

# Response to the Work, Health and Disability Green paper<sup>1</sup>

## Submission from the Vocational Rehabilitation Association (VRA)

### 1. Who we are

The VRA is a charitable company supporting professionals from a variety of backgrounds (mostly health) who bridge the worlds of health and employment. Vocational rehabilitation professionals/practitioners assist those with ill health (whatever the cause), to enter, stay in or return to work. Clients may include people with congenital impairments, acute ill health and those with long-standing impairments (using the terminology of the World Health Organisation (WHO) <sup>21</sup>). Vocational rehabilitation (VR) supports individuals with a disability, physical or mental health condition. These impairments may be static or result from conditions that vary in nature over time (either with improvement or deterioration).

The Association exists to help people working in the field of disability and employment;

our aim is to promote and develop their professional and practical skills, set professional standards for vocational rehabilitation practitioners, and build recognition in government and industry, of the skills and knowledge of our professional members.

The VRA is a member of the Council for Work and Health, which comprises the professional bodies which represent those engaged in the delivery of health and wellbeing services in the workplace, those engaged in work rehabilitation, as well as others supporting work and health including representatives from the CBI and TUC. The Council was established in 2009 to provide an authoritative and representative “single voice” on health and wellbeing issues.

In July 2016, the VRA provided a submission to government on “Halving the Disability Gap: Vocational Rehabilitation can help”. We are pleased to provide this further response to the Government’s Green Paper, published October 2016, seeking views on what it will take to transform employment prospects for disabled people and people with long-term health conditions.

### 2. Our Submission

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<sup>1</sup> Work, health and disability: improving lives (2016) at: <https://www.gov.uk/government/consultations/work-health-and-disability-improving-lives>

<sup>2</sup> World Health Organization: report by the secretariat. The International Classification of functioning, disability and health (ICIDH-2). Geneva: WHO; 2001.

The VRA has responded to a subset of the questions, those of most relevance to our profession. These have been submitted online, for ease of analysis.

We have surveyed our members and have encouraged them to provide individual Citizen Responses also.

The VRA supports the reform of the UK's current approach to Work, Health and Disability. We draw attention in our detailed responses to a number of key issues:

- **Work** is a key determinant of health and wellbeing for most people, and therefore **must be a key outcome for any clinical activity which involves a sickness absence or a loss of a job**. The RTW outcome (ie sustained employment) must be linked to financial tariffs in the health system
- **Early intervention is key to avoiding the slide into benefits and welfare** as a result of unmanaged sickness absence that leads into chronic illness and loss of job.
- **Education** is a repeated theme in our responses - for the employer, job coach, employee, GP, and other clinicians.
- **The de-medicalisation of work rehabilitation support services used to help people with a disability or health condition return to work**. We recommend that this work should be done by case managers and rehabilitation specialists, but supported by relevant health condition experts when needed. The work rehabilitation support services would follow a biopsychosocial model of recovery and return to work.
- **A cultural change is also still needed**, so that the population, including employers, recognises the value of good work to good health, and especially to good mental health.
- We also recommend relieving GPs of the burden of repeated fit note assessments. We believe that after 4 weeks of absence, the **individual should receive a specialised assessment from a work rehabilitation specialist**, development of a return to work plan, and negotiation with the employer to achieve these goals.
- Like many other organisations, we have concluded that **the Fit Note**, although an improvement on the previous Sick Note, **is not fit for purpose**, as its primary role is to drive the Statutory Sick Pay entitlement process. The VRA notes the inconsistency between the provision of a Fit Note, which recognises residual abilities rather than disabilities, in contrast to the Work and Capability Assessment, which assesses levels of disability rather than residual abilities.

### 3. Next Steps

The VRA appreciates that this is a special opportunity to contribute to public policy in this area, and thanks the DWP and DoH for making this opportunity available.

We would value continued input to your deliberations, and to assist in any demonstration projects and roll-outs. Please do not hesitate to ask.

John Pilkington, on Behalf of  
The Vocational Rehabilitation Association  
February 17<sup>th</sup> 2017