Occupational Therapy in Vocational Rehabilitation
A brief guide to current practice in the UK

College of Occupational Therapists
Specialist Section – Work
1. Introduction

Since the first edition of this guide, occupational therapists have been exposed to an increasing amount of information about vocational rehabilitation and more are engaging in vocational rehabilitation related continuing professional development. Some occupational therapists have moved into vocational rehabilitation (VR) within condition management programs and some have been part of service developments in VR. Still the majority of occupational therapists in the UK have little or no experience of applying their occupational therapy skills to work-related issues, or of becoming involved in workplace rehabilitation. For many occupational therapists their first experience of this type of work is tangential to their ‘mainstream’ activities in the hospital or community.

There is a growing consensus amongst service users, politicians, trade unions, insurers, and economists that in a civilized society with a declining proportion of the population of working age, it is unacceptable that so little support is available for those able and willing to work. Many changes are under way in the field of vocational rehabilitation, and a new vocabulary is developing and added to with each new initiative.

For newcomers to the field, the pace of change, and the dominance of strange acronyms and buzzwords can be very intimidating. The purpose of this document is to provide members of the College of Occupational Therapists Specialist Section – Work (COTSS Work) with a brief overview of the current situation. Because the field is so fast moving, this document will be reviewed each year. Each new edition will be made available to all new and existing COTSS Work members.

2. What is vocational rehabilitation?

In the recently published document Vocational Rehabilitation: What Works, for Whom, and When? (Waddell, Burton, Kendall, 2008) a simple definition for VR was introduced,

- Whatever helps someone with a health problem to stay at, return to and remain in work.

The Department for Work and Pensions document Building Capacity for Work: A UK Framework for Vocational Rehabilitation (2004) proposed the following explanation, which we consider, is particularly helpful for occupational therapists who feel nervous about their skills in this field:

- In addition, VR includes the wide range of interventions to help individuals with a health condition and/or impairment overcome barriers to work and so remain in, return to or access employment. For example, an assessment of needs, re-training and capacity building, return to work management by employers, reasonable adjustments and control measures, disability awareness, condition management and medical treatment.

Work in its various forms, is seen as being fundamental to the way society is structured and plays an essential and important part in the lives of most people. The nature of work practice is described as a core skill by many occupational therapists and indeed was the reason for the foundation of our profession. To work in paid employment is to become part of our society, to be included rather than excluded, to have a chance to rise above the poverty that is associated with dependence on state benefits. That said, in the occupational therapy profession work also has a broader meaning encompassing and paid roles such as that of the parent. COTSS Work believes that all occupational therapists, wherever they
work, should always consider ‘work’ as part of their routine assessments. Although only a limited number of occupational therapists will become specialists in VR, all occupational therapists have the basic tools and training to assist their clients /patients /service users in the area. A key aim of this document is to ‘demystify’ VR, and to give all occupational therapists the confidence to get involved.

In the book Work Matters: Vocational Navigation for Occupational Therapy Staff (COT and NSIP, 2007) the Ross (2007) description of work is recognised in these ways:

**Paid:** employment or a job with a contract. The worker receives a material reward, usually financial. This has the highest status in our society.

**Unpaid:** plays an important supporting function towards maintaining our society, despite the worker not receiving payment. It may take place in the home, e.g. household work or care giving, or outside of it e.g. volunteering, education or training.

**Hidden:** illegal or morally questionable activities. This could include services provided for cash but not declared for taxation purposes, unscrupulous employers who pay 'cash in hand' to get around national insurance payments and legal responsibilities, forced labour, debt bondage, the drugs trade, prostitution.

**Substitute:** contrived work for disabled people in a segregated environment, usually with others with a similar disability e.g. sheltered workshops, work projects, day centres. Unpaid or minimal therapeutic earnings. Provides structure/diversion, but potentially exploitative. This type of work is however at odds with the social inclusion agenda and recovery models.’

