Halving the disability employment gap: vocational rehabilitation can help

Written evidence submitted by the Vocational Rehabilitation Association (VRA)

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Executive Summary and Recommendations

- Work is important for one's self-esteem, social standing and ability to participate in the community as well as for the material advantages it brings to individuals and their families. Evidence suggests that the benefits of employment outweigh the risks of work and are greater than the risks of long-term unemployment or sickness absence.

- Individuals may be born with physical or intellectual disadvantages, or they may be acquired during childhood or adult life. Some progressive conditions may present in childhood or adolescence (e.g. some muscular dystrophies) and these need to be distinguished from those presenting later in life (e.g. trauma, stroke).

- Vocational rehabilitation (VR) takes three forms: Preparing those with a disability, health or mental health condition for the world of work; job retention for those in work and assisting unemployed individuals into new work.

- Important components of VR consist of the attributes of the individual, the skills/knowledge of their health professionals, the knowledge and attitudes of actual or potential employers and the assistance that is provided by the state or other insurance facility. For those with severe impairments, professionals with both health and employment skills are needed to provide individualised VR services.

Recommendations

- Individuals with disability need greater access to vocational rehabilitation professionals to support the journey into, or back to, work
- There needs to be more health professionals with recognised return-to-work skills to provide this service
- The government needs to incentivise employers to develop and participate in RTW programmes for its employees
- Greater access to valuable government services (e.g. Access to Work) is needed
- Effective health-related support should be available to participants in the Work Programme who consider health issues to contribute to difficulties in returning to work

1. Introduction

1.1 The Vocational Rehabilitation Profession: the VRA supports professionals from a variety of backgrounds (mostly health) who bridge the worlds of health and employment. Vocational rehabilitation professionals/practitioners (VRPs) assist those with ill health (whatever the cause), to enter, stay in or return to work. Clients may include people with congenital impairments, acute ill health and those with long-standing impairments (using the terminology of the World Health Organisation (WHO) [1]). Vocational rehabilitation (VR) supports individuals with a disability, physical or mental health condition. These impairments may be static or

result from conditions that vary in nature over time (either with improvement or deterioration).

1.2 The VRA is submitting evidence as it believes that many disadvantaged individuals in the UK have not been provided with the support they need to enter, remain in or return to work (RTW) and that this is due to the absence of an appropriate rehabilitation culture, clinical pathway and skilled workforce to deliver this support. This failure exists both within the National Health Service (NHS) and the private sector.

1.3 The value of VR has been clearly established [2-4]. This review:-

- will accentuate those components of VR that are most often used in clinical practice
- is not exhaustive – extensive references are available if needed
- seeks to demonstrate support for the ideas propounded – the use of references being limited by the size of the paper.

2. Is work important?

2.1 The VRA is strongly of the view that most employment is good for health. Evidence supports:-

- The beneficial effects of work in terms of adequate economic resources to facilitate participation in society; meeting important psychosocial needs; being central to individual identity, social roles and social status [5].
- a strong association between worklessness and poor health in terms of higher mortality, poorer general health and poorer mental health[5].

- If true for the general population, it is likely to be as true for disadvantaged individuals.
- It follows that caring societies should be giving assistance to such individuals to become work ready, remain in employment or find new employment if needed [6]

3. What is Vocational Rehabilitation (VR)?

3.1 VR is that part of the rehabilitation process (see Appendix) that relates to employment (or other useful occupation). It is '*a process*, which *enables persons* with functional, psychological, developmental, cognitive and emotional impairments or health conditions to overcome barriers to *accessing, maintaining or returning to employment or other useful occupation'* [7] (the italicised words are those in common with a shorter British Society of Rehabilitation Medicine definition [8]). More recently, there has been concern that the RTW process is often not sustained and that disadvantaged individuals have difficulty developing a career pathway after their RTW [9].

3.2 The core ingredients of any VR or RTW process are the relationships between the client, the actual or potential employer, the health professional(s) involved and the insurer (usually the Department for Work and Pensions (DWP) in the UK).

3.3 There are three aspects of VR [10]:-

- Preparing young people for employment
- Supporting and maintaining those currently in employment (job retention)

- Facilitating new work for those currently unemployed or on ill-health benefits.

4. Preparing disadvantaged young people for the world of work

4.1 Helping disadvantaged young people is complex as close working relationships are needed between the local education and social service departments, local and sometimes specialist health services, equipment providers and often the charitable sector. Each body has defined budgets giving scope for endless negotiations between them as to who pays for what.

