Vocational Rehabilitation Evaluation Event

Welcome

University of Glasgow | Training & Employment Research Unit

EVALUATION OF THE VOCATIONAL REHABILITATION SERVICE DISSEMINATION EVENT

November 2014

EVALUATION APPROACH AND METHODS

1. **Formative evaluation with the production of 6 reports over the pilot period**

2. **Mixed methods approach**
   - **Consultation with key stakeholders**
   - **Analysis of monitoring information**
   - **Interviews with clients**
   - **Interviews with partner organisations and referrers**
   - **Interviews with NHS staff**
   - **Cost benefit analysis**

3. **In this session focus on findings related to intervention with clients not capacity building**

LONG TERM CONDITIONS AND WORK

1. **Strong research evidence that work is beneficial for health**

2. **National level policy support for making work outcomes part of patient recovery plans**

3. **However, research around cancer indicates**
   - **Around 40% of people do not return to work after cancer diagnosis**
   - **People with cancer 1.4 times more likely to be unemployed than people with similar characteristics**
   - **There are gaps in work support for people with cancer - ¾ of people with cancer are not accessing any kind of work support**

LONG TERM CONDITIONS AND WORK (CONT.)

4. **Research around IBD**
   - **Has a profound effect on educational attainment and working life**
   - **33% of people with Crohn's and Colitis felt at risk of losing their job as a result of their condition**
   - **Although people could work given appropriate support, people with IBD commonly report a lack of support**

5. **Research around MS**
   - **Only about 20% to 30% of people with MS are employed 5-15 years after diagnosis**
   - **Lack of specialist VR support for people and health professionals with expertise in MS can feel poorly equipped to address work related issues.**

6. **People with LTC need more VR support**

FACTORS LINKED TO RETURN TO WORK

1. **Return to work depends on workplaces that are accommodating *and* healthcare that has a focus on work**

2. **Factors associated with return to work for people with cancer**
   - ***Work related factors*: including perceived employer accommodation, flexible working arrangements, counselling, training and rehabilitation services**
   - ***Demographic factors*: including younger age and cancer sites of younger individuals, higher levels of education and male gender**
   - ***Cancer and treatment related factors*: less physical symptoms, lower length of sick leave and continuity of care.**

3. **Can also be issues related to**
   - **Self identity and the meaning of work**
   - **Family and financial contexts**

VR SERVICE MODEL

1. **Service model**
   - **Stepped or tiered approach**
     - **Cost effectiveness**
   - **Specialist support delivered by case management**
     - **Evidence that this can support a return to work**
   - **Client – led support**
   - **Open access – including self referral**
   - **Links to other services**
     - **Referral**
     - **Signposting**

VR SERVICE MODEL (CONT.)

2. **Case management**
   - ***"Collaborative process which assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet an individual's healthcare, educational and employment needs, using communication and available resources to promote quality, effective outcomes"***

3. **Example from work with people with cancer**
   - ***'…in order for the individual to return to work after cancer, shifts and adjustments are required in each aspect of what is already a complex set of factors at the individual, organisational and societal level. This suggests that the most effective interventions...to improve return to work… are likely to be multi-dimensional, addressing a number of component areas, while simultaneously tailored to an individual's life circumstances***

CASE MANAGEMENT SKILLS AND TASKS

Detailed assessment	**Work skills and capacity, job requirements and demands /work environment and social support systems**
Prioritising key issues and setting short term and long term goals	**Important part of rehabilitation – both physical and psychological aspects**
Problem solving	**Could involve negotiations with unions, ACAS, etc for complex cases**
Supporting work preparedness and work readiness activities	**Encouraging clients to take part in positive activities transferrable to the workplace to build confidence**
Developing strategies for managing particular health problems in the workplace	**Developing strategies around managing fatigue and self management**
Negotiating a phased return to work/ not just in hours/ also tasks/responsibilities	**Supporting clients to negotiate this themselves or direct involvement**

CASE MANAGEMENT SKILLS AND TASKS (CONT.)

