



Vocational Rehabilitation Association<sup>UK</sup>

Standards, Code of Practice and Scope of  
Practice for Vocational Rehabilitation  
Practitioners

2019

## Publication Details

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## A Message from our Patron



“Blessed is he who has found his work; let him ask no other blessedness” (Carlyle, 1858)

Many years have passed since the report of the British Society of Rehabilitation (2001) concluded that society provided little help for workers in the United Kingdom who were injured, disabled or sick and thus found difficulty in returning to the potential blessedness brought by a life in work. That report argued that practices adopted by industry, commerce, employment services and the National Health Service hampered the return to a life in work for people so impaired. Failure to exploit fully the practicalities of early vocational rehabilitation may well condemn the injured, sick or disabled person to the well documented hazards that are brought by displacement from the health and wealth benefits which are strongly linked to meaningful employment.

Since its inception the Vocational Rehabilitation Association (VRA) has made welcome strides in soundly recognising and addressing the barriers and obstacles to an early successful return to employment in the knowledge that the greater the length of unemployment, the less is the likelihood of a return to the workplace and the subsequent occurrence of associated adverse effects on health and wellbeing. Moreover, since its inception the VRA has recognised and addressed the hitherto long-standing absence of evidence-based guidelines and standards for its member practitioners. These have now been rigorously revisited, culminating in these Revised Standards of Practice.

There is a welcome emphasis on addressing matters in general that have moved on both in society and in the professions since the last version. This is particularly so in regard to evidence-based practice, data use and its security, collaboration, inclusivity and associated language. There are also several helpful nuggets of advice on compatibility with the Code of Ethics, report writing and guidance on ‘closure’ undertaken in a timely manner.

Furthermore, whilst many VR practitioners will already have professional standards which will be strongly supplemented by the VRA standards as articulated in these revised standards of practice, it is understood there are other practitioners who are not supported by relevant professional standards and practices; in which case the revised VRA standards are essential in guiding professional practice. They stand alone and offer the firm bases upon which excellence of practice will be judged both by allied professionals, commissioners and by society as a whole.

May I also take the opportunity on behalf of the VRA to extend thanks to David Booth, Andrew Frank, Ceri Goodrum, Anna McNeil, Alex Freeman and Andrew Mills who have comprehensively revised these Standards of Practice which further enhance the role and reputation of the Vocational Rehabilitation Association of which I am delighted to be Patron.

A handwritten signature in black ink that reads 'Mansel Aylward'. The signature is written in a cursive, flowing style.

Professor Sir Mansel Aylward CB MD DSc FFOM FFPM FFPH FRCP FLSW  
Patron



## Introduction from the Chair

I am delighted to be part of the launch the 3rd version of the VRA Standards originally written in 2007 and revised in 2013. As Chair of the VRA it is rewarding to be representing a forward-thinking group of practitioners whose commitment and professionalism will drive quality delivery of vocational rehabilitation (VR) in the coming years through these revised standards.

As stated by Professor Sir Mansel Aylward in 2007, when he launched the first of the VRA Standards of Practice, *"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."*

The ongoing review and revisions of the VRA Standards demonstrates the ongoing desire 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.

We are seeing a positive shift by government and society alike to support people who are disadvantaged purely based on a disability to achieve vocational goals. However, there is still such a long way to go in the journey.

Whilst writing this I pondered what up-to-date literature was available on the popular search engines informing the landscape of VR in October 2018 in the UK. I was pleased to see that adding 'NHS' to VR search revealed a number of sites describing the practice of VR. In addition, there are now many private providers of VR services making a positive impact on people's lives. I am pleased that the VRA is a leader in supporting professionals and that our Standards are recognised amongst an increasing number of privately led organisations as well as those within the public sector.

I want to thank the team that put the work into reviewing the previous standards so that pertinent updates could be delivered to the VR community. In particular my thanks to David Booth, who also led the team that drafted the updated Standards of 2013. My thanks also to the VRA members and others who have taken time to feedback on the standards since our last edition. A great job has been done on this work which has resulted in this final version for guidance to VR practitioners.