(COT and NSIP 2007, p9)

3. **A general overview of the current VR environment**

Vocational rehabilitation does not occur within a vacuum. It reflects what is required of a working population and as such “it [work] is deeply embedded in a political-economic-social context that nudges and constrains the translation of technology into work activities and people’s participation in them.” (Howard 1995, p3). This is an important concept to grasp, as it will ultimately affect the type of interventions you might give. Over the past few years, the emphasis on having as many people working as possible has been a goal of the Government. This includes getting as many people off Incapacity Benefit and to create better working opportunities for disabled people.

In practice it is important to be aware of the relevant legislation and government drivers that have been pushing vocational rehabilitation into the forefront of many practitioners’ minds as well as those of the managers and consumers. As well as reducing the benefits bill, the current problems of an ageing population and decreasing birth rates also give rise to concerns about the number of potential workers available in the population. Additionally the current climate of economic difficulties may well change drivers again over the next couple of years. Since the late 1990s there has been considerable change in terms of welfare reform.

3.1 **Relevant legislation**

- **Health and Safety at Work Act 1974** is to ensure that the health and safety of everyone at work is protected, so as far is reasonably practicable.

- **Disability Discrimination Act 1995 Employment provisions.** This is to make reasonable adjustments to accommodate employees who are or have become disabled, as defined by the DDA.  
- Employment Rights Act 1996, to adopt fair procedures before dismissing employees on grounds of sickness absence;

- Human Rights Act 1998. This sets out basic human right of which working rights are one aspect. [http://www.yourrights.org.uk/](http://www.yourrights.org.uk/)

- Data Protection Act 1998. If an absence record contains specific medical information relating the employee this is deemed sensitive data and you will have to satisfy the statutory conditions for processing such data. [http://www.opsi.gov.uk/Acts/Acts1998/ukpga_19980029_en_1](http://www.opsi.gov.uk/Acts/Acts1998/ukpga_19980029_en_1)


  This White Paper follows the Green Paper (No one Written off: Reforming Welfare for the Future) as is the usual process for legislative and policy reform in the UK. This new White Paper Raising Expectations and Increasing Support: Reforming Welfare for the Future, among other things aims for a simpler benefits system, devolving power to private, voluntary and public providers, personalised conditionality and enhancing support and control for disabled people. [http://www.dwp.gov.uk/welfarereform/raisingexpectations/](http://www.dwp.gov.uk/welfarereform/raisingexpectations/)

### 3.2 Government drivers

**The Office for Disability Issues (ODI)**

The ODI acts as a champion for disabled people within government and has been set up to help government deliver on the commitment made in the report, *Improving the Life Chances of Disabled People* (2005). The full document can be downloaded from: [http://www.cabinetoffice.gov.uk/strategy/work_areas/disability.aspx](http://www.cabinetoffice.gov.uk/strategy/work_areas/disability.aspx)

The report identified that, 'Disabled people often experience multiple forms of labour market disadvantage:

- more than 40% of disabled people are low-skilled;
- around 25% of disabled people of working age are over-50yrs;
- around 10% are from black and ethnic minority ethnic groups.

For these groups there can be cumulative problems which add up to an even bigger impact on their life chances and quality of life.’ (Prime Minister’s Strategy Unit 2005, p10)

**The Social Exclusion Task Force (and its predecessor, the Social Exclusion Unit)**

Set up in June 2006, its mission is to extend the opportunities enjoyed by the vast majority of people in the UK today to those whose lives have been characterised by deprivation and exclusion. They work closely with all government departments to ensure that the needs of the most socially excluded are addressed. Progress on the Social Exclusion Action Plan can be followed at [http://www.cabinetoffice.gov.uk/social_exclusion_task_force.aspx](http://www.cabinetoffice.gov.uk/social_exclusion_task_force.aspx)

Among its findings are the high level of unemployment among people with mental health problems (89%) despite the wishes of many to be working and that the majority of those in contact with mental health services currently receive no help with returning to work (p80).
This reiterates the points made in the Social Exclusion Unit report on mental health:

