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Purpose of this document

In 2025, the UK is facing a significant problem related to economic inactivity and increased absence relating to ill health. Younger generations are finding it increasingly hard to enter the workforce and are beset with mental health challenges and we have an ageing working population where long term comorbidities are having an impact on work ability. Vocational rehabilitation can provide a valuable solution to these challenges in conjunction with other stakeholders within this space.

Given this backdrop, it is timely to clarify what vocational rehabilitation is and how it is delivered, by whom and those who would benefit, within the UK and Ireland. The goal is to enhance understanding for those who want to be employed in this sector and those who would like to utilise VR services.

It is intended that the document is accessible to the general public, purchasers of services, members of the VRA and Government.

What is the Vocational Rehabilitation Association?

The Vocational Rehabilitation Association (VRA) (LINK HERE) is the leading vocational rehabilitation (VR) organization in the UK and Ireland. We represent and advocate for vocational rehabilitation practitioners and the profession as a whole. It aims to be a home for all practitioners who deliver vocational rehabilitation and works in the interests of all those who may need VR services in the UK, The VRA works to:

- Define VR by educating and influencing all things VR
- Promote and market VR
- Be the conduit between policy and practitioners/organisations
- Clarify and share the benefits of effective VR
- Support practitioners to upskill and to network.

VR definition

Vocational rehabilitation is the **biopsychosocial process** of enabling people who have disabilities and/or health conditions (including illness and/or injury) to maintain work ability; this covers remaining in, returning to, or gaining employment or vocation. (VRA 2025).

Vocational rehabilitation is whatever helps someone with a health problem to stay at, return to and remain in work. It is an idea and an approach as much as an intervention or a service.

Vocational rehabilitation is tailored to the individual and involves:

- multiple linked elements: assessment, recommendations and interventions
- work focused goal generation, graded return, adjustments and stakeholder coordination.

VR is a comprehensive integrated process, so it is not:

- Just **one single element** in isolation (e.g., assessment alone).
- Only **clinical treatment** or **therapy**.
- Use of M**ediation alone**.
- Any intervention **without a focus on work** is not VR.

Referrals into vocational rehabilitation occur from various settings, including within the insurance sector (Personal Injury and Income Protection), within occupational health settings, within the workplace directly, and within government-based initiatives and the NHS. The target groups include those who are employed, self-employed, job-seeking and those who are economically inactive due to ill health.

'Work' in this context can include paid employment, voluntary activities and meaningful occupation, depending on the circumstances of the referral into vocational rehabilitation. All vocational rehabilitation activities are focused on the goal of returning to and sustaining 'work'.

Those delivering vocational rehabilitation may be clinical or non-clinical in their professional backgrounds and those who are members of the Vocational Rehabilitation Association are obligated to adhere to standards of practice and to continually develop their competence according to the VRA competency framework.

Spirit of VR

All practitioners of vocational rehabilitation operate with an underpinning 'spirit' or conceptual approach to their work. These are:

- To focus on the whole person in their context
- To work collaboratively in an interdisciplinary and multidisciplinary way
- To involve all stakeholders to smooth the pathway back into work
- To be action orientated and 'do the doing'
- To have a 'can do' approach, focusing on strengths and capabilities to build on
- To be flexible, creative, adaptive, solution focused

Vocational rehabilitation tools

An initial assessment is carried out no matter the entry level into the vocational rehabilitation process. The depth of assessment is proportional to the support that will be subsequently needed, e.g. information/advice, signposting, functional capacity evaluation or clinical rehabilitation.

In general, the **purpose of an assessment is to** identify needs/obstacles to returning to work along with related solutions, such as reasonable adjustments, linked to the **biopsychosocial approach**, including:

- Health factors
- Physical factors
- Social factors
- Cognitive factors
- Psychological factors
- Financial factors
- Career/workplace factors

The assessment leads to recommended interventions and associated action planning. Importantly, **suitably qualified** practitioners **deliver** the interventions or actions identified.