I believe that the ongoing adherence to these Standards is essential for the VR community to gain the confidence and recognition of the benefits that facilitating 'good work' bring to our profession. It has been 5 years since we launched that last set of VRA standards and in that document, we made a commitment to review the standards in 5 years' time, with the result herein. The VRA pledges to continue to update our Standards to ensure that we are ever mindful of the changing landscape and how to best utilise the evolving VR resources.

A handwritten signature in black ink that reads "Deborah Edwards". The signature is written in a cursive, flowing style.

Deborah Edwards BSN, CRRN, CDMP, PVRA

Chair



## From the Chair of the Standards Task Group

The Vocational Rehabilitation Association (VRA) first published standards in 2007 and six years later in 2013 we undertook a major, wide-ranging consultation in order to revise them using a variety of stakeholders both individuals and organisational.

Over the last few months, we have once again reviewed the standards to keep them as up-to-date and relevant to VR practitioners as possible. The downloads of copies of the standards from our website is testament to the continued demand for them and it is our duty to try and keep on top of developments in the profession as well as changes in the wider social arena.

We started our reviewing journey wondering whether we really needed to change the standards all that much. We soon discovered, however, that while there didn't need to be any radical changes to the structure or themes there had to be changes to language, diversity & inclusion alongside some additional sections like evidence-based-practice and levels of evidence. These were seen to be important changes in society and practice that needed to be reflected in our standards if they were to be truly relevant, so you will see additional sections that we hope you will find useful. In addition, it was our intention to clarify and expand our definitions; use less formal phraseology and to use more inclusive terms where necessary. We also wanted to emphasise collaboration and we needed to tighten up some areas regarding security of data to reflect recent changes in society and law.

We know that many VRA members have professional awarding or validating bodies for whom they must provide regular CPD, but there are members who do not and for whom these standards are the most accessible ones. We would encourage those without the support of professional organisations to use these as a good benchmark for your practice and for those who have a governing body, to use these standards as a supplement.

My thanks go to the VRA's executive for the support they have given throughout the review and for those who gave their time to contribute their opinions, revising the content and creating a professional finished product.

Finally, I sincerely hope that you find these standards relevant and useful in reviewing your practice, possibly encouraging positive change and innovation.



David Booth C.Psychol; CSci; AFBPS; PVRA

## In Appreciation

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### 2018-19 Standards Task Group

David Booth (Chair), Dr. Andrew Frank, Alex Freeman, Ceri Goodrum, Anna McNeil, Andrew Mills

### 2013 Continuing Education Group who revised the standards

David Booth (Chair), Dr. 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 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, Dr. 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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# Introduction

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## Definitions

*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 occupation.

*Client* is any direct recipient of services from the VR practitioner.

*Stakeholder* is any individual, or organisation, having an interest in the VR of the client. This could be a partner, relative, employer or funding source, for example

*Funder* is the source of funding for a client's vocational rehabilitation. This could be the individual themselves, an employer, insurer or a third sector or government programme for example.

## Evidence Based Practice

We consider Evidence Based Practice (EBP) is of growing interest to a wide range of professional fields from medicine (where it really started) through to HR and management.

We consider Evidence Based Practice to be vital to a professional approach to VR and to the provision of the best possible service for the client.

We support an accepted approach to EBP that emphasises the combination of:

- Using the best available research
- Applying experience and sound judgement, and
- Appreciating the client's values, concerns and choices

## Levels of evidence

We support the application of a systematic methodology to the judgement of available evidence. There are many types of study but principally the larger, more controlled studies with repeated results are considered stronger evidence and the less controlled, smaller and less independent the study the weaker the evidence. For example, we might have in our hierarchy:

- Randomised Controlled Trials – There is a sub-hierarchy here from large, relevant RCTs with consistent, strong results to small single RCT with weak results or a number of small RCTs with inconsistent results
- Cohort study
- Expert opinions
- Systematic review of studies

- Case study
- Various independent evaluations
- Various internal evaluations
- Qualitative studies

In addition, we recommend the use of some indication of the level of evidence in reports where judgements are made. The basis for such judgements and assumptions should be exposed so that readers can scrutinise the bases for these judgements and assumptions and, therefore, be able to take decisions based on a full understanding of the weight of evidence used in reaching a particular conclusion. This is likely to have an impact on the type of decision made and, therefore, it is in the best interests of the client to expose their rationale.

