

Employment and Health Discussion

CONTEXT

The Employment and Health Discussion (EHD) is a novel addition to the DWP claimant journey. The aim is to provide an opportunity for the claimant to have an independent conversation about health and work, with a view to better preparing them to re-enter employment at some future point. The discussion will be directed by an EHD practitioner, who comes from a health/vocational rehabilitation professional background.

Before summarising the purpose, it is important to be clear about what the intervention is not. While the customer group concerned will be applying for benefits, this is not part of an assessment for benefits. It is not an assessment for fitness to work. It is not about finding the customer a job; rather it's more about helping them to move towards work. It is neither treatment nor rehabilitation.

It is an entirely independent neutral offering, take up of which will be voluntary. It is about providing knowledge, support, encouragement, and opportunity – the essential components for developing positive attitudes and nurturing work ability.

The customers have a health problem or disability, consider themselves unable to work, and are applying for benefits. They will have seen a work coach who will have encouraged them to attend the Employment and Health Discussion prior to a Work Capability Assessment. The JobCentre Plus work coach will have obtained informed consent and screened out customers who they assess as being ineligible or unsuitable.

The customers are already some distance from the workplace/workforce, so may have considerable uncertainty about the relationship between work and health, with low perceived work ability. Some will have unhelpful beliefs and all are likely to be facing multiple obstacles to work participation. However, some will want to work, even if not capable right now, yet they will be unclear how that can be achieved.

The EHD provides the customer with evidence-informed information and advice on health and work, thus enabling them to reach a balanced view of work as a positive and beneficial goal. It dispels any myths, identifies obstacles to working, discusses solutions and, thus, aims to enhance the customer's perception of their work ability and see a way forward. Practical elements include take-away materials/tools, along with signposting and, when appropriate, co-development of a fledgling Work Ability Plan to facilitate the eventual journey back into employment.

The discussion is unscripted, yet structured (see flowchart at Appendix 1). The content will be delivered with empathy in a non-judgemental, believable, supportive manner. While the underlying intention is to reduce avoidable work disability, the discussion is not concerned with the actuality of returning to employment. It should be seen as a guided discussion to empower customers by providing individual and practical resources, which can be used to support their reintegration into work in their own time (with the help of their work coach).

Importantly, the content of the discussion will have high fidelity to evidence-based biopsychosocial concepts, and it will use established principles of communication to transfer knowledge in ways that are understandable and helpful for each customer, taking account of their health problem and work ability. The type of professional is less important than the *content* of the discussion, which is not discipline specific, relatively demedicalised and condition agnostic.

The output of the EHD is a take-away Work Ability Plan, which summarises goals, obstacles to participation and working, and agreed actions that can be solutions to those obstacles.

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CONTENT

The structure and flow of the discussion will follow a logical order yet have some flexibility to respond to the individual's needs. It is fundamentally important that the discussion retains high fidelity to the key concepts and topics to ensure consistency and effectiveness.