- 'Adults with long-term mental health problems are one of the most excluded groups in society. Although many want to work, fewer than a quarter actually do – the lowest employment rate for any of the main groups of disabled people.' (ODPM 2004, p3)
- 'Mental health problems are estimated to cost the country over £77 billion a year through the costs of care, economic losses and premature death. Early intervention to keep people in work and maintain social contacts can significantly reduce these costs.' (ODPM 2004, p3)

The National Social Inclusion Programme (NSIP) has been established for four years now and they cover “employment” as one of their inclusion areas. On their website [http://www.socialinclusion.org.uk](http://www.socialinclusion.org.uk) the programme explains that,

“The National Institute for Mental Health (England) (NIMHE) is co-ordinating the overall delivery of the Mental Health and Social Exclusion report and is bringing together individuals and organisations from a range of backgrounds and social inclusion expertise.”


**Equality and Human Rights Commission**

Set up in October 2007 to replace the previous commissions – the Equal Opportunities Commission, the Commission for Racial Equality, and the Disability Rights Commission. It is a non-departmental public body (NDPB) established under the *Equality Act 2006* ([http://www.equalityhumanrights.com/en/Pages/default.aspx](http://www.equalityhumanrights.com/en/Pages/default.aspx)).

**Health, Work and Wellbeing**

This is a Government-led initiative bringing together employers, unions and healthcare professionals to help more people with health conditions find and stay in employment. Dame Carol Black, the public face and head of this initiative published her review *Working for a Healthier Tomorrow* (2008). The Black Report was answered by Government in November 2008 *Improving Health and Work: Changing Lives*. Both of these documents are available to download at [http://www.workingforhealth.gov.uk/Default.aspx](http://www.workingforhealth.gov.uk/Default.aspx)

Proposals include Fit Notes instead of sick notes, Health, Work and Wellbeing Regional Coordinators, help lines for small businesses, funding for local initiatives, review of the health and wellbeing of the NHS workforce and piloting *Fit for Work* services all starting in 2009.

**Health**

- National Service Frameworks:
  - Mental Health (DH 1999)
  - Coronary Heart Disease (DH 2000)
  - Older People (DH 2001)
  - Children, Young People and Maternity Services (DH 2004).
  - Long-term Conditions (DH 2005)
  - Chronic Obstructive Pulmonary Disease (DH 2006)

All available at [http://www.dh.gov.uk](http://www.dh.gov.uk)

- Next Stage Review (and associated policy documents)
Co-ordinating, integrated and fit for purpose - A Delivery Framework for Adult Rehabilitation in Scotland (Scottish Executive 2007)  
http://www.scotland.gov.uk/Publications/2007/02/20154247/0

- Northern Ireland’s Department for Employment and Learning Corporate Plan 2008-2011 (DEL 2008)  

(Welsh Assembly Government, consultation document 2005)  
http://www.wales.gov.uk

**Department for Work and Pensions (DWP)**

The New Deal for Disabled People (NDDP) started pilots in 1998 and was instrumental in building a network of job brokers around the country from the private, voluntary and public sectors. A brief review of NDDP is available at  

The Job Retention and Rehabilitation Pilot (JRRP) ran between 2003 and 2005 and was a randomised controlled trial looking at a range of interventions. A report is available from  

Pathways to Work is a package of reforms that started in 2003 as a pilot project to help people on Incapacity Benefit (IB) to return to work. It started in three Jobcentre Plus districts in October 2003 and four further districts were started in April 2004. Pathways requires most new claimants to attend a series of Work Focused Interviews (WFIs). Participants become eligible for increased financial and non-financial support, which aims to help people into paid employment. By 2007 this program of initiatives was rolled out to cover the whole country because the data showed success. The incentives include IB claimants working with a Personal Advisor (PA) from the Jobcentre Plus to develop a return to work (RTW) plan, claiming further money as an incentive and to having access to condition management programmes (CMP) run in conjunction with local NHS providers. Occupational therapists are working in a number of these projects around the country. Further information and details can be obtained from the DWP website. A summary The impact of Pathways to Work compiled by the Policy Studies Institute and commissioned by the DWP in 2007 and updated in late 2008 is available at  

Also – The impact of pathways to work on benefit receipt for the under 25 (May 2009)  

