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Reference as follows:
VRA Standards of Practice and Code of Ethics for Vocational Rehabilitation Practitioners (Chair: Booth, D.) VRA Doncaster 2013
A Message from our Patron

In the message which accompanied the introduction of the Standards set by the Vocational Rehabilitation Association (VRA) in 2007, I wrote,

‘these professional Standards of Practice are not merely a highly significant and laudable achievement of the VRA; their publication is an inestimable contribution towards the paradigm shift we are now witnessing in recognising a life in work as the most effective means to improve the health and wellbeing of individuals, their families and their communities in which they live.’

This is as true today even when we are experiencing the unwanted consequences of economic stringency on the availability of good jobs and the potentially dire effects of unemployment. The VRA continues vigorously to embrace a moral obligation to move people of working age into a life of work and to support sick and disabled people to remain in work when their health condition so permits.

An aspiration has been achieved that the 2007 Standards would enhance national recognition of VR professionals that abide by them and reinforce their skills, competencies and reputation to deliver quality services and tangible outcomes. Testament to which is given in Professor Andrew Frank’s introduction to this second edition of a thoroughly revised set of Standards that is evidence-based, practice-driven, transparent and comprehensive.

These revised and augmented standards will further contribute to, and hone, the professional development and practices of all who are engaged in vocational rehabilitation and in turn will enable the delivery of cogent and coherent educational/ training activities and also facilitate accreditation. Furthermore, the demonstration of adherence to these standards by VR practitioners will consolidate the confidence of those who receive their services and those who commission them.

May I also extend my thanks to the Continuing Education Group which has done such an excellent job in facilitating the comprehensive revision of the 2007 Standards. Lest we forget, grateful acknowledgement must also be given to Gail Kovaks and the task group she led whose work in developing the 2007 Standards is the essential bedrock upon which these revised Standards soundly rests.

The publication of this second edition of the Standards will further strengthen the profile and reputation of the Vocational Rehabilitation Association as a leader in its field in the United Kingdom. As Patron I am proud to be associated with the VRA.

Professor Sir Mansel Aylward CB MD Dsc FFOM FFPM FFPH (Hon) FRCP Patron
Introduction from the Chair

There is now widespread agreement across the UK that facilitating employment for those who are disadvantaged through emotional or physical impairments / ill health is important; and often needs skilled help. Usually those providing this skilled help require knowledge of both health and employment practice together with a range of competencies that require continuing professional development.

These competences are rarely provided adequately in the undergraduate training of health professionals and thus have to be acquired through post-graduate development. Employment professionals seldom acquire these skills through a planned training programme. It is thus essential that VR professionals understand and agree to practice to standards that are agreed between service recipients, commissioners of services and service providers.

In order to achieve this agreement, the VRA has produced the second edition of our standards, following consultation with a wide range of organisations and interested professional groups. These standards provide the best protection we can give to service recipients (termed clients’ in these standards), that the services they seek will be provided to the highest professional standard.

The VRA set up the Continuing Education Group specifically to facilitate a total revision of our standards. On behalf of the VRA my thanks go to the Chair David Booth and the committee members. Their hard work over many months has resulted in the production of this second edition. The VRA is also very much indebted to the task group and its advisors who developed the first standards and provided such a good foundation on which the current draft has built on.

Vocational rehabilitation has never been as important as it is now in 2013 with the government now appreciating the importance to the UK economy of reducing unnecessary sickness absence as recognised by its response to the Black/Frost report (Department for Work and Pensions 2013). I believe that we can only succeed in supporting those disadvantaged in the world of work through disability or ill health, by adhering to rigorous standards. I truly hope that these standards will facilitate many disadvantaged individuals to obtain and succeed in sustained and developing careers.

Andrew Frank MBBS; FRCP; DSC (hons); FHEA; PVRA
Chair

From the Chair of the Continuing Education Group

The Vocational Rehabilitation Association (VRA) first published standards in 2007 and they were not only well received initially but continue to be downloaded from our website daily by individuals and organisations all over the world. These standards promised a review after a few years’ of operation and it is as a result of this review and subsequent consultation that these new standards are offered to support both practitioners and the industry as a whole.

