



Getting back to work - the role of vocational rehabilitation

John Pilkington; Chair Vocational Rehabilitation Association (VRA)

with much support and guidance from

Dr Emer McGilloway; Chair VRSIG, British Society of Rehabilitation Medicine;
Clinical Lead Rehabilitation Medicine, King's College Hospital London;

Prof. Andrew Frank; Past Chair of VRA; Hon Consultant in Rehabilitation Medicine
and Rheumatology, Northwest London Hospitals NHS Trust

Overview

- The importance of Work
- What is vocational rehabilitation (VR)?
- Principles of VR
- Similarities with Occupational Health
- What's new?
- [Vocational] Rehabilitation pathways
- Five Year Forward View
- Joined-up Care Services?

Importance of work

[Dame Carol Black, 2008]

- Gives identity and purpose
- Confers status and financial benefit
- Provides structure and social contact
- Is a key health outcome

- *“Work is Nature’s physician”* [Galen of Pergamon, AD 129-200]
- *“Work is one of the great social determinants of health along with food, addiction, early life, and social support* [Sir Michael Marmot, 2010]

- Lack of work is associated with:
 - Loss of physical and mental fitness (Viner and Cole 2005)
 - Obesity, low mood, greater risk of IHD (Waddell and Aylwood 2005)
 - Increased suicide risk in young men (Bartley et al 2005)

Definitions



- *“Whatever helps someone **with a health problem** to stay at, return to, and remain in work”* [Gordon Waddell, Kim Burton]
 - *“A process whereby those disadvantaged **by illness or disability** can be enabled to access, maintain or return to employment, or other useful occupation”* [BSRM]
 - *“Any process that enables people **with functional, physical, psychological, developmental, cognitive, or emotional impairments** to overcome obstacles to accessing, maintaining or returning to employment or other useful occupation”* [VRA]
 - Quality Requirement 6 (for VR) of National Service Framework for LTC, 2005:
 - Support to enter training or work opportunities
 - Support to remain in or return to existing job
 - Support to identify and prepare for alternative employ
 - Support to plan withdrawal from work
 - Support to access alternative educational or leisure opportunities
- [Mapping VR Services for LTC Playford, Radford et al]

Principles of VR

- Keeping people in work
 - Including those with dyslexia and other learning disabilities
 - Job coaching; training for colleagues; workplace support
- Early intervention
 - Patient-centred
 - Clinician-led
 - Coordinated, integrated MDT approach
 - Goal-based
 - Evidence-based
- Effective communication and coordination with workplace to facilitate return to work
- Use of multi-agency MDTs

Is there any difference between Rehabilitation medicine and Occupational health medicine?

- Occupational Medicine focuses on *'the health and wellbeing of the work force, minimising the adverse effects of work on health and mitigating the effects of ill health on work'*
[Ford et al, 2008]
- Vocational Rehabilitation focuses on preparing those with disability for the world of work, supporting and maintaining those currently in work, and facilitating new work; getting people fit for work

VR practitioners get people fit for work

OH professionals support them in work

BUT...both often provide services in both areas

Occupational Health: primary prevention of ill health



OH focuses on the organisation:

- Health and Safety; Health and Wellbeing
- Employment policy (pre-employment screening, absence management)
- Management practice, as it effects the individual (eg mental health)

Whilst providing healthcare services for the individual (physiotherapy; counselling; etc)

Vocational Rehabilitation (VR): secondary prevention of ill health



“That part of the rehabilitation process that facilitates work or other useful occupation” VRA, 2011. Submission to the DWP Absence Review Team

A VR practitioner:

- Focuses on the individual
- Works with employers to facilitate a return to work (RTW)
- Has primary expertise in the management of physical and emotional impairments... and their (disabling) consequences

Vocational Rehabilitation (VR):



There are 3 distinct areas of VR:-

- Assisting disadvantaged young people to become job ready
- Enabling job retention
- Finding new work – may require (re)training + job preparation
[Black and Frost report]

“VR can be considered as responding both to ‘top down’ political and social drivers, as well as to ‘bottom up’ efforts of individual health and rehab professionals”

[Frank and Sawney 2003]

Top down influences



Government initiatives/services:

- Dame Carol Black's cross-departmental work (Fit Notes, GP training)
- Fit for Work Service
- Health and Wellbeing initiatives
- Work and Health joint unit (DWP and DH)
- Access to Work (AtW)
- Mental health initiatives (2009+)
- Legislation such as Equality Act; Data Protection Act

Bottom up VR



Early intervention:

- While still in hospital / primary care – to prevent inappropriate comments, which may suggest that “return to work is not possible...”
- Advice to employee (or family, if relevant) to remain in contact with the employer

Later:

- Team members working with client and family towards RTW objectives agreed with employer and DWP

Job Preparation

[BSRM 2010, HM Government 2009]



Whilst **education** is often the key, there are other important factors:

- Attainment of independent living
- Assistive technology
- Exposure to vocational opportunities
- Development of self-confidence
- Exposure to appropriate role models
- Early intervention for mental health needs

Employee's role:

- Keep in contact with employer
 - Openness (disclosure...) regarding health/disability
 - Consider which parts of current job (s)he can still perform, if any
- [Frank & Thurgood 2006]

Employer's role:

- Keep in contact with employee
- Ensure understanding of absence (sickness) policies throughout organisation
 - ◆ Check line-manager's and co-workers' understanding of policies
- Address ergonomic issues
- Facilitate a phased RTW including duties, tasks, responsibilities, hours and travel

Health professional's role:

- Adjustments to environment/equipment
- Advise on RTW (risks/advantages)
- Encourage liaison with employer
- Teach coping strategies
- Discuss disclosure if appropriate
- Offer support after RTW

DWP's role (always changing...)

- Advice on eligibility for benefits
- Access to Work Scheme (DWP)
- The Work Programme
- Work Choice
- Retraining
- Support to employers
- Support/advice for employees with disabilities

Case Manager's role:



Case management is a collaborative process which:

- assesses, plans, implements, co-ordinates, monitors, and
- evaluates the options and services required to meet an individual's health and wellbeing, education and/or occupational needs, and
- uses communication and available resources to promote quality, cost-effective and safe outcomes

In addition to co-ordination of the different parts of the rehabilitation process (education, physical, psycho-social, work), after accidents there may be additional insurance / legal ramifications.

The Insurance Industry's Rehabilitation Code sets out a framework within which the Defendant and Claimant agents must collaborate in the best interest of the injured party

Preparation for new work



Initial [Needs] Assessment includes:

- Educational background
- Transferable skills
- Hobbies that might generate a wage
- Potential for home-working/self employment.

Many will need practical help:

- Updating their CV
- Advice on (re)training etc, available from providers and the DWP
- Confidence building e.g. unpaid work in voluntary sector initially etc

Advances in rehab

- Early specialist rehabilitation:
 - **Patient-centred**: psychological and sociocultural, as well as medical
 - **Clinician-led**: medical consultant or psychologist?
 - **Coordinated**, integrated MDT approach: Defence Medical Rehab programme
 - **Goal-based**: return to active life (work?); functional restoration
 - **Evidence-based**: \$170,000 cost saving between 'early' and 'delayed' rehabilitation [Gatchell & Mayer, 2014]

