

Vocational Rehabilitation

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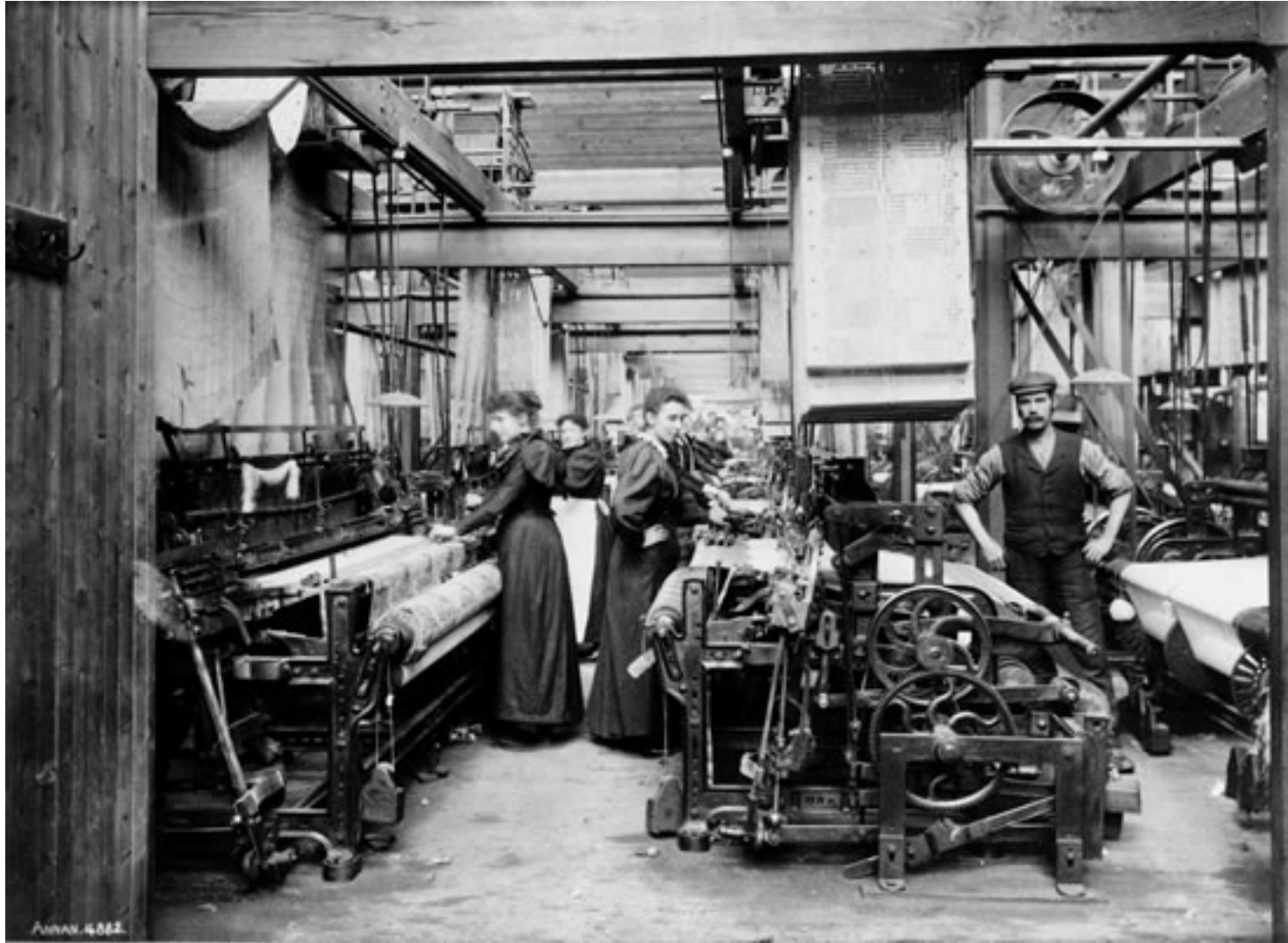
HUMAN RESOURCES OCCUPATIONAL HEALTH
SAFETY, HEALTH & ENVIRONMENT PEAK PERFORMANCE RECRUITMENT ACADEMY



Aims and Objectives

- Describe health issues relating to work in the 21st century
- Develop the issues surrounding worklessness and work-ability
- Explore barriers to effective rehabilitation
- Discuss the implications of the Disability Discrimination Act (2005)

Back in the day...