Building capacity for work: A UK framework for vocational rehabilitation (2004). This is a position statement building on widespread consultation, which explored the current research background, approaches, best practice and methods that did not work. It contains a number of recommendations and useful annexes, including Appendix B, which is entitled ‘A Selection of current strategies, initiatives, and projects that contain vocational rehabilitation’. This document can be viewed and downloaded from the DWP website:  

**Health and Safety Executive (HSE)**

A strategy for workplace health and safety in Great Britain to 2010 and beyond (2004). This new strategy builds on the previous ones, Securing Health Together (2000) and Revitalising Health & Safety (2000). It is designed to promote the Health and Safety Commission’s vision:

‘to see health and safety as a cornerstone of a civilised society and, with that, to achieve a record of workplace health and safety that leads the world.’

In February 2005 the HSE piloted a service called Workplace Health Direct – HSE’s Occupational Health, Safety and Return to Work Support Service Pilot Scheme. This pilot ceased in February 2008. The service has been replaced with various programmes across
the UK. In particular Scotland’s website Healthy Working Lives gives an excellent range of information and advice about vocational rehabilitation
Workboost Wales provides similar advice and is available at
http://www.workboostwales.com
HSE have also produced a guidance booklet entitled Managing sickness absence and return to work in small businesses (HSE 2004). http://www.hse.gov.uk/sicknessabsence/index.htm

3.3 Unions
The Trades Union Congress (TUC) has been a major player in the promotion of VR in the UK since 2000 when they published their consultation document on rehabilitation called Getting Better at Getting Back. The TUC and the Association of British Insurers (ABI) then jointly produced a rehabilitation discussion paper Getting Back to Work in 2002. Their website details papers that they have produced on the topic of rehabilitation and health and safety at work. They are an important group lobbying the government and inputting to policy development and change.
Important documents are:
- Jobs for disabled people and a three-point plan (TUC 2006). The full document is available at: www.tuc.org.uk/extras/disabledjobs.doc

The TUC rights leaflets are available on their website http://www.tuc.org.uk/tuc/rights_main.cfm and from the Know your Rights telephone helpline: 0870 600 4 882.

3.4 Healthcare Professions Consensus Statement
As part of Dame Carol Black’s review of the health of Britain’s working age population an important step was the ground-breaking consensus statement signed by more than 30 health professional bodies, including the College of Occupational Therapists. They pledged to help people enter, stay in or return to work, where appropriate, because it is often in the patients' best interests. Available at http://www.workingforhealth.gov.uk/Carol-Blacks-Review/Default.aspx

3.5 Non-governmental organisations
- The Vocational Rehabilitation Association (VRA) is a charity that promotes vocational rehabilitation in all sectors in the UK and has published Vocational Rehabilitation Standards of Occupational Practice (2007) in the UK focussed at practitioner level and available from http://www.vocationalrehabilitationassociation.org.uk

- The United Kingdom Rehabilitation Council (UKRC) is a newly formed organisation. It says of itself:
  ‘The UK Rehabilitation Council is a community of rehabilitation associations, rehabilitation providers, clients and other stakeholder groups. Our common goal is to ensure access to high quality medical and vocational rehabilitation services in the UK.’

Funded by the DWP and the Scottish Centre for Healthy Working Lives, the UKRC have now launched (May 2009) standards focussed at commissioners of rehabilitation and end users. Rehabilitation standards: hallmarks of a good provider (http://www.rehabcouncil.org.uk/). These are intended to cover all rehabilitation and not just vocational. The UKRC website is http://www.rehabcouncil.org.uk/index.php
3.6 The international scene

- The United Nations has developed an overview of international legal frameworks for disability legislation and this covers the following topics:
  - The Role of Disability Legislation.
  - International Legal Framework.
  - Application of International Conventions, Standards and Norms to Domestic Law.
  - World Health Organisation and vocational rehabilitation.

