



# **Job coaches and medical advisors as actors of ‘adapted work’?**

## **The example of the Belgian IPS pilot project (‘INAMI-ULB 2018’)**

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    - ▲ The Belgian IPS pilot project
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## What is IPS (*Individual Placement and Support*)?

A 'Place-then-train' supported employment model designed for people with severe mental illness.

- Promotes inclusion in the regular job market.
- Offers individualized workplace support via job coaches.
- Engages with the care sector and health specialists.
- Partners with family members chosen by the person.

Initiated in the 1990s by American community health researchers (R.E. Drake, G.R. Bond and D.R. Becker), using evidence-based practices.

European implementations: United Kingdom, Netherlands, Spain, Sweden, Switzerland, Norway, Denmark and Italy.

In some countries, the model is integrated into the social security system.



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## The IPS principles

1. Prioritize competitive employment
2. Eligibility based on the person's choice
3. Integrated with mental health services
4. Decisions driven by the person's preferences
5. Rapid job search approach
6. Individualized long-term support
7. Personalized benefits counseling
8. Systematic job development

### Application of the 25 criteria of the IPS Model Fidelity Scale (Supported Employment Fidelity Scale)



## The Belgian IPS pilot project (1)

- The IPS pilot project is funded by the **NIHDI** (INAMI-RIZIV), Belgium's National Institute for Health and Disability, a key player in social security management. The NIHDI has two primary missions: *first*, ensuring access to healthcare and managing the pricing and reimbursement of healthcare costs; and *second*, providing replacement income during instances of illness, accident, or during adoption/maternity/paternity leaves. Additionally, the NIHDI facilitates access to reintegration opportunities for those unable to work due to incapacity.
- The programme has been under **co-construction** since 2018 and is being implemented at several sites in Brussels, Flanders and Wallonia (ASBL Article 23, ASBL L'Équipe, GTB and ISPPC). A unifying feature of all pilot-phase sites is their collaboration with the NIHDI, mutual insurance companies (known as 'mutualités'/'ziefkenfonds'), medical advisors ('médecins-conseils'/'advieserend artsen'), and the person's treatment network.



## The Belgian IPS pilot project (2)

### - Quantitative research component:

A randomized trial evaluation of the programme, with more than 660 participants over a follow-up period of 18 months, is detailed in the study: S. Fontenay & I. Tojerow, *How Does Job Coaching Help Disability Insurance Recipients Work While on Claim?*, ISA Institute of Labor Economics, IZA DP No. 15386, June 2022 (interim results).

### - Qualitative research component:

- o *Fidelity Review*: assessing program's methodological fidelity, both internally and internationally.
- o **Federal Steering Committee (STEERCO): a qualitative exploration into 'adapted work' for people living with mental illness.**

→ This is the phase we are focusing on today's presentation.

→ Key Question: *How can the tools and actors of the Belgian social security system, particularly in the realm of indemnity insurance, support work adaptations and adjustments necessitated by the health conditions of those living with mental illness?*

### - Next phases and future directions:

- o Extension of the programme through 2025 with discussions regarding potential full-scale implementation.
- o Ongoing fidelity assessment.
- o Interviews with programme participants and their families to understand their experiences.
- o Release of the final RCT results.





## STEERCO's methodology

- The research question was derived from field practices and fidelity reviews of the programme. It was particularly informed by around twenty interviews with IPS job coaches and medical advisors conducted over 2020-2022.
- In September 2023, a focus group was convened, consisting of a medical advisor, two IPS job coaches, four return-to-work coordinators (RTWCs) from mutual insurance companies, and two lived experience experts. This gathering provided the primary material for today's presentation.
- To date, around fifteen interviews, including six already conducted, are planned with specialists and those directly impacted by the subject matter (administrative staff, medical advisors and staff from mutual insurance companies, employers, regional employment services, occupational physicians, GPs, trade union representatives, lived experience experts, etc.).
- These findings are preliminary; the research phase is set to conclude in January 2024.



