

Online Appendix of the paper

Appendix A, B and C

**Is Supported Employment Effective for Young Adults
with Disability Pension?**

Evidence from a Swedish Randomized Evaluation

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Appendix A

Table A-1. Average individual characteristics for all young adults, aged 19-29, with disability pension, all young adults with disability pension who received vocational rehabilitation, and our study group

	All young adults with disability pension (1)	All young adults with disability pension receiving rehabilitation (2)	Our study group (3)
Age in years	24.9	25.3	24.8
Females 0/1	0.47	0.48	0.48
Children 0/1	0.11	0.14	0.14
Foreign born 0/1	0.10	0.08	0.09
Secondary education	0.46	0.51	0.43
Support decision 0/1	0.47	0.26	0.30
Daily activities 0/1	0.39	0.16	0.21
Housing support 0/1	0.17	0.06	0.09
<i>Diagnoses 0/1</i>			
- Mood disorders	0.06	0.07	0.09
- Neurotic and stress	0.08	0.11	0.11
- Personality disorders	0.04	0.05	0.05
- Mental retardation	0.18	0.14	0.18
- Psychological development	0.24	0.24	0.20
- Behavioral disorders	0.11	0.16	0.18
- Other mental	0.05	0.06	0.05
- Non-mental	0.17	0.12	0.10
- Unknown	0.07	0.05	0.05
<i>Observations</i>	36,871	1,295	1,063

Notes. The table is based on data work using register data from the National Social Insurance Agency, Public Employment Office and the National Board of Health and Welfare. Figures for all young adults with disability pension, reported in Column 1, are based on all young adults who had disability pension because of reduced work capacity at some time during the period November 2014 to January 2016. Figures for all young adults with disability pension who received vocational rehabilitation, reported in Column 2, are based on all young adults who had disability pension because of reduced work capacity and who were inscribed within the enhanced co-operation between the National Social Insurance Agency and the Public Employment Office at some time during the period November 2014 to January 2016. All statistics are based on municipalities that were not part of the study (except for Column 3).

Support decision means that the individual has received a legal decision containing the right to receive different kinds of supports and services due to an extensive lasting disability.

Daily activities imply that the individual participates in institutionalized daily activities (available to give the person something interesting and meaningful to do during the daytime).

Housing support indicates that the individual receives special housing support, including help with daily activities such as opening and reviewing mail, cleaning, weekly planning and/or contacting government authorities.

Table A-2. The diagnoses from Table 2 and the two-digit code from ICD-10

Diagnoses	One-digit ICD codes	Frequency	Percent
- Mood disorders	F3	95	8.95
- Neurotic and stress	F4	116	10.92
- Personality disorders	F6	51	4.80
- Mental retardation	F7	190	17.89
- Psychological development	F8	217	20.43
- Behavioral disorders	F9	186	17.51
- Other mental	F0, F1, F2, F5	51	4.80
- Non-mental	All others	101	9.51
- Unknown	.	55	5.18
Total		1,062	100

Table A-3. Two-digit ICD-10 diagnoses coding

Diagnoses	ICD-10	Frequency	Percent
<i>Mood disorders F3</i>			
- Bipolar affective disorder	F31	47	4.43
- Depressive episode	F32	23	2.17
- Recurrent depressive disorder	F33	21	1.98
- Persistent mood [affective] disorders	F34	4	0.38
<i>Neurotic and stress F4</i>			
- Phobic anxiety disorders	F40	26	2.45
- Other anxiety disorders	F41	43	4.05
- Obsessive-compulsive disorder	F42	16	1.51
- Reaction to severe stress, and adjustment disorders	F43	25	2.35
- Dissociative [conversion] disorders	F44	1	0.09
- Somatoform disorders	F45	2	0.19
- Other neurotic disorders	F48	3	0.28
<i>Personality disorders F6</i>			
- Specific personality disorders	F60	51	4.80
<i>Mental retardation F7</i>			
- Mild mental retardation	F70	114	10.73
- Moderate mental retardation	F71	3	0.28
- Severe mental retardation	F72	1	0.09
- Other mental retardation	F78	1	0.09
- Unspecified mental retardation	F79	71	6.69
<i>Psychological development F8</i>			
- Specific developmental disorders of speech and language	F80	2	0.19
- Specific developmental disorders of scholastic skills	F81	4	0.38
- Mixed specific developmental disorders	F83	3	0.28
- Pervasive developmental disorders	F84	191	17.98
- Unspecified disorder of psychological development	F89	17	1.60
<i>Behavioral F9</i>			
- Hyperkinetic disorders	F90	177	16.67
- Mixed disorders of conduct and emotions	F92	1	0.09
- Disorders of social functioning with onset specific to childhood and adolescence	F94	1	0.09
- Tic disorders	F95	1	0.09
- Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence	F98	5	0.47
- Mental disorder, not otherwise specified	F99	1	0.09
<i>Other mental F0, F1, F2, F5</i>			
- Other mental disorders due to brain damage and dysfunction and to physical disease	F06	4	0.38
- Personality and behavioural disorders due to brain disease, damage and dysfunction	F07	1	0.09
- Unspecified organic or symptomatic mental disorder	F09	1	0.09
- Mental and behavioural disorders due to use of other stimulants, including caffeine	F15	1	0.09
- Schizophrenia	F20	17	1.60
- Schizotypal disorder	F21	3	0.28
- Schizoaffective disorders	F25	7	0.66
- Unspecified nonorganic psychosis	F29	7	0.66
- Eating disorders	F50	10	0.94
<i>Non-mental</i>			
- Malignant neoplasm of brain	C71	1	0.09
- Malignant neoplasm, without specification of site	C80	1	0.09

- Benign neoplasm of brain and other parts of central nervous system	D33	1	0.09
- Vitamin B 12 deficiency anaemia	D51	1	0.09
- Other immunodeficiencies	D84	1	0.09
- Other disorders of thyroid	E07	1	0.09
- Insulin-dependent diabetes mellitus	E10	2	0.19
- Obesity	E66	2	0.19
- Disorders of purine and pyrimidine metabolism	E79	1	0.09
- Postprocedural endocrine and metabolic disorders, not elsewhere classified	E89	2	0.19
- Intracranial and intraspinal abscess and granuloma in diseases classified elsewhere	G07	1	0.09
- Multiple sclerosis	G35	1	0.09
- Epilepsy	G40	4	0.38
- Other headache syndromes	G44	1	0.09
- Sleep disorders	G47	2	0.19
- Inflammatory polyneuropathy	G61	1	0.09
- Primary disorders of muscles	G71	2	0.19
- Cerebral palsy	G80	8	0.75
- Paraplegia and tetraplegia	G82	3	0.28
- Other disorders of brain	G93	2	0.19
- Other retinal disorders	H35	1	0.09
- Other hearing loss	H91	2	0.19
- Other disorders of ear, not elsewhere classified	H93	1	0.09
- Cardiomyopathy in diseases classified elsewhere	I43	1	0.09
- Heart failure	I50	1	0.09
- Intracerebral haemorrhage	I61	2	0.19
- Other nontraumatic intracranial haemorrhage	I62	1	0.09
- Cerebral infarction	I63	1	0.09
- Sequelae of cerebrovascular disease	I69	1	0.09
- Asthma	J45	1	0.09
- Dental caries	K02	1	0.09
- Ulcerative colitis	K51	1	0.09
- Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere	K87	1	0.09
- Intestinal malabsorption	K90	1	0.09
- Acne	L70	1	0.09
- Juvenile arthritis	M08	1	0.09
- Systemic lupus erythematosus	M32	1	0.09
- Kyphosis and lordosis	M40	1	0.09
- Other inflammatory spondylopathies	M46	1	0.09
- Calcification and ossification of muscle	M62	1	0.09
- Other soft tissue disorders, not elsewhere classified	M79	3	0.28
- Juvenile osteochondrosis of hip and pelvis	M91	1	0.09
- Chronic kidney disease	N18	2	0.19
- Other disturbances of cerebral status of newborn	P91	1	0.09
- Other congenital malformations of brain	Q04	3	0.28
- Spina bifida	Q05	3	0.28
- Other congenital malformations of spinal cord	Q06	1	0.09
- Congenital malformations of great arteries	Q25	1	0.09
- Other congenital malformations of female genitalia	Q52	1	0.09
- Other congenital malformations of limb(s)	Q74	2	0.19
- Osteochondrodysplasia with defects of growth of tubular bones and spine	Q77	1	0.09

