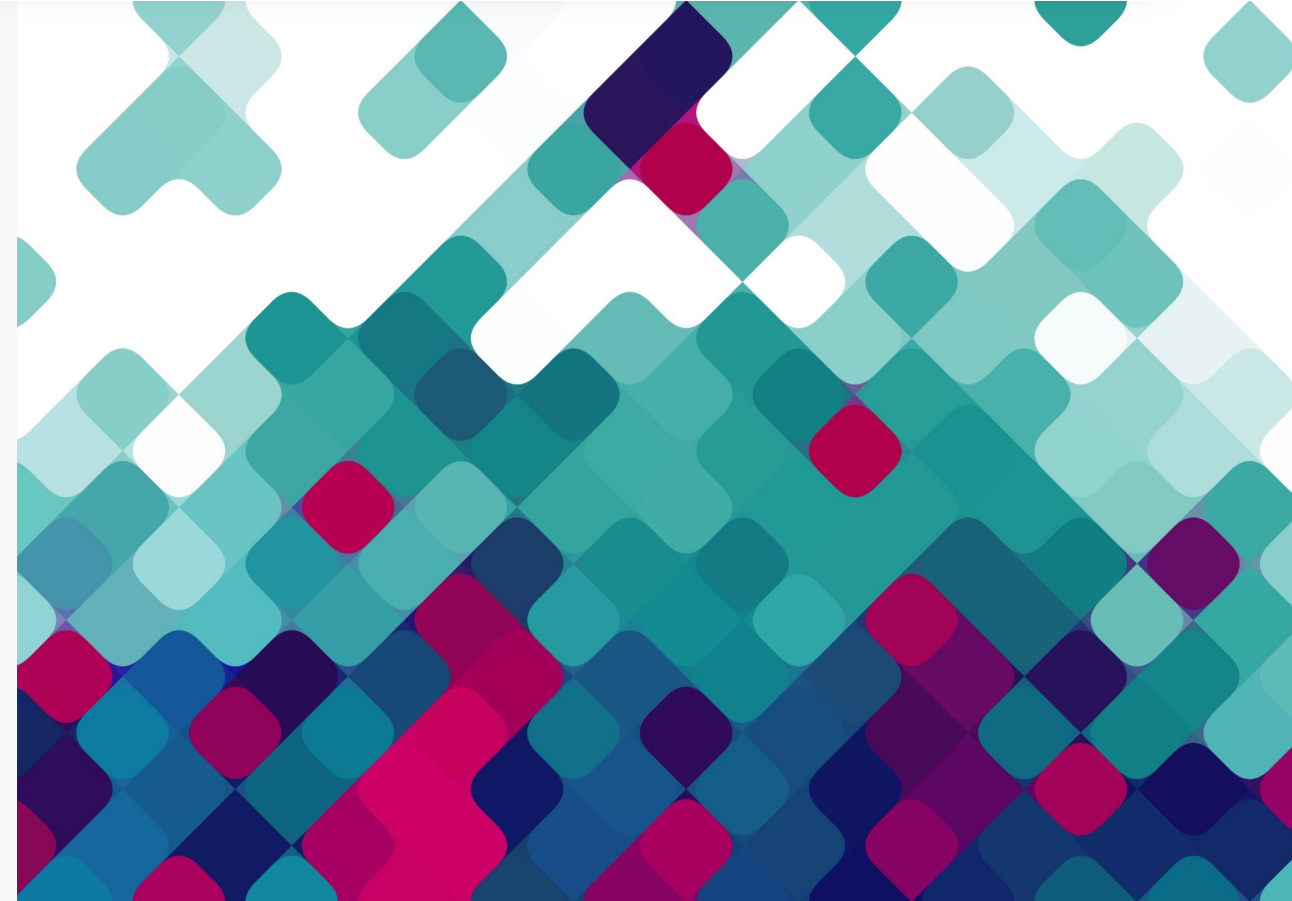
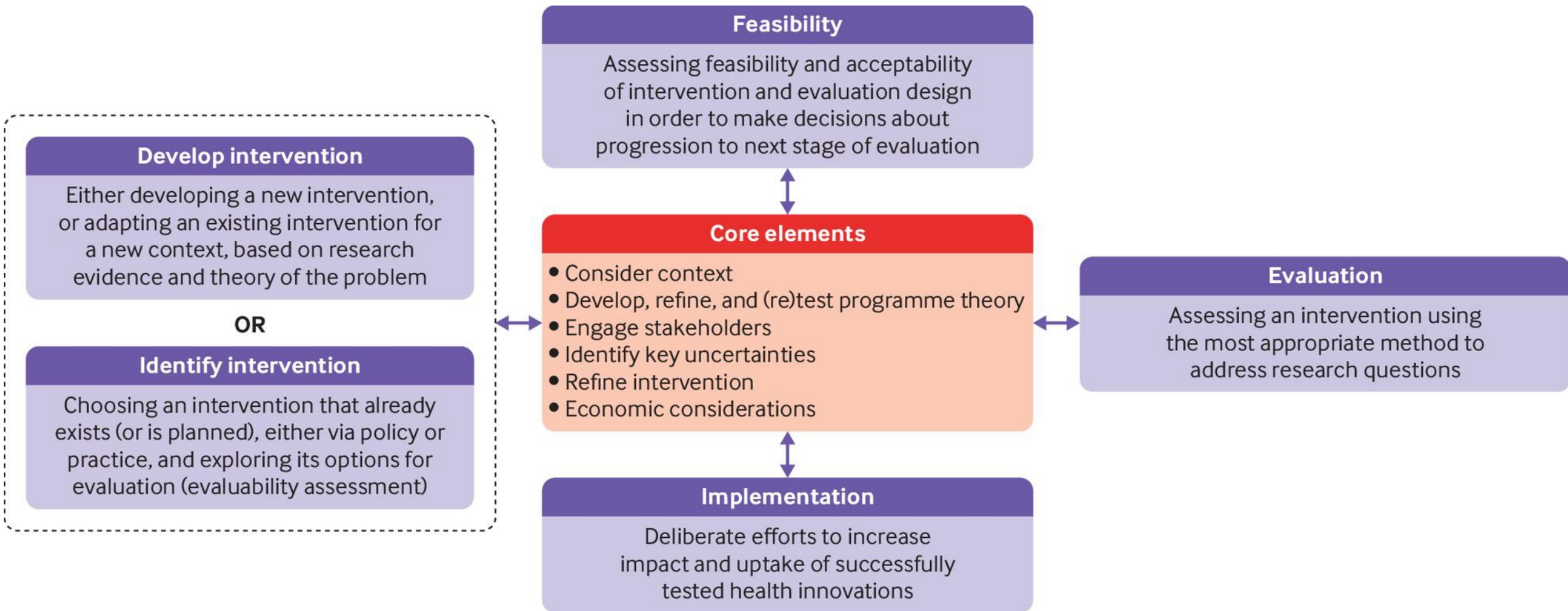