Psychological interventions	**Including coaching and other interventions underpinned by a range of CBT principled activities**
Info/advice on disclosing diagnosis to managers and colleagues – legal rights and responsibilities	**Advice offered to clients and also employers about making reasonable adjustments**
Referral or signposting to support services including careers advice and guidance	**To a range of services including positive activity, health and wellbeing, financial advice and employability**
Liaison with employers including visiting work site	**Liaison with colleagues and line managers**
Modifications to the work environment	**Advice given on this - but not job analysis**
Supported withdrawal from work	**Helping clients make a range of transitions as appropriate**

CASE MANAGEMENT PROCESS

1. **Increasing client confidence about return to work/sustaining work – that it is possible**

2. **Planning return to work/sustaining work**

3. **Preparing for return / sustaining work**
   - **Work adjustment**
   - **Phased return**
   - **Making workplaces more accommodating**

4. **Supporting self management**

5. **But important to remember this is not a “one off” event but a process**

EVALUATION DATA FOR CLIENT OUTCOMES

	Numbers	Methods
Tier 3	194	Pre and discharge questionnaires In 2nd year: 6 months follow up questionnaire Case studies
Tier 2	58	Pre and discharge questionnaires (shorter) In 2nd year: 6 months follow up questionnaire
Not allocated Tier	8	Pre and discharge questionnaires
Still on pilot	43	Pre questionnaire
Total	303	

CLIENT CHARACTERTISTICS

1. **Majority of clients had cancer**
   - **73% had cancer**
   - **17% IBD**
   - **10% MS**

2. **Most clients (60%) were female and 40% were male**

3. **Youngest client was 17 and the oldest 65. The mean age was 46.**

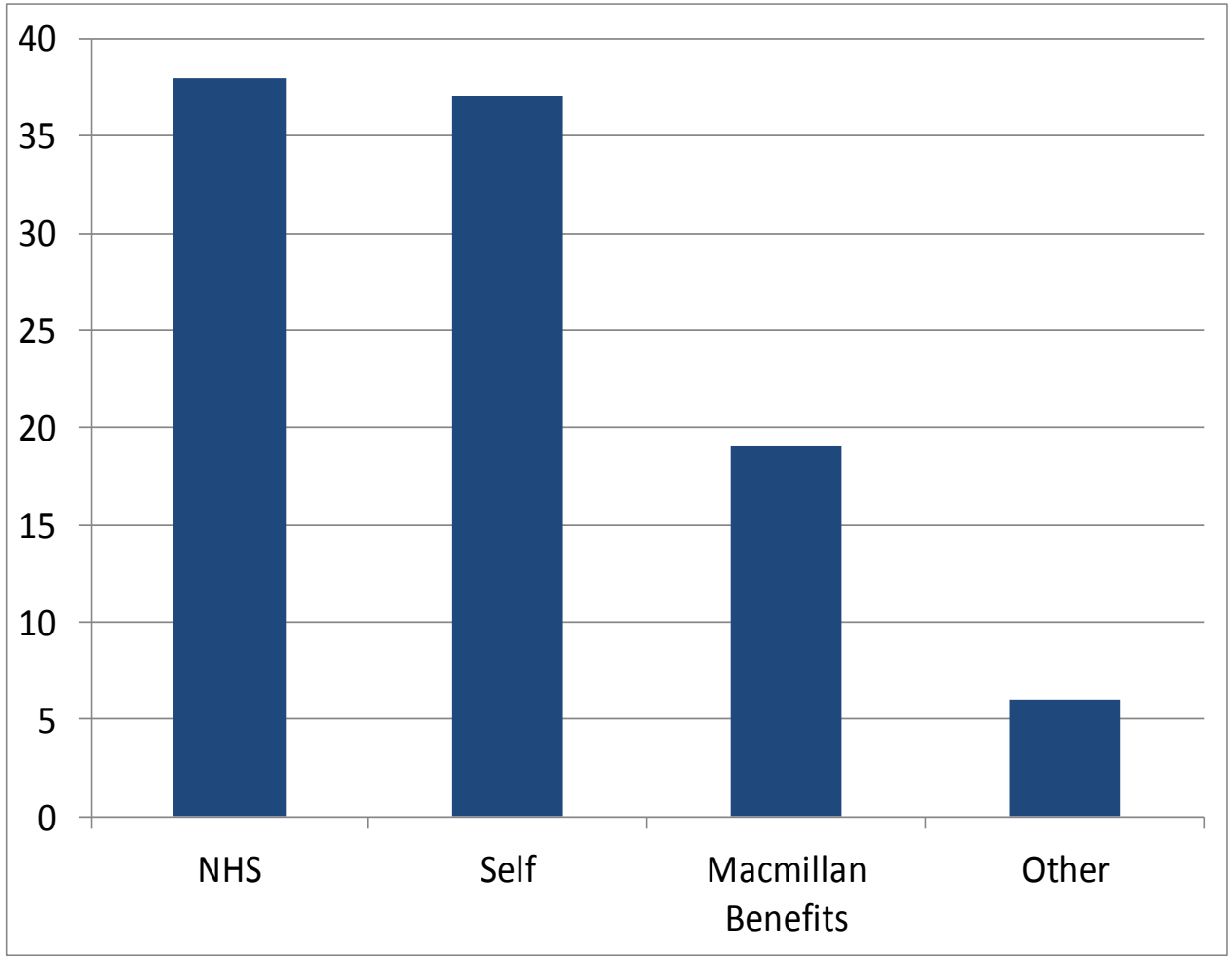
4. **98% of clients were white Scottish or white British.**