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CAPITAL LAW

21st Century world of work- Positives

- Life expectancy increases higher than ever
- Employment rates remain high relative to most other countries
- Falling smoking rates
- Great progress with regards to Health and Safety at work.

Black, DC (2008)

21st Century Health Agenda

- 7% of those in the working population are still receiving incapacity benefit.
- 3% of the working population are off work sick at any one time.
- Worklessness cost to taxpayer are estimated over £60 billion.
- Mental Ill health and musculoskeletal disorders are major causes of sickness absence.
- Obesity on the increase

Black, DC (2008)

The epidemiology of Disability

- 6.9 million in the UK report some form of reported LONG TERM disability (of which only a third is `severe`)
- Half of all men and Women of working age who report disability are nevertheless in employment (including 25% who say they are severely disabled)
- Only 73% percent of people claiming incapacity benefits regard themselves as disabled

Waddell and Burton (2004)

What Government wants..

Prevent ill health and promote health and wellbeing agenda

Early intervention for those who develop a health condition

Improvement in overall Public Health for those in and out of work- to bring people back to work from incapacity benefit.

Reduce tax burden and improve overall economy

The Emergence of Evidence based Occupational Health



Common Health Problems

Common health
problems
necessitate
sickness absence

FALSE

Common health
problems often lead
to permanent
impairment

FALSE

Common health
problems – need
permanently modified
work

FALSE

Common Health Problems

Common health problems are often caused by work

FALSE

Common health problems are usually cured by medical treatment

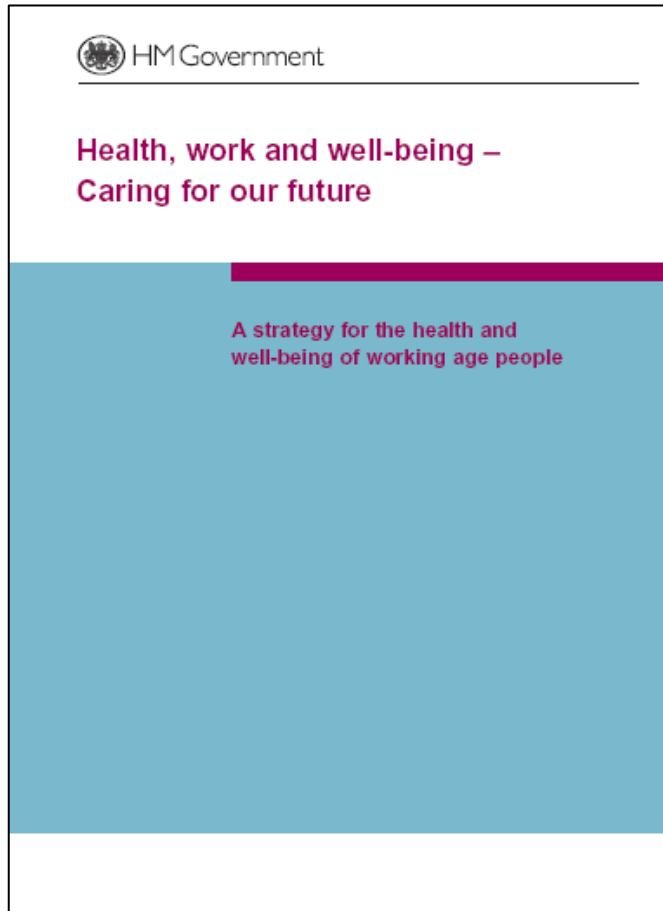
FALSE

Common health problems are often made worse by work

FALSE

Waddell, G. & Burton, A. (2004)

