mates
Managing time.	Appointments for follow-up sessions with the mental health team usually coincide with working hours.	<ul style="list-style-type: none"> • Try not to shorten the working day, in other words anything involving starting a bit later or leaving earlier. • Suggest making up the time if many absences are requested or if it is necessary to hand in a task with a deadline.

Difficulties	Manifestations	What can be done? Possible solutions
Change of medication	The change prescribed has negative consequences at work: affects skills, tiredness, etc.	<ul style="list-style-type: none"> • Mention it to the doctor who changed the prescription. Consider varying the dose. • Take into account the kind of tasks performed at work and the secondary effects that the medication might have.
Situations that cause panic or great anxiety (for instance, being alone on the company premises, car parks, public transport...)	Experiencing tachycardia, unease, anxiety when faced with a situation that is part of daily routine.	<ul style="list-style-type: none"> • Request someone close to accompany the individual (for example, on public transport) until the situation improves. At work, try to avoid the situation, if possible. • Ask for the individual to be accompanied or for help. • Mention it to the superior.
Difficulties with transport.	<p>The irregularity of public transport may cause lack of punctuality, delays, etc.</p> <p>Not having a driving licence or a vehicle may be a considerable disadvantage to mobility.</p>	<ul style="list-style-type: none"> • Try to arrange to share a car with other people from work; look for other ways to get to work. • Consider getting a driving licence or buying a car of one's own, if the job turns out to be stable.

In those cases where the company is aware of the mental health condition, and the individual is in agreement, the employment specialist may mediate to comment on any situation causing difficulty with the supervisor. For example, asking a person from the company to act as go-between in relationships with the rest of the staff; being present the work performed has to be assessed (feedback); providing support in situations that cause anxiety and that form part of some routine task, etc.

It is advisable to handle conflict situations that may arise involving the superior responsible in conjunction with the employment specialist providing, who will help to establish which elements are involved in the problem (type of communication, attitudes, expectations related to the job, etc.).

Confronting the problem is the first action that shows that there is a will to solve it.

Unhelpful attitudes: walking away, wriggling out of the situation, avoiding the person or problem; showing nervousness, lack of control, irritability, defiance...

Assessing the work done is important both to know whether the objectives required are being fulfilled and to improve where necessary. This is always an opportunity for learning and consequently it is recommended to have an open attitude towards criticism (positive or negative) that may arise from the task performed.

Some guidelines so that people can improve this attitude are (Boston University, 2010c.):

- Listening carefully to the person who is giving the feedback. It is important to focus on the content, since the way it is presented may vary depending on the situations and the individuals giving it. It is always advisable to provide feedback in a pleasant manner, in a friendly tone. However, in some contexts and situations this is not possible, above all if it is negative.
- Summing up the feedback and reformulating it in one's own words helps to check whether the message has been correctly understood.
- Assess what part of the responsibility the worker has in a task in which other people are involved. This will avoid putting the blame on the employee for all of an activity in which there may be a number of mistakes or difficulties.

It is also advisable for the worker to be able to give his/her point of view of the situation or task performed. In other words, an assessment of his/her own performance, focusing on:

- What he/she has done well (at least two examples).
- What he/she could have done better (at least one example).
- What needs to be done so as not to repeat the same situation or mistake.

What is more, the message about the aspects to be improved must be clear. If necessary, use a notebook to note them down and rephrase them as goals for the future.

Finally, it should be emphasised that it is necessary to reflect on the steps followed in the entire job placement process and assess in a positive manner what has been learned throughout the experience. This is also part of the process.

The role of coordination

6

6. The role of coordination

Coordination means concerting means and efforts for conducting a joint action (Spanish Royal Academy of Language, 2011). In other words, it involves combining or joining resources (organisations, sectors, departments, agencies and/or measures) for cooperating to achieve a common goal: to integrate people with mental health conditions into work, which involves job placement and retention.

The relationship between the mental health team and the employment specialists, both in the initial phases of a job placement process (intake, referral and initial assessment), in the implementation of the activities planned and, finally, in the job placement and retention phase, is essential for the success of the process.

Furthermore, coordination between the different services plays a crucial role in conducting a joint intervention strategy with individuals in order to achieve a positive impact on their lives.

6.1 Integration with mental health services

The integration of employment services in the network of community services, especially in mental health networks, is essential for providing a service capable of meeting the demands and needs of their clients.

Consequently, health and community services complement each other to provide an integrated service to improve the support provided to address the needs of people with complex problems (Randolph, Blasinsky, Leginski, Parker & Goldman, 1997).

This way, treatment (related to psychiatric and psychological care) and rehabilitation⁹³ (related to psychosocial care in the community) are integrated in an array of services provided with common goals geared towards shared outcomes (Kopelowicz & Liberman, 2003; Randolph et al., 1997).

⁹³ Community rehabilitation is defined as a global approach to recovering the mental health of individuals to maximise their quality of life and social inclusion, enhancing their skills and fostering their independence and autonomy with the aim of providing them prospects for the future and enabling them to lead a successful life in the community given the appropriate support (Killaspy, 2011).

The aims of service integration are related to:

- Improving access to an array of services.
- Improving the continuity of care.⁹⁴
- Reducing the overlap, inefficiency and cost of services.
- Increasing the involvement and responsibility of specialists.

The main shared outcome is to restore the individual to the best possible degree of global functioning compared to his/her level prior to the onset of the condition. This includes the fields of social participation, work, family relationships, recreation and leisure, seeking to promote autonomy and achieving the lowest possible level of dependence on specialists.

It is worth remembering that service integration - which is one of the principles of the “Individual Placement and Support” (*IPS*) model of Supported Employment (G. R. Bond et al., 2001) - proposes integrating employment specialists in multidisciplinary mental health and clinical management teams. Its purpose is to provide a comprehensive service integrating clinical treatment with job placement and retention, and to:

- Provide comprehensive care according to the individual's needs and goals (both personal and professional).
- Prevent different service providers from sending out contradictory messages.
- Pursue a common aim through their practices.

In this regard, it improves the perception of the users of health, welfare and community services regarding the continuity of care, increasing their level of satisfaction, use of preventive services and adherence to treatment, and decreasing the number of hospitalisations (Aller et al., 2010).

Simultaneously, the evidence indicates that Supported Employment services that are closely integrated with psychiatric services have shown to be more effective than poorly integrated ones (Cook et al., 2005).

From this point of view, the advantages of integration include (Cook et al., 2005; Drake, Becker, Bond & Mueser, 2003):

- Increased capacity to engage and maintain clients in the services.
- More efficient and effective communication between service providers.
- Involving clinical staff in the fulfilment of the client's career goals, focusing on employment.
- Incorporating clinical aspects into the placement process.

Therefore, integrating mental health services is an essential tool for improving care, which above all favours the individual's recovery.

⁹⁴ Continuity of care is the degree to which the care received by a patient is coherent and connected, in a way that his/her medical needs and personal context complement each other (Reid, Haggerty, & McKendry, 2002).

Different evidence-based interventions are geared towards achieving different objectives on the same level and with a common goal (Randolph et al., 1997). Supported Employment and the social skills training provided by psychosocial rehabilitation is one of the cases that illustrates the need for integrated interventions (Figure 6.1).

- **MEDICATION AND TREATMENT:** symptom reduction, relapse care and hospitalisations are aimed at stabilising individuals and preparing them to participate in other services that are more effective during the stable phases of their disorders.
- **SOCIAL SKILLS AND SUPPORTED EMPLOYMENT:** services geared towards improving social functioning and employment are provided in the stable phase, conducting interventions that are suited to the intended goals.

Therefore, service integration helps to maintain the individual clinically stable enough to allow social skills training and Supported Employment interventions to achieve the desired impact on his/her global functioning, enabling the greatest possible level of participation in society.

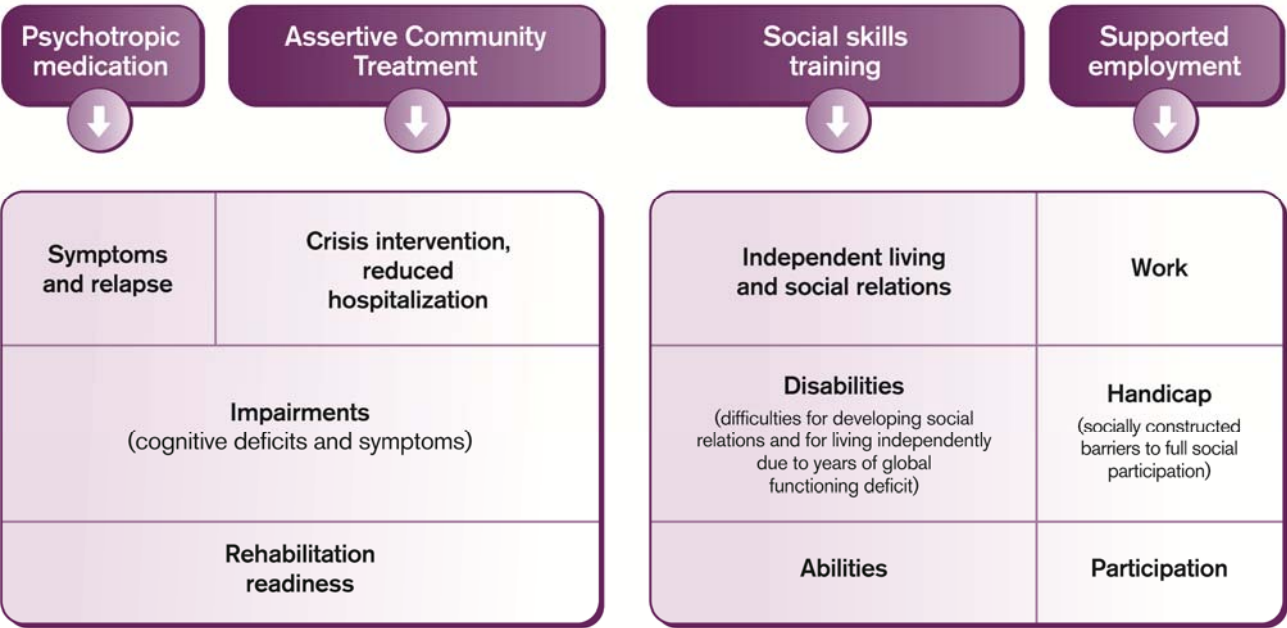


Figure: 6.1: Holistic integration of treatment and rehabilitation
 Source: Adapted from Kopelowicz, A., & Liberman, R. P. (2003). Integrating treatment with rehabilitation for persons with major mental illnesses. *Psychiatr Serv*, 54(11), 1491-1498

The effectiveness of the interventions depends on the level of coordination and integration of the services involved.

6.1.1 LEVELS OF SERVICE INTEGRATION

Based on the complexity of the interaction of the systems involved, it is possible to distinguish five levels of service integration (Konrad, 1996). These are:

1. Sharing information and communication.
2. Cooperation and coordination.
3. Collaboration.
4. Consolidation.
5. Integration.

1. **Sharing information and communication:** Represents the most informal level of integration. This level involves sharing programme or client information through newsletters and information brochures, presentations or interdepartmental meetings.
2. **Cooperation and coordination:** Involves a greater joint effort between services to establish improvements in the system of which they are part. These activities include: joint planning, joint requests and verbal agreements for referrals or for rapidly processing requests or enquiries related to the services concerned.
3. **Collaboration:** Involves a greater degree of structuring and is characterised by written agreements or formal procedures that define how different services work together in order to achieve a common goal. Includes, for example, joint funding, staff training in fields related to the functions of the collaborating departments or services and information-sharing systems.
4. **Consolidation:** Implies that several services are reorganised under a single organisation or body, but continue to work independently. In this case, the organisational structure facilitates information sharing, cooperation, collaboration and coordination between services, while each preserves its autonomy.
5. **Integration:** Integration is the final level and is characterised by a single administration, shared information, a variety of integrated services, a single joint request and assessment process and individualised services. In short, it is an integrated service administered by a single authority providing a variety of social services and supports.

The degree of integration varies greatly, depending on the reality of the context in which employment services operate and their link to the mental health services.

6.1.2 ASPECTS THAT DETERMINE THE LEVEL OF INTEGRATION

There is another perspective that helps to define the variables involved in service integration.

The approach defines a direct service delivery level on the one hand and a further three levels on the other: the programme, policy and organisational levels, which are collectively termed “systems-level integration”, which includes activities that are redesigned or consolidated in an effort to improve the service system for a defined population as a whole (Kagan, S.L., 1993, quoted in Randolph et al., 1997).

Systems integration (Figure 6.2) helps to conceptualise the relationships between organisations or services in terms of:

- The intensity of the relationship between services, depicted as a *continuum* ranging from scarcely organised relationships and alliances between services to a highly organised integration.
- The degree of formality of governance, which ranges from informal or verbal agreements to formal policies, rules and/or procedures.

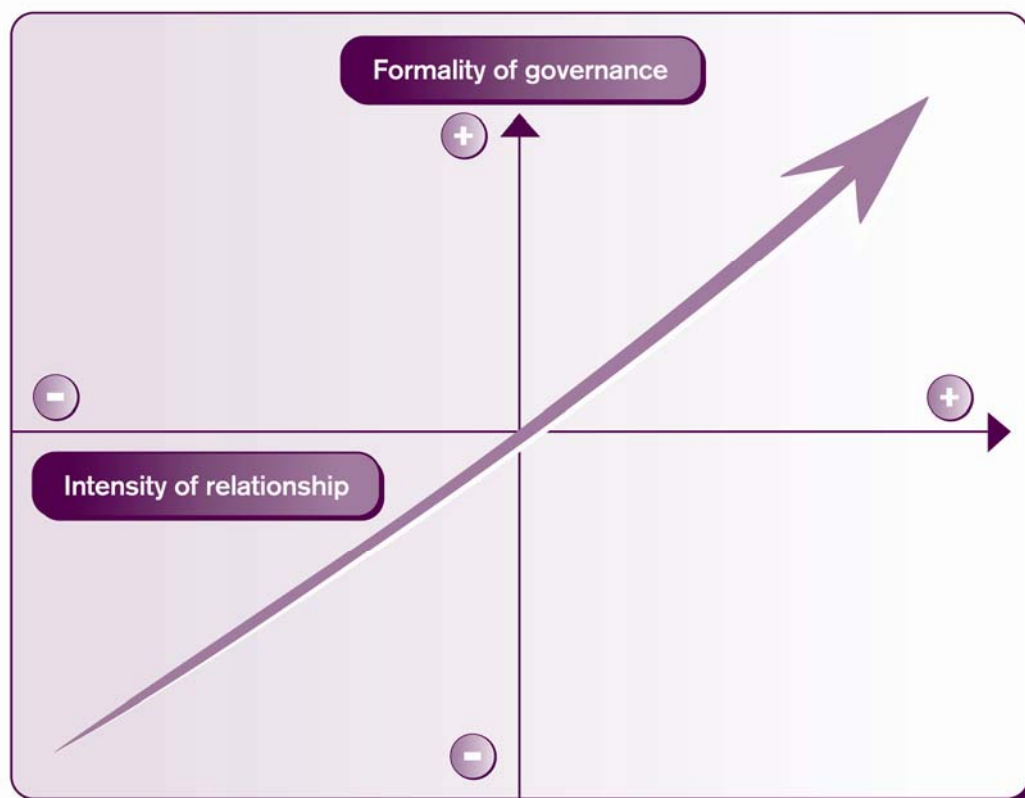


Figure 6.2: Variables in systems integration
Source: Own material

On the other hand, in order to achieve integration between the employment and mental health services, the “Individual Placement and Support” (*IPS*) model establishes certain elements that help to determine the level of integration of both services (Dartmouth IPS Supported Employment Center, 2008):

- **Treatment teams:** Each employment service can work with several mental health centres. However, it is recommended that each specialist is integrated, at most, in two mental health treatment teams, with which he/she works on the referral of cases to the employment service. This means that the specialist has a limited number of referral sources and is able to focus his/her efforts on the relationship with these sources.
- **Joint meetings:** The employment specialist regularly attends meetings with the mental health team. (Weekly meetings are recommended).
- **Shared decision-making:** The employment specialist actively participates in mental health team meetings in which decisions are made jointly.
- **Documentation:** Employment service documentation (e.g.: assessment/vocational profile, placement pathway, pathway progress and follow-up notes) is integrated in the client's mental health treatment record. In other words, there is a single record through which information is shared by both services.
- **Office space:** The employment specialist's office is in close proximity to that of the treating mental health team (or shared on the same premises). Shared office space is sought, to the extent possible, to facilitate exchanges between specialists.
- **Casework:** Employment specialists help the mental health team to reflect on the work needed with clients who have not yet been referred to the employment service. This means that they are involved in all of the mental health service's caseload, and not only in the cases on which both services intervene actively.

These elements are related mainly to the intensity of the relationship between both teams, without neglecting issues related to formality of governance, such as the procedures for case recording.

Interagency communication is an important factor for both variables (intensity of the relationship and formality of governance), as it lies at the heart of relationships and organisation.

Therefore, bearing in mind the variables of the *continuum*, it is possible to establish certain tools that help to improve the integration of a service in a services system, enhancing relationships and formalising coordination with other system members.

This requires working on improving communication tools in order to enhance relationships and make governance more formal.

6.2 Communication as the backbone of coordination

A series of tools can be used to enhance communication between services. These are:

- **Coordination instruments:** Coordination instruments are the tools that facilitate communication. The services involved agree which ones to use in order to unify criteria, values, goals, etc.

Examples include:

- Referral forms or reports.
- Cross-consultations.
- Case follow-up or supervision meetings.

For example, agreeing to use a structured methodology to send or report key information, such as the SBAR(D.) technique (NHS)⁹⁵.

- **Coordination mechanisms:** Mechanisms are agreements that help to implement the actions leading to the fulfilment of the intended goal - in this case, job placement and retention for service users.
For example, conditions for entering the programme, ways of establishing the initial contact, etc.
- **Response protocols:** Response protocols are procedures that ensure that the services involved provide an integrated response in order to ensure the effectiveness of care delivery.

They should be agreed by all and include at least:

- The goals and population addressed by the protocol.
- The assessment systems designed to do this.
- The actions to be conducted under the protocol.
- The protocol's follow-up and evaluation system.
- Protocol update information.

Very often, these concepts converge in a single tool, which implies an agreement on working procedures and methodologies.

⁹⁵ See Appendix 35 SBAR(D) Technique

6.3 Coordination management

On a practical level, certain elements to help improve coordination can be defined according to each of the phases involving communication:.

1. Referral and access to the service.

The fact that the agency is part of a larger service network means that the procedures for user enrolment and exit are an important issue.

2. Client follow-up and support.

Once a job has been found, the support provided during the process is the key element in the intervention.

3. Intervening in the event of crisis or decompensation.

Situations that require specialists to respond quickly when signs of decompensation are observed.

6.3.1 REFERRAL AND ACCESS TO THE SERVICE

When referral to and enrolment in the employment service require meeting certain criteria, it is essential to establish them beforehand.

It is worth remembering that the main criterion for enrolment in the employment service is a genuine motivation to work (R. E. Drake & Bond, 2008; Grove & Membrey, 2005; Sainsbury Centre for Mental Health, 2009). However, other commonly used criteria pose an additional factor of exclusion and ought to be reconsidered.

These are:

- That the individual should have remained balanced and stable (for a certain time prior to the job placement process).
- That he/she adheres to clinical treatment in terms of the pharmacological treatment and the follow-up provided by mental health specialists.⁹⁶
- That the individual, if required, works first on the basic competences or essential routines for job placement.

The evidence has shown that in Supported Employment programmes these criteria do not determine process effectiveness or successful placement (Grove & Membrey, 2005).

It is worth remembering that one of the basic principles of practice in “Individual Placement and Support” (*IPS*) is that there should be no exclusion criteria for providing support services to people who are in or at risk of social exclusion.

⁹⁶ When employment and mental health services are integrated, adherence to treatment is considered globally and is jointly addressed. The individual receives one unified treatment for his/her rehabilitation, which includes the vocational aspect.

However, criteria are very often set on the basis of the resources available to the team to adequately address certain needs.

Enrolment criteria are not required if the agencies issuing and receiving referrals are well integrated, since they work jointly on each case.

