

# Comprehensive Overview of Integrated Vocational Rehabilitation Services

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Practitioners (Chair: Dr J Denning) VRA London 2025

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## VR definition

Vocational rehabilitation is the **biopsychosocial process** of enabling people who have disabilities and/or health conditions (including illness and/or injury) to remain in, return to, or gain employment or vocation (VRA 2025).

VR is a comprehensive and integrated process. It often involves multiple linked elements such as assessment, recommendations, and interventions as well as problem solving, work focused goal generation, graded return, adjustments, and stakeholder coordination.

Importantly it is:

- It is more than a single assessment of need or of mediation.
- It can be clinical treatment or therapy that is work focused but is unlikely to be treatment alone.
- Always focused on work.

‘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 ‘work’ within this definition.

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.

Vocational rehabilitation can be delivered in a myriad of settings, including within the insurance sector (PI and Protection), within occupational health settings, to organisations directly, and within government-based initiatives and the NHS. Interventions are targeted at those who are employed, self-employed, job seeking and those who are economically inactive due to ill-health.

## Spirit of VR

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

- To work in an inter and multidisciplinary way.
- To include all stakeholders to smooth the pathway back into work.
- To be action orientated and 'do the doing.'
- To have a 'can do' approach, focussing on strengths and capabilities to build on.
- To be flexible, creative, and adaptive.
- To focus on the whole individual.

## 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 provided, e.g. signposting, FCE or clinical rehabilitation.

In general, the purpose of an assessment is to identify needs/obstacles / and adjustments to returning to work 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.

An intervention can include:

- Health (clinical support, mental health, rehabilitation)
- Physical (ergonomics, workplace adjustments)
- Social (support networks, benefits, inclusion)
- Career coaching / redirection
- Work placements
- Phased return to work planning and implementation.

A range of professionals deliver interventions including employers, clinicians, VR professionals and 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 organisation are expected to adhere to and provide supervision guidelines as this is a key part of their professional delivery. The standards can be found [here](#)

## Case management and vocational rehabilitation

Within a clinical or health related setting, four types of case management have been identified, namely:

**Brokerage:** whereby a case manager assesses need and signposts individuals to the support they need to recover and return to work.

**Clinical case management:** whereby a clinician is also the individual's case manager.

**Strengths based case management:** a case manager focuses on the individuals' strengths and what they can do and take ownership of to return to work.

**Rehabilitation or intensive case management:** this type of case management involves specialist healthcare providers.

Case management involves meeting the individual, assessing their needs, planning an intervention, and delivering it, follow 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 into account client need,

complexity and environment. Broadly speaking this is referred to as ‘vocational case management.’

Within vocational rehabilitation, vocational case management or integrated services play a critical role in supporting individuals as they navigate the often complex journey through vocational rehabilitation (VR) and 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 obstacles.

Vocational case management is a dynamic, client-centred 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 employers and medical professionals, whilst also monitoring progress to achieve successful return-to-work or sustained employment outcomes.

A vocational case manager acts as a central point of contact to facilitate communication between the workplace and the employee, identify and address barriers, 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 employee as they move toward returning to 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.

## Return-to-Work Processes: Tiers of support

The effectiveness and responsiveness of vocational rehabilitation and vocational case management is enhanced via a tiered approach aligned with 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 severity and nature of their circumstances. This may involve regrouping, reassessing, reallocating interventions and reflecting constantly during the process of implementation of VR services.

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 client 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.

This layered system reinforces the principle that vocational rehabilitation should be person-centred and adaptable, supporting sustainable outcomes across the spectrum of work and health needs.

**VR professionals** also may need to act flexibly at times operating within a clinical framework and at others within non-clinical settings to best support their client's needs. It is important that professionals receive supervision to support their skill set development if this is the case. The link to supervision guidelines is [HERE](#):

**Support services** can better address the unique work-related barriers and obstacles faced by diverse populations by integrating vocational case managers (VCM) into their processes. Such VCMs can tailor involvement and draw on a multidisciplinary network. This approach ensures no one is left behind, whether navigating ongoing health issues, temporary setbacks, or seeking to re-enter employment after a period of absence.

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

## Vocational Rehabilitation and Vocational Case Management tiers of support

The proposed tiers below are provided as guidance as to the type of intervention that may be provided depending on individual need. Research suggests that once someone falls out of work, the likelihood of them returning diminishes with every passing month (Burton 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. It is anticipated that the tiers below could be operationalised whether the person was at work or has fallen out of work.

