**Please ensure that this proposal is no longer than two A4 sides**. Thank you.

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| Host department:Nottingham |
| Project Title: Refining and feasibility testing a digital return-to-work toolkit for stroke survivors and employers. |
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| Proposed supervisory team:  |
| Primary Supervisor (must be based at Host Dept.): Dr Jade KettlewellProfessor Audrey Bowen, University of ManchesterThird supervisor (based at Host Dept.): Prof Kate Radford, Centre for Rehabilitation and Ageing Research, SPCR Nottingham Other members of the supervisory team: Kristelle Craven |
| Potential for cross consortium networking and educational opportunities: |
| The proposed research builds on an existing collaboration between Professor Radford and Professor Audrey Bowen (Manchester) on the NIHR HTA Return to Work after Stroke Trial and between Dr Kettlewell (SPCR post-doctoral fellow) and Kristelle Craven (PhD student and Occupational therapist). Professor Bowen is Stroke Association John Marshall Memorial Professor of Neuropsychological Rehabilitation at the University of Manchester, and Rehabilitation and Living With Disability theme lead at the Geoffrey Jefferson Brain Research Centre https://gjbrainresearch.org/Professor Bowen’s particular interest is in stroke research with a focus on improving services and outcomes for people with neuropsychological impairments and communication difficultiesAlongside the existing SPCR network of primary care clinical academics, Nottingham hosts a new NIHR HRC in Rehabilitaiton [NIHR HealthTech Research Centre for Rehabilitation | NUH](https://www.nuh.nhs.uk/rehab-hrc/) and the ESPSRC funded rehabilitation technologies network [Rehabilitation Technologies Network (rehabtechnologies.net)](https://www.rehabtechnologies.net/) and is academic lead for the National Rehabilitaiton Centre [Home - National Rehabilitation Centre](https://nationalrehabilitationcentre.nhs.uk/), offering a world class community and infrastructure to develop and evaluate rehabilitation technologies. |
| Project description: |
| Background: One in four (25%) of stroke survivors are of working age. Stroke causes more disabilities than any other health condition/ or injury and can influence stroke survivors’ work capacity. Research shows stroke survivors and employers lack knowledge of stroke and the return-to-work process (e.g., their roles and responsibilities). Nearly 40% of working age stroke survivors in the United Kingdom (UK) stop working after stroke. Unemployment has been linked to poor health, and economic and social costs for all involved. By 2035, it has been predicted 173,000 working age stroke survivors will have been lost from the workforce. Despite this, rehabilitation and resources to support stroke survivors and employers during the return-to-work process are often insufficient or unavailable. We have developed a digital, return-to-work toolkit intervention - The Toolkit for Transitioning to Employment After stroke through Mutual support (TTEAM) - an interactive eLearning package, with downloadable PDF tools to aid stroke survivors and employers in planning and managing a sustainable return-to-work following stroke. TTEAM has potential to improve users’ knowledge, confidence, and skills, and keep stroke survivors in work, avoiding the cost of employee turnover (on average, £30,614 per employee). Research shows work can also benefit stroke recovery and rehabilitation, and lead to improved health and wellbeing outcomes. This work aligns with the James Lind Alliance priorities, and the UK government’s focus on helping people with long-term sickness return to work. This project will; 1. Work with a large, diverse advisory group to: a) Pre-test and refine TTEAM, b) plan its implementation2. Conduct a feasibility study to investigate whether a large-scale, definitive evaluation of TTEAM is warranted.Design and methods:Workstream 1 (Year 1 of PhD): New, diverse advisory group to be formed. Feedback obtained on the TTEAM prototypes, and refinements made.Workstream 2 (Year 1 of PhD): Work conducted with advisory group to design TTEAM implementation plan and materials, and plan feasibility study.Workstream 3 (Years 2 and 3 of PhD): Conduct feasibility study, e.g., before-and after study with employers (n=15) and stroke survivors (n=15) to evaluate acceptability, usability, implementation barriers and facilitators, and effectiveness of TTEAM.  |
| Indicative project costs:  |
| We have estimated up to £100,810 FTE to cover the salary of a full-time clinical academic PhD student. An additional £10,000 has been included for tuition fees, travel, attending a national (Year 1: UK Stroke Forum) and international conference (Year 3: TBC), and training on co- design. We have also estimated £10,000 of research costs, including for £1,000 for co-design (vouchers for research participants), £3,500 for Prototype development (voiceovers): of the TTeam, and the feasibility study, including £2,500 for patient and public involvement activities, £1,000 for travel to visit participants, £1,000 for printing £1,000 for transcription costs. |
| Training and development provision by host: |
| *Formal training:* The successful student will be hosted by SPCR’s Centre for Rehabilitation and Ageing Research, and based in the Doctoral Training Centre for Rehabilitation and Healthcare Research (CDT RHR), alongside other clinical-academic PhD students. They will join our active PGR support group, have access to our seminar series, libraries, sports, cultural and health facilities. The student will access University of Nottingham Researcher Academy training, including courses covering research integrity, methodology, outputs from research, project management, writing for publication, and preparing for the PhD viva. |
| Informal training: The supervisory team includes experts in intervention development using co-design, stroke rehabilitation, implementation, and vocational rehabilitation. The candidate will learn how to use software (e.g., NVivo), present their research and participate in specialist training on intervention development methods. |
| *PPIE*: The PhD candidate will have access to networks of PPI representatives through the University of Nottingham Medical School, SPCR, CRAR, HRC Rehab, National Rehabilitation Centre (linked to UoN), including the Return to Work after Stroke PPI group and the Nottingham Stroke Partnership group. PPI group members will include: 1) Stroke survivors with a diverse range of disabilities and accessibility needs; and 2) employers (e.g., line managers, senior management, Human Resources staff), representing a range of organisations and industries. They will be required to have personal or professional experience of return to work after injury/illness. PPI insights will help: 1) Ensure TTEAM prototypes are accessible, usable, and acceptable; 2) Ensure the implementation and evaluation plans for TTEAM are appropriate for the intervention context; and 3) Obtain real-life perspectives to support analysis and dissemination of findings. |