

Hello



**Starting Work,
Returning to Work,
What do we know?**

What direction should we take?

Does increasing clinical effort lead to increased job returns?

No reliable evidence

Does increasing clinical effort lead to faster job returns?

No reliable evidence

Do current employment-support practices increase job returns?

Weak evidence

Does case management increase job returns?

Moderate evidence but no clear definitions



Does personal profiling successfully identify vocational need?
High cost, high levels of false-positives and false-negatives

Do psychometric tests identify vocational need?
**Limited evidence,
some tests no better than random.**

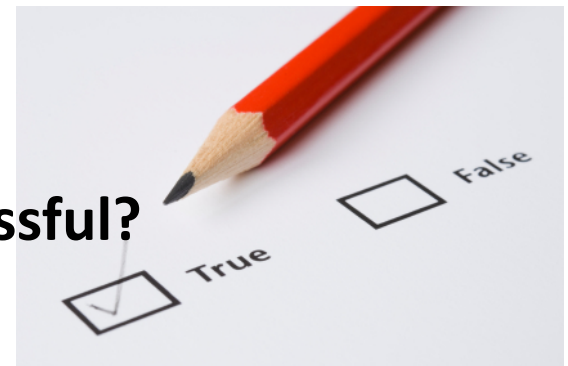


Were failed experiments (e.g. JRRP) delivered worse than current practice?

No evidence

Is the private or public sector more successful?

