Working for health

Occupational therapy and how it can benefit your organisation

College of Occupational Therapists

College of Occupational Therapists

About the publisher

The College of Occupational Therapists is a wholly owned subsidiary of the British Association of Occupational Therapists (BAOT) and operates as a registered charity. It represents the profession nationally and internationally, and contributes widely to policy consultations throughout the UK. The College sets the professional and educational standards for occupational therapy, providing leadership, guidance and information relating to research and development, education, practice and lifelong learning. In addition, 11 accredited specialist sections support expert clinical practice.

College of Occupational Therapists

www.cot.org.uk

Working for Health

Occupational therapy and how it can benefit your organisation

College of Occupational Therapists

College of
Occupational
Therapists

First published in 2010
by the College of Occupational Therapists
106–114 Borough High Street
London SE1 1LB
www.cot.org.uk

Author: College of Occupational Therapists
Category: Guidance

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library.

ISBN 978-1-905944-18-7

Typeset by Servis Filmsetting Ltd, Stockport, Cheshire
Digitally printed on demand in Great Britain by The Lavenham Press, Suffolk

Contents

Acknowledgements

The College of Occupational Therapists would like to thank Peggy Frost, Jennifer Creek and Julie Phillips for their significant contribution to the development of this publication.

A number of individuals contributed examples of occupational therapy practice and services, in particular: Anne Byrne, Robert Chatwin, Judith Craddock, Claire Fitzgerald, Wendy Griffiths, Jane Haig, Margaret Houghton, Louise Leiper, Sheila Lewis, Alyssa Macedo, John McEntee, Charlotte MacIntosh, Kathryn Malcolm, Deborah Mathieson, Sarah Padfield, Deborah Stark and Joanna Sweetland. Their contributions are gratefully acknowledged.

Foreword

Employers value productive, experienced and conscientious employees. Yet, when they become ill or acquire a disability, it is too easy to let them go and then struggle to find someone else who is as effective. So who are the experts who could help employers, commissioners and human resources personnel and provide practical advice, who are knowledgeable about physical and psychological needs of people and who understand activity, occupation and capacity at work?

This publication illustrates, through the use of examples, a range of good practice where occupational therapists have worked together with employers to support valued employees in the workplace and provide effective, workable solutions.

It demonstrates how occupational therapists have helped organisations, employees and managers, customers and commissioners. Their unique knowledge base on occupation and their distinctive skills mean that occupational therapy staff have a pivotal role in providing vocational rehabilitation and enabling employees to remain at work by improving their work capabilities.

Work is good for us. It gives us an income, improves our health and wellbeing, enables us to contribute to our community and it gives us self-confidence and a sense of worth. It also keeps the economy alive and enables growth.

I am pleased to be able to commend this publication.

Mark Harper MP (Forest of Dean)
Shadow Minister for Disabled People

1 Introduction

Have you ever thought about employing an occupational therapist or asking an occupational therapist for help and then wondered what would be the benefits to you, your company, your employer, your employees, or your clients and customers? If so, then we hope this booklet will give you a taste of what occupational therapy can offer.

Any service that provides occupational therapy will have the advantage of being able to offer specialist, comprehensive help to people so they can perform their daily activities at work and achieve a healthy work–life balance.

Occupational therapy is a cost effective, value for money intervention (Sweetland et al 2009).

Occupation is fundamental to the occupational therapy profession. Through their training, occupational therapists develop the knowledge and skills to help people whether they have a physical and/or psychological illness or disability. Occupational therapists are regulated by the Health Professions Council, so governance and quality come as standard.

Occupational therapists not only work for health and social care services across the UK, they also work within occupational health teams, Access to Work and Pathways to Work schemes, as independent practitioners, and in voluntary and private sector organisations. Therefore it is not unreasonable to see occupational therapists working across all sectors delivering vocational rehabilitation to help people maximise their employment opportunities (College of Occupational Therapists 2008 and College of Occupational Therapists Specialist Section – Work 2009).

This booklet describes and illustrates occupational therapy in vocational rehabilitation. It highlights how you, your service or organisation and your clients and customers will benefit from occupational therapy.

2 Background

Setting the scene

In the United Kingdom (UK), approximately 160 million working days a year are lost due to sickness absence (Sainsbury Centre for Mental Health 2007), 40 million of them as a result of work-related illness or injury (DH, DWP and HSE 2005). 7.6 per cent of the working age population claim incapacity benefits and 46 per cent of people with disabilities are economically inactive (DWP 2004). A disabled person is 40 per cent less likely to be employed than someone who is not disabled with similar family and economic characteristics (Berthoud 2006).

People with mental health problems are almost three times more likely to be unemployed than all other disabled people (NIMHE 2003). Two-thirds of men with mental health problems under the age of 35 who die by suicide are unemployed (Social Exclusion Unit 2004).

Faced with these discouraging statistics, and with increasing costs and growing numbers of older people within the UK, the government has been reviewing policy and legislation to increase employment, reduce work-related ill health, and enable more people with disabilities and health problems to take up or stay in employment.

Recently, Dame Carol Black was asked to review the health of Britain's working age population (Black 2008). The government's response (Great Britain 2008) was expanded upon in the Department for Work and Pensions (DWP) white paper *Raising expectations and increasing support: reforming welfare for the future* (DWP 2008), which aims to improve people's lives by keeping them engaged in work.

> *Keeping people engaged with the labour market . . . will help them to take advantage of employment opportunities, make them better off and enable them to contribute to their community through employment.*
>
> (DWP 2008, p. 7)

The DWP's commitment to welfare reform recognises that everyone is different and support must be tailored to meet individual needs. The department aims to help people to achieve their desire to return to work, but are also placing more responsibility on individuals to take up the help available. The DWP also acknowledge that more work needs to be done to understand what support is necessary for people with mental ill health (DWP 2008).

