

# Experiences of Germany and the Netherlands in Serving Transition-Age Youth

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February 2014

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## **ABSTRACT**

U.S. policymakers and stakeholders at all levels are dissatisfied with the current system of supports for youth with disabilities, but the challenges for such youth are not unique to the United States. Using a case study methodology, this study explores the transition strategies used by Germany and the Netherlands to address issues faced by their own youth with disabilities. Based on an initial review of government websites, published reports, and journal articles, as well as consultations with experts on issues of disability and youth in these countries, the study finds that Germany and the Netherlands have a number of comprehensive, coordinated, efficient, and inclusive transition strategies and programs for youth and young adults with disabilities. However, upon closer examination, only a handful of these programs are likely candidates for transferring, entirely or in part, to the U.S. disability support system. Approaches in the Netherlands include the use of private-sector reintegration companies and expanded employment supports and program rules on earnings for disability beneficiaries. Approaches in Germany include special offices and staff to provide supports for individuals with disabilities and employers, as well as setting national goals and policies for youth and young adults with disabilities. There is short- and long-term potential for considering these policies in the United States, depending on policymakers' objectives in promoting the adult independence of youth with disabilities.

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## EXECUTIVE SUMMARY

U.S. policymakers at all levels are dissatisfied with the current system of supports for youth with disabilities. This system provides limited access to services intended to promote the transition from youth to adulthood. As a result, U.S. youth with disabilities face several systemic barriers to successful transition. The challenges for youth with disabilities are not unique to the United States. The transition into adulthood is difficult for their counterparts in other countries, and can be hindered or promoted through the various policies and supports available.

This report builds on our previous review of the programs and policies available in 10 selected countries in the Organisation for Economic Co-operation and Development (OECD) to facilitate understanding of how promising national program features or policies from two countries—Germany and the Netherlands—might be transferred to the U.S.

### **In-Depth Case Study of German and Dutch Policies Serving Transition-Age Youth**

Germany and the Netherlands both provide a wide range of programs for youth with disabilities and have introduced recent changes and reforms. However, the two countries differ in their approaches to transition services. Germany works to address the challenges faced by young adults with disabilities by building on its existing vocational system for all youth. In contrast, the Netherlands provides separate programming specifically targeted to youth with disabilities. The experiences of these two countries provide U.S. policymakers with an opportunity to observe alternative options for addressing transition barriers.

Using a case study methodology, this study explores a variety of transition strategies used by Germany and the Netherlands to address similar issues faced by their own youth. From our initial review of government websites, published reports, and journal articles, and in consultation with experts on issues of disability and youth in these countries, we identified eight programs from each country for further study (Table 1). For each of these 16 programs, we assessed the degree to which a program could be transferred to the United States along three dimensions: efficiency, adaptability, and applicability. To assess *program efficiency*, we examined the barriers that programs addressed in the context of those that U.S. transition-age youth with disabilities face: (1) insufficient employer supports, (2) few services for youth with disabilities, (3) limited access to adult services, and (4) poor coordination between youth and adult services. We considered programs that addressed more barriers to be more efficient. Program *adaptability* concerns whether the selected program would be feasible to implement in the United States. We considered programs that are expected to have lower costs and greater public support to be more adaptable. Program *applicability* concerns whether the selected program has the potential to affect a large number of U.S. youth. We considered programs that would affect larger numbers of youth to be more applicable. We present this assessment as an initial consideration of the transferability of programs to improve the outcomes of youth with disabilities. U.S. policymakers will need to consider many other factors, such as effectiveness, if known, in determining whether these programs—and which aspects of them—could be adapted and applied in the United States.

**Table 1. Selected German and Dutch Transition Strategies and Programs**

Transition Strategy	German Programs	Dutch Programs
Providing youth-specific income-support programs	None	Wajong
Establishing youth-specific vocational programs	Transitional vocational income supports Vocational training centers ( <i>Berufsbildungswerke</i> )	Reintegration companies Targeted vocational supports for Wajong participants
Expanding educational and vocational supports	Supported employment ( <i>Unterstützte Beschäftigung</i> )	Special financing for education
Specifying a youth-specific national employment strategy	Job4000, <i>Initiative Inklusion</i>	None
Coordinating benefits and services	Specialist Integration Services (IFD)	Local transition collaborative agreements Centralized agency for income and work supports
Offering financial incentives targeted to employers	Act on Promoting Vocational Training ( <i>Ausbildungsförderung</i> )	Wage subsidies and dispensations
Offering financial incentives to workers with disabilities	None	Expanding program rules on earnings
Relying on a personal budget	Personal budget ( <i>Persönliches Budget</i> )	None
Establishing a quota for workers with disabilities	Employer quota system	None

Of the 16 programs, we identified 5 programs that are reasonable candidates for transferring to the United States:

- The Dutch centralized agency, UVW, which contracts with private-sector **reintegration companies**, coordinates access to employment and vocational services for youth with disabilities. These companies implement work-oriented supports for people with disabilities aimed at encouraging people to work (instead of receiving benefits) and encouraging employers to hire hard-to-employ individuals.
- The German program **Specialist Integration Services** (IFD), a joint operation between the Federal Employment Agency and the states, provides supports for individuals with disabilities in finding and obtaining employment and for employers in training and funding opportunities.
- Germany’s **Job4000** and **Initiative Inklusion** set national goals and policies for youth and young adults with disabilities, which—along with funding—encourage states to develop resources to serve this population. By setting measurable goals, policymakers can track their progress on achieving their objectives and better inform future goals.
- A subcomponent of the Dutch disability benefit program for youth (*Wajong*) provides an array of **employment supports for its participants and their employers**, many of them accessible for a long period, to promote labor force participation. Participants in the program’s work track are expected to take up work, even if not at 100 percent of the basic earnings level.
- The Netherlands has **expanded program rules on earnings** for its Wajong program to encourage its beneficiaries to work. Such expansions have the potential of making work more financially appealing.

## **Implications for the U.S. Disability Support System**

The reviewed programs are not a perfect solution to transition barriers. Both Germany and the Netherlands continue to face challenges related to the coordination of programs and the lack of available data or rigorous program evaluation. Despite these ongoing obstacles, the Dutch and German transition experiences suggest that the U.S. transition system could be expanded in a number of ways: setting national goals and providing financial and other supports to states to achieve them, establishing a centralized source of information and supports, encouraging private companies to provide transition services, and expanding employment supports for disability income beneficiaries. Although it is naïve to assume that the United States will embrace the transfer of these strategies, this enhanced understanding of the German and Dutch experience may provide valuable context for U.S. policymakers as they continue to shape their thinking about how to serve youth with disabilities effectively and efficiently.

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## I. INTRODUCTION

Although the transition from youth to adulthood can be difficult for many young adults, youth with disabilities in the United States face additional barriers in social, educational, and vocational transitions because of their health conditions and poor human capital development (Osgood et al. 2010). Despite strides in increasing their educational attainment, American youth with disabilities continue to complete high school at lower rates than their peers without disabilities, and fewer youth with disabilities continue on to postsecondary education (Newman et al. 2011; Wagner et al. 2005). Employment rates for youth and young adults with disabilities continue to deteriorate, extending a long-term trend (Houtenville and Daly 2003). These patterns suggest that human capital development continues to be a challenge for this population, despite the fact that interventions to promote education and employment at this early stage in their lives could have long-term economic advantages (O'Day and Stapleton 2009; Rangarajan et al. 2009).

These challenges for youth with disabilities are not unique to the United States. The transition into adulthood is difficult for their counterparts in other countries, transitions that can be hindered or promoted through the various policies and supports available. An earlier working paper reviewed the programs and policies in 10 selected Organisation for Economic Co-operation and Development (OECD) countries around four barriers that U.S. youth face (Moreno et al. 2013). These barriers are: (1) insufficient employment supports, (2) few services targeted specifically to the needs of youth and young adults, (3) issues with access to adult services, and (4) insufficient coordination of the transition from youth to adult services. The review revealed that all of the 10 selected OECD countries had developed a range of transition options for youth with disabilities that could offer solutions for the United States. However, the review—which presented an introductory perspective of the breadth of the programs offered—did not provide clear directions on specific programs or policies (hereafter referred to as programs, for brevity) that might be transferred to the United States, given the limited information available on implementation and effectiveness of the numerous programs we identified. Therefore, we proposed to conduct case studies to provide such detail about selected countries.

In this report, we focus on the experiences of two countries—Germany and the Netherlands—to identify potential transition strategies and associated programs for transfer to the United States to improve the transitions of youth with disabilities. We selected these countries because they both have a breadth of programs for youth with disabilities and have introduced recent changes and reforms to them. These programs could provide opportunities to observe alternatives for addressing barriers to serving youth, as follows:

- Germany has a wide variety of programs for youth and young adults with disabilities that build on its existing vocational system for all youth. Hence, the German model of serving this population emphasizes vocational education and training, income supports for those involved in vocational activities, and targeted employment supports. Germany has also developed national goals and objectives and allocated funding for the employment of youth with disabilities.
- One novel aspect of the Netherlands' approach to serving its youth with disabilities is its dedicated program for this population. That program has recently undergone significant reforms intended to improve work opportunities, expectations, and outcomes for participants, thus raising its profile among U.S. policymakers. Other aspects of the Dutch model to promote better transition outcomes for youth with disabilities include

an employment and vocational system that relies on private providers, and targeted income and employment supports.

For each of these countries, we provide an overview of the key features of the program environment for youth with disabilities, followed by details about the operation of selected programs. For contextual purposes, we first present the same information for the United States. In addition to highlighting program features, we identify recent reforms and implementation challenges and the implications for policy decision making, and assess whether the selected programs (or components of those programs) (1) address more than one key barrier to transition (that is, their efficiency); (2) would be feasible to implement in the United States (that is, their adaptability); and (3) could potentially affect a large number of youth (that is, their applicability). This approach should facilitate understanding of the potential for transferring country program features or policies to the U.S. transition system.