Early vocational support after stroke (EVocS study)

Implications for early intervention
vocational support provided to
patients and whānau within stroke
services





Skivington K, Matthews L, Simpson S A, Craig P, Baird J, Blazeby J M et al. **A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance** *BMJ* 2021; 374 :n2061 doi:10.1136/bmj.n2061

Moving knowledge to action

PLAN

Co-produce new knowledge by gathering data from literature, people with lived experience, people with expertise in specific areas & lots of thinking!



DO

Use of the ADAPT Framework to guide thinking and planning.



HRC Activation Grants to explore contextual considerations & support collaboration

ACT

Refine the PILOT and SCALE-UP to other contexts.



CHECK

Aim for a PILOT and EVALUATION



Putting the pieces together....

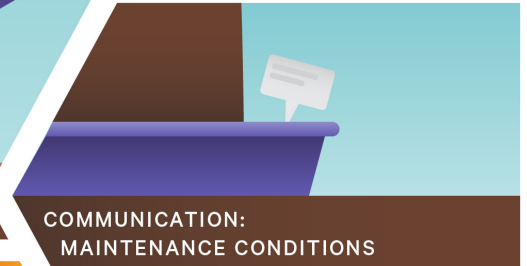
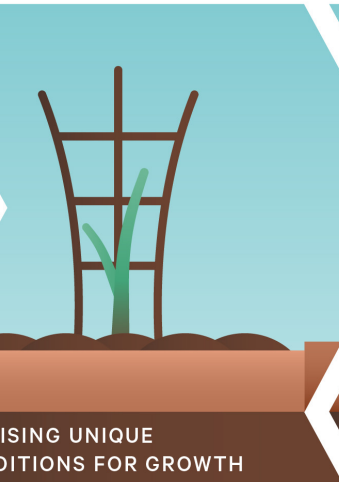
- Core elements**
- Consider context
 - Develop, refine, and (re)test programme theory
 - Engage stakeholders
 - Identify key uncertainties
 - Refine intervention
 - Economic considerations