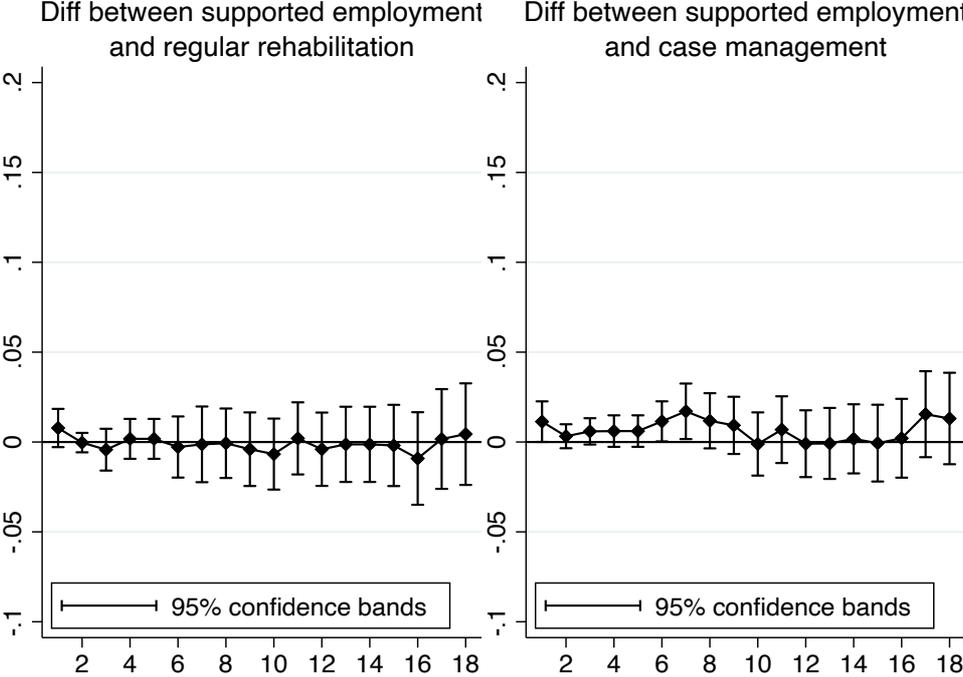
- Congenital malformations of the musculoskeletal system, not elsewhere classified	Q79	1	0.09
- Congenital malformation syndromes due to known exogenous causes, not elsewhere classified	Q86	1	0.09
- Other specified congenital malformation syndromes affecting multiple systems	Q87	1	0.09
- Down syndrome	Q90	1	0.09
- Monosomies and deletions from the autosomes, not elsewhere classified	Q93	2	0.19
- Abnormalities of gait and mobility	R26	1	0.09
- Other symptoms and signs involving cognitive functions and awareness	R41	1	0.09
- Dyslexia and other symbolic dysfunctions, not elsewhere classified	R48	1	0.09
- Pain, not elsewhere classified	R52	1	0.09
- Fracture of skull and facial bones	S02	1	0.09
- Injury of eye and orbit	S05	1	0.09
- Intracranial injury	S06	2	0.19
- Dislocation, sprain and strain of joints and ligaments at neck level	S13	2	0.19
- Injury of nerves and spinal cord at thorax level	S24	1	0.09
- Sequelae of injuries of head	T90	1	0.09
- Sequelae of injuries of neck and trunk	T91	1	0.09
- Personal history of malignant neoplasm	Z85	2	0.19
- Acquired absence of limb	Z89	1	0.09
<i>Unknown</i>		55	5.18
		1,062	100

Table A-4. Scale-free normalized differences in average characteristics between interventions.

	Supported employment - Regular rehabilitation	Supported employment - Case management	Case management - Regular rehabilitation
Age in years	0.14	0.10	0.04
Females 0/1	0.06	0.04	0.02
Children 0/1	-0.04	-0.01	-0.03
Foreign born 0/1	-0.01	-0.05	0.04
Big city 0/1	0.02	0.04	-0.02
Secondary education 0/1	0.01	0.04	-0.04
Labor market experience 0/1	-0.04	-0.01	-0.03
<i>Diagnoses 0/1</i>			
- Mood disorders	-0.00	-0.01	0.00
- Neurotic and stress	0.01	-0.06	0.07
- Personality disorders	-0.00	0.03	-0.03
- Mental retardation	-0.03	-0.00	-0.03
- Psychological development	-0.04	0.03	-0.07
- Behavioral disorders	0.03	0.03	-0.00
- Other mental	0.01	-0.00	0.01
- Non-mental	0.01	0.02	-0.00
- Unknown	0.03	-0.04	0.08
<i>Observations</i>	369	301	392

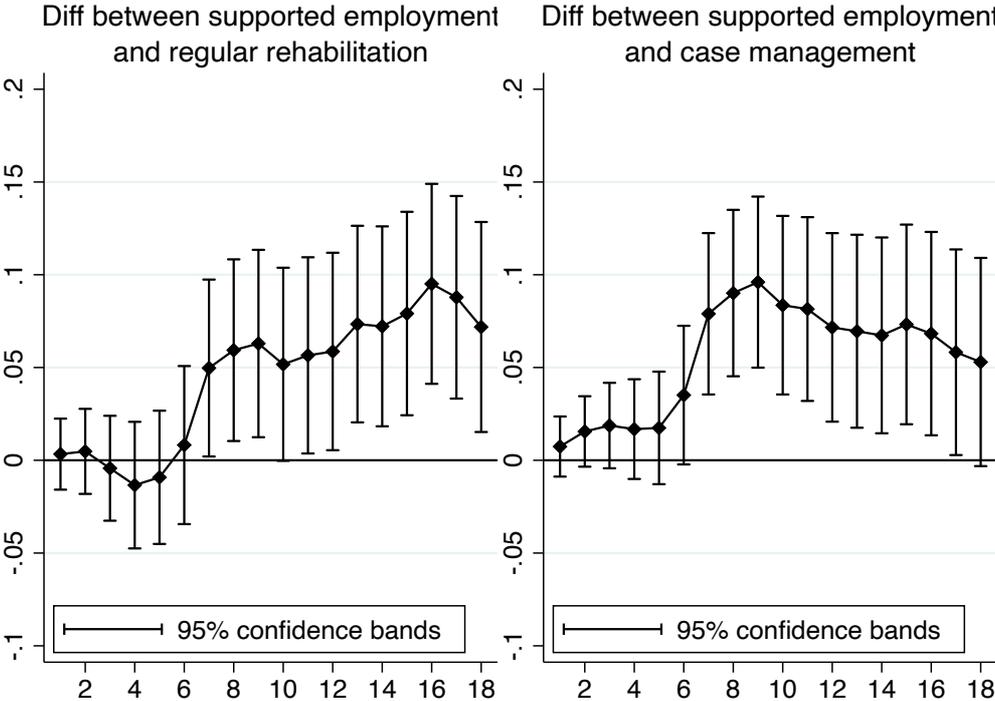
Notes. The scale-free difference in means is calculated as $(\mu_1 - \mu_0) / \sqrt{\sigma_1^2 + \sigma_0^2}$, as suggested by Imbens and Wooldridge (2009). They recommend reporting this difference since it does not systematically increase with the sample size which is the case when relying on the t-statistic. As a rule of thumb, a normalised difference exceeding 0.25 is likely to lead to sensitive results.

Figure A-1.1. Estimated differences in regular employment rates between the supported employment and regular rehabilitation (left panel), and between supported employment and case management (right panel), for young adults aged 19-29 with disability pension and belonging to the study group (1,062 individuals), by months since randomization.



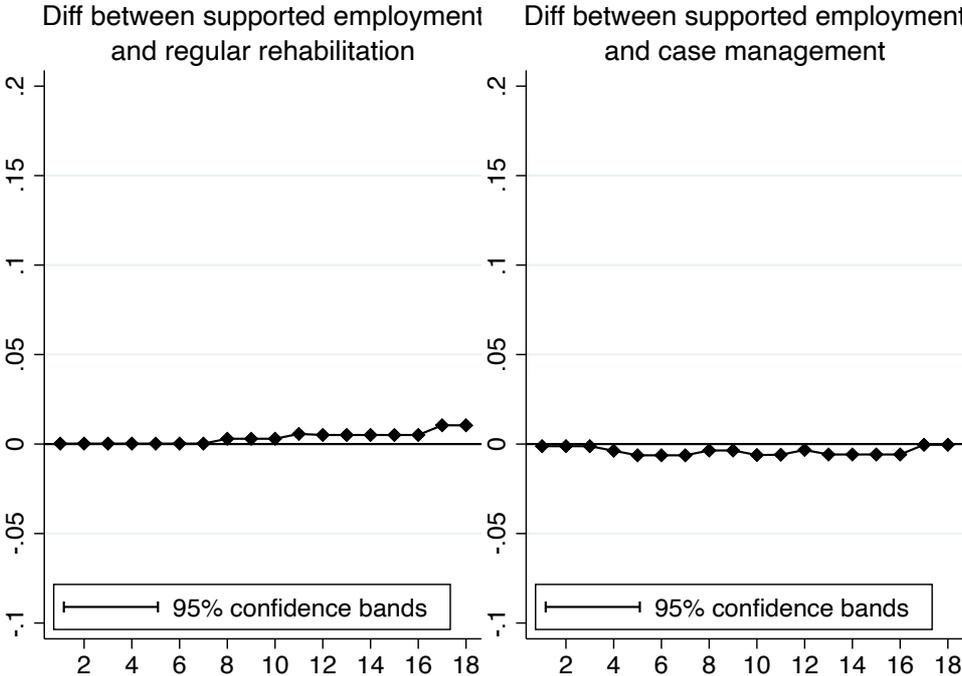
Notes: x-axes show months since randomization. Controls are described in Figure 4 in the paper. Estimations are based on linear probability models and standard errors are clustered at the individual level.

Figure A-1.2. Estimated differences in subsidized employment rates between the supported employment and regular rehabilitation (left panel), and between supported employment and case management (right panel), for young adults aged 19-29 with disability pension and belonging to the study group (1,062 individuals), by months since randomization.



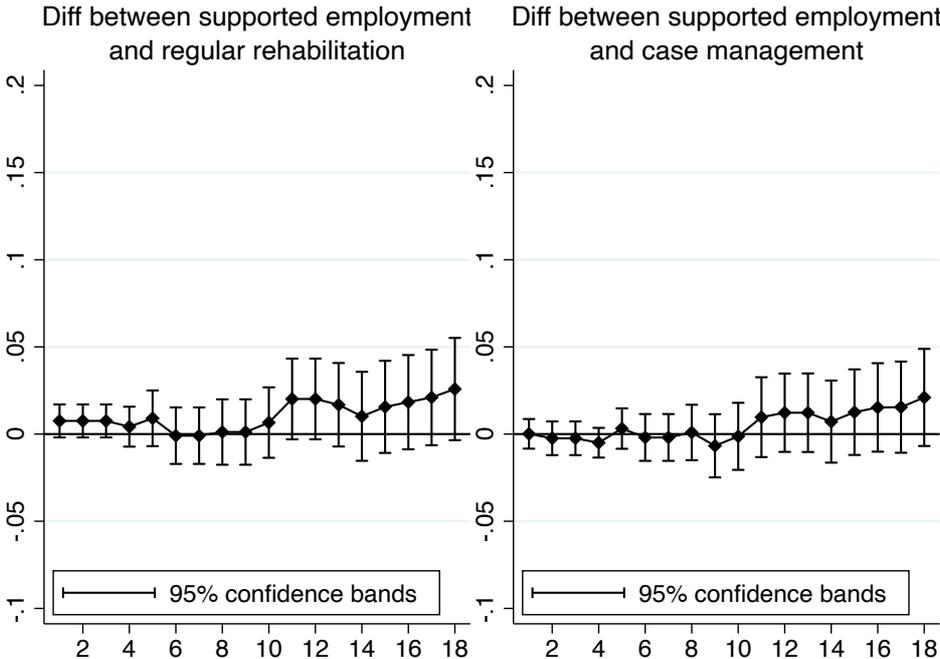
Notes: x-axes show months since randomization. Controls are described in Figure 4 in the paper. Estimations are based on linear probability models and standard errors are clustered at the individual level.

