

IPS in Belgium: From Pilot to Sustainable Implementation

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Overview

- ▲ IPS in Belgium
- ▲ Current challenges
- ▲ Celebrations
- ▲ Key messages

IPS in Belgium (1)

- The IPS pilot project **is funded by** the **NIHDI (INAMI-RIZIV)**, Belgium's National Institute for Health and Disability Insurance and a key player in the management of the social security system. The NIHDI has two primary missions: *first*, ensuring access to healthcare and managing healthcare pricing and reimbursement; and *second*, providing replacement income in cases of illness or accident, as well as during adoption, maternity or paternity leave. In addition, the NIHDI facilitates access to return-to-work and reintegration opportunities for people experiencing incapacity for work.
- The programme has been **co-developed** since 2018 and is being implemented at several sites in Brussels, Flanders and Wallonia (ASBL Article 23, ASBL L'Équipe, and GTB). A common feature of all pilot sites is their collaboration with the NIHDI, mutual societies for health insurance ('mutualités'/'ziekenfondsen'), medical advisors ('médecins-conseils'/'adviseurend artsen'), return-to-work coordinators ('coordinateurs retour au travail'/'terug naar werk-coördinatoren'), regional employment services, and the person's healthcare network.
- An evaluation component of the programme, including: **a randomised trial**, S. Fontenay & I. Tojerow, *How Does Job Coaching Help Disability Insurance Recipients Work While on Claim?*, IZA Institute of Labor Economics, IZA DP No. 15386, June 2022 ([link](#)); **qualitative research on specific aspects (disclosure, IPS participants' experiences, etc.)**: V. De Greef & N. Hamarat, *Une approche juridique et collective de la divulgation des problématiques de santé mentale au travail*, Santé mentale au Québec 50, n° 1 (2025) ([link](#)).

Phases for the implementation and evaluation of the pilot project

Phase 0: An overview of vocational reintegration in Belgium (2015)

Phase 1: Preparation of the pilot project (2016–2017)

Phase 2: Launch of the pilot project (2018)

Phase 3: Monitoring of the pilot project (2018–present): Fidelity Reviews (internal and international) and qualitative monitoring

Phase 4: Evaluation of the pilot project through a randomised trial (2017–2025, with scientific follow-up still ongoing)

➤ **Reflection on potential implementation within the Belgian social security system and continuation of the research agenda**

IPS in Belgium (3)

Strengths	Challenges
The IPS exists in Belgium through the pilot project	No structural implementation yet, but pathways are being explored
Growing links between the health and employment sectors, and new dedicated roles (e.g. return-to-work coordinators)	Things are changing, but what kind of collaboration? + persistent assumptions about the ability to return to work
A strong legal framework on well-being at work to prevent mental health problems	Effectiveness is however another question + legal uncertainty (e.g. maintaining benefits)
The role of Disability Manager exists + RTWCs	Limited incentives for employers to hire people with certain limitations/to keep workers who faced an incapacity for work
A culture of dialogue between physicians (treating doctors/medical advisors/occupational physicians)	Does labour law adequately address these situations? + low wages

Current challenges

(1) Adjust or add specific criteria to better reflect the **Belgian context**: healthcare, social security actors (e.g. return-to-work coordinators), occupational health and well-being actors, *etc.*

(2) Bring together information on the **care settings most appropriate for IPS in Belgium**, both in terms of structures (hospital vs outpatient care, primary healthcare, the role of general practitioners, *etc.*) and approaches to care (treatment, recovery, community health, *etc.*), and formalise good IPS practices within healthcare.

Continuously improve **communication with the different stakeholders**, while incorporating the perspective of IPS participants.

Formalise **good IPS practices with employers** (what makes a workplace supportive of IPS, concrete examples of workplace accommodations and successful collaboration) and with **occupational health and well-being actors**.

Provide an **in-depth analysis of employment contract issues** emerging from the pilot phase.

Document **good IPS practices with mutual societies for health insurance**.

(3) Prepare for **the future of IPS**: define the IPS training offer and the actors responsible for delivering it in the coming years; identify methodological and data needs for future action plans; and maintain the momentum of collaboration at European and international levels.

Adapting IPS Fidelity to the Belgian context – four areas for further development

(1) Integration with mental health care

Integrate IPS job coaches into a reference clinical team, while allowing referrals from other clinical teams.

(2) Integration with social security and return-to-work actors

Include collaboration with mutual societies for health insurance, medical advisors and return-to-work coordinators in the Belgian IPS model, with contact at key stages and regular coordination.

(3) Coordination with occupational health and well-being actors

Strengthen coordination with these actors once a participant is in employment.

(4) Context-sensitive outreach

Maintain the IPS principle, while adapting outreach practices to the local context.

Celebrations

- **Eight years of *co-construction* and innovation**
- **A strong culture of evaluation**
- **A growing cross-sector network addressing both IPS-specific and broader return-to-work challenges**

Key messages

- **Our main lesson is that implementing IPS is not only about connecting mental health and employment. Social security also needs to be part of the picture.**
- **Co-construction is key.** It means bringing together the experience of IPS participants, practitioners, healthcare, employment and social security actors, and researchers, and using what we learn together to continuously adapt the programme.
- **The next challenge is to make IPS sustainable, and policy decisions will play a major role in the coming months.**

Our thanks to:

Our partners:

- IPS participants and pilot sites
 - GTB
 - ASBL Article 23
 - ASBL L'Équipe
- Mutual societies for health insurance
- VDAB – Actiris – Le Forem
- Healthcare teams

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