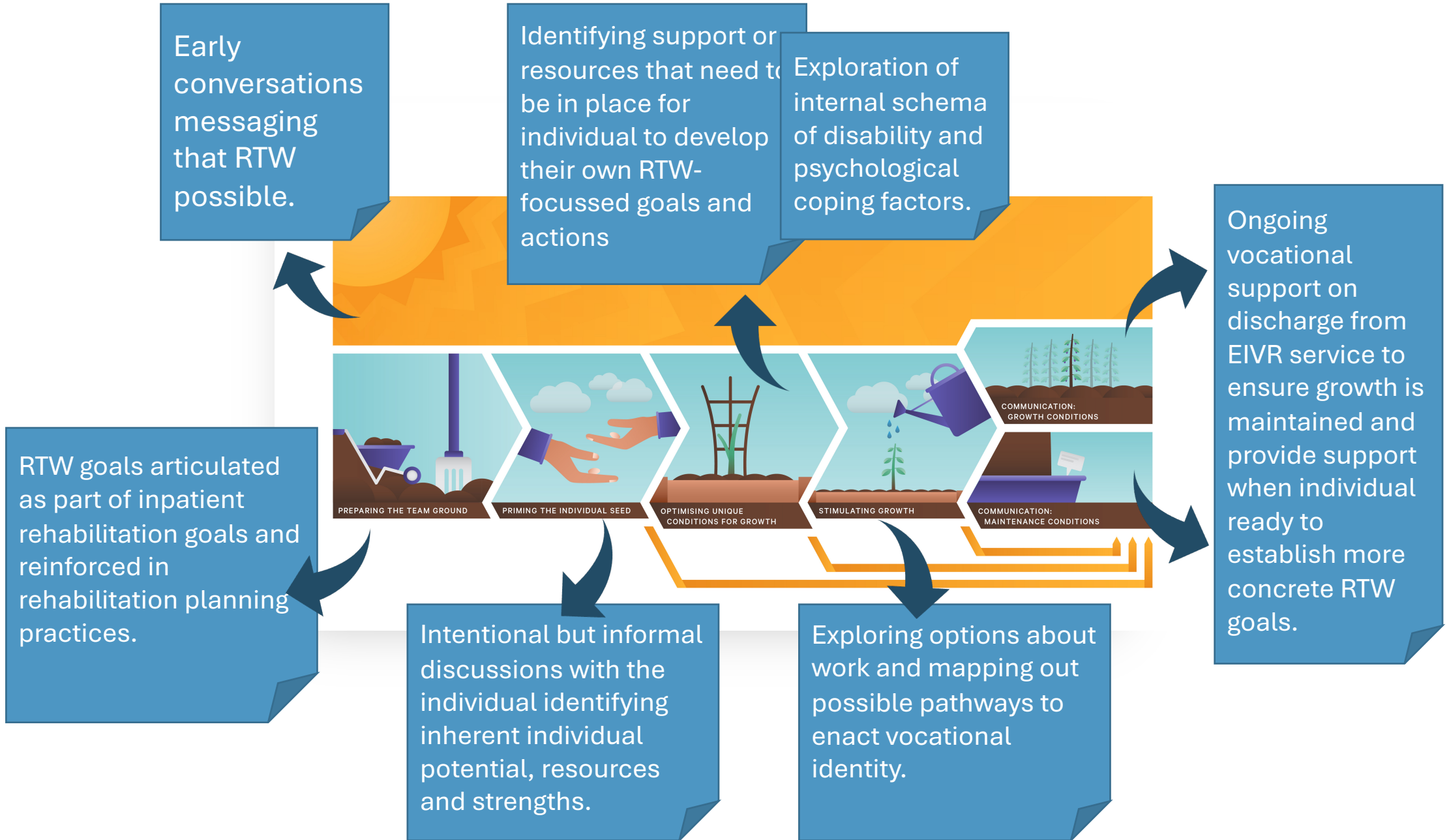


INTERVENTION RESOURCES

What needs to be transferred from SCI to
stroke context







Maintaining generalised sense of hope that work is possible at some point.

Early conversations messaging that RTW possible.

Identifying support or resources that need to be in place for individual to develop their own RTW-focused goals and actions

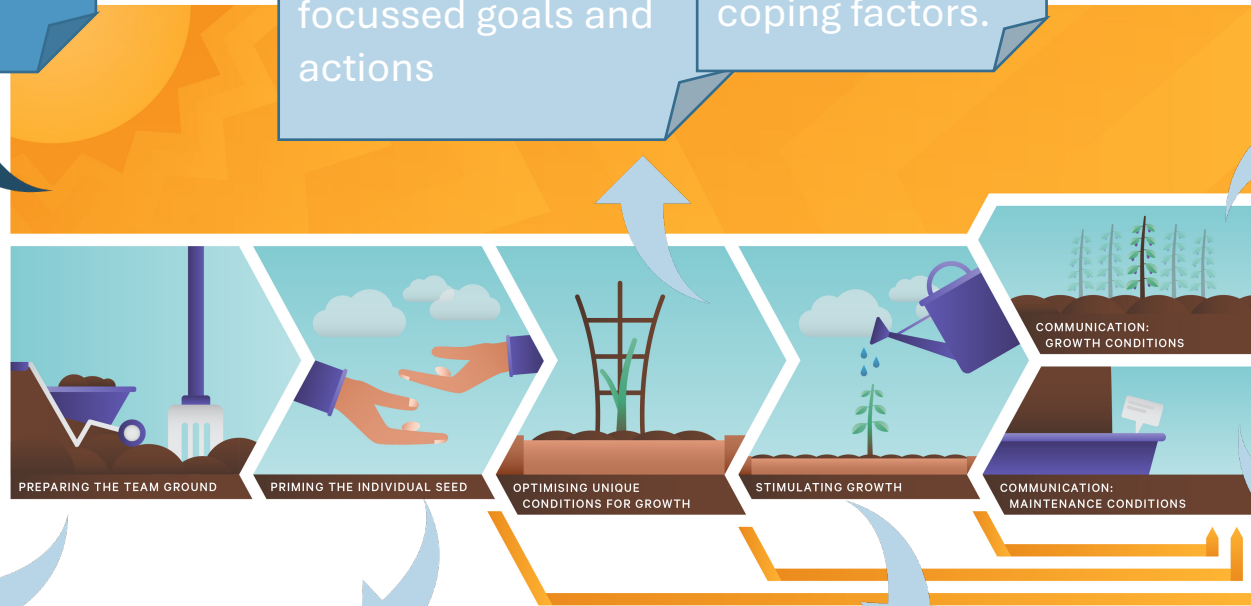
Exploration of internal schema of disability and psychological coping factors.

Ongoing vocational support on discharge from EIVR service to ensure growth is maintained and provide support when individual ready to establish more concrete RTW goals.

RTW goals articulated as part of inpatient rehabilitation goals and reinforced in rehabilitation planning practices.

Intentional but informal discussions with the individual identifying inherent individual potential, resources and strengths.

Exploring options about work and mapping out possible pathways to enact vocational identity.



Consistent positive messaging from all rehabilitation team members about vocational plans and actions directed towards RTW across rehabilitation journey establishing and maintaining hope.

