



RETAIN

Improving the Working Life
of Disabled People

WWW.EQUAL-RETAIN.EU

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Thematic working group 4

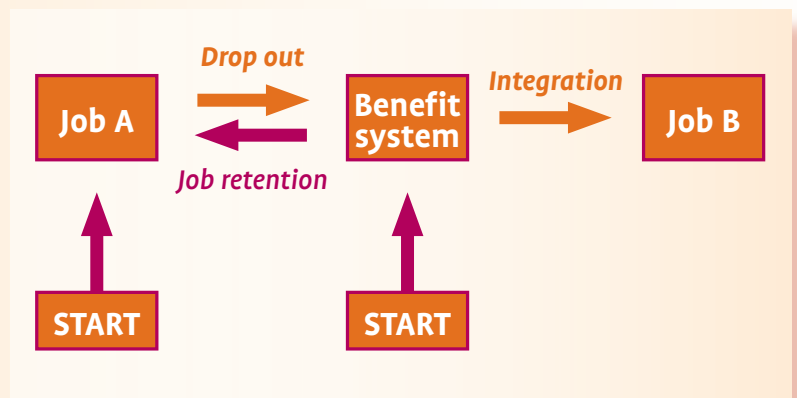
REINTEGRATION AND RETENTION IN EMPLOYMENT OF DISABLED PEOPLE: RECOMMENDATIONS FOR BETTER POLICY AND PRACTICE

1 Introduction

Disability and long-term health conditions are key factors in both unemployment and exclusion from the labour market in the European Union (EU)¹. EU policy, including the Lisbon Strategy², refers to the important role of employment in the social inclusion of disabled people and people with long-term health conditions. In many European countries both policy and existing approaches tend to only focus on helping disabled people and people with long-term health conditions to gain employment. However a key challenge is to prevent people currently employed who develop physical impairments or mental health problems from dropping out of the workforce and to enable unemployed disabled people and people with long-term health conditions to develop strategies that enable them not only to gain but also to sustain employment.

The Development Partnerships, **Intro_DM – Belgium, London Workforce Futures – UK, ZORON – Poland, Ex-Aequo – Italy**, supported by the European Social Fund under the EQUAL programme worked together to develop new strategies and best practice to address the needs of individuals in the labour force who are suffering from mental or physical health issues that prevent them from being reintegrated or retained in employment. The RETAIN Transnational Partnership has a key focus on enabling disabled people to play

a positive role in the workforce and piloting strategies to enable them to be successfully reintegrated and retained within the workplace. This report explains the Partnership's transnational work around policy development at national and European level.



¹ Wynne, R. & McAnaney, D. (2004) Employment and Disability: Back to work strategies. European Foundation for the Improvement of Living and Working Conditions: Ireland.

² The Lisbon European Council – An agenda of economic and social renewal for Europe. Contribution of the European Commission to the Special European Council in Lisbon, 23 – 24th March, 2000.



2. Method

It was recognised that enabling people to remain in the workplace through helping them to go back to work after a period of ill health is a issue that involves interaction between a number of key policy sectors and measures which include employment, health and rehabilitation, disability, equality and social welfare / insurance. The responsibility for the return to work of absent employees is distributed differently in different national systems with different drivers for action. Wynne & McAnaney (2004, page 50)¹ developed a matrix tool that has six core elements, elaborated in a number of sub-categories. Three refer to the extent to which a particular measure or sector initiative is relevant to employees with chronic illness or disability who are long-term absent. The other three describe the approach adopted by a measure or sector initiative, and the extent to which its impact is actively monitored.

Key to Policy matrix

ROWS

- **Social protection:** this refers to all kinds of financial assistance whether it is from the welfare state, employer or individual insurance. It is possible to have a mixture of welfare state, employer and individual contributions.
- **Public health:** Prevention, health promotion and well-being approaches.
- **Occupational health:** Specific employment-focussed health interventions for work-related health conditions. This will cover three main categories: physical, mental and ergonomic.
- **Physical health:** Treatment focussed interventions for physical health conditions.
- **Mental health:** Treatment focussed interventions for mental health conditions.
- **Employment / labour market:** Measures to retain people in the labour market when they develop a long-term illness or disability.
- **Health & Safety:** Measures to ensure a healthy and safe workplace.
- **Equality / non-discrimination:** Anti-discrimination policy or legislation.
- **Disability-specific:** Policy or legislation, which is specifically aimed at reducing discrimination against or positively helping disabled people.

