Vocational assessment and rehabilitation after acquired brain injury

Inter-agency guidelines

Part of the Department for Work and Pensions

Royal College of Physicians

The guidelines were prepared by the Inter-agency Advisory Group on Vocational Rehabilitation after Brain Injury, and drafted and edited by Dr Andy Tyerman and Mr Mick Meehan. They were developed in association with the British Society of Rehabilitation Medicine Working Party on Rehabilitation following Acquired Brain Injury, chaired by Professor Lynne Turner-Stokes.

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The Department for Work and Pensions was created in June 2001 'to promote opportunity and independence for all'.

The Department for Work and Pensions' objectives are to:

- ensure the best start for all children and end child poverty in 20 years
- promote work as the best form of welfare for people of working age, whilst protecting the position of those in greatest need
- combat poverty and promote security and independence in retirement for today's and tomorrow's pensioners
- improve rights and opportunities for disabled people in a fair and inclusive society
- modernise welfare delivery so as to improve the accessibility, accuracy and value for money of services to customers, including employers.

Jobcentre Plus plays a vital role in helping to deliver the Department's objectives. Working with a range of partners, Jobcentre Plus promotes work as the best form of welfare, helping unemployed and economically inactive people of working age move closer to the labour market and compete effectively for work, while providing appropriate help and support for those without work. The key objectives of Jobcentre Plus are to:

- increase the effective labour supply by helping as many unemployed and economically inactive people of working age as possible to move into jobs or self-employment and active competition for jobs by making available to them job vacancies, information, advice, training and support and encouraging employers to open up more opportunities to them
- provide high quality and demand-led services to employers, which help them to fill job vacancies quickly and effectively with well-prepared and motivated employees

- help people of working age in the most disadvantaged groups and areas to move closer to the labour market, compete effectively for, and remain in work and to adjust more quickly to economic change
- work towards parity of outcomes for minority ethnic customers
- ensure that people receiving working age benefits fulfil their responsibilities and are offered high quality help and support appropriate to their needs, while protecting the position of those in greatest need
- pay people of working age the correct amount of benefit to which they are entitled, at the right time and throughout the period of their claim, and to protect the benefit system from fraud, error and abuse
- improve continuously the quality, accessibility and delivery of services to all working age customers, regardless of ethnicity, gender, age or disability and achieve the best possible outcome for each of them
- increase Jobcentre Plus' overall productivity, efficiency and effectiveness.

The Clinical Effectiveness and Evaluation Unit (CEEU)

The Clinical Effectiveness and Evaluation Unit of the Royal College of Physicians concentrates on those issues that are at the centre of the national healthcare agenda, eg the National Service Frameworks in Cardiology, Care of Older People and Diabetes, and the Calman-Hine Cancer Framework, as a continuous programme of work rather than multiple one-off projects. Associate Directors, who are active clinicians in their field, lead the relevant programmes in conjunction with the Director. The CEEU has expertise in the development of guidelines, the organising and reporting of multi-centre comparative audit to encourage guideline implementation, and studies on how the outcome of care can be measured reliably. All our work is collaborative with relevant specialist societies, patient groups and health service bodies such as the National Service Frameworks, National Institute for Clinical Excellence and the Commission for Health Audit and Inspection. The CEEU is self-financing with funding coming from government, charities and other organisations.

The Royal College of Physicians of London

The Royal College of Physicians aims to promote the highest standards of medical practice in order to improve health and healthcare. To achieve this it seeks to:

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It defines and monitors programmes of education and training for physicians, and sets examinations including the MRCP(UK) qualification required of UK graduates before they can enter specialist training. It has over 11,000 Fellows worldwide.

Contents

Appendices

Executive summary

Introduction

Return to employment or alternative occupation is a primary goal and a critical factor in the restoration of quality of life for people with acquired brain injury. Currently, many people with acquired brain injury are unable to access, return to or remain in previous or alternative employment. This has major economic implications as well as far-reaching consequences for the individual and their family. Those unable to return to paid employment are often not provided with the advice, opportunity and support to enable them to find alternative occupation appropriate to their needs. There is, however, consistent evidence that specialist vocational rehabilitation services assist people with acquired brain injury in securing sustainable employment or alternative occupation.