Early conversations messaging that RTW possible.

Identifying support or resources that need to be in place for individual to develop their own RTW-focused goals and actions

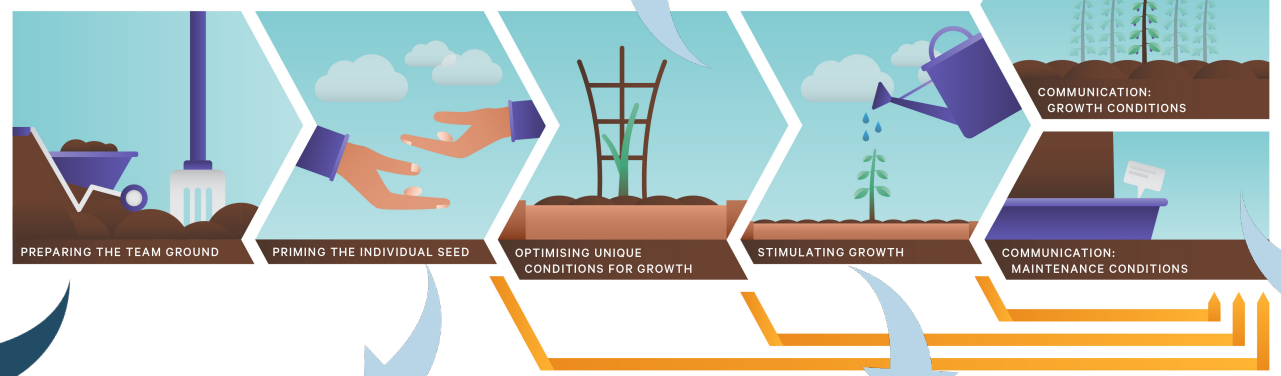
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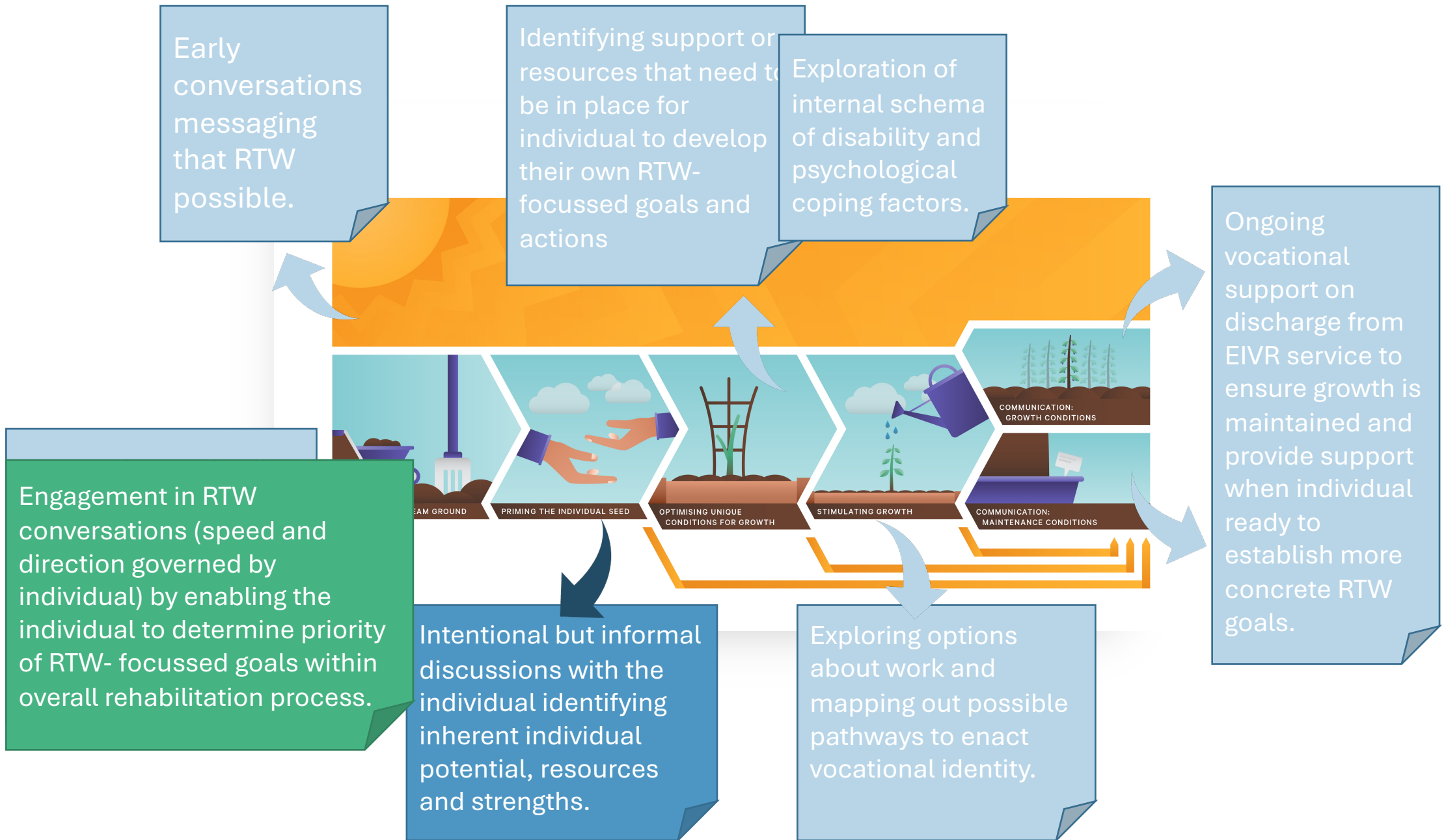
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Early conversations messaging that RTW possible.