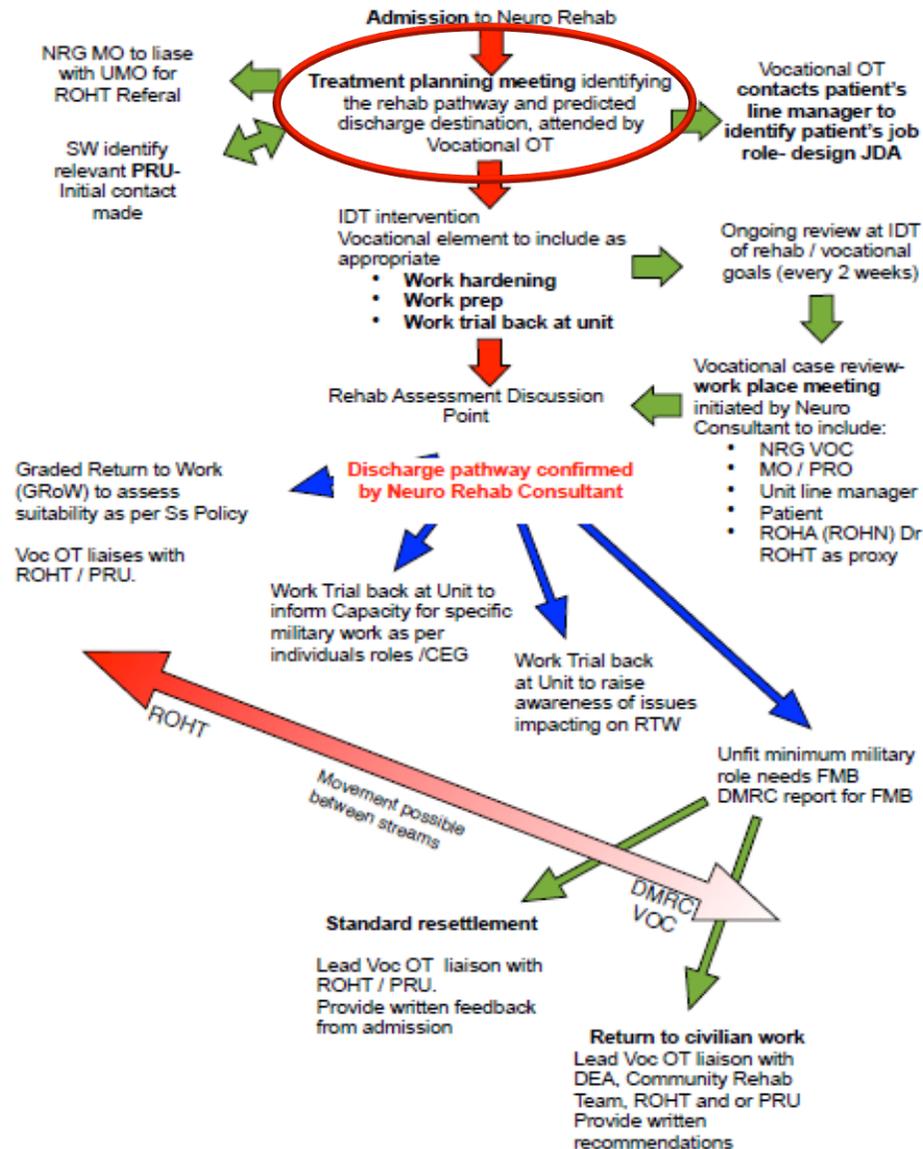
- [Very] Early Vocational planning:
 - Vocational meetings
 - Work trials
 - Work simulation and work experience (with voluntary sector?)
 - Functional skills testing
 - Skills exploration and development
 - Career research and skills matching

The flag system of obstacles in RTW [Kendall and Burton, 2009]

- **Red** – severity of impairment
- **Yellow** – psychosocial obstacles
- **Orange** – those with pre-existing psychological impairments
- **Blue** – perceived obstacles in the workplace (but, changeable)
- **Black** – unalterable obstacles – e.g. national agreements
- ⌘ **Chequered** – social obstacles

Neuro Rehab Pathway for patients Vocational Rehabilitation

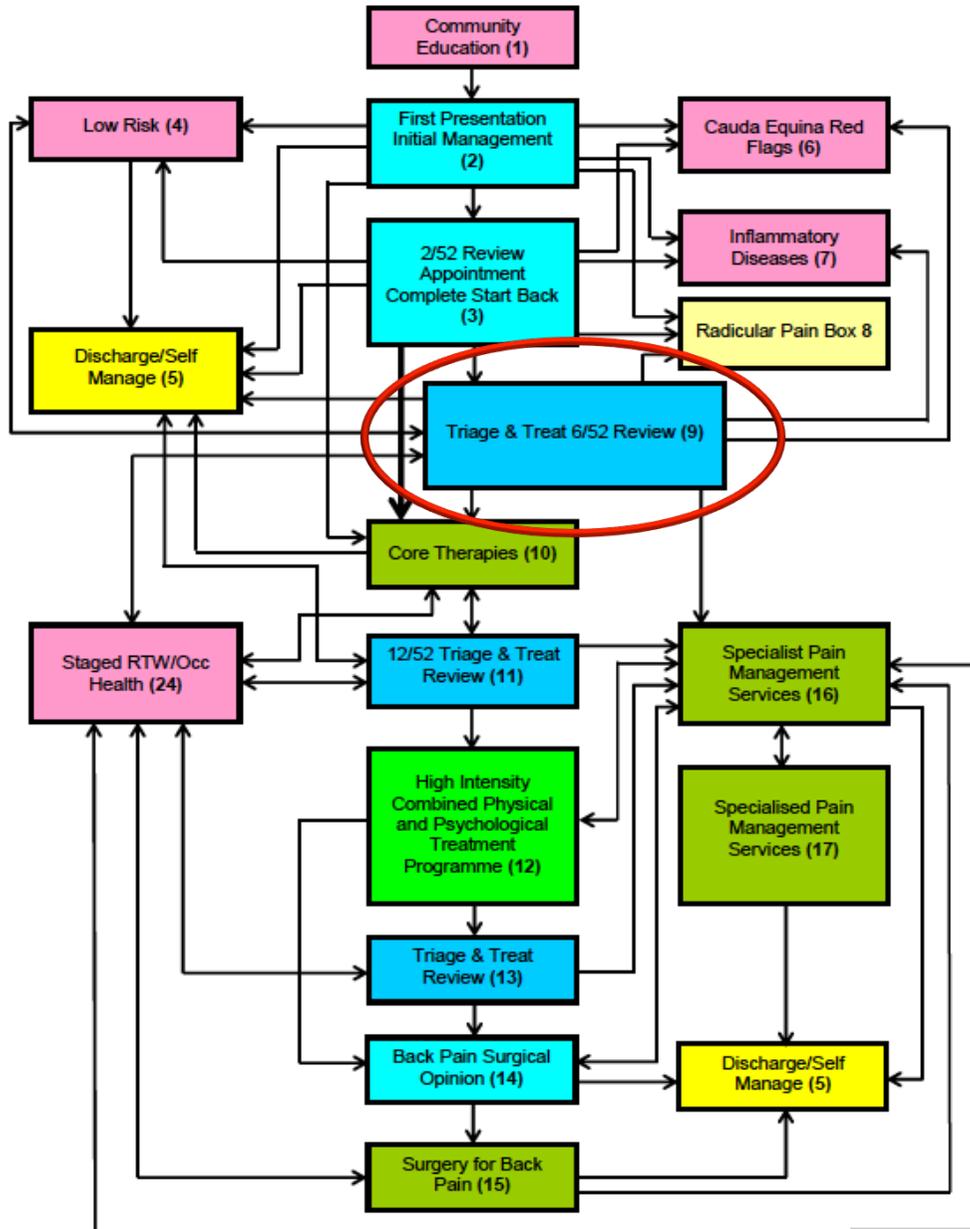
Vocational Rehabilitation is provided by the Neuro Therapy Team – to be read in conjunction with DMRC Neuro Vocational Rehabilitation Service 2014



