What Colour Is Your Parachute? Rethinking Vocational Rehabilitation for Service Leavers

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Introduction

- The unemployment rate among UK Veterans post-medical discharge from the Armed Forces is 11% versus 6% in the general population[1].
- Early vocational intervention was set up as part of residential interdisciplinary rehabilitation for four military patient groups in 2015 (upper limb, lower limb, spinal, and miscellaneous medical conditions). Support to secure civilian employment had previously only been available *after* leaving the Armed Forces, which can affect patients' anxiety levels and confidence.
- Evidence demonstrates that job quality and meaningful work are key factors in maintaining health [2], Based on Richard N Bolles' training and bestselling career guide 'What Color Is Your Parachute?'[3], a vocational service emphasising individual aspiration and meaningful work was reviewed 21 months after service commencement. The aims were to ascertain:
 - (1) patient and referrer satisfaction rates, (2) the most helpful session content, and (3) the impact on patients' perceived confidence to secure civilian employment.

Method

- 436 patients completed post-session questionnaires following attendance at a one-hour group career briefing during inpatient rehabilitation.
- 352 patients attending their first individual consultation completed pre-and post-session questionnaires.
- Data analysis was undertaken using a paired-samples t-test.
- Satisfaction from referrers into the service were explored on a 1-10 scale.

Results

Group Sessions

Satisfaction ratings were 8.1 ± 1.8 out of 10 (n=436). The three most highly rated session topics were the 'career diagram' (R N Bolles' brainstorm tool) (n=161, 47%), 'career resources provided' (n=66, 17%), and 'favourite transferable skills identification' (Skills ID) (n=36, 9%).

Individual Consultations

Satisfaction ratings were 9.1 ± 1.1 out of 10 (n=352).

The three most highly rated session topics were 'the career resources provided' (n=150, 43%), 'Other' (n=140, 40%), and 'Skills ID' (n=102, 29%). 340 patients rated their confidence to secure employment before (4.6 ± 2.3) and after (6.5 ± 2) consultations out of 10, thus demonstrating a significant (p <0.01) and large beneficial effect (d = 0.89) on confidence (Fig 1).

'Other' data, and qualitative comments demonstrated patients also valued:

- Staff being supportive, approachable, reassuring, or encouraging (n=35)
- Assistance with employer and/or job role research (n=32)
- Brainstorming and/or talking with other group members (n=27)
- "Thinking outside the box", or "opening the mind" (n=25)
- Permission to focus on a "job I like", "dream job", or "fulfilling work" (n=23)
- Improved confidence, self-belief, self-worth, and hope (n=18)