Work and why it's important

Work means different things to different people. It is 'not only "a job" or paid employment, but includes unpaid or voluntary work, education and training, family responsibilities and caring' (Waddell and Burton 2006, p. 4).

Ross (2007) identified four types of work:

1 Paid work, such as employment, where the worker receives a material reward, usually financial.

2 Unpaid work, such as care giving, volunteering, education or training.

3 Hidden work, which may be illegal, including morally questionable activities such as prostitution, 'cash in hand' work, drugs trading.

4 Substitute work that is contrived for disabled people in a segregated environment, for example, sheltered workshops, day centres.

Whether paid or voluntary, work is an important aspect of many people's personal and social identities and is central to the community participation of most working age adults (King and Lloyd 2007).

A review of evidence for the impact of work on health by Waddell and Burton found four key benefits of work:

> 1 *Employment is generally the most important means of obtaining adequate economic resources, which are essential for material well-being and full participation in today's society.*
>
> 2 *Work meets important psychosocial needs in societies where employment is the norm.*
>
> 3 *Work is central to individual identity, social roles and social status.*
>
> 4 *Employment and socio-economic status are the main drivers of social gradients in physical and mental health, and in mortality.*
>
> (Waddell and Burton 2006, p. 31)

Concurrently, the review (Waddell and Burton 2006, p. 31) also found that unemployment is harmful to health and can result in:

- Higher mortality.
- Poorer general health and long-standing illness.
- Poorer mental health, psychological distress, minor psychological/ psychiatric morbidity.
- Higher medical consultation, medication consumption and hospital admission rates.

Not only is unemployment detrimental to individual health and wellbeing, it also has an adverse effect on communities and on the national economy (DH et al 2005). Oxford Economics has made an estimate of the cost to the economy of long-term sickness absence from work:

> *The value from a single person working for a full year, rather than claiming benefits, is nearly £20,000 for the Exchequer and over £33,000 for the economy. Over an average person's working life, this value could amount to over £530,000 for the Exchequer and nearly £900,000 for the economy.*
>
> (Oxford Economics 2007, pp. 3–4)

It is a reasonable expectation that people of working age, including those with long-term health conditions or disabilities, should have the opportunity to participate in society through some form of work:

> *In the right circumstances and with the right support almost anyone who wants to work is employable. The keys are hope and self-belief. For those who are deemed to be unemployable this will in effect say to them that they can abandon all hope of a normal life. It is vital that everyone is aware of and has access to employment*

support and the hope that this represents. Many severely disabled people, including those with severe mental health problems, have excellent employment records. It is vital that the benefits system offers hope, support and belief to everyone.

(Grove 2006)

3 Vocational rehabilitation

Waddell et al (2008, p. 8) describe vocational rehabilitation as 'whatever helps someone with a health problem to stay at, return to and remain in work'.

The College of Occupational Therapists' vocational rehabilitation strategy has expanded this and describes vocational rehabilitation as:

> *a process to overcome the barriers an individual faces as a result of injury, illness or impairment when accessing, remaining in or returning to purposeful activity, work and employment. This process includes the procedures in place to support the individual, their family, friends or carers, their employers or others in the community. It includes help to access and practically manage the delivery of vocational rehabilitation and the wide range of interventions that help people with a health condition and/or impairment to overcome barriers to work and remain in, return to or access employment or work opportunities.*
>
> (COT 2008, p. 3)

The main purpose of vocational rehabilitation is to help people retain or regain employment by tackling barriers and obstacles to work. Barriers include health conditions and associated impairments, economic conditions such as variations in labour demand, failure of social institutions to adapt to individual impairments (Berthoud 2006) and employers' lack confidence when dealing with employees with disabilities.

Some larger employers in the UK offer 'vocational rehabilitation' services, but these usually centre on medical treatment, occupational health, case management or flexible working (Waddell et al 2008) and are therefore limited in what they can offer. The evidence states (Waddell et al 2008, p. 43) that vocational rehabilitation is not simply a matter either for healthcare or for employers alone. Vocational rehabilitation and return to work is dependent on the effective co-ordination of:

1. Healthcare that includes a focus on work.
2. Workplaces that are accommodating and support employees in returning to or remaining in work.

Occupational therapists are healthcare professionals with the knowledge and expertise to work in all areas of vocational rehabilitation, from rehabilitation, through condition management, to providing workplace support and working within occupational health teams.

4 Occupational therapy in vocational rehabilitation

Occupational therapy helps people of all ages to lead healthy and fulfilling lives through improving their ability to carry out the activities that they need to do or choose to do every day. Occupational therapists work with people of all ages, with poor physical or mental health, disabilities, social limitations or learning difficulties. The problems that they help their clients to address may be in the areas of personal, social, educational, economic or cultural functioning (Creek 2003).

Occupational therapists are experts in occupational assessment and analysing activities. They assist people to identify the occupations and activities that are important to them, assessing areas of dysfunction and solving problems of everyday living. The activities that contribute to paid employment or other productive occupation may be either specific or general.

1 *Specific activities* relate to a particular job. For example, a cleaner will need to be able to use a mop and bucket for his or her job, whereas a taxi driver must be able drive a vehicle and memorise routes to many destinations. In Example 1, the occupational therapist describes how she helped a fitter use his spanners and wrenches following a hand injury.

