Acquired Brain Injury Conference

Neuro-rehabilitation: pathways to independence
19th June 2019

accomplish.
make every day amazing

Brain Injury Services

The Accomplish Model

James Weir – ABI Services Manager

accomplish.
make every day amazing

Accomplish Group

Provides specialist support for people with

Mental Health needs
Autism
Learning Disabilities and
Acquired Brain Injuries

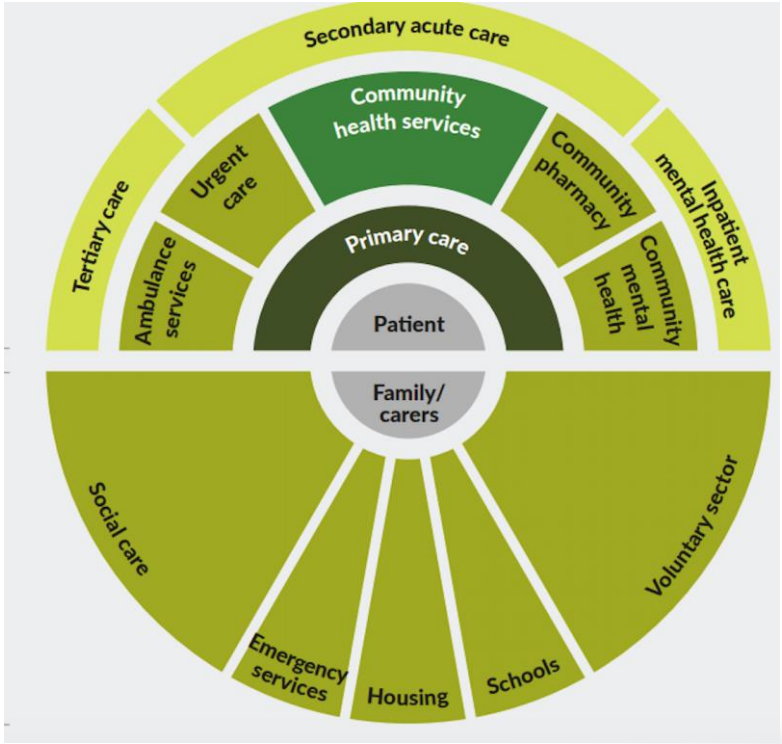
We support over 1,000 people across England and Wales in specialist rehabilitation, re-enablement, residential and supported living services.

We believe in the potential of everyone and enable them to work towards their goals, live more independently and take control of their lives.

Our priority is to make every day amazing.

accomplish.
make every day amazing

Community Pathway



SOURCE: The Kings Fund

accomplish.
make every day amazing

Community based services

" institutions are unnatural, undesirable and very liable to abuse. We should have as few of them as possible, and those few should be kept as small as possible. The human family is the unit of society."

Dr. Samuel Gridley Howe, 1851

accomplish.
make every day amazing

Community based services

"When we refer to community based services we mean smaller more personalised services within a community setting where there is good access to local amenities and services. People supported are able to exercise choice and control over where they live, who they live with and who supports them and truly feel that where they live is their home. The label applied to the service – such as supported living or registered care – should in no way impact on the quality or feel of the service provided"

Transforming Care and Commissioning Steering Group, chaired by Sir Stephen Bubb – 2014

accomplish.
make every day amazing

Meeting the challenge

Clinical Support Team

Peripatetic specialist nurses, social workers, therapists and behavioural support specialists

Contracted in Clinical Support

Neuro-psychology, Occupational Therapy, Speech and language Therapy and Physio-therapy

accomplish.
make every day amazing

Roles of clinical support

Effective Clinical governance and safeguarding

Quality Assurance

Mentoring and Training

Offer specialist input into the assessment, support planning and risk enablement and management process

Support service development

accomplish.
make every day amazing

Brain Injury Services

Our specialist ABI Services provide support for people with complex needs following a brain injury.

Our pathways are personalised to suit each person's specific needs, focussed on the strengths, interests and aspirations of the people we support.

We utilise a range of tools including:

BIIES	Brain Injury Independence and Emotional Scale which measures independent living skills and emotional disposition.
SASNOS	St Andrews Swansea Neuro-behavioural Outcomes Scale which measures social interaction, relationships, engagement, cognition, inhibition and communication.
GAS GOALS	Goal Attainment Scoring

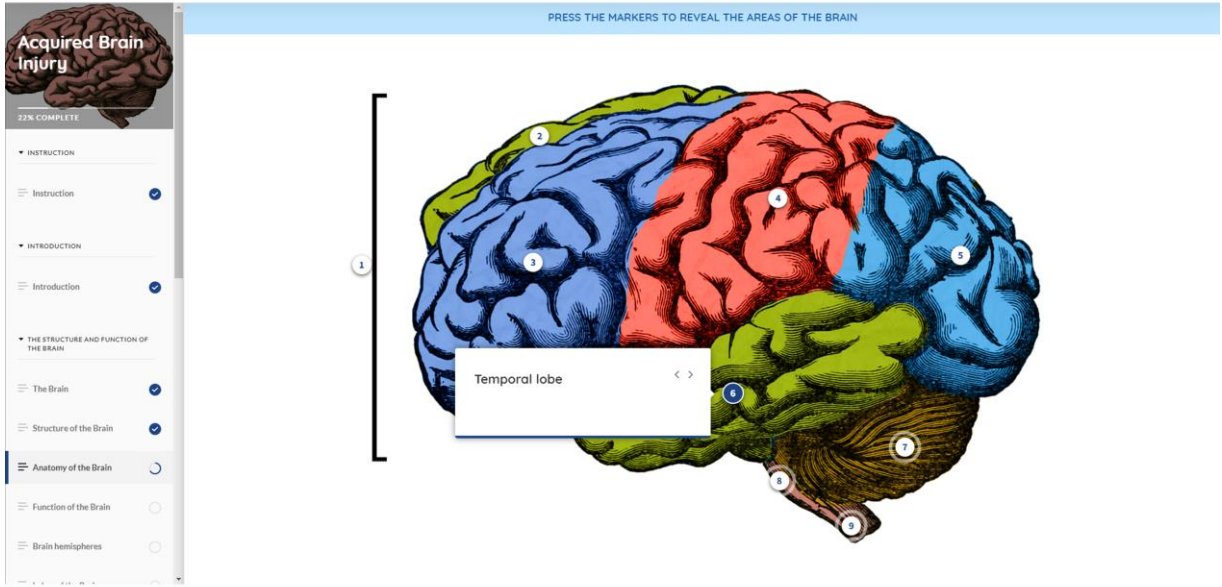
accomplish.
make every day amazing

Brain Injury Toolkit

- e-Learning
- Brain Injury Awareness Training
- Specialist Behavioural Support Training
- Development of Brain Injury Supportive Environment
- ABI Champions Programme
- Co-production of services design and delivery
- Family engagement and support
- Community Partnerships
- Accreditation (Internal and External)
- Technology and Innovation