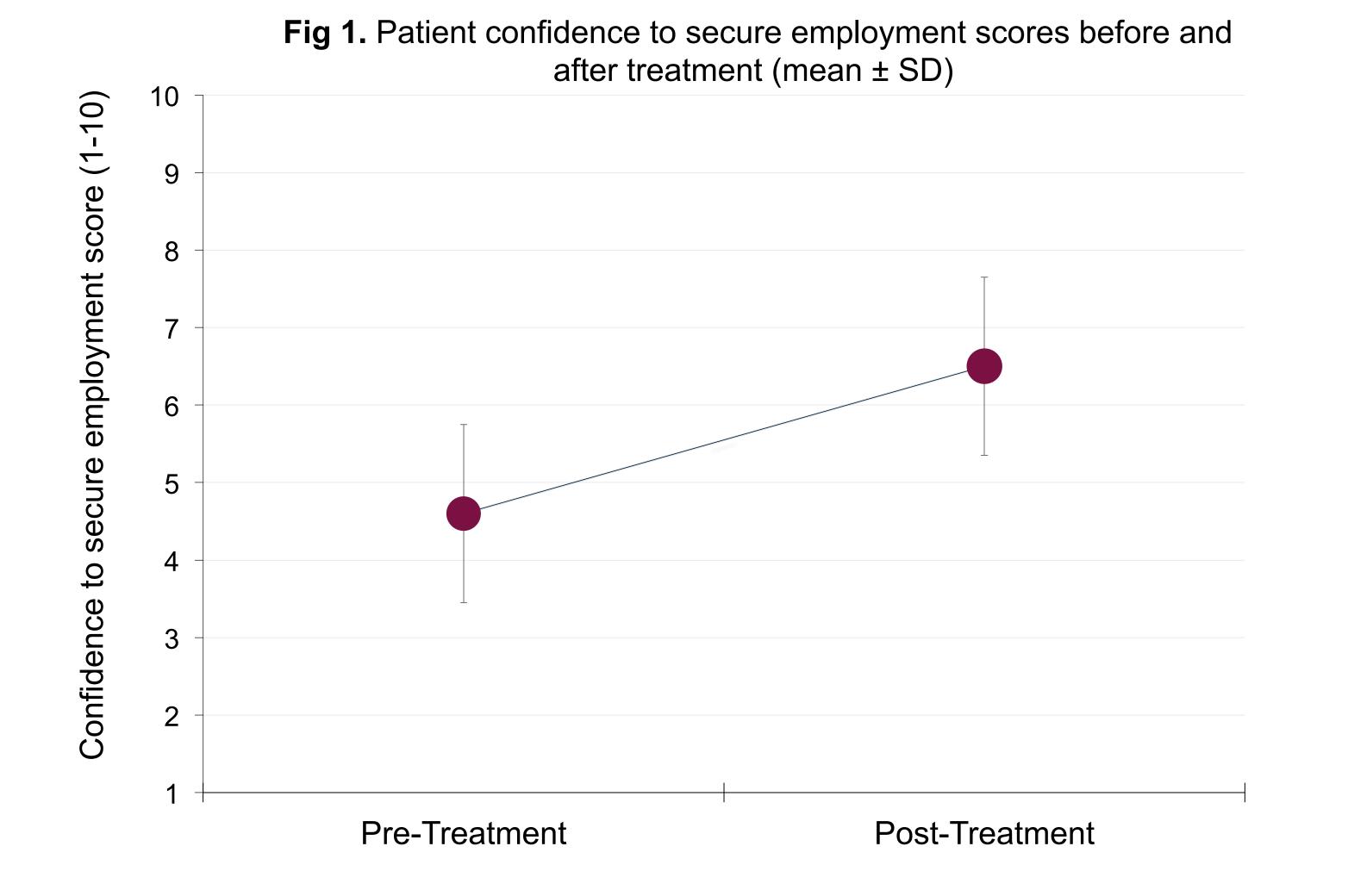
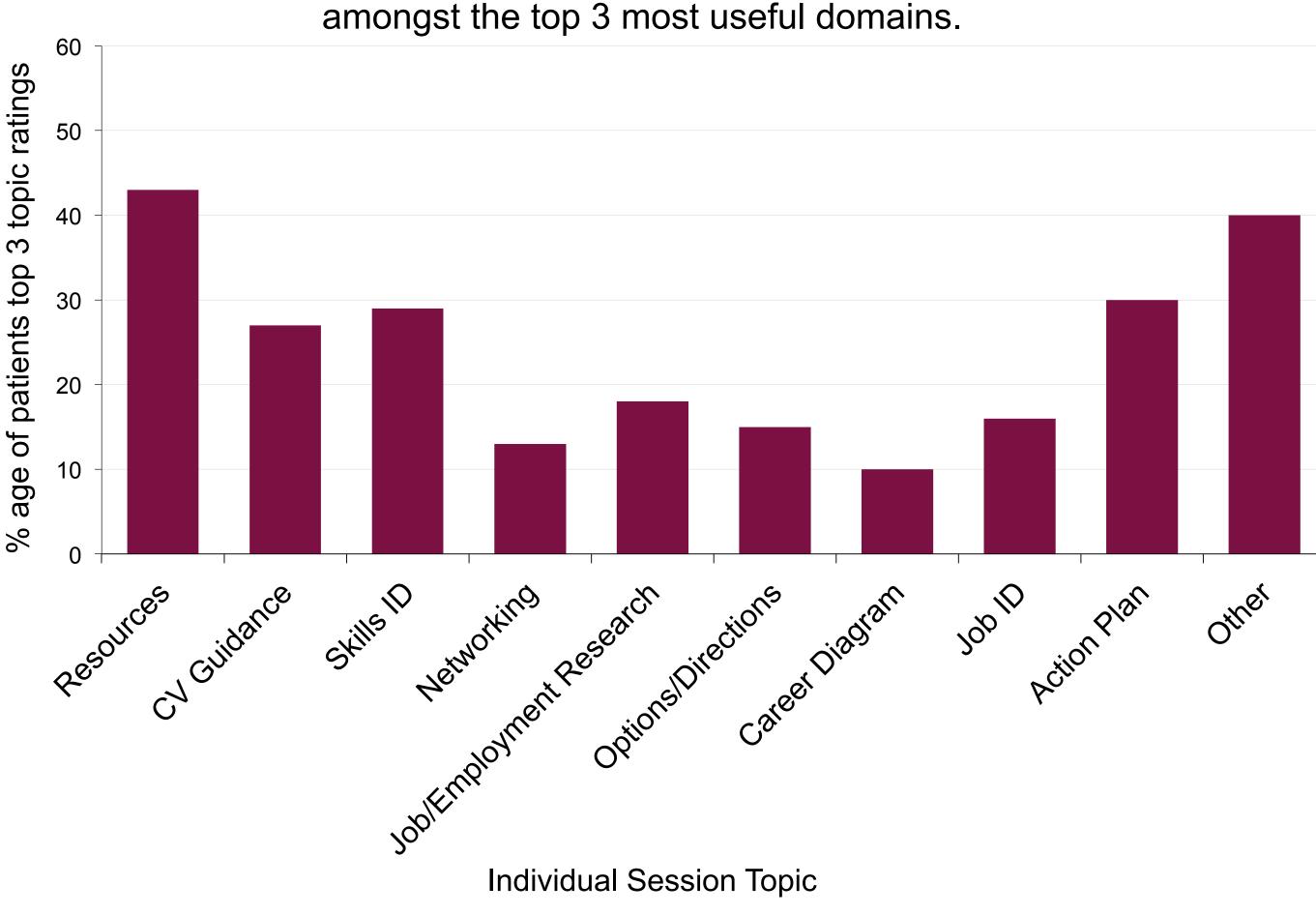