This report is structured as follows. Section II gives an overview of the experience of U.S. youth with disabilities in transition, emphasizing the barriers they face. The methods used for the analysis are summarized in Section III. Section IV offers an overview of the transition environment for youth with disabilities in Germany and the Netherlands. Section V examines specific German and Dutch programs that address the barriers that U.S. youth face, and considers how those policies could be applied in the United States. Section VI provides a discussion of policy considerations for the United States, and Section VII concludes.

## II. THE TRANSITION EXPERIENCE OF YOUTH WITH DISABILITIES IN THE UNITED STATES

The supports available for U.S. youth with disabilities generally involve safety-net approaches designed to provide a minimum level of support for those with the most severe disabilities. The United States is a country of 315 million people divided into 50 states, the District of Columbia, and additional territories. In 2007, its public spending on social supports (including health) was 16.2 percent of its gross domestic product (GDP), while its public spending on employment programs was 0.1 percent of GDP in 2007 (OECD 2011, 2013).<sup>1</sup> Federal Social Security Disability Insurance (SSDI; part of the national insurance program, along with old-age and survivors' benefits) and Supplemental Security Income (SSI; a means-tested benefit for persons with limited income and assets) are available to individuals who, because of a health condition, cannot earn above a basic income threshold (SSA 2013b). The U.S. support system lacks a publicly funded national health insurance program and reliance on employment for health insurance (Stapleton 2011). Health coverage is available to SSDI beneficiaries through Medicare—the same federal health insurance program that covers people age 65 years or older—after a 24-month waiting period, and to the vast majority of SSI recipients, through Medicaid—a means-tested health insurance program for low-income populations funded by the federal government and the state governments (SSA 2013b). The Affordable Care Act, currently being implemented, could potentially improve health coverage access for non-beneficiaries with disabilities.

The United States has a strong system in secondary education to promote transitions for youth with disabilities through the Individuals with Disabilities Education Act (IDEA). Youth with disabilities enrolled in secondary school who receive services under IDEA are required to have a transition plan, often developed in coordination with staff from the local vocational rehabilitation agency or other community providers, to help the youth and their families receive services after high school, though these plans can vary from school district to school district (Aron and Loprest 2012; Wittenburg et al. 2002). Nevertheless, several gaps in services exist for U.S. youth. Many youth with disabilities may not fall under IDEA (for instance, they may drop out of secondary school or the schools may not be aware of the youth's disabilities), and so may not receive transitional services in secondary school programs. Furthermore, the extent to which the services are well-implemented and effective may vary from state to state and locality to locality. For youth who leave high school (either because of completion or dropping out), or whose medical conditions or impairments are not considered to be severe enough to warrant secondary school transition planning, no single community agency is responsible for facilitating the transition process; these youth and their families are on their own in the transition process or must depend on finding a public or private service provider to help.

Vocational supports are broadly offered through state-level vocational rehabilitation agencies (administered by the federal Department of Education) and the American Job Centers (formerly One-Stop Centers; administered by the U.S. Department of Labor [DOL]) (Wittenburg et al. 2002). Services from vocational rehabilitation agencies are not guaranteed; transition-age youth might be found ineligible, or if found eligible, might have to wait to receive services. Often, youth receiving SSI or SSDI are assessed as eligible for vocational rehabilitation agency services. Youth without

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<sup>1</sup> Private expenditures raise the value of US spending on social supports to 26 percent of GDP.

these benefits, however, might be assessed as having less significant disabilities, and therefore be found to be ineligible for services. Even youth receiving vocational rehabilitation services have limited ongoing supports. For instance, individuals exit from services after three months of employment, a relatively short period. They can seek additional services, though, after their cases have been closed. Youth with disabilities who seek services from American Job Centers might not have access to health-specific supports, and center staff do not necessarily know that the youth have disabilities and are not necessarily familiar with services that might be needed because of the disabilities. To facilitate outcomes for people with disabilities, DOL has funded the Disability Employment Initiative and Disability Program Navigator programs (co-funded with the Social Security Administration [SSA]) in many American Job Centers (U.S. DOL 2013a). Another vocational support is targeted to employers, who can receive a work opportunity tax credit when they hire individuals from some vocational rehabilitation programs or SSI recipients, offsetting their tax burden at a rate proportional to wages paid to workers in their first year of employment (Scott 2013).

SSI and SSDI youth have access to additional vocational resources (SSA 2013a). Through the federal Ticket to Work program, beneficiaries can access services other than a vocational rehabilitation agency or can obtain follow-along services for providers after leaving vocational rehabilitation services. Few beneficiaries use the Ticket to Work program, however (Schimmel et al 2013). SSA also encourages employment through various work incentives, such as savings programs and exclusions for work-related expenses; these incentives are seldom used.

Given the above features of the transition system for youth with disabilities while in high school—few supports available and limited access to services despite a seemingly strong secondary education system—youth with disabilities encounter several systemic barriers to successful transition, over and above the barriers they face due to having a limiting health condition. The remainder of this section details those barriers.

### **A. Barrier 1: Insufficient Employment Supports**

Linking youth to vocational supports—particularly work-based activities—is associated with later successful employment outcomes (Carter et al. 2010; Carter et al. 2012; Joshi et al. 2012; Shandra and Hogan 2008). Despite the consensus of the effectiveness of vocational supports, U.S. youth with disabilities may have limited connections to such supports in high school and beyond. Schools that have programs to provide strong vocational services to youth may be able to serve only a small portion of the youth who would benefit from these services (Carter et al. 2010). Specialized vocational programs, such as Project SEARCH (Rutkowski et al. 2006), tend to be in select communities and have limited capacities to serve youth. State vocational rehabilitation agencies are often the first or only option for youth to obtain vocational services after high school, but these agencies vary in the extent to which they serve transition-age youth, their services are often limited because of resource constraints, and youth may encounter sizeable wait lists for services (Honeycutt et al. 2013).

Youth receiving SSI or SSDI benefits face significant work disincentives, such as loss of income, decreased access to services, and loss of health coverage. In response, SSA has developed various work incentives, such as extended eligibility for health coverage, income exclusions, and potential access to vocational rehabilitation services (SSA 2013a). However, few youth beneficiaries use these supports; for example, among current and former SSI beneficiaries ages 19 to 23, 13 percent had ever received services from a vocational rehabilitation agency (Loprest and Wittenburg 2007).

Despite the ability to access information through American Job Centers, employers may be limited in accessing relevant supports for their employees with disabilities. For example, employers may not know how to obtain assistance for accommodations or understand how laws such as the Americans with Disabilities Act affect them. Relatively few work opportunity tax credits are issued to employers for workers from vocational rehabilitation agencies or SSI recipients; just 31,000 certificates were issued for individuals with disabilities in 2012 (out of 892,000 certificates across all eligible groups) (Scott 2013).

### **B. Barrier 2: Few Services for Youth with Disabilities**

The United States has few national programs that are specifically targeted to youth and young adults with disabilities. As noted above, qualifying students in secondary schools might receive vocational and educational supports under the IDEA to encourage educational achievement. Secondary and postsecondary programs targeted to youth and young adults tend to serve relatively few youth, be small in scale, and vary from community to community. U.S. income support programs—SSI and SSDI, unemployment benefits, welfare programs—are the same as those for older adults. Though SSI provides targeted work incentives for students (regardless of age), its work incentives are generally not well understood or used by beneficiaries. Vocational rehabilitation agencies are tasked with providing vocational services to help secondary school youth in their transitions to work, but often do not begin providing services until after the youth complete high school. Although some agencies have counselors who specialize in serving youth, many do not (The Study Group, Inc. 2007), and the vocational needs of transitioning youth with disabilities may differ from those of experienced workers who seek vocational assistance because of a late-onset disability. Other community providers—such as local mental health and developmental disability organizations—offer services to youth but they serve specific populations, with inconsistent access depending on the geographic residence of youth.

### **C. Barrier 3: Poor Access to Adult Services**

In the United States, youth with disabilities face multiple barriers in accessing adult services. Compared to the services they receive in secondary school, which are largely delivered through the schools, the adult service landscape is fragmented. Service agencies and benefit programs have different and varied eligibility requirements for service receipt. Although access to vocational rehabilitation is cited as a benefit for SSI and SSDI beneficiaries, such access is not guaranteed, as the state vocational rehabilitation agency can assess beneficiaries as ineligible for services or place them on waiting lists for services. DOL's Disability Program Navigator program was developed to inform individuals with disabilities about relevant services, programs, and incentives; its current Disability Employment Initiative continues that approach (U.S. DOL 2013a). However, accessing multiple services can involve overcoming transportation barriers, particularly as providers may not be co-located. Lack of coordination may also be an issue, if providers are unaware of one another's involvement in serving a particular individual. Agencies may have conflicting service objectives—for example, youth with SSI benefits lose a portion of their cash benefits if they work; if they seek vocational services, their employment goal might be in conflict (at least initially) with the receipt of cash benefits (Wittenburg et al. 2002). Further, providers have no incentive to coordinate services, as their funding streams likely do not pay for coordination efforts. Funding may be insufficient to serve all youth who would benefit from services, it may be narrowly focused, and it may come from national, state, or local sources. Service access is also hindered by a lack of comprehensive health insurance to help youth address their health needs, and so they may seek disability programs to access health coverage.

#### **D. Barrier 4: Poor Coordination Between Youth Services and Adult Services**

Continuity between youth and adult services in the United States might be disrupted due to a variety of issues, including: identifying the right program among multiple transition providers, differing staff perceptions among providers, providers that do not focus on youth, varying eligibility criteria among programs, differences in the service population of providers, delays in accessing services, and lack of funding to serve all eligible youth (Davis 2003; U.S. Government Accountability Office 2012). Youth eligible for SSI benefits because of a disability face a redetermination decision at age 18, at which time they are evaluated against adult criteria (having a condition that limits or prevents employment); a substantial minority find themselves ineligible for benefits as adults. Transition planning in secondary schools can be beneficial, though many youth have transition plans that address their educational needs but not their vocational needs. During the transition process, youth may not be properly connected to a vocational rehabilitation agency in a timely manner. After youth leave high school, the service environment is relatively fragmented, with an array of programs that young adults might access (such as through vocational rehabilitation and mental health agencies) but no single provider dedicated to promoting the transitions of all youth with disabilities.