5. **80% were from within the NHSGG&C area. Others from Beatson areas**

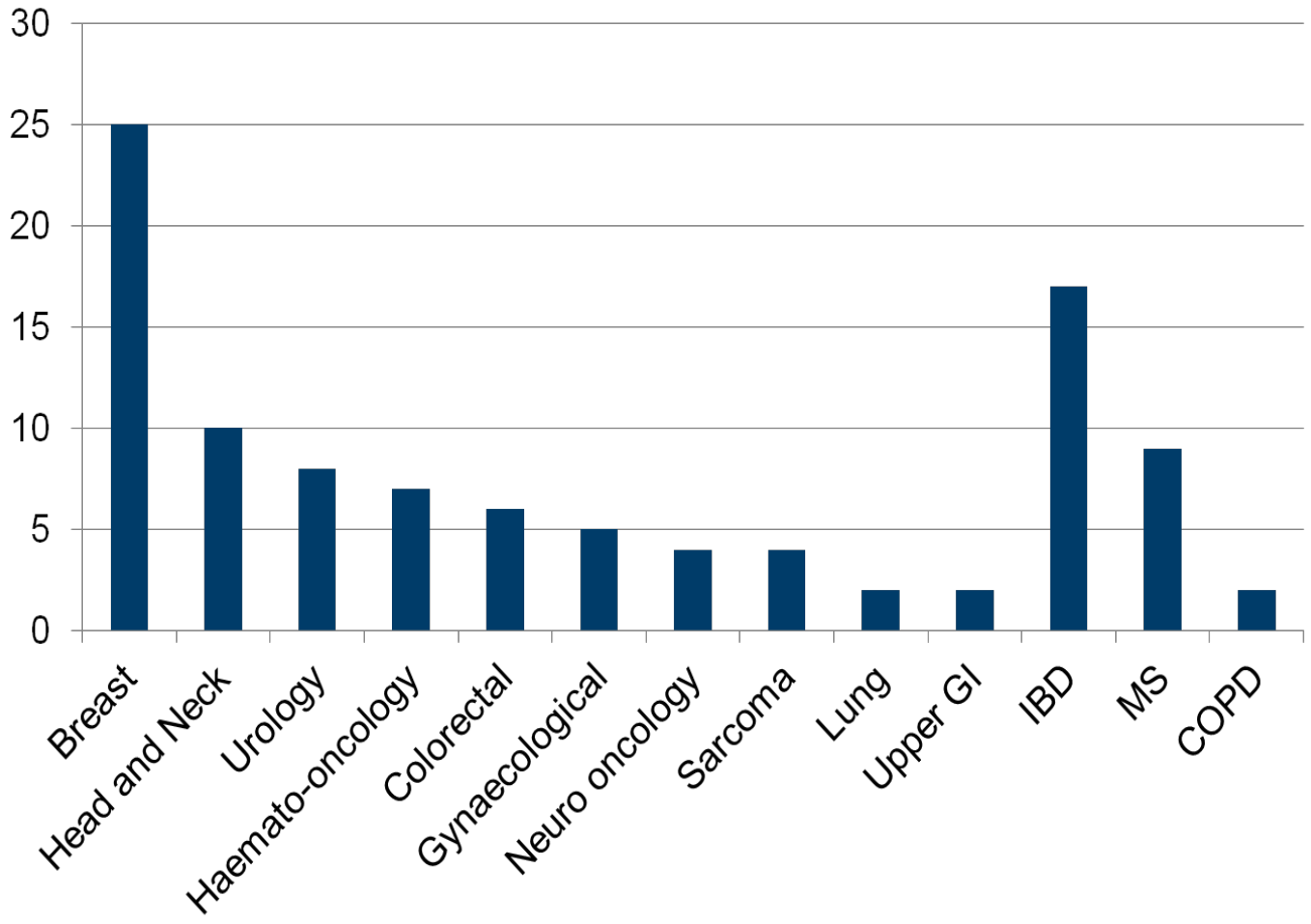
6. **29% lived in worst 15% of areas according to the SIMD**