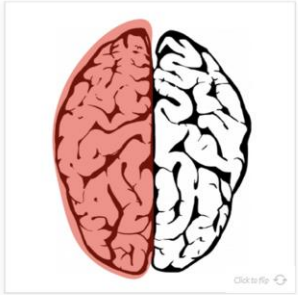
accomplish.
make every day amazing

eLEARNING FOR YOU



accomplish.
make every day amazing

PRESS THE FLASHCARDS TO REVEAL



- Problems with **logical thinking** and **sequences**
- Difficulties **recalling verbal information** and **understanding language**
- Difficulties in **speaking** and **communication**
- Mood disorders such as **depression** or **anxiety**
- Decreased control over **right-sided** body movements

Conference Programme - 19th June, 2019

MORNING PROGRAMME

9.30 to 10.00	Registration
10.00 to 10.15	Welcome – Introduction to the Accomplish Model Jim Weir, ABI Services Advisor, Accomplish
10.15 to 10.30	Finding my way Kevin Birch/Gill Lee
10.30 to 10.45	Accomplishing Good Nutrition Tony Ward Dietitian
10.45 to 11.30	Managing challenging behaviour/intense feelings in community settings Richard Clarke, Clinical Neuro-Psychologist
11.30 to 11.55	Tea & Coffee Break
11.55 to 12.30	Work Health and Skills Opportunities Amanda Huntbach and Steph Rush
12.30 to 13.30	Lunch (Complimentary) *Opportunity to visit exhibitor stands*

AFTERNOON PROGRAMME

13.30 to 14.00	Skills development on a pathway to Murdo Mason, Neuro-Occupational Therapist
14.00 to 14.45	Family Members The family perspective and journey
14.45 to 15.30	Brain Injury Vocational Rehabilitation "will I ever get back to work?" Karen Royle, Chartered Occupational Psychologist
15.30 to 15:55	Developing the pathway for Greater Manchester Ryan Brummit, Divisional Managing Director
15.55 to 16:00	Closing Words and Thanks Jim Weir, ABI Services Advisor, Accomplish

accomplish.
make every day amazing

Good Nutrition

TONY WARD

REGISTERED DIETITIAN

NEURO REHAB NUTRITION LTD

#whatdietitiansdo

British Dietetic Association (BDA) hashtag for dietitians week 3rd-7th June

Dietitians are qualified and regulated health professionals that assess, diagnose and treat dietary and nutritional problems at an individual and wider public-health level. (BDA 2019)

Specialism- Neuro rehabilitation, gastro, diabetes

15yrs experience: Band 7 NHS, Abroad, registered in UK and USA.

Working with Byron Lodge for 4 years

www.hcpc-uk.org

Nutrition Foundations

Poor nutrition can increase risk of **chronic diseases** and **malnutrition**.

Poor nutrition can affect **rehabilitation** progress

Poor nutrition can affect **mood** and motivation and fatigue

Poor nutritional skills like cooking unhealthy meals can affect **quality of life** and **independence**

Maslow's hierarchy of needs

Brain Injury Nutritional Risk

People with brain injuries can experience:

- Fatigue
- Taste change
- Changes in the feeling of satiety and hunger
- Development of bad habits
- Fewer calories burnt
- Difficulty reasoning with food choice
- Structuring a balanced diet
- Difficulty remembering when to eat and what has been eaten

How a dietitian can help

Help clients develop **healthy eating habits and structure their meals** early on

Help to have a **healthier weight** – weight loss, maintenance, weight gain

Help to have a **better relationship** with food

Help **prevent** future **chronic disease** conditions (such as diabetes and strokes)

Educate clients to **take ownership** of their health and develop improved relationships with food

Educate **support workers** to support the client with choices and meal planning.

Work with **occupational therapists** to help clients to be nutritionally independent with cooking, planning healthy meals and shopping trips.

Work with **physiotherapists** to match the diet with the exercise to maximise rehab

Work with **Speech and Language therapists** - working with different food consistancies

Work with many more within a **MDT** environment to maximise outcomes

Case Study 1

SCENARIO

Head injury

Keen walker and fitness fanatic

Intake not meeting exercise requirements and continuing to lose weight.

Only eats and drinks the same foods

Weight 63kg and reduced to 59kg (6.3%) in 4 weeks significant (BMI 19.7) MUST 2

Can get agitated when trying to change things or asking if they are ok.

OUTCOMES

Working with the staff

Discussed nutrition to improve fitness

Suggested to have milk/milkshake as recovery drink.

Encouraged reducing exercise

Weight increase by 3.3kg in 6 months to 62.3kg (BMI 20.8) MUST 8

Looking Great

Case Study 2

SCENARIO

Hypoxic Head injury

Very poor motivation/low mood

Stays in bed

Poor diet and losing weight

Unbalanced diet lacking in nutrients

Weight Aug 16 – 50.6kg

OUTCOMES

Food first -food fortification, high calorie snacks - stable weight

Prescribed vitamin supplementation

Cooking with others

Weight increase to 62.9kg BMI 26

Better moods and spending time with family

Nutritional Possibilities

- Continue supporting residents after discharge
- Educating carers and staff to monitor and screen nutritional risk
- Education of staff on healthy eating
- Imbedding healthy eating habits and structured eating
- Work on cooking skills to enable them have autonomy over their health.
- Encourage meal times as a way to be social.
- Life long skills to improve and maintain quality of life
- All of the above is patient-centred and involves working within a multidisciplinary team.

Thank you - Questions

Tony Ward MSC RD

www.neurorehabnutrition.co.uk (soon to be launched)

@NutritionNeuro

tony@NeuroRehabNutrition.co.uk

NRN
NEURO REHAB NUTRITION

Challenging Behaviour in the Community

A Humanistic Perspective

Humanistic Psychology

- Mid 20th Century psychological perspective as a reaction to Freud's psychoanalysis and Skinner's behaviourism
- - an inherent drive towards understanding yourself, being yourself, and accepting who you are
- Within this model, we (can) validate our client's human potential

