1 Understanding Vocational Rehabilitation

In this first chapter we want to start the process of demystifying what vocational rehabilitation (VR) is, and move forwards with a shared understanding of the activities and interventions which may come together under its umbrella. We also want to reflect on how we might draw on existing knowledge sources, some of which will already be very familiar to occupational therapists, in order to begin working towards creating a uniquely occupation-focused perspective of work and VR.

As we do so, let us remind ourselves that the essence of occupational therapy (OT) is built on a belief in the necessity and value of occupations. Each of us strives, throughout our life, to achieve a balance of meaningful and purposeful work, rest, self-care and leisure activities. Of all the occupations in which we engage across our lifespan, work arguably occupies the most central position. Work provides us with a significant life role that accounts for up to a third of the life of an average adult. Furthermore, the links between work and health, well-being and longevity, have already been well-argued (Wilcock, 1998). Despite this understanding, far too few occupational therapists in the UK today, ask the ‘work question’, even when they have clients who are of working age. Fewer still are involved, to any great extent, in addressing the actual work or employment needs of their clients. People outside of the profession could be forgiven for questioning why occupational therapists don’t deal with, perhaps, the most commonly recognised occupation.

But all this is changing. A growing recognition of the potential roles for occupational therapists within VR in the UK is fueling interest in learning more about this topic. The starting point must, of course, be with our shared understanding of VR itself, so let us examine what is meant by this.

DEFINING VOCATIONAL REHABILITATION

It is fair to say that, to many, ‘vocational rehabilitation’ is an unfamiliar term. It is also unpopular, with somewhat dated, value-laden connotations attached to it. The notion of a ‘vocation’ conjures, perhaps for some, images of religion. In popular language the word has often been associated with a calling to a certain profession – your vocation in life. ‘Rehabilitation’ fares little better, since nowadays it is frequently applied to strategies aimed at reducing criminal behavior and offending rates. It is also increasingly used in connection with expensive clinics, where celebrities enter ‘rehab’
to go through detoxification for a substance addiction. These images are unfortunate, since the terminological confusion which they create hinders understanding, as well as having the effect of positioning VR away from ordinary, everyday problems and interventions.

With the perceived unsuitability of this terminology, it is probably unsurprising that occupational therapists have sought out alternatives. This has resulted in a plethora of terms which largely describe a similar range of interventions, none of which seems to have successfully captured the essence of practice in this field. In the American literature we find frequent references to ‘work rehabilitation’, in Australia and New Zealand we find ‘occupational rehabilitation’ and ‘injury management’, in Canada ‘vocational practice’ and ‘disability management’. Attempts have been made in the UK to group the range of interventions which make up VR under the broader heading of ‘work practice’ (Pratt and Jacobs, 1997). In some countries ‘vocational rehabilitation’ is used to describe interventions only undertaken with those who are returning to work, since, strictly speaking, job seekers who have never worked, would more aptly be participating in habilitation, rather than rehabilitation. Confusingly, in yet other countries, VR is predominantly undertaken with those who are currently out of work, but may perhaps have worked in the past.

Unfortunately, if we extend our discussion beyond OT, the situation becomes even more complicated, since ‘vocational rehabilitation’ has different meanings to different groups of people. As well as the perceptions of the general public, others such as employers, insurers, health professionals, and politicians, each have their own take on what VR is, the purpose it serves, and frequently their own associated jargon.

Not only are there terminological differences, but there are similar disagreements about what VR actually entails. Some may describe it as a type of process. Kumar (2000), for example, introduces it as a multi-disciplinary process. Others may view it narrowly as a particular type of service model, which takes its place alongside work hardening and injury management programmes, or sheltered employment provisions (Perron and McKay, 1997). Alternatively, it may be used to describe an array of services. Commonly it is seen as a form of intervention, perhaps directed towards assisting somebody back to work. We will not resolve these terminological or ideological conflicts, nor will we attempt to try. The reader who consults the international literature does, however, need to be aware that these idiosyncrasies exist.

In acknowledging these global difficulties, let us now look at two of the, perhaps, most widely accepted definitions of ‘vocational rehabilitation’ within the UK context. The first was put forward by the Department for Work and Pensions (DWP) as part of a document entitled Building Capacity for Work: A UK framework for vocational rehabilitation (2004, p.14), and describes it as follows:

- Vocational rehabilitation is a process to overcome the barriers an individual faces when accessing, remaining or returning to work following injury, illness or impairment. This process includes the procedures in place to support the individual and/or employer or others (for example, family and carers) including help to access VR and to practically manage the delivery of VR; and
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- 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.

The second is from the British Society of Rehabilitation Medicine (BSRM) (2003, p.1) who describe it as:

...a process whereby those disadvantaged by illness or disability can be enabled to access, return to, or remain in, employment, or other useful occupation.

You will note from these definitions, that they share a common perspective of VR as a process, designed to assist those with work goals, regardless of whether they are seeking to enter or remain in work. In addition, according to the first definition, it also covers a range of possible interventions as well, thus allowing the term to be used interchangeably. The DWP definition does, however, focus specifically on employment, whereas the BSRM suggests a wider understanding of work.

Having reached an understanding on what we mean when we talk about ‘vocational rehabilitation’, let us now briefly consider the sources of knowledge which we may draw on in order to effectively practice within it.

Figure 1.1 broadly depicts the main types of knowledge that occupational therapists may use in this field. Some will already be familiar, others perhaps less so. At the top of the figure there are two rows of boxes. We can see that the five boxes in the top row identify the sources of knowledge which occupational therapists may use in their VR practice. These include knowledge of work and the workplace, and knowledge
about human occupation, drawn mostly from the occupational science paradigm. They also include social equity knowledge which helps us think about issues such as environmental barriers and the stigma which often faces disabled people who want to work. In addition, condition-based knowledge helps the practitioner to understand the nature of an individual’s illness or disability and the impact of this condition on their functional performance. Finally, the occupational therapist must draw on other sources of knowledge, such as information technology, as well as knowledge specific to the sector in which they are practising. For example, an occupational therapist working in the insurance sector may need to understand insurance products and the claims management process, whereas a practitioner in the voluntary sector, or in a condition management programme, would not. In the second row of boxes, we are given examples of the sorts of knowledge which occupational therapists may potentially draw from these respective knowledge bases.

All these sources of knowledge collectively contribute to what has been termed ‘occupation-focused practice’. Occupation-focused practice is represented in this diagram by an arc. The arc itself represents the way in which OT may act as a bridge between employers, doctors, clients and others involved in the VR process. Occupation-focused practice draws on these different forms of knowledge so as to support the client to engage in the occupation of work in a way which is meaningful and purposeful to them. It is tempered by the need to have a commercial awareness of the realities of the workplace and the barriers which may act as obstacles to achieving this. Each of the different forms of knowledge identified here will be discussed further, in detail, in later chapters of this book. It may be worth reflecting at this point, on the key areas in which you wish to boost your own understanding of occupation-focused practice in VR.