

# **Vocational Rehabilitation**

## **The Way Forward**

### **(2<sup>nd</sup> Edition)**

**A Working Party Report Commissioned by the  
British Society of Rehabilitation Medicine**

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*London NW1 4LE*

## 19. Vocational rehabilitation: the way forward

### Three years on

#### Introduction

- 19.1 The first edition of the British Society of Rehabilitation Medicine report “Vocational Rehabilitation: the way forward” (hereafter referred to as ‘the report’) stimulated interest throughout Government, the insurance industry, the voluntary sector and the health professions. It seems to have been instrumental in drawing together the various strands, which together comprise vocational rehabilitation. These include health & safety at work (including the importance of good employer/employee relations), primary care (including the vital sickness certification), and appropriate rehabilitation back into work; combined with an increasing combination of government incentives and appreciation of the need to avoid disincentives.

#### Initial responses

- 19.2 The report stimulated interest in various bodies that combined to host a conference in 2001 of representatives of the health professions, charitable bodies and the insurance and business sectors<sup>171</sup>, when the Executive Summary and recommendations of the first edition of the report were circulated to participants. Many of the conference conclusions confirmed those of the report including the importance of:
- early intervention
  - case management
  - rehabilitation in occupational settings
  - potential national multidisciplinary institute of rehabilitation<sup>172</sup>.
- 19.3 The report stimulated a number of editorials<sup>173 174 175 176</sup>. The BMJ<sup>174</sup> joined the Journal of the Royal Society of Medicine<sup>173</sup> in recognising the need for improved rehabilitation services in the UK whilst doubting the government’s commitment to fund what is needed. However, Disler and Palant pointed out that
- “whilst this (rehabilitation) is not a cheap option, a community with unemployed, disabled ex-workers is likely to be even more costly”<sup>174</sup>.*
- 19.4 Rehabilitation professionals also commented on research in progress<sup>177</sup> and the model of vocational rehabilitation successfully followed by the armed services, where vocational rehabilitation is integrated into intensive rehabilitation programmes that successfully keep service personnel working<sup>178 179</sup>.
- 19.5 Other important publications covered the implications for:
- benefit provision following withdrawal of rehabilitation facilities<sup>180</sup>
  - communication between health professionals<sup>181 182</sup>
  - early intervention<sup>183</sup>
  - future rehabilitation developments<sup>184</sup>
  - sickness certification (see Appendix 7)<sup>185 186 187</sup>
  - supporting those with musculoskeletal conditions in work<sup>175</sup>

#### Royal College of Psychiatrists and vocational rehabilitation

- 19.6 The Royal College of Psychiatrists (RCPsych) has newly published “Employment opportunities and psychiatric disability” in which they state:
- “The BSRM report on vocational rehabilitation examined all areas of disability. Inevitably they examined the issues of mental health disorders and work. Their report covers some of the ground of the present report but did not consider severe mental illness specifically. The conclusions and recommendations of the present report overlap with those of the BSRM and it is worth referring to that document in conjunction with the present report”<sup>188</sup>.*
- 19.7 Amongst a galaxy of recommendations the RCPsych report called for:

- review of the organisation of psychiatric rehabilitation services including vocational rehabilitation
  - interdepartmental working group to monitor the cumulative impact of employment policies and initiatives on people with mental health problems
  - psychiatric rehabilitation services to focus on getting people back into work or other meaningful activity
  - improved communication between general practitioners (GPs), employers and mental health services
  - improved working relationships between local employment agencies and mental health teams
  - vocational and welfare specialists in community mental health teams<sup>188</sup>
- 19.8 Thus two different multiprofessional groups with voluntary sector involvement have reached very similar conclusions!

### **The voluntary sector**

- 19.9 The voluntary sector contributed to the report<sup>189</sup> and subsequently was very supportive:
- Depression Alliance - importance of the workplace in the genesis and rehabilitation of those with mental health problems<sup>190</sup>
  - National Vocational Rehabilitation Association (NVRA) - need for a “co-ordinated approach to supporting disabled people to gain or retain work<sup>191</sup>”
  - NVRA - proposal for a national vocational rehabilitation institute<sup>192</sup>
  - Royal National Institute for the Blind - lack of NHS support for job retention<sup>193</sup>.