COLUMNS

- **Purpose:** Intention of the measure
- **Focus:** Who the policy or legislations is targeted to help
- **Scope:** The intended recipients or beneficiaries of a particular measure. In some cases the scope will be generic, covering all people employed or unemployed, disabled or not, while others will target particular risk groups in terms of, for instance, occupational health and safety factors
- **Approach:** Intended impact of the measure whether it intervenes at a policy, individual or worksite level and whether it involves financial or procedural incentives
- **Responsibility:** Whether the measure is implemented by employers or externally by private or statutory agencies
- **Monitoring:** Degree of monitoring or reporting of the measure

ABBREVIATIONS

Income supp. = Income support

LTA = Long Term Absent

Econ. Inactive = Economically inactive

Phys = Physical

Psych = Psychiatric

Sen. = Sensory

OSH = Occupational safety and health

Using the matrix tool each transnational partner undertook an analysis of legislation and/or policy within their country to complete the matrix. The completed matrixes were independently validated in each country.

SCENARIO TABLES

Scenario 1: Measures and income when returning to work after an occupational accident

Period:	Work?	Income
1. Temporary full incapacity for work	No working activity	Victim receives 90% of average day salary, paid by occupational accident insurance.
2. Temporary partial incapacity for work	Work can be partially resumed with the agreement of victim and occupational insurance, on the advice of an occupational physician. The occupational physician may indicate either: <ul style="list-style-type: none"> - that they may be employed after accommodations have been made - that, if the worker is not fit for their original position, they be employed in another more suitable position 	Salary for the job is paid in part by the employer supplemented by an allowance from occupational accident insurance equal to the difference between salary they earned before the accident occurred and the salary they obtained on resuming work.
3. Permanent incapacity (after consolidation)²	Work can be resumed on advice of an occupational physician. The occupational physician may indicate either <ul style="list-style-type: none"> - that worker may be employed in their original position, - that they may be employed if certain accommodations are made - that, if the worker is not fit for their original position, they may be employed in another more suitable position - or that the worker is “definitively unfit” and cannot return to work 	The victim receives an annual or monthly allowance, depending upon their salary before the accident and degree of incapacity for work. In addition when returning to work the salary remains the same as before their accident.
	No working activity	Annual or monthly allowance, depending upon their salary before the accident and degree of incapacity for work with benefits from other compensation systems.
<p>In addition in (2) and (3): If the worker is officially defined as ‘person with a work disability’ by a multidisciplinary team recognised by a Community Fund, specific measures can be used to promote the reintegration and retention of the worker after the consolidation of the occupational accident.</p> <p>Financial measures / incentives for employers: Reimbursement of wage costs, labour post adaptation grant</p> <p>Financial measures / incentives for employee: Labour tool grant, grant for travelling expenses, grant for interpreters for people with a hearing disability and if a person is also defined as ‘disabled’ for the aid of care, a personal assistant can support him at work for tasks not related to their job.</p>		

² The period of permanent incapacity for work starts at the moment of ‘consolidation’. Consolidation is the assessment that the injury caused by the accident at work shows some degree of stability. The incapacity for work is expressed as a percentage indicating to which extent the victim’s capacity to work has decreased as a result of the accident (the victim is reimbursed for the loss of economic abilities, not for the physical injury).

Scenario 2 and 3: Measures and income when returning to work after a period of non-work related physical illness or a period of depression

Period:	Work?	Income
1. First period (14 days in case of blue-collar workers, 30 days in case of white-collar workers)	No working activity	The employee receives their full salary from their employer.
2. During first year of sickness	Progressive employment can be suggested by a medical adviser from a social insurance company with the agreement of an occupational physician, who supervises the employee's health in the workplace	The employee receives their salary from their professional activity, and keeps a part of their sickness benefits.
	Vocational re-training is suggested by a medical adviser from a social insurance company, who cover the costs of this training	The disabled person receives Primary Disability Benefit (55-60% of earnings, ceiling), paid by the National Institute for Sickness and Disability Insurance
	No working activity	
3. After one year	Progressive employment can be suggested by a medical adviser from a social insurance company with the agreement of an occupational physician, who supervises the employee's health in the workplace	The employee receives on one hand salary from the professional activity, and besides that, he keeps a part of the sickness benefits.
	Vocational re-training is suggested by a medical advisor from a social insurance company, who cover the costs of this training	The disabled person receives Invalidity Pension (45-65% of earnings, ceiling). paid by the National Institute for Sickness and Disability Insurance.
	No working activity	
<p>In addition in (2) and (3): If the worker is officially defined as 'person with a work disability' by a multidisciplinary team recognised by a Community Fund, specific measures can be used to promote the reintegration and retention of the worker after the consolidation of the occupational accident.</p> <p>Financial measures / incentives for employers: Reimbursement of wage costs, labour post adaptation grant</p> <p>Financial measures / incentives for employee :Labour tool grant , grant for travelling expenses, grant for interpreters for people with a hearing disability and if a person is also defined as 'disabled' for the aid of care, a personal assistant can support him at work for tasks that are not occupational bound</p>		