Figure A-1.3. Estimated differences in sheltered employment rates between the supported employment and regular rehabilitation (left panel), and between supported employment and case management (right panel), for young adults aged 19-29 with disability pension and belonging to the study group (1,062 individuals), by months since randomization.



Notes: x-axes show months since randomization. Controls are described in Figure 4 in the paper. Standard errors are not available when estimating effect on sheltered work month by month. The variance-covariance matrix is nonsymmetric or highly singular.

Figure A-1.4. Estimated differences in regular education rates between the supported employment and regular rehabilitation (left panel), and between supported employment and case management (right panel), for young adults aged 19-29 with disability pension and belonging to the study group (1,062 individuals), by months since randomization.



Notes: x-axes show months since randomization. Controls are described in Figure 4 in the paper. Estimations are based on linear probability models and standard errors are clustered at the individual level.

Table A-5. Underlying regressions for Figure 4 and Figures A-1.1 and A-1.2, which is based on Equation (1). Linear probability models with standard errors clustered at the individual and municipality level, respectively. Column 1 is the underlying regression for Figure 4 in the paper.

	Employment		Regular employment		Subsidized employment	
	(1)	(2)	(3)	(4)	(5)	(6)
<i>Treatment by month</i>						
SE month 1	0.019 (0.012)	0.019* (0.011)	0.008 (0.005)	0.008 (0.009)	0.003 (0.010)	0.003 (0.007)
SE month 2	0.012 (0.013)	0.012 (0.010)	-0.000 (0.003)	-0.000 (0.002)	0.005 (0.012)	0.005 (0.010)
SE month 3	-0.001 (0.016)	-0.001 (0.015)	-0.004 (0.006)	-0.004 (0.006)	-0.004 (0.014)	-0.004 (0.013)
SE month 4	-0.007 (0.019)	-0.007 (0.025)	0.002 (0.006)	0.002 (0.006)	-0.013 (0.017)	-0.013 (0.022)
SE month 5	0.002 (0.020)	0.002 (0.018)	0.002 (0.006)	0.002 (0.006)	-0.009 (0.018)	-0.009 (0.018)
SE month 6	0.005 (0.024)	0.005 (0.020)	-0.003 (0.009)	-0.003 (0.009)	0.008 (0.022)	0.008 (0.022)
SE month 7	0.048* (0.027)	0.048* (0.026)	-0.001 (0.011)	-0.001 (0.010)	0.050** (0.024)	0.050* (0.027)
SE month 8	0.063** (0.027)	0.063** (0.024)	-0.001 (0.010)	-0.001 (0.010)	0.059** (0.025)	0.059** (0.025)
SE month 9	0.063** (0.028)	0.063** (0.028)	-0.004 (0.010)	-0.004 (0.010)	0.063** (0.026)	0.063** (0.028)
SE month 10	0.055* (0.029)	0.055** (0.026)	-0.007 (0.010)	-0.007 (0.010)	0.052* (0.027)	0.052** (0.025)
SE month 11	0.084*** (0.030)	0.084*** (0.028)	0.002 (0.010)	0.002 (0.010)	0.057** (0.027)	0.057* (0.028)
SE month 12	0.080*** (0.030)	0.080** (0.031)	-0.004 (0.010)	-0.004 (0.009)	0.059** (0.027)	0.059** (0.028)
SE month 13	0.094*** (0.030)	0.094*** (0.031)	-0.001 (0.011)	-0.001 (0.010)	0.073*** (0.027)	0.073** (0.030)
SE month 14	0.086*** (0.031)	0.086** (0.032)	-0.001 (0.011)	-0.001 (0.010)	0.072*** (0.027)	0.072** (0.034)
SE month 15	0.098*** (0.031)	0.098*** (0.027)	-0.002 (0.012)	-0.002 (0.011)	0.079*** (0.028)	0.079** (0.032)
SE month 16	0.109*** (0.031)	0.109*** (0.030)	-0.009 (0.013)	-0.009 (0.015)	0.095*** (0.027)	0.095*** (0.029)
SE month 17	0.121*** (0.032)	0.121*** (0.032)	0.002 (0.014)	0.002 (0.013)	0.088*** (0.028)	0.088*** (0.030)
SE month 18	0.113*** (0.033)	0.113*** (0.031)	0.004 (0.014)	0.004 (0.014)	0.072** (0.029)	0.072* (0.035)
CM month 1	0.001 (0.011)	0.001 (0.010)	-0.004 (0.003)	-0.004 (0.002)	-0.004 (0.010)	-0.004 (0.008)
CM month 2	-0.003 (0.012)	-0.003 (0.011)	-0.004 (0.003)	-0.004 (0.002)	-0.011 (0.010)	-0.011 (0.009)
CM month 3	-0.022 (0.016)	-0.022 (0.017)	-0.010* (0.006)	-0.010* (0.006)	-0.023* (0.014)	-0.023 (0.015)
CM month 4	-0.021 (0.018)	-0.021 (0.016)	-0.004 (0.005)	-0.004 (0.005)	-0.030* (0.016)	-0.030* (0.016)
CM month 5	-0.019 (0.019)	-0.019 (0.015)	-0.004 (0.005)	-0.004 (0.005)	-0.027 (0.018)	-0.027 (0.016)
CM month 6	-0.034 (0.023)	-0.034* (0.018)	-0.014** (0.007)	-0.014* (0.007)	-0.027 (0.020)	-0.027 (0.019)
CM month 7	-0.040* (0.024)	-0.040* (0.023)	-0.018** (0.009)	-0.018* (0.010)	-0.029 (0.021)	-0.029 (0.021)
CM month 8	-0.036 (0.025)	-0.036 (0.026)	-0.013 (0.009)	-0.013 (0.009)	-0.031 (0.022)	-0.031 (0.020)
CM month 9	-0.032 (0.026)	-0.032 (0.033)	-0.013 (0.010)	-0.013 (0.010)	-0.033 (0.023)	-0.033 (0.024)

CM month 10	-0.020 (0.027)	-0.020 (0.035)	-0.006 (0.011)	-0.006 (0.010)	-0.032 (0.024)	-0.032 (0.024)
CM month 11	-0.008 (0.028)	-0.008 (0.036)	-0.005 (0.010)	-0.005 (0.008)	-0.025 (0.025)	-0.025 (0.027)
CM month 12	0.000 (0.029)	0.000 (0.036)	-0.003 (0.011)	-0.003 (0.008)	-0.013 (0.026)	-0.013 (0.027)
CM month 13	0.019 (0.029)	0.019 (0.030)	-0.001 (0.011)	-0.001 (0.011)	0.004 (0.026)	0.004 (0.026)
CM month 14	0.016 (0.030)	0.016 (0.026)	-0.003 (0.011)	-0.003 (0.011)	0.005 (0.026)	0.005 (0.022)
CM month 15	0.019 (0.030)	0.019 (0.024)	-0.001 (0.012)	-0.001 (0.013)	0.006 (0.026)	0.006 (0.022)
CM month 16	0.029 (0.030)	0.029 (0.024)	-0.011 (0.013)	-0.011 (0.015)	0.027 (0.026)	0.027 (0.018)
CM month 17	0.032 (0.031)	0.032 (0.027)	-0.014 (0.013)	-0.014 (0.015)	0.030 (0.027)	0.030 (0.020)
CM month 18	0.026 (0.032)	0.026 (0.029)	-0.009 (0.013)	-0.009 (0.015)	0.019 (0.028)	0.019 (0.026)
Age	0.000 (0.003)	0.000 (0.003)	-0.001 (0.001)	-0.001 (0.001)	0.003 (0.003)	0.003 (0.002)
Female	-0.043*** (0.016)	-0.043*** (0.013)	0.006 (0.005)	0.006 (0.004)	-0.049*** (0.014)	-0.049*** (0.014)
Child	-0.004 (0.022)	-0.004 (0.023)	-0.011 (0.008)	-0.011 (0.008)	0.008 (0.020)	0.008 (0.020)
Foreign born	0.024 (0.029)	0.024 (0.036)	-0.003 (0.004)	-0.003 (0.004)	0.023 (0.027)	0.023 (0.029)
Secondary education	-0.009 (0.017)	-0.009 (0.015)	0.004 (0.005)	0.004 (0.006)	-0.032** (0.015)	-0.032** (0.012)
Experience	0.055** (0.023)	0.055 (0.033)	0.009 (0.008)	0.009 (0.009)	0.032 (0.019)	0.032 (0.020)
<i>Diagnoses</i>						
<i>(reference group: Psychological development)</i>						
Mood disorders	0.068** (0.032)	0.068 (0.048)	0.018 (0.011)	0.018 (0.014)	0.028 (0.026)	0.028 (0.033)
Neurotic and stress	-0.023 (0.025)	-0.023 (0.023)	0.002 (0.006)	0.002 (0.005)	-0.006 (0.023)	-0.006 (0.019)
Personality disorders	0.091** (0.041)	0.091* (0.046)	0.039* (0.021)	0.039 (0.025)	0.029 (0.033)	0.029 (0.029)
Mental retardation	0.056** (0.025)	0.056*** (0.019)	-0.007 (0.005)	-0.007 (0.007)	0.049** (0.023)	0.049*** (0.016)
Behavioural disorders	0.047* (0.026)	0.047* (0.027)	0.016* (0.010)	0.016* (0.009)	0.019 (0.023)	0.019 (0.021)
Other mental	-0.038 (0.035)	-0.038 (0.032)	-0.009 (0.006)	-0.009 (0.007)	-0.045 (0.031)	-0.045** (0.020)
Non-mental	0.016 (0.029)	0.016 (0.025)	0.009 (0.009)	0.009 (0.011)	0.005 (0.025)	0.005 (0.022)
Unknown	0.025 (0.041)	0.025 (0.036)	0.005 (0.014)	0.005 (0.011)	0.008 (0.036)	0.008 (0.036)
Constant	-0.018 (0.078)	-0.018 (0.077)	0.012 (0.025)	0.012 (0.030)	-0.063 (0.068)	-0.063 (0.066)
<i>Clustered errors</i>						
- Municipality	No	Yes	No	Yes	No	Yes
- Individual	Yes	No	Yes	No	Yes	No
# Individuals	19,116	19,116	19,116	19,116	19,116	19,116