### **Occupational health**

- 19.10 Relationships have developed between the BSRM and the Society of Occupational Medicine. This has resulted in a consensus statement on “Rehabilitation and retention in the workplace - the interaction between GPs and occupational health professionals”<sup>181</sup> with subsequent editorials<sup>194 182</sup> and correspondence<sup>179 195</sup>.

### **General rehabilitation**

- 19.11 In 2002 the BSRM responded to “Getting back to work: a rehabilitation discussion paper” published by the Association of British Insurers. In its detailed response the BSRM strongly supported their statement:

*“Ultimately the Working Group would wish to see the UK operate a system whereby all those injured and off work, regardless of the cause, could benefit from a rehabilitation programme”.*

- 19.12 A wider group of stakeholders have identified similar obstacles to rehabilitation, and have set out a convincing case for reform<sup>196 197 198</sup>. The report recognised the impact of psychological factors on ill health and sickness absence. This view has been supported by the impact of psychological illness as the largest single cause of individuals needing incapacity benefits in the UK<sup>199</sup>. The Third UK bodily injury awards study noted:

*“There are too few specialists. Doctors and specialists are usually inadequately trained in the recognition and management of psychological/social factors”<sup>198</sup>.*

### **Case management**

- 19.13 The report strongly recommended the role of case management. The BSRM welcomes the newly formed Case Management Association of the UK (CMSUK) – details available from Deborah Edwards, 78 Alexandra Road, Wimbledon, SW19 7LE (tel: 020 8715 4919).

### **Government action - DWP**

- 19.14 The government has been active in vocational rehabilitation. This has been greatly facilitated by the restructuring of the Departments of Education and Employment and Social Security. Their employment functions were combined within the new Department for Work and Pensions (DWP), thus linking the worlds of work and benefits. The DWP has been given the lead role in improving services in vocational rehabilitation.
- 19.15 The need for better accredited training programmes for those working in the field of vocational rehabilitation has been validated by the HOST report last year which stated a clear need for a:

*“sustainable strategy that takes a determined and progressive approach to tackling long-standing concerns about staff training/development – particularly in the area of staff in supported employment”*<sup>200</sup>.

- 19.16 The HOST report also clearly recognised the role of research in meeting the UK needs discussing the contributions of:
- evidence-based practice
  - one or a number of centres of excellence
  - demonstrator projects
  - evaluation strategy.
- 19.17 The government recognises that health issues (amongst others) remain a major barrier to many individuals returning to work. The job retention and rehabilitation pilot was launched in April 2003<sup>201</sup> to test the effectiveness of helping individuals, off work because of sickness, injury or disability to return to, or remain in, employment (see Appendix 4).
- 19.18 ‘Pathways to work: helping people into employment’<sup>199</sup> was published in 2002 and well received in many quarters, including the BSRM. The government’s response to the submissions was published this year<sup>187</sup>, and included a quote from the BSRM submission:

*“There is a clear need for training of all health professionals in understanding the importance of work to health, and the interrelationships between employment and health. There is also a clear need for experts in the area of vocational rehabilitation”*<sup>202</sup>.

- 19.19 As well as improving job retention, the action following ‘Pathways to Work’ included piloting:
- staff development within Jobcentre Plus
  - enhancing the roles of Personal Advisers
  - changing work-focussed interviews
  - linking work-focussed interviews with personal capability assessments
  - improved information to service users
  - linking DWP and local NHS providers to facilitate vocational rehabilitation
  - evaluation of these pilot programmes<sup>187</sup>.

