

Federal Social Insurance Office FSIO

Multi-annual Research Programme on Invalidity and Disability and on the Implementation of the Federal Law on Invalidity Insurance (FoP-IV)

Programme Design - 26 May 2006

Please note: This overview sets out the fundamental issues which the research programme aims to examine in its four separate subject modules. It is not a call for tenders. The advisory panels will later advertise the specific projects of their respective subjective module in sequence. The relevant call for tenders will be posted on the FSIO research site. In principle, it will be possible to submit project proposals on additional topics or which involve several subject modules examined in this programme. However, priority will be given to tendered projects, and the advisory panels are at liberty not to consider submissions that are made outside of the call for tenders.

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Overview paper, based on consultation with the AHV/IV Commission,
IV Division and Research & Evaluation Section
of the Federal Social Insurance Office

1 Background

The number of people claiming invalidity insurance benefits has risen steeply in recent years. This has in turn led to higher costs for the invalidity insurance system. There has been a particularly steep rise in the number of recipients with psychological disabilities. There are fears that this will lead to further cost increases (in the absence of higher success rates for job market re-integration efforts), as this group of recipients tend to draw a full Invalidenversicherung (IV) pension and are on average relatively younger than other IV recipients. Apart from the financial impact on the insurance system, it is clear that the implementation of the “rehabilitation before pension” policy has been unsatisfactory. As a result, the economy has lost out on available know-how, and recipients experience a deterioration in their quality of life. The developments have been the subject of a series of studies and reports in recent years (cf. bibliography). However, these studies have largely ignored both the exogenous and the endogenous underlying factors as well as the specific impact of legal regulations. This lack of research has also been noticed by the Control Committee of the Council of States (CC-S 2005).

As part of the Fourth Revision of the Federal Law on Invalidity Insurance (IVG), Article 68 provided the legal basis for “the Confederation (...) to carry out scientific evaluations of the implementation of the law with the aim of: a. monitoring and evaluating its application, b. improving its execution, c. enhancing its effectiveness, and d. proposing changes.” Article 96 IVV assigns responsibility for the “multi-annual programme for scientific evaluations concerning the implementation of the law” to the department, “following consultation with the Federal Commission for Old-Age, Survivors’ and Invalidity Insurance”.

2 Programme objectives

According to this legal mandate, the central objectives of the present programme are to uncover the causes of the rapid rise in the number of IV recipients, to develop the necessary bases (criteria and data) to assess the effectiveness of measures provided in the IV revisions, to propose new instruments ensuring that the objectives of the IVG can be met and to suggest changes to make the law more effective. The programme should enhance our understanding of the (intentional and unintentional) impacts of the IVG and its revisions. In this way, it can help towards a more effective implementation of the “rehabilitation before pension” policy, thereby enabling the IV system to curb further cost increases. The programme should also include international comparisons. However, it will not deal with the issue of IV funding, in the narrow sense of the term (future funding requirements, new sources of funding and the [re-organisation of financial equalisation among the cantons, [NFA]], as this will be the subject of evaluations elsewhere).

Projects will be contracted out sequentially so as to spread the workload evenly for the advisory panel (cf. Section 4).

Following an initial discussion with the main partners of the FSIO (organisations for the disabled, social partners, execution authorities, as well as other federal and intercantonal offices) held on February 7 2006 in Berne, the present proposal for a multi-annual research programme was submitted to and examined by the IV Committee on March 9 2006. It was then passed on to the AHV/IV Commission, who discussed it during their meeting of April 13 2006.

3 Key topics

Given the complex structure of the Swiss social insurance system and rapidly changing exogenous and endogenous conditions, we have identified several problem areas and topics for invalidity insurance. The FoP-IV research and evaluation programme is divided into four key subject areas (which will be summarised here in turn).

3.1 Background information and challenges faced by the IV

Social, demographic and economic changes have placed high demands on the invalidity insurance systems of all OECD countries (OECD 2003). It is expected that demographic ageing will place further demands on the social security system. Furthermore, the definition of the terms sickness and invalidity have undergone revision, and there is continuously less stigma attached to invalidity. Increased competition, structural changes in the economy and rising unemployment place the labour force under greater pressure, with weaker employers being pushed out and the employability of the disabled being curtailed (disappearance of “niche jobs”).