### VR Practitioners

Many VR practitioners will already have professional standards but some do not. These VRA standards are intended to act in concert with existing professional standards but also stand-alone where these are the only professional standards applicable to particular practitioners.

VR Practitioners 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

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The VR practitioner must:

- a) Practise in a safe, efficient, effective, 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 taking into account any relevant processes and guidelines.
  - 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.
  - l) Comply with the Vocational Rehabilitation Association's Complaints and Discipline Policy, fully participating in any investigation and complying with any resulting actions.
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# Standards of Practice

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## A. Professional principles

The VR Practitioner must:

- A1. Consistently practice to a proficient standard, maintaining competence by continuing to acquire, maintain and improve 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 and gain [informed consent](#).
- 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. Work with and influence relevant stakeholders to ensure the client's successful return to work.
- A7. Maintain an independent perspective when negotiating with stakeholders, working to resolve differences between ideas, principles or people.
- A8. Accommodate differences due to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (including colour, nationality, and ethnic or national origin), religion or belief, sex (gender) and sexual orientation
- 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 comply with the requirements of all relevant legislation, regulations and codes of practice.
- 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 build on the client's existing ability and capacity.
- B2. Identify the implications of the client's needs in relation to their employment or occupation.
- B3. To encourage cooperation and collaboration at all times working to overcome obstacles to allow the client 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.
- B6. Ensure that clients and other stakeholders are empowered to participate fully in the VR process.
- B7. Consider individuals within the context of their family systems and communities.
- B8. Where appropriate, seek the client's permission to engage the family and others, where appropriate, in relevant aspects of the VR process.
- B9. Respect client confidentiality within the limits of the law.
- B10. Ensure that the client's expectations of the service and the practitioner are realistic.
- B11. Design interventions that make best use of the budget and resources that are available.
- B12. Use an appropriate medium for communication and the delivery of support considering options such as face to face, telephone and online and taking into account factors such as client preference budget, location and data security.
- B13. Ensure agreed timings and timescales are met, providing fair reasons where this is not possible.
- B14. Be able to demonstrate up-to-date knowledge of relevant legislative and benefit systems to support clients.
- B15. Be able to demonstrate an up-to-date knowledge of the various agencies and resources that can be accessed to assist the client in their community.

## Referrals

- B16. Consistently follow clearly documented incoming and on-going referral procedures and criteria.
- B17. Indicate the time frame within which they will respond to a referral.
- B18. Ensure that they have documented informed consent from the client, or the client's representative, for the client to receive VR services.
- B19. Be able to demonstrate that consent is regularly reviewed and documented.
- B20. If a service has been started and subsequently is deemed inappropriate or cannot be continued, identify a suitable alternative.
- B21. Discuss and gain consent from the client (or their representative) for any referral to other stakeholders, document this and ensure that this is reviewed where necessary.
- B22. Be able to demonstrate that client confidentiality and safety are maintained throughout the process through reference to policy, process and practice.
- B23. Where making an ongoing referral do so to a provider that offers an effective and professional intervention in line with Vocational Rehabilitation Association standards wherever possible.

## Funding and Resources

- B24. Ensure where possible that the funder is made aware of any duplication of service or double funding that the practitioner identifies.
- B25. Design interventions that make best use of the budget and resources that are available.
- B26. Ensure that the plan takes account of the resources that are available to support it.
- B27. Be able to conduct a cost/benefit analysis of the various VR options available to advise the client and funder on the most cost-effective VR options available.
- B28. Negotiate new funding and resourcing in response to emerging or changing needs to implement the VR plan
- B29. Where appropriate identify to the funder and/or client where public or third sector funded provision may be available.

### Case co-ordination

- B30. Wherever possible, ensure coordination remains under the supervision of one VR practitioner throughout the duration of the service.
- B31. Ensure that case transfers have as little impact on the client, the plan and other stakeholders as possible.
- B32. Support the client to self-manage at time of closure, taking into consideration the client's priorities and options.

### Assessments

- B33. Use assessment tools only where they will provide information to aid the decision-making process.
- B34. Differentiate between different types of assessment, recommending the most appropriate to meet the client's and stakeholders' needs and goals
- B35. Make clear to the client how assessment results will be kept, stored, length of storage, security, who else will have access and how they will be used and reported
- B36. Guide and assist the client and other stakeholders through the assessment process.
- B37. Justify not carrying out or discontinuing an assessment once it has been recommended.