One of the main changes from the original standards is that they concentrate on personal, professional standards. Organisational and provider standards were judged to be adequately addressed by the subsequently published UKRC standards and the BSI Code of Practice PAS 150.

The standards document itself is now deliberately a relatively slim document. We wanted to provide an easy to reference document that could be integrated into a practitioner’s work. Behind this also sits a number of supporting documents to guide the practitioner and provide resources. We hope that practitioners will use these tools for personal and professional development. Some of these have been developed as part of this additional work and there will be further development in response to feedback from members.

We hope that this next phase of these standards will act as a springboard from which we can reach other goals such as the creation of a validated VR training route or professional skills certification. All of this represents the increasing maturity of the VR practitioner community, something that we can all contribute towards and in which I hope these standards can continue to play a part.

My thanks go to the VRA’s Continuing Education Group for all their hard work on the standards. Last but by no means least our thanks to all of those who took the time to respond to our consultation on these new standards as without your help this exercise would have been futile.

I warmly welcome you to the second edition of the Vocational Rehabilitation Standards of Practice.

David Booth C.Psychol; CSci; AFBPS; PVRA
Chair of the Continuing Education Group
In Appreciation

The VRA’s Continuing Education Group
David Booth (Chair), Andrew Frank, Lorna Glass, Ceri Goodrum, Catherine Keyes, Christine Parker, John Pilkington, Bruce Rainford and their professional advisor Stan Lester.

2007 Standards Task Group and their advisors
Our thanks also go to those who developed the 2007 standards of practice.

The Standards Task Group
Gail Kovacs (Chair), Nick Bason, Nicholas Cull, Morag Heighway, Andrew Pemberton, Joy Reymond, Fletcher Trowse, Barry Williams, Roger Butterworth, Colin Ettinger, Margaret Eve, Leonie Nowland

Their advisors
Professor Sir Mansel Aylward, Mike Clarke, Simon Francis, Professor Andrew Frank, Ceri Goodrum, Dr. Bob Grove, Donal McAnaney, David Parsons, Joanne Pratt, Miles Rinaldi, Philippa Simkiss, Marilyn Sycamore, Lynne Turner-Stokes, Michelle Valentine

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Vocational Rehabilitation

Vocational Rehabilitation (VR) is any process that enables people with functional, physical, psychological, developmental, cognitive or emotional impairments to overcome obstacles to accessing, maintaining or returning to employment or other useful occupation.

Practitioners working within the field of VR are expected to:-

- Work within their scope of practice;
- Adhere to the code of ethics; and
- Comply with the standards of practice.

VR may be a stand-alone activity or carried out as part of a wider role or rehabilitation programme.

Scope of Practice Statement

A practitioner:

- May practise in one or more areas of Vocational Rehabilitation.
- Must not practise outside of his or her areas of competence.
- May increase their scope of practice by undergoing appropriate education, training, accreditation or suitably monitored work experience.
Code of Ethics

The Vocational Rehabilitation (VR) practitioner must:

a) Practise in a safe, efficient, effective, ethical, equitable and non-discriminatory manner.

b) Exercise their duty of care and provide a service with due regard to the protection and safety of clients, stakeholders and themselves.

c) Report suspected or actual abuse of clients.

d) Provide services within the context of a professional relationship.

e) Make full disclosure to relevant stakeholders of matters that could reasonably be expected to impair their independence and objectivity.

f) Obtain on an on-going basis informed consent from the client or where applicable the client’s representative, respecting the right to withdraw consent at any time.

g) Be truthful and accurate in all reporting processes as well as in public statements and promotional literature concerning the services, programmes, products and profession.

h) Comply with the requirements of all relevant legislation, regulations and codes of practice.

i) Maintain coverage, either directly or through their employer, of professional indemnity and public liability insurance.

j) Conduct themselves in an open, honest and professional manner.

k) Promote VR in a positive and ethical manner.

l) Comply with the Vocational Rehabilitation Association’s Complaints and Discipline Policy, fully participating in any investigation and complying with any resulting actions.
Standards of Practice

A. Professional principles

The Vocational Rehabilitation (VR) Practitioner must:

A1. Consistently practise to a proficient standard, maintaining competence by continuing to acquire relevant knowledge and skills.