Standard errors in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. SE = supported employment, CM = case management, RR = regular rehabilitation. Regression are based on Equation (1) in the main draft. All regressions also control for 85 municipality site-quarter effects and month since randomization dummies. We have not reported the corresponding estimates when using sheltered work or regular education as dependent variables. The reason is that it is difficult to calculate standard errors since the variance-covariance matrix is nonsymmetric or highly singular.

Table A-6.1. Underlying regressions for Table 3 based on Equation (2), with standard errors clustered at the individual level and municipality level, respectively. Linear probability models.

	Regular Emp.	Regular Emp.	Subsid. Emp.	Subsid. Emp.	Subsid. Perm Emp.	Subsid. Perm Emp.	Subsid. Temp Emp.	Subsid. Temp Emp.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Supported employment	0.005 (0.016)	0.005 (0.017)	0.075** (0.030)	0.075* (0.038)	0.034* (0.018)	0.034 (0.024)	0.041 (0.026)	0.041 (0.032)
Case management	-0.012 (0.014)	-0.012 (0.016)	0.020 (0.030)	0.020 (0.031)	-0.001 (0.017)	-0.001 (0.018)	0.021 (0.027)	0.021 (0.029)
Age	0.001 (0.002)	0.001 (0.002)	0.006 (0.005)	0.006 (0.004)	0.003 (0.002)	0.003* (0.002)	0.002 (0.005)	0.002 (0.003)
Female	0.013 (0.012)	0.013 (0.009)	-0.091*** (0.026)	-0.091*** (0.026)	-0.016 (0.013)	-0.016 (0.017)	-0.075*** (0.023)	-0.075*** (0.026)
Children	-0.023 (0.015)	-0.023 (0.017)	0.001 (0.036)	0.001 (0.036)	-0.014 (0.019)	-0.014 (0.017)	0.015 (0.032)	0.015 (0.032)
Foreign born	-0.005 (0.012)	-0.005 (0.014)	0.001 (0.045)	0.001 (0.065)	-0.003 (0.023)	-0.003 (0.020)	0.004 (0.042)	0.004 (0.058)
Secondary educ.	0.003 (0.012)	0.003 (0.011)	-0.086*** (0.026)	-0.086*** (0.021)	-0.026* (0.015)	-0.026 (0.016)	-0.060*** (0.023)	-0.060*** (0.019)
Experience	0.006 (0.016)	0.006 (0.022)	0.048 (0.034)	0.048 (0.034)	0.016 (0.018)	0.016 (0.017)	0.032 (0.031)	0.032 (0.028)
<i>Diagnoses (reference group: Psychological development)</i>								
Mood disorders	0.031 (0.030)	0.031 (0.037)	0.021 (0.047)	0.021 (0.051)	0.034 (0.027)	0.034 (0.024)	-0.014 (0.039)	-0.014 (0.043)
Neurotic and stress	0.001 (0.019)	0.001 (0.022)	-0.004 (0.044)	-0.004 (0.049)	0.009 (0.017)	0.009 (0.020)	-0.013 (0.041)	-0.013 (0.043)
Personality disorders	-0.004 (0.028)	-0.004 (0.026)	0.041 (0.060)	0.041 (0.069)	0.039 (0.037)	0.039 (0.032)	0.002 (0.048)	0.002 (0.059)
Mental retardation	-0.030* (0.016)	-0.030 (0.020)	0.092** (0.043)	0.092* (0.045)	0.024 (0.020)	0.024 (0.020)	0.068* (0.040)	0.068 (0.042)
Behavioural disorders	0.007 (0.021)	0.007 (0.022)	-0.009 (0.039)	-0.009 (0.035)	0.022 (0.021)	0.022 (0.013)	-0.031 (0.035)	-0.031 (0.034)
Other mental	-0.037** (0.016)	-0.037* (0.019)	-0.091* (0.054)	-0.091** (0.042)	-0.033 (0.020)	-0.033 (0.021)	-0.059 (0.052)	-0.059 (0.050)
Non-mental	0.007 (0.023)	0.007 (0.023)	0.003 (0.045)	0.003 (0.034)	0.012 (0.023)	0.012 (0.023)	-0.009 (0.041)	-0.009 (0.025)
Unknown	-0.005 (0.033)	-0.005 (0.028)	0.018 (0.065)	0.018 (0.056)	-0.029 (0.026)	-0.029 (0.029)	0.047 (0.061)	0.047 (0.044)
Constant	0.009 (0.056)	0.009 (0.053)	0.064 (0.122)	0.064 (0.107)	-0.040 (0.060)	-0.040 (0.041)	0.104 (0.111)	0.104 (0.089)
<i>Cluster errors</i>								
- Municipality	No	Yes	No	Yes	No	Yes	No	Yes
- Individual	Yes	No	Yes	No	Yes	No	Yes	No
# Individuals	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062

Standard errors in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. Estimations include controls for linear age, gender, presence of a child, foreign born, secondary education, previous labor market experience, diagnoses and all municipality-quarter combinations.

Table A-6.2. Underlying regressions for Table 3 based on Equation (2), with standard errors clustered at the individual level and municipality level, respectively. Linear probability models

	Sheltered Emp. (1)	Sheltered Emp. (2)	Regular Educ. (3)	Regular Educ. (4)	Emp. (5)	Emp. (6)	Paying Emp. (7)	Paying Emp (8)
Supported employment	0.010 (0.006)	0.010** (0.005)	0.026* (0.015)	0.026 (0.017)	0.117*** (0.034)	0.117*** (0.035)	0.080** (0.032)	0.080* (0.046)
Case management	0.013* (0.007)	0.013* (0.006)	0.007 (0.014)	0.007 (0.018)	0.029 (0.034)	0.029 (0.034)	0.009 (0.032)	0.009 (0.036)
Age	-0.002 (0.002)	-0.002 (0.002)	-0.005** (0.002)	-0.005* (0.003)	-0.001 (0.006)	-0.001 (0.005)	0.007 (0.005)	0.007 (0.004)
Female	-0.006 (0.008)	-0.006 (0.014)	0.010 (0.013)	0.010 (0.011)	-0.074** (0.029)	-0.074*** (0.016)	-0.078*** (0.027)	-0.078** (0.028)
Children	0.015 (0.012)	0.015 (0.014)	-0.013 (0.012)	-0.013 (0.015)	-0.020 (0.039)	-0.020 (0.045)	-0.022 (0.038)	-0.022 (0.044)
Foreign born	0.006 (0.015)	0.006 (0.014)	-0.021 (0.015)	-0.021 (0.020)	-0.020 (0.048)	-0.020 (0.069)	-0.005 (0.045)	-0.005 (0.063)
Secondary educ.	0.011 (0.008)	0.011 (0.012)	0.030** (0.013)	0.030*** (0.010)	-0.042 (0.030)	-0.042 (0.026)	-0.083*** (0.028)	-0.083*** (0.025)
Experience	0.002 (0.010)	0.002 (0.008)	0.012 (0.020)	0.012 (0.025)	0.068* (0.038)	0.068 (0.055)	0.054 (0.036)	0.054 (0.038)
<i>Diagnoses (reference group: Psychological development)</i>								
Mood disorders	-0.018 (0.011)	-0.018** (0.008)	0.079** (0.034)	0.079** (0.032)	0.113* (0.060)	0.113 (0.071)	0.052 (0.054)	0.052 (0.065)
Neurotic and stress	-0.017 (0.013)	-0.017* (0.010)	-0.020 (0.017)	-0.020 (0.014)	-0.041 (0.050)	-0.041 (0.060)	-0.003 (0.047)	-0.003 (0.054)
Personality disorders	-0.011 (0.011)	-0.011 (0.008)	0.024 (0.029)	0.024 (0.039)	0.050 (0.068)	0.050 (0.095)	0.037 (0.064)	0.037 (0.074)
Mental retardation	0.006 (0.014)	0.006 (0.015)	0.024 (0.016)	0.024* (0.014)	0.093** (0.046)	0.093* (0.053)	0.063 (0.044)	0.063 (0.050)
Behavioural disorders	-0.001 (0.013)	-0.001 (0.008)	0.050** (0.022)	0.050* (0.024)	0.047 (0.046)	0.047 (0.048)	-0.002 (0.042)	-0.002 (0.036)
Other mental	-0.012 (0.011)	-0.012* (0.007)	0.052 (0.035)	0.052* (0.029)	-0.088 (0.063)	-0.088 (0.075)	-0.128** (0.057)	-0.128** (0.056)
Non-mental	-0.021* (0.012)	-0.021** (0.009)	0.004 (0.021)	0.004 (0.024)	-0.007 (0.051)	-0.007 (0.039)	0.010 (0.048)	0.010 (0.036)
Unknown	-0.008 (0.022)	-0.008 (0.013)	0.031 (0.029)	0.031 (0.040)	0.035 (0.073)	0.035 (0.056)	0.012 (0.068)	0.012 (0.050)
Constant	0.051 (0.038)	0.051 (0.043)	0.118** (0.056)	0.118** (0.057)	0.243* (0.138)	0.243* (0.128)	0.074 (0.129)	0.074 (0.102)
<i>Cluster errors</i>								
- Municipality	No	Yes	No	Yes	No	Yes	No	Yes
- Individual	Yes	No	Yes	No	Yes	No	Yes	No
# Individuals	1062	1062	1062	1062	1062	1062	1062	1062

Standard errors in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. Estimations include controls for linear age, gender, presence of a child, foreign born, secondary education, previous labor market experience, diagnoses and all municipality-quarter combinations.