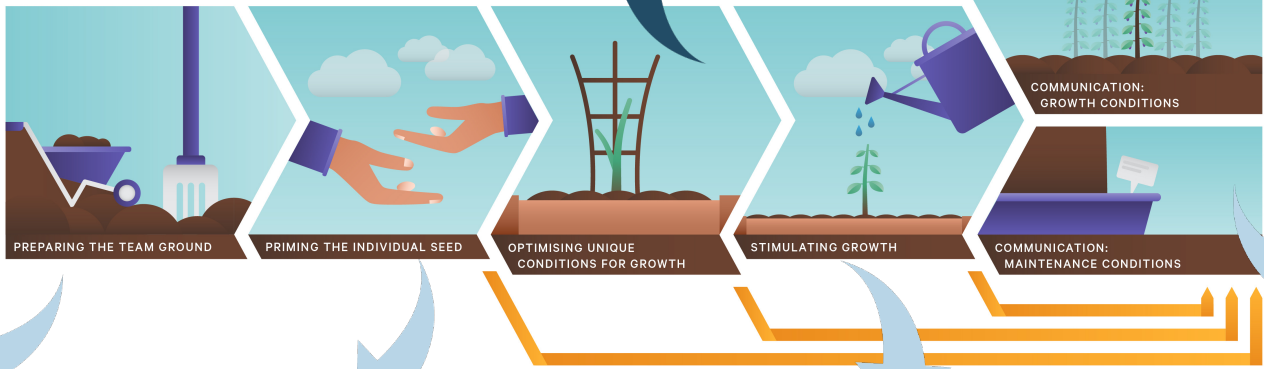
Identifying support or resources that need to be in place for individual to develop their own RTW-focused goals and actions

Exploration of internal schema of disability and psychological coping factors.

Improving self-efficacy and providing appropriate level of support to enable individual to enact pathways towards RTW goals.
Changing sense of identity.

... vocational support on discharge from EIVR service to ensure growth is maintained and provide support when individual ready to establish more concrete RTW goals.

RTW goals articulated as part of inpatient rehabilitation goals and reinforced in rehabilitation planning practices.



Intentional but informal discussions with the individual identifying inherent individual potential, resources and strengths.

Exploring options about work and mapping out possible pathways to enact vocational identity.

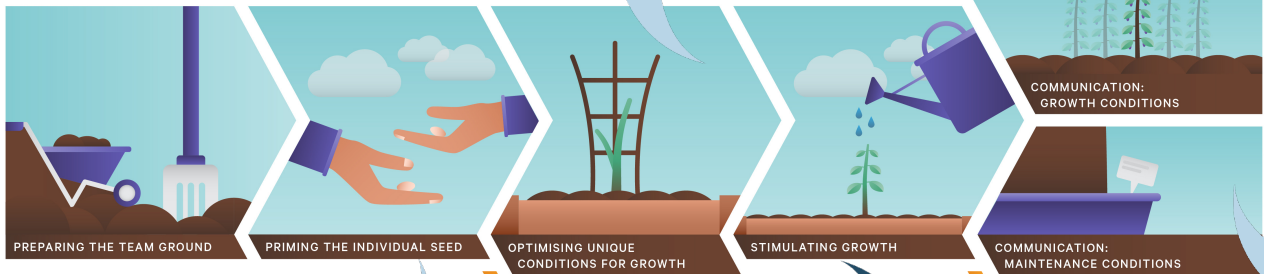
Early conversations messaging that RTW possible.

Identifying support or resources that need to be in place for individual to develop their own RTW-focused goals and actions

Exploration of internal schema of disability and psychological coping factors.

Ongoing vocational support on discharge from EIVR service to ensure growth is maintained and provide support when individual ready to establish more

RTW goals articulated as part of inpatient rehabilitation goals and reinforced in rehabilitation planning practices.



Intentional but informal discussions with the individual identifying inherent individual potential, resources and strengths.

Exploring options about work and mapping out possible pathways to enact vocational identity.

Developing pathways for RTW that are best aligned to individual's capabilities, strengths and vocational identity.