A2. Demonstrate knowledge of current VR theory and practice as relevant to their area of practice.

A3. Provide documented information to the client, in a format that they can understand, that clearly defines the services being provided.

A4. Draw on relevant information and their own professional knowledge to make justifiable decisions and support the client’s decision-making.

A5. Communicate information, guidance, instruction and professional opinions effectively and appropriately to clients’ and to other stakeholders involved in the VR process.

A6. Maintain an independent perspective when negotiating with stakeholders, working to resolve differences between ideas, principles or people.

A7. Ensure that the funder is made aware of any duplication of service or double funding that the practitioner identifies.

A8. Accommodate the different ethnic and cultural backgrounds of clients’ and stakeholders where this may impact on the client’s return to work.

A9. Ensure that staff, associates, students, volunteers and other individuals working with the client under the practitioner’s supervision are adequately trained, skilled and supervised in accordance with the VRA standards, code of ethics and other relevant guidelines.

A10. Ensure that clients’ have adequate support where needed to enable them to communicate effectively and understand information communicated to them.

A11. Ensure that the service and the practitioner act to empower the client, enabling clients’ to make decisions wherever they are capable of doing so.
B. Vocational Rehabilitation Practice

The Vocational Rehabilitation (VR) Practitioner must:

General considerations

B1. Identify how the VR process will need to be tailored to accommodate the client’s impairment.

B2. Identify the implications of the client’s impairment in relation to employment or other useful occupation.

B3. Work to overcome obstacles including unhelpful attitudes and misunderstandings on the part of clients’ and other stakeholders, which may prevent them from being able to benefit fully from the VR process.

B4. Ensure that clients’ and other stakeholders understand their roles and responsibilities in relation to the VR process.

B5. Ensure that clients’ and other stakeholders are aware of their rights in the VR process and are encouraged to participate fully in it.

B6. Consider individuals within the context of their family systems and communities and, where appropriate and with the client’s permission, endeavour to engage the family and significant others in an effort to support their rehabilitation.

B7. Respect client confidentiality within the limits of the law.

B8. Ensure that the client’s expectations of the service and the practitioner are realistic and the responsibilities of both parties are defined.

B9. Ensure that services are discontinued only when there are valid reasons for doing so.

B10. Design interventions to be effective, efficient and timely to make best use of the budget and resources that are available.

B11. Ensure agreed timings and timescales are met, providing fair reasons where this is not possible.

B12. Maintain sufficient knowledge of relevant legislative and benefit systems to support their work with clients’.

B13. Maintain an up-to-date knowledge of the various resources that can be used to assist the client in their community, or of the agencies that can assist the client in accessing these resources.
Referrals

B14. Consistently follow clearly documented incoming and on-going referral procedures and criteria.

B15. Indicate the time frame within which they will respond to a referral.

B16. Ensure that they have informed consent from the client or the client’s representative for the client to receive VR services and that this is regularly reviewed and documented.

B17. If a service has been started and subsequently is deemed inappropriate or cannot be continued, identify a suitable alternative.

B18. Where a referral to another practitioner is made, ensure this is done in discussion and agreement with the client and where relevant other stakeholders, maintaining client confidentiality and safety throughout.

B19. Ensure, wherever possible, that any recommended/ referred provider offers an effective and professional intervention in line with Vocational Rehabilitation Association standards.

Case co-ordination

B20. Wherever possible, ensure service coordination remains under the supervision of one VR practitioner throughout the duration of the plan or intervention.

B21. Ensure that case transfers have as little impact on the client, the client’s plan and other stakeholders as possible.

B22. Support the client to self-manage at time of closure or transfer, taking into consideration the client’s priorities and options.

Assessments

B23. Use assessment tools only where they will provide information to aid the decision-making process.

B24. Make clear to the client at the outset how assessment results will be used and reported.

B25. Guide and assist the client and other stakeholders through the assessment process.

B26. Differentiate between different kinds of assessment, recommending the most appropriate to meet the client’s and stakeholders’ needs and goals.