7. **50% were in low income occupations**

VR CLIENTS BY REFERRAL SOURCE (%)



VR SERVICE CLIENTS BY DIAGNOSIS (%)



REASONS FOR ENGAGING IN VR SERVICE (%)

	Tier 2	Tier 3	All
Help to get back to work as off sick	40	60	45
Help to remain at work	24	21	23
Employability support	21	0	16
Help to change job/occupation	9	14	10
Help to give up work	4	5	4
Help for a third party who is ill	2	0	2

ENGAGEMENT IN VR SERVICE

1. **Quick assessment**
   - **42% assessed on day contacted service**
   - **95% within 4 weeks**

2. **High levels of engagement**
   - **94% engaged and discharged when ready**
   - **8 people did not engage at all after referral**
   - **17 withdrew early**

3. **Flexibility in engagement**
   - **Around 20% met face to face**
   - **30% phone**
   - **Remainder a combination**

ENGAGEMENT IN VR SERVICE (CONT.)

4. **Engagement by tier**
   - **Tier 2 – 5 contacts**
   - **Tier 3 – 18 contacts**

5. **Time on service**
   - **22% < 4 weeks**
   - **52% < 12 weeks**
   - **66% < 16 weeks**

6. **Factors supporting engagement**
   - **Appropriate referrals/signposts**
   - **High credibility with clients and referrers/signposters**
   - **Perceived quality of service**

WORK STATUS PRE VR AND AT DISCHARGE

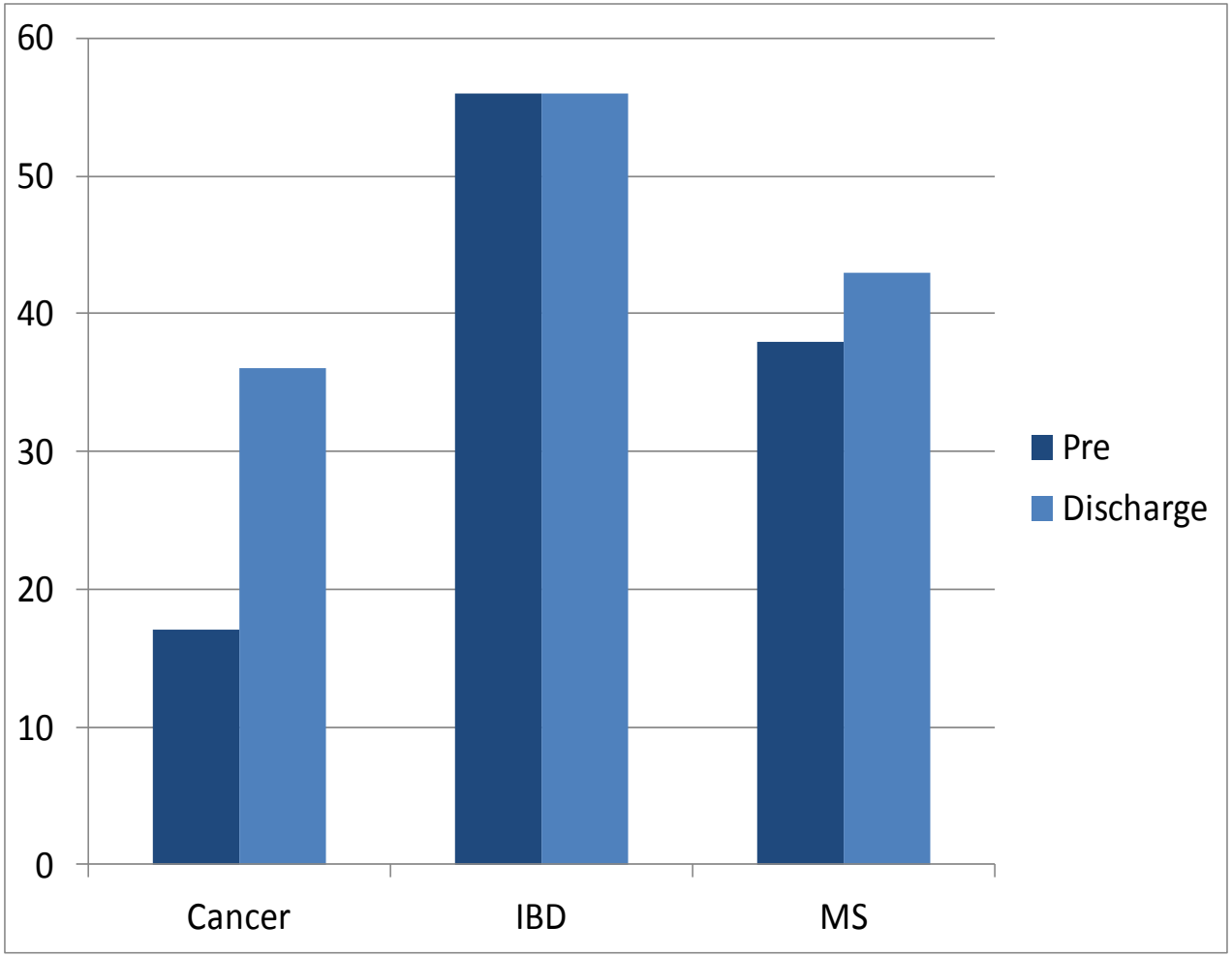
	Pre VR		Discharge	
	Number	%	Number	%
At work	66	26	107	42
Off sick	139	54	62	24
Unemployed	49	19	45	18
Not known	1	0.3	20	8
Retired	1	0.3	15	6
Full or part time education	1	0.3	3	1
Volunteering	0	0	3	1
Deceased	0	0	2	1