Any VR intervention is about overcoming obstacles to work ability, and can include:

- Health (clinical support, psychological support, therapy)
- Physical (ergonomics, workplace adjustments)
- Social (support networks, benefits, inclusion)
- Workplace accommodation (agreeing work ability action plans with all relevant stakeholders e.g. workers / HR/ line managers)
- Career coaching / redirection
- Work placements
- Stay at work or return to work planning and implementation with consideration of temporary or permanent workplace adjustments

A range of professionals can deliver VR interventions including HR, clinicians, VR professionals and clinical/non-clinical case managers. It is important that the person providing the intervention is suitably qualified, has supervision and works within their boundaries of practice. The VRA has standards of professionalism that all members of the organization are obliged to adhere to and provide supervision guidelines since this is a key part of their professional delivery. The standards can be found here.

Case management and vocational rehabilitation

VR involves and embodies case management as an essential component. It has been shown, that within clinical or health related setting there are four types of case management, namely brokerage, Clinical case management, Strengths based case management, Rehabilitation or intensive case management: For more information on these see CMSUK. Essentially, case management involves meeting the individual, assessing their needs, planning an intervention, and delivering it, following up, monitoring its efficacy and outcomes.

In vocational rehabilitation, careful consideration is applied to determine the best type of case management needed for each individual case, taking account of client needs,

complexity, and environment. Broadly speaking, this is referred to as 'vocational case management'. It can encompass all the types mentioned above.

Within vocational rehabilitation, case management or integrated services play a critical role in supporting individuals as they navigate the often-complex journey through return-to-work (RTW) processes. The effectiveness of these services rests upon clear roles, ongoing collaboration among stakeholders, and a structured approach to overcoming workplace, personal, and social obstacles.

Vocational rehabilitation case management is a dynamic, client-centered process that involves collaboratively assessing an individual's vocational needs, planning and implementing services to meet those needs, coordinating with employers and relevant stakeholders such as managers, medical professionals, and significant others whilst also monitoring progress to achieve successful return-to-work and sustained work ability.

A vocational rehabilitation case manager acts as a central point of contact to facilitate communication between the workplace and the worker, identify and address obstacles, provide guidance on workplace adjustments, grant applications for funding assistance where relevant, and ensure a coordinated, quality rehabilitation program for both the individual and their employer as they move toward returning to work or helping them to stay in work. The case manager in this context could either be sourcing support or could be providing interventions themselves. The role could also be clinical and non-clinical depending on service and client needs.

Key roles and responsibilities of Vocational Rehabilitation practitioners

Practitioners serve as the linchpin within the VR process, guiding cases from referral to outcome. Their responsibilities can be broadly categorized into two main roles:

- Overseeing Case Progression (**Administrative/Coordinative Role)**:

  In this capacity, case managers are responsible for maintaining oversight of the entire rehabilitation journey. They track and record milestones, ensure that timelines are met, and coordinate communication among all involved parties—including the employer, healthcare professionals, insurers, and the individual. Importantly, in this role, the case manager does not deliver direct vocational rehabilitation interventions but instead acts as a central point of contact and an advocate for the individual's needs.

  This role is non-clinical.

- **Dual Function**—Manager and VR provider:

  Some case managers adopt a dual role, combining case oversight with the direct delivery of specific VR interventions. This may include conducting assessments, facilitating workplace adjustments, providing counselling or skills training, and supporting job-matching activities. The dual function requires a comprehensive skill set, including **clinical expertise**, knowledge of workplace policies, and strong communication abilities.

  A key differentiator is that the dual function role requires a clinician to deliver it.

Practitioners are responsible for their continued professional development whatever their role within VR. It is important that VR professionals can access supervision to support developing their skill set as necessary. The link to VRA supervision guidelines are HERE

Return-to-Work Processes: Tiers of support

The effectiveness and responsiveness of vocational rehabilitation and vocational case management is enhanced via a tiered approach, akin to stepped care, that is aligned to the complexity of a client's needs. This approach ensures that individuals receive the right level of support, at the right time, with interventions proportionate to the nature of their health problems and circumstances. This may involve regrouping, reassessing, reallocating interventions, and reflecting during the process.