4.2 Although the level of education achieved and qualifications gained are crucial to achieving an optimal lifestyle [11], other fundamental factors include:

- social and personal development
- degree of self confidence - assisted through sport, adventure and work experience [11].

4.3 The charitable (voluntary) sector is often helpful in giving tailored advice to individuals with specific conditions and broader charities such as Disability Rights UK offer a wide variety of factsheets e.g. on internship and apprenticeships [12]. Volunteering is often a good entry point into work [13;14]. Appropriate careers advice is essential from those with 'in-depth knowledge of disabled people's capabilities and the careers of the future.

4.4 Little attention appears to have been given from the NHS to the preparation of disadvantaged young people for working life [15].

- This needs to begin around the time of first attending secondary education [11].
- Children's services need to plan for the young person to become the centre of the clinic consultation

- Parents must address how their child can become a young adult with, as nearly as possible, the same life-chances as their non-disadvantaged peers.
- Increased personal independence through the use of assistive technology (AT) or other means, greatly enhances the life-chances for the developing young adult.

4.5 Equipment and assistive technology

- Equipment to support physically disabled young people e.g. communication equipment can transform the lives of even the most severely impaired individuals including facilitating employment [16].
- Communication aids are often provided by the NHS – are very costly and poorly funded [17].
- Powered wheelchairs, although transforming the lives of immobile individuals and greatly assisting carers may have long waiting times.

4.6 These issues reflect:

- Lack of planning for equipment
- UK's inadequate rehabilitation services in general
- Employment opportunities often relate to the degree of social integration and personal independence achieved by the disabled individual [11].
- Given optimal equipment, physically disabled youngsters can control their environment, communicate, leave home and meet their friends.

5. Job Retention – Employers' management roles

5.1 The key facet to job retention lies with the employer [18] (see Table 1). A sympathetic employer is crucial [13], and must have a sound health and safety policy [19].

5.2 Supervisors and co-workers

Supervisors are crucial [2;13]. Poorly used absence policies may result in:-

- Inappropriate disciplinary actions
- Increased sickness absence (SA)
- Lack of co-worker involvement [18].

5.3 Some organisations involve co-workers in the workplace RTW programme e.g. as 'buddies' to assist the employee's RTW [19]. Some 'buddies' will need specific training e.g. to support a colleague with mild dementia.

5.4 Employers play a crucial role in determining whether an individual can enter, remain in or return to work, via

- their workplace policies
- the health and wellbeing programmes they have in place to support their workforce
- the training of their line managers to address employee health issues that may be impacting on their ability to work
- the workplace culture, and
- benefits programmes which provide VR and other health-related services for the benefit of both employer and employee.

5.5 There is inadequate recognition of the employer's role in the worklives of its workforce and insufficient government programmes and policies to provide education and incentives to improve the employer's contributions.

6. Job Retention – after sickness absence

6.1 After early VR (see Appendix), the approach often used in any preliminary assessment is to assess the difficulties in returning to work (sometimes referred to as obstacles or barriers). Table 2 illustrates the 'flag' system for detecting obstacles for RTW [20].

6.2 Assuming an effective absence policy (Table 1), the next steps are to:-

- Establish the RTW plan [2;18] - consider the steps in Table 3.
- Build on work components that can still be performed.
- Facilitate an early RTW in spite of an incomplete recovery.
- Utilise the Equality Act (2010) (for reasonable accommodations / job modifications)
- Facilitate utilisation of physical and emotional rehabilitation [21].
- Utilise support from occupational health (OH) where available..

6.3 In some situations, working from home may be helpful either temporarily, as part of the rehabilitation [21], or permanently. This may reduce long and/or painful journey's into work and may be in any combination of days at work and at home. For a minority, home working may be permanent, particularly if personal independence is problematic/ time consuming, and

there are family or other individuals willing to support it. A disadvantage may be social isolation.

6.4 Government roles

The government has a key role to play in vocational rehabilitation in providing 'top-down' policies that support those providing the services – 'bottom-up' provision' [22]. Provision of the 'Fit note' replacing the 'Sick Note' has been important [21] and defined the important rehabilitation principle *that it is not what one cannot do that matters, but what one can do!* The Fit Note is valued by employers [23]. The VRA welcomes the government's emphasis to enhance At Work Scheme (AtW).The many government schemes cannot be elaborated here. However, the VRA is concerned that 70% of Work Programme participants with a health condition/disability were not offered health-related support [24] (page 75). Thus only four out of the 18 Primes documented in-house healthcare professional roles as part of their delivery model [25].