### **Government action – Department of Health**

- 19.20 The BSRM welcomes initiatives from the perspectives of Health & Safety at work 203 and Occupational Health. The reality, however, is that many needing help to return to work will not have work-related injuries, nor the assistance of an occupational health scheme. For these individuals, it is the psychological, psychiatric and general rehabilitation services that are needed and it is here that further investment is required.
- 19.21 The BSRM welcomes the emphasis on vocational rehabilitation being developed by the National Service Framework for chronic neurological conditions.

### **Conclusions**

- 19.22 Since the publication of “Vocational rehabilitation: the way forward” there have been developments in many of the areas covered by the report, specifically in the areas of occupational health, primary care and sickness certification and the need for collaboration between employment and health provision. The importance of early intervention is widely supported<sup>176 183</sup>, with clear implications for collaboration between local NHS providers, local DWP services and employers.
- 19.23 There continues to be a growing realisation that, within the generality, NHS rehabilitation services are not meeting the needs of the working population in facilitating work for those with long-term illness or disability

### **The BSRM believes that further consideration should be given to the following:**

- 19.24 The DWP/DOH contact the Department of Education and Science to inform them of a change in health strategy viz the need for work-awareness in all training programmes (medical, nursing, therapy).

- 19.25 Financial incentives to get vocational rehabilitation on to postgraduate training programmes with:
- bursaries for MSc students
  - grants towards courses – contacting specialist societies
- 19.26 Consideration should still be given to the creation of a National Institute for Vocational Rehabilitation. Linked to an appropriate university, it would embrace employment issues from the roles of good management in industry to the detailed rehabilitation into employment of those with work-related health issues. It is the interface between the worlds of work and health that are complex, and not well understood in either sector.
- 19.27 The role of a potential ‘Standing Committee’ of leaders in the field promoted by the ABI/TUC conference needs further examination. Such a body would provide leadership across all the boundary areas covered in Pathways to Work.
- 19.28 Either of these bodies would have the stature to tackle the enormous problem of mental ill health (anxiety, depression, stress etc) that now causes the greatest numbers of individuals to go on to incapacity benefits.
- 19.29 The BSRM supports efforts being made collaboratively to define the responsibilities of doctors to assist their patients in gaining or remaining in employment<sup>176</sup>, but also recognises that these responsibilities are shared with all health professionals.

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## Appendix 4 – DWP Services for People with Disabilities (Review kindly provided by DWP)

There is a range of well-established employment and training measures to help disabled people into employment. Working from the premise that some 70% of unemployed disabled people are helped through the mainstream activities and programmes of Jobcentre Plus, that leaves the remainder requiring help through specialist disability support run by Jobcentre Plus. These are detailed below.

### Existing Measures

Disability Employment Advisers aim to provide coherent employment advice and assessment for employers and disabled people. Their services are accessed through the local jobcentre or Jobcentre Plus office.

The function of Disability Employment Advisers is to help disabled people select, obtain and keep jobs and help employers develop good recruitment policies. This includes offering support to employers to retain employees who become disabled, or for whom a worsening disability poses a threat to continued employment.

Disability Employment Advisers have access to the full range of Jobcentre Plus disability and mainstream programmes. These are detailed below.

- i) For those disabled people who are not yet ready for work, **Work Preparation** (formerly Employment Rehabilitation) provides a tailor-made package of help designed to help them return to work. The purpose of the programme is to help jobseekers to:
- understand the effects of their disability on work related activities
  - build their confidence to pursue work opportunities effectively
  - make an effective occupational choice
  - improve interpersonal skills at work
  - re-learn basic skills

Around 9,000 people a year are helped by Work Preparation.

- ii) Vocational Training is also available for those disabled people who need it. Most will take their place alongside non -disabled people but where no suitable local provision is available, residential training may be offered at 14 colleges or providers.

Residential training providers (RTPs) have become specialist providers of training for disabled people. These are more likely to be able to cater for the (often complex) needs of disabled people than mainstream provision. The client group includes those with: a physical and/or sensory disability; a deteriorating medical condition; mental disabilities; and behavioural and learning difficulties (and frequently a combination of the four).

