Why Should We and How Do We Support Injured Individuals Back into Work?

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Employment; Personal injury; Rehabilitation; Right to return to work

Abstract

Returning injured individuals to work (vocational rehabilitation) is a prime responsibility of any rehabilitation programme as it facilitates optimal participation in society. In addition, employment improves health and well-being in contrast to the ill health which often follows unemployment. Injured individuals may be injured at birth or at any stage in their lives, requiring different strategies to facilitate employment. Young people need to develop their education, work experience and self confidence. Those at work may need strategies to enable them to return to their old or new jobs whilst those who lose their work may need specific (re)training and/or specialist support to find a new job. This process should start at first contact with health professionals and subsequently often needs coordination of health professionals, employers and government departments to maximise the best outcome. Such assistance is best provided by vocational rehabilitation professionals who navigate the complex relationships between health and work.

Introduction

Many injuries affect an individual's ability to work. For some, these injuries may occur at birth affecting their education and possibly their ability to find work. Other injuries occur to individuals of working age and may or may not be work-related. These injuries may affect the ability to continue with their current work, but not be so severe that they are unable to work. For others, a prolonged period of worklessness may occur whilst a protracted recovery period ensues. For these individuals, a return to work ("RTW") may be problematic and only possible after a prolonged period of rehabilitation. If such rehabilitation has a work focus however, their chances of RTW are greatly increased. Such rehabilitation is known throughout the world as vocational rehabilitation ("VR").

It follows that there are three main forms of VR that are relevant to supporting injured individuals. First, there are those who experience injuries at birth or early in life. Secondly, there are those who have injuries that affect their working life and which may need support at work (job retention); and finally there are those who have lost their job and have to rebuild their working lives.[1]

Vocational rehabilitation has been defined as "any process, that enables persons with functional, psychological, developmental, cognitive and emotional impairments to overcome obstacles to accessing, maintaining or returning to employment or other useful occupation".[2] The background to the development and decline in medical rehabilitation services in the UK has been discussed elsewhere.[3] However, the

* Trustee and Past Chair, Vocational Rehabilitation Association. The opinions expressed in this review are those of the author and are not those of the Vocational Rehabilitation Association.

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[1] A. O. Frank, "Vocational rehabilitation: supporting ill or disabled individuals in(to) work: a UK perspective" [2016] *Healthcare* 4(46). DOI:10.3390/healthcare4030046.

[2] Vocational Rehabilitation Association, *Vocational rehabilitation standards of practice*, 2nd edn (One Oak, Colchester Road, Thorpe le Soken, Essex, CO16 0LB, Vocational Rehabilitation Association, 2013) and British Society of Rehabilitation Medicine, *Vocational Rehabilitation—the way forward: report of a working party* (Chair: A. O. Frank), 2nd edn (London: British Society of Rehabilitation Medicine, 2003).

[3] A. O. Frank, "Vocational rehabilitation: supporting ill or disabled individuals in(to) work: a UK perspective" [2016] *Healthcare* 4(46). DOI:10.3390/healthcare4030046.

recent pathway for major trauma specifies that the major trauma centres will work with "local general rehabilitation services and Specialist Rehabilitation ("SR") providers". Rehabilitation consultants are now involved with the rehabilitation needs of those leaving the Major Trauma Unit. These patients will have a "rehabilitation prescription" which reflects their "physical, functional, vocational, educational, cognitive, psychological and social rehabilitation needs".[4] Whilst this is not a guarantee that all patients will receive adequate rehabilitation throughout their NHS care, at least the importance of rehabilitation has been accepted, certainly for those with major trauma. Furthermore the British Society of Rehabilitation Medicine ("BSRM") has issued standards for SR in the Trauma pathway which specifically include the need for all trauma patients to be assessed for their ability to RTW and for some this will need specialist VR.[5] The World Health Organisation has recently reported on the need for rehabilitation to be integrated "into and between primary, secondary and tertiary levels of health systems".[6] It also stipulated that "where health insurance exists or is to become available, it should cover rehabilitation services",[7] and also the provision of assistive technology ("AT").[8]

The importance of rehabilitation in the return to health and work process, together with the appreciation of the positive return on investment for rehabilitation services delivered, is increasingly understood.[9] The relative lack of good NHS rehabilitation services has also stimulated the development of private rehabilitation services, mostly paid for by the insurance sector. Three groups of professionals have been formed representing the three main streams of rehabilitation as it was developing in the private sector—the Case Management Society of the UK ("CMSUK"),[10] British Association of Brain Injury Case Managers ("BABICM")[11] and the Vocational Rehabilitation Association ("VRA") which has recently published the second edition of its standards of practice.[12] Whilst RTW planning may be provided by the rehabilitation team in the acute/sub acute settings, this is not always the case, particularly if consideration of a RTW has not been feasible during the rehabilitation process. It is in this situation that the private sector may provide assistance for those who are supported by an insurance claim and facilities not available under the National Health Service ("NHS") may be accessed. This is particularly important when NHS services are controlled by waiting lists as is often the case for certain investigations (e.g. magnetic resonance imaging) or clinical services (e.g. physiotherapy, counselling etc).

The International Underwriting Association and the Association of British Insurers have commissioned a number of UK Bodily Injury Studies, first published in 1997. The second report in 1999 included a voluntary "Rehabilitation Code" to encourage the use of rehabilitation by insurers and personal injury lawyers.[13] Since then, there have been two updates, the most recent being in late 2015. These have incorporated users' comments and responded to constructive feedback from the industry. The latest review is being carried out currently and will refer to a new "Rehabilitation Good Practice Guide" which has been prepared by the VRA, CMSUK, BABICM and the BSRM. This reflects the central role played by the injured individual and their rehabilitation professionals and will sit alongside the "Case Manager's Guide" which was an addendum to the 2015 version of the Code.