WORK STATUS PRE VR AND AT DISCHARGE (CONT.)

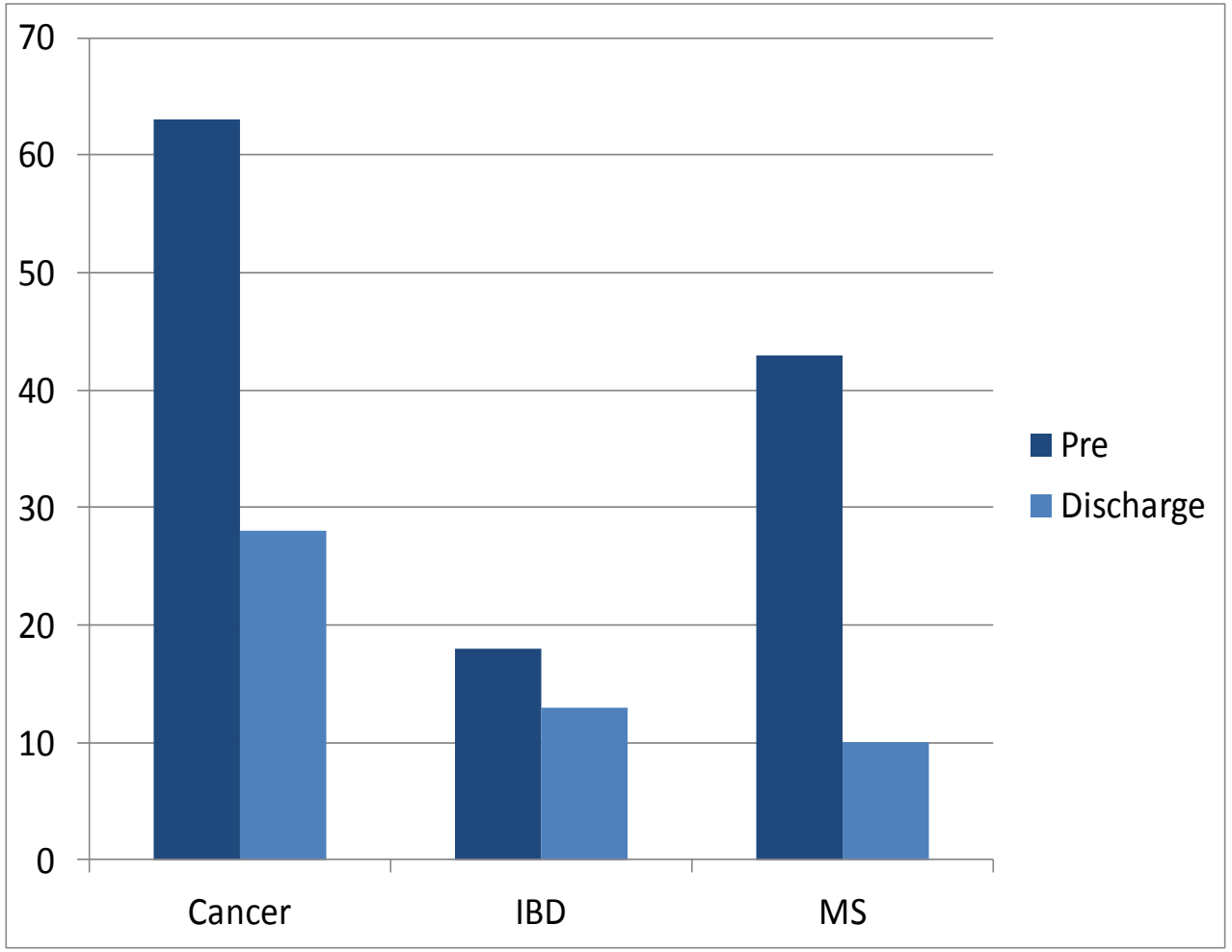
1. **Outcomes for 66 clients at work when they entered the VR service**
   - **50 still at work**
   - **8 off sick**
   - **8 other**

