

Vocational Rehabilitation:

Pushing the norms of vocational rehabilitation for clients with complex presentations: More than a return to work

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Vocational rehabilitation: More than a return to work

It's typically true that vocational rehabilitation is getting someone back to work or to support them to find work but complex individuals present complex situation that need unpicking before a job is even considered.



Safeguarding

- Risk of radicalisation
- Violence at home or within self
- Gang involvement/culture
 - Suicide risk

Perceptions and culture

- Religion
- Beliefs e.g. the travelling community
- Lack of trust in authorities and support networks

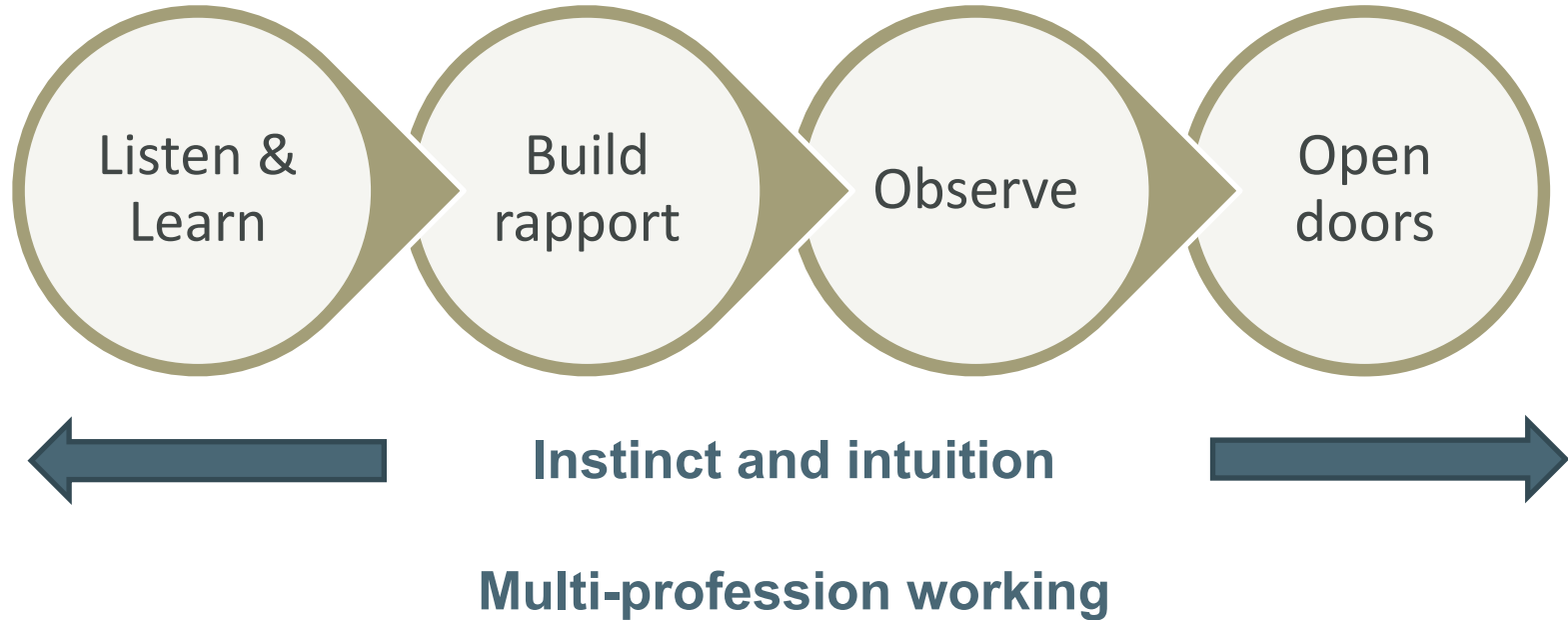


Pre-injury picture

- Low levels of numeracy and literacy
- Poor experience of education
- Offending past

Where to start?

These complex situations start with the person behind the perception.



Case study: The wrong 'gang' fighting your corner

- Male age 19
- Traumatic brain injury age 9
- Significant neuro cognitive behavioural and emotional impairments
- Pain
- Significant low mood/anxiety/mental health difficulties

- Involved in gang culture in London
- Ad hoc laboring work offered by Uncle to try to keep out of trouble
- Highly vulnerable and is being negatively influenced by peers
- Non-engaging with all professionals and communication difficulties
- Self-harm and suicidal ideation
- Criminal record with a serious recent conviction and under probation service



Case study: Too many influences

- 19 year old male involved in an RTA as a child
- Traumatic Brain Injury with significant neuro cognitive, emotional and behavioral impairment including communication
- Significant cognitive fatigue
- Severe mental health difficulties with psychosis (post-brain injury) and significant risk to himself and others and non compliant with medication
- Sectioned twice in secure unit – once as a child and once as an adult

- Safeguarding issues within the home
- Violent towards siblings and mother
- Family pressure to perform well in education at detriment to health
- Risk of radicalisation, frequently changing religions and safeguarding referrals due to this as he is highly vulnerable. Examples re: clothing and medication
- Not engaging with most professionals
- Significant Impulsivity – often influenced by family
- Frequently failed by statutory services



What outcomes can we expect – When ‘good enough’ is enough

When a 9-5 job isn't possible, how can we measure outcomes?

The foundations to introduce vocational rehabilitation

- First and foremost build rapport and engagement (takes time)
- Understanding the client and complex barriers
- MDT collaborative working and sharing of knowledge to understand the risks
- Working with clients families to gain trust
- Establish short-term very achievable goals with the client. Sometimes just getting them to meet you is a goal

The goals

- Establish and maintain engagement.
- Confidence building
- Independence
- Stay in education or training with scaffolding to support
- Find and maintain meaningful vocational activity with scaffolding to support
- Hope for the future/ resilience
- Reduced vulnerability and keep safe
- Routine and structure



Any questions...