7. Finding new work

7.1 People seeking new work following extended SA should be offered an assessment of vocational skills by a suitably qualified practitioner. Success not only depends on the level of education, but also the client's work experience [26]. There must be close liaison with any health professionals involved e.g. general practitioner to ensure that all the medical obstacles to RTW are clearly understood and strategies to overcome them adopted.

7.2 For those whose loss of job related to acute health-related conditions, some will require rehabilitation from a multiprofessional team, which has been shown to be effective for those

with musculoskeletal conditions in Scotland [27]. Rehabilitation is likely to be needed for many of those currently on incapacity benefits who are found to be potentially able to work.

7.3 A vocational assessment may be highly technical but will embrace an individual's:-

- previous education, qualifications, employment, hobbies (that might convert into work) and transferable skills
- Medical/rehabilitation history
- Social and family circumstances
- State of the labour market etc [11].
- Personal inclinations of the potential employee [28] which will influence job uptake and the likelihood of sustaining work.

7.4 Whilst understanding the nature of any new job, the rehabilitation team should be assessing the potential for home working (see above). Such work may be within employment or self employment and both the DWP and charities e.g. the Prince's Trust have support services for those seeking self-employment. Advice about self-employment from those who have achieved it in spite of severe impairments may be available [16,11].

7.5 Other innovative approaches involve Work Integration Social Enterprises; whether that's through job creation, job placement, work preparation, Intermediate Labour Market (ILM) schemes or vocational training. Those doing job creation within their own business are most likely to be Social Firms [29].

7.6 Many potential employees will need (re)training to facilitate a RTW. This may be provided directly via the DWP, charities [30] or through an ILM scheme.

7.7 Useful RTW strategies are given in Tables 3-4. Many people who are assisted back into old or new jobs will require on-going support to ensure the job is secured for the long term. Whilst this is now well recognised, facilitating advancement in a career when an individual is disadvantaged is an area needing further research.

7.8 Two ingredients of successful VR are common to all three aspects of VR and are worth highlighting:-

7.9 Facilitating the RTW process

VRPs may have a critical role in the RTW process. They have various job titles e.g. vocational therapists/consultants/case co-ordinators/counsellors, or return to work co-ordinators. Their prime functions include job matching (Table 4) [13;26]. They facilitate working with local employers [26] or the voluntary sector [14] which may lead to work trials [11;16;26]. Worksite visits are important in facilitating a RTW [31] and may involve training at the worksite [11;26]. Such visits greatly facilitate job modifications. Since these interventions demand active employer involvement, the employer is now considered part of the rehabilitation team.

7.10 Over the last 15 years, a significant private sector industry has evolved, funded mostly by the insurance industry. This often consists of referral to case managers who co-ordinate the physical and psychological support needed after accidents as well as fulfilling the VRP role.

7.11 Job modifications (accommodations)

Job modifications are one of the commonest forms of VR with enormous reported use. Examples include:-

- Training in the use of aids/equipment, restricting work to easier tasks/duties after traumatic brain injuries
- Use of round tables during meetings to facilitate lip reading
- Performing both task/environmental analysis to break down tasks into manageable steps and reducing the job demands for those with multiple sclerosis
- Environmental modifications for use of powered wheelchairs by those with cerebral palsy to save energy for physical job demands
- Specific low vision aids and AT for visually impaired individuals
- Ergonomic adjustments for those with arthritis.

8. Conclusions

RTW is a difficult transition for many individuals with a disability. Vocational rehabilitation embraces a large number of skills which facilitate employment of those with disabilities or ill health. For those with severe impairments, professionals with both health and employment skills are needed to provide individualised RTW services. Close cooperation between the individual, health/rehabilitation professionals and supportive employers offer the best hope of employment. The government plays a key role through legislation and numerous RTW schemes and the private sector delivers these services through workplace programmes. However, none of these services are provided at sufficient level to meet the government's goals for reducing the employment gap.

To achieve these goals, we believe that

- Individuals with disability need greater access to vocational rehabilitation professionals to support the journey into or back to work
- There need to be more health professionals with recognised return-to-work skills to provide this service
- The government needs to incentivise employers to develop and participate in RTW programmes for its employees
- Greater access to valuable government services (e.g. Access to Work) is needed.

Acknowledgements: The British Society of Rehabilitation Medicine for permission to reproduce Tables 3 and 4.

9. Appendix

What is rehabilitation in a health context?