RECOMMENDATIONS

- Belgian policy and practice currently focuses on disabled people who are unemployed or economically inactive. It is recommended that there should be a greater emphasis on assisting those who are in work but have developed a disability or long-term illness to retain their employment.
- Belgian employers, are minimally approached on the basis of their responsibility in the reintegration and job retention of people with longstanding health problems and disabilities. Employers' knowledge of reintegration is minimal. A widespread concrete reintegration policy implemented at business level is needed. Therefore, further development and distribution of new methodologies is necessary (example Disability Management)
- One of the major issues in terms of ensuring reintegration is that the Belgian employee is usually solely responsible for managing his or her return to labour market. This leaves potentially vulnerable people in a completely new situation, requiring specific knowledge concerning the complex array of different actors and supporting measures that may be of use in the process of rehabilitation and reintegration. There is need for coordination between different actors (employee, employer, medical adviser, occupational physician, occupational accident insurance, ...) involved in the reintegration process. This will prevent missed possibilities, lost skills, long-term unemployment and exclusion.

ITALY

POLICY MATRIX

Measures	Purpose						Focus			Scope						Approach										Resp		Monitor Mechs.				
	Health	Income Supp.	Recruitment	Retention (pre LTA)	Retention (Post LTA)		Econ. inactive	Unemployed	Employed	Generic	Specific Categories					Policy	Individual			Worksite				Incentives			In-company	External	Fully	Partially	None	
				Same job Redeploy	Same job Redeploy			At work LTA		OSH	Social Exclusion	Discrimination	Chronic ill. Disability		Intervention	Supports	Org or conditions	Environment	Supports	Positive	Negative											
										Phys	Psych		Phys / sen	Psych	Medical	Vocational	Other	Financial	Services		Financial	Procedure	Financial	Procedure	Financial	Procedure						
Social Protection		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Public Health																																
Occupational Health	✓									✓	✓	✓			✓						✓	✓	✓	✓		✓	✓					
Physical health																																
Mental health																																
Employment / Labour market																																
Health & Safety	✓									✓	✓	✓			✓										✓		✓					
Equality / Non-discrimination	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							✓	✓				
Disability Specific																																
Other - constitution	✓	✓					✓					✓	✓	✓	✓	✓	✓							✓		✓	✓					

SCENARIO TABLES

Scenario 1: Measures and income when returning to work after an occupational accident

Period:	Work?	Income
1. Temporary full incapacity for work	No working activity	During the period of incapacity the employee receives 100% of his average day salary, paid monthly by the “Institute for Accident Prevention” (INAIL).
2. Permanent incapacity	The employee has the right to be reintegrated in the company. The company must reintegrate the employee in the workplace depending on the degree of his disability. The company must carry out a “plan of reintegration” for the employee in order to make the new job suitable for the disabled employee’s skills and abilities. The company is entitled to get a repayment for all the expenses concerned with the plan of integration. The company is requested to regularly check work and health conditions of the employee, through the Public Health Office.	In addition to his salary, the employee is entitled to receive a monthly allowance, depending on the degree of incapacity for work. The allowance for disability is life-long.
	No working activity	The employee is entitled to receive a monthly allowance, depending on the degree of incapacity for work. Benefits from other compensation systems will also be paid.