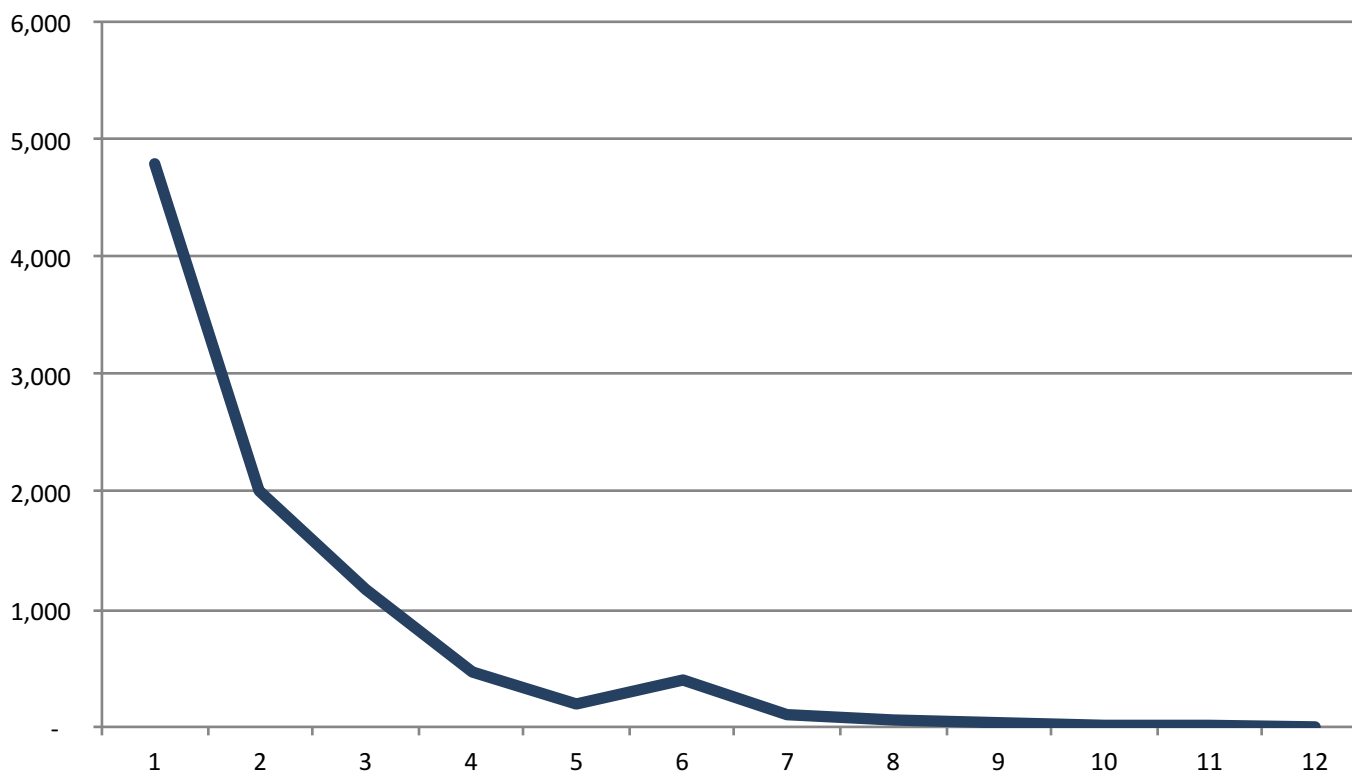
No evidence



Would earlier intervention encourage more & faster returns?

Weak evidence with strong counter-evidence for deadweight

Number of medically certified episodes continuously lasting X Months issued to the working age study population



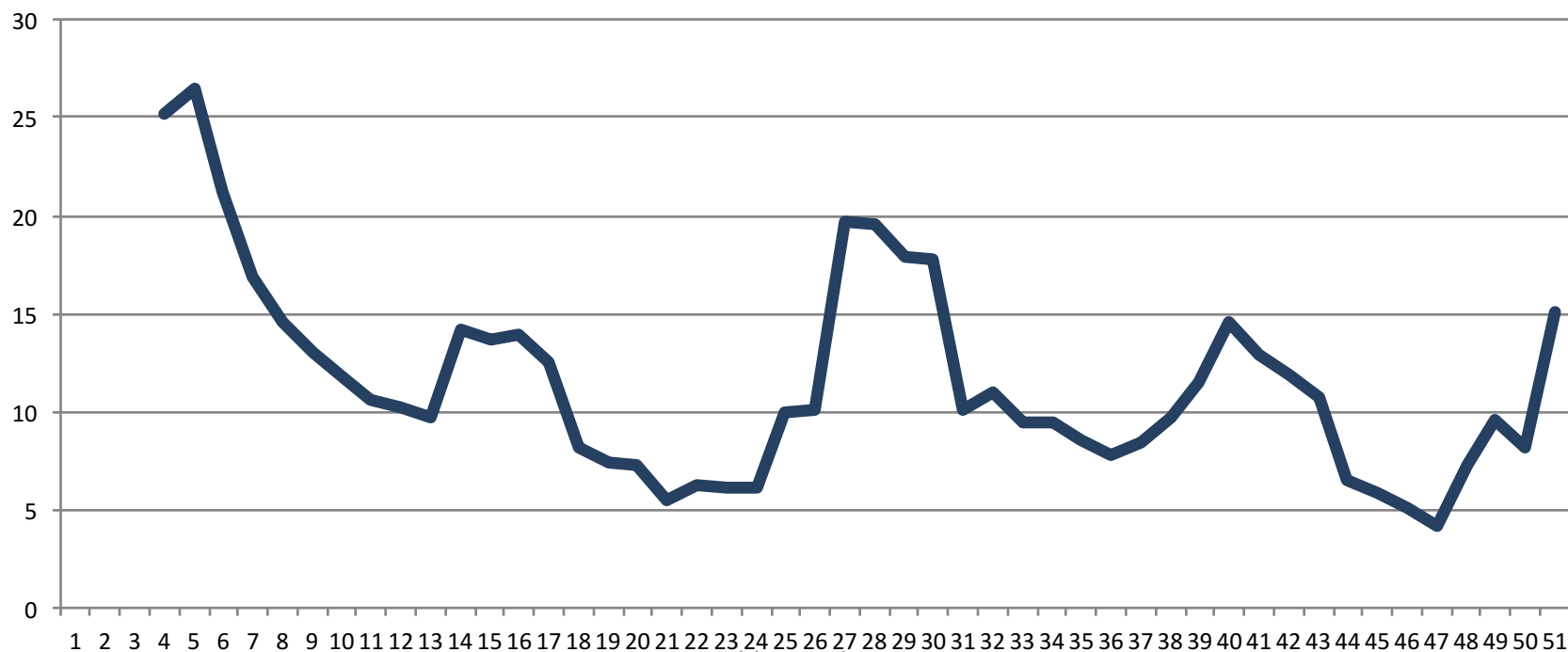
Does personal effort to return to work reduce over time?