On the other hand, if the services are poorly integrated they are likely to apply criteria to restrict enrolment. In such cases, when the employment service is not suited to the aims of the referral, and since the service is part of a wider network, the case should be jointly assessed with the referring organisation to redirect the referral to other, more appropriate resources.

Therefore, it is also advisable to:

- Be familiar with the competences and operation of the network or system of mental health, social and community services in the user's community of reference.
- Visit the organisations and services with which collaboration is established in order to inform them about the agency and the placement programme. This also involves periodically updating the information shared.
- Liaise directly with the caseworkers of reference in the other service.
- Describe the basic portfolio of services and send the information to the collaborating organisations.

6.3.2 CLIENT FOLLOW-UP AND SUPPORT

Once coordination protocols and agreements have been established, it is essential to actively keep coordination operational in order to consolidate the relationship between organisations and fulfil the goals for which it was established.

To do this, other issues should be agreed to facilitate communication and cooperation in the client follow-up and support phases once the individual is enrolled in the service.

In this regard, the coordination mechanisms are related to agreements established regarding:

- Communication channels.
- Frequency of case coordination and follow-up.
- Referral and referral response systems (feedback).
- Which recording systems to use (for example, the referral form; record sharing, etc.).
- Designating contact persons.
- Sharing a resource file about the agency and other community services to ensure that contact data is available (organisation, contact person, position, contact details, referral circuits...).

If the level of integration between services is not too high, it is advisable to hold regular meetings with the referring organisation, both to keep in touch with its contact person and to update information about other people who the service might not be acquainted with. The fact that the frequency of the attention provided varies greatly from one service to another should be taken into account.

It is also advisable to agree what type of client follow-up will be conducted once users are actively engaged in the employment service.

In other words, to define:

- The communication channels for case follow-up depending on the situation of the individual.
- The frequency of follow-up in each case.
- How to manage urgent (or focused) follow-up if needed at any particular time.

When follow-up is conducted with the mental health team, the services work jointly on:

- The assessment and diagnosis of the situation.
- The design or changes made to client pathways.
- The successes achieved in shared cases.
- The support plan agreed and its follow-up.
- The difficulties that might arise for job retention, in order to try to solve them.
- The advantages of employment for individuals not yet referred.

It might also be necessary to hold a joint meeting with the client and the caseworkers of reference at the services involved to decide, for example, on the client's continuity in the service or about making changes in the pathway.

All of the information related to each client and the follow-up conducted with other organisations should be included in the individual case record.

This record can be shared by the services taking part in the intervention, with the appropriate authorisation on behalf of the client, as per the relevant regulations on the protection of personal data.

6.3.3 INTERVENTION IN THE EVENT OF CRISIS OR DECOMPENSATION

The measures to be taken in the event of decompensation or crisis situations should be agreed in advance in order to enable a quick and effective response.

Being able to recognise the early symptoms of decompensation in an individual is essential for providing timely care and preventing a relapse of the condition.

Job retention follow-up provided by the service helps to identify stressful situations that may require early intervention.

However, if decompensation cannot be prevented, it is advisable to establish the intervention mechanisms that each service and person of reference should follow in order to avoid duplicating efforts or implementing contradictory actions⁹⁷.

To this end, specific protocols should be established for emergency situations, as well as agreements contemplating the possibility of making preferential appointments with the client outside the mental health and employment services' regular operations, along with the tools that should be used in each case.

6.4 Networking

Networking with other agencies within the Incorpora network or elsewhere also requires coordination mechanisms which should be even more formal.

This is a higher level within the systems integration *continuum*.

Networking requires:

- Fluent contact between network members.
- Sharing values, goals and strategies.
- A clear allocation of responsibilities and functions.
- A common language.

Consequently, effective coordination within the network is based on there being agreements for integrated operation between the services involved.

In this regard, sharing information and resources with other agencies fosters synergies and optimizes the agency's own resources, enhancing the network's performance.

Below are three examples illustrating how the prior establishment of tools, coordination mechanisms and response protocols enhances network operation.

1. Sharing job offers.⁹⁸

For example, job offers that one agency is unable to cover can be shared with the others to meet the needs of the employer and of clients in other services within the network.

⁹⁷ See Chapter 5.

⁹⁸ See Chapter 4.

This requires establishing agreements and mechanisms on how and when to share the job opportunities made available to an employment service.

2. Joint prospecting.

Coordinating prospecting efforts also optimises resources and can mean fewer problems with companies than approaching them individually. Therefore, it could be advisable for the agencies that are best suited to the company approached, in view of its area of business and job profiles, to visit the potential employer together.

It is also advisable to share information on prospecting to avoid duplicating the information and optimize the activities conducted with regard to a particular company.

3. Use of documents and indicators.

It might also be beneficial to be able to share and jointly validate documents and share indicators that illustrate the potential of networking and the value of service cooperation for improving the quality both of the network itself and of each individual service.

Networking requires certain competences and skills (Ballester, Caballer & Hernández, 2008), such as:

- Knowing how to share information.
- Undertaking tasks and responsibilities in the pursuit of a common goal.
- Adapting to different counterparts and resources.
- Enhancing development processes.
- Accepting different forms of operational coordination.
- Fostering a spirit and drive for mutual learning.
- Being open to listening and learning from others.
- Ability to reflect critically and self-critically.
- Sharing experience and lessons learnt.
- Ensuring the transparency of the network, without being afraid of pointing out mistakes or difficulties.
- Handling disagreements constructively.
- Respecting and making the best of diversity.
- Communicating in a way that encourages contact, using all the available means and methods: written, electronic, face-to-face, etc.

Honesty, frankness and readiness to accept criticism help to consolidate relationships within the network.

6.5 A change of paradigm

In seeking to improve integration between services, coordination management strategies enable the continuity of care and the operation of the services and mechanisms involved.

This is both a challenge and a change of paradigm in the working approach of employment specialists and services who are used to operating "separately" and "in a series" (one after the other), shifting towards working together and "in parallel" (Sainsbury Centre for Mental Health, 2009).

Among other things, this implies that employment specialists are central members of the treatment team, not peripheral add-ons, even if they are employed by a different organisation. This way, "...job placement is a part of the rehabilitation process of the individual, and job retention is one of the main challenges in their treatment" (Ministry of Health, Social Policy and Equality, 2011).

This change of paradigm is due to the fact that approaching certain complex problems requires a more comprehensive intervention than the sum of isolated actions conducted by specialists in different disciplines (psychiatry, occupational therapy, social services, job placement...) to address the same problem.

It involves taking a different stance towards the interventions, which basically requires acknowledging that the tools that each discipline uses to address them are incomplete, and that it is therefore necessary for the specialists implementing them to cooperate with each other (García, 1989; Stolkiner & Garbus, 2007).

In other words, it involves moving from a multidisciplinary working approach to an interdisciplinary one, where work is performed jointly and transversally, fostering a more integrated way of addressing the complexity of people's needs (Figure 6.3).



Figure 6.3: Integration and complexity
Source: Own material

Promoting an interdisciplinary approach to work requires a series of features:

- Capacity for teamwork.
- Purposeful team meetings.
- Flexibility in the design of joint methodologies and interventions.
- Ongoing cooperation.
- Reciprocity in the exchange of methods, techniques, codes and concepts, allowing a common language to be developed and fostering the link between specialists and the fulfilment of common goals.

When the level of integration between employment and mental health services is high, the active ingredients involved exceed the effect of services alone (Cook et al., 2005), thus generating better outcomes in the job placement process (greater probability of finding competitive work and increased number of working hours).

6.6 The internal coordination of the employment team

The purpose of coordination, in this case, is to enable teamwork and mutual assistance between the specialists for reviewing cases, identifying strategies and suitable job opportunities for each client and covering each other's caseload when necessary.

6.6.1 THE ROLE OF THE COORDINATOR

Most work teams have a team coordinator, who is a specialist who dedicates part of his/her working day to this task.

The coordinator post can be viewed from three perspectives (Swanson & Becker, 2011):

- As an instructor of skills and techniques for improving the performance of employment team members. In this regard, the coordinator provides support for performing the functions of the post and provides *feedback* on the work done.
For example, he/she might provide training on prospecting strategies, on how to provide client support, how to improve initial assessment interviews, etc. Team coordination meetings are a good opportunity to provide training on certain aspects, encouraging collaboration between participants. They can also serve to review the implementation of the proposed work methodologies, and to identify situations that need to be worked upon or new strategies and ideas to help clients with their job careers.
- Quality Assurance Manager: The coordinator needs to know the results achieved by the employment team and service in order to identify areas for improvement and set new targets. He/she must also share these results with other public bodies and services and lead the changes proposed.

- Periodically establishing and reviewing work processes and circuits and maintaining an attitude of active listening geared towards ongoing improvement significantly contributes to the employment team's internal coordination, with a knock-on effect on the fulfilment of the expected outcomes and goals, both individually (for each client) and on an organisational level.
- Liaison: The coordinator's role also involves building external relationships, taking part in meetings with other teams and establishing collaboration agreements with other services. For example, with local council services, mental health centres, associations working in the areas of interest, etc. In addition, the coordinator ensures that services are integrated in order to solve issues related to the programme (such as the referral process or the transfer of information and follow-up of cases to mental health specialists).

The coordinator champions the value of the team's work as part of the individual's rehabilitation and includes this in the message conveyed to his/her own service and to the mental health specialists.

In this regard, the presence of the employment specialist will put the employer at ease and benefit the individual's integration.

Glossary and references

Glossary

BASIC COMPETENCES: A body of knowledge that is generally recognised and agreed in the wider work environment and is necessary to facilitate access to different job sectors. It is common to all vocational profiles, or can otherwise be considered basic for certain vocational profiles which are common to certain areas of activity.

COMMUNITY REHABILITATION: Defined as a global approach to recovering the mental health of individuals to maximise their quality of life and social inclusion, enhancing their skills and fostering their independence and autonomy with the aim of providing them prospects for the future and enabling them to lead a successful life in the community given the appropriate support (Killaspy, 2011).

COMPETITIVE EMPLOYMENT: Is defined as the set of activities performed in the open job market, and within certain conditions related to salary, contract, responsibility, etc.

CONTEXTUAL FACTORS: The background of an individual as regards both his/her life and lifestyle. Includes the environmental and personal factors that might affect an individual with a health condition as regards this condition.

CROSS-CUTTING COMPETENCES: A set of skills, capabilities and attitudes that apply to a wide range of tasks; they are possessed by the individual and are developed through each individual's education, training and work experience.

DECONSTRUCTING: Based on an analytical method that consists of searching for the origin of a concept. It involves denaturalising what seems obvious and requires determining the factors the concept is composed of (for instance, deconstructing the concept of stigma associated with mental disorders involves analysing the social representations linked to the imaginary surrounding them).

EMPLOYABILITY: The likelihood of an individual finding a job in the labour market, bearing in mind the personal and contextual factors that affect the individual's relation with work at a given time in his/her life and in a specific context.

EMPLOYMENT SERVICE: A welfare unit providing support for people engaged in an employment integration process.

EMPLOYMENT SPECIALIST: A person specialising in the search for resources for education, training and work. Helps individuals in their job search, through individual and/or group sessions on vocational guidance and active job searching, and may also carry out prospecting activities to find job opportunities among the companies in the labour market.

EMPOWERMENT: The building and strengthening of one's own capabilities. Refers to the process of gaining the power and control over one's own life that is needed to live with dignity and self-determination.

ENVIRONMENTAL FACTORS: The physical, social and attitudinal environment in which people live and conduct their lives. They are external factors affecting the individual.

FRAMEWORK: In a job placement process, using a framework means keeping constant certain variables involved in the process, such as clarifying the respective roles of the participant and of the specialist; the place where interviews and tutoring meetings are held; the timetable and duration of the process; the duties and commitments of each party, etc.

GLOBAL FUNCTIONING: Refers to all of the body functions, activities and participation, as well as disabilities, and covers deficits, activity limitations or constraints on participation. An individual's functioning and disability are conceptualised as a dynamic interaction between his/her health conditions (illnesses, disorders, injuries, trauma, etc.) and the contextual factors. Contextual factors include both personal and environmental factors. Consequently, two people who have the same illness may possess different levels of functioning, and two people with the same level of functioning do not necessarily have the same health condition.

INCLUSION: Participation of the individual in society without any difficulties or limitations, fully exercising his/her citizenship rights.

INTEGRATION INTO WORK: Participation in the labour market for people with special difficulties to find work, by means of specific supports and professional resources. Integration implies adapting the job to allow the individual to work in the competitive market. Conceptually, it is based on the assumption of there previously being segregation.

JOB DEVELOPER: A person specialising in the analysis of the entrepreneurial structure and in the relationships with employers.

JOB DEVELOPMENT: A meeting point between the employment service and the company, where a series of strategies and activities are implemented with the aim of promoting the placement of users of the employment service or placement programme. It is a negotiation process to reconcile the interests and requirements of the company and of the employment service.

JOB OR LABOUR MARKET: Refers to the setting in which the needs of employers and job seekers meet. Statistically, it illustrates the evolution of economic sectors and of social trends related to work.

JOB PLACEMENT: The act of entering into a job.

LABOUR-MARKET INTEGRATION COMPANY: a company whose aim is the integration of people who have difficulty finding employment in the open labour market because they are socially at risk (people receiving the Minimum Income for Integration or similar welfare benefits, undergoing rehabilitation from addictions, prison inmates, etc.).

NEGATIVE SYMPTOMS: Involve the loss or reduction of functions that the vast majority of people possess but which people with a severe mental disorder have "lost". For example, lack of motivation or initiative, social withdrawal, apathy, emotional insensitivity, etc.

PERSONAL EFFECTIVENESS: Refers to the belief regarding how effective a person can be in controlling his/her life and in taking responsibility for his/her actions.

PERSONAL FACTORS: The background related to the individual's life and lifestyle. They are composed of features of the individual that are not part of a health condition or status (sex, age, origin, habits, behaviour patterns, personality, psychological aspects, education, profession, current and past experiences...).

PROGRAMME: A mechanism designed to attend the needs of a specific group or project.

PROSPECTING: Action through which the labour market is analysed with the aim of identifying job opportunities for the placement of service users. It also involves establishing contact between the prospecting agency and the employer.

REFERRAL: Is based on putting an individual in touch with a service through another service which operates as a link between both. How this contact should be made is established through a formal mechanism.

SEVERE MENTAL DISORDER: Three main dimensions are used to define severe mental disorder (Ministry of Health and Social Policy, 2009): the clinical diagnosis, the duration of the disorder (chronicity) and the level of social, family and work-related disability of the individual affected.

1. Clinical diagnoses that fall within psychotic disorder group (mainly schizophrenic and bipolar disorders, but also other related disorders). This group of disorders includes the presence of positive and negative symptoms in the individual, seriously altered relational patterns, behaviours inadequate to the context or seriously inappropriate affectivity, entailing a distorted perception of reality. Currently, the most commonly applied criteria are those of international classifications such as the DSM-IV. (APA, 1994) or the ICD-10 (WHO, 2003).
2. Duration of the illness and of treatment: More than two years.
3. Existence of a disability or an impact on the global functioning of the individual: existence of a moderate or severe dysfunction of global functioning, implying effects on work, social and family functioning.

SOCIAL EXCLUSION: Lack of participation or of the exercise of one's rights in the political, economic/market sphere or socio-relational spheres.

SPECIAL EMPLOYMENT CENTRE (SEC/CET): Companies whose workforce is composed mainly of people with disabilities who are provided with a service for personal and social adjustment. Although they have a productive purpose, the aim of these companies is the integration of people with disabilities.

STIGMA: An attribute, trait or behaviour whereby the person who suffers it is included in a social category whose members are denied inclusion in society. It refers to negative attitudes (prejudices) and behaviours (discrimination) towards individuals.

SUPPORT: Resources and strategies that promote the interests and goals of people with and without disabilities, enabling their access to the resources, information and relationships inherent to integrated work and home settings, and leading to improved independence/interdependence, productivity, community integration and satisfaction.

TECHNICAL COMPETENCES: A body of knowledge and skills required for carrying out a specific work activity. They are established based on the analysis of the productive processes in each specific work environment.

UNPROTECTED UNEMPLOYMENT: Situation in which an unemployed person does not receive any form of unemployment benefit or subsidy as a result of his/her status.

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APPENDIX

APPENDIX 1

Mental health determinants: Risk and protective factors⁹⁹

	Individual and family-related		Social, economic and environmental
Risk factors	<p>Academic failure and scholastic demoralization. Attention deficits. Caring for chronically ill or dementia patients. Child abuse and neglect. Chronic insomnia. Chronic pain. Communication deviance. Early pregnancies. Elder abuse. Emotional immaturity and dyscontrol. Excessive substance use. Exposure to aggression, violence or trauma. Family conflict or family disorganisation</p>	<p>Loneliness. Low birth weight. Low social class. Medical illness. Neurochemical imbalance. Parental mental illness. Parental substance abuse. Perinatal complications. Personal loss - bereavement. Poor work skills and habits. Reading disabilities. Sensory disabilities or organic handicaps. Social incompetence. Stressful life events. Substance use during pregnancy.</p>	<p>Access to drugs and alcohol. Displacement. Isolation and alienation Lack of education, housing, transport. neighbourhood Disorganisation Peer rejection. Poor social circumstances. Poor nutrition. Poverty. Racial injustice and discrimination. Social disadvantage. Urbanisation. Violence and delinquency. War. Work stress. Unemployment.</p>
Protective factors	<p>Ability to cope with stress. Ability to face adversity. Adaptability. Autonomy. Early cognitive stimulation. Exercise. Feelings of security. Feelings of mastery and control.</p>	<p>Good parenting. Literacy. Positive attachment and early bonding. Positive parent - child interaction. Problem-solving skills. Pro-social behaviour. Self-esteem. Skills for life. Social and conflict-management skills. Socialemotional growth. Stress management. Social support of family and friends.</p>	<p>Empowerment. Ethnic minorities integration. Positive interpersonal interactions. Social participation. Social responsibility and tolerance. Social services. Social support and community network.</p>

⁹⁹ Adapted from WHO (2004): Prevention of Mental Disorders. *Effective Interventions and Policy Options* (Vol. Summary Report, pp. 21-23). Geneva: World Health Organization

APPENDIX 2

Supported Employment Fidelity Scale¹⁰⁰

Note: Presented is the 2008 revised edition of the Supported Employment Fidelity Scale (open to the public domain), designed by the Dartmouth Psychiatric Research Center (USA). It is currently undergoing validation.

Rater:	Site: Date: / /
Total Score:	

Directions: Circle one anchor number for each criterion.

¹⁰⁰ Formerly called *IPS Model Fidelity Scale*. Date of this version: 01/07/2008.

Criterion	Data source ¹⁰¹	Anchor
1. Caseload size: Employment specialists have individual employment caseloads. The maximum caseload for any full-time employment specialist is 20 or fewer clients. ¹⁰²	MIS, DOC INT	<ol style="list-style-type: none"> Ratio of 41 or more clients per employment specialist. Ratio of 31-40 clients per employment specialist. Ratio of 26-30 clients per employment specialist. Ratio of 21-25 clients per employment specialist. Ratio of 20 or fewer clients per employment specialist.
2. Employment services staff: Employment specialists provide only employment services. ¹⁰³	MIS, DOC INT	<ol style="list-style-type: none"> Employment specialists provide employment services less than 60% of the time. Employment specialists provide employment services 60 - 74% of the time. Employment specialists provide employment services 75 - 89% of the time. Employment specialists provide employment services 90 - 95% of the time. Employment specialists provide employment services 96% or more of the time.
3. Vocational generalists: Each employment specialist carries out all phases of employment service, including intake, engagement ¹⁰⁴ , assessment, job placement, job coaching, and follow-along supports before step down to less intensive employment support from another MH practitioner. (Note: It is not expected that each employment specialist will provide benefits counseling to their clients. Referrals to a highly trained benefits counselor are in keeping with high fidelity, see Item # 1 in "Services") ¹⁰⁵ .	MIS, DOC, INT, OBS	<ol style="list-style-type: none"> Employment specialist only provides vocational referral service to vendors and other programs. Employment specialist maintains caseload but refers clients to other programs for vocational services. Employment specialist provides one to four phases of the employment service (e.g. intake, engagement, assessment, job development, job placement, job coaching, and follow along supports). Employment specialist provides five phases of employment service but not the entire service. Employment specialist carries out all six phases of employment service (e.g. program intake, engagement, assessment, job development/job placement, job coaching, and follow-along supports).