### VR Plan

- B38. Adequately explain the VR plan and its specific components to the client or their representative, as a basis for informed consent.
- B39. Ensure that any plan takes account of the resources that are available to support it.
- B40. In collaboration with the client, their employer, and other stakeholders where the client has consented; develop and agree an appropriate phased return-to-work plan which is specific, measurable, achievable, realistic and has timed targets
- B41. Be able to demonstrate that the client and the employer (where there is one), are offered consistent and active support throughout the plan or service intervention
- B42. Regularly review progress and update the plan when appropriate.
- B43. Demonstrate up-to-date knowledge of recruitment processes, employment practices and labour market details to assist clients in finding and maintaining work

- B44. Match the client to appropriate opportunities, taking account of the key factors associated with the job/occupation
- B45. Ensure that the client's capacities are sufficient to meet the physical, psychological, cognitive and social demands of the job, working with other professionals where necessary to achieve this
- B46. Recommend an appropriate package of in-work support to enable a sustainable return to work.
- B47. Facilitate negotiations between the client and their employer to assess and make adjustments or modifications to the workplace, work processes, working patterns and role and responsibilities.
- B48. Identify and facilitate natural supports within the workplace and internal and external support where appropriate including job coaching, mentoring and training for example.

### Case Closure

- B 49. Where funding for the practitioner's services and/or other recommended services are discontinued signpost the client to the most appropriate ongoing support options should these be needed to complete the plan
- B50. Any case closure should be undertaken in a timely manner; the practitioner should ensure all stakeholders are aware why case management is being withdrawn.
- B51. Where the case is closed at the recommendation of the practitioner, they should be able to justify this action and there should be a plan in relation to instigation of further support if appropriate.

### Evaluation and Review

- B52. Use a documented process with appropriate timescales for dealing with complaints and feedback and make this available to clients' and stakeholders.
- B53. Request, collect and analyse outcome measures and feedback from clients to evaluate and continuously improve the services delivered.
- B54. Comply with legitimate internal and external audits and evaluations when requested.



### Evidence-based practice

- B55. Routinely question why they are taking certain actions to identify opportunities for improvement and innovation
- B56. Commit to lifelong learning within their scope of practice.
- B57. Apply critical appraisal skills in order to weigh the level of available evidence: its strength, significance and relevance.
- B58. Blend different sources of evidence into a coherent and realistic picture of the available research.
- B59. Evaluate of their own practice - especially outcomes
- B60. Integration external and internal evaluation and research evidence into improvements or innovations to their own practice.
- B61. Demonstrate the ability to influence others in their organisation and beyond in terms of the adoption of Evidence Based Practice and the findings from research and evaluation.
- B62. Adopt client-centred service development – including informed consent.

### Records

- B63. Ensure data is collected and used for required purposes only, used appropriately and destroyed securely when it is no longer required.
- B64. Ensure the client is aware of their rights in respect of their data.
- B65. 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.
- B66. Ensure that any changes made or needed to the VR process to accommodate the client are clearly recorded.
- B67. Follow professional and legal requirements related to confidentiality, storage and destruction of files, and to a client's right to access their own details.

## C. Continuing development and contribution to the profession

The 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.

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The Association exists to:

- support practitioners 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 Association is committed to:

- recognition of the skills and knowledge of practitioners in the field of VR and sharing success metrics to demonstrate value;
- setting the highest standards for future practitioners; and
- providing a competence framework for users of vocational rehabilitation services.

## Memberships benefits

- VRA standards and quality mark
- PVRA status for professional members
- Access to member only resources
- Member events
- Public listing in our directory
- Networking opportunities
- Reciprocal organisational discounts
- Discount entry to VRA events.

## Become a member

### Individual membership

- Professional
- Associate
- Affiliate
- Student (free)

### Organisational

- Large organisation
- Small organisation
- Not for profit



## Vocational Rehabilitation Association<sup>UK</sup>

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.

Charity number 1056380

Please send us your feedback on these standards.

Contact us at: [enquiries@vrassociation.org.uk](mailto:enquiries@vrassociation.org.uk) or visit it us at: [www.vrassociationuk.com](http://www.vrassociationuk.com)

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