9.1 Rehabilitation has multiple definitions, but is used in this review primarily in the context of ill health or long term impairment of body or mind. The WHO [1] views the consequences of ill health/injuries in terms of residual 'impairments', which then influence the ability of the individual to function at individual, employment and/or societal levels. This may be influenced by personal or environmental factors.

9.2 Rehabilitation embraces a philosophy – essentially stating that there are many ways of supporting those with physical or emotional impairments. How the philosophy is put into practice will vary in relation to the underlying impairments. The principles followed would have agreed goals between the rehabilitation professional(s) and the individual being assisted.

9.3 Historically, rehabilitation was seen as a sequel to medical interventions [32]. Recently, this concept has been seen to be outdated and harmful. Rehabilitation is now seen as a collaborative process beginning at the commencement of an episode of health care [8;33;34].

9.4 The initial discussion about an individual's work needs to take place at the beginning of any acute illness. It may be limited to identification of the nature of any employment, advice to remain in contact with their employer and, when the illness is severe, reassurance that there are many ways to support workers back into employment when the clinical state allows. Health professionals must avoid making ill-informed statements about the likelihood of a return to work (RTW) [35]. Early VR is important as individuals (and their professional advisers)

tend to only see themselves through the eyes of their current job. They don't think – as VRPs think – about changes to their employment.

Table 1*.

Employer's influence on job retention:

- The milieu of the organisation (well-managed, happy stable work-force etc.)
- Presence of an 'Absence Policy' appropriate to the needs of the company
- This policy is known and understood by the workforce including shop floor supervisors and managers
- The policy is implemented, particularly that part which ensures the maintenance of contact between the employer (or representative) and employee following ill health
- The policy understands that employees may RTW prior to full resolution of the health/disability issues as part of their rehabilitation
- This process may involve co-workers who need to support the policy
- Job modifications and phased RTW may be needed
- Provision of occupational health which should contribute to the above.

*From: Vocational Rehabilitation Asociation letter to Lord Freud March 2011

Table 2

The flag system of obstacles in RTW

Red – severity of impairment (a)
Yellow – psychosocial obstacles (b)
Orange – those with pre-existing psychological impairments (b)
Blue – perceived obstacles in the workplace – changeable (c)
Black – unalterable obstacles – e.g. national agreements (c)
Chequered – social obstacles (c) e.g. role reversal

a Biological
b Psychological
c Social

a-c Components of the 'bio-psycho-social' model

Table 3.
Recommendations for Work Adjustments (from BSRM [11])

Flexibility in hours and/or duties e.g.:

- Changes to working hours or days
- Time off to attend health-related appointments
- Provision of additional breaks during the working day
- Changes to start/finish times to reduce travel during the busiest times
- Review/adjustment to the overall level of responsibility of a job role
- Consideration of an alternative job role

Adaptations, equipment and coping strategies e.g.:

- Help with travel (e.g. designated parking space or taxi through AtW)
- Provision of home working to reduce travel demands
- Physical adaptations or re-organisation of the working environment (e.g. facilitate wheelchair accessibility)
- Additional equipment, aids and adaptations (e.g. communication aids/ software, specialist seating)
- Advice on specific symptom management (e.g. fatigue)
- Advice/support on the use of coping strategies (e.g. for cognitive impairment)

Additional training, supervision and support e.g.:

- Job coaching/support worker in the workplace
- Ongoing support from a co-worker
- A 'buddy' trained to respond to specific needs (e.g. seizure) in the workplace
- Additional training, supervision and/or support (e.g. mentoring, advocacy etc)
- Education for supervisor, manager and colleagues about the condition and its effects
- Advice/support for supervisor/manager (e.g. to assist work planning/prioritising)
- Advice/support for supervisor, manager & colleagues
- Regular reviews with supervisor/manager (e.g. to assist work planning/ prioritising)
- Additional support for co-workers
- Off-site support (e.g. from a rehabilitation service or VRP)

Table 4.

Additional components to finding alternative or new work (from [11])

- Graded progression of work-related activities
- Careers guidance and vocational counselling to identify a suitable job
- Links with any local Employers' Partnership or Employers' Forum
- 'Work taster' to sample alternative avenues of occupation
- Assisted job selection, search, application, interviews etc
- Voluntary work trials *
- Permitted work options
- Supported work placements *

* Such trials or work placements require

- Job matching with the skills of the person
- Needs of the person are communicated clearly to employer
- Health & Safety training and insurance cover provided by the employer
- Provision of on-site job coaching when needed
- Person is guided and supported in adapting strategies to the workplace
- Trial/placement monitored closely through contact with the person and the employer
- Trial/placement does not impact negatively on either person or their relatives

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