- Introduction and explanation of the purpose and context of the meeting. It is offered as an opportunity for the customer to talk through any concerns around work and health with an independent professional, who will provide help and reassurance as well as jointly working through any difficulties - emphasising that it is not an assessment and has no influence on the benefits process.
 - It is crucial to engage with the customer and be seen as a 'helpful friend', someone who understands their predicament and is here to offer help with their ongoing journey. This may take some time, and will probably start with general topics to establish rapport before moving on to the health-work topic
- Initial listening phase. Start with open generic question to find out a bit about the person. "So, d'you maybe want to tell me a little bit about yourself and how you got to where you are?". Chat a bit if that seems right. Then, move to asking the customer to tell you their general concerns about their health problem and its effect on work ability. Encourage opening out to related topics as necessary, but no solutions or opinion – it is empathic listening not solving at this point.
 - Active listening including use of attention, verbal/non-verbal encouragement, reflection, clarification, and summarising
- Brief reassurance phase explaining that most people with health problems have similar concerns about the relationship between work and health. Followed by presentation of the fact that work is generally good for health and wellbeing, and that prolonged periods out of work can be detrimental to health. Do reiterate that the discussion will come back to specifically talking through the customer's own concerns.
 - Work is generally good for health and wellbeing, and being out of work has been shown to have a negative impact on health
 - Getting back into employment can reverse the ill-effects of unemployment
 - No need to be 100% recovered/fit before getting back into work
 - For many people, working can be part of their rehabilitation: *working while recovering*
 - Not the other way round – as we'll discuss, you don't need to be 100% fit to be able to do a job
 - The reality is that prolonged sickness absence is mostly avoidable
 - **...if** people are given the right support, encouragement, and opportunity
 - "We'll talk later about just how that can be achieved"
 - I'll give you a leaflet called *Health & Work* which you might find helpful. It explains all this, and was written by independent occupational health experts specifically to help people understand the positive relationship between health and work
- The next phase uses a series of stem questions as conversation starters, to explore the customer's deeper understanding of the work-health relationship, seeking to identify any unhelpful beliefs – the common myths - which can then be explored and addressed through example and discussion – this can be based on information/advice in the Health & Work leaflet. Allow the customer to answer as fully as they wish, and try to pick out different aspects that you will want to explore further – some examples below:

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Stem question

- What do you find is the main reason you are unable to work right now?

Follow-up questions depending on answer

- "How do you think working would affect your health problem?"
 - "Some people worry about their health. Is there anything that worries you about your health? If so, what are they?"
 - "What do you think needs to happen and how fit do you need to be for you to get back to your normal daily activities?"
 - "Are there things that you think would help you to get better? If so what are they?"
 - "What do you think will make your health problem worse?"
 - "Tell me a bit more about these non-health reasons why you can't work" (e.g. financial, caring, location)
- The next phase is to explore the customer's thoughts about their current status to indicate the level of support likely to be needed.
 - I'd now like to ask you two simple questions about where you feel you are in life and work - this will help me figure out the next steps, and it also gives you an idea of where you are on that journey.
 - "Assume that 0 is being unable to do any of your normal life activities and 10 is being able to do all normal activities, where would you see yourself between 0 and 10?"
 - "Assume that your ability to work has, at its best, a value of 10 points. How many points would you give your current work ability?" [this is the single item Work Ability question]
 - I'd now like to tell you Harper's story, then we can talk about what went wrong:

Things had got really bad at work, I was feeling very stressed and worried all the time, so I was getting upset and making mistakes. I wasn't sleeping, so I was tired and feeling really down. I went to see my GP and told him I couldn't cope, so he said I needed some time off work and simply signed me off for a month. After a few weeks I felt worse and so he gave me some tablets, but they didn't help and made me feel really sick so I stopped taking them.

My GP kept signing me off sick, as I didn't feel well enough to work and after about 3 months he said I should have some CBT. After a few months, the CBT people said I could join a group but I couldn't face that and they say I am still on a waiting list for one-to-one.

My manager kept calling me, but all she did was ask me when I was coming back. I felt pressurised and that she didn't understand or care about me, and certainly didn't offer to talk about me getting back. In the end, the stress just built up and I had to quit the job.

That was over a year ago and I have been having panic attacks so I stopped going out almost completely and don't see any of my friends. Although I'm really worried about money, I don't feel able to work as I have lost confidence and am afraid trying to work will make me even worse.

This whole saga has just taken over my life, yet to begin with I thought I'd soon get over it. Looking back, I never thought it would end like this. All I wanted was a bit of help. Instead, it's been one step forward-two steps back, and I feel I've ended up with no way to escape.

- Does any of that ring any bells? And how?