In addition to these external factors, internal factors also contribute to the sharp increase in IV benefits. The IV system is an integral part of the Swiss social security system which dates back to the 19th century. It has a number of structural and organisational features that can be sources of friction. For example, it lacks coordination with other sectors of the social insurance and social welfare systems. It also creates disincentives for IV pension recipients to return to employment. When they do, it is often on a part-time basis. Furthermore, there can be problems with the federally organised execution and supervision of the IV system. Revisions (the most recent being the 4th and 5th IV revisions) have been undertaken in a bid to counter these internal factors. The most recent figures reveal a clear downturn in the number of new invalidity cases since 2004. Can this success be attributed to supervision or other measures provided by the 4th IV revision? Or have the individuals concerned simply been moved into other systems? Is this decrease simply due to a time lag, or is it caused by exogenous rather than institutional factors?

The most urgent problem areas can be roughly divided into four headings: the *IV system*, *incentive structures for those involved*, *psychological disabilities* and the *effectiveness of measures and instruments* provided by the IVG and its subsequent revisions. Some of these issues can be identified as specific projects at this stage already. They are explicitly mentioned in the four sections describing the respective subject modules. The programme should enable us to arrive at a more precise definition of other areas and are only roughly sketched out in this document. The programme will be structured sequentially (cf. Chapter 4) so as to allow for any changes in research requirements over time.

Despite remaining shortcomings, the programme design has considered the recently improved availability of information and data, both through the federal administration (studies commissioned by the FSIO, collection of administrative data as well as isolated studies commissioned by the Parliamentary Control of the Administration, PCA, and through the SNSF National Research Programme 45 “Problems of the Welfare State”. The development of research topics will take due account of the fact that psychological health is a clear priority of current research led by the Nationale Gesundheitspolitik Schweiz, and that the OECD has already carried out international comparisons on this subject.

3.2 Subject modules

3.2.1 Invalidity insurance as a multi-stage system

The key issues here concern the interactions between the IV system and other sections of the social security system, particularly unemployment insurance (ALV) and social welfare. The programme will examine the IV system from a macro perspective. The aim is to present and analyse the functioning of the current system from different viewpoints.

a) Position of IV within the entire Swiss social security system and related contexts

This section will focus on the interaction with other parts of the social security system in terms of the impact of higher unemployment rates, and on comparisons with the structure and organisation of IV systems in other countries. From this general perspective, it should also be examined to what extent the IVG and its revisions promote equal rights for the disabled in accordance with Article 8 of the Swiss Constitution and with the Law on Equal Rights for the Disabled (entry into force: January 1 2004), as well as to what extent the latter in turn impacts on the IV system.

- *Transfers and passing on of costs among different sections of the social security system:* What are the connections and flows among the different sections of the social security system (particularly between social welfare, IV and ALV) and how have they changed? This question, currently the subject of a pilot study by one canton, should provide the basis for monitoring or an investigative panel. It should, in turn, enable an analysis of individual procedures and/or procedural typologies in the IV system, or between it and other upstream/downstream sections of the social security system (cf. also Point b).
- *Health care as an upstream system to the IV:* How does the Swiss health care system currently allocate and filter patients? How do these functions compare to health care systems in other countries?
- *Changes to the adjudication of pension-related decisions:* What is the role of insurance courts with regard to pension-related decisions? What changes have there been to adjudication (at both cantonal and federal levels) over the last fifteen years? How important is this development for the IV system?

A further subject is the relationship between the labour market and the IV system. At the individual level, the ability to find work depends on what the job market has to offer. This type of project could build on seco's research on the labour market and unemployment. The issue of employment opportunities for people with a mental illness should also be examined as part of subject module 3, section b.

b) Pathways towards the IV system

Some of the ideas covered in this section will be the subject of other projects and they will only be sketched out here.

Apart from an initial qualitative study (Bachmann et al. 2004), there is a dearth of information on how individuals come to having recourse to the IV system, how they manage to re-integrate in the labour market, or why they end up as IV pension recipients. Longitudinal studies should track individuals' personal histories both prior to and after contact with the IV system. They should also elucidate the different ways these individuals leave the labour market and track their passage through the initial intervention systems. They should highlight potential opportunities for the early recognition of invalidity, and in turn reveal the factors behind success and failure. Questions regarding access to and completeness of data, as well the ability to reconstruct procedures using records from the various parts of the social security system are being analysed in a pilot project currently under way in the canton of Berne.

