Evaluating Vocational Pathway Opportunities between Occupational Therapy and Jobcentre Plus

a pilot project

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Foreword
The College of Occupational Therapists (COT) state that OTs support service users with mental health problems to recover through identifying occupational focussed goals that help to improve their self-care and self esteem by enabling people to engage in activities and work that lead to self sustained and independent living (COT 2006). Welfare Reform Act (2012) - major changes to the benefits system, particularly for people of working age. It is mainly aimed at reforming the benefits system for people of working age.

Introduction
- Cardiff and The Vale UHB and JCP South East Wales – 6 month pilot project aiming to broaden the vocational pathway opportunities for JCP customers with: perceived, acknowledged, diagnosed, health conditions where mental wellbeing is being effected and could be impacting on their ability to engage with JCP and progress towards employment
- Additional intention to increase awareness and understanding of customers’ mental health issues and needs amongst JCP staff

Objectives
- Receive referrals from JCP advisers to establish a caseload of customers with mental health needs according to agreed criteria.
- Assess referred customers vocational needs in the context of OT and the customers mental health problems, utilising agreed assessment tools.
- Support customers to achieve their actions agreed with their JCP adviser on their back to work action plan to move closer to employment.
- Signpost and refer individuals to statutory, (including primary and secondary mental health services) and third sector agencies to maximise relevant support

Outcome
JCP customers and staff have demonstrated positive outcomes in relation to the MHOT anxiety management approach, stating awareness of improved confidence and perception of abilities in achieving work related tasks.

DEA, ESA and JSAs highly valued the educational and supportive role MHOTS give to them. 2.5 days not adequate to deal with the increasing demands from potential referrals.

As well as one to one working, the introduction of psycho educational groups to manage anxiety and stress, develop confidence and improve social interaction skills would be both therapeutic and cost effective.

Consider introducing the use of a valid and reliable OT model of practice such as ‘The Model of Human Occupation’ (MOHO). MHOTS need to review Core 10 as it is currently used as an outcome measure for which there is no current evidence base in OT practice.

Need to consolidate statistical data – cost effectiveness, % success stories, impact on welfare requirement.

Conclusions
Role of the MHOT is well suited to JCP setting through provision of cost effective processes and intervention to enable individuals with mental health conditions to achieve work focused goals.

Effective development of a relationship between JCP and the MHOT provision through service integration has potential to remove barriers to individuals achieving employment and moving off benefits in line with government initiatives.

The emerging role requires greater use of evidence based practice and evaluation of intervention with the use of OT tools to demonstrate the appropriateness and effectiveness of the MHOT role to the Department of Work and Pensions.

References