- The United Nations has a global programme on disability and The standard rules on the equalization of opportunities for persons with disabilities: adopted by the United Nations General Assembly, forty-eighth session, resolution 48/96, annex, of 20 December 1993. The target area for participation for employment comes under rule 7. This and the other sections of this policy are available at: www.un.org/esa/socdev/enable/disre00.htm

- European Disability Forum (EDF) is an independent European non-governmental organisation (ENGO) that represents the interests of 50 million disabled people in the European Union and stands for their rights. EDF is the only European platform of disabled people, which is run by disabled people or the families of disabled people unable to represent themselves. This is the statement they have related to work:
  ‘For the European Disability Forum, guaranteeing access to employment and occupation is a key issue, as it is a crucial aspect for the economic and social inclusion of 50 million disabled people in Europe.’

3.7 The future

Rehabilitation organisations in the USA already have standards and regulations to follow (The Commission on Accreditation of Rehabilitation Facilities’ ‘CARF’ Regulations), so that commissioners and end users (service users) have some idea of the standard of rehabilitation they might expect. There a very few rehab facilities that have gone this route in the UK. However, standards are available. As well as the VRA Standards (see above), The Case Management Society of the UK (CMSUK) representing case managers (who have a significant role in vocational rehabilitation) have also published Standards of Practice (2005) aimed at practitioner level. http://www.cmsuk.org

In addition to these two documents the UKRC’s standards of practice mean that there are a number of quality descriptors but as yet little incentive to abide by them. Accreditation to a quality mark seems the natural step forward and then perhaps regulation of the rehabilitation field. It would seem sensible that the UKRC takes on the role of accreditation and policing but time will tell and this is likely to be a subject of much debate over the years to come.

4. Occupational therapists’ role in vocational rehabilitation

4.1 What is the occupational therapy role?

As all occupational therapists are aware, occupation (by which most of the population mean employment) has always been fundamental to the occupational therapy profession. The early development of the skills base contained in our training took place when returning our patients to gainful employment was a key aim of our intervention. It is only in more recent years that the application of our skills to the workplace has ceased to be central to our practice. Some of the reasons for this have been given in Section 3 above. Relative to vocational rehabilitation, it is probably true to say that occupational therapists in the UK
have most of the necessary skills but feel they have little or no experience. In this section we will try to outline some of the different roles occupational therapists can take and ‘de-mystify’ this area of work.

Two documents have been published by the College of Occupational Therapists to help clarify the occupational therapy role. Work Matters: Vocational Navigation for Occupational Therapy Staff (2007) guides staff in empowering individuals and suggests approaches to create effective partnerships for collaborative working. The College of Occupational Therapists’ Vocational Rehabilitation Strategy (2008) sets out its belief that, ‘everyone in the UK has the right to information, help and support to be able to work, whether this is paid employment, voluntary work or work to care for family or home.’ (COT) 2008, p1)

These documents help occupational therapists to understand their role and help them to make changes in their working practices to in the very least ASK THE WORK QUESTION.

Just as in all other areas of work, occupational therapists may take a limited specialist role or a more generalist role. Where an occupational therapist is already performing a ‘case’ or ‘care’ management role, the extension of that role into the area of work will come quite naturally. Depending on the situation the occupational therapist may have a key role in liaising with the employer, the Disability Employment Adviser (DEA), or the Access to Work Officer. Other contacts may include the Connexions (Careers) service, and the employer’s Occupational Health Department.

Some of the interventions that occupational therapists engage with are:
- Asking the ‘work’ question regardless of where occupational therapists work.
- Support to the individual on their pathway to engaging in work.
- Career counselling and advice.
- Worksite assessments.
- Ergonomics.
- Task analysis.
- Vocational assessments.
- Functional Capacity Evaluations (FCE’s).
- Case management / liaison.
- Condition management.
- Work rehabilitation and work hardening/conditioning.
- The use and development of work skills.
- The use of work skills and productivity as a means of self-discovery and change Personal advisers to negotiate with employers.
- Job analysis and job modification/adjustment.
- Disability Discrimination Act 1995 compliance advice to employers.
- Litigation, health and safety, occupational health and other relevant areas.
- Injury prevention.
- Access issues.

(This list is not exhaustive but an example of the range of intervention activities that may be used).