The procedures leading towards a decision on invalidity should be examined from an institutional perspective, as well as being addressed in the second subject module. These issues are also addressed in the third subject module "psychological disabilities".

According to currently available statistics, migrants have a much higher risk of invalidity. Data on and background to this phenomenon should be developed and analysed.¹

3.2.2 Stakeholder interests and incentive structures

Various parties are involved in defining invalidity. Their interests vary, as do their motives and incentives. However, these incentives are not necessarily economic, as they can also include other social factors (concerns, hopes, expectations etc.). This subject module is concerned with the analysis of stakeholder-specific incentives from a micro perspective.

An OECD report (2003) concluded that Swiss IV policy tended more towards solutions based on compensation/transfer rather than on integration/activation. However, the study does not have specific information on the very high (by international standards) replacement rate offered by the Swiss IV system, due largely to the occupational benefits plan system (second pillar).

This section will also look at the structure of (distortive) incentives for a number of stakeholders. It shall examine incentives for drawing IV pensions fraudulently, which can emanate from employees, employers or the system itself (execution authorities).

¹ Cf. study by B,S,S. IV according to sector/occupation (Staehelin-Witt 2004). This study illustrates that data are available to evaluate the risk of invalidity according to country of origin.

a) The insured/employees

The issue of invalidity-related replacement income touches on the double objective of IV revisions: to curb the invalidity rate while at the same time providing the disabled with an appropriate standard of living. Information on the actual amount of invalidity-related replacement income in Switzerland is fragmentary, particularly in terms of second pillar (and also third pillar) provisions. This area is in particular need of systematic scrutiny.

- *Invalidity-related replacement income:* What provisions does the second pillar have with regard to invalidity benefits? How strongly do these differ between income categories and between occupational pension funds? Also, how high is the replacement income of IV pension recipients in reality and what are its constituent parts (sources of income). Qualifications of invalidity-related replacement income will form the basis for an examination of the impact of incentives. Account should also be taken of changes in incentives along the path to invalidity.

b) Firms/employers

Employers have a range of incentives to pass off underperforming employees to the IV system. However, countervailing incentives also exist. Besides the loss of know-how for the company and additional social factors, there are rising costs of risk insurance in the second pillar and for the daily allowance system. Switzerland has only patchy information on the force of these various types of incentive. In addition, there is a lack of knowledge on illness-related absenteeism and the concomitant costs.

- *Costs of invalidity for employers:* This project will estimate the costs shouldered by the employer due to invalidity, as well as the costs of continuing to employ a person who has become disabled. It would be interesting to calculate the costs of appointing a disabled person over another individual. This may also beg the question of whether there is a need for “integration insurance”. There are several sources which can help answer these questions, such as reports by the Commission for Occupational Safety and surveys of firms that have adopted explicit disability management strategies.

c) Institutions

In addition to employers and the insured, distortive incentives may be in operation at the institutional level. For instance, invalidity may be a simpler verdict to issue, as it avoids tedious and complex appeals with frequently negative outcomes. Inefficient incentives in terms of the interaction between the various parts of the social insurance system (social welfare, unemployment insurance, IV) are already dealt with in the first subject module, under the heading “Interfaces”. The significance of the non-standardised definition of invalidity among the various expert professions is discussed in the project on mental illness in the third subject module. Finally, the IIZ/MAMAC project in the fourth subject module will look at interinstitutional cooperation and incentive-related obstacles, including the associated legal complexities.

d) Abuses of invalidity insurance system by various stakeholders

One theme which concerns all stakeholders is the abuse of the invalidity insurance system. The term covers a broad spectrum of issues: from the unintentional but lawful receipt of an IV pension to fraudulent pension claims.

- *Abuses of IV system by the insured, employers or institutions:* First, the relevant terminology must be elucidated. Studies should quantify the various types of abuse on the part of the insured, employers or institutions, as well as quantitatively estimate the scope of this abuse. Based on the findings of this project, an evaluation of methods and measures could be carried out at a later date concerning penalties and the prevention of undesirable insurance claims.