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- The next step is to explain the concept of the obstacles model – how the things that get in the way are often more relevant to participation and work than the health problem itself. Explain how the obstacles sit in 4 main domains – health; personal; occupational; societal. Explain how the obstacles can build up (Harper’s story). Explain the importance of identifying the customer’s own obstacles, and how talking it through can help.
- The next step is to identify customer’s obstacles, to explore different aspects of work and life, giving them the opportunity to explain their difficulties and fears. This is about eventually agreeing with the person a list of their obstacles.
 - Identifying obstacles – start with open stem questions that then allow you to reflect on the answer and explore the topic further (if needed) – e.g.:
 - Do you have any fears about getting a job and going to work?
 - Reflection could be understanding and normalising the fears, then asking where they think the fears come from
 - Are there things about possible job tasks that are standing in the way of you working?
 - Reflection could be, for example, let’s explore that a bit more
 - Are there any aspects of life that seem to be getting in the way, e.g. finances, caring, transport etc?
 - Reflection could be, of those, which is the most important
 - What do you think may have caused your health problem (work v non-work)?
 - Reflection could be to downplay work causation or acceptance that a previous causation does not mean all work is impossible
 - What do you think the future holds in store for you? (future expectations)?
 - Reflection could be, can we maybe break that down to next few weeks and next few months
 - How are you coping with things generally (life obstacles, mental health)?
 - Reflection could be, it sounds like it is getting you down...
 - When do you think you’ll be able to work?
 - Reflection could be, do you think that could be sooner if you were given some help
 - What can you think of that might help you to feel able to work?
 - Reflection could be, that sounds positive or let’s see if we can think of anything
- Next is to explain the idea that most obstacles can be overcome or worked around. Help customer to figure out possible solutions – it’s about helping them to see possible ways forward and accept that ways around obstacles can often be found - important to recognise this is about potential for future while avoiding overwhelming them – some actions will be possible now, some at another time/place.
- The range of solutions you work through need to relate to the customer’s specific obstacles, which may include access to healthcare, addressing their beliefs or those of significant others, potential job modifications, and social/lifestyle changes. The idea that it is possible to figure out solutions is the important point – hope and reassurance etc.

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- They probably will need some help to think through overcoming obstacles - they can be prompted to kick-start this part of the discussion. Although the customer will have a fit note saying they are unfit for work, the four 'may be fit' boxes that the doc could have ticked can be a useful conversation starter for thinking about solutions. For example, the phrase 'amended duties' means not a lot, but it covers a variety of helpful solutions – set achievable goals; reduce pace of work; reduce task frequency; increase task variety; co-worker as buddy. You can use 'altered hours', 'amended duties', and 'workplace adaptations' in the same way.
- I'd now like to tell you Bodhi's story and see what you think.

This is my tale of how I escaped from the maze of worklessness. What happened to me happens to lots of us. What started as a simple shoulder injury ended up with me losing my job. Like my friend Harper, I kept hitting obstacles thrown up by the wrong advice, the wrong treatment, and unhelpful systems. When I lost my job, I ended up in a maze of uncertainty, work disability, and benefits. Eventually, I was scheduled for a WCA – scary! Well, just before that, I happened upon an authoritative no-nonsense leaflet that really changed my life. It explained all about the positive aspects of work and, importantly, how I could get out of the maze.

I learned how work is actually good for us and that my shoulder injury was not a showstopper. I realised that I might not be able to do my old job as a roofer, but there are lots of other jobs I can do. What I had to do was figure things out to overcome the obstacles. The leaflet gave me some great ideas, and I felt positive for the first time in months. That was step one.

Next was the WCA. They said I was capable of some work – no surprises there – I'd already worked that out – and I was able to tell the assessor what I can do not what I can't! So, I could now hit the ground running with my Work Coach and agree a plan for getting back into work. We carefully selected a job: one I could do and hopefully enjoy – by focusing on 'can-do' there was plenty of choice. We agreed with my new employer about some modifications for a couple of weeks, just to ease me in. I had a word with my GP and asked for a fit note stating what I can do. Oh, yes, we also had to sort out some day care for my mum (I'd had to move back home) and sort out my benefits payments. My first day at work happened in a couple of weeks, and I feel great. Yes, I was lucky, but with the right support we can all escape the maze.