Health, Work and Well-being

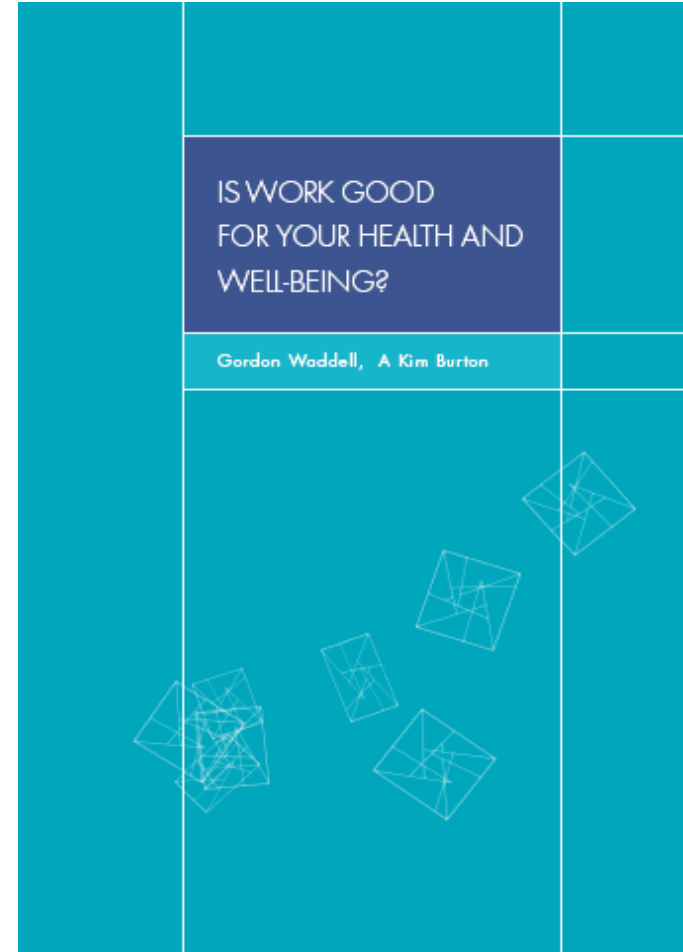


- Improvement in public health
- More people in work
- Inclusive workforce
- Benefits to economy

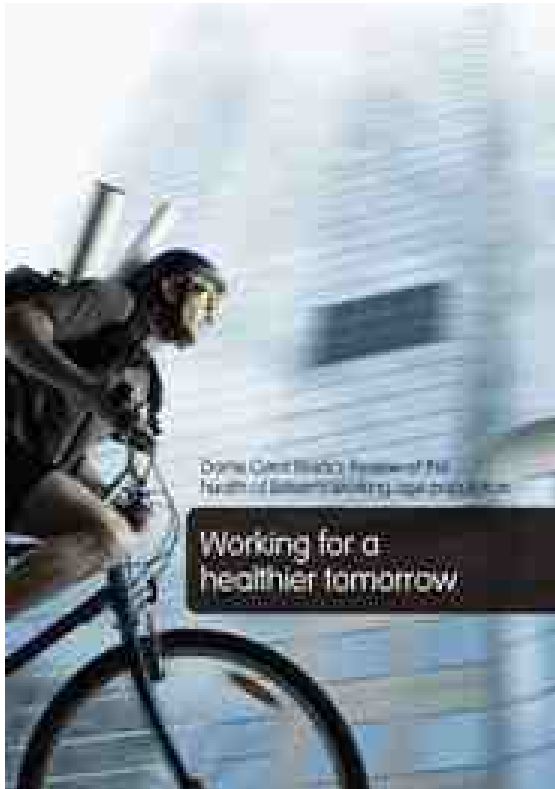
The emergence of evidence based Occupational Health

- **Extensive studies of work and of unemployment, and comparisons between work and unemployment support the concept that work is beneficial for health and well-being**
- **Work meets important psychosocial needs, enhancing identity, social roles and status in societies where work is the norm**
- **But some aspects of work can be hazardous to health**

Waddell & Burton (2006)



Governments Response



- Electronic fit note
- Education for GPs
- Development of NHS plus
- OH helpline for SMEs
- Piloting early interventions
- Employment advisors in GP surgeries

What Organisations Want

- Profit / Service Delivery
 - Sustainable business
 - Attract and retain employees
 - Employees who deliver goals and the values of the organisation
-
- OH CAN PLAY AN IMPORTANT ROLE

Vocational Rehabilitation

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Vocational Rehabilitation is..