3.2.3 Disability on psychological grounds

The steep rise in the number of recipients of IV benefits is largely due to an increase in the incidence of psychological problems. In 2004, the number of people receiving an IV pension on psychological grounds rose by around 6.3% (in the last two years by almost 15%), while the increase due to other causes was only 1.1%. It is accepted that the surge in costs due to

mental illness is explained by the fact that this group tends to receive a full IV pension, and often at a relatively young age. Our understanding of the reasons for and background to this development remains patchy.²

International studies have also shown that the assessment of disability and the capacity to work has become considerably more difficult, as the share of illnesses which are difficult to diagnose medically are on the rise (OECD 2003:155).

Several studies have shown (cf. Meyer et al. 2005:73) that employment not only reduces hospital stays, but can also be beneficial for recovery. However, the professional integration of people with a psychological disability generally proves to be more problematic than the integration of the physically handicapped (cf. Hoffmann 2002).

For financial reasons, the FoP-IV programme will focus on particularly common or complex diagnosis groups that lead to invalidity. In particular, it will concentrate on people with a disability before the age of 40, since this is the age group which has seen the most significant rise and thus has had the greatest impact on IV costs.

There are currently two research priorities in this subject module: questions surrounding the terms “capacity to work” and “invalidity”, as well as the features of the labour market and the workplace affecting the continued employment or reintegration of individuals with a psychological disability. Two further questions, one concerning the determinants of successful early detection and intervention, the other one concerning the changed determinants in pension growth, are closely linked to IV revisions and will be dealt with in the fourth subject module.

a) Changed understanding of invalidity and the relation between psychological problems and invalidity

The definition of the terms health, validity and (complementarily) invalidity which varies according to the profession of the expert concerned is of particular significance to the rising number of pension claims on psychological grounds. This is a multi-dimensional issue. For example, the role of the courts (particularly the Federal Insurance Court) will be analysed in the first subject module on the IV system (cf. above). Also, have improved medical/psychiatric care and a degree of destigmatisation of invalidity contributed to this rise? To answer such questions, a study will be conducted into the different professional (medical, legal, social work, etc.) opinions on the connection between symptoms and their implication for a perceived incapacity to work.

- *Change in the term “invalidity” with regard to psychological problems:* Of initial interest here is how the term invalidity differs according to economic sector, cultural background, age group, socioeconomic circumstances and gender. Second, how has this term changed over the last 15 years among the various professional groups concerned (medicine, law, social work, journalism)? How significant are these differences and changes for the rising invalidity rate?

b) Employment opportunities for individuals with a psychological disability

A fundamental obstacle to the continued employment or re-integration of individuals with a psychological disability is the disappearance of stress-free, niche jobs. One study (Baumgartner et al. 2004), based on a survey of firms, concluded that a mere 10% of the integration potential of the disabled is exploited. Therefore, we ask how receptive the current labour market is to individuals with a mental illness. It is also important to study the capacity to work of this group, differentiated according to the type of diagnosed illness.

- *Labour market trends and employment opportunities for people with a psychological disability:* How have labour-market conditions changed for people with a mental illness? To what extent can this factor explain increasing rates of invalidity on psychological grounds?

² According to a literature survey, during the past 11 years Swiss research on public mental health from a health economics and prevention-centered perspective is still very scarce (Meyer et al. 2005:40).

3.2.4 Impact of legislation, revisions and new instruments

The fourth subject module deals with the evaluation of existing legal conditions and measures, as well as with the impact of the most important points of the 4th and 5th IVG revisions, including new instruments for the early recognition and registration of invalidity or for medical and occupational case examinations.

a) Impact of the law and subsequent revisions

An assessment of selected measures provided in the (revised) law will be carried out. The following projects are proposed:

- *Evaluation of Regional Physician Services (RAD)*: How have RAD fared in the different regions? Have they had the expected filter effect and have they helped to speed up procedures?
- *Evaluation of changes to helplessness allowances*: The effects of two measures in the 4th IVG revision are analysed: a twofold rise in the allowance level and the introduction of benefits for “assistance with day-to-day tasks” (Art. 42 IVG).
- *Evaluation of the introduction of a ¾-pension*: This involves an analysis of the rise in the number of pensions according to the percentage of the pension, as well as of their impact on total costs, on employment and on the living conditions of pension recipients.

Interinstitutional cooperation (IIZ/MAMAC) could be examined here or under point b) of the section dealing with additions to the 5th IVG revision. Adjustments to be made to the law ought also to be discussed here. If required, a corresponding project will be established. Active job placement measures (aAV) will also be evaluated.

