

Vocational Rehabilitation – The Way Forward

Executive Summary

Summary of main findings

Vocational rehabilitation is a process whereby those disadvantaged by illness or disability can be enabled to access, maintain or return to employment, or other useful occupation.

In the United Kingdom (UK) it is influenced by:

- Charitable bodies
- Department for Education & Employment (DfEE),
- Department of Health (DOH),
- Department of Social Security (DSS)
- Department of Trade and Industry (DTI)
- Employers and their occupational health resources (if any)

Loss of work through accident, illness or disability affects:

- Patients and their families
- Colleagues
- Employers
- Services e.g. the NHS
- The state, through the benefits system and loss of taxation

The cost of sickness absence is enormous and includes:

- Direct costs
- Lost productivity
- Reduced services

The report reviews:

- Deficiencies within vocational rehabilitation
- Barriers to return to work
- Good practice

and makes recommendations.

Main findings

The commonest medical causes for being in receipt of Incapacity Benefit are:

- Musculoskeletal (predominately spinal pain)
- Mental health
- Circulatory disorders

Research conducted for this report surveyed 30 non-governmental organisations and found they regarded:

- Waiting times for NHS services as unacceptable
- Services as inflexible
- Understanding about the impact of disease and disability on work lacking
- Awareness of options to prevent work loss lacking
- Inter-agency working was notably lacking.

It is recognised that the longer one is off work, the lower the chance of returning to work. After 6 months of back pain, there is about a 50% chance of returning to work, which falls to 25% at one year and 10% at two years. Few individuals return to any form of work after 1-2 years absence, irrespective of further treatment.

The last two decades have seen an increasing separation of employment and health services with detrimental effects e.g:

- Ignorance within the NHS of the means of re-integrating individuals into employment
- Sequential vocational rehabilitation that usually considers employment rehabilitation after completion of health-orientated treatment
- Little designated responsibility within the NHS to facilitate interagency working

The NHS has largely lost the culture and skills of facilitating employment as a key element of effective health care. Currently, rehabilitation services are predominately focussed on promoting independence in personal daily life and enabling people to leave hospital rather than a return to productive work. Due in part to pressure from other parts of the NHS, the skills of rehabilitation professionals are directed principally to assisting early hospital discharge or maintaining those with disabilities in the community.

A number of important changes have been made in the ways in which both government and non-government organisations try to help disabled people to obtain employment. Information is lacking on the overall impact of these changes but is badly needed.

The Government has acknowledged the need for new forms of assistance within vocational rehabilitation, as in the appointment of advisers under the New Deal for Disabled People. This is an important step in the right direction but currently it is targeted solely at those on incapacity benefits and lacks any involvement from the NHS. Appropriately focussed health care has the potential to prevent the progression of patients on to incapacity benefits. This needs to be developed.

Many Disability Employment Advisors (DEAs) are unable to assist people disabled by complex disabilities into work because:

- They have inadequate access to health professionals
- They have not been given the specialist skills needed to assist those with complex disabilities into work
- The support offered by their career structure and continuing professional training is inadequate

The potential value of Occupational Health Services in facilitating employment rehabilitation is poorly recognised by the NHS with uneasy relationships between GPs, hospitals and occupational health practitioners. Provision in the UK is variable and patchy.

General practitioners have a pivotal part to play in vocational rehabilitation. Because they have responsibility for certification for fitness for work they are in a position to trigger access to vocational rehabilitation. The current shortage of resources generally precludes this.

Examples of good practice instigated by both government and non-government organisations are found in the following areas:

- Back pain
- Mental health
- Cardiovascular disorders
- Head injuries.

These practices need to be spread more widely.

The best practice treatment of work-related upper limb disorders is illustrative of areas in which good organisational management of work tasks can help prevent ill health and disability.

These programmes exemplify the advantages of a multi-professional approach to assessment and treatment from the onset of illness until return to work.

Evidence supports the effectiveness of the case manager approach to assisting unemployed/incapacitated individuals back into employment.

Strategies directed towards job retention are of proven value: they are needed in the first months of sickness absence. These deserve to be widely known, used and further evaluated.

A significant number of people are left with psychological difficulties after accident or illness. Others have mild psychiatric disorders some of which may relate to stress at work. Due to severe pressure on clinical psychology services in the NHS, many people do not receive appropriate treatment and others may have inappropriate care (e.g. physically-oriented treatments for emotionally distressed patients with back pain).

Countries with successful vocational rehabilitation have invested in:

- Accessible, adequate health and employment services

- An academic base for research and training programmes
Better, speedier, more focussed management of sickness absence with the aim of job retention and earlier return to work will:
- achieve considerable financial savings for the state and for industry
- reduce the numbers of those needing incapacity benefits
- improve the quality of life for those involved.
International experience, where modern vocational rehabilitation services based on case management principles have been developed and introduced, show financial benefits from the second and third years after introduction of such schemes.

Summary of Main Recommendations

The NHS and Employment Services should recognise formally that early, professional and accessible vocational rehabilitation:

- Should be equitably available early following illness or injury
- Requires a multi-professional team spanning the health and employment services to support patients and employers at a district level
- Requires one member of the district rehabilitation services to have the responsibility and skills to lead vocational rehabilitation in the health service and liaise with the Disability Employment Adviser
- Requires close liaison with occupational health services
- Requires an enhanced role for the Disability Employment Adviser who needs access to district rehabilitation services

The precise relationship between these services and NHSplus needs further investigation.

Case management should be adopted formally as the means to assist individuals with complex disabilities back into work.

A National Service Framework for vocational rehabilitation would ensure national standards across the UK and should be developed by the Department of Health.

Universities and Colleges of Further and Higher Education should be encouraged to develop training programmes for health professionals, DEAs and case managers which will be accredited by a National Institute.

A new Institute for Vocational Rehabilitation Research should be set up to promote multi-professional research into vocational aspects of rehabilitation and accredit training programmes.

This institute should have responsibility for working with the undergraduate schools of health professionals to ensure:

- Awareness of the importance of employment to good health
- Need to reduce sickness absence and to promote vocational rehabilitation

A systematic assessment of the current status and need for change would be worthy of study by an independent body.

End of Executive Summary