Example 1: Using specific tools for a particular job

'I recently assessed a fitter after surgery for a compound fracture to the index finger of his dominant hand. He was struggling with job tasks that involved using his tools, for example spanners and wrenches, and complained of increasing discomfort. I noted that he had limited movement of his fingers, reduced strength and a decreased tolerance for the cold. His work tools had small metal handles with smooth grips making them difficult to grasp and hard to use. I recommended the replacement of his tools with ones that had more optimal-sized handles and textured grips, which reduced contact stress and associated stress on his hand and arm, increased grip strength and improved comfort. I also suggested that he used fine, fitted gloves, which minimised the effects of a cold working environment.'

2 *General activities* support different jobs or unpaid work. For example, many occupations require the individual to be able to travel to work, communicate with colleagues or use a computer. The occupational therapist will work with a person to identify the activities that he or she finds difficult, and work out individual, realistic solutions. In Example 2, we can see how the occupational therapist helped an employee with the supply of a wheelchair and hand controls for his car to help him get to work.

Example 2: Environmental adaptation and assistive devices

After a road traffic accident, Ahmed was left with a spinal injury that resulted in him being wheelchair dependent. The occupational therapist carried out an audit of his workplace, which had been built to meet the requirements of the Disability Discrimination Act 1995 but did not meet all Ahmed's needs. The audit report was given to his employer for action. The Access to Work officer was also contacted to ▶

enable the purchase of a lightweight wheelchair and hand controls for Ahmed's car so that he could travel to work. After a phased return, Ahmed was able to work four days per week.

Relatively short periods of occupational therapy can be cost effective and can achieve successful outcomes. Sweetland et al (2009) found that occupational therapy-based interventions help people with multiple sclerosis to remain in work. They also demonstrated that the costs, based on an average annual salary of £24,000, would be recouped within two weeks of work.

Occupational therapy in vocational rehabilitation: the benefits

Occupational therapists add value to vocational rehabilitation by bringing specialist knowledge and skills relating to the activities that people perform in their daily lives within their life–world contexts.

Some of the specific benefits that occupational therapy brings to vocational rehabilitation are:

- Objective, comprehensive assessment of a person's functional capacity and limitations, the work environment, the demands of the job and any barriers to work.
- Ability to match the capacity of the individual to the demands of the job.
- Involvement of clients when choosing, planning, implementing and monitoring their individual pathways to work.
- Designing, planning, implementation and monitoring of individualised programmes to suit the needs of the employee and the workplace.
- Expedition of early return to work.
- Knowledge of different mental and physical health conditions to anticipate future outcomes, such as the need for flexible work for people who have severe and multiple impairments, complex needs or fluctuating ill health.
- Provision of advice and recommendations on reasonable adjustments, specialist equipment and environmental modification.
- Negotiation and liaison with employers and others during the process of finding or retaining employment.
- Provision of programmes that cover all three aspects of effective vocational rehabilitation:

  1 Managing the health condition, difficulty or disability.

  2 Assessing and recommending changes to the workplace and/or work practices.

  3 Facilitating access to vocational skills training and/or advice.

Example 3 summarises the work of three occupational therapists employed as vocational rehabilitation consultants within a job retention service. The benefits include early intervention and rehabilitation of employees' physical, psychological and functional needs to expedite a successful return to work.

Example 3: Occupational therapists are vocational rehabilitation consultants

In Wales, one job retention and rehabilitation support service employs three occupational therapists as vocational rehabilitation consultants. The consultants work with the employee to identify and analyse their physical, functional and psychological strengths and needs, and to highlight areas that need to be addressed to enable the individual to remain in or return to work. They also work with the employer to analyse the employee, employer and job in order to develop an agreed, graduated return-to-work plan that will run over a clearly identified number of weeks or months. In 2005, this service returned 72 individuals to work in Wales.

In Example 4, Margaret's human resources officer and her manager told us that the advice and help of the occupational therapist gave them the reassurance that, with time and support, Margaret would return to work. Eventually, to the benefit of both Margaret and her employers, she was able to return to her previous job.

Example 4: Occupational therapy following head injury helped Margaret return to her job

Margaret, a 31-year-old advertiser, fell and suffered a head injury. After a week in hospital she was discharged home without any rehabilitation. About three months later she was referred to occupational therapy. Assessments, including standardised occupational measures, indicated a mild degree of intellectual under-functioning, particularly related to weaknesses in attention and concentration, memory and problem-solving skills. Margaret was also avoiding participation in tasks that were part of her life prior to the fall.

Margaret was not working and had had minimal contact with her employers, although she believed that her job had been kept open for her. She was in receipt of statutory sick pay and was highly anxious about her future. Margaret identified her priorities as resuming her previous work role, cooking for friends, using the tube for transport, and socialising.

The occupational therapist saw Margaret five times and set tasks for her to complete between sessions. Occupational therapy included fatigue management, work planning activities, education about the effects of head injury, analysis of Margaret's work role, practising work tasks, developing compensatory strategies to accommodate for cognitive impairments affecting work-related tasks, practising independent living skills (including community mobility), and joint working with her neuro-psychologist on anxiety management strategies.

In addition, two visits were made to Margaret's workplace to support her in meetings with her line manager and the human resources officer. A return to work programme was established, with realistic timeframes. Recommendations were made for graded adaptations to the working week and environmental modifications. Margaret was provided with information and support to help her manage her finances and increase her participation in leisure activities.

With these recommendations in place, Margaret successfully returned to work eight months after her fall. Her graded return-to-work plan began with three short working days, with fixed rest periods and no client allocation. Her progress was monitored through fortnightly meetings with her employers. She continued to receive occupational therapy to help her increase her working hours, cope with additional demands, manage her fatigue, and deal with problems arising during the working day.

Margaret's human resources officer and line manager said that they had benefited from the advice provided by the occupational therapist and were reassured that,

with time and support, Margaret would be able to return to her previous job by the end of the year. Margaret said that without the support she was given, she would not have been able to consider returning to work.