¹⁰¹ See end of document for key.

¹⁰² The score would be 3 or lower if specialists do not have their own specific list of users and do not regularly interview users. Caseload size refers to **active** clients, i.e. those participating in the employment service at least once a month.

¹⁰³ This time is not considered to be devoted to job placement if, for example, the specialist is in charge of finding housing or resources related to other aspects that are not exclusively related to the job environment. Specialists may devote up to 1 or 2 hours of their working day to helping out with these other tasks (e.g. issues related to a patient discontinuing medication etc.).

¹⁰⁴ This phase refers to involving/engaging the client in his or her job placement process. It includes the agreements established in the pathway.

¹⁰⁵ For example, at some agencies clients are handed over from one team member to another depending on to the phase of the process they are involved in, meaning that clients are involved with more than one specialist during their placement process. If, for example, there is a specialist in charge of initial assessments but the client is then handed over to another specialist, the score cannot be higher than 4.

ORGANIZATION

Criterion	Data source	Anchor
1. Integration of rehabilitation with mental health treatment thru team assignment: Employment specialists are part of up to 2 mental health treatment teams from which at least 90% of the employment specialist's caseload is comprised. ¹⁰⁶	MIS, DOC, INT, OBS	<ol style="list-style-type: none"> 1. Employment specialists are part of a vocational program that functions separately from the mental health treatment. 2. Employment specialists are attached to three or more mental health treatment teams. OR Clients are served by individual mental health practitioners who are not organized into teams. OR Employment specialists are attached to one or two teams from which less than 50% of the employment specialist's caseload is comprised. 3. Employment specialists are attached to one or two mental health treatment teams, from which at least 50 - 74% of the employment specialist's caseload is comprised. 4. Employment specialists are attached to one or two mental health treatment teams, from which at least 75 - 89% of the employment specialist's caseload is comprised. 5. Employment specialists are attached to one or two mental health treatment teams, from which 90 - 100% of the employment specialist's caseload is comprised.
2. Integration of rehabilitation with mental health treatment thru frequent team member contact: Employment specialists actively participate in weekly mental health treatment team meetings (not replaced by administrative meetings) that discuss individual clients and their employment goals with shared decision-making. Employment specialist's office is in close proximity to (or shared with) their mental health treatment team members. Documentation of mental health treatment and employment services is integrated in a single client chart. Employment specialists help the team think about employment for people who haven't yet been referred to supported employment services. ¹⁰⁷	MIS, DOC, INT, OBS	<ol style="list-style-type: none"> 1. One or none is present. 2. Two are present. 3. Three are present. 4. Four are present. 5. Five are present. <p>All five key components are present:</p> <ul style="list-style-type: none"> • Employment specialist attends weekly mental health treatment team. • Employment specialist participates actively in treatment team meetings with shared decision-making. • Employment services documentation (i.e., vocational assessment/profile, employment plan, progress notes) is integrated into client's mental health treatment record. • Employment specialist's office is in close proximity to (or shared with) their mental health treatment team members. • Employment specialist helps the team think about employment for people who haven't yet been referred to supported employment services.

¹⁰⁶ Refers to the number of referral sources each employment specialist works and coordinates with.

¹⁰⁷ Also includes cases not yet referred to employment services.

Criterion	Data source	Anchor
3. Collaboration between employment specialists and Vocational Rehabilitation counselors ¹⁰⁸ : The employment specialists and VR counselors have frequent contact for the purpose of discussing shared clients and identifying potential referrals. ¹⁰⁹	DOC, INT, OBS, ISP	<ol style="list-style-type: none"> 1. Employment specialists and VR counselors have client-related contacts (phone, e-mail, in person) less than quarterly to discuss shared clients and referrals. OR Employment specialists and VR counselors do not communicate. 2. Employment specialists and VR counselors have client-related contacts (phone, e-mail, in person) at least quarterly to discuss shared clients and referrals. 3. Employment specialists and VR counselors have client-related contacts (phone, e-mail, in-person) monthly to discuss shared clients and referrals. 4. Employment specialists and VR counselors have scheduled, face-to-face meetings at least quarterly, OR have client-related contacts (phone, e-mail, in person) weekly to discuss shared clients and referrals. 5. Employment specialists and VR counselors have scheduled, face-to face meetings at least monthly and have client-related contacts (phone, e-mail, in person) weekly to discuss shared clients and referrals.

¹⁰⁸ For example, occupational therapists from psychosocial rehabilitation, pre-employment, day-care center or other mental health services or resources.

¹⁰⁹ For example, 5 points will be awarded if a vocational rehabilitation service has a designated specialist in charge of coordinating with employment centres and they meet once or twice a month; 5 points are also awarded if an employment specialist coordinates at least once a month with several vocational rehabilitation services.

Criterion	Data source	Anchor
4. Vocational unit: At least 2 full-time employment specialists and a team leader comprise the employment unit. They have weekly client-based group supervision following the supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseload when needed. ¹¹⁰	MIS, INT, OBS	<ol style="list-style-type: none"> 1. Employment specialists are not part of a vocational unit. 2. Employment specialists have the same supervisor but do not meet as a group. They do not provide back-up services for each other's caseload. 3. Employment specialists have the same supervisor and discuss clients between each other on a weekly basis. They provide back-up services for each other's caseloads as needed. OR, If a program is in a rural area where employment specialists are geographically separate with one employment specialist at each site, the employment specialists meet 2-3 times monthly with their supervisor by teleconference. 4. At least 2 employment specialists and a team leader form an employment unit with 2-3 regularly scheduled meetings per month for client-based group supervision in which strategies are identified and job leads are shared and discuss clients between each other. They provide coverage for each other's caseloads when needed. OR, If a program is in a rural area where employment specialists are geographically separate with one employment specialist at each site, the employment specialists meet 2-3 times per month with their supervisor in person or by teleconference and mental health practitioners are available to help the employment specialist with activities such as taking someone to work or picking up job applications. 5. At least 2 full-time employment specialists and a team leader form an employment unit with weekly client-based group supervision based on the supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseloads when needed.

¹¹⁰ For small agencies that lack enough specialists to set up a team, it is advisable for its members to be able to exchange information with other teams or services. The aim is to promote teamwork through mutual support, sharing experiences and job offers, etc.

Criterion	Data source	Anchor
5. Role of employment supervisor: Supported employment unit is led by a supported employment team leader. Employment specialists' skills are developed and improved through outcome-based supervision. All five key roles of the employment supervisor are present.	MIS, INT, DOC, OBS	<ol style="list-style-type: none"> 1. One or none is present. 2. Two are present. 3. Three are present. 4. Four are present. 5. Five are present. <p>Five key roles of the employment supervisor:</p> <ul style="list-style-type: none"> • One full-time equivalent (FTE) supervisor is responsible for no more than 10 employment specialists. The supervisor does not have other supervisory responsibilities. (Program leaders supervising fewer than ten employment specialists may spend a percentage of time on other supervisory activities on a prorated basis. For example, an employment supervisor responsible for 4 employment specialists may be devoted to SE supervision half time.) • Supervisor conducts weekly supported employment supervision designed to review client situations and identify new strategies and ideas to help clients in their work lives. • La Supervisor communicates with mental health treatment team leaders to ensure that services are integrated, to problem solve programmatic issues (such as referral process, or transfer of follow-along to mental health workers) and to be a champion for the value of work. Attends a meeting for each mental health treatment team on a quarterly basis. • Supervisor accompanies employment specialists, who are new or having difficulty with job development, in the field monthly to improve skills by observing, modeling, and giving feedback on skills, e.g., meeting employers for job development. • Supervisor reviews current client outcomes with employment specialists and sets goals to improve program performance at least quarterly.

Criterion	Data source	Anchor
<p>6. Zero exclusion criteria: All clients interested in working have access to supported employment services regardless of job readiness factors, substance abuse, symptoms, history of violent behavior, cognition impairments, treatment non-adherence, and personal presentation. These apply during supported employment services too. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held. If VR has screening criteria, the mental health agency does not use them to exclude anybody. Clients are not screened out formally or informally.¹¹¹</p>	DOC, INT, OBS	<ol style="list-style-type: none"> 1. There is a formal policy to exclude clients due to lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.) by employment staff, case managers, or other practitioners. 2. Most clients are unable to access supported employment services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.). 3. Some clients are unable to access supported employment services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.). 4. No evidence of exclusion, formal or informal. Referrals are not solicited by a wide variety of sources. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held¹¹². 5. All clients interested in working have access to supported employment services. Mental health practitioners encourage clients to consider employment, and referrals for supported employment are solicited by many sources. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held.

¹¹¹ For example, a 3 is awarded if only half of the mental health centres make regular referrals. Programs requiring abstinence prior to starting will not be scored higher than 3. There is no limit in Supported Employment on the number of jobs the service can help an individual to find.

¹¹² Prior work experience.

Criterion	Data source	Anchor
<p>7. Agency focus on competitive employment: Agency promotes competitive work through multiple strategies. Agency intake includes questions about interest in employment. Agency displays written postings (e.g., brochures, bulletin boards, posters) about employment and supported employment services. The focus should be with the agency programs that provide services to adults with severe mental illness. Agency supports ways for clients to share work stories with other clients and staff. Agency measures rate of competitive employment and shares this information with agency leadership and staff.</p>	DOC, INT, OBS	<ol style="list-style-type: none"> 1. One or none is present. 2. Two are present. 3. Three are present. 4. Four are present. 5. Five are present. <p>Agency promotes competitive work through multiple strategies:</p> <ul style="list-style-type: none"> • Agency intake includes questions about interest in employment.¹¹³ • Agency includes questions about interest in employment on all annual (or semiannual) assessment or treatment plan reviews. • Agency displays written postings (e.g., brochures, bulletin boards, posters) about working and supported employment services, in lobby and other waiting areas. Agency supports ways for clients to share work stories with other clients and staff (e.g., agency-wide employment recognition events, in-service training, peer support groups, agency newsletter articles, invited speakers at client treatment groups, etc.) at least twice a year. • Agency measures rate of competitive employment on at least a quarterly basis and shares outcomes with agency leadership and staff.

¹¹³ Includes motivation for working.

Criterion	Data source	Anchor
8. Executive team support for SE: Agency executive team members (e.g., CEO/Executive Director, Chief Operating Officer, QA Director, Chief Financial Officer, Clinical Director, Medical Director, Human Resource Director) assist with supported employment implementation and sustainability. All five key components of executive team support are present. ¹¹⁴	DOC, INT, OBS	<ol style="list-style-type: none"> 1. One or none is present. 2. Two are present. 3. Three are present. 4. Four are present. 5. Five are present. <ul style="list-style-type: none"> • Executive Director and Clinical Director demonstrate knowledge regarding the principles of evidence-based supported employment. • Agency QA process includes an explicit review of the SE program, or components of the program, at least every 6 months through the use of the Supported Employment Fidelity Scale or until achieving high fidelity, and at least yearly thereafter. Agency QA process uses the results of the fidelity assessment to improve SE implementation and sustainability. • At least one member of the executive team actively participates at SE leadership team meetings (steering committee meetings) that occur at least every six months for high fidelity programs and at least quarterly for programs that have not yet achieved high fidelity. Steering committee is defined as a diverse group of stakeholders charged with reviewing fidelity, program implementation, and the service delivery system. Committee develops written action plans aimed at developing or sustaining high fidelity services. • The agency CEO/Executive Director communicates how SE services support the mission of the agency and articulates clear and specific goals for SE and/or competitive employment to all agency staff during the first six months and at least annually (i.e., SE kickoff, all-agency meetings, agency newsletters, etc.). This item is not delegated to another administrator. • SE program leader shares information about EBP barriers and facilitators with the executive team (including the CEO) at least twice each year. The executive team helps the program leader identify and implement solutions to barriers.

¹¹⁴ Job posts vary from one organisation to another. This indicator implies that it is not solely the employment team who is responsible for implementing the supported employment model.

SERVICES

Criterion	Data source	Anchor
1. Work incentives planning: All clients are offered assistance in obtaining comprehensive, individualized work incentives planning before starting a new job and assistance accessing work incentives planning thereafter when making decisions about changes in work hours and pay. Work incentives planning includes SSA benefits, medical benefits, medication subsidies, housing subsidies, food stamps, spouse and dependent children benefits, past job retirement benefits and any other source of income. Clients are provided information and assistance about reporting earnings to SSA, housing programs, VA programs, etc., depending on the person's benefits.	DOC, INT, OBS, ISP	<ol style="list-style-type: none"> 1. Work incentives planning is not readily available or easily accessible to most clients served by the agency. 2. Employment specialist gives client contact information about where to access information about work incentives planning. 3. Employment specialist discusses with each client changes in benefits based on work status. 4. Employment specialist or other MH practitioner offer clients assistance in obtaining comprehensive, individualized work incentives planning by a person trained in work incentives planning prior to client starting a job. 5. Employment specialist or other MH practitioner offer clients assistance in obtaining comprehensive, individualized work incentives planning by a specially trained work incentives planner prior to starting a job. They also facilitate access to work incentives planning when clients need to make decisions about changes in work hours and pay. Clients are provided information and assistance about reporting earnings to SSA, housing programs, etc., depending on the person's benefits.
2. Disclosure: Employment specialists provide clients with accurate information and assist with evaluating their choices to make an informed decision regarding what is revealed to the employer about having a disability.	DOC, INT, OBS	<ol style="list-style-type: none"> 1. One or none is present. 2. Two are present. 3. Three are present. 4. Four are present. 5. Five are present. <ul style="list-style-type: none"> • Employment specialists do not require all clients to disclose their psychiatric disability at the work site in order to receive services. • Employment specialists offer to discuss with clients the possible costs and benefits (pros and cons) of disclosure at the work site in advance of clients disclosing at the work site. Employment specialists describe how disclosure relates to requesting accommodations and the employment specialist's role communicating with the employer. • Employment specialists discuss specific information to be disclosed (e.g., disclose receiving mental health treatment, or presence of a psychiatric disability, or difficulty with anxiety, or unemployed for a period of time, etc.) and offers examples of what could be said to employers. • Employment specialists discuss disclosure on more than one occasion (e.g., if clients have not found employment after two months or if clients report difficulties on the job.)

Criterion	Data source	Anchor
<p>3. Ongoing, work-based vocational assessment: Initial vocational assessment occurs over 2-3 sessions and is updated with information from work experiences in competitive jobs. A vocational profile form that includes information about preferences, experiences, skills, current adjustment, strengths, personal contacts, etc, is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include the client, treatment team, clinical records, and with the client's permission, from family members and previous employers.¹¹⁵</p>	DOC, INT, OBS, ISP	<ol style="list-style-type: none"> 1. Vocational evaluation is conducted prior to job placement with emphasis on office-based assessments, standardized tests, intelligence tests, work samples. 2. Vocational assessment may occur through a stepwise approach that includes: prevocational work experiences (e.g., work units in a day program), volunteer jobs, or set aside jobs (e.g., NISH jobs agency-run businesses, sheltered workshop jobs, affirmative businesses, enclaves). 3. Employment specialists assist clients in finding competitive jobs directly without systematically reviewing interests, experiences, strengths, etc. and do not routinely analyze job loss (or job problems) for lessons learned. 4. Initial vocational assessment occurs over 2-3 sessions in which interests and strengths are explored. Employment specialists help clients learn from each job experience and also work with the treatment team to analyze job loss, job problems and job successes. They do not document these lessons learned in the. 5. Initial vocational assessment occurs over 2-3 sessions and information is documented on a vocational profile form that includes preferences, experiences, skills, current adjustment, strengths, personal contacts, etc. The vocational profile form is used to identify job types and work environments. It is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include the client, treatment team, clinical records, and with the client's permission, from family members and previous employers. Employment specialists help clients learn from each job experience and also work with the treatment team to analyze job loss, job problems and job successes.

¹¹⁵ The score cannot be higher than 3 if information is collected only from the client and not from the mental health services.

Criterion	Data source	Anchor
4. Rapid job search for competitive job: Initial employment assessment and first face-to-face employer contact by the client or the employment specialist about a competitive job occurs within 30 days (one month) after program entry. ¹¹⁶	DOC, INT, OBS, ISP	<ol style="list-style-type: none"> 1. First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average 271 days or more (> 9 mos.) after program entry. 2. First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 151 and 270 days (5-9 mos.) after program entry. 3. First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 61 and 150 days (2-5 mos.) after program entry. 4. First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 31 and 60 days (1-2 mos.) after program entry. 5. The program tracks employer contacts and the first face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average within 30 days (one month) after program entry.

¹¹⁶ Score 5 if companies are contacted to learn more about types of jobs or about the functions or tasks of a particular job and the workplace is visited and examined.

Criterion	Data source	Anchor
<p>5. Individualized job search: Employment specialists make employer contacts aimed at making a good job match based on clients' preferences (relating to what each person enjoys and their personal goals) and needs (including experience, ability, symptomatology, health, etc.) rather than the job market (i.e., those jobs that are readily available). An individualized job search plan is developed and updated with information from the vocational assessment/profile form and new job/educational experiences.</p>	DOC, INT, OBS, ISP	<ol style="list-style-type: none"> 1. Less than 25% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc. rather than the job market. 2. 25-49% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market. 3. 50-74% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market. 4. 75-89% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market and are consistent with the current employment plan. 5. Employment specialist makes employer contacts based on job choices which reflect client's preferences, strengths, symptoms, lessons learned from previous jobs etc., 90-100% of the time rather than the job market and are consistent with the current employment/job search plan. When clients have limited work experience, employment specialists provide information about a range of job options in the community.
<p>6. Job development - Frequent employer contact: Each employment specialist makes at least 6 face to-face employer contacts per week on behalf of clients looking for work. (Rate for each then calculate average and use the closest scale point.) An employer contact is counted even when an employment specialist meets the same employer more than one time in a week, and when the client is present or not present. Client-specific and generic contacts are included. Employment specialists use a weekly tracking form to document employer contacts.</p>	DOC, INT	<ol style="list-style-type: none"> 1. Employment specialist makes less than 2 face-to-face employer contacts that are client-specific per week. 2. Employment specialist makes 2 face-to-face employer contacts per week that are client-specific, OR Does not have a process for tracking. 3. Employment specialist makes 4 face-to-face employer contacts per week that are client-specific, and uses a tracking form that is reviewed by the SE supervisor on a monthly basis. 4. Employment specialist makes 5 face-to-face employer contacts per week that are client-specific, and uses a tracking form that is reviewed by the SE supervisor on a weekly basis. 5. Employment specialist makes 6 or more face-to-face employer contacts per week that are client specific, or 2 employer contacts times the number of people looking for work when there are less than 3 people looking for work on their caseload (e.g., new program). In addition, employment specialist uses a tracking form that is reviewed by the SE supervisor on a weekly basis.

Criterion	Data source	Anchor
7. Job development - Quality of employer contact: Employment specialists build relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the SE program offers to the employer, describe client strengths that are a good match for the employer. (Rate for each employment specialist, then calculate average and use the closest scale point). ¹¹⁷	DOC, INT, OBS	<ol style="list-style-type: none"> 1. Employment specialist meets employer when helping client to turn in job applications, OR Employment specialist rarely makes employer contacts. 2. Employment specialist contacts employers to ask about job openings and then shares these “leads” with clients. 3. Employment specialist follows up on advertised job openings by introducing self, describing program, and asking employer to interview client. 4. Employment specialist meets with employers in person whether or not there is a job opening, advocates for clients by describing strengths and asks employers to interview clients. 5. Employment specialist builds relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the SE program offers to the employer, describe client strengths that are a good match for the employer.
8. Diversity of job types: Employment assist clients in obtaining different types of jobs. ¹¹⁸	DOC, INT, OBS, ISP	<ol style="list-style-type: none"> 1. Employment specialists assist clients obtain different types of jobs less than 50% of the time. 2. Employment specialists assist clients obtain different types of jobs 50-59% of the time. 3. Employment specialists assist clients obtain different types of jobs 60-69% of the time. 4. Employment specialists assist clients obtain different types of jobs 70-84% of the time. 5. Employment specialists assist clients obtain different types of jobs 85-100% of the time.