It is recommended that where possible, early risk identification and first adjustments are made whilst the person is in work to prevent avoidable absence, particularly those employees with emerging work challenges; planned treatment; those demonstrating presenteeism or having repeated short absences.

Tier	Focus	Assessments / Activities	Clients	Notes	Duration
<b>Tier 1: Advice, Information &amp; Signposting</b>	Basic triage and guidance  Employee may or may not have fallen out of work	<ul style="list-style-type: none"> <li>• Brief assessment</li> <li>• Provide essential information on work and returning to workplace</li> </ul> <p>micro-adjustments (hours/tasks/pacing/ergonomics); worker coaching (1–2 brief contacts); navigation to OH/AtW/EAP/PMI/NHS; pre-hab planning for surgery.</p>	Everyone recovering from illness or managing a disability	Information only, no intervention  'Light touch'	Short-term (0–4 weeks), then client-led / self-management
<b>Tier 2: Targeted Assessments &amp; Recommendations</b>	Standalone detailed assessments including return-to-work planning  Employee may or may not have fallen out of work	<ul style="list-style-type: none"> <li>• Functional Capacity Evaluation (FCE)</li> <li>• Job Demands Analysis (JDA)</li> <li>• Work Readiness Assessment</li> <li>• Workplace assessments</li> <li>• Return-to-work planning &amp; adjustments (planning only, no implementation)</li> </ul> <p><b>NOTE:</b> some of the above activities require suitably qualified professionals / clinicians</p>	<ul style="list-style-type: none"> <li>• In work but struggling</li> <li>• Absent from work</li> <li>• Out of the workforce</li> </ul>	Focus on assessment and planning only  Implementation of plans may be delegated to another stakeholder	Time limited (6 weeks – 6 months)
<b>Tier 3A: Specialist VR Services integrating breadth and depth of component parts within holistic assessment and intervention needed to support return to work.</b>	Holistic and integrated support to enable recovery and return to work.  Employee may or may not have fallen out of work	<ul style="list-style-type: none"> <li>• Comprehensive clinical and vocational assessments and evaluations</li> <li>• Tailored interventions:</li> </ul> <p>E.g. coaching, work focussed clinical input, career redirection and rebuilding</p> <p><b>NOTE:</b> some of the above activities require suitably qualified professionals/clinicians</p>	<p>Clients needing intensive, multi-layered support</p> <p>E.g. post trauma - physical and psychological,  Those with long term condition or</p>	Combines breadth and depth of services for sustainable return-to-work  Services can be delivered with case management for personal injury, within Occupational	<p>Ongoing/Longer-term (6+ months)</p> <p>Often 12-24 months support provided with regular reviews</p>



			multi-morbidities, those with disabilities	Health services and within Insurance products	
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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.

## Key roles and responsibilities of Vocational Case Managers delivering vocational rehabilitation

Case managers 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.
- VR Case Manager and VR provider (**Dual Function**):
  - 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 persuasive communication abilities.

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

### Administrative / Co-ordinating Management Pathway case example.

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 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, they determined that 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 return to work.
4. A phased return to work plan and implementation of that plan
5. Employer liaison

The VCM 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, a workplace assessment was carried out and a return to work plan was drawn up together with their employer. The VCM then supported both employer and employee through the process of return to work to ensure they sustained their work in the longer term.

## Dual Function—Manager and VR provider case example

The process is followed as per the above, but rather than outsource the clinical input, depending on their clinical profession, VCM undertakes the OT or Physiotherapy / FCE / Career redirection etc. component of the plan.

## Role of Employers in the vocational Rehabilitation process

Employers are vital partners in any successful return-to-work program. Their engagement and willingness to support accommodations can make the difference between a successful and a 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 employees returning after illness or injury. Adjustments may include ergonomic modifications, flexible scheduling, or changes to workload or duties.
- 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 employee'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 Phased Return-to-Work Plans:
  - Many employees benefit from a gradual transition back to work. Employers play a critical role in facilitating 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 participate 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 ensure a holistic approach, where case managers and employers, working together with medical professionals, insurers, and the employee, 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 plans tailored to individual and workplace needs.
- Faster, more sustainable return-to-work outcomes
- Improved satisfaction for all stakeholders

## Conclusion

Successful vocational case management and vocational rehabilitation hinge 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.