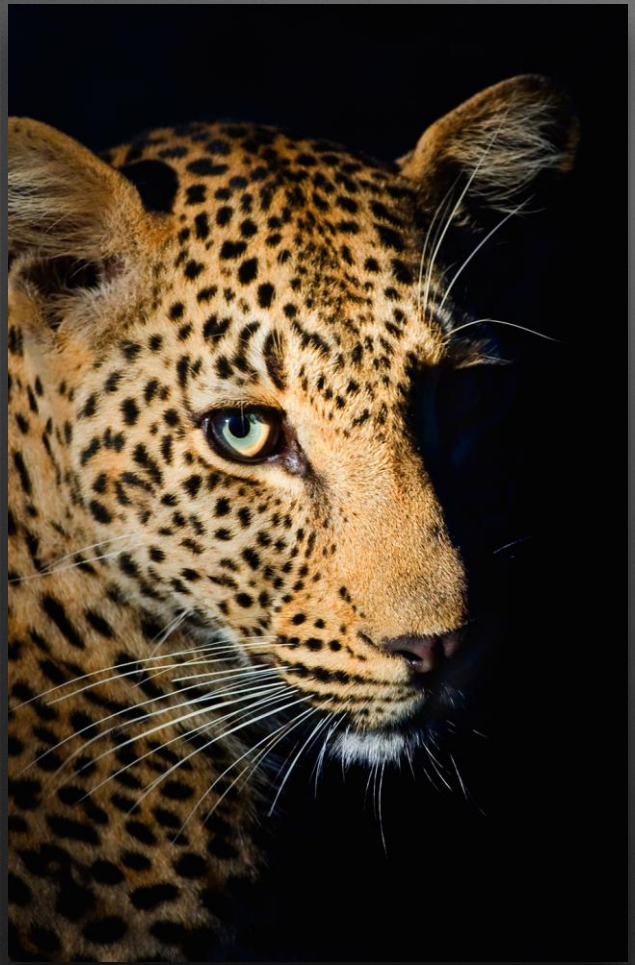
- ‘Challenging’ is different for everyone…

- What challenges you??

- What do you feel in a challenging situation?

- Now think of a time when your feelings were ‘almost’ intolerable..

- What did you do to try and reduce the feeling / how did you respond…?




MCR

What is Challenging Behaviour?

- Behaviours that challenge.....
- Behaviour that may cause harm
- Behaviour that could seriously limit or deny access to the use of ordinary community facilities?
- Behaviours that frighten or un-nerve people who support

Causes of Challenging Behaviour

- Biological
- Social
- Environmental
- Psychological
- .....or stressed service user... and anxious service provider

Biological Causes

- Pain
- Medication
- Drugs / alcohol
- Cognitive or emotional challenge
- The need for stimulation
- ‘Spectrum’ of abilities

Social Causes

- Boredom
- Seeking the attention of others
- Establishing an element of control
- Lack of awareness of norms or expected behaviour e.g. speaking too loudly or making personal comments about people
- Insensitivity of others towards an individual
- Social skills may never have been very good?

Environmental Causes

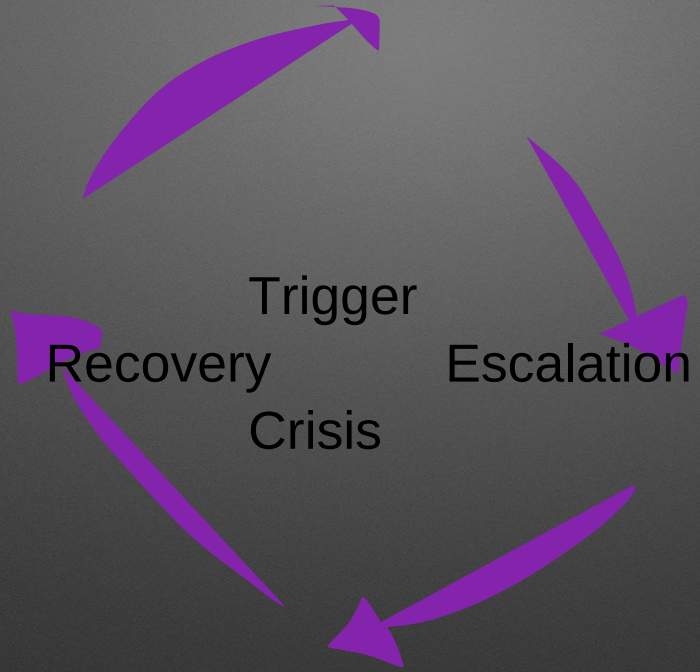
- Noise
- Lighting
- Access or lack of access to facilities or resources (including particular objects)
- Lack of variation / freedom to choose
- Temperature

Psychological Causes

- Unpredictable events
- Feeling excluded
- Feeling devalued
- Feeling labelled
- Feeling disempowered
- Living up to people's negative expectations
- Feeling angry
- Feeling frightened
- Feeling very anxious
- Overwhelmed
- Pre-morbid complications such as autistic spectrum, personality disorder traits

Humanistic...

- What is it like to be that person? - Try to imagine it..
- Behaviours are not random
- No-one is ‘bad’ for no reason or just for the sake of it
- What if they don’t like you or don’t relate well to you?
- Why is the service user ‘stressed’ ?
- What can we do better to help them feel ok?


Trigger
Escalation
Crisis
Recovery

Improving our Response

- Analyse the behaviour??? X - the problem
- Understand the person and the things that increase stress
- With the MDT seek alternative ways of meeting the individual's needs to reduce the stress
- Predict and prevent. Intervene early if stressors identified - pause, talk to the service user

Prevention

- You know your service users - you are the experts
- Support them to be as good a person as they can be
- Be nice to service users
- Start all community visits on a positive note
- Don’t use access to the community as a reward - or - denying access as a punishment
- Use access to the community to support people to ‘be themselves’

6 Ways to Influence People

- Behave as though you're interested in them / value being with them
- Smile
- Remember that a person's name is, to that person, the sweetest and most important sound in any language
- Be a good listener. Encourage them to share their own thoughts and ideas
- Talk in terms of the other person's interests
- Make the other person feel important - and do it sincerely (Dale Carnegie, 1936)

Managing your Anxiety in the Community

- Ask for time to get to know and develop a relationship with a service user before being asked to support them in the community
- Any special skills required should be identified in the Care Plan - it's ok to ask for a training 'refresher'
- New types of community visit should be undertaken by experienced members of staff
- Know the steps in the Positive Behaviour Support Plan
- Take a phone with you & know the numbers you need to call
- Be 'calm on the outside' and call for help if you feel out of your depth or out of control (or even for advice)
- The PBS plan should cover all levels of CB and a last resort may include phoning the police (consult with a senior member of staff in most cases)

In Summary..