Ambiguous and conflicting evidence

Unobserved heterogeneity is a significant factor

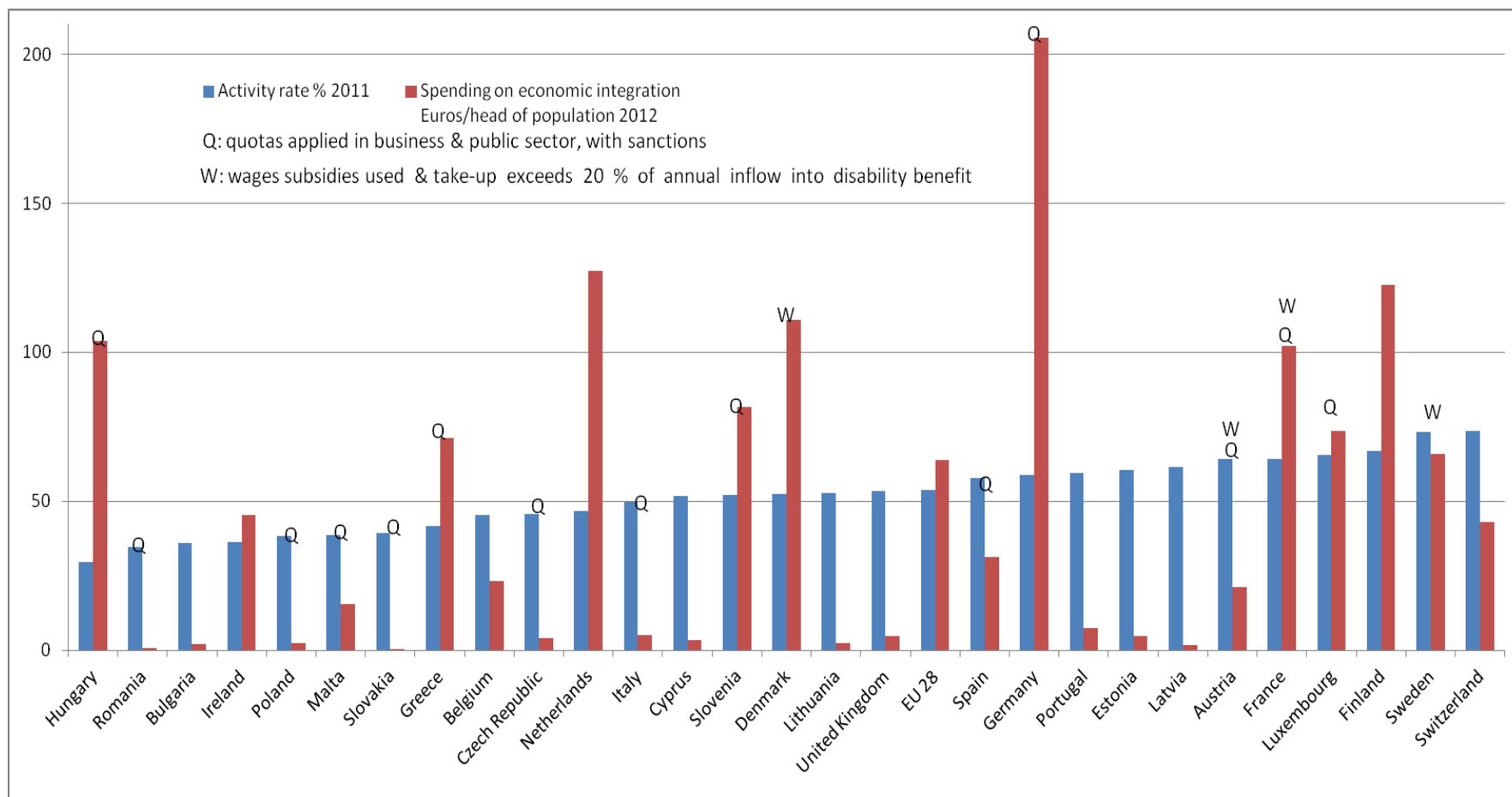
Institutional factors influence behaviour

Off flows from sickness absence % per week from onset:
4 week moving average



Legislation, taxation and subsidy policy have only weak impact on employment rates

Economic activity rates of people with disabilities and spending on economic integration. (Eurostat)



What do we know?