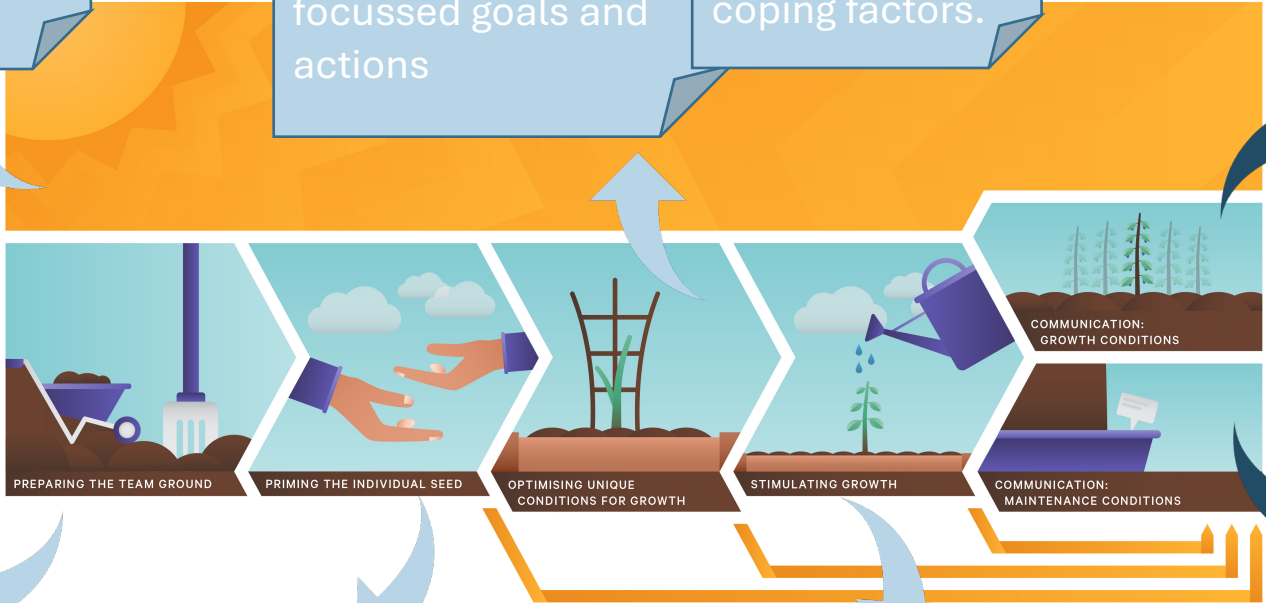
Provision of vocational service to continue to foster hope and keep individual thinking about RTW when they are discharged from EIVR.

Ongoing vocational support on discharge from EIVR service to ensure growth is maintained and provide support when individual ready to establish more concrete RTW goals.

Exploration of internal schema of disability and psychological coping factors.

Identifying support or resources that need to be in place for individual to develop their own RTW-focused goals and actions

Early conversations messaging that RTW possible.



Exploring options about work and mapping out possible pathways to enact vocational identity.

Intentional but informal discussions with the individual identifying inherent individual potential, resources and strengths.

RTW goals articulated as part of inpatient rehabilitation goals and reinforced in rehabilitation planning practices.

Key intervention resources & responses of EIVR

Key concepts	Mechanism	
	Resource	Response
Hope	Early conversations messaging that RTW possible.	Maintaining generalised sense of hope that work is possible at some point.
Preparing the team ground	RTW goals articulated as part of inpatient rehabilitation goals and reinforced in rehabilitation planning practices.	Consistent positive messaging from all rehabilitation team members about vocational plans and actions directed towards RTW across rehabilitation journey establishing and maintaining hope.
Priming the individual	Intentional but informal discussions with the individual identifying inherent individual potential, resources and strengths.	Engagement in RTW conversations (speed and direction governed by individual) by enabling the individual to determine priority of RTW-focussed goals within overall rehabilitation process.
Stimulating growth	Exploring options about work and mapping out possible pathways to enact vocational identity.	Developing pathways for RTW that are best aligned to individual's capabilities, strengths and vocational identity.
Optimising individual conditions for growth	Identifying support or resources that need to be in place for individual to develop their own RTW-focussed goals and actions Exploration of internal schema of disability and psychological coping factors.	Improving self-efficacy and providing appropriate level of support to enable individual to enact pathways towards RTW goals. Changing sense of identity.
Communicating optimal conditions for current maintenance/future growth AND Communicating sustainable growth conditions	Ongoing vocational support on discharge from EIVR service to ensure growth is maintained and provide support when individual ready to establish more concrete RTW goals.	Provision of vocational service to continue to foster hope and keep individual thinking about RTW when they are discharged from EIVR.

Key: EIVR = Early Intervention Vocational Rehabilitation; RTW = return to work.

Things that need to be maintained [or included] when moved to a new context...

Lived experience seems to be important within the conversations > 'a person we trust'

Non-pressured conversations > listening role as people explore changed selves & identify occupational options that will work for them

Need to include family & whānau in conversations

Challenge HCPs expectations about what is possible in term of RTW and purposeful work

Consistent, positive verbal messaging & non-verbal cues about work from MDT

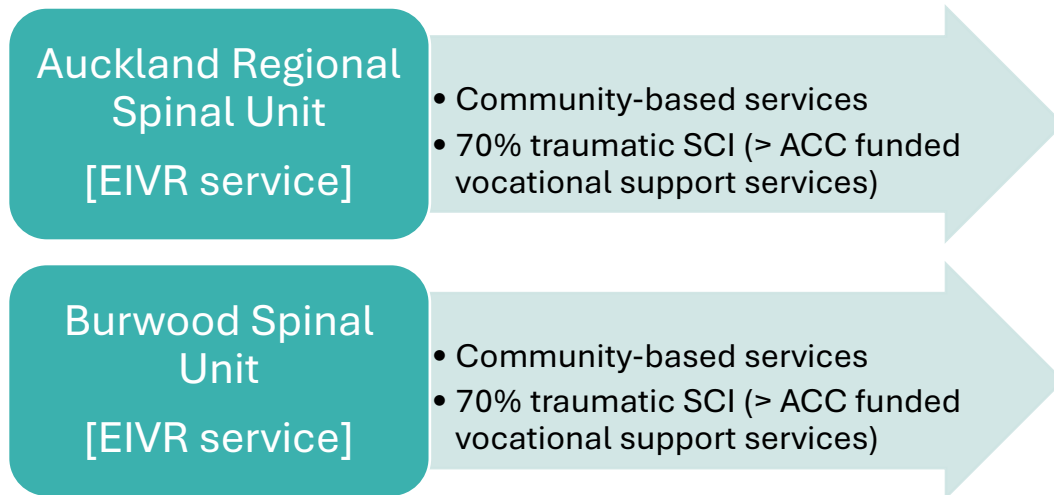
Focus of conversations and planning on strengths & retained capacities > not solely focusing on impairments & functional loss