An Inter-Agency Advisory Group on Vocational Rehabilitation after Brain Injury was formed in April 2003, comprising members of the NHS, Jobcentre Plus, social services and independent vocational providers. The group was set up initially to recommend guidelines on vocational assessment and rehabilitation to a working party convened by the British Society of Rehabilitation Medicine, which was developing national clinical guidelines on rehabilitation following acquired brain injury.[1]

The Advisory Group agreed that there was a wider need to produce detailed guidelines and an inter-agency framework on vocational assessment and rehabilitation after brain injury across the NHS, Jobcentre Plus, social services and independent vocational providers. It was agreed that staff in these agencies need guidance in working together to facilitate access to appropriate existing services for people with brain injury. The inter-agency guidelines and framework focus on traumatic brain injury, for which there is a substantial research base, but are relevant to other forms of acquired brain injury.

Inter-agency guidelines and framework

The inter-agency guidelines and framework include the following background material: an introduction including definitions of key terms (Section 1); a summary of vocational outcome and specialist brain injury vocational rehabilitation (Section 2); a review of NHS brain injury provision (Section 3); occupational health services (Section 4); Jobcentre Plus services (Section 5); and other occupational/educational provision (Section 6). This is followed by a recommended framework for joint working across agencies (Section 7), and detailed guidelines (Section 8) for the following provision:

- return to previous employment, education or training (paras 8.1–9)
- vocational/employment assessment (paras 8.10–15)
- vocational rehabilitation (including Work Preparation programmes) (paras 8.16–23)
- WORKSTEP (supported employment) (paras 8.24–26)
- occupational/educational provision (paras 8.27–30).

There is good evidence for the effectiveness and cost benefit of vocational rehabilitation in adults with acquired brain injury but none to underpin the specific recommendations given in this document. These are therefore graded at level C (see Appendix 1B). The recommendations reflect the collective expert opinion of the Advisory Group who have substantial direct experience in this field of practice.

Implementation

In the suggestions for implementation (Section 9), key recommendations are that staff from local NHS brain injury services, Jobcentre Plus, local councils and independent vocational, occupational and educational providers:

- undertake a joint review of services for people with brain injury and develop local protocols, drawing on these inter-agency guidelines and framework, both to assist staff in working together to facilitate appropriate and timely access to current services and also to identify gaps in local service provision
- establish ongoing service links (eg between brain injury neuropsychologist, occupational therapist, Jobcentre Plus disability employment advisor and work psychologist) to discuss the vocational needs of individuals with brain injury
- adopt a joint approach both to increasing awareness of vocational needs and to the development of specialist skills training for all providers of vocational assessment and rehabilitation services for people with brain injury.

It is hoped that the proposed inter-agency guidelines and framework will assist agencies and their staff in making best use of available provision. However, it is clear that the current under-developed NHS provision of brain injury services, the shortage of specialist brain injury vocational rehabilitation programmes and suitable occupational/educational provision, and lack of joint working across agencies, all mean that many people with brain injury do not currently have the opportunity to achieve their optimal occupational outcome. The National Service Framework for Long-Term Conditions provides an ideal opportunity to review provision of services to meet the complex occupational needs of people with acquired brain injury.

Reference

1 Royal College of Physicians and British Society of Rehabilitation Medicine. *Rehabilitation following acquired brain injury: national clinical guidelines* (Turner-Stokes L, ed). London: RCP, BSRM, 2003.

1 Introduction

Occupational needs after brain injury

1.1 Return to employment is a major challenge after acquired brain injury, especially for those still in education, training or just establishing themselves in their chosen careers at the time of injury. Return to work or alternative meaningful occupation is a critical factor in the restoration of quality of life, but only a minority return to work after a severe brain injury. This has major economic implications as well as far-reaching personal and family consequences.