The providers enable trainees to move towards social inclusion through an inclusive approach to meeting their individual training, support and caring needs. This includes: psychological and counselling support; specialist medical facilities and expertise; therapeutic support; technical support; assessment and employment preparation advice and guidance; enhanced staff expertise; and specially designed buildings and facilities.

The providers consist of 4 large and 3 small residential training providers catering for all disabilities, 1 specialist residential training adviser for people with hearing impairments and 6 for adults with visual impairment.

- iii) The **Access to Work (AtW) programme** delivered by Jobcentre Plus aims to provide support to overcome the effects of disability at work, so that disabled people can participate in mainstream employment. Disabled people apply through their local Disability Employment Adviser or by going directly to an AtW Adviser at a regional AtW business centre.

The AtW programme provides support tailored to the needs of individual disabled people to enable them to overcome the effects of their disability in the work place. Applicants must be in, or about to enter, paid work. Support can take the form of help with the cost of getting to work, help with the cost of aids and adaptations to equipment, computers or the work place and with the cost of a support worker. The latter can take many forms, eg carer, driver, jobcoach, advocate, job-aide, counsellor, travel buddy, communicator/note-taker for deaf people, personal reader/helper for those with a visual impairment and job designer. Jobcentre Plus expects to help around 18,000 new applicants a year with this programme.

An AtW Adviser will work together with the applicant and the employer to arrive at the most effective solution to meet the needs of the disabled person in the work place. The support agreed by Jobcentre Plus continues for a maximum of 3 years, when it is reviewed. If continuing help (eg support worker) is still needed, then further grants will be for less than 100% of the cost, as detailed in the following paragraphs.

Access to Work pays 100% of the approved costs for anyone entering paid employment from unemployment or who has been in paid employment for less than six weeks. Unemployed people do not have to be on Job Seekers Allowance. People who change jobs get 100% funding. AtW can also meet 100% of approved costs for help with fares to work and with communicator support for deaf people at a job interview whatever the employment status of the disabled applicant.

For all other **employed** people, (including cases reviewed at the three year stage) a system of **cost sharing** applies under which AtW does not pay the first £300 in any 3 year period; it meets 80% of costs between £300 and £10,000; and it pays for all costs over £10,000. Self-employed people are not asked to contribute towards the cost of their support.

- iv) The **Job Introduction Scheme** provides a weekly grant of £75 towards the cost of employing people with disabilities for a trial period of employment. This is usually 6 weeks but may be extended to a total of 13 weeks. The scheme is for use at the discretion of Jobcentre Plus staff in situations where a disabled applicant is considered suitable, but the employer has genuine doubts about the individual's ability to cope with the proposed job or place of work. It is expected that 3000 people a year will be helped by this measure.
- v) Jobcentre Plus also manages WORKSTEP, the government's **supported employment programme**. The programme was introduced in April 2001 and provides support for around 25,650 people. The aim of WORKSTEP is to provide tailored support to find, secure and retain jobs for people with disabilities who have more complex barriers to finding work and keeping work. WORKSTEP provides the support and opportunity for people to progress to open employment where this is the right option for the individual. The programme also retains its role in providing longer-term support for people who need it.

WORKSTEP provides a wide range of supported work opportunities that meet the differing needs of disabled people. Supported employees work in jobs or in supported factories and businesses.

The programme is delivered in partnership with over 240 local authority, private sector, voluntary organisations and Remploy Ltd

Jobcentre Plus has adopted the Business Excellence Model to continuously improve its services including work preparation/ employment rehabilitation; for example there is an expectation of 50% positive outcomes (into jobs, training or education) from work preparation/employment rehabilitation contracts.

**New Deal for Disabled People (NDDP)** is the first programme specifically designed to support people on disability and health-related benefits into employment. Participation in NDDP is entirely voluntary.