A comparative survey of the international literature of the last 20 years has analysed the determinants of IV benefit claims in the late 1990s (Aarts, de Jong 2000). It revealed that with the exception of one external factor (unemployment), system-related factors had the greatest bearing on benefit claims. Both the 4th and the 5th revisions reviewed an entire series of internal determining factors. Consequently, the present research programme should at a later point take stock of their impact.

b) Prospective and contemporaneous evaluations of new instruments

The measures included in the 5th IVG revision are still not fully agreed. This section will estimate the potential of proposed new instruments and evaluate the measures provided in the 5th revision. One topic will be the *evaluation of the implementation of measures for the early identification and early intervention with regard to younger people with a mental illness*. Have the various stakeholders managed to identify people at risk from mental illness in time, and did this curb their loss of earning capacity early enough? What resources are required? Distinctions, therefore, should be made between different forms of mental illness (psychoses, psychosomatic illnesses, personality problems) and between different types of firms (size, sector, region).

Additional evaluations of the 5th revision are planned but have yet to be definitively outlined. These will deal with the following issues: *monitoring, supervision, quality management* of IV bodies, *integration measures* and *organisational development and/or cultural changes*.

It is furthermore envisaged that the introduction of ICF codes be considered. The relevant costs and benefits will need to be compared. These issues, however, are dealt with in another project (cf. Feasibility study “Patientenstatistik für Outcome-Analysen der SUVA [PSOAS]”). Furthermore, one of the programmes managed by the FSIO deals with an evaluation of an “assistance budget” pilot trial.

4 Organisation

Following consultation the Federal Commission for AHV/IV, the Department of Home Affairs (DHA) has commissioned the FSIO to implement the multi-annual research programme on invalidity and disability, and on the implementation of the federal law on invalidity (FoP-IV). All relevant partner organisations will be involved as far as possible in designing and monitoring the programme.

4.1 Organisational principles

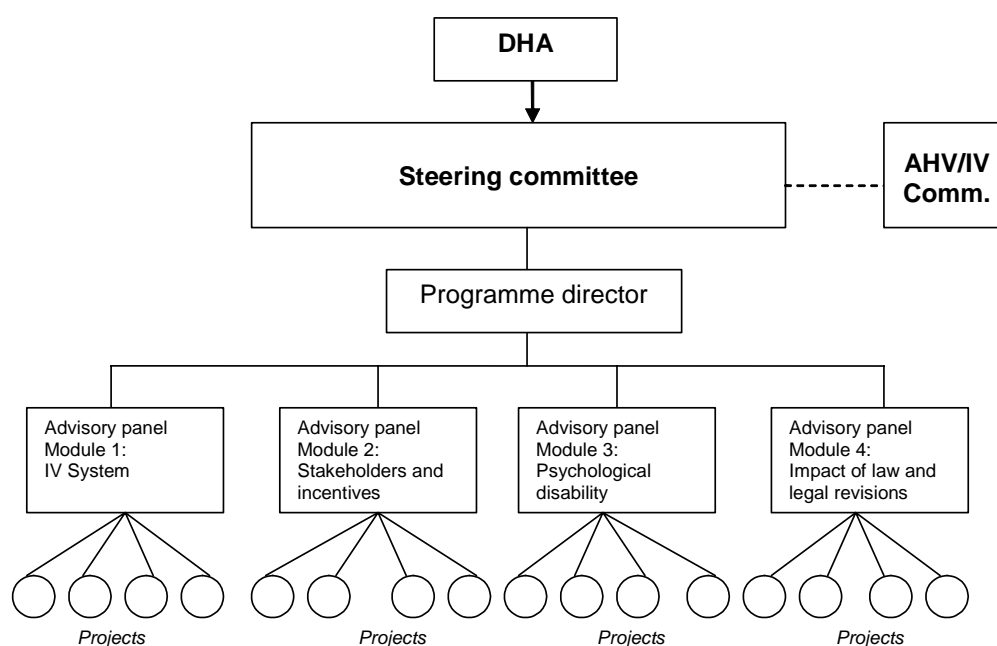
The projects within the research programme will be organised on two levels. At the strategic level, there will be a management body or “steering committee”, while at the operational level there will be advisory panels for each of the four modules, supplemented by additional internal or external experts for individual projects.