1.2 This is well illustrated in the case of head injury. Whilst subject to geographical variation, estimates of the overall annual incidence of hospital admission after head injury is 229 per 100,000 in England – 178 per 100,000 for adults aged 16–75 and 356 per 100,000 for children.[1] Around 8% of admissions would be expected to be unable to return to work at 6 months. However, if those requiring specialist assessment, advice and support to reduce avoidable vocational difficulties are also included, it is likely that at least double this number require some vocational input. A one-year follow-up of all admissions in and around Glasgow, for example, found that up to one-third of those employed at the time of injury may be unfit for work at one-year follow-up.[2] Return to work is typically low (around 25–35%) both for severe traumatic brain injury[3] and for other neurological conditions such as epilepsy,[4] multiple sclerosis,[5] and stroke in young adults.[6] Many children with severe traumatic (and other brain injuries) will have difficulty in establishing themselves in employment on leaving school,[7] and may require specialist vocational assessment, advice and support.

1.3 If those who do return to work have not received expert advice, many return too soon or seek to resume full duties too quickly, resulting in fatigue, anxiety and depression which exacerbate the extent of difficulties. However, even with a managed return to work, reduced speed, poor concentration, unreliable memory, headaches and/or fatigue render many uncompetitive in the workplace. Other restrictions (eg seizures, physical/sensory deficits, executive/communication difficulties) may compromise a successful return to work, depending on the specific requirements of the job. For others, emotional vulnerability may reduce capacity to cope with pressure and/or responsibility, whilst irritability or overt expressions of frustration are likely to cause difficulties in relationships with colleagues. Disinhibited or aggressive behaviour is rarely tolerated in the workplace. Executive difficulties will also often limit both the client's awareness of these problems and the capacity to monitor and manage them effectively in the workplace.

1.4 Difficulties may arise months or years after a seemingly successful initial return to work, for example as a result of one or more of the following:

- build-up of fatigue or anxiety due to prolonged compensatory effort
- cognitive overload due to accumulation of new information
- introduction of new work duties or practices
- difficulty in adapting to change
- departure of familiar colleagues, supervisors or managers
- career progression involving increased demands.

Others may cope with a return to a previous job but then struggle later when moving to a new job. Those seeking alternative employment tend to seek jobs consistent with pre-injury

qualifications, experience and aspirations, not taking full account of the vocational restrictions imposed by brain injury. Repeated work failure often drains self-confidence and belief, undermining both future attempts to return to work and overall adjustment.

1.5 For those unable to return to paid employment, positive outcomes can be achieved in the form of voluntary work or attendance at a sheltered workshop or other suitable occupational provision. However, input from brain injury services will often be required in exploring, liaising with and supporting appropriate placements. Whilst Headway, the brain injury association, or other voluntary agencies, may provide suitable occupational activities, their resources are limited and such services are not universally available. Clients with brain injury requiring occupational provision are therefore often referred to services set up for people with learning disabilities or mental health difficulties, which may not be appropriate for their needs. Others may enrol in further education courses but struggle without appropriate learning support.

Background to Inter-Agency Advisory Group

1.6 In December 2002, the External Reference Group of the National Service Framework (NSF) for Long-Term Conditions was set up by the Department of Health. This focuses on long-term neurological conditions (including brain injury) for adults of working age. Vocational needs were among many issues identified in a scoping workshop in November 2001, with the need for vocational rehabilitation highlighted by both the Select Committee on Health report on *Head injury: rehabilitation*[8] and by the Neurological Alliance,[9] an umbrella group of voluntary organisations for people with neurological conditions.