- A process to overcome the **barriers** an individual faces in **returning to employment** which result from **injury, illness** or **disability**.
- encompasses the **support** an **individual** (and the **employer needs**) to ensure that the individual **remains** in or **returns to work**, or **accesses employment** for the first time

Black, DC (2008) p124

put simply.....

“Vocational rehabilitation is whatever helps someone with a health problem to stay at, return to and remain in work.”

Waddell, G., Burton, AK., Kendall, AS. (2008)

Aims of Vocational rehabilitation

- Restoration of function (Nocon & Baldwin, 1998, WHO 2001)
- Managing common health conditions at work to promote productive activity.
- Improving the health of the working population (work is generally good for health).

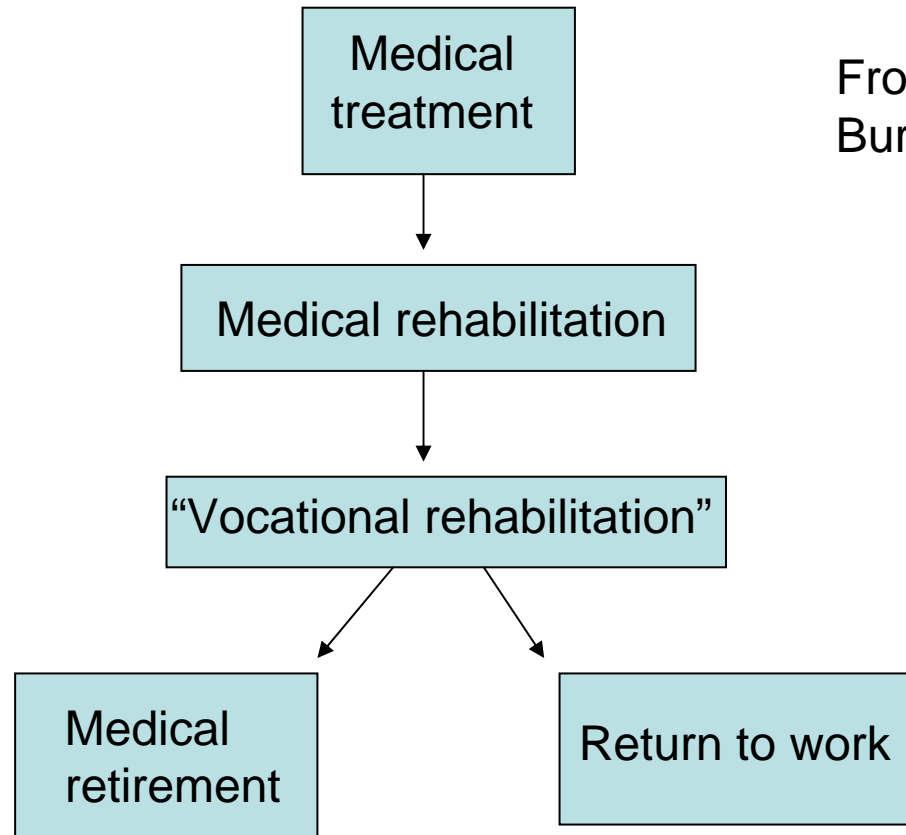
Vocational Rehabilitation Standards

(from the Vocational Rehabilitation Association)

They cover:

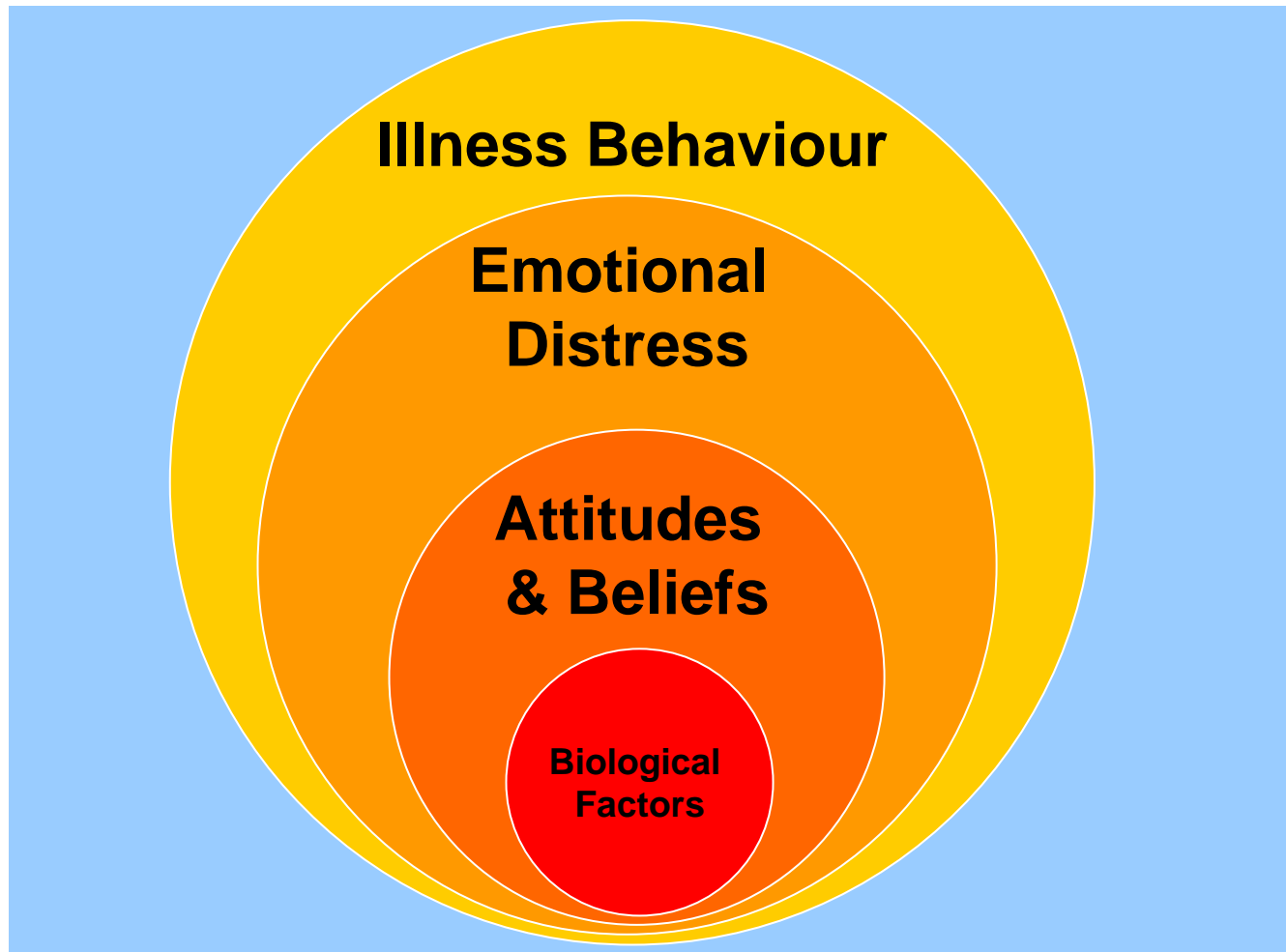
- service delivery
- client protection
- professional development and maintenance
- professional knowledge
- transferable skills
- corporate governance
- business development.