[4] NHS England, *NHS standard contract for major trauma service (all ages)* (London, UK: NHS England: 2017).
[5] L. Turner-Stokes, *Specialist Rehabilitation in the Trauma pathway: BSRM core standards* (London, UK, British Society of Rehabilitation Medicine, 2013).
[6] World Health Organisation, *Rehabilitation in health systems* (Geneva: World Health Organisation, 2017).
[7] World Health Organisation, *Rehabilitation in health systems* (Geneva: World Health Organisation, 2017).
[8] World Health Organisation, *Rehabilitation in health systems* (Geneva: World Health Organisation, 2017).
[9] SwissRe Australia, *Rehabilitation Watch 2016* (Sydney, NSW, Australia: 2016).
[10] CMSUK, *Case Management Society of the UK* (Sutton, UK: 2009) at *www.cmsuk.org/* [accessed 19 October 2017].
[11] *British Association of Brain Injury Case Managers*, British Association of Brain Injury Case Managers (2017) at *http://www.babicm.org/* [accessed 19 October 2017].
[12] Vocational Rehabilitation Association, *Vocational rehabilitation standards of practice*, 2nd edn (One Oak, Colchester Road, Thorpe le Soken, Essex, CO16 0LB, Vocational Rehabilitation Association, 2013).
[13] International Underwriting Association and the Association of British Insurers, *Third UK bodily injury awards study*, (London: International Underwriting Association of London, 2003).

Is work important?

For many years, the clear advantages of work (e.g. payment) may have been masked by the obvious disadvantages (sometimes long hours for low pay with risks to physical and mental health). The UK Government commissioned an independent review of the scientific evidence into whether work is good for health and well-being.[14] Waddell and Burton found extensive evidence to support the beneficial effects of work in terms of adequate economic resources to facilitate full participation in society; meeting important psychosocial needs; being central to individual identity, social roles and social status. Thus employment is the main driver of social gradients in physical and mental health and mortality.[15] Conversely, there is a strong association between worklessness and poor health in terms of higher mortality,[16] poorer general health and poorer mental health,[17] including an increased suicide risk.[18] Dame Carol Black summarised the advantages of employment:

> "For most people, their work is a key determinant of self-worth, family, esteem, identity and standing within the community, besides, of course, material progress and a means of social participation and fulfilment."[19]

As a result of Dame Carol's review, the Government agreed with the National Institute for Health and Care Excellence that their public health guidelines should include work-related outcomes,[20] a widely held view.[21] It follows that every attempt to secure a RTW should be made at the earliest possible time.[22]

General principles of VR

Early intervention

VR starts at the first contact with the patient (or their relatives). In the early stages of injury management, the clinical situation will dominate thinking, but nevertheless it is important that those involved understand the importance of remaining in contact with the employer; that reassurance is provided that much can be done to help those whose injuries may threaten their ability to work (and that sometimes there is a need to consider doing different work); and that unguarded comments about the potential for future RTW are avoided[23] (Table 1).

Vocational Rehabilitation Professionals ("VRPs") see a range of job options for individuals, whilst the individual and their family are likely to only consider a return to one's present position. Some individuals and/or their families may believe that a RTW is not possible e.g. after a spinal cord injury ("SCI"), and

[14] G. Waddell and A. K. Burton, *Is work good for your health and well-being?* (London: The Stationary Office, 2006).

[15] G. Waddell and A. K. Burton, *Is work good for your health and well-being?* (London: The Stationary Office, 2006).

[16] T. Clemens, F. Popham and P. Boyle, "What is the effect of unemployment on all-cause mortality? A cohort study using propensity score matching" [2015] *European Journal of Public Health* 25(1):115–121 and P. Meneton, E. Kesse-Guyot, C. Mejean, L. Fezeu, P. Galan and S. Hercberg, "Unemployment is associated with high cardiovascular event rate and increased all-cause mortality in middle-aged socially privileged individuals" [2015] *International archives of occupational and environmental health* 88(6):707–716.

[17] G. Waddell and A. K. Burton, *Is work good for your health and well-being?* (London: The Stationary Office, 2006).

[18] C. Breuer, "Unemployment and Suicide Mortality: Evidence from Regional Panel Data in Europe" [2015] *Health Economics* 24(8):936–950.

[19] Dame Carol Black, *Working for a healthier tomorrow* (London: TSO, 2008).

[20] Department for Work and Pensions, Department of Health, *Improving health and work: changing lives. The Government's Response to Dame Carol Black's Review of the health of Britain's working-age population* (London, UK: TSO, 2008).

[21] MASCIP (Multidisciplinary Association for Spinal Cord Injury Professionals), *Draft Vocational rehabilitation guidelines 2017* (Stoke Mandeville, Buckinghamshire, UK: MASCIP, 2017) at *https://www.mascip.co.uk/best-practice/mascip-best-practice/#* [accessed 19 October 2017].

[22] G. Hilton, C. A. Unsworth, G. C. Murphy, M. Browne and J. Olver, *Longitudinal employment outcomes of an early intervention vocational rehabilitation service for people admitted to rehabilitation with a traumatic spinal cord injury* (Spinal Cord 2017) at *http://dx.doi.org.rsm.idm.oclc.org/10.1038/sc.2017.24* [accessed 17 October 2017], S. Bevan, "Exploring the benefits of early interventions which help people with chronic illness remain in work" [2015] *Fit for Work Europe* and A. Tyerman, "The importance of work for people with a brain injury" [2017] *Brain Injury News* 9: 3–6.