Given these important barriers that U.S. youth with disabilities face, assessing the transition strategies used by other countries to address similar issues faced by their own youth may be useful to inform U.S. policymakers and program administrators at both the federal and state levels.

### III. METHODS

We used a case study methodology to explore the transition programs of Germany and the Netherlands regarding youth with disabilities and contrast those programs with those of the United States, as described above. As a first step, we reviewed government websites and published reports to obtain details of current programs. We also reviewed published literature from journals on programs for youth in the selected countries. In addition, we consulted country-specific monographs that were prepared by the OECD and other international organizations.

As a second step, we supplemented the above with information from experts, one from the Netherlands and two from Germany. These experts were selected because their publication records on issues related to disability and youth suggested that they were well-informed about the topics covered in the current study and could provide objective insight. From the initial review, and in consultation with the experts, we selected a set of programs for further study. Each expert responded to open-ended questions about challenges, reforms, and strengths of those programs in their countries, and provided additional information about programs that arose during the course of the analysis. Finally, the experts addressed our questions about program transferability to the United States.

The case study methodology has both methodological advantages and disadvantages in cross-country research. The key advantage is that we can obtain qualitative data on the programs developed in other countries, from which to identify possibilities for adapting and applying them to similar problems that U.S. policymakers face in promoting transitions for youth with disabilities. Such knowledge could provide an evidence base for making decisions on what has been shown to work (Legrand 2012). However, the disadvantage of this methodology is that each country has unique demographic, economic, and institutional characteristics that make transferring a specific policy from one location to another difficult. Our analysis is further limited in that we consulted with relatively few experts. Furthermore, we did not include the perspectives of government officials, benefit recipients or program participants, or advocates from the disability or youth communities. Overall, despite these limitations, we believe our methodological approach provides solid information about transition programs currently offered in two highly relevant countries.

As noted earlier, the main goal of this study is to facilitate understanding of how promising country program features or policies might be transferred to the U.S. transition system. To achieve this goal, we identified three factors to indicate the potential for a program to be transferred to the United States:

- Program *efficiency* concerns whether a program addresses one or more of the four identified U.S. barriers to transition. Programs that address more barriers are perceived as more efficient.
- Program *adaptability* concerns factors that will affect public support for the program: the overall financial cost of the program and the potential of stakeholders (policymakers, advocates, youth with disabilities, taxpayers) to agree with the program in principle (that is, the program is not highly controversial). Programs that are expected to have lower costs and higher agreement are assessed as being more adaptable.
- Program *applicability* concerns the extent to which the program could be applied to meet the needs of a large number of youth or a large proportion of the target population. Programs that are more applicable would affect larger numbers of youth. This factor is important because of the scale of the transition issue in the United States.

We present these assessments as an initial consideration of the transferability of programs to improve the outcomes of youth with disabilities. U.S. policymakers will need to consider many other factors, such as political motivations, policy objectives and complexity, organizational structures, and the timing of implementation, in determining whether these programs—and which aspects of them—could be adapted and applied in the United States (Benson and Jordan 2011; Makse and Volden 2011; Shipan and Volden 2012; Stone 1999).

## IV. AN OVERVIEW OF THE TRANSITION ENVIRONMENTS OF GERMANY AND THE NETHERLANDS

This section provides an overview of the transition policy and programmatic environment of Germany and the Netherlands. Each overview includes a broad description of the social support system available in the country, followed by information about the education and vocational training system, employment policies, and income support programs available to youth and young adults with disabilities.

### A. Germany

Germany is a country of 82 million people divided into 16 states (Länder) with an estimated 199,000 individuals ages 15 to 25 with a disability. The German national social security system offers benefits and services at the federal and state levels. Germany has a range of income and social supports for people with disabilities, including unemployment benefits, disability benefits, health insurance, and integration support for those receiving training. In 2007, its public spending on social supports was 25.2 percent of its GDP, and its public spending on employment programs was 0.8 percent of its GDP (OECD 2011, 2013)—both far higher than in the US. The Ministry of Employment and Social Security (*Bundesministerium für Arbeit und Soziales* [BMAS]) and the Federal Employment Agency (*Bundesagentur für Arbeit* [BA]) are the primary agencies responsible for administering many of the programs related to disability, income support, and employment, with several other agencies having additional responsibilities.

Each of Germany's 16 state governments is responsible for education and vocational services, but with federal support, standards and oversight. Germany has a highly regarded secondary education system, with separate tracks for students pursuing college and vocational paths, the latter involving vocational education and training along with apprenticeships. However, many youth with disabilities attend separate schools for students with disabilities (Authoring Group Educational Reporting 2012). They often leave school without proper certification or an apprenticeship (Gebhardt et al. 2011; Niehaus et al. 2012). Most youth without an apprenticeship enter into a system of general vocational preparation and are at greater risk of experiencing difficulties in their career development.

Table IV.1 provides an overview of current supports and programs for youth with disabilities in Germany, listing them according to income, education and vocational training, employment, and other programs. German employment policies for people with disabilities emphasize inclusive and integrative approaches to involve individuals of all ages in the labor market. These policies also include provision of accessibility resources along with an array of vocational supports and training, such as supported employment (*Unterstützte Beschäftigung*) and specialist integration services (*Integrationsfachdienste* [IFD]), both of which are highlighted in Appendix A (BMAS 2013c; Klinkhammer et al. 2012). A relatively new benefit, the personal budget (*Persönliches Budget*) (equivalent to vouchers in the United States), allows people to purchase specific services and thereby have more control of and responsibility for the care they receive (Appendix A). German employment policies include supports for employers, such as wage subsidies, bonuses for hiring hard-to-employ individuals, an option to hire individuals for a three-month work trial (with the government paying for the individual's wages), and (through specialist integration services, described below) information about how to assist employees with disabilities. Germany also maintains a quota system for large employers (those with 20 or more employees), requiring that individuals with severe disabilities comprise 5 percent of their workforce, with compensatory levies (*Ausgleichsabgabe*) imposed on those who fail to meet their quotas.

**Table IV.1. Overview of Programs for Transition-Age Youth with Disabilities in Germany**

Program Name	Description
<b>Income Programs</b>	
Pre-vocational training schemes ( <i>Berufsvorbereitende Bildungsmaßnahmen</i> [BvB])	Grants to pursue pre-vocational training and education for individuals unable to enter vocational training; not disability specific (BA 2013b)
Vocational training allowance ( <i>Berufsausbildungsbeihilfe</i> [BAB])	Grants to pursue vocational training to individuals who are unable to live at home with their parents during their training because of the location of the training; not disability specific (BA 2013a)
Training Allowance for Disabled Persons ( <i>Berufsausbildungsbeihilfe für behinderte Menschen</i> )	Vocational training grants to individuals with disabilities who are unable to live at home with their parents during their training because of the location of the training (BA 2013a)
Transitional allowance ( <b>Übergangsgeld</b> )	An extended, time-limited income support for individuals with disabilities involved in vocational training activities (BA 2013a)
Training allowance ( <i>Ausbildungsgeld</i> )	Youth-specific income support for individuals with disabilities participating in vocational training for the first time or involved with supported employment (BA 2013a)
Unemployment benefit II	Basic income support for unemployed individuals with special provisions for young adults and for people with disabilities (BA 2013a)
<b>Educational and Vocational Training Programs</b>	
Education vouchers (Bildungsgutschein)	For individuals who need additional assistance and training to obtain vocational training in order to become employed; covers course costs; not disability specific (BMAS 2013c)
Special centers for vocational rehabilitation (Berufsbildungswerk [BBW] and Berufsförderungswerk)	Intensive rehabilitation services provided to individuals with disabilities, regardless of disability type or severity, who lack proper educational qualifications upon leaving secondary school; more details provided in Appendix A (BMAS 2013b)
Special regulations regarding the framework conditions of vocational education and training of young people with disabilities (Besondere Ausbildungsregelungen für Behinderte Menschen)	A special set of regulations to promote the training of young people with disabilities through accommodations (Klinkhammer et al. 2012)
<b>Employment Programs</b>	
Supported employment (Unterstützte Beschäftigung)	Offered to individuals with disabilities who require more intensive supports to achieve competitive employment than provided through usual supports and training; more details provided in Appendix A (Doose 2012)
Integration subsidy (Eingliederungszuschüsse)	Wage subsidy payments to employers for hard-to-employ workers with disabilities; typically pays up to 70 percent of wages for up to 24 or 60 months (depending on the disability severity) (BMAS 2013c)
Act on promoting vocational training (Ausbildungsförderung)	Covers up to 60 to 80 percent of an employer's training costs for young adults with disabilities; more details provided in Appendix A (Klinkhammer et al. 2012)
Specialist integration services (Integrationsfachdienste)	Resource for employers and individuals with disabilities on vocational supports for workers; more details provided in Appendix A (BMAS 2013b)
Work trial (Probefbeschäftigung)	Provides work experiences to help people find suitable employment; pays employers for cost of worker for up to three months; targeted to young people with disabilities (Klinkhammer et al. 2012)
<b>Other Programs</b>	
Personal budget (Persönliches Budget)	Allows individuals to purchase their own rehabilitation services and gain increased independence using vouchers; more details provided in Appendix A (BMAS 2013c)
Job4000	Program funded (€30 million federal; €20 million Länder) from 2007 to 2011 to create 4,000 new jobs for people with disabilities, with emphasis on young adults; provided new financial supports and additional vocational training, and enhanced the specialist integration services (BMAS 2013c)
Incorporated training (Verzahnte Ausbildung)	Program for the special centers for vocational rehabilitation to involve employers with the vocational training process; the center covers the cost of wages while youth are employed (Klinkhammer et al. 2012)
Mandatory quota system	Public and private employers with 20 or more employees must ensure that at least 5 percent of their employees are individuals with disabilities; those who do not fulfill this obligation must pay a levy, which is applied exclusively toward employment supports for individuals with disabilities (BMAS 2013c)

In addition to the above, Germany has specific programs available to support youth with disabilities in their vocational pursuits. Training and transitional allowances provide income supports while young adults with disabilities pursue vocational and pre-vocational training (BMAS 2013c). Other supports include special vocational training centers (*Berufsbildungswerke* [BBW], Appendix A), vocational and pre-vocational training courses for people with disabilities, centers for individuals with specific disabilities (such as those with psychiatric conditions), and sheltered workshops, which continue to be a highly utilized option (Doose 2012). In addition to the employer supports identified above (such as wage subsidies and work trial periods), employers can take advantage of the act on promoting vocational training (*Ausbildungsförderung*) to pay for expenses related to training young adult employees (Appendix A). The Federal Employment Agency has primary responsibility for administering many of these programs, often in coordination with local entities. The German experience also includes the funding of various national policies and pilot projects, such as Jobs without Barriers (BMAS 2013b), Job4000, and incorporated training (a program to involve employers in the vocational training centers).