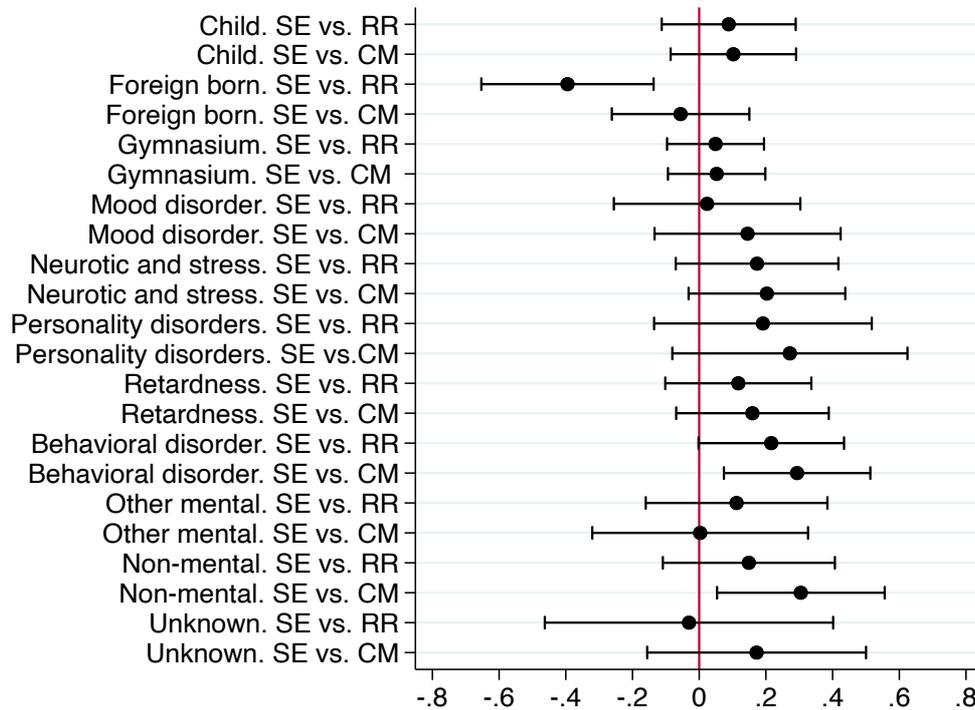
Table A-7. Heterogenous employment effects. Interaction effects between treatment and individual characteristics. These estimates are based on the Equation (3) in the paper.

	Employment (1)	Employment (2)
> median age. Supported employment	-0.040 (0.076)	-
> median age. Case management	0.103 (0.073)	-
Female. Supported employment	-0.124* (0.071)	-
Female. Case management	-0.018 (0.069)	-
Child. Supported employment	0.089 (0.103)	-
Child. Case management	-0.014 (0.096)	-
Foreign born. Supported employment	-0.395*** (0.132)	-
Foreign born. Case management	-0.339*** (0.120)	-
Secondary educ. Supported employment	0.049 (0.074)	-
Secondary educ. Case management	-0.003 (0.074)	-
Experience. Supported employment	0.059 (0.093)	-
Experience. Case management	-0.014 (0.086)	-
<i>Diagnoses (reference group: Psychological development)</i>		
Mood disorder. Supported employment	0.024 (0.143)	-
Mood disorder. Case management	-0.122 (0.143)	-
Neurotic and stress. Supported employment	0.173 (0.124)	-
Neurotic and stress. Case management	-0.030 (0.118)	-
Personality disorders. Supported employment	0.191 (0.166)	-
Personality disorders. Case management	-0.081 (0.155)	-
Mental retardation. Supported employment	0.117 (0.112)	-
Mental retardation. Case management	-0.042 (0.116)	-
Behavioral disorder. Supported employment	0.216* (0.111)	-
Behavioral disorder. Case management	-0.078 (0.115)	-
Other mental. Supported employment	0.112 (0.139)	-
Other mental. Case management	0.109 (0.143)	-
Non-mental. Supported employment	0.149 (0.132)	-

Non-mental. Case management	-0.156 (0.116)	-
Unknown diag. Supported employment	-0.031 (0.221)	-
Unknown diag. Case management	-0.203 (0.209)	-
Supported employment	0.068 (0.087)	0.147*** (0.041)
Case management	0.081 (0.090)	0.081** (0.040)
Age	-	0.000 (0.006)
> median age	-0.030 (0.054)	-
Female	-0.028 (0.048)	-0.073** (0.029)
Children	-0.039 (0.071)	-0.019 (0.039)
Foreign born	0.251** (0.101)	-0.028 (0.047)
Secondary educ	-0.057 (0.053)	-0.043 (0.030)
Experience	0.053 (0.061)	0.068* (0.038)
<i>Diagnoses (reference group: Psychological development)</i>		
Mood disorders	0.151 (0.102)	0.122** (0.060)
Neurotic and stress	-0.084 (0.085)	-0.037 (0.049)
Personality disorders	-0.010 (0.098)	0.053 (0.068)
Mental retardation	0.057 (0.078)	0.097** (0.046)
Behavioural disorders	-0.003 (0.079)	0.048 (0.046)
Other mental	-0.183** (0.082)	-0.085 (0.063)
Non mental	-0.002 (0.084)	-0.004 (0.051)
Unknown	0.148 (0.179)	0.038 (0.072)
Unblinded. Supported employment management	-	-0.095 (0.075)
Unblinded. Case management	-	-0.158** (0.074)
Unblinded	-	-0.095 (0.075)
Constant	0.233*** (0.061)	0.204 (0.140)
# Individuals	1062	1062

Standard errors in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. Estimations include controls for linear age, gender, presence of a child, foreign born, secondary education, previous labor market experience, diagnoses and all municipality-quarter combinations. Note that when computing the interactions effects of supported employment relative to case management, as reported in Figures 5, A-2 and A-3, we compute the differences in the corresponding coefficients reported in this table.

Figure A-2. Estimated interaction effects between individual characteristics and supported employment and case management, respectively, on employment, with corresponding 95 percent confidence bands. Linear probability models.

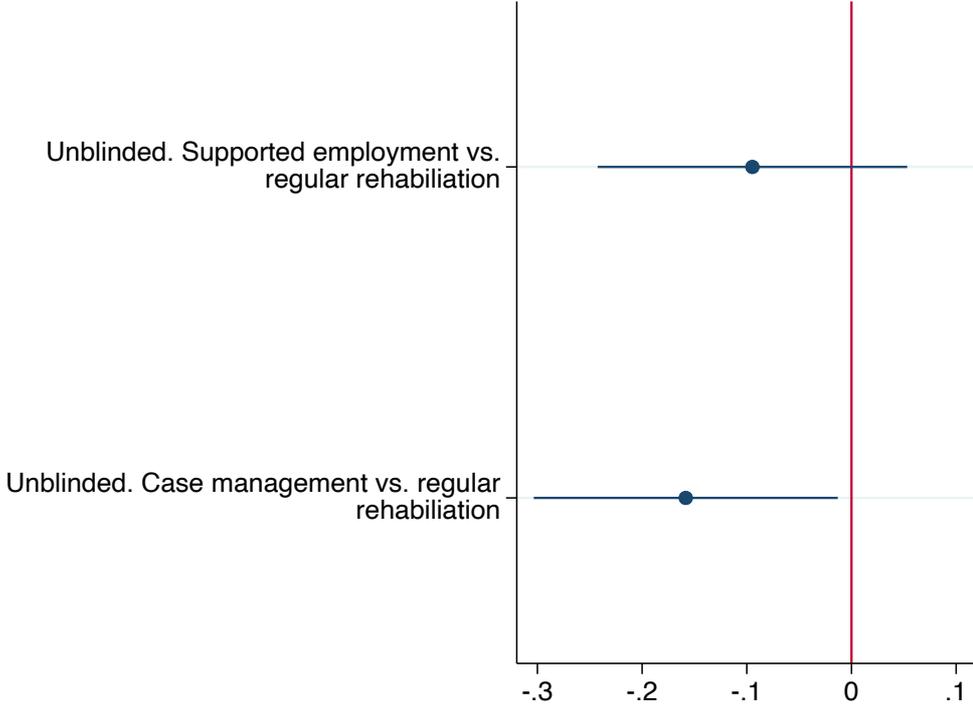


Notes: SE = supported employment, CM = case management, RR = regular rehabilitation. For controls, see note to Table 3 in the paper. Confidence bands are based on heteroskedasticity robust standard errors. The reference diagnosis group is psychological development disorders.