[23] MASCIP (Multidisciplinary Association for Spinal Cord Injury Professionals), *Draft Vocational rehabilitation guidelines 2017* (Stoke Mandeville, Buckinghamshire, UK: MASCIP, 2017) and British Society of Rehabilitation Medicine, *Vocational assessment and rehabilitation for people with long-term neurological conditions: recommendations for best practice* (London: British Society of Rehabilitation Medicine, 2010).

these attitudes need to be challenged early, e.g. by asking what makes you think that?[24] Whilst these options have been summarised previously,[25] they involve considering continuing with one's current job, with or without modifications (accommodations), continuing with the employer in a different role, finding a new employer doing similar or different tasks, or considering self-employment. Work may be done at the worksite or at home, full-time or part-time. The role of the voluntary sector is increasingly seen to be valuable, sometimes offering financial assistance, often peer support[26] and less frequently voluntary work.[27] The appointment of a Vocational Navigator at the Golden Jubilee Regional Spinal Cord Injuries Centre in Middlesbrough increased the RTW rate from 23% to 56% showing the dramatic difference that can be made through appropriate VR provision. [28]

Assessment

Whilst the details of a vocational assessment are beyond the scope of this review, it is crucial to understand the nature of the difficulties associated with a RTW. In the UK, a system has developed which simplifies this process and has been summarised in Table 2. The flag system developed from the "red flags" that were used in the management of back pain. It was soon apparent that back pain management needed to identify the psychological risk factors likely to lead to chronic pain, which in turn might be complicated by social factors—in effect the biopsychosocial model of health management. This has usefully been used by VRPs to identify individuals whose difficulties in returning into employment might go beyond the severity of any residual impairments.[29] Thus an individual with multiple fractures following a road traffic accident might have mobility impairments complicated by post-traumatic stress disorder and depression. In spite of this, (s)he might have been able to child mind and their partner get employment which may in turn impact on a client's desire to RTW.

Roles of the Vocational Rehabilitation Professional ("VRP")

The key functions of the VRP are outlined in Table 3. The VRP assesses the difficulties perceived by both the employer and employee relating to RTW and works with them to develop a RTW plan which must embrace the difficulties in travel to work, all aspects of the tasks involved and negotiating with managers and co-workers when needed.[30] Worksite visits are usually important in facilitating a RTW[31] and may involve training at the worksite.[32] Such visits greatly facilitate the introduction of job modifications

[24] MASCIP (Multidisciplinary Association for Spinal Cord Injury Professionals), *Draft Vocational rehabilitation guidelines 2017* (Stoke Mandeville, Buckinghamshire, UK: MASCIP, 2017).

[25] A. O. Frank, "Vocational rehabilitation: supporting ill or disabled individuals in(to) work: a UK perspective" [2016] *Healthcare* 4(46). DOI:10.3390/healthcare4030046.

[26] MASCIP (Multidisciplinary Association for Spinal Cord Injury Professionals), *Draft Vocational rehabilitation guidelines 2017* (Stoke Mandeville, Buckinghamshire, UK: MASCIP, 2017).

[27] A. O. Frank, "Vocational rehabilitation: supporting ill or disabled individuals in(to) work: a UK perspective" [2016] *Healthcare* 4(46). DOI:10.3390/healthcare4030046.

[28] MASCIP (Multidisciplinary Association for Spinal Cord Injury Professionals), *Draft Vocational rehabilitation guidelines 2017* (Stoke Mandeville, Buckinghamshire, UK: MASCIP, 2017).

[29] World Health Organisation: report by the secretariat, *The International Classification of functioning, disability and health (ICIDH-2)* (Geneva, World Health Organisation, 2001).

[30] A. O. Frank, "Vocational rehabilitation: supporting ill or disabled individuals in(to) work: a UK perspective" [2016] *Healthcare* 4(46). DOI:10.3390/healthcare4030046 and MASCIP (Multidisciplinary Association for Spinal Cord Injury Professionals), *Draft Vocational rehabilitation guidelines 2017* (Stoke Mandeville, Buckinghamshire, UK: MASCIP, 2017).

[31] H. Squires, J. Rick, C. Carroll and J. Hillage, "Cost-effectiveness of interventions to return employees to work following long-term sickness absence due to musculoskeletal disorders" [2012] *Journal of public health* 34(1):115–124 and A. Tyerman and M. Meehan, *Vocational assessment and rehabilitation after acquired brain injury: inter-agency guidelines* (London: British Society of Rehabilitation Medicine, JobcentrePlus, Royal College of Physicians, 2004).

[32] British Society of Rehabilitation Medicine, *Vocational assessment and rehabilitation for people with long-term neurological conditions: recommendations for best practice* (London: British Society of Rehabilitation Medicine, 2010); H. Squires, J. Rick, C. Carroll and J. Hillage, "Cost-effectiveness of interventions to return employees to work following long-term sickness absence due to musculoskeletal disorders" [2012] *Journal of public health* 34(1):115–124; A. Tyerman, "Vocational rehabilitation after traumatic brain injury: models and services" [2012] *Neurorehabilitation* 31(1):51–62;

(accommodations). Since all these interventions demand the active involvement of the employer, the employer is now considered part of the rehabilitation process.[33]

Inter-agency liaison

The VRP liaises with all the agencies involved—the key factors being the personal attributes of the employee,[34] the health professionals' involved, the capabilities of the (actual or potential) employer and the insurers which may be private in addition to the Department for Work and Pensions ("DWP").[35] The nature of the state involvement varies from country to country, but in the UK it relates to the many interventions available from the DWP (summarised by the BSRM[36] but up-to-date information is always best obtained via the DWP website).