By law, disability assessment is based on how a health condition affects an individual's labor market participation; individuals with disabilities are those who have conditions that limit—or are at risk of limiting—their participation in the labor market (BMAS 2013d). This determination is made in degrees of disability in relation to general vocational ability, rather than in relation to a specific job. Individuals who are assessed at 50 percent or more qualify as “severely disabled,” which entitles them to specific benefits and services (BMAS 2013c). Individuals who are assessed as between 30 and 50 percent disabled who have employment difficulties may apply for the severely disabled qualification, which enables them to access additional supports. According to our experts, the disability determination system may not recognize many youth with cognitive impairments or psychiatric conditions as having a severe disability, thereby preventing access to some services for this population. In addition, the determination decision may not correctly identify the participation capability of some individuals with disabilities who can work with the right supports.

Despite the range of supports available to people with disabilities, the current system in Germany faces several criticisms. With so many supports, it may be difficult for youth and service providers to know who is in charge of or responsible for a service (BMAS 2013c, 2013d). Because of the complexity of the transition environment, secondary school teachers and staff cannot have sufficient knowledge of the programs and services available to youth with disabilities and so are limited in their ability to provide guidance to their students. As noted, another concern is that a large number of youth with disabilities leave secondary school without sufficient qualifications to be employed (Waldschmidt and Meinert 2010). Finally, the government's ability to track programs, youth participation, and specific outcomes is limited, resulting in a fragmented and incomplete picture of experiences of youth with disabilities (Niehaus et al. 2012).

## **B. The Netherlands**

The Netherlands, a country of 17 million people divided into 12 provinces and 430 municipalities, has a national social security insurance system and many types of programs and supports for people with disabilities. The Dutch public expenditures on social spending represented 20.1 percent of its GDP—lower than Germany, but higher than the United States—and its public expenditures on employment programs represented 1.1 percent of its GDP in 2007 (OECD 2011, 2013)—higher than either Germany or the United States. Before 2000, the Netherlands faced significant issues with a rapidly growing disability benefit population; the relative numbers of beneficiaries and their intake rates were among the highest of OECD countries (OECD 2003). In response, policymakers have engaged in significant reforms since 1998, with an increasing emphasis

on employer responsibilities and a reliance on private companies to provide services. In 2009, 14 percent of youth and young adults ages 16 to 24 had a disability affecting their ability to work (Eurofound 2012).

The supports covered under national insurance include health insurance, retirement benefits, child supplemental cash benefits, sickness benefits, and unemployment benefits (The Netherlands Ministry of Social Affairs and Employment 2013b). These benefits are primarily administered by two agencies, the Social Insurance Bank (*Sociale Verzekeringsbank* [SVB]), and the Institute for Employee Insurance (*Uitvoeringsinstituut Werknemersverzekeringen* [UWV]). Individuals who experience work limitation onset as adults, even with a partial work limitation, can receive income support through coverage under the Work and Income According to Labor Capacity Act (*Wet werk en inkomen naar arbeidsvermogen* [WIA]). This act replaced the former disability benefit act (Invalidity Insurance Act, or *Wet arbeidsongeschiktheidsverzekering* [WAO]) in 2005. The reform involved increasing responsibility for employers, tightening eligibility restrictions, and limiting benefit amounts (OECD 2007).

Table IV.2 provides a review of the various income, education and vocational training, and employment programs and supports for youth and young adults with disabilities in the Netherlands. The primary income support program for this population is *Wajong*, or young disabled person pension. Rather than allow young adults with disabilities to enter into the adult disability system, the Netherlands provides a disability benefit program specifically for young adults ages 18 to 30 with a work-limiting disability. The program experienced a large increase in its beneficiary enrollment in the 2000s and large projected increases in the future, prompting significant reforms over the past few years (Berendsen et al. 2011). The *Wajong* benefit complements the WIA, providing benefits and supports to young adults that focus more on employment, rather than just income support. To qualify for *Wajong*, youth must have a health condition that limits their employment (from 25 percent to 100 percent) and will last for at least one year, and they must be unable to earn more than 75 percent of the statutory minimum wage (€1,469 per month, or about \$1,917, in 2013) (The Netherlands Ministry of Social Affairs and Employment 2013a). Appendix B provides additional details about this program and its recent reforms.

Education and vocational training programs include financing and specific supports at the secondary and postsecondary levels. These programs support educational achievement of youth with disabilities through secondary schools targeted to students with disabilities (The Dutch Inspectorate of Education 2012; Dutch Ministry of Education, Culture, and Science 2012), as well as special education services and financing for personal supports for students with disabilities (De Vos 2011). Young adults with disabilities have access to financing for continued vocational training beginning at age 18 (Government of the Netherlands 2013b).

Employment programs include supports and incentives for both individuals and employers. The government has an overarching focus on work-oriented policies for people with disabilities to encourage people to work (instead of receiving benefits), and to encourage employers to hire hard-to-employ individuals. Employment and vocational services are delivered through contracts with private-sector reintegration companies. This service delivery system evolved from a more centralized approach in 2002 as part of other broad reforms. There has been an increased emphasis on supported employment, including job coaching (Kamp 2012). Supports for employers include a wage subsidy dispensation that allows an employer to pay a wage below the minimum, with the government paying for the difference, a support that had dramatic growth from 2008 (covering 4,300 individuals) to 2011 (covering 8,800 individuals) (UWV 2013b). One important aspect of the national policies involves

**Table IV.2. Overview of Programs for Transition-Age Youth with Disabilities in the Netherlands**

Program Name	Description
<b>Income Programs</b>	
Work and Income (Capacity for Work) Act (WIA)	Act that specifies disability benefit schemes (IVA and WGA, described below); reformed in 2006 (The Netherlands Ministry of Social Affairs and Employment 2013b)
Full invalidity benefit (IVA)	Disability benefit paid after two years of sick leave (can be obtained earlier if disability is permanent); requires that individuals be insured and have less than 20 percent of earnings capacity (The Netherlands Ministry of Social Affairs and Employment 2013b)
Resumption of work/Partial disability pension (WGA)	Payment based on degree of disability (from 35 to 75 percent incapacity) for up to 38 months; requires that individuals be insured (The Netherlands Ministry of Social Affairs and Employment 2013b)
WGA wage supplement	Disability benefit for individuals with partial disabilities (from 35 to 75 percent incapacity) who work at least 50 percent of capacity (The Netherlands Ministry of Social Affairs and Employment 2013b)
WGA follow-up allowance	Disability benefit for individuals who no longer qualify for the wage supplement (those not working or working at less than 50 percent capacity) (The Netherlands Ministry of Social Affairs and Employment 2013b)
Supplementary Benefits Act (TW)	Means-tested benefit to maintain a basic living standard; income must be below a minimum threshold; not disability specific, but can supplement existing disability benefit (The Netherlands Ministry of Social Affairs and Employment 2013b)
Young disabled person pension (Wajong)	Provides supplement to bring earnings and benefits up to a minimum threshold; requires a work incapacity of at least 25 percent by age 17 or a disability onset between 17 and 30 years; more details provided in Appendix B (Berendsen et al. 2011; The Netherlands Ministry of Social Affairs and Employment 2013b)
Sickness benefit act (ZW)	Safety net sickness benefit for individuals without an employer, such as individuals with disabilities seeking employment (The Netherlands Ministry of Social Affairs and Employment 2013b)
Work and Social Assistance Act (WB)	Means-tested social assistance benefit for individuals without other means of support (The Netherlands Ministry of Social Affairs and Employment 2013b)
Compensation for parents with handicapped children living at home (TOG)	Compensation for additional care needs for youth ages 18 and younger with severe disabilities living at home; supplements existing child benefit (The Netherlands Ministry of Social Affairs and Employment 2013b)
<b>Educational and Vocational Training Programs</b>	
Secondary schools for special education (VSO)	Specialized schools and supports for youth ages 12 to 20 with disabilities; students are at risk of accessing Wajong (The Dutch Inspectorate of Education 2012; Dutch Ministry of Education, Culture, and Science 2012)
Special financing for education	Provides education services and financing for youth with disabilities for up to three years to help them with their educational attainment (De Vos 2011; Dutch Ministry of Education, Culture, and Science 2012)
<b>Employment Programs</b>	
Reintegration company	Instead of a central vocational rehabilitation agency, the UWV contracts with private vendors to deliver services for beneficiaries (De Vos 2011)
Individual Reintegration Plan (IRO)	Client-centered approach that allows individuals with disabilities to develop their own employment plan, with the UWV paying a private rehabilitation company to deliver services related to the plan (De Vos 2011)
Wage cost subsidy	Provides employers with a time-limited wage subsidy (up to 50 percent of the minimum wage for one year) for hiring individuals who are entitled to public benefits, such as Wajong or WGA (UWV 2012)
Wage dispensation	Allows employers to pay a wage below the minimum wage for up to five years, if the individual cannot perform at a level commensurate with minimum wage (Berendsen et al. 2011; UWV 2012)
Job coach	Workers who need additional on-the-job assistance and who earn at least 35 percent of the minimum wage can access a job coach (Berendsen et al. 2011; Kamp 2012; UWV 2012)
Apprenticeship with guaranteed work (Leerbaan met baangarantie)	Apprenticeship of at least six months that allows hard-to-employ individuals who receive disability or other benefits to learn on the job with a goal of eventually working independently; collaboration between employer, UWV, and reintegration company; may include job coaching (UWV 2013a)

shifting both resources and responsibilities for employment supports to municipalities (a decentralization in the administration of work-oriented supports) (De Vos 2011). A proposed quota scheme to include more workers with disabilities, planned to be implemented in 2015, has been postponed, as employers work to voluntarily hire an additional 125,000 people with disabilities (100,000 in private labor market; 25,000 through the government) from 2014 through 2025 (Government of the Netherlands 2013a). Despite this policy emphasis, sheltered employment for people with disabilities continues to be highly used: one percent of the labor force works in sheltered employment facilities and, until recently, most Wajong beneficiaries who worked did so through sheltered employment (De Vos 2011; UWV 2012).

