

Meeting report  
Crossing the Work Health Divide -  
Better Engagement with Employers  
Birmingham, 13<sup>th</sup> October 2016

Executive Summary

## Executive summary

The Community Therapists Network (CTN) has been in existence for just over 10 years, having evolved from the Community Rehabilitation Team Network set up by Prof Pam Enderby and colleagues in 1996. The CTN offers information, training and education to allied health professionals who provide care and support for people living with long-term conditions in the community, those professionals working in vocational rehabilitation (VR). This report summarises presentations and discussions from the CTN meeting entitled 'Crossing the Work Health Divide - Better Engagement with Employers', held in Birmingham on 13 October 2016.

The meeting began with an overview of recent work from the University of Nottingham Rehabilitation Research team presented by Kate Radford. Despite national and local policy support for return to work (RTW) following ill health, there is inadequate provision of VR services across the UK. An early stroke-specific VR intervention was developed based on gaps identified in existing local stroke rehabilitation services, and this was evaluated in two pilot studies. This intervention showed encouraging results (for work outcomes and cost-effectiveness) regardless of whether it was delivered by a 'non-tethered' therapist (who was free to move across health services to create a multidisciplinary rehabilitation team) or by a therapist based within the community stroke team.

Yash Bedekar, an independent senior occupational therapist, considered ways to translate findings from research, including studies of VR interventions for RTW following stroke and traumatic brain injury at the University of Nottingham, into practice. Although clinical practice policy is based on research evidence, updates to policy may not occur for many years. Insights gained from research, such as the employers' views on what support they would value in a VR process, can help VR service providers identify ways to engage as early and effectively as possible with these key stakeholders. Research findings can also guide how VR therapists engage with clients, for example in providing personalised/tailored information or by acting as advocates during discussions with their employer.

Ruth Tyerman from the Community Head Injury Service in Aylesbury shared her team's experience in preparing business cases to establish a VR service and maintain/expand an existing VR service. Suggested content outlines for each scenario, along with useful sources of evidence and information to include in these were explored, for example to establish the need for a local VR service and align the proposed service with relevant best practice models and UK quality standards. The importance of

sharing outcomes data from local services to contribute to the national evidence base for VR, and thus support future business cases was highlighted.

Kate Radford returned to the lectern and talked about 'Key outcomes to measure in vocational rehabilitation – the what and how?'. She explained that in addition to supporting a business case, VR outcomes data may also be useful for evaluating a service, monitoring effectiveness and costs, or to demonstrate an impact on clients' lives. But importantly, when gathering this data, there needs to be a clear understanding of who will use the information and who will be influenced by the outcomes being measured, and to select appropriate standardised tests on this basis. In practice, a user-friendly outcomes assessment questionnaire can be designed which captures primary and secondary outcome measures from VR service users. For the VR service providers, measuring the process of deployment (alongside measurement of outcomes) gives useful insights into resource use and whether the service delivered is adhering to its original model.

When an employee has a health condition and/or impairment, support for employers can come via Vocational Rehabilitation or Occupational Health (OH) providers. Sarah Woodbridge, a specialist occupational therapist at Derby Teaching Hospitals NHS Foundation Trust, examined the overlaps between how these services address the employer and employee's needs and wants, and differences between their remits, work assessment formats, duration and flexibility. For instance, the VR approach for assessment and support is typically longer and more complex than that for OH, however VR has advantages for the employee (for example, by supporting both physical and mental health) and the employer (for example, by mentoring and facilitating the client during RTW, thus relieving their line manager of this workload).

The conference programme also highlighted the importance of supported employees' mental health. Lynn Aggett and Richard Frost from Workways, supported by Devon Partnership NHS Trust, outlined their supported employment service and a job retention service for people with mental health issues. Lynn Aggett described the supported employment service, where an Individual Placement and Support (IPS) approach assists clients who are actively looking for paid employment. The IPS model has 8 clearly defined principles, all of which must be adhered to in order to be most effective. Ongoing support for IPS implementation is available from the Centre for Mental Health. Richard Frost explained that for the Workways employment retention service, the ability to act as an independent mediator was important. The employment specialists delivering this service typically split their time 50:50 between supporting the

client and the employer. Workway's clients and their employers are also signposted to relevant organisations/schemes for additional support where needed, e.g. the DWP, MINDFUL EMPLOYER, etc.

During the meeting, two interactive sessions chaired by John Pilkington, Chair of the Vocational Rehabilitation Association (VRA) allowed attendees to put their own questions to a panel of experts. The first of these Q&A sessions focused on addressing the challenge of helping people with long-term health conditions stay in, or get back to work. Members of the panel who provided overviews of their work in VR and challenges faced in this area were: Yash Bedekar (on behalf of Carina Humphreys) from the Royal Free Foundation Trust's VR service, David Imber from the VRA, Rohina Begum from the Chartered Society of Physiotherapy, and Amanda McBurney from the Mental Health Support Service at Remploy. The second Q&A session provided top tips for mental health at work. For this, the experts were Chris Morgan from the Mental Health First Aid National Training Team, Jane Bradshaw, an Independent Neurology Nurse Consultant and Expert Patient, and Richard Frost from MINDFUL EMPLOYER.

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