- The individual is not feeling good.....and is responding to an ‘internal state’
- CB means the individual wants to change something….this could include you (or me) going away..
- Debrief service users - and it’s ok to coach on how to do things well
- High likelihood of poor mental health - this should shape the intervention
- Getting to know people and forming positive relationships with them helps greatly
- Prevention is best

Work, Health & Skills - Opportunities in Rochdale

Steph Rush

Work, Health & Skills Manager

Amanda Huntbach

Work and Skills Engagement Lead

ROCHDALE BOROUGH COUNCIL

Aim

To create an awareness to individuals who live, work or study in the borough of the support available to them in relation to opportunities around work and skills

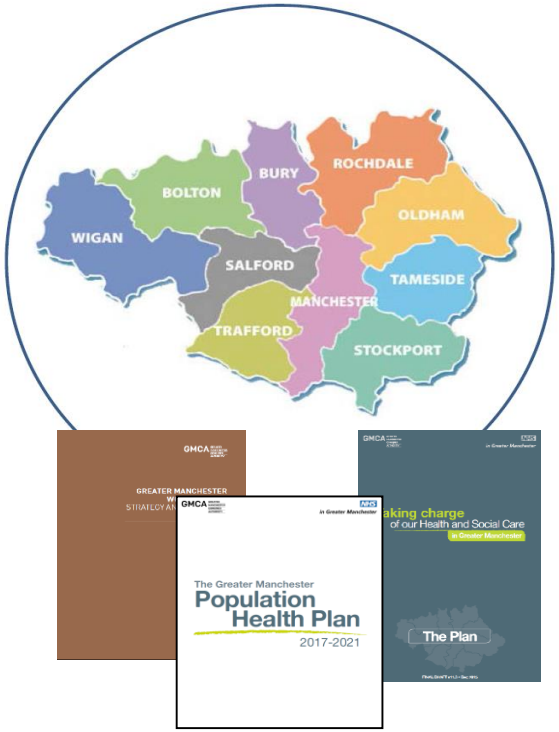
To reinforce the belief that ‘good work is good for your health’

Objectives

By the end of the session you will:

- Be aware of the GM and local context of the Health and Work agenda.
- Have an awareness of some of the main Skills and Employment programmes available across GM and the borough.
- Understand the benefits that ‘good’ work can have on a persons health and well-being.
- Identify opportunities to raise the Work question.

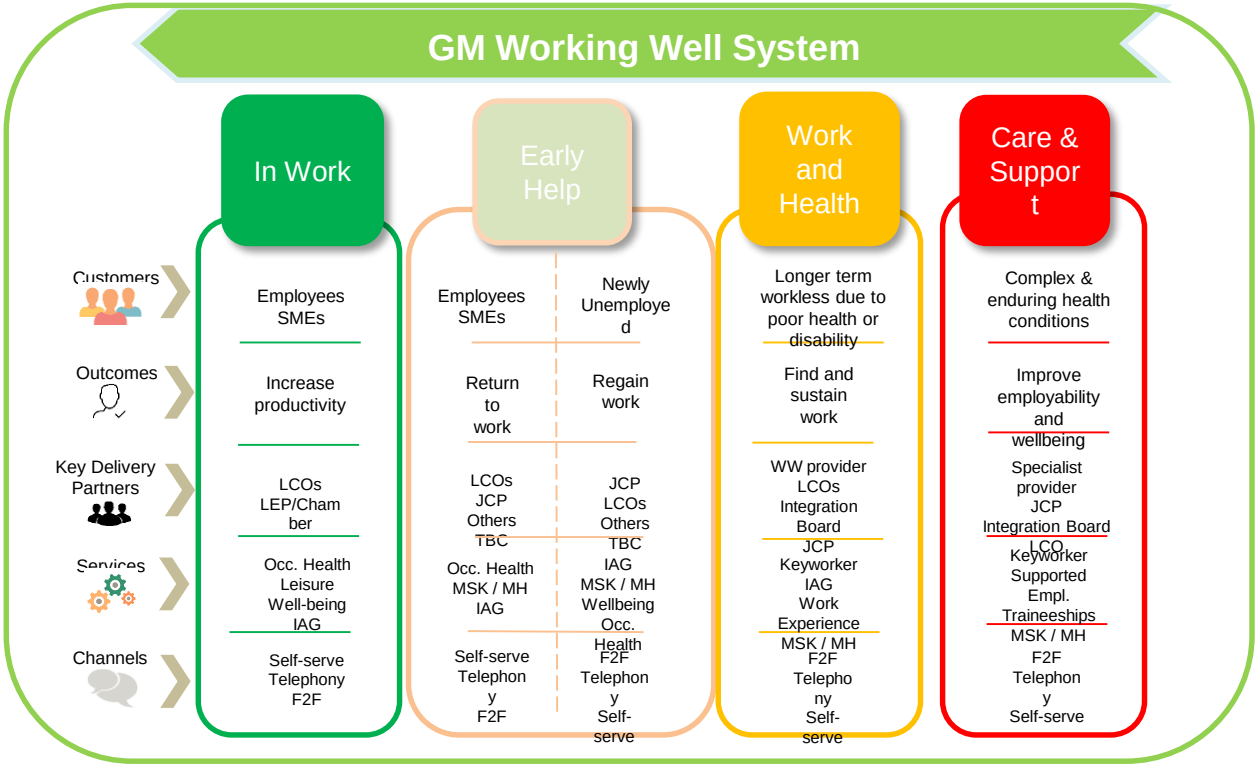
The Greater Manchester Context



- Significant physical and mental health impacts of being out of work
- Scale of worklessness in Greater Manchester
- Co-dependence between health and inclusive growth ambitions
- Joint Programme Board across GMHSCP & GMCA

Preventing people falling out of work is key

A whole population approach to work and health



What does the support look like in Rochdale?

- Wide offer of support for employers and individuals wherever they are at on their journey
- Support is available for the following:
- **Businesses** to improve growth, access relevant support and have good working environments
- **Individuals in work** to remain happy and healthy in work
- **Individuals wanting to return to work** who may require some support in order to do this
- **Individuals not ready for work** but wanting to access training or voluntary opportunities

Employer Support

- **Support available from Rochdale Council:**

- One point of contact: info@investinrochdale.co.uk
- Dedicated website: https://www.investinrochdale.co.uk/
- Improve health and wellbeing of your workforce
- Recruitment Support

& Much more

- **Growth Company** – dedicated growth advisor, workforce development, apprenticeship information & more
- **Start Smart** – support for businesses less than 3 years old

Employer Support

- Employers who are ‘disability confident’ are recognised nationally on the .gov website
- Additional support available to organisations to encourage them to employ individuals with a health condition or disability:
  - -Access to work
  - -Early Help
  - -Training for management

Support for individuals currently employed

- **Early Help:** Support available for individuals who are in work but off sick to access
- **50+ contract:** Support for individuals who are aged 50+ in work but need support to continue in work for longer, identifying opportunities to
- **Skills support for the workforce:** funded support to upskill individuals who are in employment

Support for unemployed individuals

- **Start Smart** – for individuals wanting to set up their own business
- **Newly unemployed via Early Help Programme –** support available for anyone who has been in employment within the last 6 months
- **Work and Health Programme:**
  - Integrated health and employment support
  - Key worker model approach
  - Eco system of support including separate Talking Therapies service.
  - Referrals mainly through JCP but some can be made directly through the Work and Skills Team
- **Employment Links Partnership (ELP) part of Economic Affairs in the council deliver:**
- **National Careers Service**: Information, advice and guidance about career options, training and local provision
- **Skills Support for Employment:**
  - Learning mentor support
  - Accredited and non accredited training
  - Work experience opportunities
  - Guaranteed interviews