¹¹⁷ If it is the client him/herself who gets in touch with employers, the employment specialist must be informed of the job offers available in the community and share them with the client.

¹¹⁸ Percentage calculated as follows:

1. Make a list of all of the jobs found by service clients. Establish the baseline situation counting all of the active job posts at the time of conducting the evaluation. To conduct a periodic assessment, count the jobs found over the past 6 months. Contract extensions on the same job the client was performing previously are only counted once.
2. Group similar job posts together by sector of activity (e.g. all jobs related to cleaning tasks, all those related to admin functions, etc.).
3. Add up the job posts by sector of activity.
4. Calculate the percentage that jobs in the most common sector of activity account for on the total number of jobs found (X %).
5. Subtract the percentage obtained in step 4 from the total (100 %); i.e. $100\% - X\% = Y\%$. This final percentage (Y%) is the score for the indicator.

Criterion	Data source	Anchor
9. Diversity of employers: Employment specialists assist clients in obtaining jobs with different employers. ¹¹⁹	DOC, INT, OBS, ISP	<ol style="list-style-type: none"> 1. Employment specialists assist clients obtain jobs with the different employers less than 50% of the time. 2. Employment specialists assist clients obtain jobs with the same employers 50-59% of the time. 3. Employment specialists assist clients obtain jobs with different employers 60-69% of the time. 4. Employment specialists assist clients obtain jobs with different employers 70-84% of the time. 5. Employment specialists assist clients obtain jobs with different employers 85-100% of the time.
10. Competitive jobs: Employment specialists provide competitive job options that have permanent status rather than temporary or time-limited status, e.g., TE (transitional employment positions). Competitive jobs pay at least minimum wage, are jobs that anyone can apply for and are not set aside for people with disabilities. (Seasonal jobs and jobs from temporary agencies that other community members use are counted as competitive jobs) ¹²⁰ .	DOC, INT, OBS, ISP	<ol style="list-style-type: none"> 1. Employment specialists provide options for permanent, competitive jobs less than 64% of the time, OR There are fewer than 10 current jobs. 2. Employment specialists provide options for permanent, competitive jobs about 65- 74% of the time. 3. Employment specialists provide options for permanent competitive jobs about 75-84% of the time. 4. Employment specialists provide options for permanent competitive jobs about 85-94% of the time. 5. 95% or more competitive jobs held by clients are permanent.

¹¹⁹ Percentage calculated as follows:

1. Make a list of all of the employers who have hired staff. Establish the baseline situation counting all of the companies employing active clients at the time of conducting the evaluation. To conduct a periodic assessment, count the employers who have hired staff over the past 6 months. Client contracts that are extended at the same company are only counted once.
2. Add the number of clients hired by the same employer.
3. Calculate the percentage of staff hired by the employer that has hired most workers on the total number of workers hired by the employers included (X %).
4. Subtract the percentage obtained in step 3 from the total (100 %); i.e. $100\% - X\% = Y\%$. This final percentage (Y%) is the score for the indicator.

¹²⁰ Temporary jobs can be due to the need for a specific service to be rendered temporarily, because the client prefers a temp job before transitioning to a permanent one...On the condition that this is in accordance with the client's preferences.

Criterion	Data source	Anchor
<p>11. Individualized follow-along supports: Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Supports are provided by a variety of people, including treatment team members (e.g., medication changes, social skills training, encouragement), family, friends, co-workers (i.e., natural supports), and employment specialist. Employment specialist also provides employer support (e.g., educational information, job accommodations) at client's request. Employment specialist offers help with career development, i.e., assistance with education, a more desirable job, or more preferred job duties.</p>	DOC, INT, OBS, ISP	<ol style="list-style-type: none"> 1. Most clients do not receive supports after starting a job. 2. About half of the working clients receive a narrow range of supports provided primarily by the employment specialist. 3. Most working clients receive a narrow range of supports that are provided primarily by the employment specialist. 4. Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Employment specialists provide employer supports at the client's request. 5. Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Employment specialist also provides employer support (e.g., educational information, job accommodations) at client's request. The employment specialist helps people move onto more preferable jobs and also helps people with school or certified training programs. The site provides examples of different types of support including enhanced supports by treatment team members.
<p>12. Time-unlimited follow-along supports: Employment specialists have face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily, and desired by clients. Clients are transitioned to step down job supports from a mental health worker following steady employment. Employment specialists contact clients within 3 days of learning about the job loss.¹²¹</p>	DOC, INT, OBS, ISP	<ol style="list-style-type: none"> 1. Employment specialist does not meet face-to-face with the client after the first month of starting a job. 2. Employment specialist has face-to-face contact with less than half of the working clients for at least 4 months after starting a job. 3. Employment specialist has face-to-face contact with at least half of the working clients for at least 4 months after starting a job. 4. Employment specialist has face-to-face contact with working clients weekly for the first month after starting a job, and at least monthly for a year or more, on average, after working steadily, and desired by clients. 5. Employment specialist has face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily and desired by clients. Clients are transitioned to step down job supports, from a mental health worker following steady employment clients. Clients are transitioned to step down job supports from a mental health worker following steady employment. Employment specialist contacts clients within 3 days of hearing about the job loss.

¹²¹ This indicator is calculated taking into account all of the users involved in a *contract* phase (just before starting, during, and right after ending a contract).

Criterion	Data source	Anchor
13. Community-based services: Employment services such as engagement, job finding and follow-along supports are provided in natural community settings by all employment specialists. (Rate each employment specialist based upon their total weekly scheduled work hours, then calculate the average and use the closest scale point). ^{122, 123}	DOC, INT, OBS	<ol style="list-style-type: none"> 1. Employment specialist spends 30% time or less in the scheduled work hours in the community. 2. Employment specialist spends 30 - 39% time of total scheduled work hours in the community. 3. Employment specialist spends 40 -49% of total scheduled work hours in the then community. 4. Employment specialist spends 50 - 64% of total scheduled work hours in the community. 5. Employment specialist spends 65% or more of total scheduled work hours in the community.
14. Assertive engagement and outreach by integrated treatment team: Service termination is not based on missed appointments or fixed time limits. Systematic documentation of outreach attempts. Engagement and outreach attempts made by integrated team members. Multiple home/community visits. Coordinated visits by employment specialist with integrated team member. Connect with family, when applicable. Once it is clear that the client no longer wants to work or continue SE services, the team stops outreach.	MIS, DOC, INT, OBS	<ol style="list-style-type: none"> 1. Evidence that 2 or less strategies for engagement and outreach are used. 2. Evidence that 3 strategies for engagement and outreach are used. 3. Evidence that 4 strategies for engagement and outreach are used. 4. Evidence that 5 strategies for engagement and outreach are used. 5. Evidence that all 6 strategies for engagement and outreach are used: i) Service termination is not based on missed appointments or fixed time limits. ii) Systematic documentation of outreach attempts. iii) Engagement and outreach attempts made by integrated team members. iv) Multiple home/community visits. v) Coordinated visits by employment specialist with integrated team member. vi) Connect with family, when applicable.

(*)Data sources:

MIS Management Information System.

DOC Document review: clinical records, agency policy and procedures.

INT Interviews with clients, employment specialists, mental health staff, VR counselors, families, employers.

OBS Observation (e.g., team meeting, shadowing employment specialists)

ISP Individualized Service Plan

2/14/96

6/20/01, Updated

1/7/08, Revised

¹²² Activity conducted outside the employment service

¹²³ In order to score this indicator, calculate the score for each employment specialist based on her/his scheduled weekly work hours; then calculate the average score and use the closest point on the scale.

APPENDIX 3

Main competences and responsibilities of employment specialists

The main functions of employment specialists providing support to people who have difficulties for job placement and retention are:

Basic functions and tasks:

1. Searching for resources (training, occupational, work-related...) for their clients.
2. Holding individual and group employment guidance sessions.
3. Conducting an assessment to identify the preferences, motivations, expectations, interests and needs of newcomers to the service.
4. Helping to draft a career pathway along with a tailor-made support plan.
5. Prospecting for companies, bearing in mind the interests of employment service/programme clients.
6. Performing job development tasks: collecting job offers, drafting job descriptions, selecting and getting in touch with candidates.
7. Liaising between job seekers and companies.
8. Holding face-to-face interviews with different employers in order to raise awareness and find job opportunities for service clients.
9. Introducing job candidates, personally attending job interviews during the selection process (if both parties so wish).
10. Following-up the placement and how the employee fares over time.
11. Supporting the employee both at work and outside and encouraging natural supports as needed.
12. Performing employer follow-up during the service user's employment.
13. Prospecting for companies, bearing in mind the interests of employment service/employment programme users
14. Ensuring that the job conditions on offer are compliant with the law.
15. Advising employers regarding recruitment subsidies and other labour-related legislation that may be of their interest (legal changes to promote employment, etc).
16. Coordinating with whichever community resources may be required.
17. Analysing vocational profiles, identifying not only deficits and difficulties but also potential, and designing tailored work plans aimed at fulfilling each individual's goals.
18. 18. Updating knowledge related to HR techniques used by employers as regards staff selection, job profile analysis, conflict resolution, negotiation, etc.
19. 19. Promoting awareness among employers and other social actors, and fighting stigmatisation.

20. Ensuring confidentiality and privacy to service users and companies, and of the information obtained from selection processes and contacts made.

These functions require a series of competences (adapted from Ballester, G., Caballer, M., & Hernández, A, 2008):

- Related to knowledge about: the labour market, vocational guidance methodologies, work environments, information management and new technologies applied to the working sphere, active employment policies, specific social problems affecting certain groups at risk of exclusion, staff selection techniques and current labour legislation, including aspects related to disability, etc.
- Related to methods and procedures for: researching resources and information, identifying needs, managing job offers, vocational guidance and intervention in the psychosocial and employment fields.
- Related to attitudes: adaptability and flexibility, problem-solving, empathy and active listening, involvement and commitment, teamwork, assertiveness, negotiation, conveying trust and assurance, capacity to motivate and foster people's autonomy, capacity to reflect on one's own practices, capacity for self-criticism, creativity, capacity to learn from one's own experience and that of others (including those to whom support is provided), etc.

These competences can be built through training and through the continuous update of one's own knowledge, by reviewing the available evidence, through joint supervision and management of caseloads, by specialists and agencies collaboratively sharing experiences and learning and through participation in working groups for organisational improvement.

APPENDIX 4

Employment support mechanisms

There are several ways of helping people with special integration difficulties to settle into work. When direct placement in the open job market is not possible, there are other mechanisms to aid integration either in the competitive market or in sheltered environments. The following sections describe a series of mechanisms to help to integrate people with mental health conditions into work.

1. Encouraging work in mainstream employment

1.1 LAW ON THE SOCIAL INTEGRATION OF THE DISABLED

Measures to support work established by the Law on the Social Integration of the Disabled (LISMI) 13/82, which regulates the access to open and sheltered work for people with disabilities.

- Sets aside 2% of the jobs in the public sector and in private companies with over 50 employees: Under this law it is compulsory to set jobs aside for people with a 33% degree of disability or higher.
- Grants and subsidies for hiring; subsidies for making workplace adaptations, Social Security exemptions and deductions and tax incentives/deductions.

1.2 OTHER INCENTIVES AND DEDUCTIONS

Tax incentives on increasing the number of disabled employees for companies contributing under the Corporate Taxation or direct estimation method (Law 43/1995, of 27 December regulating Corporate Tax and Law 46/2002, of 18 December, on the partial reform on Personal Income Tax modifying the laws on Corporate Tax and Non-Resident Income Tax).

Monetary deductions on permanent contracts for staff with disabilities, when this means increasing the number of employees with disabilities.

There are also a number of provisions related to subsidies and incentives for hiring people with disabilities on several kinds of contract (for instance, interim contracts for unemployed workers with disabilities replacing disabled employees on temporary sick leave; temporary contracts to promote the employment of people with

disabilities; training or work experience contracts for people with disabilities, etc.). It is therefore advisable to keep information updated on possible changes regarding requirements and validity of subsidies, incentives and deductions.

1.3 SUPPORTED EMPLOYMENT

A series of actions in which employment specialists provide guidance, individualised support, training and follow-up in the workplace in mainstream market companies, and whose aim is to help the social and occupational integration of people with disabilities who have particular difficulty finding work in the open job market in conditions similar to those of employees in equivalent posts.

This mechanism helps the integration of job seekers or people from Special Employment Centres who have certain types of disability (intellectual disability certified as 33% or higher, cerebral palsy or mental illness, or physical or sensory disability certified as 65% or higher).

There are subsidies to help cover the labour-related and Social Security costs of hiring specialists to train people for work, as well as the entitlement to the benefits set forth in the regulations on employing people with disabilities.

Supported Employment actions are initially scheduled to last between six and twelve months, but can be extended a further year. In particularly complex cases, a further 6-month extension may be considered.

2. Sheltered employment mechanisms

These are mechanisms to integrate people with certified disabilities through centres specifically established for this purpose.

2.1 SPECIAL EMPLOYMENT CENTRES (SEC)

The main aim of these companies is to provide workers with disabilities with paid jobs adapted to their characteristics, as a stepping stone towards their integration in the open market

Their final aim is to provide a transitional workplace for people with disabilities in order to facilitate their later integration in the open market.

These centres can be publicly or privately run and can be for-profit or non-profit. At least 70% of their workforce must be composed of employees who have a certified disability of at least 33% and are registered as unemployed with the Public Employment Service.

2.2. TRANSITION TO THE OPEN LABOUR MARKET THROUGH LABOUR ENCLAVES

Royal Decree 290/2004 of 20 February regulates labour enclaves as a measure to promote work for people with disabilities.

The labour enclave is a contract between an open market company - called a collaborating company - and a Special Employment Centre (SEC) to perform work or services that are directly related to the company's normal activity.

Under the contract, a group of employees with disabilities from the SEC works temporarily on the premises of the collaborating company. Work at the enclave is managed and organised by the SEC.

If the collaborating company has 50 or more employees, the enclave must comprise at least 5 workers. In smaller companies, the enclave must have at least 3 workers.

At least 60% of the SEC workers in the enclave must have difficulties to work in the open labour market (cerebral palsy; an intellectual disability or mental illness officially certified as 33% or higher, or a physical or sensory disability officially certified as 65% or higher), and 75% of the workers must have been with the company for at least 3 months. Placement can last for between 3 months and 3 years, and its final objective is for the open market company to hire permanent staff members among the individuals who have disabilities and difficulties finding access to work. There are recruitment incentives available for this purpose.

In addition, there are also incentives and subsidies for collaborating companies hiring workers with disabilities from labour enclaves on permanent contracts.

2.3. LABOUR-MARKET INTEGRATION COMPANIES AND OTHER SOCIAL ENTERPRISES

The regulation of the regime of labour-market integration companies contained in Law 44/2007 of 13 December contemplates the legal form of companies that can conduct any economic activity involving the provision of goods or services if their business purpose is socio-occupational integration and training as a means of transit to normal work for people who are unemployed and socially excluded.

These companies must provide socio-occupational intervention or placement follow-along services to facilitate the later placement of individuals in the open job market

The situation of social exclusion must be certified by the relevant social services and applies to individuals receiving the Minimum Income for Integration (or similar welfare benefits), to youngsters from child protection institutions, people undergoing rehabilitation from addictions, prison inmates and people who are not receiving the Minimum Income for Integration due to failure to fulfil the requisites, such as the minimum residency period. A disability certificate is not required in order to work for this type of companies.

The aim of these companies is to aid the integration into work of people who have difficulties integrating in the competitive market. These companies enjoy certain benefits for hiring staff, as well as tax incentives and deductions, general incentives, subsidies for maintaining jobs and funding for fixed investments.

3. Employment in the public sector

Royal Decree 2271 of 3/12/2004 establishes the obligation of setting aside no less than 5% of the posts offered in the public sector for people whose degree of disability is certified as being 33% or higher.

4. Promotion of self-employment

Unemployed workers with disabilities (registered as jobseekers) interested in self-employment may obtain subsidies for funding entrepreneurial projects. The subsidies can be applied to interests on project loans and on fixed capital investment, plus a 50% deduction in Social Security contributions for 5 years and exemption from personal income tax.

There are also deductions on commercial and civil contracts signed with self-employed workers with a disability, and on the purchase of raw materials, machinery, equipment or any other kind of goods required for the normal running of the company choosing this option (one of the alternative measures contained in the LISMI).

An increasing number of local, regional and nationwide schemes also encourage the promotion of new companies and entrepreneurial job creation initiatives.

Both in this field and in those mentioned before, it is advisable to keep track of legal changes and other measures to create employment in order to make the most of the resources available in the relevant employment mechanisms.

5. Regulations

Spanish legislation does not have specific regulations on the integration into work of people with mental health conditions, only those referred to people with disabilities in general.

5.1 GENERAL REGULATIONS:

- Law 13/1982, on the Social Integration of the Disabled.
- Law 56/2003, on Employment.
- Royal Decree-Law 3/2011, on urgent measures for improving employability and the reform of active employment policies.

5.2 SPECIFIC REGULATIONS:

5.2.1 Companies in the open employment system

- Law 43/2006, on the improvement of growth and employment.
- R.D. 1451/1983, on selective employment and measures to promote the employment of workers with disabilities.

5.2.2 Supported Employment

- R.D. 870/2007, on supported employment.

5.2.3 Sheltered employment

- Law 43/2006, on the improvement of growth and employment.
- R.D. 2273/1985: regulation of SECs.
- R.D. 1368/1985, on special employment relations for workers in SECs.
- R.D. 469/2006, on Support Units for Vocational Activities.

5.2.4 Labour enclaves

- R.D. 290/2004, on Labour enclaves.

5.2.5 Employment in the Public Sector

- Law 7/2007. The Basic Statute of Public Employees (Art. 59), modified by Law
- 26/2011, of 1 August.
- Royal Decree 2271/2004, regulating access to public employment

APPENDIX 5

Form for Referral to the Employment Service

Date / / (Name of the employment service)

Referring agency and service

Tel.: Specialist:

E-mail Town.....

PERSONAL DETAILS

First Name:	Surname (s)	
DNI/NIE:	Nationality:	Date of birth: / /
Postal address:	Telephone:	
Town & post code:	E-mail:	

Reason for referral

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Remarks related to the referral

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APPENDIX 6

Form for answering referrals

Template for sending e-mail or fax response.

Dear (name of referring specialist)

We have received the referral of (client's name). On the (date of appointment) he/she attended an initial intake interview, during which we provided him/her with information about the placement programme (name of the programme). During this interview we agreed to begin the job placement process. I will soon be informing you about the results of the initial assessment and the first agreements reached so that we can continue to follow up the process and agree intervention strategies.

Yours sincerely,

(Name of employment specialist) (Name of agency)

(Tel.)

(E-mail)

APPENDIX 7

Initial intake interview form

Specialist:

Date / /

PERSONAL DETAILS

First Name:	Surname(s):	
DNI/NIE:	Nationality:	Date of birth: / /
Postal address:		Telephone:
Town & Post code:		Referred by:

Literal transcript of the enquiry

.....

.....

.....

.....

Expectations: What would finding a job provide you at present?

.....

.....

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.....

How would your life change when you started to work?

.....

.....

.....

.....

Remarks from the intake initial interview

.....

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.....

.....

APPENDIX 8

Information about the service

Sample 1: Guideline summary¹²⁴

Briefly inform on the organisation's portfolio of services and, especially, on the service or programme the client is interested in:

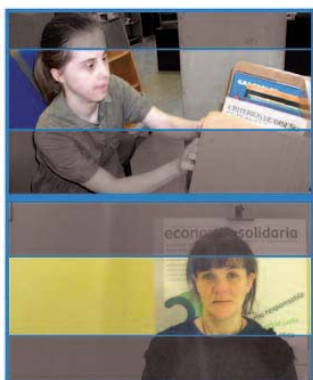
- Describe the organisation.
- Describe the services provided.
- Describe the programme specifically:
 - Objectives
 - Who it is intended for
 - Activities provided
 - Contact details
 - Means of access

¹²⁴ The contents of the information provided to the user must be clear. It is advisable to use pictures and diagrams to make it more reader-friendly.

Sample 2: Sample leaflet¹²⁵

El programa Incorpora

Es una iniciativa social que tiene el compromiso de fomentar la ocupación de las personas en situación o riesgo de exclusión social a través de la inserción laboral.