Occupational therapists can help people to think about work at an early stage of their treatment and will start providing vocational rehabilitation when their patients are in hospital, attending out-patient services or receiving home visits.

In Example 5, John, a young man who had undergone a programme of alcohol detoxification, describes the benefits of occupational therapy and how it helped rebuild his life and improve his confidence and self-esteem. His occupational therapist says:

> *Each patient is on the ward for only a week. Therefore it is important to set priorities for action and assess commitment to change. A home visit is offered during the week following discharge, providing an opportunity for further evaluation and interventions. Community resources may be accessed including Jobcentre Plus, voluntary and educational organisations.*

Example 5: Early intervention as a step to recovery

A young male patient, John, said that before occupational therapy he could not see a life for himself or imagine how he would cope. Alcohol had engulfed his life so that he felt alienated from his family and had no interests; he felt hopeless and suicidal. After occupational therapy intervention, John described how his confidence had grown and his family were helping him now that they could see the effort he was making. He had new interests and started using community leisure facilities routinely. John started voluntary work, which led to a growing social circle and increased his self-esteem and confidence.

Occupational therapy in vocational rehabilitation: the outcomes for employees and employers

Occupational therapists assist actual and potential employees and employers to achieve successful outcomes that include assisting people to:

1. Retain their jobs.
2. Return to work.
3. Access work for the first time.
4. Find alternatives to full-time employment.

1 Retaining a job

Retaining jobs during periods of illness, hospitalisation or other treatments provides valuable support for successful rehabilitation and improving or maintaining an employee's health and wellbeing. It also adds value and purpose to our lives.

Example 6 describes how a teacher, Sugra, was helped by her occupational therapist to achieve her goal of continuing to work throughout her illness.

Example 6: Continuing to work

Sugra was a primary school teacher with primary breast cancer who was receiving palliative treatment, but wanted to remain at work as long as possible. The main

problem was fatigue, which made it difficult for her to alternate between stooping to work at infant-height desks and then standing up to speak to the whole class. The occupational therapist assessed Sugra for specialist seating, which was then funded by her employer, and enabled her to continue to work for one term, using a wheeled rise and fall chair. Subsequently, Sugra's condition deteriorated and she died, but she had achieved her goal of remaining in employment.

In Example 7, we can see how Jane, who has rheumatoid arthritis, was supported by her occupational therapist to continue in her role as an office worker.

Example 7: Job retention

Jane, who was 40 years old and working in an office, was having difficulties getting ready for work, travelling to work and sitting for prolonged periods of time due to rheumatoid arthritis. She had taken a lot of time off work trying to cope and was worried about having to give up work altogether.

Jane saw an occupational therapist, and was provided with a comprehensive assessment. Different strategies were implemented, which included postural advice, equipment, support and information. Working with Jane's manager, reasonable adjustments were made at work so that she could adopt a flexible approach to her work. This meant that she could travel out of peak times in order to get a seat on the train. Jane was reassessed by her occupational therapist after everything was in place. The assessment indicated that Jane was now a low risk for job loss. She continues to work full time.

2 Returning to work

Returning to work after illness or trauma benefits both employers and employees. For employers, it helps retain good quality employees and eliminates the costs of recruiting and training new members of staff. For employees it is often easier to return to familiar work environments, tasks and colleagues.

Example 8 follows David, who had a road traffic accident, through his occupational therapy, from outpatient treatment to a successful return to work.

Example 8: Return to work following trauma

David, aged 43 years, sustained a head injury as a result of a road traffic accident. After two months he was referred to occupational therapy. The occupational therapy assessment found David had severe problems with attention, poor short-term memory and problem-solving, increased irritability and anger, decreased motivation and difficulties with sequencing, planning and organising tasks. He had high levels of fatigue, a poor sleep pattern and was becoming socially isolated and withdrawn.

Occupational therapy included:

- Weekly cognitive rehabilitation sessions focusing on increasing David's attention and providing strategies for improving his short-term memory.
- Education and support for David and his wife concerning brain injury.
- Advice on the importance of daily and weekly structure.
- Increasing David's independence with functional activities at home and in the community, for example, meal preparation, domestic activities, access to community services and use of public transport.

After four months of rehabilitation, David was able to initiate activities, plan and organise his time, use public transport independently, and complete complex domestic tasks, including shopping and meal preparation. He had returned to his previous social activities and his levels of attention, motivation and initiation had significantly improved. He was ready to explore returning to full-time employment as a car alarm fitter in a large factory.

David completed a self-assessment for Access to Work and representatives of the scheme met with the occupational therapist, David and his employers to advise his managers of his needs and about the effects of head injury. A return-to-work plan was agreed, which included a graded return to work over three months, a buddy system to check David's work for inaccuracies, and regular meetings with the human resources officer and line manager. A taxi to work was funded by Access to Work, since the work site was not accessible by public transport.

In Example 9, we can see how Max was helped to return to work by his occupational therapist after a back injury.

Example 9: Returning to work after a back injury

Following a back injury and early rehabilitation, Max, a self-employed lorry driver, wished to return to work in the family company. The occupational therapist worked with Max to undertake a detailed comparison of the demands of his job within his work environment and of Max's abilities. Possible solutions were discussed. These included additional equipment and working on physical skills to be able to achieve specific tasks, including climbing a vertical ladder.

After a programme of activities which included attending the gym, voluntary work, increased activities at home and working alongside other drivers, Max passed the medical for renewal of his LGV licence. He returned to his driving job, initially on local deliveries, but with the intention of increasing his workload.

3 Accessing work for the first time

Starting a first job is a daunting prospect for many of us at the best of times, but for those who have health problems or disabilities, this can be even more overwhelming.

Example 10 describes how occupational therapy helped Wendy overcome her ill health, embark on training and start working for herself.