4.2 Where do occupational therapists carry out vocational rehabilitation at present?

In the UK, occupational therapists are engaged in vocational rehabilitation across all sectors, either as part of their overall role as an occupational therapist or where their role is primarily vocational rehabilitation. In this climate of relatively rapid change, the locations that occupational therapists find themselves working will be changing too. We hope to see an
occupational therapist being used regularly by the Health and Safety Executive (HSE) and the DWP in the future.

Occupational therapists are employed or seconded into Condition Management Programmes as part of the Pathways to Work packages and in many places have the leading roles in service delivery and development. However, occupational therapists’ involvement in vocational rehabilitation activities remains patchy across the UK, and tends to be dependent on local services, expertise and interests.

Occupational therapists are involved across all service models and approaches, including:
- condition management;
- return to work;
- rehabilitation in the form of work hardening or work conditioning;
- job retention;
- supported employment;
- functional capacity assessments; and
- case management.

Occupational therapists engaged in vocational rehabilitation may be found in the following settings:

National Health Service
Some occupational therapists in the NHS may be involved in vocational rehabilitation services, although government focus on discharge from hospital resulted in many mainstream occupational therapists moving away from addressing vocational needs as a core part of their work. This is changing, as there has been a greater national focus on employment of disabled people.

There are examples of occupational therapy led vocational rehabilitation services in the UK, mainly in mental health settings e.g. Avon & Wiltshire NHS Care Trust, but also in some physical disability settings e.g. Wexham Park.

Department for Work and Pensions
- Access to work assessments contracted out and conducted by occupational therapists;
- New Deal for Disabled People;
- Workstep;
- Condition Management Programmes.

Independent practice
Occupational therapists may work:
- individually as a VR practitioner providing services to industry, the DWP, insurance companies or individuals, or
- as an employee of a private provider.

Occupational therapists may be found working in occupational health services of large organisations e.g. The Post Office (provided through an independent provider Atos Healthcare), NHS Occupational Health Services and some police forces.

Occupational therapists are employed directly by insurance companies e.g. Unum Provident or outsourced on a consultancy basis. Some of these occupational therapists provide early intervention and absence management services and advice.

Occupational therapists are employed in voluntary organisations that provide vocational rehabilitation e.g. Mental Health Matters, MIND, Shaw Trust.
5. **Occupational therapy research**

At COTSS Work, we make every effort to support and facilitate research and evidence-based practice. We will draw your attention to the latest published research through the quarterly newsletter. At our annual conference we regularly feature research completed by members and others with an interest in work and VR.

There have been a number of papers published over the past few years, too many to mention here, but we would urge you to especially look at the following websites:
- Health and Safety Executive (HSE) website ([http://www.hse.gov.uk/](http://www.hse.gov.uk/));
- The Royal College of Physicians website ([http://www.rcplondon.ac.uk/](http://www.rcplondon.ac.uk/)); and
- Sainsbury Centre for Mental Health ([http://www.scmh.org.uk/](http://www.scmh.org.uk/)) as a start.

Our *Research and Development Strategic Vision and Action Plan* (COT 2003) identified the following priority research areas:
- Exploration of the organisational policies, which impact on occupational therapists and their brief to work across the total spectrum of self-care, productivity and leisure.
- Health and economic effectiveness of occupational therapy interventions.
- Standardised assessments and outcome measures.
- Glossary of terms by an international literature review.
- Relevant models of practice for VR.
- Perceptions of role and expectations of occupational therapists in this area of practice.
- Barriers and stigma, which impact on people with disabilities getting into work.

This document should be considered alongside the College of Occupational Therapists, *Research and Development Review of Specialist Section Research & Development Strategies*, September 2007.

If you would like to discuss your ideas for research around occupational therapy and VR, please contact the Research and Development Officer at COTSS Work. Despite our commitment to research, it is important to realise that, we have to work within the current Research Governance Framework (DoH 2001). This means that if you wish to contact the membership of COTSS Work for research purposes, for example to distribute a questionnaire, you will first need to obtain the appropriate ethical clearances, sponsorship and supporting documentation. This can be a lengthy and time-consuming process. Your university or Research and Development department should be able to give you more information about what is involved and the research and governance section of the COT website includes plenty of useful information.