This graduated intervention framework allows for flexibility and responsiveness, meeting individuals wherever they are on their return-to-work journey. Flexibly matching the intensity of support to a client's situational complexity not only enhances efficiency but empowers clients to progress at a pace appropriate to their needs, whether they are in paid employment, volunteering, engaging in meaningful activity or currently not employed.

Ultimately, this layered system (see below) reinforces the principle that vocational rehabilitation should be person-centered and adaptable, supporting sustainable outcomes across the spectrum of work and health needs.

VR professionals need to act flexibly and collaboratively, at times operating within a clinical framework / MDT and at others within non-clinical settings, in order to best support their client's needs.

The tiers of the vocational rehabilitation approach within vocational case management are detailed below.

Vocational Rehabilitation Case Management tiers

The proposed tiers below are provided as guidance to the type of interventions that VRCMs can provide depending on individual needs. Research suggests that once someone falls out of work, the likelihood of them returning diminishes with every passing month (Wadell et al 2008), dropping to a 3% likelihood of return at 12 months (Health Foundation 2025). Early intervention is therefore essential, and it must be tailored to an individual's need and employer circumstance. The tiers below can be operationalized whether the person was at work or has fallen out of work, and indeed at any point in their lifecycle of work, e.g. within the first few months of work or considering ill health retirement from work.

Tier	Focus	Assessments / Activities	Clients	Notes	Duration
Tier 1: Advice, Information & Signposting	Basic triage and guidance Person may still be at work OR Employe may have fallen out of work	• Brief assessment • Provide essential information on work and returning to workplace micro-adjustments (hours/tasks/pacing/ergonomics); worker coaching (1–2 brief contacts); navigation to OH/AtW/EAP/PMI/NHS; prehab planning for surgery.	Everyone recovering from illness or managing a disability	Information only, no intervention 'Light touch'	Short-term (0–4 weeks), then client-led / self-management
Tier 2: Targeted Assessments & Recommendations	Standalone detailed assessments including return-to-work planning Employee may or may not have fallen out of work	• Functional Capacity Evaluation (FCE) • Job Demands Analysis (JDA) • Work Readiness Assessment • Workplace assessments • Return-to-work planning & adjustments (planning only, no implementation) **NOTE**: some of the above activities require suitably qualified professionals / clinicians	• In work but struggling • Absent from work • Out of the workforce	Focus on assessment and planning only Implementation of plans may be delegated to another stakeholder	Time limited (6 weeks – 6 months)
Tier 3: Specialist VR Services integrating breadth and depth of component parts within holistic assessment and intervention needed to support return to work.	Holistic and integrated support to enable recovery and return to work. Employee may or may not have fallen out of work	•Comprehensive clinical (*) and vocational assessments and evaluations • Tailored interventions: E.g. coaching, work focused clinical input, career redirection and rebuilding **NOTE**: some of the above activities require suitably qualified professionals/clinicians	Clients needing intensive, multi-layered support E.g. post trauma - physical and psychological, Those with long term condition or multimorbidity, Those with disabilities	Combines breadth and depth of services for sustainable return-to-work Services can be delivered withing case management for personal injury, within Occupational Health services and within Insurance products	Ongoing/Longer-term (6+ months) Often 12-24 months support provided with regular reviews

*It is important at this point to differentiate 'clinical' from 'psychological' in the context of VR. Psychotherapy or psychological treatment in VR represents 'clinical' interventions such as CBT, systemic therapy or EMDR, 'psychological' represents an understanding of beliefs, attitudes, coping behaviours, health and work behaviours, cognition and emotional state. Non-clinical professionals can be trained to explore such psychological components but unless suitably trained cannot deliver elements such as psychotherapy.

Case example illustrating an administrative / coordinated management pathway.