Fig 2. Patient ratings (n=350) of most useful individual session topics. Data reflect percentage of patients scoring each topic



Referrer Satisfaction

The mean satisfaction score from referrers (n=9) was 9/10.

Patient Testimonials

"... I landed a permanent contract as a senior services manager at Aston Martin. A huge thank you for planting the seeds of many 'Parachute' techniques that I have used to great effect..."

"Very helpful session to support the transition to civilian life with excellent resources and tools made available. Awesome."

"I came away with several ideas of job sectors I had not thought of before."

"Really put me on the right path and stopped me worrying as much."

"The career diagram opened my eyes to so much."





The 'career diagram':

Patients learn to generate meaningful work options by combining several diagram areas, e.g. their favourite fields and favourite transferable skills.

Discussion

The specific patient group and unique service limits the transferability of findings. However, given the large sample size with statistically significant outcomes regarding confidence to secure employment, it is conceivable that career 'Parachute' programmes would succeed with other working age populations. The 'career diagram' tool was rated the most helpful by groups, while individual session participants rated the provided resources (e.g. websites and agencies) and 'other', including the quality of support received. Qualitative comments indicate that encouragement by staff, interactive exploration of career options, and a focus on meaningful work could be important facilitators to ensure efficacy of employment-related interventions.

Conclusion

This service evaluation demonstrates the utility and satisfaction of career 'Parachute' programmes for service leavers. Further work should include a longitudinal study with standardised vocational outcome measures, including return-to-work data after leaving the Armed Forces.

References

[1] Royal British Legion (2016), Deployment to Employment: Exploring the veteran employment gap in the UK, www.britishlegion.org.uk

[2] Chandola T and Zhang N (2017), Re-employment, job quality, health and allostatic load biomarkers: prospective evidence from the UK Household Longitudinal Study. Int Jou of Epidemiology: 1-11, https://doi.org/10.1093/ije/dyx150

[3] Bolles, R N (2018), What Color Is Your Parachute? A practical manual for job-hunters and career-changers, Ten Speed Press, Berkeley, California

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