

**COMMUNITY HEAD INJURY SERVICE**

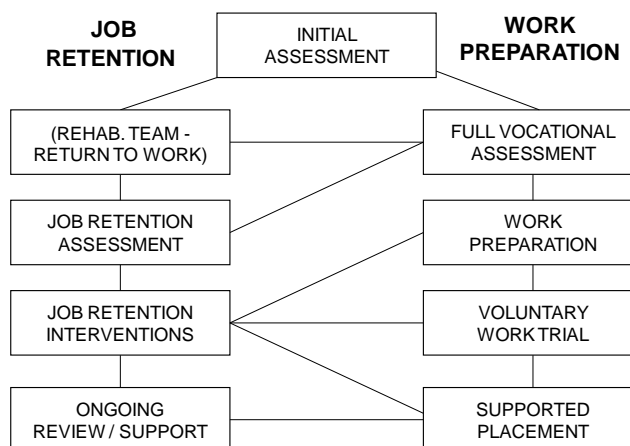
**Working Out - Job Retention Interventions**

**Background**

‘Working Out’ is a specialist brain injury vocational rehabilitation programme run by the Community Head Injury Service, Buckinghamshire Healthcare Trust. Working Out is an ‘evaluated example of good practice’ for Quality Requirement 6 on ‘Vocational Rehabilitation’ of the National Service Framework for Long-term Conditions (Department of Health, 2005) and was a NHS Nye Bevan Modernisation Award Winner 2000 (South-East Region).

The programme was set up in 1993 to bridge the gap between rehabilitation and employment for those unable to establish or re-establish themselves in work or other occupation after traumatic brain injury. The original programme assisted people in preparing for, finding and establishing themselves in alternative occupation through four linked phases: vocational assessment; work preparation; voluntary work trials; and supported placements (see separate detailed information on the Working Out Programme or Tyerman et al. 2008). However over the years Working Out has increasingly received referrals of people with complex vocational needs who are either still in employment but off sick or those at work but experiencing difficulties (e.g. capability or disciplinary procedures), sometimes months or years after a seemingly successful initial return. As such, a parallel specialist brain injury job retention component has been developed –see Figure 1 below.

Fig. 1 Working Out Programme (2011)



These job retention referrals also include those injured as children unable to establish themselves in employment and those late post-injury in difficulty after changing jobs (e.g. career progression). Whilst the original programme was set up with R&D funding for people with head injury the criteria were subsequently broadened to include all acquired brain injury and now as many people with stroke as head injury are referred to Working Out, particularly for complex return to work referrals.

*(NB: The following account was first written in parallel with the leading role played by Working Out staff in consulting on, drafting and editing related national guidance on 'Vocational assessment and rehabilitation for people with long-term neurological conditions: recommendations for best practice (British Society of Rehabilitation Medicine, 2010). The practical guidelines section drew substantially on practice on the Working Out Programme. As such, some of the wording of the following account of the job retention section is entwined reciprocally with the national guidelines.)*

## **Assessment**

People referred to the service are seen first for an initial assessment to obtain detailed personal, clinical and work history, profile of current problems and needs and review of current work situation (see Tyerman et al.; 2008). This enables us to determine suitability for specialist vocational assessment and the required assessment components. This is likely to include a combination of several of the following components, depending on specific circumstances:

### **a. Evaluation of the job**, for example:

- Job profiling – reviewing the job description and person specification
- Undertaking a worksite visit with the person and their supervisor/manager
- Direct observation of the specific job / training role
- Consulting with other employers/colleges about the requirements of a specific job

### **b. Evaluation of the person in the job**, for example:

- Interviewing the person (and a relative, when appropriate)
- Reviewing the person's performance against duties in the job description
- Obtaining feedback from manager, supervisor and/or work colleagues
- Direct observation of work performance/behaviour/use of coping strategies etc.
- Vocational ratings (Functional Assessment Inventory, Work Personality Profile).

### **c. Reviewing / undertaking other assessments**, for example:

- Reviewing clinical information including previous assessments
- Consulting practitioners with existing knowledge of the person's difficulties
- Undertaking formal assessments – most commonly neuropsychological and occupational therapy (i.e. Chessington OT Neurological Assessment Battery) but including medical, physiotherapy, speech and language therapy, as required.
- Setting up practical assessments to evaluate specific work skills / behaviours.

## **Feedback and Planning**

Following assessment the findings and recommendations are normally discussed first with the person (and relative, as appropriate) and then fed back to the employer (i.e. manager/ supervisor, Human Resources and Occupational Health, when involved) and other relevant parties (e.g. Disability Employment Advisor). Whilst the employer is responsible for making 'reasonable work adjustments', we routinely seek to facilitate a meeting with the person and employer to outline identified support needs and promote consensus on the primary issues, suggested work adjustments and how these might be implemented. The findings and recommendations for return to work / work adjustments are then usually confirmed in writing and copied to all relevant parties.

Recommendations for work adjustments / rehabilitation may include one or more of the following:

## **Work adjustments / other rehabilitation interventions (see BSRM, 2010)**

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

- changes to and/or flexibility in working hours/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
- changes to specific work duties (e.g. redistribution of duties to/from colleagues)
- consideration of an alternative job role

### ***Adaptations, equipment and coping strategies e.g:***

- help with travel (e.g. designated parking space or taxi through Access to Work)
- provision of home working to reduce travel demands
- physical adaptations or re-organisation of the working environment (e.g. wheelchair access)
- additional equipment, aids and adaptations (e.g. communication aids/software, seating)
- advice on specific symptom management (e.g. fatigue management)
- 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 workplace (available from Working Out on a short-term basis)
- ongoing support from a co-worker / 'buddy' trained to respond to specific needs (e.g. seizure)
- additional training, supervision and/or support (e.g. mentoring, advocacy etc.)
- education for supervisor, manager & colleagues about the condition & its effects
- advice/support for supervisor, manager & colleagues
- regular reviews with supervisor/manager (e.g. to assist work planning/prioritising)
- additional support from colleagues in the workplace
- off-site support (e.g. from Working Out team / Placement Support Group)

In parallel with the above the person may be invited to attend other specific components of the overall programme (eg. vocational counselling, psychological therapy, educational programme, cognitive rehabilitation group, psychological support group, placement support group), appropriate to their needs (see separate Working Out information for details).

## **Ongoing support / review & follow-up**

Progress is monitored and supported by programme staff and then reviewed with the person, employer (i.e. manager/supervisor & Human Resources), work colleagues and Occupational Health, as appropriate. Any suggested changes to the job retention plan or other support needs are communicated to the person and employer. Reviews will include feedback from a family member, whenever appropriate, for example when there is concern about how coping with the job is impacting on the person's overall quality of life or that of the family.

There usually follows a phased withdrawal of individual support but the person may be invited to attend the Placement Support Group, which is an open-ended fortnightly support group for people in work trials or work placements (see Working Out Programme information). The person or employer are encouraged to contact the Working Out team in the light of any emergent difficulties.

## **References**

BSRM (2010). Vocational assessment and rehabilitation for people with long-term neurological conditions: Recommendations for best practice. (Eds. Neumann V, Meehan M & Tyerman A). London: British Society of Rehabilitation Medicine.

Tyerman A, Tyerman R & Viney P (2008). Vocational rehabilitation programmes. In A Tyerman & NS. King. (eds.). Psychological approaches to rehabilitation after traumatic brain injury. Oxford: BPS Blackwell..