1.7 In December 2002, the British Society of Rehabilitation Medicine (BSRM) set up a Working Party to develop national clinical guidelines on rehabilitation following acquired brain injury.[10] The Working Party wished to include guidelines on vocational rehabilitation. In view of the required joint working across the NHS, Jobcentre Plus, social services and independent providers, it was recommended to the Working Party that an inter-agency advisory group be set up to recommend vocational guidelines. (A previous BSRM Working Party reviewed vocational rehabilitation provision across all conditions and made general recommendations but did not address brain injury issues in detail.[11])

1.8 The first meeting of the Inter-Agency Advisory Group (IAAG) was held in April 2003 with representatives of NHS, Department of Work and Pensions/Jobcentre Plus, and both independent Work Preparation and WORKSTEP providers. Additional representation was later sought from the Department of Health (NHS Plus) and the Social Services Inspectorate, as well as a college-based acquired brain injury programme (see Appendix 1A for Inter-Agency Advisory Group members). At this meeting it was agreed that there was a need for the Advisory Group to produce a joint framework and detailed guidelines for accessing currently available service provision, as well as recommending specific key guidelines to the BSRM Working Party.

Rationale, aim and scope

1.9 Currently many people with brain injury receive no assistance in returning to past or alternative employment and fail to achieve their vocational potential. Given the benefit of specialist assessment and rehabilitation (see paras 2.4–9) there is an urgent need to ensure that clients both receive adequate core brain injury provision within the NHS and then have the opportunity to move on to specialist vocational provision. As a first step, there is a need for a

joint framework to guide brain injury services, Jobcentre Plus, social services and independent/voluntary providers on appropriate and timely access to current provision for vocational assessment, work preparation, supported employment and alternative occupational provision.

There is also a need for a review and recommendations about future provision of brain injury vocational rehabilitation including funding. However, the focus of this document is on the promotion of inter-agency working to facilitate appropriate and timely access to existing service provision.

1.10 The primary aim of the IAAG was to develop a joint framework and guidelines for accessing statutory provision for vocational assessment and rehabilitation after acquired brain injury across the NHS and Jobcentre Plus, including vocational services under contract in the independent sector. It is also essential to consider the needs of those returning to further education or vocational training. Brain injury services, Jobcentre Plus and social services therefore also need to work closely with local vocational training and further education colleges.

1.11 The framework seeks to enhance the prospects of successful return to employment or alternative occupation for the following subgroups:

- those seeking to return to previous work or training, with guidance and support
- those requiring assessment/support in seeking alternative employment/training
- those requiring a Work Preparation programme prior to return to work
- those requiring the WORKSTEP supported placement programme
- those requiring alternative occupational or educational provision.

1.12 The framework and guidelines for vocational assessment and rehabilitation will be set in the context of vocational outcome and service provision.

Definitions

1.13 Definitions of some key terms used in this document are provided below.

Brain injury

1.14 **Acquired brain injury** (ABI) is 'non-degenerative injury to the brain occurring since birth'. This 'includes traumatic brain injuries, such as open or closed head injuries, or non-traumatic brain injuries, such as those caused by strokes and other vascular accidents, tumours, infectious diseases, metabolic disorders (eg liver and kidney diseases or diabetic coma), and toxic products taken into the body though inhalation or ingestion'.[12]

1.15 **Traumatic brain injury** (TBI) is 'Brain injury caused by trauma to the head including the effects of direct complications of trauma notably hypoxaemia, hypotension, intracranial haemorrhage and raised intracranial pressure'.[13] (References to severity of traumatic brain injury in this document are in accordance with the definitions set out Appendix 2.)

Brain injury rehabilitation

1.16 **Brain injury rehabilitation** – conceptual definition: 'A process of active change through which a person who has become disabled after brain injury acquires the knowledge and skills needed for optimal physical, psychological and social function' (adapted from Ref 13).

1.17 **Brain injury rehabilitation** – service definition: 'The use of all means to minimize the impact of disabling conditions and to assist disabled people to achieve their desired level of autonomy and participation in society'.[13]

1.18 **Brain injury rehabilitation services:** services employing staff 'who are trained to assess rehabilitation potential and needs, and to monitor and implement treatment, therapy and other elements of rehabilitation' after brain injury (adapted from Ref 13).

Vocational assessment/employment assessment

1.19 The terms 'vocational assessment' and 'employment assessment' are both used due to the specific meaning attached to 'employment assessment' within Jobcentre Plus.