Incorpora programa

Gizarte ekimen bat da eta gizartearen baztertutik dauden edo egoera horretan sartutako arretakua duten pertsonen okupazioa sustatzea du helburu, lan merkatuan sartzearen bidez.

Servicios

- asesoramiento en legislación laboral información sobre tipos de contratación, bonificaciones de la seguridad social, etc.
- asesoramiento para definir los perfiles más adecuados a cada puesto,
- personas preparadas en itinerarios individualizados para desempeñar un puesto en la empresa,
- una prospección de las personas candidatas a ocupar un puesto de trabajo,
- apoyo después de la contratación para una inserción eficaz utilizando las metodologías más adecuadas: empleo con apoyo y acompañamiento social,
- formación en habilidades y competencias para el trabajo especialmente adaptada a los perfiles de nuestras usuarias y usuarios,
- una red de entidades expertas en inserción sociolaboral presente en todas las comunidades autónomas

Características del servicio:

- atención personalizada y experta, confidencialidad,
- coste cero,
- gestión de la demanda ágil y eficaz.

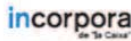

incorpora
de "la Caixa"

Zerbitzuak

- aholkularitza lan legerian: kontratazio motel buruzko argibidea, gizarte segurantzaren hobari buruzko argibidea, etab.
- lanpostu bakoitzerako profilik egokienak definitzeko aholkularitza,
- ibilbide bakoitzerako prestatutako pertsonak, enpresan lanpostu bat betetzeko,
- lanpostu bat hartzeko aukera duten pertsonen aurre-aukeraketa,
- behin kontratatuta, pertsonari laguntza ematen zaio lan-merkatuan eraginkortasunez sar dadin, metodologiak egokienak erabiliz: enplegua, laguntza eta laguntasun sozialaren bidez.
- lan trebeziaren eta gaitasunetan prestatzea, gure erabiltzaileen profiletara bereziki egokituak,
- gizartearen eta laneratzearan aditua diren erakundeen sare, autonomia erkidego guztietan dagoena.

Zerbitzuaren ezaugarriak:


- adituen esku dagoen harrera pertsonalizatua,
- konfidentzialtasuna,
- ez du inolako kosturik,
- eskaria arin eta eraginkortasunez kudeatzea,

Correo la Coordinación: incorporanavarra@gaztelan.org
 Fundación Gaztelan Coordinación, 948 13 60 20
 Asociación Síndrome de Down, 948 26 32 80
 Cruz Roja, 948 20 65 70
 Cocemfe, 617 148 517
http://obrasocial.lacaixa.es/incorpora/incorpora_es.html



Coordinación argibidea: incorporanavarra@gaztelan.org
 Gaztelan Fundazioa, 948 13 60 20
 Down Síndromearen Elkarteak, 948 26 32 80
 Gurutze Gorria, 948 20 65 70
 Cocemfe, 617 148 517
http://obrasocial.lacaixa.es/incorpora/incorpora_es.html


NAVARRA





incorpora
de "la Caixa"





¹²⁵ Sample intended for companies provided by the Incorpora group in Navarre. Reprinted with the permission of the organisation.

APPENDIX 9

Assessment interview templates

Sample 1: Contents of the initial interview¹²⁶

THE INTERVIEW INCLUDES THE FOLLOWING SECTIONS:

1. Heading, including:
 - Name of the programme and/or agency.
 - Name of the interviewees and other people attending the interview.
 - Date of interview.
2. Nine subsections, containing the following information:
 - I. User's details: name, National ID card no., Social Security no.; age, address; telephone no.; referral and initial enquiry.
 - II. Job motivation and expectations: personal and employment goals, personal views on work, expectations on what the individual wishes to achieve, vocational interests, perceived capabilities and limitations, genuine motivation for work and/or training.
 - III. Current employment status.
 - IV. Education: formal and non-formal education, ongoing education, motivation, personal experience, reasons for drop-out, current performance capability.
 - V. Work experience: jobs held before and after the illness, type of job, working hours and duration, tasks, reasons for leaving, past and present motivation, personal experience, associated difficulties, perceived capacity past and present.
 - VI. Social and community participation: travel, household responsibilities, handling of bureaucratic procedures, administration of finances, social relationships, recreation and leisure, community life.
 - VII. Physical and mental health status and health and self-care habits: Diagnosis and course of the illness, symptoms and coping strategies, treatment and side effects. Concomitant illnesses, eat and sleep habits, personal hygiene, physical activity, level of daily activity...
 - VIII. Family details: family structure (members in the family unit, type of relationship with the family, family routines, support received by the user, family background).
 - IX. Family relationships: family needs (user's care needs, economic cost, family stress, coping strategies, family supports, financial needs, health); family expectations (goals, timeline for achieving them, degree of frustration, collaborative behaviours, resources).

Attachments: Photocopies of National ID card, unemployment registration, disability certificate (if held) and other relevant documents.

¹²⁶ Adapted from the template provided by the AMICA association. Reprinted with the permission of the association.

Sample 2: Assessment interview and vocational profile

Specialist: Date/...../.....

PERSONAL DETAILS

First Name:	Surname(s):	
DNI/NIE:	Nationality:	Date of birth: / /
Postal address:		Telephone:
Town and post code:		E-mail:

Sex:

- ☐ Male.
☐ Female.

Marital status:

- ☐ Single.
☐ Married.
☐ Common-law partner.
☐ Widowed.
☐ Divorced or Separated.

Origin:

- ☐ Public Employment Service.
☐ Citizens' Service.
☐ Social Services.
☐ Relatives, friends.
☐ Mental Health Centre.
☐ Health and Welfare Centre.
☐ Own initiative.
☐ Other.

Family Responsibilities:

- ☐ No
☐ Yes
☐ Children
☐ Mother/Father
☐ Grandparents
☐ People with disabilities
☐ Others

Disability certificate:

- ☐ No ☐
☐ Yes:% ☐ Type

1. EMPLOYMENT STATUS

☐ Unemployed

Registered in the Public Employment Service on (date):

..... / /

Works in

- ☐ Special Employment Centre.
☐ Open market company.
☐ Labour-market integration company.
☐ Self-employed.
☐ Others:

Time since end of last job:

Receiving welfare benefits? ☐ NO ☐ YES Type:

.....
End date: / /

Seeking work?

- ☐ NO
☐ YES. Since when?

3. EDUCATION

No schooling	ESO Graduate (secondary education)	University diploma/degree
Unfinished primary education	GM/FP1 (intermediate vocational education)	Doctorate
Primary education certificate	GM/FP2 (higher vocational education)	
EGB certificate (basic general education)	BUP/ COU (secondary/ higher secondary education)	
ESO certificate (secondary education)	Higher secondary education	

Training courses attended:

Specialty/Field	Finished
	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO

Are you interested in receiving any type of training to help you find work more easily? Which?

.....

.....

.....

.....

.....

Languages:

First language:

Other languages: ¹²⁷	Listening	Speaking	Reading	Writing

Computer skills:

Basic level (minimal computer knowledge; online chats, internet).	
Intermediate level (knowledge of some programmes: Office...).	
High level (habitual and skilled use of computers).	

¹²⁷ Rate low medium or high, as appropriate, for the proficiency of listening, speaking, reading and writing skills in each language listed.

4. WORK EXPERIENCE (list most recent first)

No job experience

1. Sector/Company:	
Description of tasks and functions performed:	
Type of working day/hours:	Dates (from / until):
Reason for leaving:	

2. Sector/Company:	
Description of tasks and functions performed:	
Type of working day/hours:	Dates (from / until):
Reason for leaving:	

3. Sector/Company:	
Description of tasks and functions performed:	
Type of working day/hours:	Dates (from / until):
Reason for leaving:	

4. Sector/Company:	
Description of tasks and functions performed:	
Type of working day/hours:	Dates (from / until):
Reason for leaving:	

5. Sector/Company:	
Description of tasks and functions performed:	
Type of working day/hours:	Dates (from / until):
Reason for leaving:	

Generally speaking, what types of jobs have you performed throughout your working career?

.....
.....

What knowledge or skills have you acquired?

.....
.....

5. JOB SEARCH

Why are you looking for work? Reasons:

- ☐ Income
- ☐ Professional development
- ☐ Personal autonomy
- ☐ Others:.....

.....
.....

What job would you like to do? Do you have a vocation or profession? Which?

.....
.....
.....

What type of job DON'T you want to do?

.....
.....
.....

Have you been to any other career guidance service before?

- ☐ YES. Which?
- ☐ Did you find it useful? YES. Why?
- ☐ NO. Why not?

What do you normally do to look for work? Which means do you use?

- ☐ Just started looking.
- ☐ Internet offers.
- ☐ Offers in shops and other businesses
- ☐ Friends, acquaintances, relatives, other contacts
- ☐ Organisations Sending CVs to employers
- ☐ Press.
- ☐ Employment Office offers.
- ☐ Temporary Employment Agency offers.
- ☐ Associations and other.
- ☐ Unsolicited applications.
- ☐ Others:.....

What difficulties do you think you might encounter in your job search?

- ☐ Personal circumstances (age, sex, family responsibilities, health conditions)
- ☐ Lack of information and guidance
- ☐ Lack of continuing professional development
- ☐ Lack of work experience
- ☐ Job conditions: salary, type of working day...
- ☐ Lack of knowledge regarding job search skills and resources
- ☐ Vocation lacks job openings
- ☐ Geographical and time-related limitations
- ☐ Others:

How much time do you devote to looking for work?

- ☐ The time I am left with after attending to other tasks
- ☐ A few days a month, but not continuously
- ☐ Every day.
- ☐ I find it hard to persevere in my job search
- ☐ No I am not currently looking for work.

What is your availability for looking for a job?

- ☐ Just a few hours in the mornings
- ☐ Just a few mornings a week
- ☐ Just a few afternoons
- ☐ All day
- ☐ Others:

Do you have any difficulty for travelling to this employment service?

- ☐ It is a long way away from where I live
- ☐ I have to attend to other duties and I don't know how regularly I will be able to come
- ☐ I have difficulty affording transport
- ☐ I don't have any problem with travel
- ☐ Others:

6. FUTURE JOB

Would you be ready to work in something other than your usual job or prior work experience?

- ☐ YES..... What in?
- ☐ Only if it were very difficult to find work in my usual job
- ☐ NO.

Working hours	Geographic location	Others
<input type="checkbox"/> Indifferent <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Nights <input type="checkbox"/> Weekends	<input type="checkbox"/> Town of residence. <input type="checkbox"/> Nearby towns Anywhere <input type="checkbox"/> in the county. <input type="checkbox"/> Anywhere in the province <input type="checkbox"/> Anywhere in the region <input type="checkbox"/> Anywhere in Spain	Physical Effort <input type="checkbox"/> YES <input type="checkbox"/> NO Driving licence <input type="checkbox"/> YES <input type="checkbox"/> NO Own vehicle <input type="checkbox"/> YES <input type="checkbox"/> NO Other licences:
Minimum net monthly salary: Hours per week:		

Travel to work:

- ☐ Less than 30 minutes
☐ Between 30 and 60 minutes
☐ More than 60 minutes

Would you be prepared to use several means of transport?

.....
.....

Would you be willing to accept a temporary job lasting...?

- ☐ 1 month.
☐ 3 months.
☐ 6 months.
☐ Only a permanent contract
☐

7. SOCIAL AND FAMILY SITUATION

Household group, family responsibilities, jobs of family members and household income... (genogram).

Contact person (crisis situations or other difficulties):

8. HEALTH

Have you had any serious or significant illness in recent years preventing you from having a job or occupation?

- ☐ YES.
Which?.....
- ☐ NO.

Are you receiving any kind of treatment?

- ☐ YES.
Which?
.....
- ☐ NO.

Do you have any symptoms that make it difficult for you to perform certain activities?

.....

How do you cope with them?.....

9. REMARKS

.....
.....
.....
.....
.....
.....

10. BEHAVIOUR DURING THE INTERVIEW (OBSERVATIONAL)

Features	Remarks
Personal appearance: Presence/Image Personal hygiene	
Communication: Oral expression Oral comprehension Argumentation Coherence of discourse Visual contact Active listening: attentive Non-verbal communication: body language (movements, rhythms, postures, attitudes...)	
Other aspects: Collaboration Manners Attitude Punctuality/Observance of norms	

APPENDIX 10

Guidelines for conducting interviews¹²⁸

The interaction involved in the initial assessment interview is essential both for the individual starting a job placement process and for the specialist who is going to help him/her to achieve his/her goals. A crucial aspect of the interview is to encourage fluent communication so that the individual feels comfortable and free to talk openly.

The aim is to assess personal and environmental aspects, to start building a vocational profile and to identify facilitators and barriers for future placement. To do this, there are some recommendable guidelines related to active and attentive listening during the interview. This implies showing appreciation for the speaker. To this end, there are certain techniques that can be used, for instance:

- Rewording, which involves summarising what the individual has just said in your own words, allowing him/her to complete and explain the statement.
- Nodding or saying “yes...” to indicate that you are following the conversation.
- Leaving room for the interviewee to speak freely. Avoid filling in silences and interrupting.
- Keeping the conversation focused; avoiding digression.

In addition, it is recommendable to:

- Encourage informal conversation rather than interrogation, keeping eye contact with the individual and focusing on chatting rather than on writing down information.
- Ask open-ended questions; in other words, those that require explanations rather than single words in order to be answered.
- Show empathy and acceptance of the speaker's feelings.
- Avoid offering advice and solutions. On the contrary, the individual should be helped to find his/her own solutions.
- Maintain a positive attitude and restate the facts from that perspective.
- Underline the individual's strengths and competences so that he/she too is able to appreciate them, rather than focusing on his/her weaknesses and areas for improvement.
- Avoid passing value judgements.

¹²⁸ Adapted from Swanson, S. J., & Becker, D. R. (2011). *Supported Employment: Applying the Individual Placement and Support (IPS) Model to Help Clients Compete in the Workforce*: Hazelden; and Colomer, M. (2009c). *Tècniques d'assessorament individual I. L'acció orientadora* (Vol. I). Barcelona: Servei d'Ocupació de Catalunya.

- Do not argue with nor try to persuade the individual if you do not share a view, decision or opinion. It is preferable to explore the reasons for the disagreement and to work on them together.
- Do not blame, ridicule or label.
- Do not interpret nor analyse.
- Bear in mind that the impact of non-verbal communication is just as important as that of verbal communication.
- Finally, end the interview by summarising the subjects addressed and focusing on the next steps to be followed in order to achieve the goals.

APPENDIX 11

Information for families¹²⁹

Why work?

For many people, work is a part of their recovery. Returning to labour market activity, having a professional goal, putting one's capabilities to use and sharing spaces with other people while performing a satisfactory and gratifying activity are some of the reasons that might lead an individual to look for a job.

People who have started to work again after a period of inactivity due to their mental health condition have stated that they feel better about themselves and have fewer relapses.

What does the service have to offer?

The employment service provides guidance and support in the job search, and support continues for as long as necessary once the person has started to work. In addition, employers are offered support to help to integrate people into the workplace.

The employment specialists will help the individual to adapt to the workplace and solve the problems that may arise in his/her day-to-day work. Each work experience is viewed as a learning opportunity.

Fears and concerns.

New stages are always accompanied by certain fears and concerns that are inherent to processes of change in people.

Maintaining a positive attitude and being respectful of your relative's decisions is always a good means of providing support.

How can I help in this process?

Relatives and friends can also collaborate in the job placement process and be an important support for someone who has decided to start looking for a job, as they know the person very well.

Readiness to cooperate is enough for starting the process. If any specific help is required, the employment specialist will tell you how and when you can cooperate.

¹²⁹ Adapted from Swanson, S. J., & Becker, D. R. (2011). *Supported Employment: Applying the Individual Placement and Support (IPS) Model to Help Clients Compete in the Workforce*: Hazelden.

APPENDIX 12

SWOT template for situation analysis

(Strengths, Weaknesses, Opportunities, Threats)

FACTORS		Example:
Internal factors	Weaknesses	<ul style="list-style-type: none">• Poor predisposition to undergo training• Low self-esteem• Communication difficulties• High degree of isolation• Demotivation
	Strengths	<ul style="list-style-type: none">• Ample work experience in the automotive industry• Awareness of the illness
External factors	Threats	<ul style="list-style-type: none">• Poor family support
	Opportunities	<ul style="list-style-type: none">• Market demand for vocational and competence profiles similar to the client's

APPENDIX 13

Questionnaire on job motivation^{130,131}

PERSONAL DETAILS

First Name:		Surname(s):	
Date:	Age:	Sex:	

What type of job do you think you could find? And what working conditions would you demand in order to accept it (timetable, shift, salary, etc.)?

.....

.....

What does work mean to you?

.....

.....

Which of the phrases and statements below do you consider to be true (T.) or false (F.)? Mark the option that you consider correct.

1. I feel better when I work.	<input type="checkbox"/> T <input type="checkbox"/> F
2. I prefer my work mates not to know I am undergoing treatment.	<input type="checkbox"/> T <input type="checkbox"/> F
3. People don't understand me.	<input type="checkbox"/> T <input type="checkbox"/> F
4. I feel vulnerable outside my home.	<input type="checkbox"/> T <input type="checkbox"/> F
5. Working with others is an effort.	<input type="checkbox"/> T <input type="checkbox"/> F
6. I learn things when I work.	<input type="checkbox"/> T <input type="checkbox"/> F
7. I feel incapable of working.	<input type="checkbox"/> T <input type="checkbox"/> F
8. I am able to spend a large part of the money I earn on things I enjoy.	<input type="checkbox"/> T <input type="checkbox"/> F
9. Earning money provides me with independence.	<input type="checkbox"/> T <input type="checkbox"/> F
10. A safe pension is preferable to a potential job.	<input type="checkbox"/> T <input type="checkbox"/> F
11. My family helps me to look for work.	<input type="checkbox"/> T <input type="checkbox"/> F
12. My family believes that I can do a job well.	<input type="checkbox"/> T <input type="checkbox"/> F

¹³⁰ Colis, Coy, Galilea, López, & Pascual. (1996). Questionnaire on job motivation. Reprinted with the permission of the authors

¹³¹ Adapted from Pascual, M. T., López, M., & Coy, P. (1998): Fiabilización del cuestionario adaptado de motivación para el trabajo para enfermos mentales crónicos. *Intervención Psicosocial* 7(1) , 143-153.