Support for long term unemployed

- **Motiv8**
  - Delivered by Stockport Homes
  - Key worker model for those furthest away from the labour market
  - can support people experiencing health, alcohol, drugs, DV, homelessness and other challenges
  - Can work with someone up to 3 years
- **Voluntary Work:** Support to be able to identify suitable opportunities within the local area
- **Training:** General learning, accredited and non accredited training
- **Place based work**
  - Pilot area in Kirkholt and early adopter areas College Bank and Lower Falinge
  - Interagency approach including Health and Well-Being services
  - Sequenced approach

Single Access Point for Work & Skills

One point of contact to simplify the options:

- Help navigate skills and employment complex landscape
- Refer to the Skills, Health and Employment Team
- Refer to most appropriate programme
- Offer coaching and mentoring
- Update referral agency and track

Contact email: jobsandskills@rochdale.gov.uk

What does work give us…

- Status and Identity
- Social networks and contacts
- Money/reliable income
- Skills & knowledge
- Structure and purpose - a reason to get up in the morning!
- Responsibility
- Self esteem and self worth
- Job satisfaction
- Meaning to the concept of leisure!

The Evidence

There is good evidence that being out of work or 'workless' is bad for your health.

People who are unemployed have poorer physical and mental health overall:

- consult their GP more
- are more likely to be admitted to hospital
- have higher death rates
- people who are unemployed for more than 12 weeks are between four and ten times more likely to suffer from depression and anxiety
- Unemployment is also linked with increased rates of suicide
- People who are ill are also more likely to be unable to work
- But, the consensus is that being 'workless' is the cause, and poor health is the effect

Health Risks of Unemployment

- Has the equivalent impact of smoking 10 packs of cigarettes per week (Ross 1995)
- Suicide in young men who have been out of work for more than 6 months is increased by 40 times (Wessely, 2004)
- Suicide rate In general is increased by 6 times in longer-term worklessness (Bartley et al, 2005)
- The risk of being out of work in the longer term is greater than the risk of other killer diseases such as coronary heart disease (Waddell & Aylward, 2005)

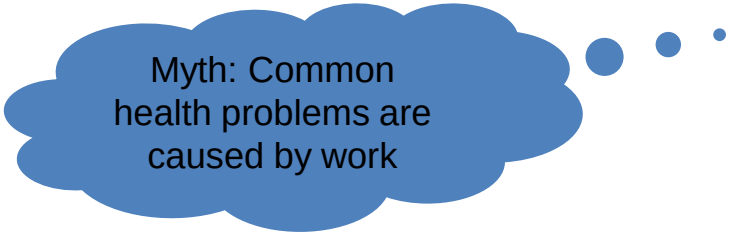
“The two best ways to find meaning in life are to develop meaningful relationships and meaningful work.”

Viktor Frankl

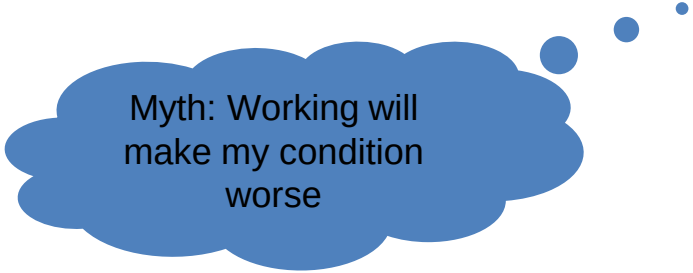
Potential barriers to employment

- Stigma
- Prejudice & discrimination
- Financial restrictions, loss of benefits
- Gaps in employment/training history
- lack of skills/training
- low self esteem/confidence
- Fatigue, illness and symptoms
- Fear of relapse
- Effects of medication
- Lack of confidence and self belief
- Fluctuating motivation
- lack of support and absence of out of hour services
- Inflexible working practices
- Childcare
- Expectations of colleagues
- Peer pressure- fitting in
- Assumptions
- Potential changes to family roll and dynamics
- Loss of existing networks – health care, support networks
- Lack of awareness of Equalities Act -‘reasonable adjustments’
- Lack of belief and hope from self and others
- Belief about the negative consequences of work. Myths and inaccurate beliefs of others

Myths and Realities



Usually, they're not! Everyone gets these kind of problems
Work may make symptoms feel worse at times, but that does not mean work caused the problem.



False!

- Most people with common health problems stay at work most of the time, and come to no harm
- In fact, working will often help you fell better
- Many people with severe disabilities or serious diseases want to work, and many do

Myths and Realities

Myth: You should not return to work until you are 100% OK

Actually, you should – and the earlier, the better!

- Work is often part of the treatment, and getting back to work is part of the recovery process
- Simple changes to your job may be the key to getting back quickly

Myth: A sick certificate means that you MUST NOT work

Wrong!

- It just says that you met the criteria for sick pay or benefits
- You can arrange to get back to work at any time

Raising the Work Question

- If someone is not currently working – the Health Professional can find it very difficult to raise the work question without seeming judgemental – they may fear a prickly reaction! You may need to find a way round the topic first…be creative
- Establish a common interest and build rapport and trust
- Find out about their values, their hopes for the future
- How might work help them achieve these?

What can you do?

The 4 Rs:

- **Raise** the issue of employment and convey a positive view
- **Respond** positively to people's questions about work
- **Recommend** that the right work is good for health and encourage them to think about what work they could do
- **Refer** to people and agencies who can help them in their journey to employment

The big ‘W’ question

If practitioners don’t ask about work they:

- Risk reinforcing the stigma
- Reinforce the myth that wellness = work and productivity and ill health = ‘worklessness’ and ‘uselessness’
- Miss the opportunity to use work to aid recovery
- Risk reducing people to the symptoms that require intervention and ignoring their drive to be active and occupied
- Ignore the opportunity for shared experience of work and productivity
- Deny others the chance to improve self efficacy and achieve independence and citizenship

As a reminder

- There are lots of different options to upskill, retrain, undertake voluntary work or find sustainable work. We want to make this as simple as possible for you so there are two things we would like you to take away from todays session:

1. there is something for everyone
2. our single access point:

jobsandskills@rochdale.gov.uk

Any Questions?

Contact Details

Email:
jobsandskills@rochdale.gov.uk

Steph Rush
01706 926614

Amanda Huntbach
01706 926613

MM THERAPY
ENABLING INDEPENDENCE

Skills Development on a Pathway to Independence

MM Therapy

MM THERAPY
ENABLING INDEPENDENCE

Murdo Mason

MM Therapy Ltd was established in 2016 to provide an independent Occupational Therapy service throughout the North West, that focused on neuro-rehabilitation and specialist area such as equipment provision, moving and handling and adaptations following a brain injury.