Defence Medical Rehabilitation Centre, Headley Court

Neuro Rehab Pathway

- Significant advances in acute trauma care, informing advances in civilian trauma management
- Remarkable increases in survival rates
- One of several models of VR
- Principles of VR remain the same



NHS England National Pathfinder Project

Spinal Rehab Pathway

- 'Triage and Treat' practitioner is key role
- Basis of collaborative commissioning between CCGs, area teams, and specialised services
- No surgery until rehabilitation is complete
- Explanation and advice based on CBT principles

The NHS

Five Year Forward View

[Simon Stevens, Chief Executive, Oct 2014]

- Health services need to change to promote well-being and prevent ill-health
 - Only 8% of NHS Rehab services currently provide specialist VR services
- Need for new partnerships with employers
- Fit for work scheme
- Employers to help fund VR, with tax incentives to provide effective workplace health programmes

<http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

Where now, given there is no 'quick fix'?

- Need to ensure **multidisciplinary rehabilitation**, whether MSK , neuro-rehabilitation or mental health support, to enable RTW
- Need to develop **VR skills**, and the confidence to manage those difficult conversations, **in all health professionals**
- Need to promote **collaboration between primary care, secondary care**, and the patient
- Need to develop an **integrated model** with DWP to bridge the gap **between health agencies and work agencies**
- Need to promote models of **integration between health and social care**, such as the Better Care Fund, and the so-called “Devo Manc” initiative.

“Hope: Control: Opportunity”

Conclusions



Both OH and VR have unique skills

However, there is growing evidence of a merging of OH and VR skills, and in the field of job retention, both groups share many attributes

As OH expands, post Dame Carol Black's review, it is likely that OH departments will further enhance their team with rehabilitation professionals.

Five main ingredients to successful vocational rehabilitation: -

- **Employee** (and close family)
- **Employer** (and co-workers)
- **Insurer** (and their solicitors)
- **Health (rehabilitation) professional** (and/or case manager)
- **Government** (historically DWP, but now also NHS)

[Frank & Thurgood 2006; Chamberlain et al 2009]



