In relation to traumatic brain injury – the training and employment method of supported employment offers both employers and employees a secure pathway and provides social networks as an additional benefit in the rehabilitation process. It is frequently subsidised by governments (and employers) and inclusive of advanced training methods. Furthermore it is supervised by professionals who also identify support people within the organisation and workplace. Supported employment may not be so effective or necessary where traumatic brain injury is minimal or where the workplace (possible pre-injury) is a competitive marketplace and also has a stressful and non-sympathetic environment.

Supported employment facilitates work in competitive integrated workplaces for individuals with traumatic brain injury as well as other learning and psychiatric disabilities. The supported employment will cover assessment of both individual and workplace, coaching and training, analysis of need for appropriate technology and complementary supervision. It could also include transportation and ongoing support services depending on the severity of the disability. Individuals are encouraged to move into more independent roles while on-going support services significantly increase work retention. (U.S. Department of Labor, 2008)

One successful transition is usually from work experience through to paid employment with a significant factor being the time factor. Unlike other debates regarding ‘accelerated’ entry to the workforce in psychiatric disability, traumatic brain injury may require a start with part-time work on a regular basis over a long period of time so that different adjustments to reaction times and behaviours of people with brain injury can be established with on-site vocational support networks. (Ellerd & Moore, 1992)

In making the transition to paid employment, Rees (1997a) nominates careful attention to job matching, on-site training and employer-employee communication as crucial. He further sees this process to include the following:
identification of people with brain injury who have the potential to persist with work experience and open employment options;

identification of the difficulties of people with brain injury and identification of the goals and processes for sustaining open employment. This involves:

action planning, which identifies stages of skills acquisition, problem-solving skills, and the processes and stages required to attain sustained open employment. This action planning with people with brain injury is followed by:

coopration and interaction with the employer, which involves identifying a job match, key workers at the worksite who would advocate for the person with brain injury, and informing and discussing the job milieu with co-workers.

As soon as the job site/work experience placement is made, evaluating events at the jobsite. This evaluation involves feedback to the employer, the key worker and co-workers at the worksite, and the person with brain injury and his/her mentor and family. The evaluation process generally results in:

Specification of worksite learning of vocational and social skills to be developed by and for the person with brain injury, along with adjustment and personal management skills required of co-workers and employers. (Rees 1997b)

With support, people with brain injury can participate successfully in open employment and some of the factors which would be considered by an employer would be the rate of job skill acquisition and adjustment and the maintenance of motivation which would also relate to social skills and language used by the employee. The matching of skills and coaching of social skills could be helped by a trainer, whereas sometimes damage to executive function of the brain and limbic system may effect motivation in different cases. An employer would also be looking at the individual’s capacity to follow rules and guidelines and the acceptance of fellow workers and their support especially where time is needed to adjust to new tasks. Also cooperation would be needed where wage subsidy was involved. (Rees, 2005).
The Australian Government provides Disability Employment Services through Centrelink after assessment by a Job Capacity Assessment Provider. The assessment indicates:

- that the person has a disability, illness or injury
- the level of support a person requires
- the types of assistance required to help them get a job or to stay in a job.

The three services offered are:

- Disability Employment Network
- Disability Supported Employment Services (Business Services)
- Vocational Rehabilitation Services. (Centrelink, 2008)

Disability Supported Employment Services is a key service for supported employment. The service assists people who need a supported work environment and because of greater needs have a problem in finding and keeping a job. Services are provided through a network of external organisations which are contracted by Department of Families, Housing, Communing Services and Indigenous Affairs. Additional training and support are provided so that clients can enter open employment. Such a contracted service may stipulate the following:

- are at least 16 years of age
- assessed by Centrelink as eligible for a disability Employment Assistance service
- need assistance to secure employment
- require support in keeping a job
- are motivated to get a job
- not registered with another specialist employment agency
- able to work a minimum of 8 hours or more a week. (Good Samaritan, 2008)

In addition to Centrelink, services are also offered by workplace.gov – Disability Open Employment Services and CRS Australia. CRS have case managers who do ‘needs assessment’ and will design a program individually tailored for the client. This will also include short training and work experience – writing of resumes and job applications. (Disability Online, 2008)

Some studies into critical factors associated with successful supported employment placement of patients with severe traumatic brain injury, found that the most difficult placements were
often younger, possessed functional limitations such as visual and fine motor impairments and displayed significant deficits in numerous work-related skills. (Wehman, Kregel, Sherron, Nguyen, Kreutzer, Fray & Zasler, 1993) With many traumatic brain injuries attributed to motor accidents and targeting young males this is probably not surprising. In a further survey (Wehman, Kreutzer, West, Sherron, Zasler, Groah, Stonnington, Burns, & Sale, 1990) a group of 41 persons who were placed in competitive employment showed that only 36% of referred clients had previously retained competitive employment which was compared with the 91% who then secured supported employment in warehouses, clerical and service-related occupations. This was also attributed to an approximate of 291 hours of job coaching and training to maintain the clients in supported employment.

Supported employment is very important in creating a ‘success’ story which will also take the ABI client out of his or her depression and alleviate some of the stressors experienced by the family and personal support system of the individual. The social networks are also stimulated by vocational networks as well as the added incentive of income. Where possible this should at least represent award wages although businesses providing ‘sheltered workshops’ often paid as little as $1 per hour or $41-$60 per week (Intellectual Disability Rights, 2005).

In viewing a wholistic analysis of successful supported employment, such factors emerge as the importance in rehabilitation in persistent social interaction through the workplace, job skill acquisition, the evolving of social skills and the reinforcement of personal and vocational acceptability through community support. Employer and employee cooperation is a key to mutual adjustment and the quality of agency and employer advocacy will be essential in overcoming difficulties which arise. Jobs mean money and social relationships and within capacity, to marry.

Disadvantages of supported employment may include cost to government agencies or subsidised employment by employer. However, it would be expected that overall cost of rehabilitation would be substantially mitigated by the individual’s restoration to the workplace and the overcoming of co-morbid states of depression and anxiety (all eventually cost factors to family, community and government). However, if the process of re-entry
and transition is too accelerated, these conditions may also be heightened and client should not be set up to ‘fail’.

The elements of supported employment which make it popular may be goals which include minimum wage, but preferably at the prevailing wage rate; people with and without disabilities working together in an integrated setting; support ongoing and provided as needed; individualised services; job selection based on a person’s preferences and skills with competitive employment as the ultimate goal. The difficulties may include a return to previous work place because of the nature of ABI (hidden disability) where former work colleagues may expect levels of capacity and competence commensurate with former ability of individual and overall costs associated with training, job coaching and subsidies by government agencies and employers. Also insufficient networking and support within the workplace could cause a poor retention rate and add to the ‘failure’ of the client, hastening onset of concomitant psychiatric problems and stress.
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