Government roles

The Government has a key role to play in vocational rehabilitation in providing "top-down" policies that support those providing the services—"bottom-up provision".[37] Legislation is important (e.g. Equality Act), but the provision of the "Fit note" in replacement of the "Sick Note" has also been significant.[38] It defines for all practitioners the principle of rehabilitation *that it is not what one cannot do that matters, but what one can do!* There is evidence that the Fit Note has been valued by employers.[39] It allows the general practitioner to suggest options to the employer: e.g. "a phased RTW, altered hours, amended duties and/or workplace adaptations".

The Government provides support for workers involved in RTW such as assessing literacy and numeracy skills, preparing a CV, preparing for job interviews, funding a suit for an interview etc. Access to Work ("AtW"),[40] is a highly successful government scheme designed to support disabled individuals and their employers with the adjustments needed for them to start or undertake their work. AtW may also pay a grant towards the extra employment costs resulting from a disability. Examples include providing hearing aid compatible telephones, loop systems and deaf awareness training for staff; taking a taxi to work e.g. if the results of injury prevent the individual from travelling to work using public transport when they are otherwise able to work; paying for a support worker e.g. for care needs after traumatic brain injury ("TBI"); and more recently to address workplace stress and mental health problems.[41] Permitted Work allows individuals to work whilst still receiving benefits under certain conditions.[42] The Disabled Student Allowance facilitates further education for those eligible using the definition of disability under the Equality Act.

[33] H. Squires, J. Rick, C. Carroll and J. Hillage, "Cost-effectiveness of interventions to return employees to work following long-term sickness absence due to musculoskeletal disorders" [2012] *Journal of public health* 34(1):115–124.

[34] A. O. Frank, "Vocational rehabilitation: supporting ill or disabled individuals in(to) work: a UK perspective" [2016] *Healthcare* 4(46). DOI:10.3390/healthcare4030046.

[35] British Society of Rehabilitation Medicine, *Vocational assessment and rehabilitation for people with long-term neurological conditions: recommendations for best practice* (London: British Society of Rehabilitation Medicine, 2010).

[36] British Society of Rehabilitation Medicine, *Vocational assessment and rehabilitation for people with long-term neurological conditions: recommendations for best practice* (London: British Society of Rehabilitation Medicine, 2010).

[37] A. O. Frank and P. Sawney, "Vocational rehabilitation" [2003] J.R. Soc. Med. 96:522–524.

[38] DWP, *Improving health through work* (London, DWP, 2013) and E. Wainwright, D. Wainwright, E. Keogh and C. Eccleston, "Return to work with chronic pain: Employers' and employees' views" [2013] *Occup Med* 63:501–506.

[39] E. Wainwright, D. Wainwright, E. Keogh and C. Eccleston, "Return to work with chronic pain: Employers' and employees' views" [2013] *Occup Med* 63:501–506.

[40] Department for Work & Pensions, *Access to Work* (London, 2016) and MASCIP (Multidisciplinary Association for Spinal Cord Injury Professionals), *Draft Vocational rehabilitation guidelines 2017* (Stoke Mandeville, Buckinghamshire, UK: MASCIP, 2017).

[41] Department for Work & Pensions, *Access to Work* (London, 2016).

[42] Disability Rights UK, *Permitted work Factsheet* (London, UK: 2017).

Roles of employers

The role of the employer is now considered fundamental to good VR practice and it has been argued that this is in the employers' own interests.[43] Many aspects of the employer's role are outside the scope of this review, but employment policies are crucial in facilitating not only a helpful/supportive milieu in the workplace, but also in the fundamental contributions of job modifications,[44] phased RTW etc. Understanding that individuals may RTW prior to a full recovery is increasingly being understood as an important route to reducing sickness absence and keeping trained personnel in the workforce. Most large organisations have occupational health ("OH") services which are outside the remit of this review, but where present OH departments can greatly assist the development of sound policies and facilitate good RTW strategies in addition to supporting the individual RTW plan. Employers' should also make allowances for ongoing health management which might reflect the need for continuing health management, e.g. speech and language therapy, counselling etc.

Who provides VR?

VRPs have an important and sometimes critical role to play in the RTW process. They go under a variety of names, e.g. vocational therapists/consultants/case co-ordinators/counsellors/navigators or sometimes return to work co-ordinators. Their prime functions include job matching whereby the abilities and aspirations of the client are matched with the demands of employment. They may arrange work with local employers[45] or with the voluntary sector.[46] This may lead to more formal work trials.[47]

VRPs in the UK may come from a variety of professional backgrounds. Most will be health/rehabilitation professionals who have developed particular skills within the health/work interface. Many will be therapists, but others will include nurses and psychologists. Less commonly in the UK, VRPs will be knowledgeable within the business community, e.g. human resources personnel who have developed particular skills related to this interface. Others will be graduates from other countries, e.g. Australia where VR skills can be learned at degree level.

The increased survival of those having had cancer has stimulated thinking about the levels of support needed. Macmillan Cancer Support together with the Department of Health have outlined levels of support as:

- **Level 1:**

  Information and support provided electronically or through the printed media;

- **Level 2:**

  One-to-one support through telephone hotlines and digital media;

- **Level 3:**

  Self management programmes access during or after treatment;

[43] A. O. Frank, "Navigating the health/work interface—vocational rehabilitation in the UK" *Occupational Medicine*, 2017, in press.