Thank you for listening

Further information from the
Vocational Rehabilitation
Association

<http://www.vra-uk.org>

john.pilkington@ntlworld.com

References

- Black, Dame Carol. *Working for a healthier tomorrow*. London: TSO, 2008
- British Society of Rehabilitation Medicine. *Vocational Rehabilitation - the way forward* (2nd edition): report of a working party (Chair: Frank AO). 2nd ed. London: British Society of Rehabilitation Medicine; 2003. <http://www.bsrm.co.uk/Publications/Summary-Voc-Rehab.pdf>
- British Society of Rehabilitation Medicine 2009, *Vocational rehabilitation in long-term neurological conditions*. London: British Society of Rehabilitation Medicine, 2010
- Brown J, Mackay D, Demou E, Craig J, Macdonald E. Reducing sickness absence in Scotland - applying the lessons from a pilot NHS intervention. Glasgow: University of Glasgow, 2013 pp 1-24. http://www.gla.ac.uk/media/media_289315_en.pdf
- Chamberlain, MA., Fialka, M., V, Schuldt, E. K., O'Connor, R. J., Herceg, M., & Ekholm, J. "Vocational rehabilitation: an educational review", *Journal of Rehabilitation Medicine* 2009; 41(11): pp. 856-869.
- CMSUK. Case Management Society of the UK. Sutton, UK, CMSUK. <http://www.cmsuk.org/>
- Department for Work & Pensions. Access to Work. London: Department for Work and Pensions. 2008. <http://www.direct.gov.uk/en/DisabledPeople/Employmentsupport/WorkSchemesAndProgrammes/index.htm?CID=DWP&TYPE=Sponsoredsearch&CRE=WorkSchemesandProgrammes>
- Department for Work and Pensions. the Work Programme. <http://www.dwp.gov.uk/supplying-dwp/what-we-buy/welfare-to-work-services/work-programme/>
- Department for Work and Pensions. Work Choice. <http://www.dwp.gov.uk/docs/work-choice-presentation.pdf>
- Department for Work and Pensions. *Fitness to work: the Government's response to 'Health at work - an independent review of sickness absence'*. 1 ed. London: Department for Work and Pensions; 2013.
- DWP. The health and Work Service. <https://www.gov.uk/government/policies/helping-people-to-find-and-stay-in-work/supporting-pages/co-ordinating-the-health-work-and-wellbeing-initiative#health-and-work-service>
- Ford, J., Parker, G., Ford, F., Kloss, D., Pickvance, S., & Sawney, P. 2008, *Rehabilitation for Work Matters*, First edn, Radcliffe Publishing Ltd, Abingdon, Oxon.
- Frank AO, Thurgood J. Vocational rehabilitation in the UK: opportunities for health-care professionals. *Int J Ther Rehabil* 2006; 13(3):126-134.
- Frank AO, Sawney P. Vocational rehabilitation. *J R Soc Med* 2003; 96 (November): 522-524.
- Health Work Wellbeing. *Working our way to better mental health: a framework for action*. Norwich: TSO, 2010
- HM Government. *Fit for Work*. London: 2015
<http://fitforwork.org/blog/press-releases/test-press-release-one/>
- HM Government. *Work, Recovery & Inclusion: employment support for people in contact with secondary mental services*. London: National Mental Health Development Unit, 2009
- HM Government. *New Horizons: a shared vision for mental health*. London: Department of Health Mental Health Division, 2009
- Kendall, N. & Burton, AK. 2009, *Tackling musculoskeletal problems: a guide for clinic and workplace - identifying obstacles using the psychosocial flags framework*, First edn, TSO, London.
- Legislation.gov.uk. The Equality Act. <http://www.legislation.gov.uk/ukpga/2010/15/section/6/enacted>
- Martin J, Meltzer H, Elliot D. The prevalence of disability among adults. London: HMSO Books; 1988.
- Robertson J, Cooper C. Full engagement: the integration of employee engagement and psychological well-being. *Leadership and Organisation Development Journal* 2010; 31(4):324-336.
- Stephens SK, Winkler EAH, Trost SG, Dunstan DW, Eakin EG, Chastin SFM et al. Intervening to reduce workplace sitting time: how and when do changes to sitting time occur? *British journal of sports medicine* 2014; 48(13):1037-1042.
- Turner-Stokes L, Frank AO. *Emerging Specialities - Disability Medicine*. *Br J Hosp Med* 1990; 44:190-193.
- Vocational Rehabilitation Association. *Vocational rehabilitation standards of practice*. Glasgow: Vocational Rehabilitation Association; 2007.
<http://www.vocationalrehabilitationassociation.org.uk/standards.html>
- Vocational Rehabilitation Association. *Evidence to the DWP Absence Review Team*,. London, VRA, 2011
- Waddell G, Burton AK, Kendall N. *Vocational Rehabilitation: What works, for whom, and when?* London: TSO; 2008.
- World Health Organization: report by the secretariat. *The International Classification of functioning, disability and health (ICIDH-2)*. Geneva: World Health Organisation; 2001. <http://www.who.int/classifications/icf/en/>