## V. STRATEGIES THAT ADDRESS TRANSITION BARRIERS

This section describes the transition strategies used by Dutch and German policymakers to address the needs of their transition-age population with disabilities. Within each strategy, this section also describes the programs that address the barriers and assesses the potential for transferring specific programs to the United States. Because most of those strategies address more than one of the barriers listed in Section II, the presentation is organized by strategy and focused on programs, rather than being organized by barrier, although the one-to-one link between the two sets is established. Table V.1 lists the strategies and the Dutch and German programs that pertain to each strategy, along with the barrier addressed by each program and the assessment of its efficiency, adaptability, and applicability.

**Providing youth-specific income-support programs.** The Netherlands has a disability benefit program specific to young adults, but Germany does not. Dutch policymakers have been able to adapt the Wajong program to encourage specific employment outcomes. In response to rapid program growth, the program rules of operation changed so that all new participants are now placed into one of three tracks: (1) employment (for those with a capacity to work); (2) school (for those with a capacity to work who are in school); and (3) benefits (for those unable to earn at least 25 percent of the minimum wage because of having more significant disabilities) (Berendsen et al. 2011). Though it is still too soon to evaluate the changes in employment outcomes based on the recent reforms, early results suggest positive effects: 23 percent of Wajong participants awarded benefits in the new program in 2010 were employed within their first year, compared to 17 percent of Wajong participants awarded benefits in the old program in 2010 (consistent with the percentages of first year employment in the pre-reform program in the previous two years [UWV 2012]).

Following a similar model in the United States is appealing in many ways because it would help address several barriers that youth face in transition and reach a large number of youth. For example, creating a separate SSI benefit system for youth and young adults with disabilities that guaranteed benefits for a certain period conditional on involvement in a vocational track could ease the transition from school to adulthood. Administratively, though, such a change would require a fundamental reorientation of the SSI program from providing income support to impoverished individuals with work limitations to pursuing a two-pronged mission to: (1) promote work qualification development and independence for youth with limitations, and (2) provide income support for those unable to work. In addition, as the Dutch experience shows, it might be difficult to get youth, families, education professionals, and service system staff to think of employment as the first—and most beneficial—option for such youth.

**Establishing youth-specific vocational programs.** Developing vocational programs targeted to youth can address barriers related to the need for additional vocational supports, services specifically oriented to the needs of youth, and improved coordination of youth to adult services. As detailed above, Germany offers targeted programs and supports for youth with disabilities, specifically vocational supports, including income support programs for those involved in training. These supports are not tied to receipt of a specific disability benefit, though some require that the youth be assessed as having severe disabilities or non-severe disabilities (as assessed by BMAS staff), a process that many youth, particularly those with psychiatric conditions, may not pursue.

**Table V.1. Dutch and German Transition Strategies and Programs to Address Barriers and Transferability to the United States**

Transition Strategy	Program (Country)	Barrier Addressed				Efficiency (Number of Barriers Addressed)	Program Transferability to the United States	
		Insufficient Employment Supports	Insufficient Services for Youth	Limited Access to Adult Services	Poor Coordination Between Youth and Adult Services		Adaptability (Low Cost, High Stakeholder Support)	Applicability (Addressing Barriers for Large Number of Youth)
Providing youth-specific income-support programs	Wajong (NE)		✓		✓	2		✓
Establishing youth-specific vocational programs	Transitional vocational income supports (GE)	✓	✓		✓	3		✓
	Vocational training centers ( <i>Berufsbildungswerke</i> ) (GE)		✓			1		✓
	Reintegration companies (NE)	✓	✓	✓	✓	4	✓	✓
	Targeted vocational supports for Wajong participants (NE)	✓	✓			2	✓	✓
	Supported employment ( <i>Unterstützte Beschäftigung</i> ) (GE)	✓				1		✓
Expanding educational and vocational supports	Special financing for education (NE)		✓			1		✓
Specifying a youth-specific national employment strategy	Job4000, <i>Initiative Inklusion</i> (GE)	✓	✓			2	✓	✓
Coordinating benefits and services	IFD (GE)	✓	✓	✓	✓	4	✓	✓
	Centralized agency (UWV) for income and work supports (NE)			✓		1		✓
	Local transition collaborative agreements (NE)				✓	1		
Offering financial incentives targeted to employers	Wage subsidies and dispensations (NE)	✓				1	✓	
	Act on Promoting Vocational Training ( <i>Ausbildungsförderung</i> ) (GE)	✓				1	✓	
Offering financial incentives to workers with disabilities	Expanding program rules on earnings (NE)	✓				1	✓	✓
Relying on a personal budget	Personal budget ( <i>Persönliches Budget</i> ) (GE)	✓		✓		2		✓
Establishing a quota for workers with disabilities	Employer quota system (GE)	✓				1		✓
	<b>Sum</b>	11	8	4	5	—	7	13

Note: Table shows the specific programs and policies (“program”) used in Germany and the Netherlands, listed by broad transition strategy. For each program, we list the transition barriers addressed, along with an assessment of efficiency (the number of barriers addressed), adaptability (whether the cost of the program and level of stakeholder support make it suitable for adapting in the United States), and applicability (the program could affect a large number of youth). The last row provides a sum of the programs identified in each column.

GE = German program; NE = Dutch program.

One program targeted to youth who are not served by the more conventional services is vocational training centers (*Berufsbildungswerke*). These centers—with 52 locations across Germany—provide intensive and comprehensive vocational preparation and training for up to two years to young adults after they leave high school. These programs target youth with disabilities who have minimal work qualifications (that is, they are not able to obtain apprenticeships on their own). Recent reforms to these centers allow them to connect with local businesses, rather than providing vocational training and experiences only within the centers. Though they have the capacity to serve up to 14,000 youth and evaluations of employment outcomes are positive, these programs can be expensive (Appendix A). In addition to the centers, youth involved in supported employment may receive a range of services as part of achieving their vocational goals.

The Netherlands has promoted vocational services by funding reintegration companies to serve transition-age youth with disabilities and other hard-to-serve populations (such as unemployment and social assistance beneficiaries). As opposed to one publicly funded provider serving all who seek services, the Netherlands' approach funds community-based providers to deliver vocational services, as well as other supports, that are targeted to individuals they choose to serve (De Vos 2011). The UWV, which administers Wajong and other benefit programs, oversees the payments to reintegration companies. A benefit of this approach is that individual companies may provide services exclusively to youth with disabilities (and to specific populations, such as youth with autism or youth with psychiatric conditions), thereby enabling such vendors to develop expertise in serving these populations with the potential for better outcomes. Companies work with individuals for a period of two and a half years, providing ongoing supports after an individual is placed (Berendsen et al. 2011). As part of their involvement in obtaining relevant services, many people who receive unemployment and WIA disability benefits can create their own plan for vocational services, called an Individual Reintegration Plan (*Individuele Re-integratie Overeenkomst* [IRO]). The UWV reviews these plans and then contracts with reintegration companies to deliver services related to the plan. Advantages of this approach include personal empowerment and engagement on the part of the individual and potentially more efficient use of resources (Bosselaar and Prins 2007). Although Wajong participants can use IROs, few typically do (less than 10 percent of those who work) (UWV 2012).

Youth in the Netherlands' Wajong program have access to targeted vocational supports to achieve their employment goals, such as trial work placements (in which they can work for up to three months without being paid by their employer and continue to receive their disability benefits) and access to job coaching. Wajong participants are also required to meet expectations regarding employment and the development of participation plans that detail their vocational goals and services to attain their goals. The experiences of Wajong participants who work underscores the importance of intensive supports: 61 percent of Wajong participants who were employed in December 2011 used at least one vocational support, most commonly job coaching (35 percent), wage dispensation (38 percent), and wage subsidies (16 percent) (UWV 2012).

In terms of transferability to the United States, the Dutch approaches to developing youth-specific vocational programs may be more suitable than the German approaches. German policies build on an already well-developed and formal system of education and vocation-related apprenticeships; whereas U.S. youth with and without disabilities are largely left to their own initiatives to find vocational and educational opportunities after leaving high school, making it difficult to transfer similar German programs in the United States. Another factor is that U.S. youth with disabilities can already find vocational and educational opportunities through state vocational rehabilitation agencies, though such opportunities may vary from state to state and be limited by an agency's ability to serve all youth in need of services. The Dutch solutions to devolve services to local reintegration companies would likely improve access to targeted services for a large number of U.S.

youth and young adults with disabilities, building on existing infrastructure frameworks developed for the Ticket to Work program (that is, Employment Networks). The current U.S. system does not guarantee that youth with disabilities can access appropriate supports for vocational achievement; the Rehabilitation Services Administration, which administers the vocational rehabilitation program, could provide funding directly to qualified youth so that they could purchase services from vocational rehabilitation agencies or other providers. Similarly, young adults receiving SSI or SSDI benefits already have access to services from the Ticket to Work program, but not those with disabilities who are under 18 or who are older but not yet receiving disability benefits. The current system could be adapted in several ways to promote transition: providing additional vocational supports or incentives for community providers to serve young adult beneficiaries, allowing SSI youth to use the program before the redetermination at age 18, or altering the eligibility criteria so that youth and young adults with disabilities who have limited means but are not yet receiving disability benefits could access the program.