Need to explore biographical continuity & occupational identity

Context:

Issues needing to be considered and/or addressed

SCI services in NZ



Stroke services in NZ



Context:

Issues needing to be considered and/or addressed

Lots of services across NZ with multiple entry and exit points

Shorter time in hospital > ongoing support in ESD and community-based services

[Generally] **if** early vocational support is offered after stroke, tends to be provided to those who can return to same employer and similar role in the short-medium term

[Generally] a lack of follow-up vocational services after stroke due to limited ACC funding

Others?..... [many!]

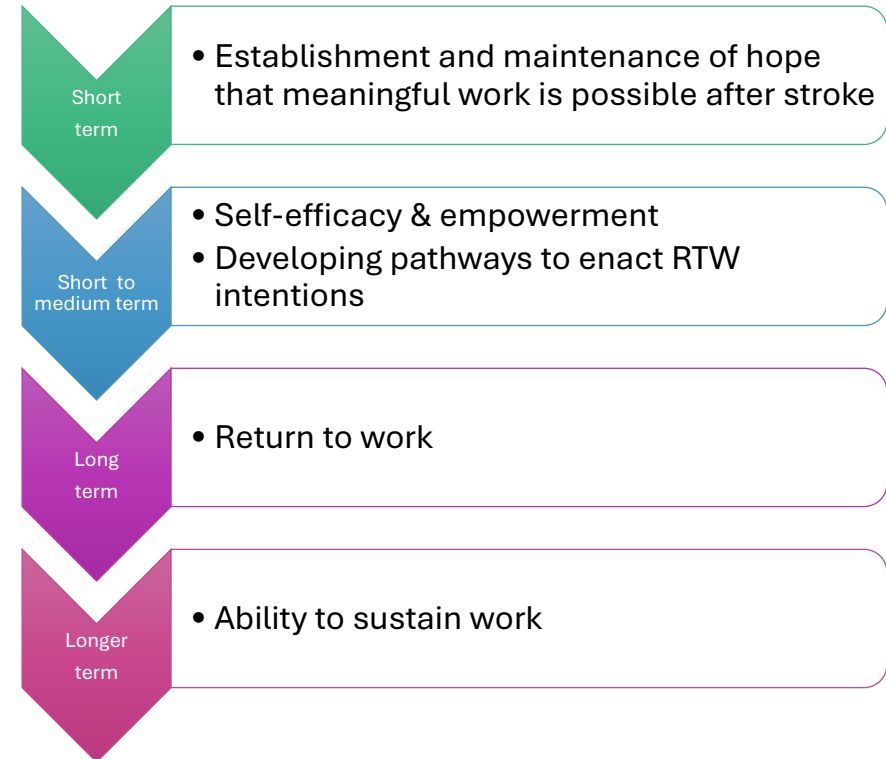
Identified contextual considerations & possible solutions

Identified constraints	Possible solutions
Access to patients following stroke governed by MDT team/referral	Education to MDT about role and goals of EIVR Development of resources/prompts that incorporate EIVR into rehabilitation documentation and planning
Multiple inpatient admission/discharge pathways for people with stroke making referral complicated	Referral pathways available for inpatient, outpatient and GP services to ensure all people with stroke are captured.
Lack of Vocational Rehabilitation Services in community for onward referral of people with stroke who have received EIVR for ongoing support	Improved funding models or changes to accessibility to allow earlier referral to existing Vocational Rehabilitation Services.
Funding – EIVR as an adjunct to current rehabilitation services would need specific funding model	Specific funding available for EIVR service provision in the stroke population.
Lack of case co-ordination/health navigation for access/provision of information and services for people with stroke	Development of a national health service may alleviate some of the geographical disparities which could provide an ideal opportunity to build upon or integrate into existing national services such as Stroke Foundation NZ who are already providing service and programmes.
Family/Whānau centred approach may require flexibility of working hours of EIVR staff to ensure availability of family/whānau	Flexible working hours to accommodate family/whānau who are unable to attend during working hours due to other commitments.

Key: EIVR = early intervention vocational rehabilitation; GP = General Practitioner; MDT= multidisciplinary team

Outcomes:

How will we know 'it' has worked?



Interactive ... what do you reckon?