Example 10: Helping Wendy access work for the first time

Wendy was referred to the mental health services in 2002 following a period of major upheaval in her life. She presented with depression, anxiety and agoraphobia.

Wendy's occupational therapist gave her an intensive course of anxiety management at home, and following this Wendy was able to join community occupational therapy sessions with the support of an occupational therapy technician. As her mental health improved, she was referred to the vocational rehabilitation service and embarked on a hairdressing course at a local college. She passed the course with distinction and qualified as a hairdresser in 2004.

Wendy now runs her own mobile hairdressing business. She says, 'I was grateful to the vocational rehabilitation service for pointing me in the right direction and helping me to regain those feelings of purpose and self-worth which depression had robbed me of.'

In Example 11, Gareth, who was unemployed and had learning disabilities, was helped into employment for the first time by his occupational therapist.

Example 11: A young man with a learning disability

Gareth, aged 22 years, unemployed and with a learning disability, had many difficulties to contend with. Although he was able to articulate his needs quite well, he masked a lot of his problems. Following an assessment, however, the occupational therapist found that Gareth was also struggling with low self-esteem, poor concentration, sensory problems, and dyspraxia.

The occupational therapist provided a range of interventions, culminating in an activity analysis with a view to finding future employment. Gareth was given job coaching with delegated tasks to improve his performance and concentration. He moved on to a part-time placement with a landscape company in a voluntary capacity, with a view to moving on to full-time employment. As a result, Gareth's confidence and self-esteem improved.

4 Finding alternatives to full-time employment

Not everyone will take up or is able to take up full-time paid employment. However, this doesn't mean they cannot contribute to the community or continue to work part time.

Example 12 describes how a young woman with enduring mental health problems received occupational therapy support, which enabled her to take up a role as a voluntary tutor.

Example 12: Flexible occupational therapy input

Agnes, aged 21 years, gave up her job in 1996 because of depression, and began taking ecstasy and cannabis. This disrupted her sleeping pattern and gave her feelings of paranoia about her friends, leading to increased isolation. A year later she was diagnosed with severe depression and agoraphobia, coupled with anorexia and suicidal thoughts. In 1998, when there had been no change in her condition, Agnes was referred to a Walk Free programme with the Community Mental Health Team (CMHT).

In 2002, Agnes' father passed away and she became housebound, lacking the confidence to venture outside. She did not wish to interact with people except for her mother and a few close friends. In 2003, she agreed to see a psychologist who referred her to a bereavement counsellor. About a year later, Agnes stopped keeping her appointments.

In early 2005, Agnes started working on her agoraphobia with an occupational therapy technician based in the CMHT. Later that year, with support from the occupational therapist, she began to attend an arts and crafts group, run jointly by Day Services and the Workers' Educational Association (WEA). She then took up voluntary work with the Citizens' Advice Bureau, started volunteering with the WEA and trained to become a tutor for them. Two years after starting to attend the arts and crafts group, Agnes returned to Day Services as a voluntary tutor to teach an arts and crafts course.

In Example 13 we see how Carol was helped to remain in paid employment, but with reduced hours.

Example 13: Managing fatigue

Carol, a full-time administrative worker, struggled with fatigue as a result of an underlying condition. Using a range of assessment tools, the occupational therapist evaluated activities, sleep patterns, concentration and cognition. A fatigue management programme was used, together with relaxation techniques. The occupational therapist helped Carol address the causes of the secondary fatigue – poor sleep, pain, spasm and anxiety. She gave Carol advice about Access to Work and her employer's occupational health department and, after intervention, she was able to continue to work on a part-time basis.

Occupational therapy and vocational rehabilitation: the interventions

There are no clear dividing lines between the mental and physical health problems arising either as a result of long-term absence from work or due to other underlying conditions and precipitating factors. Occupational therapists are trained to work with people with physical and mental health problems and learning difficulties. They are, therefore, skilled to provide comprehensive assistance and utilise a bio-psychosocial approach.

When someone has ill health, or a disability, difficulty or impairment which limits their activities and interferes with their capacity to retain, regain or find paid employment, occupational therapists can offer a range of interventions.

They can match functional capacity to job demands, which is of value in terms of:

- Determining if an individual is ready to return to work.
- Developing modified work plans and ensuring that progression is linked to improvements in capacity.
- Establishing the suitability of jobs for redeployment.
- Verifying the efficacy of rehabilitation and work hardening programmes.

Some of the interventions that the occupational therapist can offer for vocational rehabilitation are:

- Providing information about, and liaising with, local and national vocational rehabilitation, training, education and employment schemes, such as Disability Employment Advisors, Jobcentre Plus, and NHS Plus.
- Helping people to keep in touch with the workplace during a period of sick leave.
- Advising on Access to Work or company return-to-work programmes for employers and other stakeholders.
- Helping to identify and overcome barriers to work or problems arising during phased return to work.
- Working with employers to plan and monitor return-to-work schemes to meet individual needs, including phased return to work, adjustment of work demands, appropriate supervision and workplace support.

- Assessing the employee's functional capacity and ability, the workplace and the demands of the job.
- Undertaking detailed analysis of job tasks in the work setting in order to recommend reasonable adjustments to the job, including tasks carried out in the work place and elsewhere, travel to and from work and site access, to match the needs of employee and employer.
- Planning and delivering programmes to develop or improve work-related skills and performance, both before and during return to work.
- Providing education and advice to the employee about managing their health and wellbeing in relation to their job; for example, teaching pain management strategies and joint protection techniques to someone with rheumatoid arthritis, or teaching fatigue management strategies to someone with multiple sclerosis or cancer.
- Providing education and advice to employee and employer about specific health conditions and the effect that they are likely to have on function and the ability to perform work-related tasks.
- Monitoring the process of return to work and giving ongoing advice and support to employee and employer for as long as required.
- Helping people to retain work by, for example, facilitating re-access to services if the situation requires it.