**Expanding educational and vocational supports.** Germany uses financial incentives to encourage participation in vocational rehabilitation and training programs. Germany's supported employment program (*Unterstützte Beschäftigung*) provides work-based vocational education and training for individuals with disabilities who need supports to obtain competitive employment, but are unable to complete vocational or pre-vocational training (Doose 2012; Klinkhammer et al. 2012; BMAS 2009b). This program is targeted to youth with disabilities who do not finish school, as well as working-age adults who acquire a disability. As such, these programs supplement an already-existing comprehensive training system to promote transitions. In the Netherlands, young adults with disabilities receive special financing for education to continue their educational attainment after secondary school and achieve their vocational goals.

Strategies similar to those identified above already exist in the United States, albeit for a small group of youth. Vocational rehabilitation agencies already deliver supported employment and financing for education to youth they serve, provided they fulfill the individual's employment goals. Creating a national supported employment program similar to Germany's would be problematic, given that the cost of building a new, independent program would be high, though it could potentially be accessible by a larger group of youth than those currently involved with vocational rehabilitation services. Using the German model, though, that type of program could provide additional resources so that employment supports would follow vocational rehabilitation customers after they officially close from services. Offering broader education financing, as in the Netherlands, could affect a large number of youth with disabilities; however, it might involve substantial costs given the high cost of postsecondary education and the number of youth who would take advantage of the program.

**Specifying a youth-specific national employment strategy.** Germany implemented a national labor program for people with disabilities, Job4000, with a goal of creating an additional 4,000 jobs for individuals with severe disabilities from 2007 to 2011. This policy focused on individuals who were no longer in secondary school, and it provided funding to Länder to develop transition-specific services through the IFD as well as additional supports to employers. It exceeded its goals, and policymakers supplemented it with another federal policy, *Initiative Inklusion*, to be implemented through 2018 with federal funding of €100 million (BMAS 2013a).

The German approach to setting public policies and goals related to youth could be applied in the United States in ways that address the barriers related to insufficient employment supports and the lack of youth-specific services. The United States has some national employment strategies or goals involving people with disabilities, such as Employment First promoted by DOL's Office of Disability Employment Policy to encourage workplace inclusion (US DOL 2013b). However, these efforts tend

to be modest and lack specificity, particularly for youth and young adults. A key aspect of Germany's approach involves setting specific, achievable goals, backed by funding and resources to state and local governments to achieve those goals. U.S. policymakers could follow their example, setting a goal to create a certain number of new jobs for youth with disabilities over a five-year period, distributing grants to states to fund employment-based initiatives for youth, and evaluating states on their progress.

**Coordinating benefits and services.** Improving the coordination of services across multiple providers or agencies involves a program approach that focuses on an entire network or system of organizations responsible for delivering transition services. In Germany, the specialist integration services (IFD) is a joint program between the Federal Employment Agency and the Länder. Staff in IFD offices provide supports for individuals with disabilities in finding and obtaining employment. They also inform employers about legal and accommodation issues and funding for employees with disabilities.

The Netherlands has a centralized agency, the federal UWV. This agency has responsibility for administering income support programs (such as unemployment and sickness benefits as well as *Wajong*) and for overseeing employment supports (such as those purchased through reintegration companies). This centralized system requires that the agency have a broader mission than just providing income supports for individuals with disabilities. Though centralized, many of its functions (such as wage dispensation) have devolved to and/or are administered by municipal-level organizations.

Other Dutch attempts to coordinate benefits and services have been less successful. Staff in secondary schools that serve youth with disabilities may refer youth to the *Wajong* program or to reintegration companies for vocational services, and reintegration companies may serve as conduits between school and work for some youth. Neither approach is necessarily guaranteed for all youth with disabilities, and many youth may fall “in between two chairs,” to use a Dutch expression. Another recent approach has been to develop local transition collaborative agreements among transition stakeholders (such as schools, employers, and UWV) (De Vos 2011). According to our experts, these attempts have largely been unsuccessful because of the amount of effort and funding required; no further funding is anticipated in this area.

Funding staff to serve as a centralized source of information for vocational services and supports—accessible by all youth with disabilities—could feasibly be integrated into the U.S. transition system and be accessible for a large portion of youth with disabilities, as noted below. Services similar to IFD could be beneficial in linking youth with disabilities to various supports in the community. Delegating a single, local source for transition issues for youth after they leave high school could mirror Germany's IFD. Staff in American Job Centers could serve this role, similar to an earlier initiative piloted in the United States (the Disability Program Navigator). Although publicizing a single program is likely to be more efficient than publicizing many different programs targeted at specific subpopulations, the difficulty with a single-source service delivery model is making youth and families aware of the services. For instance, previous programs placed in American Job Centers have not been well utilized (for instance, less than 5 percent of SSI and SSDI beneficiaries in four states with a Disability Program Navigator program used the American Job Center services [Livermore and Colman 2010]). Awareness could be increased, however, by program involvement in secondary schools and through outreach to existing providers with marketing campaigns, and having a single source would seem to be easier to promote to youth and families than the various programs that currently exist. Other potential problems could be inconsistent services across states and the need to identify eligible youth with disabilities.

It seems politically unworkable in the United States to consolidate services and benefits for individuals with disabilities at the national level, as with UWV in the Netherlands, despite the potential for improved coordination of vocational services. SSA provides income supports for youth with the most severe disabilities. In addition the U.S. Department of Education oversees special education services for youth with disabilities in high school and funds vocational rehabilitation services for qualified youth. Similarly, DOL provides additional services and supports for youth seeking jobs and employers. Each federal agency has its own mission and goals in serving youth with disabilities. One U.S. policy option could be to allow states to integrate funding from multiple federal agencies for the purpose of improving transition outcomes, but the barriers to achieving this level of cooperation seem high given the often divergent missions of these agencies.

Finally, the Netherlands' attempt to promote collaboration among key stakeholders through local agreements failed to produce any substantive improvements in the delivery of services to youth with disabilities on a broad level. Currently, many U.S. agencies have developed interagency agreements to deliver transition-related services, and many communities have transition cooperatives composed of stakeholders. The latter are bottom-up, informal approaches to coordination. A more-formalized approach in the United States would likely face a fate similar to that of the Dutch approach, unless it had specific objectives for communities to achieve, required agencies to participate and contribute to such agreements, and/or offered additional or restructured funding for communities to address transition needs. A new demonstration project, PROMISE (funded by the Department of Education and SSA), follows such a top-down approach, providing additional funding and requiring cooperation across agencies to promote services to and achieve specific outcomes for SSI youth and their families.

**Offering financial incentives targeted to employers.** Financial incentives can encourage employers to hire people with disabilities by subsidizing the cost of employing a person with reduced work capacity or the cost of creating a more accessible worksite. In the Netherlands, employers who hire individuals with disabilities, including Wajong participants, can receive wage subsidies and wage dispensations. Another important incentive is that employers who hire Wajong participants are not responsible for payment of sickness benefits (an important incentive, given the changes to WAO described earlier; see Appendix B). Employers can also receive a reduction in the national insurance premiums they pay. As noted, a large portion of employed Wajong participants make use of these incentives. Germany's legislation on promoting vocational training (*Ausbildungsförderung*) allows payments to employers for most of the costs of training young adults with disabilities, a supplemental program to its assortment of vocational supports to promote transition. This type of incentive may be important for small employers, according to our experts.

The United States already offers incentives for employers (tax credits to pay for accommodations or for individuals who receive disability benefits or state vocational rehabilitation agency customers); as noted, employers have applied relatively few work opportunity tax credit certificates in 2012 for individuals with disabilities, a number that has trended downward over the past five years (Scott 2013). Such incentives could be expanded and advertised to encourage their use, and the populations to whom the tax credit applies could also be expanded. Increased financial incentives for employers, including offsetting the cost of training or paying for the first three months of wages, could potentially benefit both employers and youth with disabilities, at perhaps a relative low cost for the program. Given the low use of the current tax credit, it is unclear that many employers would use such a program.

**Offering financial incentives to workers with disabilities.** Improving the financial incentives for individuals with disabilities to work or remain employed—particularly for disability beneficiaries because of the way earnings affect benefits—can be a way of strengthening employment supports. As

part of the Wajong reforms, individuals can retain half of their earnings (up to 120 percent of the minimum wage), with the effect of increasing the overall income to greater than the Wajong benefit alone (Berendsen et al. 2011).

The United States has a similar program for SSI beneficiaries, whose benefits are reduced by one dollar for every two dollars earned, so the experience of the Wajong program in this area does not provide any insight into how financial incentives can affect employment. Other types of financial incentives—such as an earned income tax credit for people with disabilities that directly increases the value of their earnings—might have a significant effect on earnings, particularly for disability beneficiaries. Expanding such financial incentives in the United States could have a relatively modest cost (with minimal initial outlays or program infrastructure) and might be applicable to a large number of youth with disabilities, offsetting the cost of disability and essentially “making work pay.”