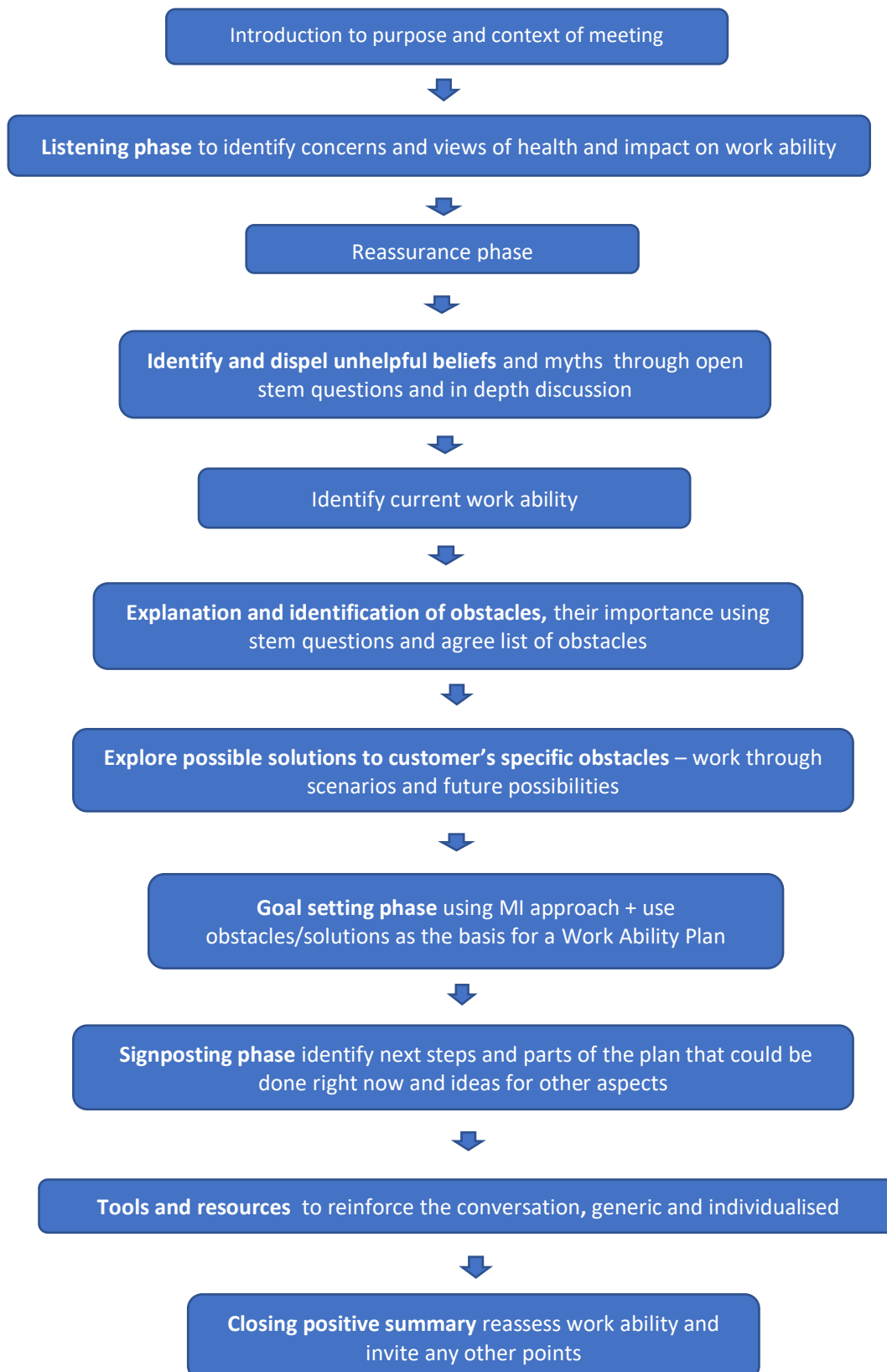
- Does that give you an idea of how things can be and how solutions can be worked out?
- Now move to goal setting phase.
 - Motivational interview techniques – explore importance and confidence (for RTW) to lead to supportive comments before the next section.
 - “Tell me about how important it is for you to get back into work.”
 - If you had to put it on a 10-point scale, where would that be?
 - “Tell me now about how confident you are about getting into to work”
 - If you had to put it on a 10-point scale, where would that be?
 - Explore the responses:
 - If importance is low, find out what is important – try to help set reasonable non-work as well as work goals
 - If confidence is low, explain that figuring out solutions to the obstacles can help with that
- We've talked a lot about work, of course, but now it would be good to open the discussion out – let's think about some general aspects of life that may be relevant.