2. **Outcomes for people 139 people off sick when they joined**
   - **53 still off sick**
   - **53 returned to work**
   - **11 retired**
   - **22 other**

CLIENTS AT WORK PRE VR TO DISCHARGE BY CONDITION



CLIENTS AT OFF SICK PRE VR TO DISCHARGE BY CONDITION



WORK STATUS PRE VR TO DISCHARGE BY TIER (%)

	Tier 2		Tier 3	
	Pre VR	Discharge	Pre VR	Discharge
At work	28	38	22	53
Off sick	46	27	78	14
Unemployed	25	20	0	13
Other	1	9	0	20
Not known	0	6	0	0

WORK STATUS PRE VR TO DISCHARGE BY DEPRIVATION

	In Worst 15%		Not in Worst 15%	
	Pre VR	Discharge	Pre VR	Discharge
At work	16	28	29	52
Off sick	55	28	54	26
Unemployed	29	33	16	15
Other	0	11	1	7

OTHER OUTCOMES

1. **Increased awareness of health and work issues which help clients to make more informed decisions about work**

2. **Improvements in self – management**

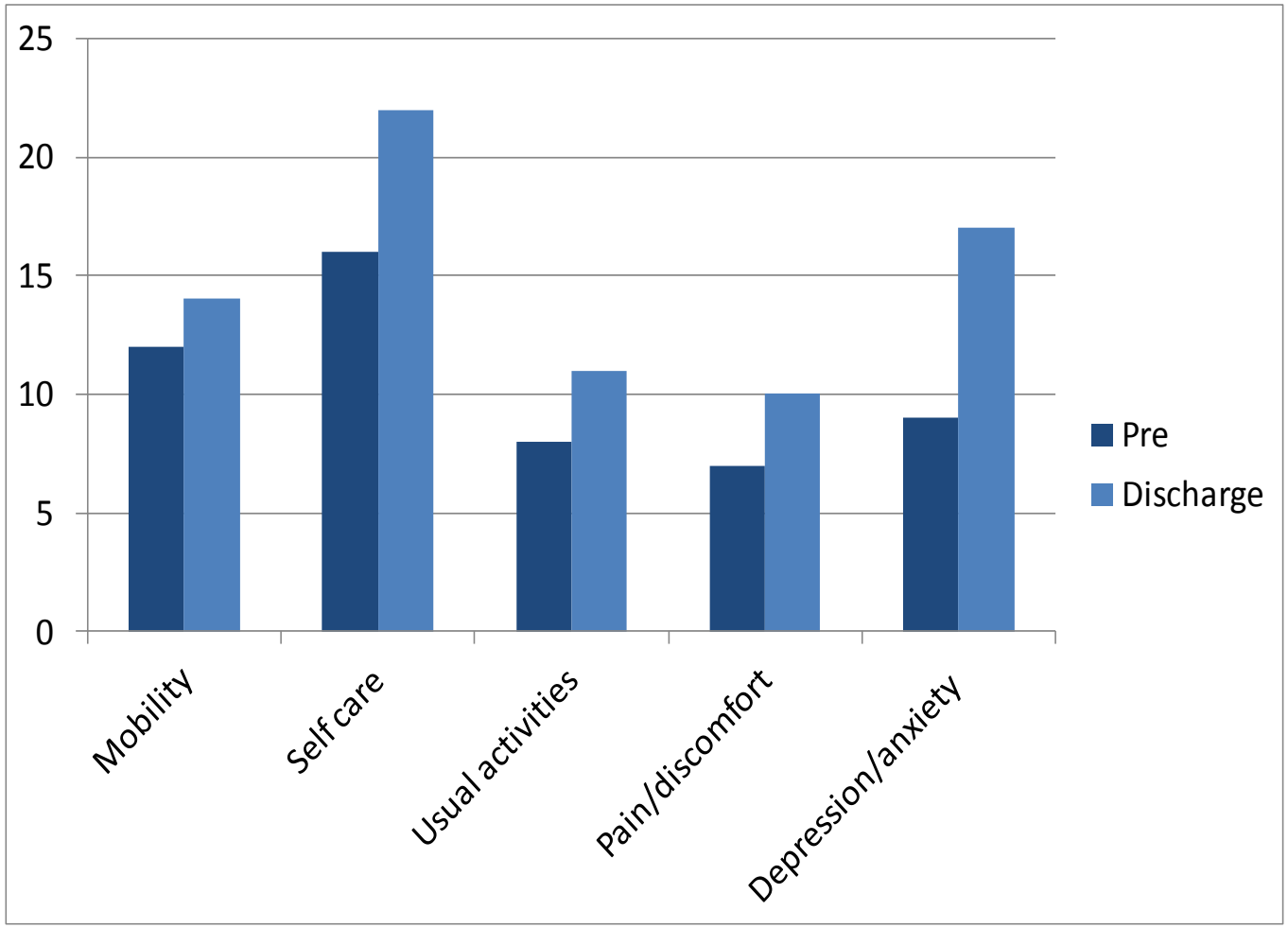
3. **Improvements in self-confidence and positive feelings about work**