**Relying on a personal budget.** In addition to having a comprehensive health care program, German policymakers encourage access to adult services through the provision of a personal budget (*Persönliches Budget*). The personal budget allows qualified individuals to purchase their own services and control how they receive those services, as an alternative to providing services directly to individuals with disabilities. The budget can be used for a wide range of services, including vocational supports, though such purchases are less common. The United States has had successful experiences with similar approaches. For example, Medicaid’s Cash and Counseling program allows Medicaid beneficiaries, including those with disabilities, to purchase their own services directly. In addition, some Employment Network providers pass a large portion of their payments from SSA’s Ticket to Work program directly to their clients, essentially allowing them to manage their own employment support services. While a similar program for vocational supports could be more effective than the current model of using state vocational rehabilitation agencies for services—empowering individuals and invigorating the vocational marketplace—such a program could be expensive, unless funding were shifted from existing services (such as vocational rehabilitation agencies).

**Establishing a quota for workers with disabilities.** Germany’s use of a quota system and its national employment strategy also have promoted access to employment services (BMAS 2013c). The quota system—requiring companies with 20 or more workers to hire a specific percentage of people with disabilities—would be difficult to administer in the United States, and would likely be opposed by U.S. businesses, despite the likelihood of either increasing the number of job opportunities for youth with disabilities or increasing the resources available to support training (through levies on employers who do not meet their quotas).

## VI. DISCUSSION

Social policy transfer among governments is a huge political and institutional challenge. For example, the unsuccessful attempt by New York City to adapt and implement a poverty-reduction program model—that is, conditional cash transfer programs, which had been tested in at least 17 developing countries as of 2010—illustrates how risky and politically charged that process is (Riccio et al. 2010). Even among countries with similar levels of economic development and social welfare systems, any policy transfer attempt is likely to be fraught with problems. For example, although Medicare follows health care payment and service delivery models that closely resemble those of the French health care system, there is enormous social and political opposition in the United States to even considering transferring any policy from the French system. Furthermore, the difference in attitudes towards the social welfare support systems in Europe and the United States creates such a chasm that not even well-grounded and objective reviews of European best practices would be considered seriously in the United States (Alesina and Glaeser 2005).

Successful policy transfer requires a careful consideration of what is being transferred, the actors involved, the reasons for the transfer, and the degree of transfer. There are different levels of policy transfer, from applying a broad idea or policy approach for achieving a specific goal, to transplanting a detailed and developed program that implements a policy (Dolowitz and Marsh 2000). The success of policy transfer depends on many factors and constraints, and what is successful in one context may fail in another (Benson and Jordan 2011; Shipan and Volden 2012; Stone 1999).

The current study explores existing transition programs in Germany and the Netherlands for potential U.S. reform options, suggesting what could be worthwhile to transfer. The specifics—the why and how, the details and contexts—are ultimately in the purview of policymakers. The main rationale for such examination is the dissatisfaction at all levels—among policymakers, stakeholders, advocates, people with disabilities, and agency staff—with the current system of supports for U.S. youth with disabilities. Any policy transfer will need to be assessed in terms of the local context, the complexity of implementation, and political considerations.

From the analysis of U.S. barriers to transition and the in-depth analysis of the Dutch and German efforts presented in previous sections, several high-level contrasts among the three countries' environments should be noted when considering which programs to transfer:

- The German transition system guides all youth through this process, whereas the U.S. system leaves youth to follow their own path.
- The German system guarantees income support while youth are in vocational training, whereas the U.S. system does not offer this type of support.
- The Dutch approach expects youth to work up to their capacity, whereas the U.S. approach assumes youth receiving SSI disability benefits are not able or expected to work.
- The Dutch system guarantees services to and opportunities for youth and delivers them in a coordinated manner, whereas the U.S. approach neither guarantees nor coordinates services.

- The Dutch and German systems emphasize employment supports for youth and employers within a broader set of supports for this population, whereas the U.S. system is ambiguous about integrating employment supports with other supports.

The remainder of this section focuses on how many transition barriers each Dutch and German program addresses (that is, efficiency). Furthermore, it focuses on the transferability of specific programs to the United States (that is, their adaptability and applicability).

### **A. Program Efficiency**

For each of the nine transition strategies, the detailed review of eight German and eight Dutch programs addresses at least one of the four specific U.S. barriers to youth transition (Table 3). However, only one Dutch program and one German program address all four barriers: (1) insufficient employer supports, (2) insufficient services for youth, (3) limited access to adult services, and (4) poor coordination between youth and adult services. These programs are vocational services delivered through reintegration companies, and Specialist Integration Services (IFD), respectively. One program in Germany, the various types of income support for those engaged in vocational education and rehabilitation, addresses three of the four barriers.

In addition, nearly three-quarters of the Dutch and German programs included in this review address the issue of employment supports (11 out of 16 programs). Half of the programs ensure that there are sufficient services for youth (8 out of 16 programs). In contrast, only about one quarter of the programs offer solutions to the limited access of youth to adult services (4 out of 16) and to the poor coordination between youth and adult services (5 out of 16).

The strong emphasis on employment supports seems to be the result of the interests of providers and other stakeholders, which also is likely the case in the United States. For instance, service providers played an important role in the passage of the Ticket to Work initiative as well as of the Affordable Care Act, which mandates coverage for millions of people without health insurance, including low-income youth with disabilities.

### **B. Program Transferability to the United States**

As noted earlier, two criteria—adaptability and applicability—can be used to assess the transferability of programs to improve the outcomes of youth with disabilities (Table 3). The adaptability criterion guides the assessment of the overall cost of the program transfer and the potential for stakeholders (policymakers, advocates, youth with disabilities) to agree with the approach in principle (that is, the program is not overtly partisan or radical or is unlikely to be distorted by stakeholders in the process of passage and implementation). Programs that are more likely to be adaptable are those with lower costs and higher agreement among the stakeholders.

The applicability criterion refers to the extent to which a program could meet the needs of a large number of youth or a large proportion of the target population. Programs that are more applicable would affect a larger number of youth. This dimension is important because of the scale of the issue in the United States.

The reviewed programs are more likely to be applicable than adaptable in the United States. Out of the 16 programs reviewed, nearly two-fifths are classified as adaptable (7 out of 16) (Table 3). In contrast, nearly four-fifths of programs are classified as applicable (13 out of 16). Furthermore,

nearly one-third of programs (5 out of 16), meet both criteria. These programs are nearly evenly distributed between Germany and the Netherlands.

Of the five programs that appear to be transferable to the United States, two address all four barriers, two address the barriers of insufficient employment supports and insufficient services, and one only addresses insufficient employment supports:

- The Dutch UWV, which contracts with private-sector **reintegration companies**, provides youth with disabilities access to employment and vocational services. As noted, these companies implement work-oriented supports for people with disabilities aimed at encouraging people to work (instead of receiving benefits), and encouraging employers to hire hard-to-employ individuals. The appeal of this market-based approach is that the program could build on the existing Employment Networks from SSA's Ticket to Work program.
- The German program **Specialist Integration Services (IFD)**, a joint operation between the Federal Employment Agency and the states, provides supports for individuals with disabilities in finding and obtaining employment and for employers in training and funding opportunities.
- Germany's **Job4000** and **Initiative Inklusion** set national goals and policies for youth and young adults with disabilities, which—along with funding—encourage states to develop resources to serve this population. By setting measurable goals, policymakers can track their progress on achieving their objectives and better inform future goals.
- A subcomponent of the Wajong program provides an array of **employment supports for Wajong participants and their employers**, many of them accessible for a long period, to promote labor force participation. Those in the work track also have the expectation of and responsibility to take up work, even if not at 100 percent of the basic earnings level.
- The Netherlands has **expanded program rules on earnings** for its Wajong program to encourage its beneficiaries to work. Such expansions have the potential of making work more financially appealing.

Despite the array of programs in Germany and the Netherlands, both countries still face three issues in promoting outcomes for youth with disabilities. First, coordination among programs—and between local, state, and federal entities—is difficult in both countries, resulting in fragmentation in services, just as in the United States. Second, neither country has readily available data on youth served across different programs or their eventual outcomes. Third, very few rigorous evaluations of program effectiveness, particularly on whether specific programs have actually promoted employment outcomes for their target populations, have been completed. The available information typically reports outcomes for those served without comparison to outcomes for an appropriate counterfactual population, which limits the rigor of the evidence of program effectiveness.

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## VII. CONCLUSION

The present case studies show that Germany and the Netherlands have a number of comprehensive, coordinated, efficient, and inclusive transition strategies and programs for youth and young adults with disabilities. However, upon closer examination, only a handful of these programs are likely candidates for transfer, entirely or in part, to the U.S. disability support system. This is not surprising given the philosophical and political distance between the European and U.S. systems regarding the underpinnings of the system that supports youth with disability. Likewise, the paucity of rigorous impacts, costs, and benefits of these programs makes it difficult to decide which program components are more suitable for transfer than others.

Yet the handful of programs that seem to be reasonable candidates for transfer are quite interesting. The Dutch and Germany transition experiences suggest that the U.S. transition system could be expanded in a number of ways: setting national goals and providing financial and other supports to states to achieve them, establishing a centralized source of information and supports, encouraging private companies to provide transition services, and expanding employment supports for disability income beneficiaries.

Although it is naïve to assume that the SSA or other federal, state, or local U.S. agencies responsible for regulating, financing, or delivering services to youth with disabilities will embrace the Dutch and German transition strategies and programs examined in this study, there is short- and long-term potential for considering these policies, depending on policymakers' objectives in promoting the adult independence of youth with disabilities. For instance, in the short term, U.S. policymakers might be receptive to the potential usefulness of the Dutch and German transition policies because of dissatisfaction at all levels with the current system of supports for U.S. youth with disabilities.

In the long term, SSA, and the U.S. government in general, face financial, political, and social pressures to rely on solid evidence to make high-level policy decisions regarding the future of supports for U.S. youth with disabilities. Hence, policymakers would do well to turn to the experience of other countries as part of the evidence-building process. Despite its focus on only two European OECD countries, the analysis presented in this report suggests pathways for policymakers to consider in formulating: (1) their objectives for addressing the needs of youth with disabilities, (2) their thinking about potential solutions, and (3) a process for gathering evidence about the best approaches for effectively and efficiently serving youth with disabilities. Finally, in-depth analyses of the experiences of other OECD countries could further increase the evidence base policymakers in this country would rely on to reform the system that supports the transition of youth with disabilities to adulthood.