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- Initial quite simple stem questions e.g.
 - What do you see as your goals
 - What can you still do
 - What's really getting in the way
 - Who needs to do what to help
 - What's a reasonable timeframe to achieve each goal
- Next step is to use those responses to move on to something more detailed and personal that can be written. Best in two parts – one focussed on participation/activity, the second on work.
 - This enables a stepped approach, which may feel less threatening for some: talk about improving life – things you can do right now; then talk about work – things you may come to later. [See example at Appendix 2]
- “OK. We've talked about your goals and your obstacles to working, and we've thought about some solutions. Let's try and put it into a plan of action.”
 - That leads to an open discussion on using the identified obstacles/solutions as the basis for a fledgling Plan, tailored for the customer, that they agree could come in useful. This is not a RTW Plan, more a work ability Plan – actually, it's a two-part plan: a Life Plan and a Job Plan. The idea is to start with improving aspects of life in general (including health needs), then building on work obstacles and solutions. Stress that this Plan is just a set of ideas, an initial attempt to think it through and set out what could happen, not what must happen. Should be written down as a take-away benefit from the conversation – if customer feels able to agree a timeline, it would be helpful to work through it with them: but if that seems unreasonable it shouldn't be forced. Whichever, it must emphasise a 'can do' philosophy, not negative 'can't do'.
- Based on the agreed Plan, discuss with customer what can be done right now to help implement any parts of the plan – especially the 'activities/participation' part. This phase is a signposting/toolbox phase. In addition, this can be a good time to include supportive ideas for addressing other aspects of the plan in future.
- Provide customer with set of materials to reinforce the conversation. Some are generic such as the Health & Work leaflets (help customer to think also about distributing relevant leaflets to healthcare and workplace/manager when the time comes). Some will be specific to customer's health problem or other obstacles, including (online or community) sources of self-management support. Some will be signposting to any relevant/available pre-work interventions or healthcare.
- Closing positive summary of where the Discussion has got to, and ask if it has helped:
 - In terms of your journey back to normal activities and work, do you feel you are any further along?
 - Possibility to reinforce or congratulate
 - Repeat the Work Ability question: “Assume that your ability to work has, at its best, has a value of 10 points. How many points would you give your work ability if the Plan were put into action?” [*record the score-compare with first]
- Final open question - “Anything else you'd like to talk through?”
- Do you think it would be helpful for you if we were to meet again, either face-to-face or virtually?

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Appendix 1: Flowchart of conversation content



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Appendix 2 – EHD Work Ability Plan

There are two parts to agree and fill in with customer as the key EHD take-away: (1) a general non-work non-threatening part for enhancing participation (Life Plan); (2) a fledgling return-to-work plan based on obstacles/solutions (Job Plan).

Work Ability Plan for: Date:

Life Plan	Job Plan
<i>This is about my general life - activity/social goals – and how I can prepare for working</i>	<i>This is ahead forward to working - my obstacles and their potential solutions</i>
These are things I enjoy doing in my daily life (activities; hobbies; social):	Types of work or job tasks I can do right now:
>	>
These are parts of life I'm finding difficult (health; activities; people):	Things about a job that I might find difficult:
>	>
I can make these things easier by:	Things that can be done to help make a job suitable for me + the people who can help:
>	>
I'm going to start with these actions:	Other things in life that need to change so I can work + the people who can help:
>	>
I've made the following improvements to my life: (To be completed 2-3 weeks after the Discussion. Look for the positives – a reflection on what I've learned and what's gone well)	
>	