

Rehabilitation

DWP RR342

Impacts of the Job Retention and Rehabilitation Pilot (JRRP)

Interventions at six to 26 weeks of sickness absence did not improve the return to work rate.

This was a randomised controlled trial of three different interventions designed to increase the rate of return to work for those who had been off sick for more than 6 weeks and less than 26 weeks. The trial ran within six areas of the UK. Volunteers were sought through advertising.

The screened-in group were then randomly allocated to one of four equally sized groups: three intervention groups, and a control group.

The three interventions were:

- a workplace intervention, aimed at achieving a return-to-work by addressing issues in the workplace;
- a health intervention, aimed at achieving a return-to-work by addressing the health issues of the individual; and
- a combined intervention, this being a mix of the above two interventions (the appropriate mix per individual being left to the judgement of the intervention provider).

Interventions were dominated by:

Health model:

- Physiotherapy (36%)
- Complementary therapy (30%)
- Psychotherapy (26%)
- Referral to medical specialist (23%)

Workplace model:

- Ergonomic assessment (42%)
- Employer liaison/mediation (22%)

Combined intervention:

- Cognitive behavioural therapy (30%)
- Physiotherapy (32%)
- Ergonomic assessment (11%)
- Employer liaison/mediation (22%)

Choice for each individual was determined by the experimental group and by the assessor in consultation with the subject, who had the right to refuse what was offered.

By far the most common conditions named were musculo-skeletal problems (reported by 33 per cent), and mental and behavioural disorders (30 per cent; 31 per cent).

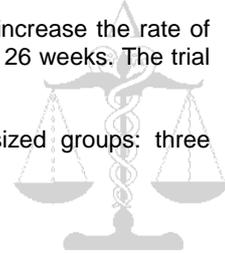
The authors suspect that interventions were not selected on the basis of objectively identified need and expected benefit. The intervention may have reduced the rate of self help, GPs may have advised against the return to work.

The report states that there were no significant differences between any of the 4 groups.

Comment

The screening process was designed to select in those who were thought to have a greater than 50% chance of losing their job. In this way interventions would not be wasted on the self help group or those with good prospects. 72% earned less than £20,000.

If the interventions (and the method of delivery) were in fact effective then the actual reasons for sickness absence were clearly not those for which treatment/intervention was provided (effective intervention but inaccurately applied). On the other hand, the interventions may have been accurate, but completely ineffective. The study does not distinguish between these two possibilities nor the possibility that they were both inaccurate and ineffective.



In our view it was a pity that the range of interventions was limited to standard service options.