Table A-8. Average characteristics among foreign born, by interventions

	Regular rehabilitation	Supported employment	Case management
Age	24.92	25.52	25.73
Female 0/1	0.46	0.48	0.40
Child 0/1	0.19	0.17	0.29
Secondary education 0/1	0.38	0.41	0.36
Experience 0/1	0.15	0.24	0.13
<i>Diagnoses 0/1</i>			
- Mood disorders	0.00	0.03	0.07
- Neurotic and stress	0.00	0.17	0.18
- Personality disorders	0.04	0.03	0.00
- Mental retardation	0.46	0.24	0.20
- Psychological development	0.15	0.21	0.11
- Behavioral disorders	0.12	0.10	0.13
- Other mental	0.08	0.07	0.09
- Non-mental	0.12	0.07	0.11
- Unknown	0.04	0.07	0.07
<i># Individuals</i>	26	29	45

Figure A-3. Estimated interaction effects between unblinded versus one-sided blinded and supported employment and case management, respectively, on employment, with corresponding 95 percent confidence bands. Linear probability models.



Notes: For controls, see note to Table 3 in the paper. Confidence bands are based on heteroskedasticity robust standard errors.

Figure A-4. Share hires and quits by months since randomization.



Notes: Hires are defined as the fraction of individuals that change states from a non-employment state to employment between two consecutive months. Quits are analogously defined but instead leaving the state of employment to non-employment.

Figure A-5. Share stable hires, lasting at least four months and six months, respectively, by months since randomization.



Appendix B

Clarification and definition of items represented in Figure 2.

All answers regarding caseworker time and contacts refer to a four-week period, randomly selected to take place within the referred timeframe. The data is compiled from caseworker time-use surveys each covering a work week; four surveys in each timeframe, for each study participant. Details on both participant survey and caseworker time-use surveys are given in the technical section of the online appendix (further down in this online appendix).

Table B-1. Clarification and definition of items represented in Figure 2.

Item	Definition
"Caseworker spent enough time with me"	Wording of question in study participant survey. Item defined as share answering "Yes."
Any caseworker contacts	Any contact between study participant and caseworker. Item defined as share with total caseworker time larger than zero
No. of caseworker contacts	Average number of caseworker contacts.
Total caseworker time	Average caseworker time spent on supporting a participant.
Time towards employment	Caseworker time directed towards employment divided by total caseworker time.
Time on social/medical coordination	Caseworker time directed towards coordinating social or medical support as share of total caseworker time
Support over several domains	Any caseworker time directed towards both employment <i>and</i> coordinating either social or medical support. Item defined as share with at least some caseworker time directed towards participant's employment <i>and</i> at least some caseworker time directed towards coordinating social or medical support.

Table B-2. Detailed description of cost components presented in Table 4 (all costs expressed in USD)

Caseworkers and SE Professionals (source: administrative records and time surveys)				
Cost per hour, Case worker at Public Employment Service (PES)	42.9			
Cost per hour, Case worker at Social Insurance Agency (SIA)	40.1			
Cost per hour, SE Professional	42.1			
	Hours per week and participant (time surveys)			
		Period 2		
SE participant	Period 1 (11 weeks)	(31 weeks)	Total hours*	Cost**
- SE Professional	0.72	0.48	23.6	993
- Case worker PES	0.18	0.15	6.9	294
- Case worker SIA	0.12	0.12	5.0	201
Total				1,488
	Hours per week and participant (time surveys)			
		Period 2		
RR participant - hours per week and participant (time surveys)	Period 1 (11 weeks)	(31 weeks)	Total hours*	Cost**
- Case worker PES	0.33	0.17	9.2	393
- Case worker SIA	0.12	0.10	4.5	180
Total				574
* Total hours are measured as hours per week in period 1 times 11 plus number of weeks in period 2 times 31				
** Cost is measured as total cost times cost per hour				
Other interventions (source: administrative records)				
		Cost per participant		
- SE participant		93		
- RR participant		86		
Personal consultant (source: administrative records)				
		Cost per participant		
- SE participant		1078		
- RR participant		847		
Other professionals at PES (source: administrative records)				
		Number of contacts	Cost per contact	Cost per participant
- SE participant (370 individuals)		304	63.4	52
- RR participant (301 individuals)		917	63.4	193
Tools to facilitate the work place (source: administrative records)				
		Cost per participant		
- SE participant		70		
- RR participant		11		

Appendix C

Technical Data Information

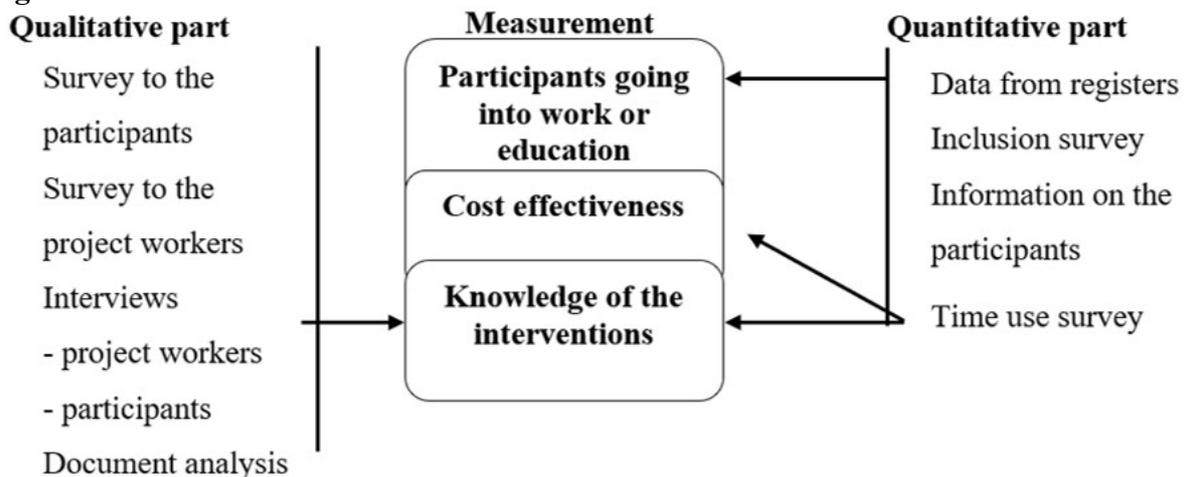
1. Introduction

To complete this large-scale randomized experiment a large amount of data has been collected to fill a range of purposes. Data has been collected to:

- Ensure that the project fulfills the demands of a randomized control trial
- Capture relevant background information of the participants
- Provide information for a cost-benefit analysis
- Ensure that it will be possible to analyze the specific activities performed in the different interventions in the project
- Provide information on the experiences of the participants in the project
- Provide information to the governmental agencies (SSIA and SPES) to be able to learn from the project
- Ensure that the research project could deal with new information and act quickly to solve practical problems during the project

In this appendix we describe the extensive data collected and generated to meet the above specified requirements. Figure 1 gives an overview of the different data sources and which purpose they fill. In this appendix the data from the “quantitative part” is described.

Figure C-1. Model for the data collection



Data collection through web surveys

The data collection has in general been done by project workers who work directly or indirectly with the participants. The process in the interventions has been documented by both employees at the SSIA and employees at the SPES but also by employees at the various municipalities, when they have been involved – namely in the CM - intervention. If a participant has not removed the consent, which was signed during the inclusion-process (but before the intervention was specified, more on this in section 2) data has been collected. This means that even if a participant stops participating actively in the ascribed intervention, the

data collection continues. The instructions for all project workers have been to continue with the data collection for as long as the individual has some contact with the specific organization (the SSIA, SPES or the municipality). Instructions for data collection have therefore been developed specifically for all different roles in the profession that worked with participants in the project. All documentation requirements were also presented in detail for project workers during local networking meetings, which continued throughout the project. Project workers could also contact the central project management (which entailed analysts, researchers, administrative staff and managers) with specific questions about data collection throughout the project.

2. Information to and from the participants at the start of the project

After a participant accepted participation in the project, the local project worker at the SSIA collected extensive background data on the participant. The data was inserted into a web survey which was sent to the central project management. The purpose was to provide the project management with the information that a participant had been included as well as giving the project management information about how the inclusion process went. Information about the inclusion process is important to enable researchers to describe the study's scientific process and to demonstrate that the study meets the criteria for being a *randomized controlled trial*. This depends partly on the extent to which participants were unaware of the alternative interventions and that they accepted participation in the project before they knew which intervention they would receive. It was also important to keep track of the unopened envelopes (the information about which intervention each participant got was received through opening an envelope). If the contrived participant declined participation the envelope was collected and shredded.

The data collected on the participants was regular data from the registers of the authorities but also a range of complimentary data concerning previous work experience, previous involvement in work-life rehabilitation and information about other support and professional contacts. This complimentary data was gathered by the project workers and this information gave a richer background to the participants in the project.

Data collection at the start of the project

The web survey at the beginning involved prospective participants. If an individual decided to participate, the project worker had to fill in some extra questions in the survey. A detailed account is given in table 1.

Table C-1. Information on the participants

Variable/survey question	Purpose	Population
Date of inclusion	Analysis and data collection	Participants
Envelope Have you received the envelope? - Yes, sealed - Yes, opened - No	Basis for RCT: participation is independent of randomization outcome	Prospective participants
Individual background Activities Which activities have the individual participated in during the last 12 months? Tick all the boxes that are correct. Specify the extent (hours/week). - Work - Workplace-based activities - Education - Preparatory work - Work-based daily activities ¹ - Other daily activities - Other activity Work experience Which activities have the individual participated in during the last 12 months? Tick all the boxes that are correct. Specify the extent (hours/week). - Work Work-based <i>daily activities</i> Which activities have the individual participated in during the last 12 months? Tick all that are correct. Specify the extent (hours/week). - Work-based daily activities. Complexity The participants network over the past 12 months includes: (Tick all the boxes that are correct.) - Primary care - Specialist care (excluding psychiatry); Psychiatry; - Habilitation	Generalizability and heterogeneity analysis	Prospective participants and Participants

¹ Daily activities are a right in accordance with the Swedish Act concerning Support and Service for Persons with Certain Functional Impairments (LSS). Daily activities are a form of occupation for people with functional impairments. Participation is voluntary. People with functional impairments may have difficulties finding normal work. The municipality is therefore obliged to arrange occupation in the form of daily activities. These can be work-placed.