Example 14 describes how an occupational therapist helped Keith, who had multiple sclerosis, successfully return to full-time employment. We can see in this example how the occupational therapist worked with:

1 *Keith*, to provide rehabilitation and develop strategies and techniques to manage his symptoms.
2 *Human resources staff*, to keep them informed and to reassure Keith about his financial situation.
3 *Keith, his manager and the human resources officer* to develop a graded return-to-work plan.

Keith said:

> *I was in a flat spin and out of control. I thought I was going to have to leave work permanently; I could see no way that I could cope. However, after occupational therapy input and advice, both for me and for my line manager, the situation has turned around and I am back at work with strategies in place to help me manage my multiple sclerosis symptoms.*

Example 14: Occupational therapy interventions help people to work

Keith, a 34-year-old television editor, had relapsing remitting multiple sclerosis (MS). In the five years following diagnosis he experienced a few relapses and tried to return to work quickly. However, he was unable to manage his previous role and was put to work in a reduced capacity. He felt unhappy and anxious and said that he felt 'in a flat spin and out of control'.

When Keith was referred to occupational therapy, fatigue was impacting on all areas of his occupational performance. He had made a good physical recovery from the last relapse, but was having psychological problems, including unreliable memory,

poor concentration and difficulty thinking coherently. Keith was worried that he would never return to work.

The occupational therapist offered several interventions, including:

- A fatigue management programme, which included strategies to help Keith integrate fatigue management principles into his day.
- Developing strategies to use compensatory techniques for perceived cognitive difficulties.
- Liaison with the human resources officer to confirm that Keith's insurance would cover his sick leave and the period of graded return to work, thus reducing any financial concerns.
- A work site visit to assess the working environment.
- A meeting with Keith's manager to give him information about MS, the symptoms that Keith might experience, and to reassure him that work will not worsen the symptoms of MS if properly managed.
- Agreeing a graded return to work, supported by the human resources department (HR) and Keith's manager, starting with Keith doing two days a week and increasing by one day a month.

Keith regained control of his working life and his confidence, which decreased his high levels of anxiety. Keith also reported that his memory and concentration had improved. He returned to full-time employment as an editor, a job that he loves.

5 Where occupational therapists work

Occupational therapists work for different services or organisations.

Many occupational therapists are employed by health and social care organisations within the statutory sector. Others are employed by voluntary sector organisations and commercial enterprises, such as insurance companies, private health care providers, occupational health providers and large commercial businesses. Some are self-employed or run their own businesses.

Occupational therapists also work for vocational rehabilitation, return to work or job retention services. These include:

- Occupational health services.
- Pathways to Work services.
- The Access to Work scheme.
- Condition management programmes.
- Vocational rehabilitation services and companies.
- Specialist rehabilitation services.
- Hospital inpatient rehabilitation or outpatient services.
- General practice and primary care services.
- Insurance companies.

The LookaHead project is a specialist employment service that employs an occupational therapist. In Example 15 we can see that the project has helped clients return to work, undertake training, and start voluntary work. The value of employing an occupational therapist has enabled this service to meet agreed targets set by the commissioners.

Example 15: Occupational therapy in a specialist employment service

The LookaHead project is a specialist employment service for people with severe and enduring mental health problems in North Ayrshire. An occupational therapist joined the project in July 2006, initially for one year.

The occupational therapist carried out risk assessments, comprehensive health and functional assessments and individual occupational therapy sessions for all clients. Close contact was established and maintained with colleagues in the Community Mental Health Teams.

There were 84 referrals to the project during the first year. The interim evaluation report highlighted that:

- All targets set by the project's commissioners had been achieved, including: nine clients moving into paid employment; 30 clients accessing mainstream opportunities, such as training and college courses; and 20 clients taking up voluntary work.
- 85 per cent of clients reported that they believed the project had a positive impact on their mental and physical health.

- Overall there was a 20 per cent improvement in perceived quality of life.
- 32 per cent of clients reported an increased level of weekly exercise since joining the LookaHead project.

Example 16 describes an outpatient occupational therapy service for people with neurological disorders and brain injuries, where there is an emphasis on helping people return to work.

Example 16: An occupational therapy service to return people to work

An outpatient occupational therapy service for people with brain injury and other neurological disorders receives referrals from both inpatient rehabilitation services and from outpatient clinics.

Most people are working at the time of their injury or deterioration and want to try to keep their jobs. Despite this, newly referred patients are rarely ready for return to work and need to engage in a home-based rehabilitation programme that focuses on the skills required for return to work. The programme may include physical and cognitive rehabilitation to maximise the individual's level of skill. It will also involve early contact with employers, by the patient and/or the occupational therapist, in order to ascertain the work situation and employer expectations, share information about the patient's readiness for return to work and seek information about the patient's work role and the specific skills it demands. A work place visit and/or assessment is carried out if required.

When patients have ongoing, complex needs that are likely to impact on their return to work, they may be referred to a local project named 'Intowork'. For others, the occupational therapy service provides longer-term support to employees and employers.

Many patients eventually return to work on a phased or part-time basis, often beginning with restricted duties. The process is monitored to ensure there is continued progress and to resolve any difficulties that may arise at an early stage. If someone is unable to return to work, alternative employment or use of time is sought, such as retraining or attending college.

Occupational therapists are excellent at working across services and co-ordinating packages of help to enable people to achieve their goals.

Example 17 summarises how an occupational therapist working with Jobcentre Plus utilised expertise about physical and mental health problems, as well as knowledge of different services, to co-ordinate a package to help Shirley back into employment.