[44] MASCIP (Multidisciplinary Association for Spinal Cord Injury Professionals), *Draft Vocational rehabilitation guidelines 2017* (Stoke Mandeville, Buckinghamshire, UK: MASCIP, 2017).

[45] M. Westmorland, R. Williams, B. Amick, H. Shannon and F. Rasheed, "Disability management practices in Ontario workplaces: employees' perceptions" [2005] *Disability and Rehabilitation* 27(14):825–835.

[46] A. Saunders, G. Douglas, and P. Lynch, *Tackling unemployment for blind and partially sighted people: summary of findings from a three-year research project (ENABLER)* (London: RNIB, University of Birmingham, 2013).

[47] British Society of Rehabilitation Medicine, *Vocational assessment and rehabilitation for people with long-term neurological conditions: recommendations for best practice* (London: British Society of Rehabilitation Medicine, 2010); A. Tyerman, "Vocational rehabilitation after traumatic brain injury: models and services" [2012] *Neurorehabilitation* 31(1):51–62; D. McNaughton, G. Symons, J. Light and A. Parsons, "'My dream was to pay taxes': The self-employment experiences of individuals who use augmentative and alternative communication" [2006] J. Vocat. Rehabil. 25(3):181–196.

- **Level 4:**

  Specialist VR services.[48]

This however, ignores the fact that VR services are provided both generically and in specialist areas.[49] There is evidence that some VRPs need to be expert in just one area, e.g. epilepsy[50] or specialist TBI where they are likely to be part of a clinical specialist TBI team.[51]

There is a strong private rehabilitation sector (reflecting inadequate NHS rehabilitation facilities). There, the term case manager is often used for professionals coordinating the rehabilitation services needed and some will have appropriate VR experience. They are particularly valuable where complex navigation between insurance companies and the legal profession is needed.[52]

Many people who are assisted back into old or new jobs will require on-going support to ensure the job is secured for the long term. Such individuals often remain disadvantaged in that career progression is often limited.

Preparing disadvantaged young people for the world of work

Helping disadvantaged young people is difficult as there needs to be close working relationships between the local education and social service departments, local and sometimes specialist health services, equipment providers and often the charitable sector. All these bodies have defined budgets giving scope for endless negotiations between them as to who pays for what.

Numerous studies for those with many different conditions show that the level of education achieved and qualifications gained are crucial to achieving an optimal lifestyle,[53] but other factors are also fundamental. Social and personal development is one such factor,[54] which may be assisted through exposure to role models in the areas of motherhood, sport and work. The development of self confidence can be assisted through such means as sport,[55] adventure (e.g. scouting) and crucially through meaningful work experience. Internships may lead on to apprenticeships. The charitable (voluntary) sector is often helpful in giving specific advice to individuals with specific conditions e.g. for those with hearing impairments,[56] or SCI[57] and broader charities such as Disability Rights UK offer a wide variety of factsheets e.g. on

[48] E. Gail, *Thinking positively about work: delivering work support and vocational rehabilitation for people with cancer* (London: Macmillan Cancer Support; Department of Health, University College London, 2014).

[49] E. D. Playford, K. Radford, C. Burton, A. Gibson, B. Jellie and C. Watkins, "Mapping vocational rehabilitation services for people with long-term neurological conditions" (2011) at *https://www.networks.nhs.uk/nhs-networks/vocational-rehabilitation/documents/FinalReport.pdf* [accessed 19 October 2017].

[50] British Society of Rehabilitation Medicine, *Vocational assessment and rehabilitation for people with long-term neurological conditions: recommendations for best practice* (London: British Society of Rehabilitation Medicine, 2010).

[51] A. Tyerman, "Vocational rehabilitation after traumatic brain injury: models and services" [2012] *Neurorehabilitation* 31(1):51–62.

[52] A. O. Frank and P. Sawney, "Vocational rehabilitation" [2003] J.R. Soc. Med. 96:522–524.

[53] G. Hilton, C. A. Unsworth, G. C. Murphy, M. Browne and J. Olver, *Longitudinal employment outcomes of an early intervention vocational rehabilitation service for people admitted to rehabilitation with a traumatic spinal cord injury* (Spinal Cord 2017); British Society of Rehabilitation Medicine, *Vocational assessment and rehabilitation for people with long-term neurological conditions: recommendations for best practice* (London: British Society of Rehabilitation Medicine, 2010) and M. Cogne, L. Wiart, A. Simion, P. Dehail and J. Mazaux, "Five-year follow-up of persons with brain injury entering the French vocational and social rehabilitation programme UEROS: Return-to-work, life satisfaction, psychosocial and community integration" [2017] *Brain Injury* 1–12.

[54] British Society of Rehabilitation Medicine, *Vocational assessment and rehabilitation for people with long-term neurological conditions: recommendations for best practice* (London: British Society of Rehabilitation Medicine, 2010).

[55] A. O. Frank, "Neuromuscular conditions for physicians—what you need to know" [2016] Clin. Med. 16(5):496.

[56] L. Matthews, *Unlimited potential: a research report into hearing loss in the workplace*, 1st edn (London: Action on Hearing Loss, 2012) at *https://www.actiononhearingloss.org.uk/supporting-you/policy-research-and-influencing/research/hearing-loss-in-the-workplace.aspx* [accessed 19 October 2017].

