Vocational Rehabilitation

Key facts:
The importance of participating in a working role is increasingly being recognised. An independent review of scientific evidence found that work is generally good for physical and mental health and well-being, and that it can help to promote independence and full participation in society (Waddell and Burton 2006). Conversely, it has been identified that absence from work can have adverse effects on the individual and their family, employers and wider society (Black and Frost 2011). Vocational rehabilitation, which helps individuals to ‘stay at, return to and remain in work’ (Waddell et al 2013, p10), can therefore play a vital role in improving outcomes at individual and societal levels.

Vocational therapists have key skills that can help people with developmental, physical or mental health conditions to overcome barriers in order to engage in meaningful occupation and commence, resume or retain employment. They are trained to assess the complex interplay between the person’s skills and limitations, the social and physical environment and the demands of the task, in order to offer individualised intervention plans that can enable people to reach their goals.

Key benefits:
Occupational therapists can facilitate improved vocational outcomes for individuals and their employers through:

- Offering occupation-based advice and support to improve the wellbeing of individuals who are on sick leave and to promote readiness for return to work
  Cameron et al (2016), in a study exploring sick leave and return-to-work experiences of employees with mental health issues, identified the need for sensitive support to help people to maintain a resilient work orientation/identity, and the importance of mitigating potential ‘iatrogenic’ effects of sick leave through opportunities and encouragement to sustain routines, activities and social contacts.

- Facilitating engagement in vocational training opportunities
  Smith et al (2010) reported that a work-based learning programme, designed for patients within a forensic learning disability service, offered the opportunity to learn more skills and enhanced motivation, self-esteem and confidence.

- Analysing activities within the person’s working role to assess the fit between their skills and capabilities and the demands of the task
  Coole et al (2013a), in a survey of United Kingdom occupational therapists treating employed clients with musculoskeletal conditions, found that assessment methods used included: functional capacity evaluations, job demands analysis, work simulation and ergonomic or health and safety assessments.

- Providing work-related advice and support to help the individual return to/retain employment
  Occupational therapists can offer a wide range of work-related interventions, including: work preparation (such as discussing work options, teaching pacing/fatigue-management); return to work planning; workplace visits (Phillips et al 2010, Grant et al 2014); advice on job/role modifications or alternatives; provision of assistive devices and bespoke equipment; confidence building; and treatment interventions such as work hardening (Coole et al 2013a).

- Providing information and input, including workplace visits, to help employers understand and address employees’ needs and to make reasonable adjustments
  Coole et al (2013b) carried out a study that explored return to work after stroke from the employer perspective. Participants who had experience of occupational therapists supporting an employee felt that they had benefitted from advice/information about how stroke affected the individual and support regarding work modifications, including phased returns.
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- Working in partnership with employment services, such as through the Individual Placement and Support (IPS) approach to supported employment for people with mental health problems, where employment specialists are integrated within clinical teams.

  Priest and Bones (2012), in a paper exploring the value of occupational therapy in supported employment, outline how occupational therapists have promoted and driven implementation of IPS in secondary mental health services in Sussex. They identify the contribution occupational therapists can make in embedding IPS into clinical teams, supporting the work of employment specialists and championing person-centred practice.

  van Veggel et al (2015), in a parallel group observational study involving 17 sites in East and West Sussex, found that significantly more IPS participants commenced competitive employment than pre-IPS participants (24.9% vs 14.3%), experienced less delay before commencing their first job and, when employed, worked more hours per week.

  Modini et al (2016) conducted a systematic review and meta-analysis of the international evidence and found IPS to be an effective intervention across a variety of settings and economic conditions. They reported that, when compared to traditional vocational rehabilitation, IPS was more than twice as likely to lead to competitive employment.

- Offering personalised interventions to help individuals to identify and achieve work-related goals.

  Kassberg et al (2016), in a Swedish multiple-case study, explored occupational therapy interventions aimed at improving use of everyday technology in work tasks in three people with acquired brain injury. They found that participants required different types of support and intensities of intervention to meet their goals.

- Completing the ‘Allied Health Professions Advisory Fitness for Work Report’ (Allied Health Professions Federation 2013).

Cost benefits:

- Radford et al (2013), in a study involving patients admitted to Nottingham hospitals with a diagnosis of traumatic brain injury (TBI), compared a TBI specialist vocational rehabilitation intervention (TBI-VR) to usual care (UC). They found that, at 12 months, 15% more of the TBI-VR participants were working than those receiving UC (27% more with moderate/severe TBI) and that mean TBI-VR health costs per person (consultant, GP, therapy, medication) were only £75 greater at one year, suggesting cost-effectiveness.

- Knapp et al (2013), in a randomised controlled trial across six European countries (including the UK) investigated the economic case for IPS for people with severe mental health problems, compared to standard vocational services. They reported that IPS produced better outcomes at lower cost overall to the health and care systems, and that IPS was probably cost-saving and almost certainly more cost-effective as a way of helping people with severe mental health problems into competitive employment.

- Burns et al (2015) conducted a randomised controlled trial, set within a non-statutory mental health service in Oxford, of time-limited IPS (IPS-LITE) versus standard IPS. They found that IPS-LITE was equally as effective as IPS, and that only minimal extra employment was gained by persisting beyond nine months. They reported that IPS-LITE discharges generated a potential capacity increase of 46.5% compared to 12.7% in IPS and suggested that IPS-LITE may be more cost-effective.
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References


All websites in the references were accessed on 26.07.16, unless otherwise indicated.

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