- ✓ Health care is good for people
- ✓ Health care has an impact on work capacity, but not unlimited
- ✓ Non-health factors are significant in employment outcomes
- ❖ Harm can be done by inappropriate health or employment interventions
- No definite boundaries between employable and unemployable people, disabilities and health conditions.
- The same health condition has different employment effects in different people

What do we know?

Some things are predictive of employment and effort,

(but evidence mainly from the field of unemployment studies):

Strong predictors	Self efficacy for job search & competition
	Competence at job-search & competition
	Desire for suitable work
Moderate predictors	Previous employment record
	Peer and family support
Weak predictors	Location
	Education
	Health condition
	Social class

Studies in the field of unemployment support & guidance: the active ingredients in effective employment support:

Strong world-wide evidence that

- ✓ Clients' desire and belief have a causal relationship with effort and success
- ✓ Advisors' skill at using the psychology of belief and behaviour contributes to effective employment programmes
- ✓ Necessary skills and behaviours can be described in detail



Strong evidence that

Successful programmes help clients

- ✓ **choose an occupation,**
- ✓ **find work to apply for**
- ✓ **compete against others**
- ✓ **keep a job**



Successful programmes encourage clients'

- ✓ **self-efficacy**
- ✓ **discovery of the labour market**
- ✓ **competence**



Strong evidence that

Successful programmes

- ✓ use skilled advisors to increase clients' competence and confidence
- ✓ focus on employment first
- ✓ apply active learning to enhance clients' competences
- ✓ apply high-level communication skills (similar to MI, CBT, SFBT & others)
- ✓ make personal contacts with employers, first line supervisors, HR and workplaces



~~UNEMPLOYED~~



Our own evidence of training employment advisors

cross-over study of training events for employment advisors in 4 countries SK, CY, HU, PL (N=80):

Active intervention: **In-person training and skill practice**

Control: **Reading relevant scientific papers**

- ✓ **significant gains in advisor competence** ,
confirmed by positive learner feedback
- ✓ **both control and active intervention increase advisors' confidence to support job seekers**
- ✓ **training and skill practice is more effective than the control**,
confirmed by 'blind' evaluation.

Feedback and evaluation will be incorporated in the curriculum.

We welcome interest and enquiries.

contact David Imber PVRA FIEP

david.imber@vrconsultuk.com



A sense of direction:

Current health and current employment practices are not adequate.

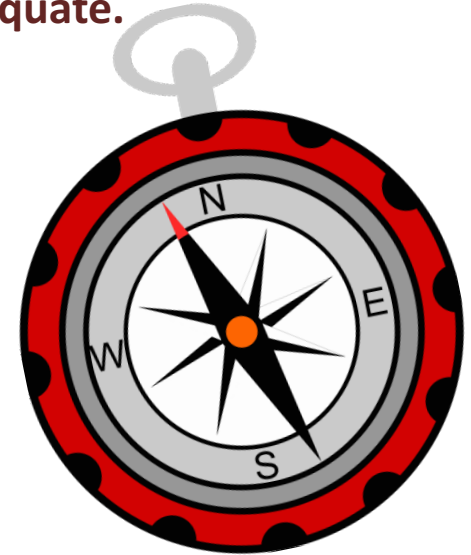
We need to know a lot more than we do

Model programmes to be tested must include

- ✓ competent health services
- ✓ competent employment services
- ✓ high quality programme design

Large-scale RCTs are the only valid tests

Achieving progress requires more co-operation between professions, more modesty about our own contributions and knowledge and joint approaches to government and its agencies



Further discussion is welcome!

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david.imber@vrconsultuk.com