4. **Increased contact with employers and better support to work places that can, in turn, improve clients' work situations**

5. **Improvements in health**

6. **Supported withdrawal from work if this is appropriate for some clients.**

NUMBER OF CLIENTS WITH 'NO PROBLEMS' PRE VR AND AT DISCHARGE (EQOL5D)



HEALTH SERVICE USE PRE AND POST VR

	PRE VR	DISCHARGE
Total GP visits in last month	45	22
Total outpatients visits in last month	50	28
Total stays overnight in hospital in last month	5	5

COST BENEFIT ANALYSIS

1. **Returning to work and sustaining work**
   - **Financial benefits in 2 categories**
     - **Savings in benefits payments by DWP**
     - **Savings in sickness benefit (statutory sick pay) and increases in tax returns to HM Treasury**

2. **VR Service associated with**
   - **50 people who were at risk of going off sick/losing job remaining at work**
   - **53 people returning from sickness absence**

3. **But cannot be assumed that all of these are direct beneficiaries – we used evidence from previous studies to estimate proportion who may have been at risk**

COST BENEFIT ANALYSIS (CONT.)

4. **Clients staying in work**
   - **Estimates across studies were 30% - 90% in employment (average 60%) after long term condition diagnosis**
   - **We estimated that it would have been lower for VR clients as clients have looked for support (opted in)**
   - **Therefore used lower figure of 45% who would be still in work without the Service's support – number above this attributed to the Service**

5. **Clients moving from sickness absence to work**
   - **Again variation in estimates across studies of between 23% -75% returning to work (average 50%)**
   - **We estimated it would have been lower for VR clients due to length of absence and condition (Review of Sickness absence argues only 25% return after 20 weeks absence)**
   - **Therefore used lower figure of 30% who would have returned in absence of the pilot**

COST BENEFIT ANALYSIS (CONT.)

6. **Savings in welfare**
   - **57 people sustained work or back to work**
   - **Annual saving to DWP is £485,000 based on ESA at cost of £8500 each year**

7. **Returns to the Exchequer**
   - **57 people sustained work or back to work**
   - **Annual returns of £330,000 based on tax and NI contributions for median wage**

8. **Savings for employers**
   - **£34,000 based on cost of sickness absence per employee of £600**

COSTS AND BENEFITS SUMMARY

	Benefits and Costs (£)	Beneficiary
Savings in Welfare Payments	1,455,000	DWP
Tax and National Insurance Payments	990,000	HM Treasury
Reduced Health Service Usage	324,000	NHS
Reduction in Absence	102,000	Employers
Total Benefits	2,871 ,000	
VR Costs	460,000	

Other Benefits Difficult to Value

1. **Satisfaction with care – an important function of any health service**

2. **Increases in self management which is associated with reduced costs for health services as patients use services less**

3. **Freeing up NHS frontline staff time to deal with clinical issues by providing VR specialist support**

4. **Efficient and better access to other services through referral and signposting**

5. **Increased confidence – and therefore productivity – at work**

6. **Perceived better health and wellbeing.**

VIEWS OF FRONT LINE STAFF

1. **Referrers not expert in all areas where patients need support - case managers can give more knowledgeable advice.**
2. **Case managers provide more in-depth and individual support - clinical staff don't have time to assist patients with work issues**
3. **Useful to have a service which understands chronic conditions and is able to see the implications of this for work support**
4. **Case management element of support was seen as very important as it ensured the people got client led and holistic support.**
5. **Having VR Service has encouraged people to be more proactive about discussing work issues with patients as they know that they have somewhere to refer**
6. **Has positive effect on**
   - **Coping with treatment**
   - **Attendance at appointments**
   - **Reduction in stress**

VIEWS OF FRONT LINE STAFF (CONT.)