[57] MASCIP (Multidisciplinary Association for Spinal Cord Injury Professionals), *Draft Vocational rehabilitation guidelines 2017* (Stoke Mandeville, Buckinghamshire, UK: MASCIP, 2017).

internship and apprenticeships.[58] Given the Government's support for apprenticeships, e.g. AtW[59] this is always a worthwhile consideration. Volunteering is often a good entry point into the world of work[60] as well as giving those with severe residual impairments an ability to contribute to society.[61] Appropriate careers advice is essential from those with in-depth knowledge of the capabilities of those with disabilities and the careers of the future, both for young people, e.g. from the National Careers Advisory Service[62] as well as for older individuals changing careers due to illness/injury.

In recent years, rehabilitation within the workplace has been seen to be an important component to "getting better".[63] Thus developing skills from within the workforce, e.g. for those with intellectual impairments or severe mental health issues, is more effective than pre-work training—"place then train" is now preferred to "train then place".[64]

Whilst there has been concern for some years about the services available in the UK for the transition between childrens' services and those for adults,[65] little attention appears to have been given from the NHS to the preparation of disadvantaged young people for working life.[66] A number of factors seem important. Planning for an adult world of work needs to begin around the time of puberty, or attending secondary education.[67] Childrens' services need to plan for the young person to become the centre of the clinic consultation, rather than the parents. Parents must be confronted with the question as to whether they want their child to become a young adult with, as nearly as possible, the same chance of an independent life as their non-disadvantaged peers. For those parents grasping this issue, allowing increased personal independence, either through the use of AT or through other means, can greatly enhance the life-chances for their child as they develop into a young adult.[68]

Equipment and assistive technology

The provision of AT to support physically disabled young people, e.g. that of communication equipment (Alternative and Augmentative Communication ("AAC")) can transform the lives of even the most severely impaired individuals including facilitating employment.[69]AAC is not always provided by the NHS, being costly and poorly funded.

[58] Disability Rights UK, *Into Apprenticeships: the guide for disabled people* (London, UK: 2017) at *https://www.disabilityrightsuk.org/intoapprenticeships* [accessed 19 October 2017] and P. Connolly and T. Stevens, "Get back to where we do belong" (2016) at *https://www.disabilityrightsuk.org/sites/default/files/pdf/GetBack30November.pdf* [accessed 19 October 2017].

[59] Department for Work & Pensions, *Access to Work* (London, 2016) and P. Connolly and T. Stevens, "Get back to where we do belong" (2016).

[60] P. Connolly and T. Stevens, "Get back to where we do belong" (2016).

[61] S. Copstick, "Supporting people back to work through volunteering" [2017] *Brain Injury News* 9 at 7–8.

[62] P. Connolly and T. Stevens, "Get back to where we do belong" (2016).

[63] B. Grove, "International employment schemes for people with mental health problems" [2016] *BJPsych International* 12(Research Supplement):97–99.

[64] B. Grove, "International employment schemes for people with mental health problems" [2016] *BJPsych International* 12(Research Supplement):97–99.

[65] S. Clarke, P. Sloper, N. Moran, L. Cusworth and J. Beecham, "Multi-agency transition services; greater collaboration needed to meet the priorities of young disabled people with complex needs as they move into adulthood" [2011] *Journal of Integrated Care* 19(5):30–40.

[66] A. O. Frank, "Neuromuscular conditions for physicians—what you need to know (letter)" [2016] Clin. Med. 16(5):496.

[67] A. O. Frank, "Neuromuscular conditions for physicians—what you need to know" [2016] Clin. Med. 16(5):496.

[68] A. O. Frank, "Neuromuscular conditions for physicians—what you need to know (letter)" [2016] Clin. Med. 16(5):496.

[69] D. McNaughton, G. Symons, J. Light and A. Parsons, "'My dream was to pay taxes': The self-employment experiences of individuals who use augmentative and alternative communication" [2006] J. Vocat. Rehabil. 25(3):181–196 and MASCIP (Multidisciplinary Association for Spinal Cord Injury Professionals), *Draft Vocational rehabilitation guidelines 2017* (Stoke Mandeville, Buckinghamshire, UK: MASCIP, 2017).

Powered wheelchairs are now seen, not only as transforming lives of profoundly immobile individuals[70] and greatly assisting their carers[71] but also as important therapeutic interventions.[72] They often have long waiting times even though the NHS has stringent criteria.[73] Experience suggests that the potential for use of interim payments to fund such equipment, or other socially critical equipment (e.g. a car), may be life-changing (by avoiding months of delay whilst waiting for NHS or other provision); and may be used to support a rehabilitation programme including VR when appropriate.[74] The voluntary sector may also be helpful in equipment provision, particularly for children.

These issues are raised as employment opportunities often relate to the degree of social integration and personal independence achieved by the disabled individual[75] and for many these employment opportunities are "in offices and using computers".[76]

All those who find difficulty in using mobile handsets, e.g. to control a television, should be assessed for environmental control units, available through the NHS. Together with powered wheelchairs, severely disabled youngsters can control their environment, leave home and meet their friends etc. Mobile phones give parents some degree of reassurance that they can remain in contact to be available if needed. The rapid changes in technology create many advantages that increasingly can transform the lives of severely disabled individuals.

These arguments hold true for disadvantaged individuals of all ages, but are perhaps most crucial for young people seeking independence for the first time.

Job retention

Assuming that there is an effective absence policy, which maintains good contact between employee and employer, then the first step in the RTW process is to establish the RTW plan,[77] essential when sickness absence is likely to be prolonged. The next step is to establish if there are any components of the employee's work that can still be performed and if so build on that. This may be assisted by job modifications (accommodations) which may be very simple e.g. changing the site of an office desk.[78] The Equality Act insists on reasonable accommodations or job modifications being made. The RTW may be organised simultaneously with the provision of physical support (e.g. a graded exercise programme) or counselling and employers should understand the importance of allowing this. It will be greatly facilitated when support from an OH team is available.