NDDP pilots ran from September 1998 to June 2001 and helped over 8,000 people into work. Based on this success, and building on the best practice from those pilots, NDDP was extended from July 2001 across England, Scotland and Wales with the introduction of a network of Job Brokers from private, voluntary and public sector organisations or combinations of these in partnership who:

- help customers understand and compete in the labour market;
- agree with each customer the most appropriate route into employment for them;
- support customers in finding and keeping paid employment;
- work closely with providers of training and other provision where a customer needs additional support;
- work with local employers to identify their needs and match them with the skills of their customers; and
- support customers during their first six months in employment.

NDDP focuses on achieving sustained employment and Job Brokers are paid on an outcome-related basis, receiving payments for registering customers, job entries and achieving sustained employment. From July 2001 to the end of June 2003, 50,876 people had registered with an NDDP Job Broker and 16,715 had found jobs.

A New Deal for people aged 50 and over began in April 2000. The New Deal 50plus is an important package of back to work help comprising: an employment credit; help with training; personal advice; and jobsearch help was introduced in nine pathfinder areas on 25 October. It will be delivered by the ES, building where possible on existing provision. The budget for the New Deal was £270m for the three years 1999-2000 to 2001-2002. The programme is aimed at unemployed and economically inactive people, including those with disabilities, in receipt of benefit for six months or more and their dependent partners.

The programme is voluntary and offers:

- a guaranteed minimum take home income of £170 a week or £9,000 a year for those taking up full-time employment
- flexible support for part-time and full-time work and self-employment
- a tax and national insurance free Employment Credit (paid to the individual) of £60 a week for up to 12 months (£40 for part-time work)
- personal advice
- In-work Training Grant of up to £750
- jobsearch Help

**vi) Job Retention and Rehabilitation Pilot**

The new and innovative Job Retention and Rehabilitation Pilot may give advisers an additional tool in giving practical advice to customers who are off work due to sickness, injury or disability. The pilot is delivered in partnership with external providers in Birmingham, Glasgow, Sheffield, Tyneside, Teesside and West Kent, under brand names: WorkCare; HealthyReturn; and Routeback. The results from this research study will be used to inform future government policy.

The pilot was launched on 1st April 2003 by the Department for Work and Pensions, together with the Department of Health and assisted by the Health and Safety Executive, Scottish Executive and Welsh Assembly. The pilot aims to test the effectiveness of three different types of help for those who are off work because of sickness, injury or a disability to get back to, and remain in work.

The pilot is open to employed/self-employed volunteers who:

- Live and work in one of the pilot areas;
- Have been off work because of sickness, injury or disability, for between 6 and 26 weeks.
- Feel at risk of losing their job.

This pilot has already helped people to get back to and remain in work. For example:

*A mechanic, suffering from a degenerative disc disease had been off work for over 3 months due to illness and was also becoming depressed about the prospect of incapacity. Following liaison between the pilot caseworker and the employer, the volunteer was offered relocation to a non-manual job within the company. The volunteer has also started an IT course and is being supported by a disability employment adviser.*

*A civil servant sustained a knee injury whilst playing football. The volunteer was concerned that this injury would keep him off work for so long that he would be at risk of losing his job. Through taking part in the pilot, he received an MRI scan within a week, therapy commenced and the volunteer has returned to work 2 months earlier than anticipated.*

If volunteers are eligible and willing to participate, they will be randomly assigned to one of four groups. Three groups offer a person-centred management approach and a boosted range of treatments to those currently available in the local area. Those in the workplace group receive workplace-focussed care, those in the healthcare group receive boosted healthcare help and advice, and those in the third group receive a combination of the two.

The fourth group is the control group. This group is necessary so that the experiences of those who receive a boosted range of treatments can be compared with the experiences of those who receive only existing services. From this comparison we will be able to see which types of help are most effective at returning to work.