The following websites will also be of use:
- College of Occupational Therapists: [http://www.cot.org.uk](http://www.cot.org.uk)
- Department of Health: [http://www.dh.gov.uk](http://www.dh.gov.uk)

6. **Training**

6.1 **Current provision in undergraduate course**

The purpose of pre-registration occupational therapy education is to provide a broad based curriculum that covers a wide range of issues across the whole health and social care sector, designed to ensure graduating practitioners are fit for purpose, practice and profession. Within this context it would be impossible to include much education of a specialist nature.
Skills that have particular relevance of vocational rehabilitation that are taught on all courses include:

- use of theory;
- activity analysis;
- assessment of physical and psychological status of the individual and also the environment (\(\Rightarrow\) worksite site assessment);
- problem solving;
- goal setting; and
- symptom management.

The vocational rehabilitation agenda is being embedded within modules of the pre-registration occupational therapy curriculum at most universities, with some having specific VR modules on offer. It is worth noting that there is a validation cycle of five years for undergraduate curricula. Universities who have recently been validated have made work or vocational rehabilitation a more overt focus for some modules, whilst other programmes were planning to do so during their next validation (however in the interim universities have developed the content of existing curricula to embrace VR). Many universities report that expert practicing clinicians working in VR are involved in the development of material and/or delivery of sessions for students. More practice placement opportunities for students in vocational rehabilitation are also noted.

It is the view of the COTSS Work Committee that any qualified occupational therapist should be prepared to apply his/her skills to vocational rehabilitation even if he/she has not had any previous experience of this type of work. Occupational therapists with no specific qualifications or experience in this type of work can still make a substantial contribution to the resolution of functional difficulties in the workplace. Careful, reflective practice will enable the development of increased VR skills through experience.

6.2 Short courses

There is some provision by independent providers of such courses, variable in quality, content, timing, and geographical location. A key distinction may be made between courses that aim to provide general information and skills, and those that focus on particular skills, such as Functional Capacity Assessment training. Courses are generally advertised in Occupational Therapy News (OTN) or British Journal of Occupational Therapy (BJOT) and the interactive learning opportunities database (iLOD) available via the COT Website. There is no qualification that can be obtained through short courses in the UK that ‘qualifies’ you to provide vocational rehabilitation.

6.3 Postgraduate courses

The number of postgraduate formal learning opportunities is steadily increasing in number with relevant courses being offered in several UK universities. These include the provision of Postgraduate Certificates/ Diplomas and MSc degrees. There is also a named BSc Hons Vocational Rehabilitation programme available at one university in England.

The content of these courses varies considerably, as there is no agreed core postgraduate curriculum in the UK. This means that as a practitioner, you should investigate each course to see which one suits your needs most closely. Any of the course leaders for these courses should be able to help you in this quest. You are advised to search on the iLOD (see above) of the College of Occupational Therapists website for further details of advertised and endorsed provision.
7. **Further reading**

We recommend the following for background reading:

- COT hot topic – check with COT library or the website for most recent publication.
- *Occupational Therapy and Vocational Rehabilitation* (Ross 2007).
- *Vocational Rehabilitation* (Holmes 2007).
- *Vocational Rehabilitation: what works, for whom and when?* (Waddell, Burton, Kendall 2008)
- *The College of Occupational Therapists' Vocational Rehabilitation Strategy* (COT 2008).

We would also recommend that you keep up to date with new papers that are produced by the research departments of the HSE and DWP and DH. These are often to be linked from the COTSS Work website.

8. **Useful websites**

Further information, including recommended reading lists and useful websites, is available from the COTSS-Work website:

http://www.baot.org.uk/Homepage/Specialist_Sections/COTSS_-_Work/

Please remember that websites are not always updated regularly and you should check sources of information found in them.
References


Department of Health (2000) Improving working lives standard: NHS employers committed to improving the working lives of people who work in the NHS. London: DH.