Traditional Sequence of healthcare and rehabilitation



From Waddell and Burton (2004)

Client barriers to effective rehabilitation



Employee Barriers to Rehabilitation

- GP inflexibility/lack of knowledge
- Fear of returning
- Fear of not being able to cope
- Changed circumstances
- Cost of working
- Lack of family support
- Litigation aspirations
- Lost the habit

Organisational Barriers to Rehabilitation

- Resistance from line managers to spend time managing the rehabilitation process and people.
- Lack of skills in handling rehabilitation in HR.
- Suspicious & ill-informed GPs/unions/employees.
- Difficulty in getting health professions to work together.
- Some lack of commitment within organisations.
- Cost of absence is often held separate from other operational costs.
- No commonly accepted model of rehabilitation.

Which are the most difficult problems?

- Lack of self awareness
- Lack of commitment to rehabilitation
- Secondary gain from being ill
- Personality disordered
- Politically inspired
- Hypochondriacs
- GP not committed to support the programme

Recovery, Retention or Rehabilitation?

- Recovery
 - Helping troubled employees stay in work while they are dealing with their psycho/social problems
- Rehabilitation
 - Helping employees return to work following a period of illness
- Retention
 - Helping employees with a long term or permanent disability to stay in work

Role of OH in Rehabilitation

- Undertake measures to adapt work and working conditions to meet the needs of those who are disabled
- Advise managers about the fitness of employees to undertake work activities at pre-employment and following sickness absence / advise on adjustments
- Risk Assess the workplace/job regarding suitable work and liaise with trade unions, line manager/HR regarding suitable work and recovery programmes.
- Liaise with the employees GP/Specialists and other health providers as necessary with objective of getting employee back to work

WHO (1982) Evaluation of Occupational Health Report 56, Geneva

Rehabilitation Planning

- Setting the scene
 - Need to be down to earth and honest
 - What would be normal expectations?
 - Maximum programme is for 3 months
 - Deal with the person as a whole being (physical, social, psychological and spiritual)
 - Attend to physical condition first
 - Include rewards
 - Make the rehabilitation fun

Rehabilitation and redeployment

DDA - Definition - 1

“ A physical or mental impairment which has a **substantial** and long term adverse effect on the ability to carry out normal day-to-day activities”

Substantial affected by:

- Time taken to carry out an activity
- The way in which an activity is carried out
- The Cumulative effects of an impairment

10 year old with Cerebral Palsy

- Symptoms

Muscle stiffness, poor balance, uncoordinated movements.

- Ability

Can do most things for himself, gets tired easily, harder to eat and drink and get dressed and takes longer compared to child of similar age that does not have CP.

This is **LIKELY** to amount to substantial

Man with Depression

- Symptoms

Loss of energy and motivation that makes simplest of tasks or decisions seem quite difficult.

- Function

Difficulty getting up in the morning, difficulty getting washed and dressed and prepare breakfast. Often forgetful and cannot plan ahead. Runs out of food before he thinks to shop again. Household tasks frequently left undone or longer to complete than normal.

This is **LIKELY** to amount to substantial

Rehabilitation and redeployment

DDA - Definition - 2

“ A physical or mental impairment which has a substantial and **long term** adverse effect on the ability to carry out normal day-to-day activities”

- lasted at least 12 months
- is “more that likely than not” to last at least 12 months
- is “more than likely than not” to last for rest of life

Rehabilitation and redeployment

DDA - Definition - 3

“ A physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal **day-to-day activities**”

- mobility
- manual dexterity
- physical co-ordination
- continence
- lifting and carrying everyday objects
- speech, hearing and eyesight
- memory, concentration and understanding
- recognising physical danger

A man following a heart attack

A man works in a warehouse, loading and unloading heavy stock. Develops heart problems and no longer has the ability to lift or move heavy items of stock at work.

Lifting and moving is an everyday activity at work, also cannot move everyday objects such as chairs either at home or work.

This would be considered an adverse effect on a normal day to day activity

Summary

- Psychosocial factors influence outcome far more than biomedical-causation
multi-factoral
- Management is *multi-disciplinary*
- Early rehabilitation provides the best opportunity to reduce chronicity & disability
- Polarised opinions are a causative factor
- Work is good for your health

References

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