Example 17: Occupational therapy based in Jobcentre Plus helped improve Shirley's physical and mental health

In her 50s and recently retired from lecturing due to ill health, Shirley has an orthopaedic condition as a result of a recent accident and a pre-existing mental health problem. The occupational therapist, based with Jobcentre Plus, was able to bring her skills and knowledge into play by ensuring Shirley received appropriate support from the local mental health day hospital, that she was provided with equipment to help her at home and at work and to support her with her goal of returning to work.

Shirley was helped with management techniques for her anxiety and was supported to use her existing skills. She started with a voluntary post supporting people in local community education classes and moved on to paid work in the form of private tuition.

6 Conclusion

The examples in this book have been chosen to demonstrate the value of occupational therapy and its contribution to services aiming to keep people in work, to help them return to work or to take up work for the first time. These are just a few examples from a wide range of different scenarios.

It is evident that employers as well as employees value occupational therapy. It is a value for money intervention that not only achieves the primary aim of helping people in employment, but also gives added value by helping people to achieve other long-term goals and maintain good health and wellbeing. Below, we can see how Clare, the occupational therapist, turned around the life of one of her clients.

The client's perspective

After I was diagnosed with depression by my GP, I was put in touch with Clare, the occupational therapist. Over time, I built a good rapport with Clare and can say that I could tell her anything. I would trust her with my life and, in a way, I have. When I have had a crisis she has been there, supporting me and offering guidance.

On several occasions Clare suggested that I attend the nearby Skills Centre. At first I was against it, as I had no confidence and no self-esteem and, I thought at the time, no life. Eventually, Clare took me to the Skills Centre where I was introduced to Rob, also an occupational therapist, and shown around. Deciding to attend the Centre on a regular basis was the most important decision I have ever made, as I will explain.

When I started attending, I was made welcome and put at ease. I learned new skills on the computer and even had a go at making greetings cards, which I enjoyed doing. I enjoyed making up the verses for the cards the best. Over the weeks my confidence and self-esteem grew to the point that I felt I was strong enough to start applying for jobs. I was offered a part-time job as a caretaker. I was supported by the staff of the Skills Centre and continued to attend the Centre for a transition period.

A few years later, I am still working and have no doubt that without the help of the staff at the Skills Centre I would not be working at all. I no longer attend the Centre but will never forget the help and support I received: it changed my life. I am confident, my self-esteem is high and I feel as mentally tough now as I have ever been. The human touch shown by Clare and the staff at the Centre meant a lot to me when I was a service user because it showed that they cared.

For more information about occupational therapy please contact the College of Occupational Therapists or go to *http://www.cot.org.uk*.

References

Berthoud R (2006) *The employment of disabled people.* London: Department for Work and Pensions.

Black C (2008) *Working for a healthier tomorrow.* London: Her Majesty's Stationery Office.

College of Occupational Therapists (2008) *The College of Occupational Therapists' vocational rehabilitation strategy.* London: College of Occupational Therapists. Available at: *http://www.cot.org.uk/MainWebSite/Resources/Document/Work_Matters-Vocational_Rehab[1].pdf* Accessed on 13.02.10.

College of Occupational Therapists Specialist Section – Work (2009) *Occupational therapy in vocational rehabilitation: a brief guide to current practice in the UK.* London: COT.

Creek J (2003) *Occupational therapy defined as a complex intervention.* London: College of Occupational Therapists.

Department for Work and Pensions (2004) *Building capacity for work: a UK framework for vocational rehabilitation.* London: DWP.

Department for Work and Pensions (2008) *Raising expectations and increasing support: reforming welfare for the future.* London: DWP.

Department of Health, Department for Work and Pensions, Health and Safety Executive (2005) *Health, work and well-being: caring for our future: a strategy for the health and well-being of working age people.* London: DWP.

Great Britain. Department for Work and Pensions, Great Britain. Department of Health (2008) *Improving health and work: changing lives: the Government's response to Dame Carol Black's review of the health of Britain's working-age population.* (Command Paper 7492). London: Her Majesty's Stationery Office.

Grove B (2006) *Opinion on the Welfare Reform Green Paper.* Originally sourced from: *http://www.scmh.org.uk* [No longer available].

King R, Lloyd C (2007) Vocational rehabilitation. In: R King, C Lloyd, T Meehan, eds. *Handbook of psychosocial rehabilitation.* Oxford: Blackwell.

National Institute for Mental Health in England (2003) *Employment for people with mental health problems.* (Expert Briefing). Leeds: NIMHE.

Oxford Economics (2007) *Mental health and the UK economy.* Oxford: Oxford Economics.

Ross J (2007) *Occupational therapy and vocational rehabilitation.* Chichester: John Wiley & Sons.

Sainsbury Centre for Mental Health (2007) *Work and wellbeing: developing primary mental health services.* (Briefing 34). London: SCMH.

Social Exclusion Unit (2004) *Mental health and social exclusion: Social Exclusion Unit report.* London: Office of the Deputy Prime Minister.

Sweetland J, Cano SJ, Heaney D, Wills S, Gordon A, Playford ED (2009) Vocational interventions, outcomes and costs: a prospective cohort study of people with MS. Submitted to *Journal of Neurology, Neurosurgery and Psychiatry* 03.07.09.

Waddell G, Burton AK (2006) *Is work good for your health and well-being?* London: Her Majesty's Stationery Office.

Waddell G, Burton AK, Kendall NAS (2008) *Vocational rehabilitation: what works, for whom, and when?* London: Her Majesty's Stationery Office.

Bibliography

Creek J (2002) The knowledge base of occupational therapy. In: J Creek, ed. *Occupational therapy and mental health.* 3rd ed. Edinburgh: Churchill Livingstone.