13. When I work, life at home is more complicated.	<input type="checkbox"/> T <input type="checkbox"/> F
14. Working keeps me from doing other things I'd like to do.	<input type="checkbox"/> T <input type="checkbox"/> F
15. I would not do jobs similar to those in which I have had problems before.	<input type="checkbox"/> T <input type="checkbox"/> F
16. I would rather work in special places for people like me.	<input type="checkbox"/> T <input type="checkbox"/> F
17. I have doubts as to whether I could hold a job down for a long time.	<input type="checkbox"/> T <input type="checkbox"/> F
18. I'm afraid of being too far away from home.	<input type="checkbox"/> T <input type="checkbox"/> F
19. Taking a lot of means of transport is too complicated.	<input type="checkbox"/> T <input type="checkbox"/> F
20. If I am too far away from home I feel unprotected.	<input type="checkbox"/> T <input type="checkbox"/> F
21. I do not like to obey instructions.	<input type="checkbox"/> T <input type="checkbox"/> F
22. I get annoyed if my work is criticised.	<input type="checkbox"/> T <input type="checkbox"/> F
23. I need to know my work is appreciated by others.	<input type="checkbox"/> T <input type="checkbox"/> F
24. I find it hard to socialise with my work mates.	<input type="checkbox"/> T <input type="checkbox"/> F
25. Changes in working conditions make me nervous.	<input type="checkbox"/> T <input type="checkbox"/> F
26. Others don't try to get on with me.	<input type="checkbox"/> T <input type="checkbox"/> F
27. It is essential that my boss takes my health condition into account.	<input type="checkbox"/> T <input type="checkbox"/> F
28. There are more advantages to work than disadvantages.	<input type="checkbox"/> T <input type="checkbox"/> F
29. From what I've been told, when you work you come across too many problems.	<input type="checkbox"/> T <input type="checkbox"/> F
30. I would prefer to be offered other resources (mini-residency, monetary pensions, occupational centre...) instead of working.	<input type="checkbox"/> T <input type="checkbox"/> F
31. I want to work.	<input type="checkbox"/> T <input type="checkbox"/> F
32. Getting ready to go to work is too much of an effort.	<input type="checkbox"/> T <input type="checkbox"/> F
33. I would probably have trouble being punctual.	<input type="checkbox"/> T <input type="checkbox"/> F
34. My health condition keeps me from finding a good job.	<input type="checkbox"/> T <input type="checkbox"/> F
35. I get anxious at the thought of having to look for work.	<input type="checkbox"/> T <input type="checkbox"/> F
36. If I don't find work soon, I would be better off forgetting the idea.	<input type="checkbox"/> T <input type="checkbox"/> F
37. I feel uncomfortable admitting that I haven't got a job.	<input type="checkbox"/> T <input type="checkbox"/> F

I would leave my job due to:

1. Being looked upon badly.	T <input type="checkbox"/> F <input type="checkbox"/>
2. Lack of materials.	T <input type="checkbox"/> F <input type="checkbox"/>
3. An argument with a work mate.	T <input type="checkbox"/> F <input type="checkbox"/>
4. Being poorly paid.	T <input type="checkbox"/> F <input type="checkbox"/>
5. Having a boss I don't like.	T <input type="checkbox"/> F <input type="checkbox"/>
6. Being moved to another shift.	T <input type="checkbox"/> F <input type="checkbox"/>
7. Boredom.	T <input type="checkbox"/> F <input type="checkbox"/>
8. Feeling tired.	T <input type="checkbox"/> F <input type="checkbox"/>

THANK YOU FOR YOUR COOPERATION

CORRECTION OF THE QUESTIONNAIRE ON JOB MOTIVATION IN PEOPLE WITH CHRONIC MENTAL ILLNESSES

FACTORS

1. Job satisfaction

Maximum score: 9

Direct score	Percentage
0	0%
1	11,1%
2	22,2%
3	33,3%
4	44,4%
5	55,5%
6	66,6%
7	77,7%
8	88,8%
9	100%

2. Integration into the work environment

Maximum score: 6

Direct score	Percentage
0	0%
1	16,6%
2	33,3%
3	50%
4	66,6%
5	83,3%
6	100%

3. Social acceptance

Maximum score: 2

Direct score	Percentage
0	0%
1	50%
2	100%

4. Social functioning

Maximum score: 4

Direct score	Percentage
0	0%
1	25%
2	50%
3	75%
4	100%

5. Job skills

Maximum score: 5

Direct score	Percentage
0	0%
1	20%
2	40%
3	60%
4	80%
5	100%

6. Self-esteem

Maximum score: 2

Direct score	Percentage
0	0%
1	50%
2	100%

7. Perception of family support

Maximum score: 3

Direct score	Percentage
0	0%
1	33,3%
2	66,6%
3	100%

8. Job assertiveness

Maximum score: 6

Direct score	Percentage
0	0%
1	16,6%
2	33,3%
3	50%
4	66,6%
5	83,3%
6	100%

Direct score TOTAL SCORE	Percentage
0	0%
1	2,7%
2	5,4%
3	8,1%
4	10,8%
5	13,5%
6	16,2%
7	18,9%
8	21,6%
9	24,3%
10	27%
11	29,7%
12	32,4%
13	35,1%
14	37,8%
15	40,5%
16	43,2%
17	45,9%
18	48,6%
19	51,3%
20	54%
21	56,7%
22	59,4%
23	62,1%
24	64,8%
25	67,5%
26	70,2%
27	72,9%
28	75,6%
29	78,3%
30	81,1%
31	83,7%
32	86,4%
33	89,1%
34	91,8%
35	94,5%
36	97,2%
37	100%

ANSWER SHEET

T/F	ÍTEM
T	1
T	2
F	3
F	4
F	5
T	6
F	7
T	8
T	9
F	10
T	11
T	12
F	13
F	14
F	15
F	16
F	17
F	18
F	19
F	20
F	21
F	22
T	23
F	24
F	25
F	26
F	27
T	28
F	29
F	30
T	31
F	32
F	33
F	34
F	35
F	36
T	37

FACTORS OF THE QUESTIONNAIRE ON MOTIVATION

- Job satisfaction:
1, 6, 8, 9, 10, 14, 28, 29 and 30.
- Integration into the work environment:
2, 5, 16, 24, 25 and 27.
- Social acceptance:
3 and 26.
- Social functioning:
4, 18, 19 and 20.
- Job skills:
21, 32, 33, 35 and 36.
- Self-esteem:
7 and 34.
- Perception of family support:
11, 12 and 13.
- Job assertiveness:
15, 17, 22, 23, 31 and 37.

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APPENDIX 14

Form for recording job-search skills¹³²

First Name:		Surname(s):	
Date:	Age:	Sex:	

Score each item from 1 to 10

1. COMPONENTS	Max. 10 points per component
1. Degree of adjustment of vocational/job guidance	
2. Job search plan	
3. Use of community resources for job search	
4. Use of telephone for contact and information	
5. Filling in a job application	
6. Cover letter	
7. CV	
8. Job interview - job components	
9. Job interview - verbal score	
10. Job interview - non-verbal score	
	/100

REPORT:

¹³² Adapted from Sánchez, Ó. (2001). Registro de habilidades de búsqueda de empleo. *Rehabilitación laboral de personas con enfermedad mental crónica: programas básicos de intervención, Cuaderno Técnico de Servicios Sociales nº 17*. Reprinted with the permission of the author.

Answer YES or NO for each item, as appropriate:

2. JOB SEARCH PLAN	YES	NO
1. Knows the resources available for looking for work		
2. Regularly uses different job search methods		
3. Seeks information about new resources for job search and training		
4. Dedicates some time every week (more than 3 hours) to looking for work		
5. Keeps a record of where he/she looks for work		
6. Acquaintances know about and support the job search		
7. Is aware of his/her vocational category		
8. Knows and has mastery of the functions of his/her vocational category		
9. His/her job expectations are well matched		
10. His/her CV and standard cover letter are up to date		
3. USE OF COMMUNITY RESOURCES FOR JOB SEARCH	YES	NO
1. Is registered with the Public Employment Service		
2. Systematically updates his/her Public Employment Service card on the appropriate date		
3. Researches and uses services provided by the Public Employment Service and other community services		
4. Is aware of the employment-related publications and internet sites available on		
5. Regularly checks employment-related publications and internet sites		
6. Uses employment-related publications, internet employment sites and social and professional networks appropriately and effectively		
7. Knows about the basic functioning of Temporary Employment Agencies		
8. Knows how to get in touch with Temporary Employment Agencies		
9. Knows where and how to obtain information on vocational training courses		
10. Knows where and how to obtain company listings		
4. USE OF TELEPHONE FOR CONTACT AND INFORMATION	YES	NO
1. Chooses places to call that match his/her job interests		
2. Greets, thanks and finishes calls adequately		
3. Explains the purpose of the call		
4. Listens actively		
5. Waits for his/her turn to speak		
6. Notes down the important data		
7. Requests relevant clarification		
8. Speaks fluently. Modulates his/her tone		
9. Uses appropriate vocabulary and expresses emotions adequately		
10. Clarifies and concludes		

5. FILLING IN A JOB APPLICATION	YES	NO
1. Keeps the application hard copy neat and tidy		
2. Fills in all of the essential data required in the application		
3. Leaves the spaces that should not be filled or are not essential blank		
4. Uses the type of print required in the application and writes clearly		
5. Fills in the main personal, curricular and work experience details		
6. Fills in his/her National ID number (knows it by heart)		
7. Fills in his/her Social Security number, degree of disability, etc.		
3. Provides true data		
9. Fills in the date and signs adequately		
10. Attaches the documentation required in the application		
6. COVER LETTER	YES	NO
1. Is typed on a computer		
2. Uses the appropriate amount of space: no more than half a page		
3. Includes date and signature		
4. Addresses the relevant person or organisation		
5. Uses adequate and appropriate terminology		
6. Provides relevant personal contact details		
7. Points out the post for which he/she is offering his/her services		
8. Thanks the addressee		
9. Attaches his/her CV		
10. Has written the letter without help		
7. CV	YES	NO
1 Is typed on a computer		
2. Uses an envelope (suited to the size of the paper)		
3. Uses adequate and appropriate terminology		
4. Provides relevant personal contact details		
5. Basically divides it into: personal, educational and work experience information		
6. Includes all of the important dates and details in each section		
7. Is organised in accordance with the aim of the job search		
8. The details provided are true		
9. Is accompanied by a cover letter		
10. Has written the CV without help		

8. JOB INTERVIEW - JOB COMPONENTS	YES	NO
1. Identifies him/herself as a worker		
2. Shows interest, commitment and responsibility consistent with the job		
3. Has clear career goals about the job		
4. Makes positive remarks about teamwork		
5. Makes positive remarks about previous work experience		
6. Makes positive remarks about hobbies, interests and goals		
7. Underlines his/her education/training for the post		
8. Establishes limits adequately and appropriately		
9. Knows, directs and explains his/her educational and work-related background consistent with the CV		
10. Positively justifies time spent out of employment		
9. JOB INTERVIEW - VERBAL INTERACTION	YES	NO
1. Listens actively and waits for his/her turn to speak		
2. Waits an appropriate amount of time before answering		
3. Uses an appropriate tone of voice		
4. Speaks fluently		
5. Uses appropriate vocabulary		
6. Answers are coherent with the subjects addressed		
7. Expresses emotions adequately		
8. Clarifies and concludes		
9. Asks appropriate questions directed at the interviewer		
10. Thanks		
10. JOB INTERVIEW - NON-VERBAL INTERACTION	YES	NO
1. Greet		
2. Good personal appearance: clothes, hair, etc.)		
3. Sits appropriately		
4. Behavioural habits appropriate to the situation (does not smoke, does not bite his/her nails...)		
5. Adopts postures that demonstrate interest during the interview		
6. Maintains adequate patterns of visual interaction		
7. Uses appropriate gestures		
8. Keeps an adequate physical distance with the interviewer		
9. Says goodbye appropriately		
10. His/her overall image is appropriate for the situation		

APPENDIX 15

Job-matching template

Mark the degree of the match between a job offer and the individual's preferences, according to the degree to which they coincide.

Name:

Date:/...../.....

Remarks related to the individual		Remarks related to the job		Match between job offer and skills and preferences ¹³³
Preferences		Preferences		
Vocational ¹³⁴		Vocational		
Type of job		Type of job		
<input type="checkbox"/> Solitary		<input type="checkbox"/> Solitary		
<input type="checkbox"/> Team.		<input type="checkbox"/> Team.		
<input type="checkbox"/> Outdoor.		<input type="checkbox"/> Outdoor.		
<input type="checkbox"/> Closed spaces.		<input type="checkbox"/> Closed spaces.		
<input type="checkbox"/> Independent.		<input type="checkbox"/> Independent.		
<input type="checkbox"/> Supervised.		<input type="checkbox"/> Supervised.		
Competences		Competences		
Specific technical:		Specific technical:		
1.		1.		
2.		2.		
Cross-cutting:		Cross-cutting:		
1.		1.		
2.		2.		
3.		3.		
Prior work experience (Yes/No-Years)		Prior work experience (Yes/No-Years)		
In general:		In general:		
Specific to post:		Specific to post:		
Social skills acquired		Social skills acquired		
1.		1.		
2.		2.		
Working conditions requested		Working conditions requested		
Timetable:		Timetable:		
Salary:		Salary:		
Travel:		Travel:		
Type of working day:		Type of working day:		

Details of the offer:

Post: Company: Means of publication:

It is recommended to present the job offer:

Form completed by:

¹³³ Matches: High-Medium-Low

¹³⁴ By sectors: 1. Arts/music. 2. Mechanics/technical. 3. Socio-relational. 4. Scientific. 5. Educational. 6. Sport/fitness; 7. Linguistic/literary. 8. Administration

APPENDIX 16

Pathway design template

Date:

PERSONAL DETAILS

First Name:	Surname(s)	
DNI/NIE:	Nationality:	Date of birth: / /
Postal address:		
Town and post code:	E-mail:	

Assessments conducted:

- ☐ Assessment interview Date:
☐ Other assessments: Date:
 Date:

Work plan agreed (summary):

Other people who have taken part in the design of the plan:

Name Relationship with the individual:
 Name Relationship with the
 individual: Name/specialist team Agency:
 Name/specialist team..... Agency:

Areas of intervention	Goal	Pathway activities	Outcome indicators	Start-End (expected duration)	Supports (type, frequency, intensity and duration; provided by)

Remarks:

Next pathway review:/...../.....



APPENDIX 17

Some predictors of success in the job placement process¹³⁵

1. Based on the individual and his/her competences:

- Previous work experience.
 - Training.
 - Adaptability to the task.
 - Timetable flexibility.
 - Empowerment.
 - Coping with the difficulties resulting from the disability.
 - Having successfully gone through the process of vocational rehabilitation.
- } • Job skills.
 • Technical competences

2. Based on his/her attitude:

- Motivation, expectations, willpower, self-concept.
- Having undergone retraining to fit job market opportunities.

3. Based on support:

- Professional support and tied into the mental health network.
- Support of the family or other social environment.
- Placement follow-along (flexible and individualised).

4. Based on the macro context:

- Change in the negative social image of mental illness: prejudice/stereotyping.
- Promoting recruitment through a variety of prospecting strategies.

5. Based on companies:

- Social awareness.
- Tax incentives and deductions for recruiting staff.
- Previous successful experiences at own or other companies.
- Placement follow-along.
- Corporate Social Responsibility.
- Social Marketing.

6. Based on the individual's illness:

- Stability.
- Awareness of the condition and its symptoms.
- Disability certificate.
- Psychiatric and pharmacological treatment.
- Coping with the difficulties resulting from the disability itself.

¹³⁵ These predictors are derived from the qualitative analysis of a *Delphi* study conducted among the experts involved in preparing this Guide.

APPENDIX 18

Pathway follow-up template (reassessments)¹³⁶

First Name:		Surname(s):	
Summary of the assessment of the client:			
Follow-up date	/ /	/ /	/ /
Changes to the employment CV:			
Changes to the education CV:			
Present socio-economic situation:			
Motivation to work:			
Expectations:			
New technical competences:			
New cross-cutting competences:			
Change in support management:			
Basic competences:			
Social environment:			
Days worked in the last 4 months:			
Scales used/ tests conducted ¹³⁷ :			
1.	Score:		
2.	Score:		
Other outcome indicators			
1.			
2.	Score		
See comments dated:/..../..../..../..../..../....
Assessment conducted by:			

Remarks:

.....

.....

.....

.....

¹³⁶ It is recommended to append this form to the pathway design.

¹³⁷ Name of scale used.

Example of variables to be assessed¹³⁸:

Employment background

- Responsibilities
- Functions and tasks
- Years of experience
- Kind of company
- Informal work experience
- Qualifications
- Working conditions
- Reasons for losing or changing job

Education

- Basic education
- Supplementary and in-service training
- Professional qualifications

Social environment

- Relationship with social network
- Resources available

Competences

- Coping practices
- Availability to work
- Career plan
- Development of professional image
- Job search methods
- Willingness to accept change
- Expectations and needs regarding placement
- Perceived reasons for unemployment
- Mobility

Mental health condition

- Cognitive functioning
- Symptoms
- Medication and secondary effects
- Dual diagnosis: presence of concomitant conditions

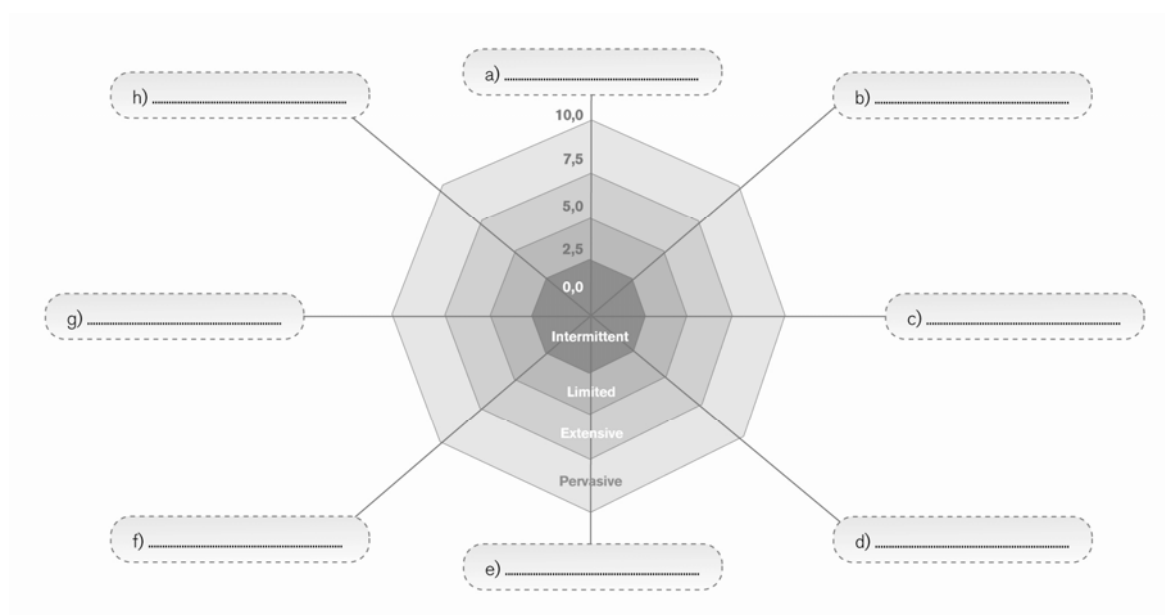
¹³⁸ Matches those explored in the initial assessment

APPENDIX 19

Sample support plan adapted to the work context¹³⁹

Form 1: Blank form

Complete the blank spaces on the axes of the graph writing in the areas in which the person needs support (add other axes as necessary). Grade the intensity of support from 0 to 10 (Support score) in each case (0 equalling no support and 10 maximum intensity of support). Then join up the dots marking the intensity on every axis to obtain the diagram of the individual's support plan.



Scope of support	Description of support (intensity, frequency, duration, provider, etc.)	Date (start-finish)	Support score
a)			

¹³⁹ Adapted from Clarke, S., Sanderson, H., & Bamber, C. (2006). *Life and support Plan, A guide for Individual Budget Pilot Sites*. U.K.: Individual Budgets Pilot Programme. Care Services Improvement Partnership. Department of Health, Office of the Deputy Prime Minister, Office for Disability Issues and the Department for Work and Pensions.

