



# Delivering job retention services

## A knowledge and skills set for employment advisory services located in primary care settings

### Helping people remain in work

Over the past few years there has been increased recognition – notably in the Black Review of the health of the working age population – that much long-term unemployment can be averted if the right steps are taken when employees' health conditions are first identified at work. It makes sense to help people remain in work whenever possible, rather than wait for them to become completely detached from the workplace, and the problems that detachment brings with it.

### Specialist skills for job retention

Responding to the need for early support and intervention will require not only a range of services which, as yet, are not available on any scale in the UK, but also large numbers of front line workers with the knowledge and skills to undertake the work. People from many different professional backgrounds have acquired some of the skills and knowledge that are needed, but this is specialist work that crosses traditional professional boundaries and, in addition, requires communication and negotiation skills that do not appear routinely in professional training courses, particularly with regard to the interface between health and work.

### Increasing demand

There is, as yet, no established training or accreditation for people wanting to work in employment retention but the demand for such people will increase dramatically with the advent of large scale initiatives such as the Fit for Work teams, Jobcentre Plus Pathways Advisory Services and Improving Access to Psychological Therapy.

Sainsbury Centre, together with Nottingham Institute of Mental Health's Employment Managed Innovation Network, developed a Delphi survey (of expert opinion), to develop a list of knowledge and skills that workers will require.

### Characteristics of an excellent job retention worker

The list that follows is derived from that survey as well as current evidence in the field and is offered as a starting point for anyone commissioning, providing and recruiting staff for employment retention services. In compiling the list we were aware that it covers working with the full range of health conditions, i.e. not only mental health conditions. However, as a large proportion of the caseload of anyone working in this field will be comprised of people with mental health conditions, we have taken care to ensure that the particular skills and knowledge required to work with people with these conditions are in the list. Much of the list could also apply to job placement, as well as to job retention. However, the purpose of this document is to specify the characteristics of an excellent job retention worker, recognising that these are different jobs that should not be done by the same person at the same time.

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One further point to note – our experts agree that, for some people, return to the job that helped precipitate their problems may not be possible or desirable. Retention services should therefore be flexible enough to accommodate diverse outcomes. In some cases it will be better to change jobs than to risk becoming unemployed by planning a return to the original job and this principle is reflected in the list.

## KNOWLEDGE

Staff demonstrate:	How to assess?
<ul style="list-style-type: none"> <li>Understanding of a wide range of jobs, organisations and work environments</li> </ul>	<ul style="list-style-type: none"> <li>Previous employment experience</li> <li>Current and past engagement with different employment settings</li> </ul>
<ul style="list-style-type: none"> <li>Knowledge and understanding of the practical implications of current health and safety legislation, employment law and the Disability Discrimination Act</li> </ul>	<ul style="list-style-type: none"> <li>Factual knowledge of legislation</li> <li>Understanding of the application of legislation in practice</li> <li>The ability to explain how legislation may be perceived by employers</li> </ul>
<ul style="list-style-type: none"> <li>Understanding of the roles of Occupational Health, Human Resources, primary and secondary healthcare practitioners</li> <li>The ability to work with all the above</li> </ul>	<ul style="list-style-type: none"> <li>Evidence of the routine involvement of these agencies in return to work plans (RtW)</li> </ul>
<ul style="list-style-type: none"> <li>Knowledge of the full range of potential adjustments in the workplace</li> </ul>	<ul style="list-style-type: none"> <li>Factual knowledge of actual and potential adjustments suitable for different disabilities</li> <li>Evidence of consideration of adjustments in RtW plans</li> </ul>
<ul style="list-style-type: none"> <li>Understanding of the need for early intervention and of the complex issues that clients may be facing</li> </ul>	<ul style="list-style-type: none"> <li>Knowledge of the evidence on early intervention and of the principles of the bio-psychosocial approach to assessment and rehabilitation</li> </ul>

## SKILLS

Staff are able to:	How to assess?
<ul style="list-style-type: none"> <li>Conduct a comprehensive workplace assessment including: job requirements, individual functioning and the social context</li> </ul>	<ul style="list-style-type: none"> <li>Whether appropriate consideration is given to specific job features, working environment and the social context of clients (e.g. family stressors) when conducting workplace assessments</li> </ul>
<ul style="list-style-type: none"> <li>Work in collaboration with the client and his/her line manager to plan a return to work and/or apply adjustments</li> </ul>	<ul style="list-style-type: none"> <li>The frequency with which adjustments and adaptations included in written RtW plans are implemented</li> <li>Evidence of collaboration (negotiation/discussions) with the client and their employer</li> </ul>
<ul style="list-style-type: none"> <li>Talk confidently and authoritatively to employers, managers and colleagues about health and disability issues, especially those that are common and associated with social stigma/exclusion</li> </ul>	<ul style="list-style-type: none"> <li>Factual knowledge about the impact of common health conditions, particularly mental health conditions</li> <li>Ability to relate to lay perceptions of mental illness</li> <li>Ability to present positive images of people with health conditions and disabilities in the workplace</li> </ul>