[70] S. Evans, C. Neophytou, L. H. De Souza and A. O. Frank, "Young people's experiences using electric powered indoor-outdoor wheelchairs (EPIOCs): potential for enhancing users' development?" [2007] Disabil. Rehabil. 19(16):1281–1294 and A. O. Frank, J. H. Ward, N. J. Orwell, C. McCullagh and M. Belcher, "Introduction of the new NHS Electric Powered Indoor/outdoor Chair (EPIOC) service: benefits, risks and implications for prescribers" [2000] Clin. Rehabil. 14(December):665–673.

[71] A. O. Frank, J. H. Ward, N. J. Orwell, C. McCullagh and M. Belcher, "Introduction of the new NHS Electric Powered Indoor/outdoor Chair (EPIOC) service: benefits, risks and implications for prescribers" [2000] Clin. Rehabil. 14(December):665–673 and A. O. Frank, C. Neophytou, J. Frank and L. H. De Souza, "Electric Powered Indoor/outdoor Wheelchairs (EPIOCs): users views of influence on family, friends and carers" [2010] *Disability & Rehabilitation Assistive Technology* 5(5):327–338.

[72] D. E. Dicianno, J. Lieberman, M. Schmeler, A. Souza, R. Cooper and M. Lange, *RESNA position on the application of tilt, recline, and elevating leg rests for wheelchairs: 2015 current state of the literature* (Arlington, VA, USA, 2015).

[73] . O. Frank, J. H. Ward, N. J. Orwell, C. McCullagh and M. Belcher, "Introduction of the new NHS Electric Powered Indoor/outdoor Chair (EPIOC) service: benefits, risks and implications for prescribers" [2000] Clin. Rehabil. 14(December):665–673.

[74] MASCIP (Multidisciplinary Association for Spinal Cord Injury Professionals), *Draft Vocational rehabilitation guidelines 2017* (Stoke Mandeville, Buckinghamshire, UK: MASCIP, 2017).

[75] British Society of Rehabilitation Medicine, *Vocational assessment and rehabilitation for people with long-term neurological conditions: recommendations for best practice* (London: British Society of Rehabilitation Medicine, 2010).

[76] British Society of Rehabilitation Medicine, *Vocational assessment and rehabilitation for people with long-term neurological conditions: recommendations for best practice* (London: British Society of Rehabilitation Medicine, 2010).

[77] A. O. Frank, "Vocational rehabilitation: supporting ill or disabled individuals in(to) work: a UK perspective" [2016] *Healthcare* 4(46). DOI:10.3390/healthcare4030046.

[78] A. O. Frank, "Vocational rehabilitation: supporting ill or disabled individuals in(to) work: a UK perspective" [2016] *Healthcare* 4(46). DOI:10.3390/healthcare4030046.

In some situations, working from home may be helpful either temporarily, as part of the rehabilitation into work[79] or permanently. Home working may make sense for many in terms of reducing long and sometimes painful journeys into work (may on occasions be paid for by AtW) and may be in any combination of days at work and days at home. For a minority of individuals, home working may be permanent, particularly if personal independence is problematic and time consuming; and there are family or other individuals able and willing to support it. A disadvantage, however, may be that of social isolation.

For those with complex injuries (e.g. SCI,TBI), additional training, supervision and support, e.g. education and training for supervisors and co-workers, a "buddy" trained to respond to specific needs (e.g. seizure) in the workplace, mentoring, advocacy and on-going reviews with the supervisor, manager and colleagues facilitate a successful RTW.[80]

Finding new work

People seeking to RTW following an extended period of leave should usually be offered an assessment of vocational skills by a suitably qualified practitioner. Success is not only dependent on the previous level of education, but also the client's previous work experience. If this person is not part of a rehabilitation team supporting the RTW, then there should be close liaison with the primary (or other) care team(s) to ensure that all the medical obstacles to RTW are clearly understood and strategies to overcome them adopted. This is particularly important in certain conditions such as those with cognitive impairments.[81]

For those whose loss of job related to acute health-related conditions, some will require rehabilitation from a multi-professional team (e.g. SCI,TBI[82]) and this has been shown to be particularly helpful in Scotland for those with musculoskeletal conditions.[83]

A vocational assessment not only considers the difficulties associated with RTW (see above) but also embraces an individual's previous education, qualifications, employment, hobbies that might convert into a job and transferable skills; medical/rehabilitation history; social and family circumstances; current state of the labour market etc.[84] A key factor in determining the future job roles is that of the personal inclinations of the potential employee which will not only influence job uptake but also the likelihood of sustaining the new job. Whilst understanding the nature of any new job, the rehabilitation team should be assessing the potential for working at home—see above. Such work may be within employment or self employment and the DWP has a number of support services for those seeking either. Advice about self-employment from those who have achieved it in spite of severe communication impairments has been given[85] quoted by the BSRM,[86] and includes the importance of taking practice jobs (work trials), networking with future co-workers and employers, demonstrating competence and learning social interaction skills.

It is clear from the above that many potential employees will need (re)training to facilitate any RTW. This may be provided directly via the DWP or through other schemes. In addition to the strategies listed

[79] A. O. Frank, "Vocational rehabilitation: supporting ill or disabled individuals in(to) work: a UK perspective" [2016] *Healthcare* 4(46). DOI:10.3390/healthcare4030046.

[80] A. O. Frank, "Vocational rehabilitation: supporting ill or disabled individuals in(to) work: a UK perspective" [2016] *Healthcare* 4(46). DOI:10.3390/healthcare4030046 and British Society of Rehabilitation Medicine, *Vocational assessment and rehabilitation for people with long-term neurological conditions: recommendations for best practice* (London: British Society of Rehabilitation Medicine, 2010).