- Clinic for addiction treatment
- Other in health care, state what
- Employment officers
- specialist at the Employment Service
- SE-consultant
- Private actors at the Employment Service
- Other at the Employment Service, state what
- Project activities of coordination organizations
- Other at the coordination federations, state what
- Daily Activity (LSS)
- Daily Employment (SoL)
- Special accommodation
- Housing support
- Contact person at the municipal office
- Personal representative
- Personal assistance
- Maintenance support
- Budget and debt counseling
- Individual and family care
- Good man
- Other at the municipality, state what
- Surveillance Officer
- Other contacts, fill in numbers different with numbers.

Social problems

The participants network over the past 12 months includes: (Tick all the boxes that are correct.)

- Primary care
- Specialist care (excluding psychiatry)
- Psychiatry
- Habilitation
- Clinic for addiction treatment
- Other in health care, state what
- Daily Activity (LSS)
- Daily Employment (SoL)
- Special accommodation
- Housing support
- Contact person at the municipal office
- Personal representative;
- Personal assistance;
- Maintenance support;
- Budget and debt counseling;
- Individual and family care;
- Good man
- Other at the municipality, state what
- Surveillance Officer
- Other contacts, fill in numbers different with numbers.

Study quality	Requirement for RCT:	Participants
<p>Single blinded attempt Yes to any of the following three questions: 1. Has the individual asked about the study? Did the individual have information about any of the three interventions [when asking about the study]? 2. Has the individual, in addition to overall information about the study, been informed of any of the three interventions prior to participation? 3. What information has been given to the individual after a decision to participate? Information about any of the other two interventions?</p>	<p>Avoid placebo effect</p>	
<p>Consent - has the individual given his/her consent participate? Several information channels for information on withdrawal of consent were reported and accepted</p>	<p>The study had to have consent from the participants</p>	
<p>Compliance - Has the participant accepted the interventions SE/CM initially? - Has the participant accepted the intervention regular rehabilitation?</p>	<p>Assessment of analytical requirements</p>	

Data collection

The project workers have in connection to the inclusion of a new participant documented information about the inclusion process and about the participants situation during the year before the individuals were a prospective participant in the project. The documentation is based on instructions given to the project workers by the project management. The local project workers have then reported this information to project database via a web-based survey.

3. Time use data

The project management needed to collect data from the employees in SIA, PES and the municipality that was working in the project partly as basis for the cost-effectiveness calculations requested by the government but also to describe the interventions more explicitly.

To measure more precisely what project workers were doing in the different interventions we designed time-review surveys where all employees who were actively working with participants in the project reported how much time they spent on each participant. In the specially designed time-accounting surveys there were questions about the type of work performed for the participant and the nature of the person activities that the participant performed on its own. Based on this information it is possible to examine how much and what kind of support the participants received in the three different interventions. In this way we

can analyse if the interventions in practise are consistent with their respective theoretical design, i.e. are the interventions different? And, if that is the case, how?

Population and sample

The participants (and what time they receive) are the targeted population in the time surveys. The collection of the data is made by the project workers in collaboration with the central project management. The project workers report to the project management what has been done and for how long in a web-based survey. The project workers are employees at SIA, PES and the different municipalities. The project workers have different occupations and different roles in the various interventions². They all answered the same survey but the survey specifies which occupation they have. This makes it possible to measure what activities different occupations do in the different interventions. Figure 2 gives a schematic image of the time surveys and how the different occupations fill in the surveys.

Figure C-2. Schematic image of the time surveys

Participant X (RR-intervention)	
Period 1	Period 2
SIA caseworker	SIA caseworker
PES caseworker	PES caseworker

Participant Y (SE-intervention)	
Period 1	Period 2
SIA caseworker	SIA caseworker
PES caseworker	PES caseworker
SE-consultant	SE-consultant

Participant Z (CM-intervention)	
Period 1	Period 2
SIA caseworker	SIA caseworker
PES caseworker	PES caseworker
Case manager	Case manager

The time reporting took place over two four-week periods, the first period was included in the participant's first half of the intervention (week 10-21 since the randomization date) and the other during the second half of the intervention (week 22-45).³

The answers in the time reporting from the project workers are combined to define an observation as follows. An answer to question FX is indexed to an individual in (i = 1, ..., N)

² The different occupations are caseworkers at the SIA and the PES, case manager (at the municipality), and SE-consultant (at the PES)

³ Since the inflow occurred over a longer period and data collection was temporally oriented based on the date of randomization, it continued throughout the project period: Period 1 occurred in the calendar period between week 9 2015 and week 21 2016 and period 2 between 22 2015 and week 44 2016.

whose response refers to period o ($o = 1,2$), and is represented by occupational role r ($r = c, a, s, cm$); where the letters represents c : case officer, a : employment officer, s : SE-consultant, cm : case manager. Which occupational roles are relevant for each individual depends on the intervention. Each time report also represents a measurement week t ($t = 1,2,3,4$) during the round.

To generate an observation, an individual and period must have at least one time-report from each current occupational role. For a formal description, see the next section.

Questions/variables

The questions in the web survey time report were designed by the project to provide a basis for a cost-effectiveness calculation and to provide the opportunity to examine what happens within the different interventions.

To increase data quality, the time reports were collected per week, and each period consisted of four weeks; i.e. four-time reports were collected per period. To summarize, for each participant, there were two periods, and each period, four time-reports were collected per occupational role relevant for that participant. To facilitate the completion and reduce the risk of measurement errors, there was a detailed fill-in instruction integrated into the survey itself.

Table C-2. Questions

Question	Instruction to project workers
<p>1. Time: Enter your total working time (MINUTES⁴) with or for the participant</p>	<p>Fill in the total working time that you worked with or for the participant during the week. The time to be reported is the working time you put down in the participant's UTM case.⁵ You can round the time to it the next 10's minutes. Working hours with or for the participant in the application or other business types relating to the examination of the right to activity compensation shall not be included in the time report.</p> <p>The timing is valid for both work and work done by the participant, i.e. all work done during the week related to the participant is reported. It can be physical meetings but also contact by phone, text message, email, Lync, picture telephony or the like. Examples of work done with the participant are a personal meeting to follow up the planning that has been done. Examples of work that you have done on your own are to contact the assistance handler to book a meeting to discuss support efforts or make a reconciliation with job broker to see how an ongoing job training works.</p> <p>Purpose of Question: Information about total working hours per week is needed to describe the effort and to calculate the cost effectiveness of the three initiatives.</p> <p>If you have not worked any time with or for the individual during the current week, enter the answer "0 minutes" response in the questionnaire. Then you do not have to answer the other questions in the survey but can scroll down and press the "Ready" button.</p>
<p>2. Contacts: Enter the number of contacts you have had with the participant</p>	<p>Fill in how many times you had contact with the participant during the week. This can be mentioned above as physical meetings but also by phone, text, email, Lync, picture telephony or the like. An SMS conversation or mail conversion that has taken place during the week that is reported is counted as one contact, even if it includes multiple messages. Continuing the conversation over several weeks, it is counted as a new contact for each week.</p>

⁴ During the course of the project, the time unit has changed from hours to minutes when occupational groups requested a more precise measure. This change was carried out on 2015-12-07 and entries before this has been redesigned to minutes.

⁵ A type of case-system within the SIA.

<p>3. Distribute your working hours as above to different types of activities (MINUTES)</p>	<p>Here we ask you to allocate your total working time (as you indicated in question 4) to different types of activities. Example: If you worked a total of 240 minutes with the participant and half of them were in workplace-related activities and the rest were in preparatory activities, enter 120 minutes for each activity.</p> <p>The definition of the different types of activity is shown below. Note that all working hours associated with an activity, including administrative time and travel time, should be reported under the same activity type. For example, if you followed the participant to your doctor for a meeting on the medical treatment, both the time of the meeting and your trip will be reported under "coordinating activities - medical treatment".</p> <p>It is important that all activities are included in the time report. Activities that are not directly linked to any of the above types of activity should therefore be reported under the "Preparatory" activity type. This may, for example, be a contact taken by the jobseeker regarding compensation.</p> <p>NOTE: It may also be that an activity fits into several activity types. This applies to the activity types "workplace-related" and "coordination, workplace-related". An example of this is a meeting with participants and personal administrators to plan internships. In such "doubtful" cases, it does not matter which of the types of activity you report the time.</p> <p>Purpose of Question: Describe the content of the action.</p>
<p>3a. Workplace-related activities</p>	<p>Activities that are posted to a workplace or which are directly linked to a workplace / employer. Examples include accrual, job search, contact with potential employers, work analysis, introduction to workplace, follow-up of work training and internship. (Many of these activities are usually done by the PES).</p>
<p>3b. Preparatory activities</p>	<p>Activities aimed at making the participant ready for workplace-related activities (but cannot be coordinating as below). Examples are mapping and investigative actions and conversations aimed at raising the participant's motivation. The SIA's handling of activities in the context of activity compensation, such as handling the application for special compensation, is categorized as a preparatory activity.</p>
<p>3c. Coordinating activities - medical rehabilitation (the activities are performed together with the individual)</p>	<p>Coordinating activities aimed at achieving the best possible ability and physical and mental well-being. To coordinate activities that will help provide the student with medical care, treatment, habilitation and medical rehabilitation. Examples may be to call the current healthcare representative (primary care, psychiatry, specialist care, habilitation, addiction clinic / drug addiction) for reconciliation, follow up medical treatment through physical meetings or telephone.</p>
<p>3d. Coordinating activities – social rehabilitation (the activities are performed together with the individual)</p>	<p>Coordinating activities aimed at creating economic and social security, equality of living conditions and active participation in society. The overall responsibility for these activities lies with the Social Service (municipality). Examples of activities may be to call the current representative from the municipality to the reconciliation meeting, follow up social rehabilitation / interventions via physical meetings or telephone. Coordination can, for example, be aimed at a joint planning for efforts and support by allowing participants to receive daily activities according to LSS, daily employment according to SoL, support via housing support or contact person, support through personal representative, personal assistance (LSS), support via aid handlers, support through budget and debt counselors, support for individual and family care, support of good man.</p>
<p>3e. Coordinating activities – work-based rehabilitation (the activities are performed together with the individual)</p>	<p>Coordinating activities aimed at facilitating entry and establishment in the labor market. Examples of activities can be meetings with the individual aimed at discussing the conditions for work-related activities such as internship and job training. It can also be a follow-up conversation with the individual, employer, and the Employment Service.</p>
<p>4. Enter the number of MINUTES that the participant without your supervision has done</p>	<p>Fill in the number of minutes as the participant, without your involvement, performed activities that you have been planning. Here you only report time for activities that the individual has probably participated in. You are not supposed to need any additional follow-up for the time reporting. If you are</p>