My previous employment has included:

2008 - 2014 Occupational Therapist and Brain Injury Case Manager
Northern Case Management ltd

2014 - 2016 Occupational Therapist
Rochdale Broughwide Council Adult Care Services

2016 - 2018 Associate Brain Injury Case Manager
AJ Case Management Ltd

My current employment now includes:

2016 - present Independent Occupational Therapist
MM Therapy Ltd

MM THERAPY
ENABLING INDEPENDENCE

What is Occupational Therapy?

“Occupational Therapy (OT) is a science degree-based, health and social care profession, regulated by the Health and Care Professions Council. Occupational therapy takes a “whole-person approach” to both mental and physical health and wellbeing and enables individuals to achieve their full potential.”

Royal College of Occupational Therapy

Occupational Therapy provides practical support to empower people to facilitate recovery and overcome barriers preventing them from doing the activities (or occupations) that matter to them. This support increases people's independence and satisfaction in all aspects of life.

An occupational therapist will consider all of the patient’s needs - physical, psychological, social and environmental. This support can make a real difference giving people a renewed sense of purpose, opening up new horizons, and changing the way they feel about their future.

MM THERAPY
ENABLING INDEPENDENCE

What are Occupations?

“Occupations” are various kinds of day-to-day activities that enable people to sustain themselves, to contribute to the life of their family, and to participate in the broader society.” Occupational Therapists define occupations within three key areas; self-care, productivity, and leisure.

- *self-care (e.g. getting dressed, eating a meal)*
- *being productive (e.g. participating in school, going to work)*
- *leisure (e.g. socialising with friends, belonging to a group, participating in hobbies)*

Occupations are sometimes referred to as activities of daily living (ADL’s) These are activities oriented towards taking care of one’s own body. These activities are fundamental to living in a social world and enable the maintenance of basic wellbeing.

e.g: dressing, bathing, personal hygiene, feeding, mobility, transfers.

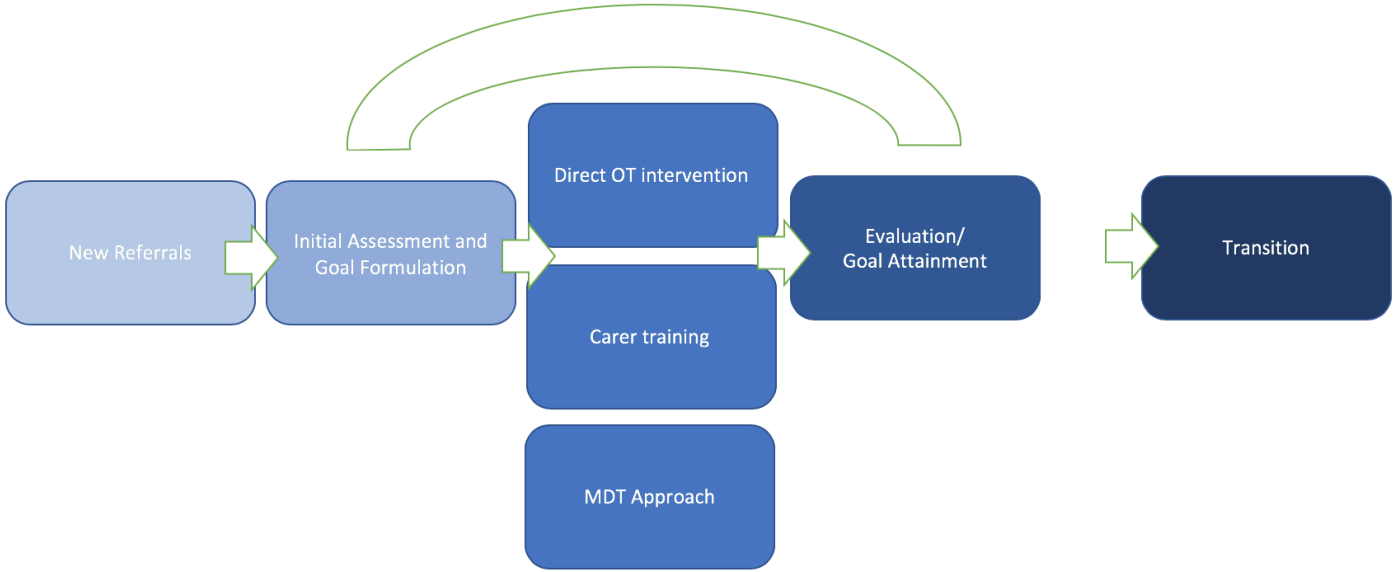
Instrumental/complex activities of daily living are activities that support daily living that often require more complex interaction than those used in ADLs

e.g.: money management, shopping, cooking, independent transport, social interactions, planning an activity.

Disruption to these everyday activities is experienced by many people due to illness, disability or circumstance which in turn harms health and wellbeing. Occupational Therapy makes a vital contribution to health, social care, education and other sectors to enable people to have a meaningful life.

MM THERAPY
ENABLING INDEPENDENCE

MM THERAPY
ENABLING INDEPENDENCE



MM THERAPY
ENABLING INDEPENDENCE

New Referrals

- Transition OT visit to the person in their current setting
- Information sharing between services to establish baseline
- In-House MDT meeting to plan and prepare equipment needs, identify and agree broad rehabilitation goal areas and level of care needs as part of the referral process.
- MDT approach to complete the initial care plan

MM THERAPY
ENABLING INDEPENDENCE

Initial Assessment and Goal Formulation

- Review of information from previous placement
- complete assessments, observations and discussions with client
- MDT discussions (Psychology, Physiotherapy, Speech Therapy, Nursing)
- Discussion with person's family
- Formulation of initial SMART goals, agreed with client
  - Person-centred approach
  - Flexible (based on the individual's ability)
  - Discuss expected outcomes - negotiate what is reasonably achievable
- Agree key professional involvement as is needed
- Establish an individualised daily structure and routine

MM THERAPY
ENABLING INDEPENDENCE

Direct OT intervention / Staff Training / MDT Approach

- Intervention - direct one-to-one therapist led OT sessions focused on agreed goals.
  - reduce impairment
  - Increase functional ability - increasing independence
  - increase participation in activities
  - Cognitive strategies
- Staff observing sessions and training provided
- Goal maintenance transferred to staff to continue
- Family engagement and involvement with goal attainment
- MDT approach towards goal attainment

MM THERAPY
ENABLING INDEPENDENCE

Evaluation / Goal Attainment

- Goal Attainment Scaling (GAS) outcome - To what extent has the goal been achieved?
  - Achieved
  - Partially achieved
  - No change

- Person-centred perspective - to measure the weight of the goal in relation to the importance to the person or their family - review importance Vs difficulty

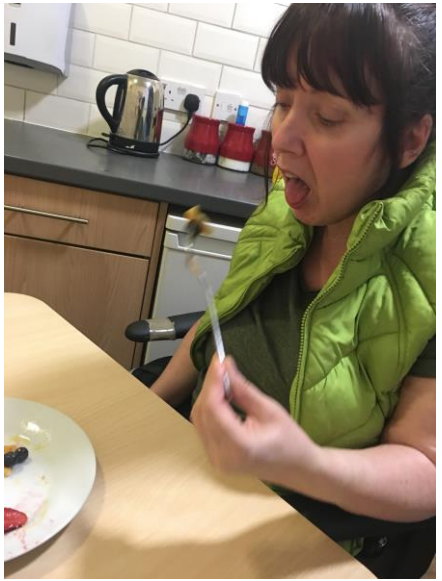
- Clinical Reasoning and decision making - set new SMART goals to maintain/challenge the person or to adapt / grade a previous SMART goal to support journey to desired outcome.