## SKILLS

Staff are able to:	How to assess?
<ul style="list-style-type: none"> <li>Intervene to utilise relationships in the workplace to support individuals with health conditions and/or disabilities, e.g. through mentoring or buddying</li> </ul>	<ul style="list-style-type: none"> <li>The frequency with which the wider work environment is brought into RtW planning</li> <li>Ability to help clients manage their personal information appropriately at every stage</li> </ul>
<ul style="list-style-type: none"> <li>Facilitate access to expert financial advice on welfare benefits, income protection and 'Access to Work' resources</li> </ul>	<ul style="list-style-type: none"> <li>The frequency with which tax credits (or other relevant financial adjustments) and Access to Work are invoked in RtW plans</li> <li>Evidence of good working relationships with agencies offering financial advice</li> </ul>
<ul style="list-style-type: none"> <li>Foster the client's optimism and self-confidence, e.g. through counselling and/or the use of evidence-based resources and techniques (e.g. self-help resources) to achieve this aim</li> </ul>	<ul style="list-style-type: none"> <li>Counselling skills / Coaching</li> <li>Knowledge of evidence-based self-help and psychological therapy interventions</li> <li>Client satisfaction with support offered</li> </ul>
<ul style="list-style-type: none"> <li>Coordinate, in an effective way, the simultaneous contribution of different agencies – health, social care and vocational – to address comprehensively the needs identified in the assessment phase</li> </ul>	<ul style="list-style-type: none"> <li>Evidence of the facilitation of inter-agency partnership working – e.g. between GPs, psychological therapists, vocational specialist, HR, OH, Trade Union Rep – through joint communication, and evidence that different agencies identify and learn to respect their unique contributions in order to deliver more effectively together</li> </ul>
<ul style="list-style-type: none"> <li>Review jobs and advise the client when a change (of job) may be the best or only solution</li> </ul>	<ul style="list-style-type: none"> <li>The frequency of career reviews or onward referrals to careers and vocational guidance, in relation to the number of clients who leave jobs</li> </ul>
<ul style="list-style-type: none"> <li>Mediate in cases where there is potential or actual conflict between the employer and the employee (i.e. the client)</li> </ul>	<ul style="list-style-type: none"> <li>Training in mediation or equivalent</li> <li>Examples of conflict resolution</li> </ul>
<ul style="list-style-type: none"> <li>Respond flexibly to the changing needs of clients and employers</li> </ul>	<ul style="list-style-type: none"> <li>The frequency with which client and employer feedback is sought at the individual level and support and guidance tailored accordingly</li> </ul>
<ul style="list-style-type: none"> <li>Defend clients' employment rights</li> </ul>	<ul style="list-style-type: none"> <li>Provision of support during disciplinary and grievance procedures, accompanying of clients to employment tribunals, involvement in preparations for such meetings</li> </ul>

Very few people will be recruited with the full set of skills and knowledge set out here. These must be developed through training, experience and continuing professional development. For those setting up these services such training and development for their staff must be viewed as a long-term commitment.

## A note about the study

The aim of the Delphi survey was to bring together knowledge about what helps people to remain in their jobs despite challenges to their mental wellbeing.

It looked at service organisation, approaches to employment retention, the skills needed by a practitioner and what that person might be expected to do.

We asked a range of experts (employees, employers, retention specialists and researchers) for their views.

From a survey of the literature and expert opinion we identified a number of factors in various categories and asked participants to score each item on a scale of 1-10 as to what priority they would give it in a job retention service – i.e. how important they thought it was. 1-3 (inclusive) indicated a ‘low priority’; 4-7 (inclusive) indicated a ‘middle priority’; 8-10 (inclusive) indicated a ‘high priority’. The mean score and standard deviation were calculated for each item, and they were ranked accordingly.

Participants were also invited to comment on any aspects of employment retention they felt had been omitted from the list.

Information about the survey was sent widely around Sainsbury Centre research and practitioner networks. After the first round of questioning, the list of items was refined into the following categories:

- Promoting Engagement and Access
- Assessing the Individual Situation
- Supporting and Educating Employers and Colleagues
- Devising and Implementing a Retention Strategy
- Developing and Sustaining Employment

The skills set above represents, after two rounds of questioning and refinement, the views of 80 participants, who defined themselves as experts by virtue of their experience, both professional and personal, including 52 specialists (e.g. occupational psychologist, disability employment advisor, supported employment professional) eight employers, human resource staff or occupational health professionals, seven users of services and carers, nine researchers and four ‘others’.

## Definition of terms used in this document

### **Bio-psychosocial**

expresses the concept that mental illness affects ‘multiple domains’ of a person’s life. The biological, psychological and social domains of a person with mental illness are all likely to be affected, and all three are interlinked, i.e. whatever happens in one is likely to have implications for the other. This concept has implications for the treatment of mental illness and supports a holistic approach. (adapted from King, R., Lloyd, C., Meehan, T., (2007) Handbook of Psychosocial Rehabilitation, p.4)

See also Freedman, A.M. (1995). The bio-psychosocial paradigm and the future of psychiatry. *Comprehensive Psychiatry*, 36, 397-406.

### **Job placement**

the process of helping a person gain employment after a (long) period of unemployment

### **Job retention**

the process of helping a person maintain employment they currently have, or change jobs without becoming unemployed first

## Sainsbury Centre for Mental Health

Sainsbury Centre is an independent charity working to improve the quality of life of people with mental health problems.

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