[81] British Society of Rehabilitation Medicine, *Vocational assessment and rehabilitation for people with long-term neurological conditions: recommendations for best practice* (London: British Society of Rehabilitation Medicine, 2010)

[82] A. Tyerman, "The importance of work for people with a brain injury" [2017] *Brain Injury News* 9: 3–6.

[83] J. Brown, D. Mackay, E. Demou, J. Craig and E. Macdonald, *Reducing sickness absence in Scotland - applying the lessons from a pilot NHS intervention* (Glasgow, University of Glasgow, 2013) at *http://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/publichealth/hwlgroup /currentresearch/sickness%20absence/* [accessed 19 October 2017].

[84] A. O. Frank, "Vocational rehabilitation: supporting ill or disabled individuals in(to) work: a UK perspective" [2016] *Healthcare* 4(46). DOI:10.3390/healthcare4030046 and British Society of Rehabilitation Medicine, *Vocational assessment and rehabilitation for people with long-term neurological conditions: recommendations for best practice* (London: British Society of Rehabilitation Medicine, 2010).

[85] D. McNaughton, G. Symons, J. Light and A. Parsons, "'My dream was to pay taxes': The self-employment experiences of individuals who use augmentative and alternative communication" [2006] J. Vocat. Rehabil. 25(3):181–196.

[86] British Society of Rehabilitation Medicine, *Vocational assessment and rehabilitation for people with long-term neurological conditions: recommendations for best practice* (London: British Society of Rehabilitation Medicine, 2010).

above (Table 3), for those returning to their previous employment (with or without job modifications), additional components may be needed to assist in preparation for and support in pursuing alternative occupation. These may include using links with any local Employers' Partnership or Employers' Forum, a "work taster" to sample alternative avenues of occupation, assisted job selection, search, application, interviews, voluntary work trials and permitted work options. The needs of the person must be communicated clearly to the employer who needs appropriate Health and Safety training and insurance cover for any work trial which should not impact negatively on either person or their relatives.[87]

Conclusion

Vocational rehabilitation offers ill and injured individuals the best hope of successful employment in spite of often serious injuries. Different strategies may be needed for those at different stages of working life. But aiming for employment from the first stage of an injury or acute illness gives the best likelihood of a successful return to work and the financial, health and social advantages that this brings.

Table 1 Points for the initial consultation

Although at the earliest consultation the clinical state and prognosis may be unclear:

1. **Questions to be asked of your client or family if relevant**
   - (a) What is the nature of your work/responsibilities?
   - (b) What difficulties do you foresee in RTW?
2. **Points that must be made**
   - (a) You must stay in touch with your employer.
   - (b) There are many ways of helping people back to work.
3. **At the end of the consultation**
   - (a) RTW may sometimes involve changing the nature of work—if appropriate.
   - (b) Avoid making unguarded prognostications regarding work capabilities.

Table 2 The flag system of obstacles in RTW[88]

Red—severity of impairment (a)

Yellow—psychosocial obstacles (b)

Orange—those with pre-existing psychological impairments (b)

Blue—perceived obstacles in the workplace—changeable (c)

Black—unalterable workplace obstacles—e.g. national agreements (c)

Chequered—social obstacles (c)[89]

- (a) Biological
- (b) Psychological
- (c) Social

(a)–(c) Components of the "bio-psycho-social" model

[87] A. O. Frank, "Vocational rehabilitation: supporting ill or disabled individuals in(to) work: a UK perspective" [2016] *Healthcare* 4(46). DOI:10.3390/healthcare4030046 and British Society of Rehabilitation Medicine, *Vocational assessment and rehabilitation for people with long-term neurological conditions: recommendations for best practice* (London: British Society of Rehabilitation Medicine, 2010).

[88] N. Kendall and A. K. Burton, *Tackling musculoskeletal problems: a guide for clinic and workplace identifying obstacles using the psychosocial flags framework*, 1st edn (London: TSO, 2009).

[89] J. Ford, G. Parker, F. Ford, D. Kloss, S. Pickvance and P. Sawney, *Rehabilitation for Work Matters*, 1st edn (Abingdon, Oxon: Radcliffe Publishing Ltd, 2008).

Table 3 The key principles of VR

Early intervention improves prognosis for RTW.

Assessment of the main difficulties associated with RTW.

Working with other health/other professionals involved.

RTW usually occurs before the health/injury episode has fully resolved.

The employer has a key role in facilitating a RTW.

The VRP liaises with the employer* (often requiring worksite visits) to:

- Maintain good communication between employer/employee.
- Identify difficulties associated with RTW—environmental/managerial etc.
- Develop the RTW plan—may involve a phased return to hours/tasks/responsibilities.
- Identify job modifications (accommodations) needed.
- Explain responsibilities under the Equality Act if needed.
- Train/support line managers/human resources/co-workers or "work buddies" when needed.
- Explain need for further health consultations/therapies, albeit in work time.
- Arrange a work trial if needed.
- Offer support after RTW.

The VRP liaises with the Disability Employment Adviser (at Job CentrePlus) re services needed, e.g. Access to Work.[90]

The VRP Advises on support available from all sectors including e.g. health, education, charitable or insurance sectors:

- Where the employer has occupational health services available they may be key facilitators in the RTW process.

[90] Department for Work & Pensions, *Access to Work* (London, 2016) at *https://www.gov.uk/access-to-work/overview* [accessed 19 October 2017].