Vocational rehabilitation: models, evidence and guidelines to support the development of a service for a neurological population’

Sarah Porter
Occupational Therapist
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Guidance to shape practice

- Vocational Rehabilitation Standards of Practice, VRA, 2013
- The National Service Framework for Long term Conditions, 2005
- Vocational assessment and rehabilitation after acquired brain injury – Interagency guidelines, 2004
NICE Guidelines

• Stoke in Adults 2016
  Quality Statement 5  Return to Work

• Head Injury 2014
  Quality Statement 7  Community Rehabilitation service for people with traumatic brain injury - vocational
Legal considerations

- Health and Safety at Work Act 1974
- Employment Rights Act 1996
- Human Rights Act 1998
- Data Protection Act 1998
- Disability Rights Commission Act 1999
- Employment Act 2008
- Equality Act 2010
- The Welfare Reform Act 2012
How it all began for me…….

From 52 referrals a year to 228

- Pilot study in 2003 for two years
- 3 part time members of staff
- Plan to offer more than regular OT intervention
- Outcomes

Now

- 228 referrals in 2018
- 1 full time and 8 part time members of staff
- Running 3 groups a year alongside individual sessions and bespoke groups
- Outcomes

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Research into practice

Using evidence to develop a programme

- Are methodological variations clouding the RTW rates?
  
  (van Dongen et al, 2017, Wei et al, 2016)

- What type of intervention is successful?
  

- Specialist knowledge of VR and TBI more likely to improve opportunity for RTW in TBI
  
Models of Vocational Rehabilitation

Unlikely that one treatment model is optimal for patients with varied patterns of deficits and strengths involving the evolution of different types of programmes (Hart et al, 2010)

• Two systematic reviews (Fadyl et al, 2009, Hart et al, 2006)

• Literature review (Tyerman et al, 2012)

• Resource Facilitation (Trexler, L and Parrot, D. 2018)
ABI programmes with added or integrated vocational components

• Vocational rehabilitation elements added to outpatient brain injury rehabilitation
• 3 phases
• Remedial intervention
• Guided voluntary occupational trials
• Assistance finding suitable work placements
Vocational Rehabilitation models adapted for Brain Injury

• Adapting existing vocational rehabilitation models
• Primary VR model adapted is supported placement model with four phases
  • Job placement
  • Job site training and advocacy
  • On-going assessment
  • Job retention and follow along
Care coordination/resource for facilitation models

• Core feature being case coordination, facilitating the vocational rehabilitation process in liaison with other rehabilitation, vocational and community services
Consumer directed approach

- People with ABI have a major role in running the programme
- Clubhouse model
- Consumer directed, community based day programme operated by and for its members
- Members often been considered unsuitable or been unsuccessful in past job placements
Considerations when developing a service

Conceptual model of vocational rehabilitation  (Hayward et al, 2019)

- Key findings:

  1. Need for nationally agreed funding
  2. Extended VR MDT
  3. Job seeking pathway
  4. Shared understanding of VR interventions
  5. Shared standards for data collection and outcome measurement
  6. Provision of timely VR services
  7. Integration of VR services within the local community
Research into practice

Predicting a RTW after brain injury

- Employment status pre diagnosis
- Longer hospital duration
- Reduced functional ability on discharge
- Self Awareness
- Psychological factors
- Motivation
- Over 40 at time of diagnosis
- Support of significant others

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Research into practice

Barriers to RTW

No established route to paid RTW, expectations of immediate RTW, transportation, fatigue and cognition (Beaulieu, 2019).

Invisible impairments, consequences of stroke, additional personal and family comorbidities (Phillips et al, 2019).
Wolfson vocational rehabilitation programme model

CLINIC

PHASE 1 AX

DISCHARGE

PHASE 2 GROUP PROGRAMME

PHASE 3 SUPPORT

PHASE 1 AX

PHASE 1 AX

PHASE 1 AX

PHASE 3 SUPPORT
Considerations when developing a service

Client group and what to offer

- Establish a rigid criteria you are happy to stick to
- Plan your service around the potential referral numbers
- Staffing
- Outcome measures
- Developing links

- Does the client have a job to go back to
- Have a plan to incorporate growth
- Plan to have an MDT
- Who are they for, what do you want to measure?
- Local opportunities
Resources
Developing links

Encourages employers to become more confident about employing disabled people by:

Breaking down the barriers and challenging negative attitudes towards employing disabled people;

Through increasing awareness of the business benefits of employing disabled people; and

Through building a better understanding of the support available to employers as they recruit and retain disabled employees.
Considerations when developing a service

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- Simulation activities to reflect the workplace
- Set this up from the beginning

- Staffing
- Outcome measures
- Developing links
- Developing links
- Resources
- Database, audit and research
- Local opportunities
- Simulation activities to reflect the workplace
- Set this up from the beginning

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Developing a service

Practicalities

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<td>All of the patients will want to get back to work</td>
<td>No they don’t</td>
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<td>Early intervention is key</td>
<td>Everyone and their circumstances are different</td>
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Providing information to managers

The AHP health and work report is appropriate for physical and mental health work related issues

Inform on practical modifications that may help an individual to remain or return to work

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## Developing a service

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Equality Act and Reasonable Adjustments

• You’re disabled under the Equality Act 2010 if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.

• Employers must make reasonable adjustments to make sure disabled workers aren’t seriously disadvantaged when doing their jobs.
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<td>• The power of the group</td>
<td>• Far better than anything we can say at times!</td>
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<td>• We won’t have a waiting list</td>
<td>• Think flexibility within rigidity</td>
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Approaching the more difficult situations

Trying to be supportive

THE WORK VISIT

SUPPORTING MEDICAL RETIREMENT

RUNNING GROUPS

RTW WITH A DEGENERATIVE CONDITION

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What do the clients want?

For consideration when developing a vocational programme

- Four key themes:
  1. Meaning of work
  2. Process of return to work and reconciling new identities
  3. Opportunities to try versus risks of failure
  4. Significance of supports

- Vocational evaluation should include:
  1. Assessment of the meaning clients ascribe to work following TBI
  2. Post injury goals
  3. Clients perceptions of work competency
  4. Work readiness
  5. Anticipated challenges with return to work
  6. Available supports (Stergiou-Kita et al, 2011)

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Patient thoughts on vocational rehabilitation

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Thank you

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