Scope of support	Description of support (intensity, frequency, duration, provider, etc.)	Date (start-finish)	Support score
b)			
c)			
d)			
e)			
f)			
g)			
h)			

Date:

Prepared by:

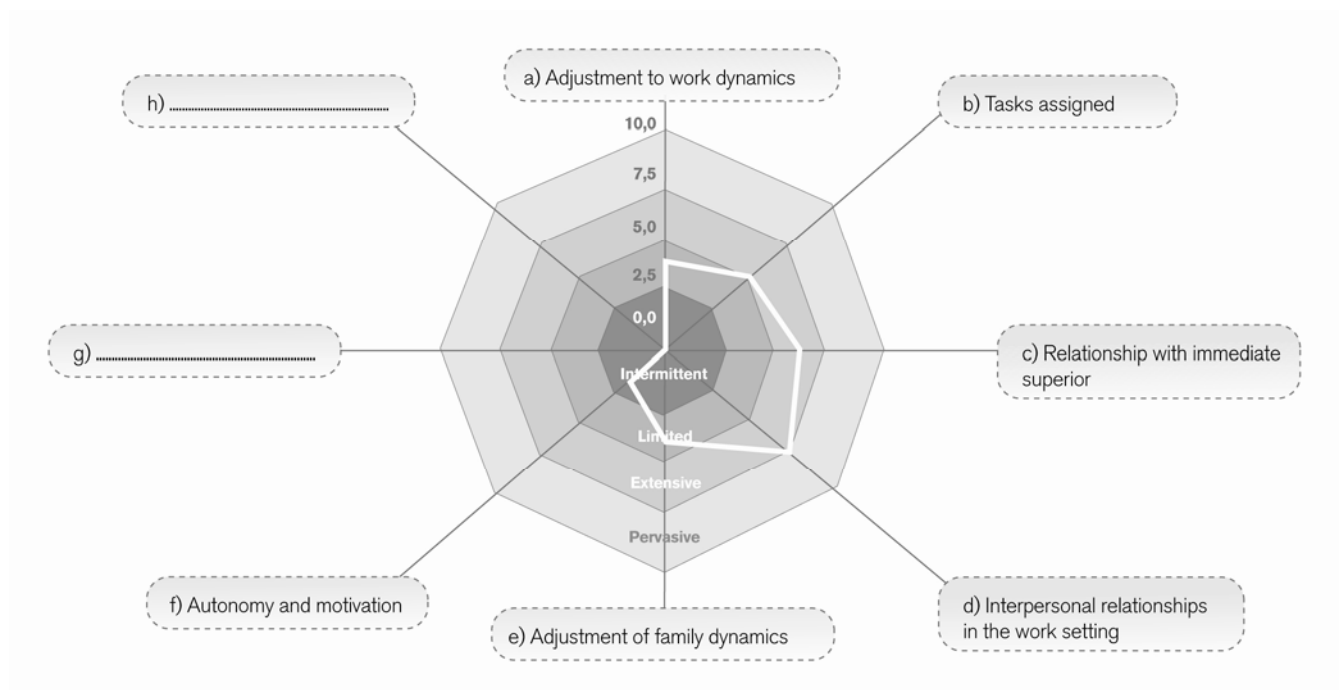
Types of support (depending on the combination of frequency, intensity, duration and scope):

- Intermittent: support is provided sporadically and episodically, when needed, and is infrequent. It is more or less intense, depending on the setting, preferably outside the working environment.
- Limited: support is provided periodically, consistently and over limited periods; it is variable in intensity and provided in some of the settings, preferably outside the working environment.
- Extensive: support is consistent and time-unlimited; its frequency ranges from medium to high, and is fairly intense; it is provided in more than one environment, including work.
- Pervasive: support is continuous and stable; with great frequency and intensity; it is provided in most settings, especially in the working environment.

Form 2: Completed sample of a Support plan adapted to the work context¹⁴⁰

Sample case

Complete the blank spaces in the axes of the graph writing in the areas in which the person needs support (add other axes as necessary). Grade on a scale from 0 to 10 the degree of support (support level) in each case (0 equalling no support and 10 maximum intensity of support). Then join up the dots marking the intensity on every axis to obtain the diagram of the individual's support plan.



¹⁴⁰ Adapted from Clarke, S., Sanderson, H., & Bamber, C. (2006). *Life and support Plan, A guide for Individual Budget Pilot Sites*. U.K.: Individual Budgets Pilot Programme. Care Services Improvement Partnership. Department of Health, Office of the Deputy Prime Minister, Office for Disability Issues and the Department for Work and Pensions.

Scope of support	Description of support (intensity, frequency, duration, provider, etc.).	Date (start-finish)	Support score
a) Adaptation to the dynamics of the work situation (time management.)	Laura has not worked for a long time. Therefore, support is recommended for adapting to the new timetables that the job requires and the way this affects how she organises her time. She will need limited support (4) during the adjustment period to cope with the changes that work involves in organising her time so that this does not become a "problem" for her to continue working.	From the start of the job and until she adapts to the schedule (2 months approximately).	4,0
b) Tasks assigned	Laura is familiar with the tasks assigned to her as a result of previous experience in similar posts. However, she finds certain tasks that entail greater responsibility more interesting than others. Help Laura to cope with those tasks that are of little interest, encourage creativity and cope with the "routine tasks" of the job. Extensive support (5) consists of working on the target tasks, fostering her creativity and transforming them into her own areas of responsibility which have a value for her and for the organisation.	From the moment she starts the job and without a time limit (reassess after the first 6 months)	5,0
c) Relationship with immediate superior	Bearing in mind the previous difficulties for job retention, extensive support is recommended (6) as regards the relationship with the shop manager. This support will be linked mainly to everyday contact, the tasks allotted and resolving situations of conflict that arise because of tasks that Laura does not like or have negative connotations within the work environment (for example, tasks for "the new employees", etc.). Help to establish a "transparent" relationship, without double meanings that cause mutual distrust.	From the moment she starts the job and without a time limit (reassess after the first 6 months)	6,0

Scope of support	Description of support (intensity, frequency, duration, provider, etc.).	Date (start-finish)	Support score
d) Interpersonal relationships in the work environment	Laura will need a certain amount of time to become familiar with the work environment, the predominant atmosphere in social relationships, power relations, etc. Because of her character and previous history of interpersonal conflicts in the workplace, extensive support (7.5) is advisable, on a regular basis outside the workplace and supplemented with follow-up in the company. This support is geared towards understanding interpersonal relationships that arise and thinking before acting to avoid undesirable consequences that make it difficult to remain in the post.	From the moment she starts the job and without a time limit (reassess after the first 6 months)	7,5
e) Adapting the dynamics of family life	Laura's unemployment resulted in a series of domestic and family activities that will have to be reorganised. In this regard, Laura will need limited support (4) to organise re-allotting tasks to do with her household situation and managing situations as a result of her change of role. Take into account the gender roles in the household environment and the effect that a double or triple workload might have on Laura as she takes on multiple tasks and responsibilities, and the effect on the tiredness that she manifests.	From the start of the job and until she adapts to the schedule (3 months approximately).	4,0
f) Autonomy and motivation	Laura is a very autonomous person. However, she will require intermittent support (2) at certain levels of autonomy and in mastering certain responsibilities that may create a stress overload in her. Nevertheless, these responsibilities encourage motivation and interest in the post, and therefore, it is worth working on them.	From the start of the job and depending on need.	2,0
g)			
h)			

Observations: The axes Autonomy and motivation, and Tasks assigned could generate another working approach regarding the routine aspects of the post. Assess whether to propose another specific work axis on this subject in order to work on it directly.

Date: March 2011

Prepared by: C.F.

Kinds of support (depending on the combination of frequency, intensity, duration and scope):

- Intermittent: support is provided sporadically and episodically, when needed, and is infrequent. It is more or less intense, depending on the setting, preferably outside the working environment.
- Limited: support is provided periodically, consistently and over limited periods; it is variable in intensity and provided in some of the settings, preferably outside the working environment.
- Extensive: support is consistent and time-unlimited; its frequency ranges from medium to high, and is fairly intense; it is provided in more than one environment, including work.
- Pervasive: support is continuous and stable; with great frequency and intensity; it is provided in most settings, especially in the working environment.

APPENDIX 20

Suggestion Form template

Suggestion Form

WE WOULD APPRECIATE ANY SUGGESTIONS YOU MIGHT HAVE TO HELP US IMPROVE THE QUALITY OF OUR SERVICES.

Date:

The best thing about the service is:

.....

.....

.....

.....

.....

What can we improve?

.....

.....

.....

.....

.....

Your opinion is important to us. Thank you for helping improve our service.

**Please use the other side of this sheet if required.*

The Quality Assurance Department

APPENDIX 21

Guideline summary for closure of the active participation phase in the job placement process¹⁴¹

Final evaluation of the work plan

- How did the job placement process progress?
- What objectives were achieved and to what degree?
- What requirements and expectations were fulfilled?
- What is the satisfaction level of the client assisted?

Planning of post-placement follow-up and support actions

- Main actions performed
- Main strategies proposed
- Compliance indicators:
 - Natural support
 - Intensity and kind of support:
 - Support in the workplace.
 - Group support dynamics.

Evaluation of the outcome of placement

- Satisfaction of the client provided with the support
- Satisfaction of the employer
- Satisfaction of other key agents in the process
- Forecast regarding job adjustment and retention
- Terms of final placement (type of contract, short/long term...).

¹⁴¹ Adapted from Rubio, F., Palacín, I., Colomer, M., & Cruells, E. (2008). *Class Tutorials: Guia per a l'acompanyament i el suport tutorial*. Generalitat de Catalunya: Departament de Treball.

APPENDIX 22

Guideline summary of data to be assessed regarding factors affecting structural and short term employment^{142,143}

Structural factors

- Employment and unemployment rates
- Indicators of the short-term economic and employment situation
- Emerging sectors & new employment niches
- Kind of unemployment
- Structure of the local job market
- The usual channels of employer/jobseeker interface

Short-term situation by sector

- Working conditions
- The impact of new technologies
- Dynamics of the sector
- Technical competences in demand
- Awareness with regard to discrimination

Economic and social policies

- Changes in legislation regulating the labour market
- Active and passive employment policies
- Policies specific to certain groups
- Policies on vocational education and training

Economic and social infrastructure

- Community support networks and local welfare facilities
- Social facilities
- Local mechanisms for training, career guidance and placement
- Welfare benefits

Factors in social discrimination

- Age
- Gender
- Generally-accepted beliefs concerning minority groups
- Stigma
- Legal situation
- Family ties and responsibilities

¹⁴² Adapted from Rubio, F., Palacín, I., Colomer, M., & Cruells, E. (2008). *Class Tutorials: Guia per a l'acompanyament i el suport tutorial*. Generalitat de Catalunya: Departament de Treball.

¹⁴³ These data should be reviewed annually at agency and local level.

APPENDIX 23

Example of a job proposal¹⁴⁴

Sílvia Martínez
c/ Fontanares, 23
46014 València

ADVANTAGE TO THE COMPANY:

A company such as M&B, with various sales people in its offices and a growing client portfolio, needs the people with a commercial attitude to be concentrating on their work and maximising their productivity to satisfy the clients' needs.

However, certain administrative tasks may hinder the sales activity and slow up the response given to clients (preparing paperwork, making photocopies, phone calls for updating information, etc.). These tasks are time-consuming and make sales teams less effective.

It is worthwhile considering the possibility of having an administrative assistant in the company to carry out these functions. A full-time assistant could perform all these tasks for all of the sales department employees, making the service given to clients more effective.

SKILLS:

My name is Sílvia Martínez and I worked for 3 years in an office as a receptionist and 2 years as an administrative assistant for the Post Office. I have good computer skills and some basic knowledge of English. As a receptionist I have learned how to handle clients and to do jobs such as preparing documents in different formats, making photocopies and handling matters by phone. At the Post Office, my experience helped me to improve the way my colleagues organised their work, to solve problems and consequently to make our work more productive.

I am hard-working and honest and I like to do my job to perfection. I think I might be the ideal person to fulfil the functions of administrative assistant in your company and in this way help to expedite the work of the sales department. If the opportunity permits, I would like to be able to talk to you personally and thus explain a little more about my experience and skills.

Please do not hesitate to get in touch with me to follow up on this proposal by e-mail at silviamartinez@email.es or by telephone on 605336xxx.

Yours faithfully,
Sílvia Martínez

¹⁴⁴ Adapted from Randall, C., & Buys, N. (2006). Entrepreneurial job development: A case study with a person with schizophrenia. *Journal of vocational rehabilitation*, 24, 11-22; & Bissonnette, D. (1994). *Beyond traditional job development: the art of creating opportunity*: Mill Wright & Associates.

APPENDIX 24

Sample record card for a collaborating company

Company code: COMPANY:

Referred from¹⁴⁵ Sector:

Main products and/or services:

Number of employees:

Belongs to a business association:

Activity:

Name and position of contact person (HR):

Telephone: FAX:

.....

E-mail:

Postal address:

Reasons for interest and observations from the company:.....

.....
.....

Main areas where the company has needs:

Growth/business prospects:

.....
.....

Interests:.....

.....

Needs:.....

.....

Opportunities:.....

.....

¹⁴⁵ Prospecting, business association, etc.

Agreement: ☐ NO

☐ YES Signed (date): /...../.....

Name and position of signee:.....
.....

Name of employment service job developer assigned to the company:

Contact history with the collaborating company

DATE	ACTION (Visits, requests made to employment service, opening and closing of job offers stating placement outcomes, satisfaction, etc.)	REMARKS

APPENDIX 25

Form for recording job openings

Analysis by: Job offer code:

Agency procedures

Source of request:

- Referred from:
 - ☐ Agency (own prospection)
 - ☐ Incorpora Group Coordinator
 - ☐ Agency after hearing abt. Incorpora
 - ☐ Other (specify)
- Date of 1st request:

Company:

Name:

Contact person:Position in company:

Preferred method of contact:

- ☐ Tel.:
- ☐ Fax:
- ☐ E-mail:

Agency:

- Name:.....
- Date:
- Name of specialist:
- Closure date:

Coordinate with other agencies

(Information shared between referring specialist and other agencies)

- Share with all Incorpora agencies YES NO
- Share with the following agencies:
.....
- Send candidates' CVs to specialist by e-mail ☐ YES ☐ NO
- Others:

Profile requested
<p>Conditions:</p> <ul style="list-style-type: none"> • Job designation: • Functions and tasks in detail: • Location/municipality of post: • Timetable/shift: • Type of contract and duration: • Pay: • Starting date:
Requirements and preferences
<ul style="list-style-type: none"> • Disability Certificate YES <input type="checkbox"/> NO <input type="checkbox"/> • Education/Training: • Experience: • Languages: • Access for disabled/adaptability: <ul style="list-style-type: none"> <input type="checkbox"/> No barriers to access building. <input type="checkbox"/> No barriers inside building . <input type="checkbox"/> Has facilities for the disabled. <input type="checkbox"/> Not accessible. <input type="checkbox"/> Others (specify): • Skills - personal, technical and social:
<p>Results expected from the placement.</p> <p>.....</p> <p>.....</p>
Response

- Number of candidates proposed (CVs presented)

No candidates presented

- ☐ Profile not found for lack of training .
- ☐ Profile not found for lack of experience .
- ☐ Not in agreement with the conditions.
- ☐ None due to accessibility problems.
- ☐ Other (specify, comment):.....

The company will fill the opening by other means

Others:

Placement

- Disability group:
- Male/Female:
- Type of contract:
- Period of contract
 - ☐ 6-12 m
 - ☐ > 12 m
 - ☐ Permanent
- Agency that referred the worker:

.....

.....

.....

Post-placement follow-along

- Job developer assigned to employer:
- Tutor assigned to employee:
- Other supports:
- Frequency of contacts scheduled:
- Remarks:

Trial period not passed

- ☐ For lack of training.
- ☐ For lack of experience.
- ☐ For lack of routines.
- ☐ Others (specify, comment):

APPENDIX 26

Form for recording follow-up of job openings

Job offer code: Name of company:

Date CV sent	Name and Surname of client	Job developer /agency	Telephone/e-mail of job developer	*Outcomes	Remarks:

- * Outcomes:
- 1. Does not fulfil requirements for lack of training
 - 2. Does not fulfil requirements for lack of experience
 - 3. No placement - disagreement on conditions
 - 4. No placement - accessibility problems
 - 5. No placement for other reasons (specify under REMARKS)
 - 6. Included in selection process
 - 7. Not selected (specify reasons given by employer under REMARKS)
 - 8. Hired (specify type of contract, duration and starting date under REMARKS)

Outcome of closing job offer

Filled by programme/service clients ☐YES ☐NO

Filled by other means

YES State which?

Not filled. Reasons:

Closing date of job offer:



APPENDIX 27

Sample questionnaire on satisfaction of management of job offers and placement in the company

The aim of the programme/service is the job placement of individuals with special difficulties. Achieving this requires the joint effort of employers and agencies to ensure the satisfaction of all parties involved.

Improving the management of job offers and placement requires the assessment of the aspects involved. We would therefore be grateful if you could help us by completing the questionnaire below.

Select the most suitable reply to the following questions:

Rate how the job offer was handled:

	Good	Adequate	Poor	Nonexistent
Were you given the necessary information about the service?				
Are you satisfied with the attention provided by the				
Do you think the service was quick enough?				
Do you think the service provided is useful?				
Do you think the service provided is of high quality?				
Would you use the service again and/or would you recommend it?				

If a placement was made, rate the support provided to your company by the service:

	Good	Adequate	Poor	Nonexistent
Did the support help to integrate the person into the job?				
Did the support interfere in the usual work routine in the company?				
Was the support provided by the service timely?				
Is support given often enough?				
Have you received any useful information from the employment specialist conducting the follow-up?				

- What aspects of the service would you improve?.....

Thank you for helping improve our service.

APPENDIX 28

Strategies for coping with work-related cognitive difficulties¹⁴⁶

Examples of strategies for coping with attention-related difficulties:

1. Encouragement: develop a 'words of encouragement' list for the client to read at the end of a bad work day in order to bolster his/her motivation and self-esteem.
2. Positive reinforcement for good performance (propose awards and other motivational measurements proposed to employers...).
3. Match the time of day of job to the client's best time of day.
4. Verbal repetition of instructions.
5. Point out how someone's work performance has improved over time. This is particularly effective with individuals who suffer from low self-esteem and self-confidence.
6. Draw up a checklist of tasks and teach the individual to check whether they have been completed. The checklist can also be drawn up by the supervisor.
7. Note down frequently-used information and keep it on hand.
8. Adapt the workplace to minimize distractions.
9. Arrange more but shorter breaks so that the employee is focused when needed.
10. Find examples of moments when attention wanders and look for factors common to these to prevent these situations.

Examples of strategies for coping with difficulties related to psychomotor speed:

1. Help the individual to develop a routine on the job. Teamwork may help pick up the work pace.
2. Help the client find better strategies to do the job faster, paying attention to procedures and methods for organising tasks.
3. Demonstrate (model) the skill required and ask the individual to copy it.
4. Tell the person how fast he/she needs to work in order to get the job done on time.
5. Do the work with the individual (at the workplace) and then give feedback when the person performs it alone.
6. Practice and repeat each task to increase speed (outside working hours, too), timing how long it takes to perform it.
7. Break tasks down into smaller steps and model them one by one.
8. Also determine which ones need to be done every day.

¹⁴⁶ Adapted from McGurk, S. R. & Mueser, K. T. (2006). Strategies for coping with cognitive impairments of clients in supported employment. *Psychiatr Serv*, 57(10), 1421-1429.

9. Consider using tools that speed up work and save time.
10. Use videos or illustrations to see other ways of performing a task.
11. Use a task list with performance times and check against the clock.

Examples of strategies for coping with memory-related difficulties:

1. Encourage the client to ask questions when given instructions about a task.
2. Everybody has questions when they learn something new.
3. Prompt the individual to use certain ploys to remember information: noting them down, going over them at home, having them in writing when performing the task...
4. Model how the job is done, working next to the individual. Learn the job to give better feedback when the client does it. Learn by using mnemonic devices.
5. Divide complex tasks into smaller steps.
6. Encourage practicing and repeating the tasks (both at the workplace and outside).
7. Write down the instructions for performing the tasks and encourage the individual to take his/her own notes when learning a task.
8. Make a checklist of the tasks that need doing each day.
9. Help the individual to use reminders (tapes, colours, adhesive notes, etc.).
10. Carry out certain tasks at times of the day when memory is better.
11. Use a recorder to tape instructions.

Examples of strategies for coping with problem-solving difficulties:

12. Problem solve with the client: encourage the individual to think through problems out loud and see where they get stuck in order to be able to help.
13. Encourage the client to call the employment specialist when a problem arises that he/she cannot solve.
14. Prompt the client to discuss the problem with the supervisor (depending on the kind of problem).
15. Help the client develop a routine to stay organized and thus prevent problems.
16. Try to anticipate problems and develop strategies to deal with them.
17. Encourage the individual to solve problems step by step.
18. Solve new problems by means of strategies that the client has already used to solve other problems.
19. Use role play to develop strategies for dealing with certain situations.
20. Develop out simple rules for solving problems and finding simple responses to abstract problems.
21. Use brainstorming to conceptualise obstacles and suggest solutions.

In general, and as long as the client consents to conducting job development with the company, workplace accommodations can be suggested to allow tasks, procedures and environments to be adapted as needed, providing they do not hinder the company's objectives.

APPENDIX 29

Form for placement follow-up with the employer

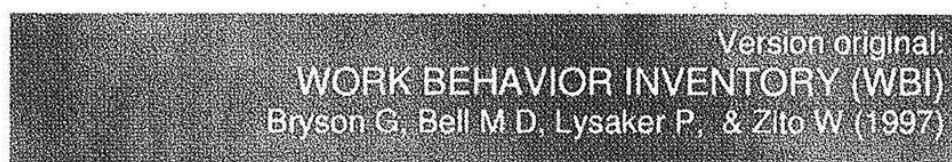
Company code: Address (job location):
Contact person (HR): E-mail/Tel.:
Result of the satisfaction questionnaire (management of job offers):
Agreements planned:
.....