Scenario 2 and 3: Measures and income when returning to work after a period of non-work related physical illness or a period of depression

Period:	Work?	Income
1. For the first period of incapacity the employee is allowed to be away from the workplace for a six month period. Such absence is allowed six times in five years.	No working activity	For the first six months of absence the employee receives 100% of their average day salary. For longer periods, the employee will receive an 80% monthly remuneration.
2. Permanent incapacity	The employee has the right to be reintegrated in the company. The company must reintegrate the employee into the workplace, depending on the degree of their disability and general health condition. The company must carry out a “plan of reintegration” for the employee in order to make the new job suitable for the disabled employee’s skills, particularly if their disability is caused by disease. The company is entitled to a repayment of all the expenses incurred when implementing the plan of integration. The company is requested to regularly check the work and health conditions of the employee, through the Public Health Office	The employee is entitled to receive a monthly, life-long allowance depending on the degree of incapacity at work, which is added to their salary.
	No working activity possible in previous job	The employee will receive 100% of his average day salary monthly for the rest of their life.

RECOMMENDATIONS

The current Italian legislation for the promotion of integration and retention of disabled people in employment is effective. However, it is necessary to spread knowledge of not just the letter, but the spirit, of the law. It is, therefore, recommended that:

- There should be a wide and co-ordinated national campaign across business and the public sector to highlight the benefits of the integration or retention of disabled people in employment. A business case needs to be developed emphasising that benefits of employing disabled people, not just for the employer, but for the whole community.
- Social contracts should be drawn up and developed, perhaps in collaboration with the Ministry of Work, “Ministero del Lavoro”, to ensure a series of actions to increase employment opportunities for the integration of disabled people across the public sector, business, trade unions and the third sector.

UNITED KINGDOM

POLICY MATRIX

Measures	Purpose						Focus			Scope						Approach						Resp	Monitor Mechs.								
	Health	Income Supp.	Recruitment	Retention (pre-LTA)	Retention (Post-LTA)	Econ. Inactive	Unemployed	Employed	Generic	Specific Categories					Policy	Individual		Worksite		Incentives			In-company	External	Fully	Partially	None				
				Same Job Redeploy	Same Job Redeploy		At work	LTA		OSH	Psych	Psych	Social Exclusion	Discrimination	Chronic ill. Disability		Intervention		Supports	Org or conditions	Environment	Supports	Positive	Negative							
											Phys	Psych			Phys / Sen	Psych	Medical	Vocational	Other	Financial	Services		Financial	Procedure	Financial	Procedure	Financial	Procedure			
Social Protection	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓								✓	✓		
Public Health	✓				✓			✓	✓	✓	✓	✓	✓			✓	✓					✓			✓					✓	
Occupational Health	✓		✓	✓	✓	✓		✓	✓	✓	✓	✓			✓	✓	✓					✓						✓			✓
Physical health	✓						✓	✓	✓	✓	✓						✓	✓	✓		✓							✓	✓		
Mental health	✓						✓	✓	✓	✓	✓		✓			✓	✓	✓	✓	✓								✓	✓		
Employment / Labour market		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓		✓		✓	✓	✓	✓	✓	✓				✓	✓		✓	
Health & Safety	✓									✓	✓	✓					✓					✓	✓				✓	✓		✓	
Equality / Non-discrimination			✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓			✓		✓	✓			✓		✓	✓		✓	
Disability Specific			✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓				✓			✓				✓	✓			



SCENARIO TABLES

Scenario 1: Measures and income when returning to work after an occupational accident