MM THERAPY
ENABLING INDEPENDENCE

Transition

- What is the end goal?- this may have been agreed at an earlier stage but could include:
  - Continued slow stream rehabilitation and maintenance
  - Working towards achieving skills required for independent living - safe trail of independent living within Accomplish or an alternative service if required (i.e closer to family networks)
  - Increased time with family (possible split placement)
  - Transition to alternative service once rehabilitation potential has been reached.

MM THERAPY
ENABLING INDEPENDENCE



Brain Injury
Vocational Rehabilitation

…Will I Ever
Get Back to Work?

Karen Royle
Chartered Occupational Psychologist
karenroyle@waystowork.co.uk

What the stats tell us about Return to Work after ABI

Non-traumatic (eg. stroke)
- 39.3% within 2 years

Traumatic ABI
- 40.7% within 1 year
- 40.8% within 2 years

[source : Headway website, systematic literature search of papers published between 1992 and 2008]

Many people who did return to work were not able to sustain their job

Changes of occupation and job demands were common

A Different CV

- Personalities change
- Skills change
- Abilities change
- How you think changes

…you’re a different person
but you don’t yet know what that means

Injured and Out of Work

- how does it feel?

- Tired
- Aches and Pains
- Helpless and useless - conflicting ideas - can / can’t
- Less confident in own body
- Less confident in self
- Less confident in ability to work
- Different person
- Less purpose in life
- Less drive or ability to initiate
- Easily overload and overwhelmed
- Will people even ‘like’ me now ?!!
- I want to be back to ‘normal’

People lose jobs because of….

- Dishonesty
- Performance Inconsistency
- Failure to Demonstrate Productivity
- Inability to Work as a Team
- Self-Centred Attitudes
- Misuse of Company’s Resources
- Late or Absent
- Laziness

In Brain Injury Terms….

- Dishonesty
- Performance Inconsistency
- Lack of Productivity
- Inability to Work as a Team
- Self-Centred Attitudes
- Late or Absent
- Laziness

- Forgetting
- Poor attention span
- Difficulty Multi-tasking
- Irritability, Frustration
- Egocentric
- Difficulties planning
- Fatigue

…makes it easy to
give up, leave work
or
get out of
the system / process

As

Rehabilitation Practitioners

our role is to help clients

find direction

- to give them hope!!

“You cannot control what happens to you in life
but you can always control what you will feel
and do about what happens to you.”

Viktor E Frankl
Man’s Search for Meaning

Finding Direction through Vocational Rehabilitation

- what is VR?
- do we expect it to be?
- what do we want it to be?
- what can it be?

….*especially for those with more complex head injury*

VR certainly involves asking…
Do I have the same…

- Skills
- Aspirations and ambitions
- Reasons for wanting to work
- Stamina
- Image in the world
- Social skills
- Communication skills

When should Vocational Rehab begin?

- Soon after injury - involve the employer
  - *client not 'ready' for work*
  - *employer wouldn't cope*
  - *colleagues won't understand*
  - *it will make the individual more poorly!!*

- Later in rehab process, new employer - often what happens, but….
  - *less hope, less energy*
  - *less time for work*
  - *deflated by 'systems'*

Vocational Rehabilitation Association

‘any process that enables people with functional, physical, psychological, developmental, cognitive or emotional impairments to overcome obstacles to accessing, maintaining or returning to employment or other useful occupation.’

….so perhaps voc rehab can be a gradual process that does begin earlier?

Effective Rehabilitation Environments for Acquired Brain Injury

- More successful in an ‘enriched’ environment
- Ideal = work alongside natural recovery
- Chance to talk to get encouragement
- Chance to develop acceptance, awareness
- Help to develop compensatory methods
- Opportunity to re-learn in safe environment – ‘errorless learning’
- Systematic Instruction

….this can all happen through a ‘Place & Train’ approach

‘Train and Place’ model

versus

‘Place and Train’

Many Levels of Vocational Rehabilitation

- Getting people back to work?
- Finding a new job?
- Encouraging someone to start voluntary work?
- Working out transferrable skills?
- Learning new skills?
- Learning to manage limitations ready for work?
- Minimising the impact of injury in the workplace?
- Getting people to occupy their day?

What Can I Do ?
v
What Could I Do ?

Develop Skills → Identify Job

Identify Job → Develop Skills

Makes sense to start early

- early conversations
- help people appreciate wider value of work
- work with previous employers
- use the wider team
- staged vocational rehab
- not just an end of the line process
- work through case managers
- involve support workers
- involve family and friends
- even possibly involve previous employer

Employers often left in the dark

- when will they be ‘ready’ to come back to work?
- what will ‘ready’ mean
- shall we keep their job open?
- rely on what the Fit Note says
- how much to be involved
- don’t want to interfere

Vocational Rehabilitation could be…

» a **Timeline**
» ….injury - to - rehab - to - work

» or

» an **Integrated Package**
» ….injury - needs - rehab - needs - work

FORMAL REHABILITATION

(professional clinician)

LIMITED

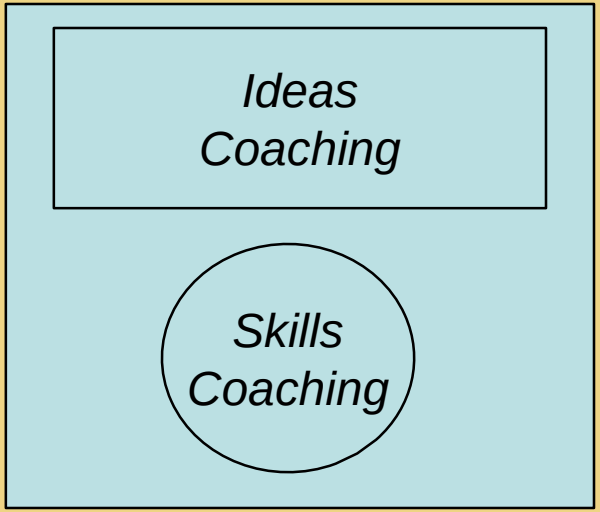
INFORMAL REHABILITATION

(family, friends, colleagues, managers etc.)