Client placement follow-up							Remarks and incidents	
Name of worker	Type of contract:	Starting date	Name of company tutor	Name of employment specialist	Brief description of supports	Company satisfaction	Date	Description



APPENDIX 30

Work behaviour inventory¹⁴⁷



Fundación Andaluza para la
Integración Social del Enfermo Mental

Evaluación de los Programas de
Integración Laboral para Personas con
Trastorno Mental Severo en Andalucía
(Exp. PI021264)

Description and Aims

¹⁴⁷ López, M., García-Cubillana, P., González, S., Fernández, L., Fernández, M., & Laviana, M. (2007) Adaptation and fidelity of the Spanish version of the Work Behavior Inventory in individuals with severe mental health conditions. *Psychosocial rehabilitation*, 4:1-10. Reprinted with the permission of the editors.

The Work Behavior Inventory has been adapted to Spanish from the *Work Behavior Inventory (WBI)*, a short scale that rates work functioning and has been specifically designed for use with individuals who suffer severe mental health condition in employment integration projects.

It consists of 5 areas, each comprising 7 items, plus a global item reflecting the overall assessment.

Instructions

To complete the scale, an evaluator must interview the person responsible for the client being assessed (monitors in occupational workshops, supervisors in social enterprises and monitors in vocational occupational training). Scores are to be awarded in accordance with the instructions provided below.

The questions asked of the informant should refer to a period no longer than the two weeks prior to the interview.

Each item must be scored from one to five:

- 5 = area of superior performance in the majority of cases.
- 4 = area of superior performance in some cases.
- 3 = adequate performance in this area.
- 2 = area for improvement in some cases.
- 1 = area for improvement in the majority of cases.

In general, conduct should be considered “superior performance” when the behaviour observed is extremely valuable in competitive employment; “needs to improve” if it reflects a minimum behaviour required in competitive employment and “adequate performance” when the behaviour could not be considered either valuable or minimum in competitive employment.

It is particularly important that the assessment carried out with the WBI are conducted bearing in mind at all times the performance level expected in an ordinary work context.

The interview with the supervisor should include the following general questions:

- “How well does (the participant) do his/her work?”
- “What are his/her strengths and weaknesses as a worker?”

When necessary, more specific questions should be asked with the aim of scoring each item on the scale accurately.

Furthermore, with time the supervisors may tend to answer simply “No change” regarding certain participants. In such cases it is useful to ask questions such as:

- “Has the participant shown any improvement lately?” “Are there any areas where his/her work behaviour could improve?”

Basic scoring principles

- Remember that the levels of response on the scale refer to the frequency with which difficult or noteworthy behaviours occur and not to the severity or the intensity thereof.
- If two levels of response can be selected in an item, the lower must be chosen.
- It needs to be borne in mind that some items, by their very definition, limit the range of responses that can be selected. For example, a participant that shows a severely blunted affect could never score above 3 in item E1: “doesn’t become nervous or aggressive.” In this case, it is true that the person does not become nervous or aggressive, but the reason for this behaviour is that in fact he/she lacks emotional reactivity. His/her behaviour cannot be rated as an area worthy of note.
- When an item does not seem to be applicable or we have not gathered sufficient information to be able to score it, a score of 3 must be given.
- A score of 5 must be reserved only for work behaviour that stands out as superior in the context of competitive work.

Name of user:		Code:
Service:		Code:
Name of informant:		Code:
Name of Interviewer:		Code:
Date of interview:		

Scale A: Social skills						
A1	Does not seem too distant or withdrawn	1 ¹⁴⁸	2	3	4	5 ¹⁴⁹
A2	Seems at ease when others approach	1	2	3	4	5
A3	Likes to socialise whenever he/she can	1	2	3	4	5
A4	Seems interested in others	1	2	3	4	5
A5	Expresses positive feelings in an appropriate manner	1	2	3	4	5
A6	Has a positive relationship with work mates	1	2	3	4	5
A7	Expresses negative feelings in an appropriate manner	1	2	3	4	5

Scale B: Cooperation						
B1	Works comfortably in the presence of others	1	2	3	4	5
B2	Accepts constructive criticism without showing anger	1	2	3	4	5
B3	Listens closely to instructions	1	2	3	4	5
B4	Follows the instructions received without resistance	1	2	3	4	5
B5	Listens to instructions without interrupting	1	2	3	4	5

¹⁴⁸ Area for improvement in the majority of cases

¹⁴⁹ Area of superior performance in the majority of cases

B6	Cooperates with workmates	1	2	3	4	5
B7	Asks when he/she doesn't understand something	1	2	3	4	5

Scale C: Work Habits						
C1	Arrives at work on time	1	2	3	4	5
C2	Starts tasks promptly	1	2	3	4	5
C3	Follows the rules laid down for the job	1	2	3	4	5
C4	Only takes the official rest breaks	1	2	3	4	5
C5	Carries out his/her individual tasks in the time given	1	2	3	4	5
C6	Keeps up the pace of work once he/she gets going	1	2	3	4	5
C7	Shows initiative at work whenever possible	1	2	3	4	5

Scale D: Quality of Work						
D1	Carries out work accurately	1	2	3	4	5
D2	Carries out work effectively	1	2	3	4	5
D3	The quality of products is satisfactory	1	2	3	4	5
D4	Searches out and identifies his/her own mistakes	1	2	3	4	5
D5	Does not need frequent encouragement	1	2	3	4	5
D6	Corrects his/her own mistakes	1	2	3	4	5
D7	Learns to do tasks in the time set	1	2	3	4	5

Scale E: Personal Presentation						
E1	Does not become nervous or aggressive	1	2	3	4	5
E2	Does not seem to tire easily	1	2	3	4	5
E3	Avoids jokes or unsuitable humorous remarks	1	2	3	4	5
E4	His/her personal hygiene is satisfactory	1	2	3	4	5
E5	Comes to work suitably dressed	1	2	3	4	5
E6	Avoids making irrelevant comments	1	2	3	4	5
E7	Pays attention to the work	1	2	3	4	5

Scale F: Global assessment of work behaviour						
F1	Overall score	1	2	3	4	5

APPENDIX 31

Sample template for an action plan in case of crisis or decompensation¹⁵⁰

Name of employee:

Position:

Contact person at employment service:

Contact person at the company:

Contact person at mental health centre:

Date plan was prepared:

1) Describe yourself when you are feeling well.

.....
.....
.....

2) What things help you to feel well at work?

.....
.....
.....

3) What things make you feel bad (uncomfortable, anxious, irritable...), at work or outside?

.....
.....
.....
.....

4) What do you want people to do (boss, workmates...) when something happens that make you feel bad, at work or outside?

.....
.....
.....

¹⁵⁰ Adapted from SAMHSA & Boston University. (2003). Managing Crisis Training Guide. In C. Gagne, C. Gayler, D. Wilbur, C. o. L. d. o. H. a. Hospitals, P. project, A. D. Kenyon & M. Farkas (Eds.) . Louisiana Department of Health. Office of Mental Health.

5) Describe how you feel when you feel the first symptoms of decompensation that you can recognise.

.....
.....
.....
.....

6) What are the symptoms that tell you that you need special help quickly?

.....
.....
.....
.....
.....

7) List the people and contacts who might be able to help you when you need help:

Name: Relationship:.....

Contact:

Name: Relationship:.....

Contact:

8) What do you find helpful when you are in crisis?

.....
.....
.....
.....
.....

9) What do you find harmful when you are in crisis?

.....
.....
.....
.....
.....

10) Describe, step by step, the crisis procedures to be followed:

1.
2.
3.
4.
5.
6.
7.

11) What would you prefer each person to do when you are in crisis?

(Name of contact person at the company: primary person and/or tutor)

.....

.....

.....

.....

.....

(Name of contact person at the employment service)

.....

.....

.....

.....

.....

12) Are there any people you would prefer not to be contacted when you are in crisis?

.....

.....

.....

.....

.....

.....

13) Any other important information to be considered (contacts, allergies, medication, dose...)?

.....

.....

.....

.....

.....

14) How would you like your return to work to be after a period of absence?

.....

.....

.....

.....

.....

15) What can your workmates and boss do to help you when you return to work?

.....

.....

.....

.....

.....

APPENDIX 32

Sample agreement between the company and worker for situations of decompensation¹⁵¹

Name of worker:
Position:
Contact person at employment service:.....
Contact person at the company:.....
Date agreement drawn up:

1) What signs might warn workmates, supervisors, boss about a possible decompensation?

.....
.....

2) What should they do if the first signs are noticed?

.....
.....

3) Notify the person of the onset of signs or possible decompensation by means of the following “code” (Examples: I need follow-up: come and see me!...):

.....
.....

Who will notify this?

4) In case of decompensation or needing help, call:

Name: Relationship:

Contact.

Name: Relationship:

Contact.

Worker's signature

Signature of the company contact person (tutor)

¹⁵¹ This file is a summary (with the user's consent) of the action steps in a crisis or decompensation with data of interest to the company.

APPENDIX 33

Practical example of preventive measures in the company¹⁵²

Mary works as a clerk in a General Hospital, in the filing department.

Taking into account her personal characteristics and the risk factors noted in the workplace, the following preventive measures have been put into practice with regard to:

- Organising her tasks:

Mary tends to be rather disorganised in her daily life. She habitually interrupts activities to do other tasks and very often leaves them unfinished.

In order to deal with this characteristic of hers, she has a highly structured daily schedule with the tasks that she must attend to. It details every activity in small steps and takes them one at a time until she completes them (she uses a checklist).

- Communicating with other people:

Mary copes with her difficulties making eye contact with people by looking up intermittently in conversations or casting a general look rather than meeting their eyes.

In addition, she has asked her workmates to speak to her explaining exactly what they want, with specific requests, since she finds it difficult to cope with ambiguity or vagueness.

In general, during conversations she gives herself time to think before speaking, and as she is aware that at times her behaviour can seem bizarre she tries "adapt" to the situations and behave in a certain manner when others are present (for example, not thinking out loud, etc.).

- Fear and anxiety:

At times Mary feels anxious and imagines that someone who is observing her is going to surprise her from behind. To address the situation, she has organised her desk so that she has her back to the wall and she can see the whole room, making her feel more at ease and less "watched".

Furthermore, there is a person in the company who she trusts and who knows about her mental health problem, so she turns to her for advice when she feels confused or anxious.

¹⁵² Adapted from Perkins, R. Farmer, P., & Litchfield, P. (2009). Realising ambitions: Better employment support for people with mental health condition: Department for Work and Pensions. U.K.

APPENDIX 34

Consequences of work stress on workers¹⁵³

PHYSIOLOGICAL reactions:

- Increasing heart rate
- Increasing blood pressure
- Increasing muscle tension
- Sweating
- Increased adrenaline production and secretion
- Superficial breathing at higher frequencies

EMOTIONAL reactions:

- Fear
- Irritation
- Depressive mood
- Anxiety
- Anger
- Diminished motivation

COGNITIVE reactions:

- Decreased attention
- Narrowing of perception
- Forgetfulness
- Less effective thinking
- Less problem-solving ability
- Reduced learning ability

BEHAVIOURAL reactions:

- Decreasing productivity
- Increasing smoking
- Increasing drug use and/or alcohol consumption
- Making errors

¹⁵³ Adapted from Houtman, I., Jettinghoff, K., & Cedillo, L. (2008). Raising awareness of stress at work in developing countries. A modern risk in a traditional work atmosphere: Advice for employers and workers' representatives. (Protecting Workers' Health, (Series No. 6): World Health Organization. Reprinted with permission of the editor.

APPENDIX 35

SBAR(D) Communication Tool¹⁵⁴

This tool provides a structured framework for communication between members of the same or different teams about cases undergoing follow-up. SBAR(D) is used for communicating critical information that requires immediate attention and action. It is easy to remember and useful in critical cases.

The initials SBARD stand for:

- *Situation*: In other words, description of the present situation.
- *Background*: Relevant background information is included.
- *Assessment*: The situation is assessed.
- *Recommendation*: Communication concludes with the recommendations to address the situation described at the start.
- *Decision*: The actions that each of the specialists involved should be performed are agreed.

S	Situation: Specialist's name: Agency the speaker represents: Reason for contact: (name of the client and description of the situation), for example: is worsening, is acting strangely, is aggressive, anxious...
B	Background: Has been taking part in the service since... Has taken the following action(s): His/her current situation in the service is... His/her diagnosis is ... He/she is still in touch with the (X) service ... In the last few days/weeks... his/her situation has changed...
A	Assessment: I think that one possibility is... I think the problems may have been triggered by ... Or I am not sure what factor might be affecting this behaviour...
R	Recommendation: I need you to... I would be interested if you could assess... Assess the medication that he/she is taking at the moment...
D	Decision: So we agree that our service/ I... You/ Service X will do the following...

Request your counterpart to repeat the key information to check that the message has been correctly understood.

¹⁵⁴ Adapted from the NHS. Mental Health Community SBARD Communication Tool: Institute for Innovation and Improvement NHS. Retrieved on 12/09/2011 at http://www.institute.nhs.uk/images/documents/SaferCare/SBAR/Cards/community_Mental%20Health_SBARDaw.pdf

APPENDIX 36

Key job placement practices¹⁵⁵

With reference to the ties with the employment service specialist:

- Close, empathetic relationship.
- Trusting relationship to allow the client to express his/her wishes and to prevent decompensation.
- Belief in the client.

With reference to the placement pathway:

- Clear processes with reference to the time, method and context of every phase.
- Individualised follow-up within the service and local area.
- Handling crisis situations, drop-out or risk of disengagement from the training or placement process.
- Adaptation + performance + intervention in the event of difficulties = assurance and peace of mind.
- Follow-along at the workplace to facilitate adjustment.
- Accommodate the workplace to the individual's profile. Identify stressors and protective factors.
- Individualised and flexible process.

With reference to the client's (positive) competences:

- Assessment and reinforcement of healthy aspects, skills and abilities.
- Belief in the individual's capabilities: take a positive approach.
- The client plays the lead role in the placement process and in his/her life.
- Promote the switch from the patient role to the worker role.
- Encourage autonomy and integration.

With reference to adapting to the client's needs:

- In-depth assessment of candidates.
- Assess and enhance vocational competences as an employee.
- Update knowledge on the present job market, the short-term economic and social situation and current regulations.
- Work experience placements in line with the client's needs.
- Values, evidence and flexibility towards the client's needs.
- Approach employers to look for work and training resources that match clients' needs.
- Use available resources.

¹⁵⁵ These key practices are derived from the qualitative analysis of a *Delphi* study conducted among the experts involved in preparing this Guide.

With reference to the health condition:

- Candidates who adhere to treatment = guarantee.
- Take care of mental health.
- Job placement is a good therapeutic measure for social inclusion and for health.

With reference to the employer:

- Transparency with the employer as regards the candidate.
- Raise awareness regarding stigma.
- In-work training = adaptation = assurance and peace of mind.

With reference to coordinating with other stakeholders:

- Promote collaboration of the family and social environment.
- Negotiate and coordinate (between stakeholders that influence the individual's involvement and motivation).
- Good coordination with the mental health network.
- Work experience placements coordinated between people from the agencies and one's own services.

APPENDIX 37

Guideline checklist of good practices for handling individuals involved in a placement process

Access and initial intake:	YES	NO
• Clarify enquiry: Source and nature of the enquiry? What do they expect of the service? (Expectations).		
• Give information verbally and in writing.		
• Assess the suitability of the referral: Can the service respond to the enquiry with the resources it has?		
• Reply to the referral, if appropriate.		
• Form a relationship and give confidentiality assurances to the client and to the agency providing the referral (if applicable).		
Assessment of users:		
• Build their vocational profile: competences and skills (knowledge, training, experience...).		
• Motivation to work.		
• Analyse their match with the actual job market.		
• Carry out analysis of employability: facilitators and barriers to the job placement process.		
• Analyse natural supports available.		
• Evaluate sectors of work interest.		
Feedback interview and pathway design		
• Share the information gathered.		
• Communicate it in an assertive manner.		
• Rephrase the enquiry.		
• Agree on a referral to a more suitable agency if the agency cannot provide the service requested.		
• Agree pathway with concrete objectives that can be measured by specific, time-lined results.		
• Assess type, frequency, intensity and duration of the support for the pathway.		
• Agree on the pathway follow-up methods.		
• Coordinate with the referral service for feedback and agreements.		

Pathway implementation and follow-up	YES	NO
<ul style="list-style-type: none"> Assess the wish to disclose the disorder to companies or not, with reasons. 		
<ul style="list-style-type: none"> Evaluate success in achieving aims of the work plan (pathway). 		
<ul style="list-style-type: none"> Evaluate aspects of the process: motivation, initiative, autonomy... 		

Placement and post-placement follow-up:		
<ul style="list-style-type: none"> Agree with the client the information to be disclosed to companies and obtain their consent to do so. 		
<ul style="list-style-type: none"> Assess type, frequency and intensity of support in selection processes. 		
<ul style="list-style-type: none"> Analyse natural supports available in the work environment. 		
<ul style="list-style-type: none"> Assess type, frequency, intensity and duration of the support in the workplace. 		
<ul style="list-style-type: none"> Agree methods of post-placement follow-up. 		
<ul style="list-style-type: none"> List successes. 		
<ul style="list-style-type: none"> Evaluate satisfaction regarding the work and the employment service. 		
Job retention:		
<ul style="list-style-type: none"> Listen to and calm the user. 		
<ul style="list-style-type: none"> Analyse risk situations and factors. 		
<ul style="list-style-type: none"> Manage difficulties and conflict situations: jointly assess possible solutions. 		
Preventing relapse and detecting signs of decompensation:		
<ul style="list-style-type: none"> Draft an action plan for crises situations or decompensation. 		
<ul style="list-style-type: none"> Determine procedures to follow adapted to client's needs. 		
Coordination with other agencies (Mental Health Centre, Social Services...):		
<ul style="list-style-type: none"> Identify contact persons 		
<ul style="list-style-type: none"> Establish communication channel and keep it active. 		
<ul style="list-style-type: none"> Agree on coordination mechanisms, including forms, regular meetings, etc. 		
<ul style="list-style-type: none"> Agree on criteria for referrals. 		
<ul style="list-style-type: none"> Conduct follow-up of those participating in the service. 		

APPENDIX 38

Guideline checklist of good practices in job development with companies

Analysing the entrepreneurial structure:	YES	NO
• Organise the information bearing in mind proximity, size and sector of activity.		
• Identify work opportunities (offers, self-employment...).		
• Evaluate short-term and structural variables of the job market.		
Contacting employers:		
• Learn about employer's needs and its business.		
• Offer solutions.		
• Communicate by means of clear, concise messages		
• Leave written information in the form of advertising materials.		
• Present concrete cases (strengths, competences...), not the group and the difficulties it faces.		
• Keep the relationship going through frequent contact, proposals, follow-up, etc.		
• Ensure the company is aware of the availability.		
Managing job offers:		
• Gather all the available data on the offer with the maximum amount of detail (description of the post, company preferences, conditions, etc.).		
• Become familiar with the work context in-situ, functions and tasks to be performed, work environment, the results the employer wishes to achieve through this post...		
• Present clients who fit the required profile.		
• Carry out follow-up of all the clients who go through the selection process with the company.		
• Liaise with other agencies if the service does not have suitable candidates or if they are not selected (networking).		
• Assess satisfaction with the handling of the offer (whether candidate recruited or not).		
Post-placement follow-up:		
• Find out who is the company's contact person (person responsible, supervisor).		
• Establish frequency and channel of communication with the contact person at the company.		
• Ask open-ended questions about the worker and his/her performance.		
• Give assurances to the company about the person recruited.		
• Respond when difficulties and conflict situations arise: mediation.		

NOTE:

This Guide is the English translation of the Spanish version of the "Guide to integrating people with mental health conditions into work" published in 2012 by "la Caixa" Foundation. To improve the cultural and contextual adaptation of the translated guide, please send your comments, suggestions and recommendations to the following e-mail: incorpora@fadq.org



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