Period:	Work?	Income
1. Temporary full incapacity for work	No working activity – employees must usually inform their employers on the first day of absence. The employer must report and record the incident under RIDDOR legislation. After seven days absence the employee will require a sickness certificate from their general practitioner.	All employers must have insurance to cover occupational accidents and the employee will receive an agreed appropriate compensation payment or regular payments through this scheme. While this is being processed, for the first 28 weeks, the employer is responsible for sickness payments. An employee's contract may provide that they will receive their normal salary when absent during illness, or their normal salary less statutory sick pay. If there is no contractual sick pay they will only be entitled to statutory sick pay. The employer can usually claim back statutory sick pay.
2. Temporary partial incapacity for work	Under the UK's Disability Discrimination Act, a person is only classified as disabled, if there is a long-term adverse effect on their ability to carry out normal day-to-day activities. A temporary partial incapacity for work would, therefore, not be covered by this Act. The employee's general practitioner would advise on their capacity to work and recommend how the return to work should be managed. The employer may seek a second medical opinion if they do not agree with the employee's general practitioner's recommendations.	The employee would be entitled to agreed, appropriate compensation payment(s) through the employer's occupational accident insurance cover and sickness payments as detailed above. On making a partial return to work, payment would be as stipulated in their employment contract but the employee would be entitled to <i>pro rata</i> statutory sickness payment for the periods when their general practitioner has certified that they are unfit to work. It is possible for the employer to argue that such a gradual return to work is not reasonable for their service delivery
3. Permanent incapacity	Work can be resumed on the recommendation of the employee's general practitioner. The employee will be covered by the Disability Discrimination Act which places a duty on the employer to reduce or remove any substantial disadvantage that a physical feature of their premises or their employment arrangements causes a disabled employee or job applicant compared with a non-disabled person.	The employee would be entitled to agreed, appropriate compensation payment(s) through the employer's occupational accident insurance cover. The Access to Work Scheme provides some financial assistance to employers to make the adjustments recommended by an Access to work advisor that ensure the employee can continue to work. In the case of an existing employee the scheme will cover up to 80% of the costs over the first £300
	No working activity	The employee would be entitled to agreed, appropriate compensation payment(s) through the employer's occupational accident insurance cover. Once the employee has been on statutory sick pay for 28 weeks, they can then apply for Incapacity Benefit. Claims must be supported by medical certificates from the client's doctor and also require a personal capability assessment from an approved doctor employed by the Secretary of State. There are two rates of Incapacity Benefit, which do not relate to previous salary, and payment usually increases to the higher rate once the claimant has not worked for 52 weeks.
In addition in (2) and (3) the disabled person will often receive Housing Benefit from their local council to cover the cost of their accommodation.		

Scenario 2 and 3: Measures and income when returning to work after a period of non-work related physical illness or a period of depression

Period:	Work?	Income
1. First period (first 28 weeks)	No working activity	The employer is responsible for sickness payments. An employee's contract may provide that they will receive their normal salary when absent during illness, or their normal salary less statutory sick pay. If there is no contractual sick pay they will only be entitled to statutory sick pay. The employer can usually claim back statutory sick pay.
2. During first year of sickness (after 28 weeks)	No working activity	Once the employee has been on statutory sick pay for 28 weeks, they can then apply for Incapacity Benefit. Claims must be supported by medical certificates from the client's doctor and also require a personal capability assessment from an approved doctor employed by the Secretary of State. Incapacity Benefit is a fixed allowance not related to previous salary.
3. After one year	Pathways to Work – this is a programme that is currently being rolled out across the UK. It provides one-to-one support for people with a disability to be supported back into employment. Someone must have been on Incapacity Benefit for at least 28 weeks to qualify for support through this programme	If the disabled person is reintegrated into employment for less than 16 hours per week they are allowed to earn a certain amount of money and retain their Incapacity Benefit. If the disabled person is reintegrated into a job working at least 16 hours per week they will receive a return to work credit payment and working tax credits to ensure they are not worse off when leave Incapacity Benefit and begin working again.
	No working activity	There are two rates of Incapacity Benefit: the lower rate (currently usually £61.35 per week) is paid for the first 28 weeks. Payment usually increases to the higher rate (£81.35 per week) once the claimant has not worked for 52 weeks.

In addition in (2) and (3) the disabled person will often receive Housing Benefit from their local council to cover the cost of their accommodation.

RECOMMENDATIONS

- As in Belgium policy and practice in the United Kingdom currently focuses on the unemployed and economically inactive. It is recommended that support to retain or integrate someone with a disability or long-term health problem into employment should begin long before they have claimed Incapacity Benefit for 28 weeks, but when they are initially signed off on long-term sickness leave by their doctor
- The United Kingdom has a range of disability-specific legislation. At an employment level much of this is monitored through the individual taking cases to employment tribunals. There is no additional penalty if an employer is taken to one tribunal or to many more. It is recommended that to make the United Kingdom's disability-specific legislation more effective, group actions should be possible and there should be stronger penalties for employers who are multiple offenders.

B. Transnational bottlenecks and policy recommendations

Disability and chronic conditions are identified as key factors in unemployment and exclusion from the job market by the European Agency for Safety and Health at Work. One of the objectives of the Lisbon Strategy² is to dispel the gap in employment rates between disabled and non-disabled people by 2010. However, this analysis of policy in Belgium, Italy and the United Kingdom, in common with other reports that have demonstrated similar findings across a broader range of EU countries¹, has demonstrated that there is:

- A huge complexity of policy and legislation around employment and disability throughout EU member states. There are large differences within and between nations and there can even be differences within regions or between the treatment of different types of disability or long-term illness;
- European policy has focussed on unemployment and on people who are economically inactive, rather than those in work who are at risk of long-term illness due to chronic disease or work disability;
- In all countries there is little integration between work with disabled people who are unemployed and those who have become disabled or developed a long-term health condition while in work;
- European policy often ignores the role of employers in delivering effective retention and integration policy. In all countries there was little in the way of support for employers facing the problem of employees developing a disability or long-term health problem.