LONG-TERM

Opportunities

CLIENT
- values, beliefs, self image



FAMILY & FRIENDS

MEDICAL

LEGAL

WORK

ENVIRONMENT & SITUATION

Tackling Barriers to Work

- Unrealistic expectations
  - job market, skill mis-match
  - changes in skills and abilities
  - offering what you can not what the employer wants
- Fears about working
  - Fatigue, pain
  - employer expectations
  - new life styles
  - financial situation & benefits - don’t rock the boat
- What people have said
  - Friends, family, medical people
- Managing the condition in work
  - new routines, adjustments and adaptations
  - –pain management
  - –presenting in a positive way to potential employers

Predictors of Rehabilitation Success

Research on a group of Stroke patients found good recovery associated with:-

- Motivation
- Acceptance of condition
- Positive approach to adaptations to limitations
- Most positive about their treatment
- Realistic expectations in terms of objectives and goals

S. Edgar (1979)

Five conditions for successful personal adjustment to disability

- Independence
- Awareness of Reality & avoiding impossible ambitions
- Adequate interpersonal relationships
- Reasonable emotional maturity
- Ability to pursue appropriate goals must include sufficient motivation

Rosemary Shakespeare(1975)

Create a New Story of Work
- critical factors in effective VR

- Identify ***skills and abilities*** (not just disabilities and barriers)
- Think about **implications of condition**
- **Adjust** to new situation & explore potential
- Re-build **stamina**
- Reduce ***social isolation***
- Build ***confidence***
- New **self belief**
- New **image of work** & what it now means

Use Different Environments to Develop Skills

Activities of Daily Living

Hobbies & Responsibilities

Voluntary Work

Work Placements

Each Stage Needs….

- SMART goals
- Specifically designed Compensatory Methods
- Focused observations and monitoring
- Frequent feedback & prompting
- People who understand
- Contingency planning

If we don’t ‘get it right’, we end up with clients feeling,

- Disempowered
- Anxious
- Unhappy
- Disgruntled
- Frustrated
- Angry
- Lacking in Skills
- Confused

Believe in People

…support them to build skills,
…help them create a new story,
…make them feel special

Case Study

…interview

- evidence it can work

Put the Client Back in the Centre

- Feel a part of the process
- Feel listened to and supported
- Strategies and interventions make sense in their world
- Understand where things are heading
- Don’t feel ‘told’ so less likely to be resistant to change

I feel ready for work

I know my potential and which jobs match my skills

I know what kind of workplaces suit me

I know how to ‘sell’ myself to an employer

My employer knows what reasonable adjustments I need

My managers understand how to get the best out of me

My colleagues understand how I work and what I can contribute to the team

I’m going to be a great employee!!

I have the practical adaptations I need

Work fits with my life

I can travel to work

I know strategies I need to use

I manage my condition well

I’m coping well at home

Good vocational assessment and rehabilitation programmes

- Access to range of health & employment professionals
- Resources and expertise in;
  - *management of underlying health condition*
  - *environmental adaptations / assistive technologies*
  - *anticipation of specific problems re: specific conditions*
  - *good access and ability to respond rapidly*
  - *long-term support and reassessment*
  - *communication with other relevant statutory services*
  - *good links between health and employment sectors*
  - *links with voluntary / user led organisations*

Everyone is Happy

- Client feels they are moving in direction they want to move
- Medical professionals see clients engage with their advise
- Support workers see clients learning from their prompts
- Legal teams see client making progress and have evidence to support financial claims
- Employers can make more informed decisions about return to work
- Family's feel the tensions and frustrations lessen
- Case Managers can feel proud to have facilitated a successful team

Thank You

for Listening

karenroyle@waystowork.co.uk

Developing the Pathway for Greater Manchester

Ryan Brummit Divisional Managing Director

19th June 2019

accomplish.
make every day amazing

Our ABI Services

- Our Acquired Brain injury (ABI) Residential and Supported Living services are dedicated to providing support for people with complex needs following a brain injury.

- We understand that no two people and no two brain injuries are the same. We offer a variety of supportive pathways, personalised to suit each person's specific needs. We are focused on the strengths, interests and dreams of each person we support.

accomplish.
make every day amazing

Our Support

Our services are able to offer:

- Transitional (short, medium or long term) rehabilitation goal focused placements
- Short term community skill assessment/ cognitive assessment placements
- Specialist emotional/behavioural support placements
- Slow stream rehabilitation
- Supported living tenancies
- Specialist outreach support in your home
- Vocational support
- Respite placements

accomplish.
make every day amazing

Clinical Input

Our clinical team work intensively and closely with staff, to support people to develop effective cognitive, communication, emotional and behavioural strategies. The team includes:

- ABI Specialist Advisor
- Clinical Support Nurses
- Specialist Behavioural Advisors

Specific input and support available if needed:

- Neuro-Occupational Therapy • Neuro-Psychology
- Neuro-Physiotherapy • Specialist Behaviour Input
- Neuro-Speech and Language Therapy • Vocational Rehabilitation

accomplish.
make every day amazing

So what does this mean for you?

accomplish.
make every day amazing

New ABI Service Proposal – Boston House

Location: Broadway Street, Oldham, Greater Manchester

- 17 bed specialist ABI service
- On site therapeutic support
- 24 hours nursing care
- 3 models of support with emphasis on rehabilitation
- Outcomes measured utilising recognised measuring tools

accomplish.
make every day amazing

Proposed Care Pathway

We believe that the following model of care will offer access to a resource/s that are both in demand within the GM authorities and cost effective in that it will prevent more complex clinical case having to be placed far out of borough: -

5 x Nursing Care beds – Nurse led service offering care with both Tracheostomy and PEG management requirements

6 x Residential Care beds – En-suite rooms with full access to our specialist clinical and skills development support teams.

6 x Studio Apartments – En-suite rooms with kitchens for continued independent living skills development model

accomplish.
make every day amazing

Service Model

- This service will have on-site access to nursing, physiotherapy, occupational therapy, speech and language therapy, psychology, and social and vocational support. The design and structure of the service, in three separate ‘wings’, and the availability of our rehabilitation teams and clinical support, will allow the service to support people with complex needs, including those with dual diagnosis and those requiring nursing support.

- Our focus will be on the development of skills through physical, cognitive, social and behavioural support. Which enables the person supported to build on their strengths, interests and aspirations and actively promotes community participation, autonomy and vocational pathways.

accomplish.
make every day amazing

Thank you for listening!

Expected completion date – Early January 2020 with open days to be arranged closer to the time

accomplish.
make every day amazing

For more information about any of our services please call 0333 240 7770 or email gemma.howells@accomplish-group.co.uk

accomplish.
make every day amazing