The following basic organisational principles should also be noted:

- *Project guidance*: The analysis of research topics will be carried out individually within each project, with a (core) advisory panel established for each subject module.
- *Participation*: The relevant stakeholders will be included in project supervision.
- *Independence/scientific merit*: The scientific merit and (relative) independence from current political events surrounding the IV division and from strategic responsibility for the law and its revisions will be ensured, as the projects will be carried out by recognised external researchers, assisted in this task by interdisciplinary advisory panels.
- *Transparency*: In principle, all research results will as far as possible be published in report format, as part of the FSIO research series.

Observance of these principles will improve organisational learning (learning culture) within institutions that are directly concerned. It will also enhance the legitimacy of the programme among external parties.

Figure: Overview of FoP-IV organisational structure



4.2 Strategic management of the programme

A *steering committee* will be set up as the strategic management body of the research programme. It will establish the main research priorities of the programme following discussions with the AHV/IV commission. These discussions will be informed by annual reports. The central responsibility of the steering committee is the implementation of strategic policy. This includes the authorisation of the programme (key topics/main research priorities, organisation, work plan) and the periodic supervision of the programme’s progress. The steering committee is also responsible for PR activities (press releases, media events).

The steering committee comprises FSIO representatives (2-3 representatives from the IV Division, and the Research/Statistics section respectively), one representative from seco, one from the SFOPH and one from the Conference of IV Offices (IVSTK). The programme management team will also attend steering committee meetings.

4.3 Operational management of the programme, subject modules and projects

The programme is headed by a programme director, who ensures the coherency of the programme. He also provides the link between the steering committee and the advisory panels. The programme director is responsible for planning resources, communication and publications.

The four subject modules mentioned in Section 3 are each led by an advisory panel, consisting of approx. 4 to 6 FSIO representatives (from various divisions), plus external advisors where necessary. These interdisciplinary advisory panels, which in dealing with particular project may call on additional project-relevant internal and external specialists, develop the calls for tender, assess project submissions and approve the interim and final reports.

The heads of the IV Division and relevant external parties who are able to provide information of help to the project may be included in the module-specific advisory panel. They may also assist with promoting the transfer of research results to practice.

5 Resources

The present three-year programme should involve 15 to 20 projects, which on average will run for between nine and 18 months, and which will require funding of between approx. CHF 90,000 and CHF 250,000. The research project costs are estimated to be CHF 3 million (budget ceiling). This sum will be distributed (unevenly) over the course of the three years. The relatively low total costs are due to the specific organisational structure of these projects (cf. Section 4.1). To ensure optimal learning and transfer effects, each advisory panel will have specialists from the FSIO, as well as external experts who will follow the project closely (tender selection, interim report, final report).

6 Timetable

The following timetable details the key stages of the programme:

Feb 7 2006	Discussion of the draft FoP-IV programme with selected partner organisations - Changes to be discussed by the IV committee of the AHV/IV Commission
April 13 2006	Discussion of the revised draft by the AHV/IV commission - then: Changes to the draft programme
May 2006	Decision by the department on design, organisation and work plan
May/June 2006	Creation of the steering committee and the four subject modules. Concept development for each subject module and first call for tenders
June/July 2006	Approval of the four subject modules and first call for tenders*
End of July 2006	Press release (poss. media event) to launch the research programme
As of July/August 2006	Call for tenders: first round*
September 2006	Selection of the first projects (approved/need further work/refused)
As of October 2006	Contracts, first projects begin
December 2006	Steering committee judges the projects selected by the advisory panels and proposes modifications, where necessary
From May 2007	First drafts of the final reports and discussion by the advisory panel
August 2007	Module groups highlight gaps in the programme's research coverage for a possible second call for tenders Steering committee judges the programme procedures and proposes modifications, where necessary
September 2007	Reporting to the AHV/IV Commission
As of October 2007	Press release on the state of the research programme Second tendering round module*
As of November 2007	Launch of projects from the second round
June 2008	Public event on the projects' initial findings
Until March 2009	Steering committee approves the draft summary report; discussion: according to FoP-IV
April 2009	Reporting to the AHV/IV Commission
As of May 2009	Compilation of the summary report (until around July 2009)
October 2009	Public event on the FoP-IV results: "Achieved objectives and unanswered questions"

* The projects are sequentially tendered to ensure that the results correspond to the research needs and thus spread the work load for the advisory panel. The "first" and "second" rounds of tendering refer to the launch of the project tendering process over a longer period.

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