On the basis of these findings it is recommended that at a European level:

- Legislation and policy around integrating and retaining disabled people should be harmonised across the EU
- European policy should address early intervention measures that, where possible, allow people who become disabled or chronically ill to retain their own job, before the socially isolating and debilitating effect of long-term absence from work takes its toll.
- European policy should ensure that job integration and job retention measures work in partnership to provide a cohesive back-to-work pathway
- Employers in the EU should be given support and training to be able to address the issues involved when an employee develops a disability or long-term health problem.

4. Overview Transnational working groups RETAIN

The three other transnational working groups had already made recommendations around their work.

Content thematic group	Recommendations
<p>1. Development of a competency framework for intermediaries who support disabled employees in connection with reintegration into employment or job retention. This competency profile should be suitable for use in other countries.</p>	<p>Intermediaries should be used to broker between employees who become disabled or chronically ill and employers and such intermediaries should be able to demonstrate that they possess specific competencies.</p>
<p>2. Development of a code of conduct for professionals who aim at increasing the participation of people with a disability in the open jobs market</p>	<p>Individuals who wish to integrate into the jobs market should be supported by a professional who abides by an agreed code of conduct.</p>
<p>3. Development of a joint case for trade union involvement, which reflects successful models of supporting disabled employees in relation to disability and the healthy workplace from a trade union viewpoint</p>	<p>Employers, workers and trade unions have a lack of knowledge of the legal regulations regarding the integration and retention of disabled people and people with long standing health problems. This needs to be addressed by providing more training, seminars and knowledge-sharing to promote a disability-friendly environment in the workplace.</p>

5. Contact information

For further information on the work of the RETAIN Transnational Partnership:

www.equal-retain.eu

For further information on the national EQUAL Development Partnerships please contact:

- **INTRO_DM, Belgium**

Organisation: PREVENT vzw, Gachardstraat 88/4, 1050 Brussels, Belgium

E-mail : introdm@prevent.be

WEB: www.introdm.be

- **ExAequo, Italy**

Organisation: APINDUSTRIE, Provincial Association of SMEs, P.zza Falcone, 12, 95131 Catania, Italy

E-mail: o.consoli@api.ct.it

WEB: www.ex-aequo.org

- **Zoron, Poland**

Organisation: Biuro Projektu ZORON, ul. Długa 29, 00-238 Warszawa

E-mail: biuroprojektu@zoron-equal.pl

WEB: www.zoron-equal.pl

- **London Workforce Futures, UK**

Organisation: Learning and Skills Council Canius House 1 Scarbrook Road Croydon CR0 1SQ

E-mail: Anthony.Louki@lsc.gov.uk

WEB: www.equalworkforce.org

“This document has been compiled on behalf of the RETAIN Transnational Thematic group by Alison Blackwood and Miles Rinaldi from the London Workforce Futures Partnership, UK with the support of Marthe Verjans and Judy Morsa from Intro_DM Partnership, Belgium and Carmelo Coco and Olga Consoli from ex Aequo Partnership Italy.

The Development Partnerships – Intro_DM, UK London Workforce Futures, Ex Aequo and ZORON - supported by the European Social Fund under the EQUAL programme are working together to develop new strategies and best practice to address the needs of individuals in the labour force who are suffering from mental health or physical health issues which are preventing them from taking full part in economic activity. The EQUAL Initiative is a laboratory for new ideas to the European Employment Strategy and the Social inclusion process. Its mission is to promote a more inclusive work life through fighting discrimination and exclusion based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation. EQUAL is implemented in and between Member States and is funded through the European Social Fund.

http://ec.europa.eu/employment_social/equal/index_en.cfm

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*Improving the Working Life
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p/a Prevent asbl
Rue Gachard 88/4
B-1050 Bruxelles
introdm@prevent.be
www.introdm.be
T +32 (0)2 643 44 44
F +32 (0)2 643 44 40