Evans H (2006) Vocational rehabilitation for people with a diagnosis of schizophrenia: what evidence should be considered by occupational therapists? *Mental Health Occupational Therapy, 11(1),* 11–17.

Franche RL, Cullen K, Clarke J, MacEachen E, Frank J, Sinclair S, Reardon R (2004) *Workplace-based return-to-work interventions: a systematic review of the quantitative and qualitative literature.* Toronto, Canada: Institute for Work and Health.

Hasluck C, Green AE (2007) *What works for whom? A review of evidence and meta-analysis for the Department of Work and Pensions.* London: DWP.

Kirsh B, Cockburn L, Gewurtz R (2005) Best practice in occupational therapy: program characteristics that influence vocational outcomes for people with serious mental illness. *Canadian Journal of Occupational Therapy, 71(5),* 265–279.

Watson R (2004) A population approach to transformation. In: R Watson, L Swartz, eds. *Transformation through occupation.* London: Whurr.

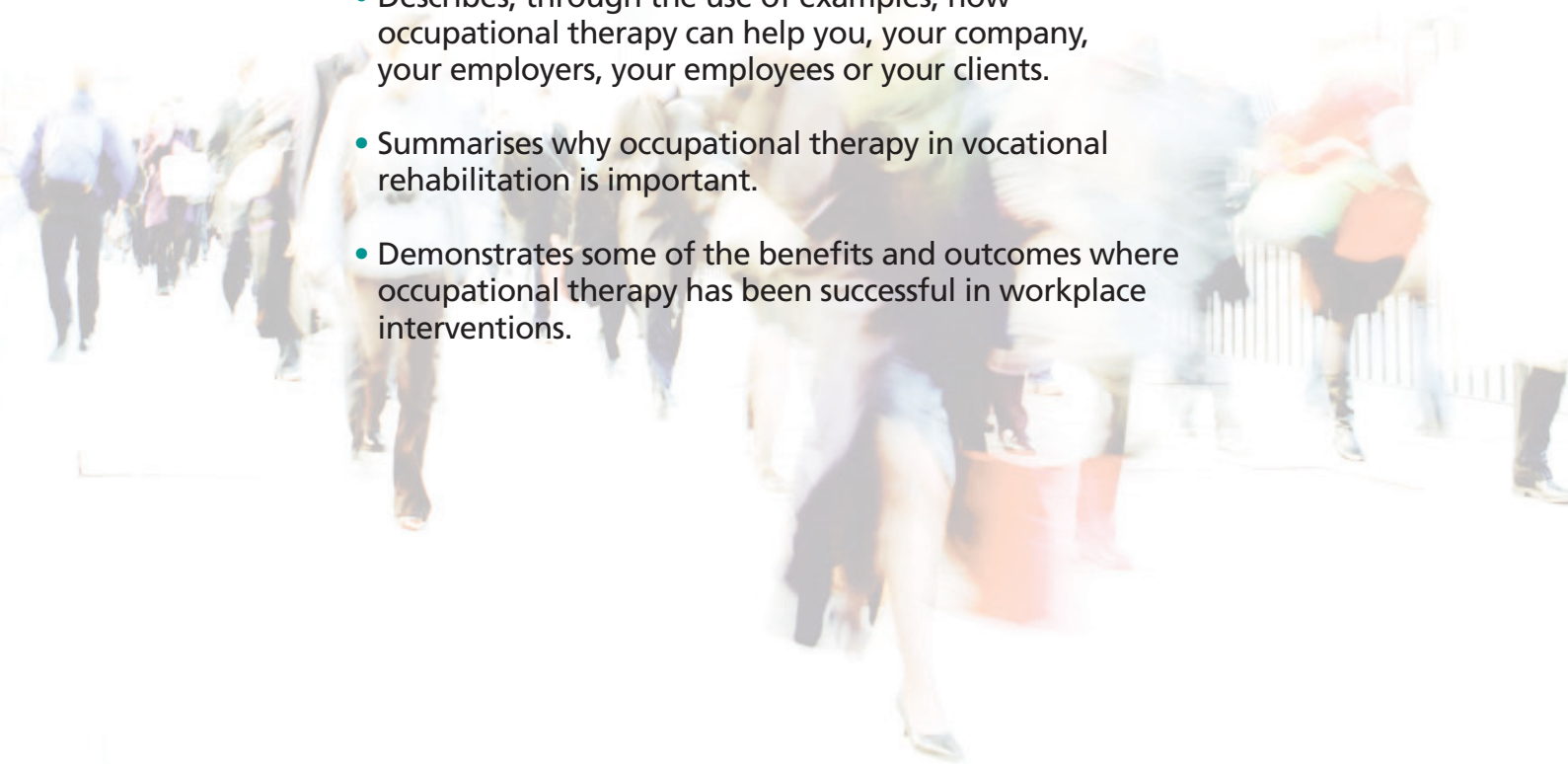
Working for health

Occupational therapy and how it can benefit your organisation

Everyone has the right to expect the best available help so they can stay in or return to work. Occupational therapists are experts in occupation and have the knowledge and skills to help people achieve and maintain good physical and mental health and wellbeing.

If you are an employer, manager, commissioner or provider of work retention or return to work services and have wondered about the benefits of occupational therapy, this publication:

- Describes, through the use of examples, how occupational therapy can help you, your company, your employers, your employees or your clients.
- Summarises why occupational therapy in vocational rehabilitation is important.
- Demonstrates some of the benefits and outcomes where occupational therapy has been successful in workplace interventions.



ISBN 978-1-905944-18-7

Available for Download

www.cot.org.uk

Tel: 020 7357 6480 Fax: 020 7450 2299

College of Occupational Therapists