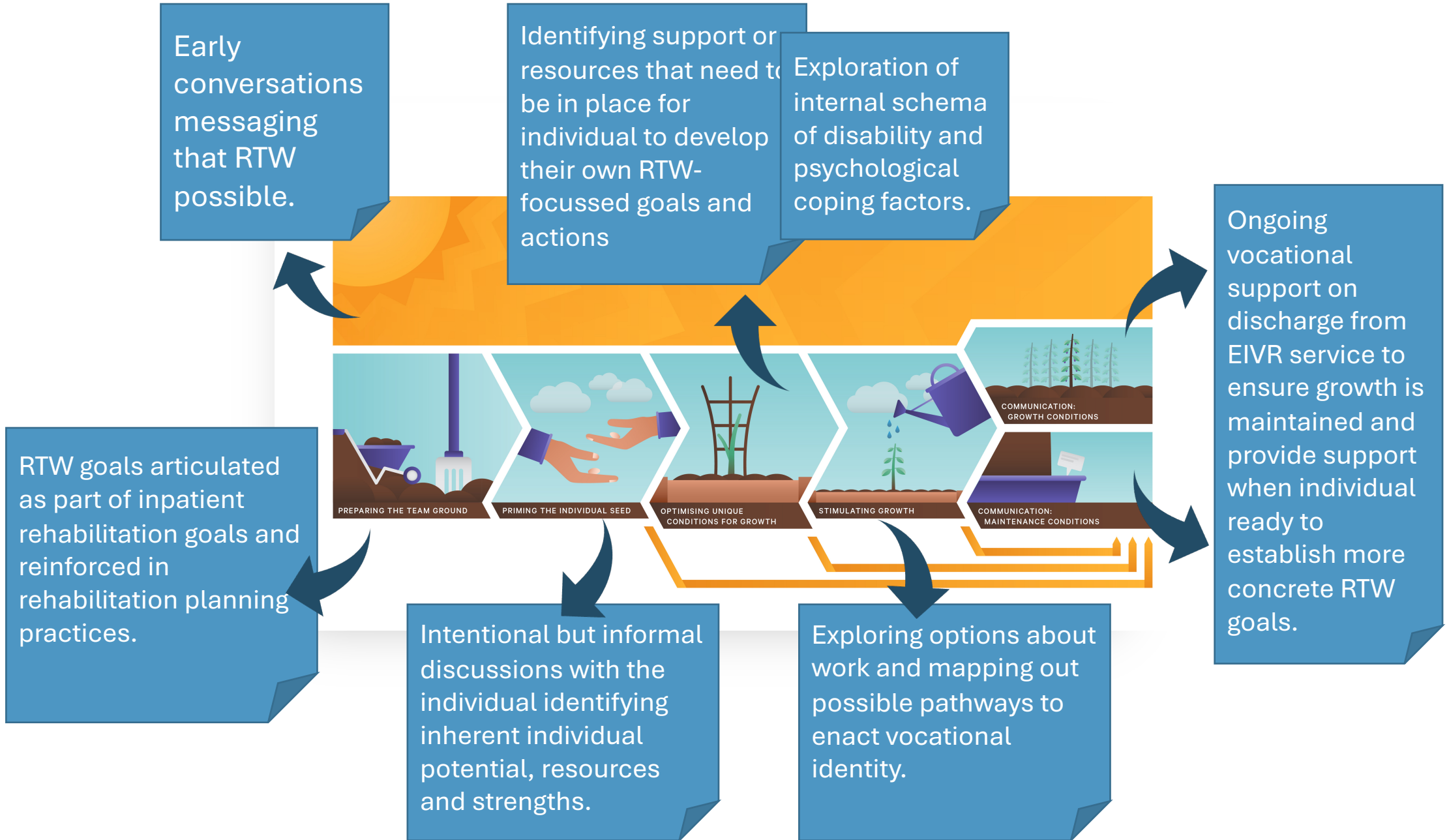
How might EIVR intervention resources be delivered in stroke services? By who?

Contextual factors to consider within stroke services

Contextual factors to consider within person following stroke & whānau

What other services & supports will EIVR need to link in with?



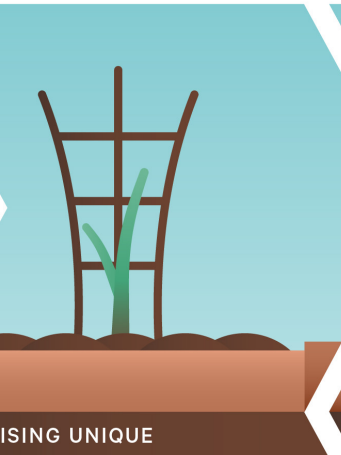




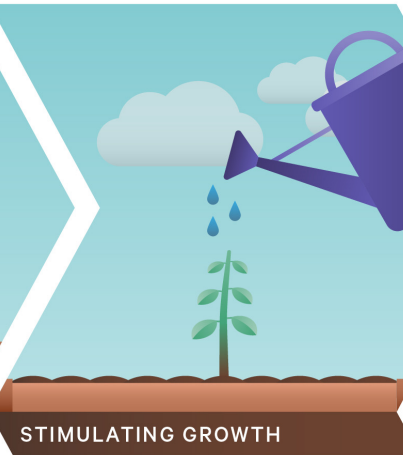
PREPARING THE TEAM GROUND



PRIMING THE INDIVIDUAL SEED



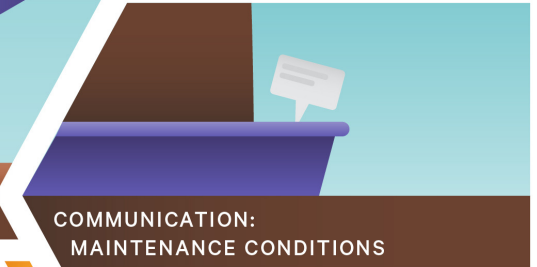
OPTIMISING UNIQUE
CONDITIONS FOR GROWTH



STIMULATING GROWTH



COMMUNICATION:
GROWTH CONDITIONS



COMMUNICATION:
MAINTENANCE CONDITIONS