Jane was diagnosed with persistent pain in the autumn of 2024. Her GP recommended rest and pain killers but after 6 weeks the pain had not subsided, and she was unable to return to work. Following an OH assessment, she was signed off for a further 3 months and was recommended to undertake a functional restoration programme. Her employer sourced a vocational case manager to help implement the recommendations from OH and enable their valued employee to return to work.

Employer X hired the 'We Are VR' company to help them in the first instance. The VCM undertook a thorough biopsychosocial assessment that included an understanding of the person's work needs and current capability. Following assessment, it was agreed the employee would need:

1. Physiotherapy and occupational therapy to help manage their lower back pain and improve their functioning
2. Psychotherapy to help with their low mood and anxiety resulting from pain and being off work
3. A workplace assessment to determine what they need to be able to to return to work
4. A phased return to work plan and implementation of that plan
5. Employer liaison

The VRCM sourced suppliers for recommendations 1-3 and regularly monitored progress and efficacy of the service provided. They liaised regularly with the employer to ensure they were happy with the support being provided and they were making progress.

When the person was ready to return to work the workplace assessment was carried out and a return-to-work plan was drawn up together with their employer. The VRCM then supported both employer and employee through the process of returning to work to ensure they sustained their work ability in the longer term.

Role of Employers in the Vocational Rehabilitation process

Employers, in particular line managers, are vital partners in any successful return-to-work program. Their engagement and willingness to support accommodations can make the difference between successful and failed work reintegration. Key aspects of the employer's role include:

- Providing Support for Adjustments and Accommodations:

  Employers are required by law to be prepared to make reasonable adjustments to the workplace or job role to accommodate the needs of workers returning after illness or injury and who are considered to have a disability as defined by the Equality Act 2010. Adjustments may include ergonomic modifications, flexible scheduling, or changes to workload or duties. However, it is considered good practice to consider adjustments for any workers to help them thrive at work and sustain employment. Adjustments can be made whilst the person is still at work or as part of the process of supporting them back into the workplace. These can be referred to as 'stay at work' plans or 'return to work plans'.

- Engagement in Planning and Communication:

  Effective RTW planning requires ongoing and transparent communication between the employer and VR professionals. This ensures that all parties are informed about the worker's needs, progress, and any workplace modifications required. Constructive dialogue also helps to anticipate and address potential barriers before they disrupt the RTW process.

- Facilitation of accommodation and phased Return-to-Work Plans:

  Accommodation of the worker alongside their health problem is fundamental, and many workers may benefit from a gradual transition back to work. Employers play a critical role in facilitating accommodations and phased or graded RTW plans, which may involve reduced hours, lighter duties, or a stepwise increase in responsibilities as the individual regains confidence and capacity.

- Monitoring and Sustaining Employee Participation:

  The success of RTW is not only about the initial re-entry, but also about sustaining participation and preventing relapse. Employers should monitor the employee's adaptation to work, check in regularly, and provide ongoing support where needed.

- Collaboration with Insurers, Clinicians, and VR Case Managers:

  Employers should actively collaborate with the VR process, including participation in multidisciplinary teams alongside insurers, healthcare providers, and case managers. Shared information and collaborative problem-solving help create a supportive environment that optimizes the chances of a durable return to work.

Vocational Rehabilitation: An integrated approach

Integrated services involve a holistic approach, where case managers and employers, working together with medical professionals, insurers, and the worker, focus on the individual's unique strengths and challenges. This model leverages resources across sectors, breaks down silos, and promotes continuity of care, reducing the risk of miscommunication or fragmented service delivery.

Benefits of Integration

- Streamlined communication and accountability with regular updates
- Personalized rehabilitation/work ability plans tailored to individual and workplace needs
- Faster, more sustainable return-to-work outcomes
- Improved satisfaction for all stakeholders

Conclusion

Successful vocational rehabilitation, operationalized by vocational rehabilitation case management, hinges on clear role definition, strong employer engagement, and an integrated, person-centred approach. By fostering collaboration among all parties, establishing flexible and supportive workplace practices, and maintaining a focus on sustainable outcomes, the return-to-work process can be both effective and empowering for individuals seeking to re-engage in meaningful employment.