B27. Justify not carrying out or discontinuing an assessment once it has been recommended.
Return to Work

B28. Use understanding of recruitment processes, employment practices and labour market details to assist clients’ in finding and retaining work.

B29. Work with and influence relevant stakeholders to ensure the client’s successful return to work.

B30. Match people to work, taking account of the key factors associated with job retention and redeployment processes.

B31. Identify the physical, psychological and cognitive demands of the job and ensure that the client’s physical and mental capacities are sufficient to meet job demands, working with other professionals where necessary to do this.

B32. Ensure that adjustments or modifications are made to the workplace and work processes where necessary to facilitate sustainable return to work.

B33. Develop and agree a phased return-to-work plan with the client, employer and other stakeholders when necessary to aid sustainable return to work.

VR Plans

B34. In discussion with the client and other stakeholders, develop and agree an appropriate VR plan which is specific, measureable, achievable, realistic and time limited, reviewing and updating it at appropriate intervals.

B35. Ensure that the plan takes account of the resources that are available to support it.

B36. Adequately explain the VR plan and its specific components to the client or their representative, as a basis for informed consent.

B37. With the client’s consent, work to gain the employer’s full participation in the VR plan.

B38. Ensure that the client and the employer (where there is one), receive consistent and active support throughout the plan or service intervention.

Records

B39. Ensure data is collected for required purposes only and used appropriately.

B40. Ensure client files and other records are professionally presented and maintained, logically organised, well managed, clear and concise, so that those using them find them comprehensive and understandable.

B41. Ensure that any changes made or needed to the VR process to accommodate the client are clearly recorded.
B42. Follow professional and legal requirements related to confidentiality, storage and destruction of files, and to a client’s right to access their own details.

**Evaluation and Review**

B43. Use a documented process with appropriate timescales for dealing with complaints and feedback and make this available to clients’ and stakeholders.

B44. Request, collect and analyse outcome measures and feedback from clients’ to evaluate and continuously improve the services delivered.

B45. Comply with legitimate external audits and evaluations when requested.

**C. Continuing development and contribution to the profession**

The Vocational Rehabilitation (VR) practitioner must:

C1. Refer to these standards to conduct a self-audit at yearly intervals or less.

C2. Maintain a personal/professional development plan that is updated at least annually, identifying how they will pursue and maintain knowledge and skills relevant to their area of expertise.

C3. Engage in regular CPD activities, keeping a log of the activities and demonstrating reflection on their practice along with taking action on information from feedback, audits and personal reflection.

C4. Make use of professional supervision, mentoring or peer review sessions to support practice and development.

C5. Ensure supervision, mentoring or peer review sessions are documented, summarising the discussions that took place along with any agreed actions.

C6. Contribute to the VR field; for instance by publishing, presenting, training others or disseminating results or good practice.

C7. Undertake any research in a professional and responsible manner adhering to accepted research and ethical practices.
The Vocational Rehabilitation Association

The VRA is a multi-disciplinary UK-wide organisation supporting and promoting all those working in vocational rehabilitation whether in the public, private, voluntary or third sector.

The Association exists to:

• help people working in the field of disability and employment;
• promote and develop their personal, professional and practical skills, and
• maintain their awareness of a broad range of rehabilitation issues.

The aims of the VRA are to:

• promote the professional knowledge, attitudes and skills of vocational rehabilitation practitioners;
• provide a vehicle for the exchange of ideas and experience across the UK;
• contribute towards the development of quality standards and training;
• promote equal opportunities within our field of practice;
• increase awareness and recognition of vocational rehabilitation throughout the world of work.

The Association is committed to:

• fulfilling aims that will ensure the recognition of the skills and knowledge of practitioners;
• setting and furthering standards for future practitioners, and providing a competence framework for users of vocational rehabilitation services.

Getting involved

To find out more about the VRA, its events, its work or to become a member please visit www.vra-uk.org or email us at admin@vra-uk.org
Notes
The VRA is a multi-disciplinary UK-wide organisation supporting and promoting all those working in vocational rehabilitation whether in the public, private, voluntary or third sector.

Please send us your feedback on these standards.

Contact us at: admin@vra-uk.org or visit us at: www.vra-uk.org

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