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## **APPENDIX A**

### **SUMMARY OF SELECTED GERMAN PROGRAMS ACCESSED BY YOUTH WITH DISABILITIES**

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### Appendix A. Summary of Selected German Programs Accessed by Youth with Disabilities

Program Characteristic	Personal Budget (Persönliches Budget)	Supported Employment (Unterstützte Beschäftigung)	Specialist Integration Services (IFD)	Vocational Training Centers (BBW)	Act on Promoting Vocational Training (Ausbildungsförderung)
<b>Program description</b>	Individuals receive a budget to purchase the services and care they need, depending on their stated goals; includes medical, vocational, and social services; most purchased services involve housing and social activities; examples of vocational services that could be purchased include regular rehabilitation services and work assistance.	Provides individualized vocational education and training from 24 to 36 months in competitive employment position, along with income, job coach support, and vocational training; broad disability criteria for eligibility.	Provides employers with information about disabilities and accommodations/supports; supports for youth include vocational orientation and evaluation, person-centered planning, job placement, and on-the-job supports.	Provides intensive vocational orientation and preparation for specific occupations as well as other supports (such as social workers and psychologists); vocational services include preparation, training in specific professions, school, and placement services; individuals may reside at the center. Consists of 52 training centers with a capacity to accommodate 14,000 people with disabilities.	Promotes access to mainstream labor market for young adults with disabilities; pays 60 percent of an employer's training costs for an individual with disabilities (80 percent for those with severe disabilities).
<b>Administrator</b>	Federal Employment Agency (Bundesagentur für Arbeit) and Länder-based [state] Integration Offices (Integrationsämter)	Federal Employment Agency (Bundesagentur für Arbeit)	Federal Employment Agency (Bundesagentur für Arbeit) and Länder-based [state] Integration Offices (Integrationsämter)		Federal Employment Agency (Bundesagentur für Arbeit)
<b>Target population/ disability definition</b>	All individuals with disabilities	All individuals with disabilities unable to complete vocational/pre-vocational training, but young adults leaving school are a priority group	All individuals with severe disabilities and individuals with non-severe disabilities identified through the Federal Employment Agency	Young adults with disabilities who are unable to obtain an apprenticeship and require intensive vocational supports	Young adults with non-severe or severe disabilities
<b>Number using support</b>	No information on number of transition-age youth using support	About 3,000 (2012) (Doose 2012)	Number using services increased from 51,000 in 2005 to 66,000 in 2011 (Bundesarbeitsgemeinschaft der Integrationsämter und Hauptfürsorgestellen, 2012); 5,086 were students with disabilities in 2011	52,321 (2012)	3,023 individuals with severe disabilities and 5,711 individuals with non-severe disabilities under age 25 (2011)
<b>Recent changes/ reforms</b>	Introduced in 2008; no recent changes/reforms	Introduced in 2009; no recent changes/reforms	Evolved from pilot project; seen as a key vocational rehabilitation support. Shift in oversight to Federal Employment Agency and Länder-based [state] Integration Offices (Integrationsämter) (had been Federal Employment	In 2004, expanded scope so that the training centers could provide services at locations outside the center	Reformed in 2012 to simplify criteria for benefit eligibility; too soon to identify effects of reforms

Program Characteristic	Personal Budget (Persönliches Budget)	Supported Employment (Unterstützte Beschäftigung)	Specialist Integration Services (IFD)	Vocational Training Centers (BBW)	Act on Promoting Vocational Training (Ausbildungsförderung)
			Agency); the Federal Employment agency is responsible for funding training and placement services; the Länder are responsible for funding employment support services (through income from levies for employment quota system). Federal funding to Länder through JOB 4000 program from 2007-2013; new initiative, with similar purpose, is Initiative Inklusion.		
<b>Strengths of the approach:</b>					
Employment		Alternative to the sheltered employment program	Offices provide support and training for individuals with disabilities and employers; no limit on services	34 percent of trainees are employed one year after completing training (Neumann et al. 2010)	Offset the youth's training costs for employers
Coordination with other programs	Can be coordinated/integrated with rehabilitation service providers	Can be combined with specialist integration services as part of a continuum of vocational supports	Can be coordinated with other programs, such as supported employment and secondary school services. Acts in a bridge-building capacity, linking individuals with disabilities, service providers, and employers.	Centers have limited coordination capability, both in the transition from school and in post-training placement as many of those using their services come from (and return to) another geographic area	Benefits can be combined with other rehabilitation programs
<b>Challenges in:</b>					
Implementation	Individual freedom to choose services may be limited by lack of service providers. Concern that budget amounts are counted as income by other benefit types (that is, benefits endanger other benefits). Complex rehabilitation and benefit system makes personal budget use complicated (for example, overlapping organizational jurisdictions and responsibilities).	Contract goes to lowest bidder and providers have different levels of expertise in delivering services (resulting in varied quality). Lack of individual choice in provider selection, unless combined with Personal Budget. Coordination with specialist integration services requires that the individual be qualified for that service (supported employment is available for a broader group of individuals with disabilities than	To receive services, individuals must qualify as having a severe disability and be registered as seeking employment (young adults leaving secondary school may not have the first requirement).	High cost (~€120,000 per person over 3 to 4 years). Individuals with more significant or complex disabilities are sent to the centers, requiring them to expand the services they offer. Placement capacity may be limited for youth who reside in area different from the center.	Few individuals and employers use program. Complexity in how program fits with other programs and who is eligible. Young adults, particularly those leaving secondary school, may not be formally assessed as having a disability, and so not be eligible for benefit.

Program Characteristic	Personal Budget (Persönliches Budget)	Supported Employment (Unterstützte Beschäftigung)	Specialist Integration Services (IFD)	Vocational Training Centers (BBW)	Act on Promoting Vocational Training (Ausbildungsförderung)
		<p>other programs; individuals with mild cognitive disorders or psychiatric disorders might not qualify for other kinds of services). Providers can lose their supported employment contracts. Excludes individuals with more severe disabilities (who are assessed as incapable of working in the competitive labor market).</p>			
Reform	Not applicable	Not applicable	<p>Initially excluded youth with mental conditions (as individuals with these conditions did not qualify as having severe disabilities); 2001 reform allowed such individuals to receive services, though the financing is not specified. Shifting funding decisions to Länder resulted in inconsistent funding of services/programs. Integration office can serve as useful transition coordinator, helping youth navigate the array of available providers, services, and supports. Job 4000 helped Länder develop specific school-to-work transition expertise and services, a federal effort seen as effective in promoting the development across Länder. Requirements for Job 4000 to fund new services forced Länder that already had transition services to develop new programs (adding to complexity of transition environment).</p>	Centers are developing more connections to and placements with employers (for example, having placements within an employer, but providing wrap-around supports)	Not applicable

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**APPENDIX B**  
**SUMMARY OF THE WAJONG PROGRAM**

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## Appendix B. Summary of the Wajong Program

<b>Young Disabled Persons Pension (Wajong)</b>		
	<b>Pre-2010 (old Wajong)</b>	<b>2010 to present (new Wajong)</b>
Program description	Income and vocational support program for young adults	Underwent major changes in 2010 to increase labor force participation of youth with disabilities. In response to an increasing number of beneficiaries who had low employment outcomes, policymakers shifted its focus from income support to employment support (including an assessment of work capacity, rather than incapacity).  Reform included stricter application criteria regarding assessment of employment capacity and expectation of recovery within 12 months, which decreased the number of eligible individuals.  The program currently has three tracks: employment (for those assessed as able to work; 54 percent of new entrants), education (for those attending school; 34 percent of new entrants), and benefit (for those who are unable to earn more than 35 percent of the minimum wage; 13 percent of new entrants).
Administrator	UWV	UWV
Target population/disability definition	Young adults ages 18 to 30 with a disability who are unable to work at full capacity in the regular labor market (full incapacity to work)	Young adults ages 18 to 27 with disability assessment based on vocational ability; reassessment at age 28 as to permanent receipt of Wajong
Number using support	In 2009, the program had 17,600 new participants and 192,000 participants	In 2011, the program had 16,300 new participants and 216,000 participants (including old and new Wajong, almost all new participants were in new Wajong)
<b>Strengths of the approach:</b>		
Employment	Vocational services available either directly from UWV or contracted through a private reintegration company (labor reintegration services).  Range of services include postsecondary education and training, job search support, job coaching, work site accommodations, self-employment supports, and transportation.  Employers also have incentives to employ program participants, including wage subsidies, work trials (during which they do not have to pay wages); sickness benefits covered by a public program; reduced social security contributions, accommodation assistance, and minimum wage payment dispensation	Program participants and UWV staff develop a plan that identifies the participants' vocational goals, summarizes available vocational supports to attain goals, and specifies the participants' rights and obligations regarding their participation in the program.  Access to vocational supports as in old Wajong.  2011 statistics (UWV 2012) show the following related to employment: (1) a 7 percent increase in the number of participants in the employment track, (2) more participants working in competitive employment than in sheltered employment, (3) a slight increase in the proportion of employers who have hired participants (from 4.2 percent to 4.8 percent), (4) work beginning more quickly after benefit receipt for the new program, and (5) of those working in 2010, more than half were still employed one year later
Coordination with other programs		School staff can be involved in developing the participation plan, but not systematically
Challenges in implementation	Large increase in number of beneficiaries	Reform was implemented during economic recession, restricting labor market opportunities for program participants.  Program participants can obtain temporary job contracts with employers, but those contracts are often not renewed once the contract expires (that is, the employment is often not sustainable).  Time-limited employment supports may not be sufficient for program participants, many of whom may need longer-term or permanent supports to maintain employment.  Difficult to reorient people/programs from a work incapacity to a work capacity/ competency perspective.

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