'When employment issues are a big stress this can have a massive impact on how patients cope with treatment. Therefore it is good to have somewhere to refer to have these issues dealt with.'

'…before the VR Service there was not a lot we could do – now we can refer if the patient raises the issue of work. This adds to the 'toolkit' we can use.

CLIENT VIEWS ON THE SERVICE

1. **Responsive service - clients also felt case managers proactive about contacting on regular basis**

2. **Good understanding of client circumstances quickly developed and appropriate, timely response**

3. **Case managers' have strong knowledge and experience of health and work issues - specialist abilities and skills needed to tackle problems**

4. **Clients had a lot of confidence in the case managers' abilities to influence their situation and change things for the better**

5. **Clients felt they could be very honest with the case managers as they had no 'agenda' and worked with the client to get the best solution for the client.**

ASPECTS WHICH CONTRIBUTED TO PILOT OUTCOMES

1. **Intensive case management - a critical element for achievement of outcomes for clients with complex needs**

2. **The interventions which**
   - **Increased clients' confidence about returning to work**
   - **Helped them develop strategies to cope better at work**
   - **Improved self management**
   - **Helped make workplaces more accommodating for clients**

3. **Good relationships with referrers – to deliver holistic support to clients as well as helping to reach clients who could benefit from the VR Service**

4. **The way the service was delivered**
   - **Case managers' approach**
   - **Person centred and offered continuity of care**

EVALUATION RECOMMENDATIONS

1. **The key features of the pilot service model should be retained**

2. **Case management is critical to success, particularly for people with more challenges and complex needs – focus should be on these groups**

3. **The pilot has collected a range of evidence about outcomes, but the measurement of some of these aspects needs to be strengthened going forward.**
   - **Changes in work status**
   - **Changes in health status and health service use**
   - **Changes in ability to self manage**
   - **Case management outcomes**

4. **The good links forged with acute services should be maintained**

Practitioner Role & Client Experience

Donna McLeod
Specialist Case Manager

Client self referred to Vocational Rehabilitation Service following an awareness raising session at a Brain Tumour Support Group

- Absent from work following second brain tumour diagnosis and treatment
- No communication from employer
- Not being paid – worried about not able to pay mortgage
- Trade Union not returning his calls or progressing his situation

Work Situation

- Return to work involved general bar work and evening shifts despite previously holding a senior management role with regular working pattern
- No longer required to attend management meetings and establishment keys removed from client
- Managed by a staff member that client managed previously and had a historically difficult relationship
- Client experienced a seizure on the premises and was diagnosed with a further brain tumour
- Cannot see himself returning to work following this and has financial pressures

Action Plan

- Trade Union contacted and meeting arranged
- Meeting identified that client may be entitled to company pension through ill-health, legal position discussed
- Referred to Macmillan Financial Guide service to assist client in establishing entitlement within his insurance policies
- Contact made with employer, highlighted lack of contact having a detrimental effect on clients health – meeting arranged
- Client referred for benefit assessment

Progress

- Union Representative met with client and manager – Equality Act 2010 discussed in relation to previous return to work difficulties. Settlement Agreement identified as resolution
- Company put client forward successfully for ill health retirement which was supported by relevant health professionals
- Client entitled to substantial personal insurance claim due to diagnosis.
- Benefit entitlement established and now being paid to family
- Legal representation obtained through household insurance
- Client received Settlement Agreement

Rehabilitation

- Loss of role and routine causing difficulty for client and family. Client experiencing anxiety and loss of confidence
- Self conscious about appearance
- Client encouraged to increase activity to improve fitness levels - self help information and regular support provided
- Client referred for wig prescription and fitting
- Hearing impairment causing difficulty - client referred to local clinic for hearing aid
- Client referred to Disability Employment Advisor and Skills Development Scotland to look at transferable skills and future work opportunities

Return To Work

- Client received a job offer from a previous colleague – smaller business with less demanding role – Client confident he can manage this
- GP and Consultant supportive
- Client concerned about travelling to work because of his appearance - Access To Work identified to provide taxi travel
- Accommodations and flexibility to role arranged and agreed

Client participated in the following DVD to raise awareness of his situation