**Participation in this pilot is free and does not affect any rights to any benefits or other forms of healthcare/assistance participants may be entitled to.**

If you would like more information, or know someone who might benefit from this pilot, please call the appropriate helpline number:

HealthyReturn: Glasgow: 0800 052 1012 ([healthyreturn.org](http://healthyreturn.org))

WorkCare: Sheffield: 0800 052 6528 ([workcare.org.uk](http://workcare.org.uk))

WorkCare: Birmingham and West Kent: 0800 052 1659 ([workcare.co.uk](http://workcare.co.uk))

Routeback: Tyneside and Teesside: 0800 052 4038 ([routeback.co.uk](http://routeback.co.uk))

## Appendix 7 - Sickness certification

### Sickness certification - a brief summary <sup>60</sup>

1. For the first seven days of incapacity individuals certify their own incapacity for work using form SC1 (if unemployed or self employed) or SC2 (if employed). After the seven-day period an official medical statement can be used by a registered medical practitioner to record the advice given to the patient in relation to their fitness for their regular occupation. Such statements are usually accepted as medical evidence by employers (who pay Statutory Sick Pay or the employer's equivalent) and by the Department for Work and Pensions (DWP) who administer state incapacity benefits.
2. Medical statements are official documents and it is very important that they are completed in accordance with official guidance issued to all doctors by the DWP. Under the current legislation [Social Security (Medical Evidence) Regulations 1976, as amended] only registered medical practitioners can issue the official statements. NHS general practitioners are required to issue (or refuse to issue) statements to patients as an integral part of their clinical management of working age patients. NHS GPs are also required to provide factual information on a patient who subsequently claims a state incapacity benefit to a DWP medical officer.
3. Form Med 3 is a statement of incapacity for work based on a medical examination of the patient on the day, or the day before, the certificate is issued. Within the first six months of incapacity the certificate can only be given for a period of up to six months or less. Certificates issued after the first six months can be issued for longer periods. Provision is made on the Med 3 to specify a date for return to work provided it does not exceed 14 days from the day after the certificate is issued.
4. On occasions a doctor may wish to provide a statement of incapacity for work based on an examination he performed prior to the time requirements specified for issuing a Med 3 or based on a report from another doctor. In these circumstances, and providing certain detailed requirements are met, it might be appropriate to issue a Form Med 5.
5. Where the patient is claiming a state incapacity benefit the certifying doctor may be required to provide the patient with Form Med 4 on the first occasion that the Personal Capability Assessment is applied. The information provided by the doctor on this form supplements that provided by the patient about how their health condition or disability impacts on their everyday life.
6. The DWP Chief Medical Adviser issues guidance to all doctors which makes clear that they should always consider carefully whether advising a patient to refrain from work is the most appropriate clinical management. Doctors may often best help a patient of working age by taking action which will encourage and support work retention and rehabilitation. When advising a patient about fitness for work the DWP guidance to doctors advises them to consider the following factors:
  - nature of the patient's medical condition and how long it is expected to last
  - functional limitations which result from the patient's condition, particularly in relation to the type of tasks they perform at work
  - any reasonable adjustments which might enable the patient to continue working. Noting that under the Disability Discrimination Act 1995 an employer may be required to make reasonable adjustments to the workplace for an employee with a long-term disability
  - any appropriate clinical guidelines, for example the Royal College of General Practitioners has produced clinical guidelines on the management of acute low back pain which emphasises the importance of remaining active
  - clinical management of the condition which is in the patient's best interest regarding work fitness, including managing the patient's expectations in relation to their ability to continue working.

7. Form Med 3 may also be used to record advice that a patient need not refrain from work. A doctor may use the 'Doctor's remarks' section to record, for example, that certain workplace adjustments may be appropriate or desirable in the light of the patient's medical condition or disability.
8. Full details on the medical evidence for Statutory Sick Pay, Statutory Maternity Pay and Social Security Incapacity Benefit, can be found in 'A Guide For Registered Medical Practitioners - revised with effect from 3 April 2000'<sup>60</sup> available at [http://www.dwp.gov.uk/medical/guides\\_detailed.asp#IB204](http://www.dwp.gov.uk/medical/guides_detailed.asp#IB204). The DWP medical website also contains updates, guidance and desk aids related to fitness for work certification.