<p>activities (in which you have been part of the planning)</p> <p>4a. In a workplace</p> <p>4b. In another location</p>	<p>uncertain about the planned activity, it should not be included in the time report. Divide time off if the activity was posted to a workplace or elsewhere.</p> <p>Examples of e in the workplace can be internship and job training. Examples of activities elsewhere may be meeting with AF specialist, supplementary actor and healthcare. Note that you should only report time in activities that you have been involved in and planned.</p> <p>IMPORTANT: PARTICIPANTS WITH SE-CONSULTANTS APPLY TO THE FOLLOWING. SE-CONSULTANTS ONLY ACKNOWLEDGES ACTIVITIES IN THE SE PROGRAM (FOR EXAMPLE IF THE PARTICIPANTS WAS ALONE AT THE JOB). PES CASEWORKERS REPORT ACTIVITIES AS ABOVE WITH THE EXCEPTION OF ACTIVITIES INCLUDED IN SE.</p> <p>Important: Here PES CASEWORKERS report activities that take place outside of the PES. Examples of workplace activities may be internships and job training, in those cases where the contact has gone via you and NOT via the PES. Examples of activities elsewhere can be a meeting with psychiatry and wellness. Note that you should only report time in activities that you have been involved in and planned. If the individual, on his/her own initiative, trained at a gym, and it is not planned as an activity with you, this time should not be taken up. If, on the other hand, the training is planned as an activity within the framework of activity compensation, and that you have received indications that the participant will complete the training, it will be included.</p> <p>CASE MANAGERS report only activities that are planned without the involvement of the PES or SIA.</p> <p>Purpose of Question: Describe the content of the various actions.</p>
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Information from the time reports is the basis for section 3.5 of the main report. The variables are defined as the sum of all current work roles for a participant over a period of time. The roles are weighted the same, regardless of the number of incoming time reports. The value of the variable FX for participant i , time period o is defined as follows. The factors T_{ior} represents the number of time reports for each occupational role r , and $T_{ior} = 0$ results in a loss of FX_{io} .

$$RR: FX_{io} = \frac{1}{T_{iop}} \sum_{t=1}^{T_{iop}} FX_{iopt} + \frac{1}{T_{ioa}} \sum_{t=1}^{T_{ioa}} FX_{ioat}$$

$$SE: FX_{io} = \frac{1}{T_{iop}} \sum_{t=1}^{T_{iop}} FX_{iopt} + \frac{1}{T_{ioa}} \sum_{t=1}^{T_{ioa}} FX_{ioat} + \frac{1}{T_{ios}} \sum_{t=1}^{T_{ios}} FX_{iost}$$

$$CM: FX_{io} = \frac{1}{T_{iop}} \sum_{t=1}^{T_{iop}} FX_{iopt} + \frac{1}{T_{ioa}} \sum_{t=1}^{T_{ioa}} FX_{ioat} + \frac{1}{T_{ioc}} \sum_{t=1}^{T_{ios}} FX_{ioct}$$

Data collection

To give a representative view of the work in each intervention, the first measurement week was included on randomly selected occasions during the respective period. Individuals who were randomized to an early start week in period 2 have also been awarded an early start week in period 1, with more frequent data collection during the first period, see Figure 3. Received time reports have been distributed over time, efforts and occupational categories according to Figure 4.

A specific project worker at each local PES office was responsible for informing caseworkers and SE-consultants about the date of data collection for each individual, as well as reminding about the time report at the beginning of each reporting week. A specific project worker at each local SIA office was responsible for doing the same for caseworkers at the SIA and for the case managers. Time reporting was done via a web-based survey used by all project employees. The project workers in charge of distributing and reminding colleagues when to do the time reports have been able to find the dates for the time reports in a participant document (an Excel sheet) after an individual was included in the study. Randomization has been based on project ID and date of participation.

The central project management had scheduled meetings with the local project workers to discuss deviations in the data collection (if for instance a week was missing) and to answer any other questions the local project workers encountered.

Figure C-3.

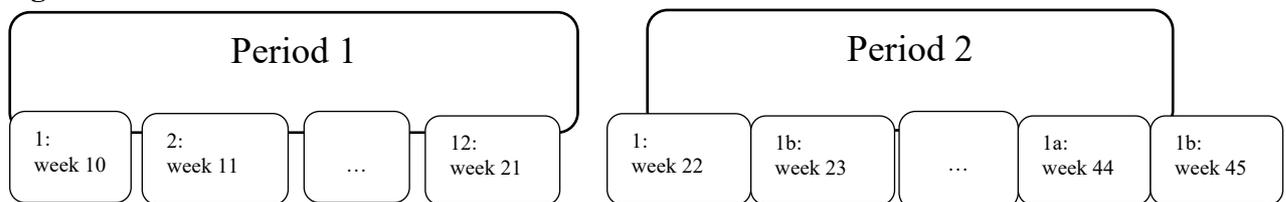
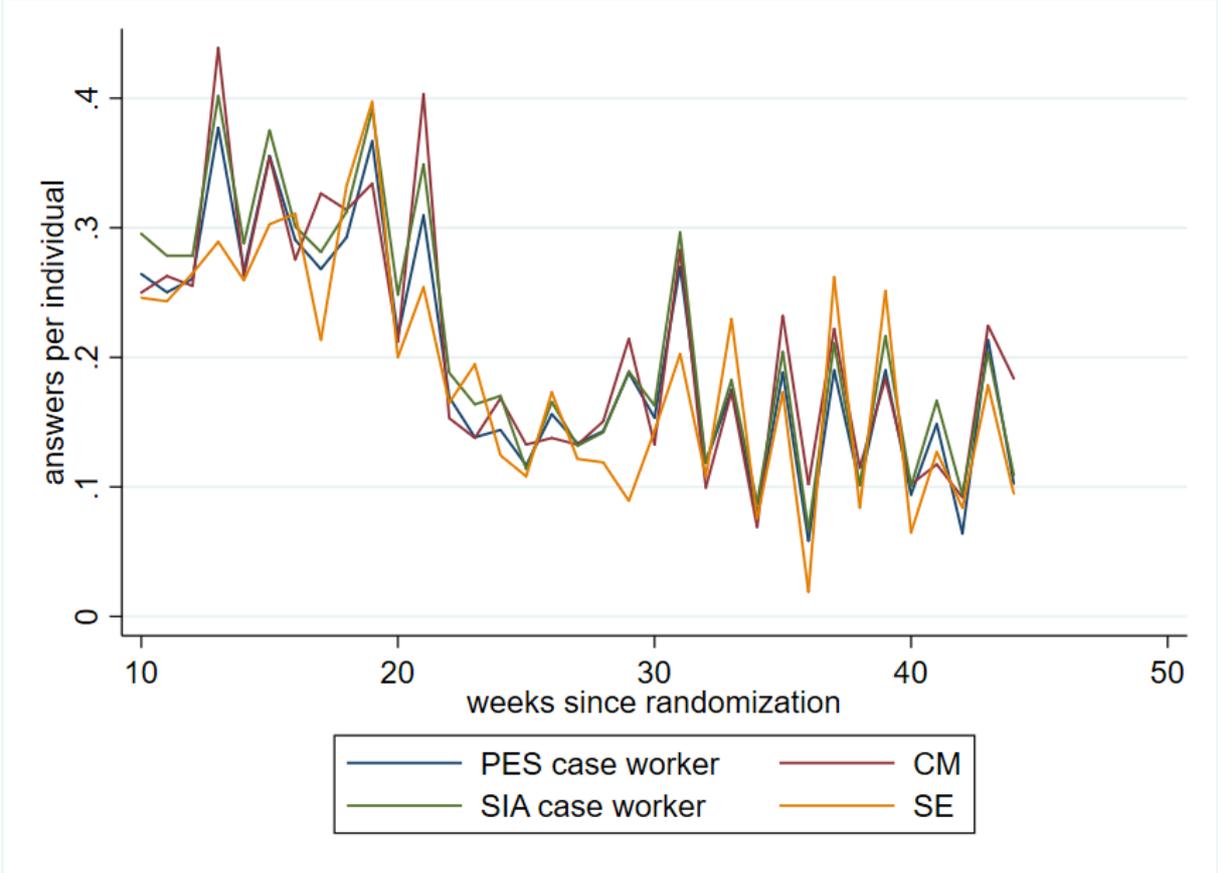


Figure C-4. Distribution of received time reports, by time, intervention and occupational category



Notes: CM = case management, SE = supported employment.