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## Intermediate results (1)

### 1. Belgian legal context

- The question of 'adapted work' in the IPS project frequently arises in connection with the [authorisation of the medical advisor](#) (Royal Decree of 3 July 1996 implementing the Law on compulsory insurance for health care and benefits, *Moniteur belge* (*Belgian Official Gazette*), 31 July 1996; Entry into force: 10 August 1996).
- When authorizing an insured person's return to work, the medical advisor is mandated to detail "[the nature, volume and conditions of the activity](#)." This [inevitably](#) prompts discussions about the necessary work adaptations.
- For IPS, gaining insights into the reflection and deliberations about 'adapted work' and understanding the roles of the medical advisor and job coach are vital. Such comprehension would offer valuable guidance for the [development of the IPS programme](#).





## Intermediate results (2)

*Thematisation (A)*

### 2. Thematisation

- Reflection on the **identity of this new profession** of job coach within the social security system: a role still under development.

*"Most actors are not yet familiar with the IPS (...) - this is also the case for the medical advisors, who are still getting acquainted with IPS in practical terms."* (IPS job coach)

Each site must build its own collaborations and raise awareness of the programme and the methodology (including with other 'new' actors such as RTWCs).



## Intermediate results (3)

### *Thematization (B)*

- Reflection on the **role of medical advisors** in support, as well as the challenges associated with cooperation between them (and **mutual insurance companies** in general) and job coaches.

*"What I find challenging is that each medical advisor has their own approach. Previously, when I collaborated with a team of ten medical advisors, there were ten distinct methods in play." (RTWC)*

- o Importance of **voluntary entry** and the **"zero exclusion criteria"** for the IPS programme.
- o **Main observation: the work adaptations focus on the volume of activity.** What then of the **"nature"** and **"conditions of exercise"** of the activity, also stipulated by the Royal Decree?

*"As a medical advisor, we base our decisions on information from the insured person and their treating doctors. How does the patient envision their future, and what are their concerns about work? Some medical advisors are deeply involved, while others rarely discuss these points and provide minimal guidance." (medical advisor)*

- o Importance of **communication in decision-making**: *"My medical advisor has always been very helpful. But when I wanted to go back to work [higher volume], he declined, stating it was impossible for someone with my illness. That had an impact on my decisions (in this case, accepting volunteering before returning to work)." (lived experience expert) "There's a difference for the person between choosing to volunteer, out of personal will, and feeling pressured into volunteering." (RTWC)*



## Intermediate results (4)

*Thematisation (C)*

- Reflection on the importance of **personalized benefits counseling** and ensuring **financial predictability**.  
"This is a crucial aspect of my job where I truly feel impactful, supporting both my client and the employer at every step." (IPS job coach)
- Reflection on the **quality of ordinary employment**, while at the same time being '**adapted work**'.
  - o Importance of systematic **job development**: how do companies view 'adapted work' in mental health?
  - o Importance of the job coach's presence in the company, **transcribing the person's wishes**, with the help of the other actors ("I feel that my role is to relay to the job coaches what the person tells me about what they want", medical advisor; "Helping the person to formulate what they want and what they need already means adapting the work", IPS job coach).
  - o What contacts should be made with the medical advisor and the mutual insurance companies, emphasizing the integration of **both 'health' and 'work'** considerations, and involving all key actors?
- Reflection on **disclosure**: what does it mean to **disclose qualitatively**, both in terms of work incapacity and mental health?





## Conclusion and possible developments

- The issue of 'adapted work' provides a nuanced understanding of broader concepts like 'vocational rehabilitation'. It bridges the gap between social security law and employment law.
- Interface roles between 'health' and 'work': understanding each other's worlds.
- Insights from the experiences of the programme participants and their families.
- What timeframes and structural resources are necessary for these collaborative efforts?



Thank you very much for your attention!

Should you have any queries or require further information, please don't hesitate to contact us:

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