1.20 **Vocational assessment** has been defined as a 'global appraisal of an individual's work/training background, general functional capacities and social/behavioural characteristics. Vocational assessment can include an evaluation of medical factors, psychological makeup, educational background, social behaviours, attitudes, values, work skills and abilities'.[14]

1.21 **Employment assessment** (EA) addresses the *job–person interaction* and seeks to enable individuals to predict their performance and needs in job opportunities.[15] EA is described as 'assisting unemployed jobseekers to make an informed decision about an appropriate and specific job'.[16] This involves 'helping the jobseeker to acquire information about the job (eg roles, responsibilities, competencies, interpersonal skills etc) and assessing their potential to perform successfully in the job. The process of EA may involve a number of stages (eg interview, measurement, feedback, action planning) and tools (aptitude tests, work samples, job trials etc) each of which can differ in their predictive ability or quality of information obtained.'[16] EA is not just concerned with whether an individual can perform the tasks required by the job, but also explores whether the individual is able to sustain employment and where appropriate, develop in the job.

Vocational rehabilitation

1.22 **Vocational rehabilitation**: a broad term used to refer to the overall process of 'enabling individuals with either temporary or permanent disability to access, return to, or remain in, employment'.[11]

Government-funded programmes

1.23 The following government-funded employment programmes are outlined in the section on Jobcentre Plus services (paras 5.4–11) (see also www.jobcentreplus.gov.uk):

- Access to Work (para 5.5)
- Job Introduction Scheme (para 5.6)
- Work Preparation (para 5.7)
- WORKSTEP (para 5.8)
- New Deal for Disabled People (NDDP) (para 5.9)
- Permitted Work (para 5.10)
- Linking Rules (para 5.11)

2 Vocational outcome and rehabilitation

Vocational outcome after brain injury

2.1 There is extensive research on vocational outcome after traumatic brain injury (TBI). The outcome varies greatly, depending on the severity of injury.[17,18] For example, a 4–7 year follow-up study found no decrease in the number in full-time employment after mild injury, a modest decrease (13%) after moderate injury, but a marked decrease (42%) after severe injury.[19] A neurosurgical follow-up study in Glasgow found that of 134 people with severe TBI, 86% were employed prior to injury but only 29% at 2–7 years follow-up.[20] However, few of this group had received much by way of brain injury rehabilitation. Follow-up studies of those with very severe TBI from rehabilitation centres in the UK have in the past found that typically only up to one-third are successful in return to work,[21-23] with those not back at work by two years very unlikely to return to work thereafter.[24,25] In a large-scale multi-centre rehabilitation follow-up study in the USA, employment was less than half the pre-injury level at one-, two- and three-year follow-up, ranging from 17 to 25%.[3] Similarly, only around 25–35% of people continue to work after neurological conditions such as epilepsy,[4] multiple sclerosis,[5] and stroke in younger adults.[6]

2.2 Whilst the above UK rehabilitation outcomes were from specialist regional centres, a community physical rehabilitation service follow-up of people with severe TBI in Aylesbury found that the number in full-time education or employment fell from 93% prior to injury to 28% at a median of 30 months post-injury: full-time work 14%; full/part-time study 14%; sheltered work 2%; voluntary work 14%; no occupation 52%; retired 2%.[26] Some people with severe TBI are unsuccessful in early attempts to return to work (around 28%),[27] others back at work may be at long-term risk. In a rehabilitation follow-up study from the Bethesda Hospital in Melbourne, Australia, of 106 employed prior to injury, at two-year follow-up 33% were employed full-time and 9% part-time, leaving 58% unemployed.[28] However, in a further follow-up at five years, of those in employment at two years, 32% were no longer employed. Whilst a few others (12%) had since found employment, the overall proportion in employment fell from 50% at two years to 40% at five years post-injury.[7] For those at school at the time of injury, long-term vocational outcome was equally worrying: at two years 65% were still studying; whilst this had fallen to 12% by five years, only 29% were employed, leaving 59% of this subgroup unemployed.

2.3 In spite of disappointing outcomes, few people with TBI in the UK receive vocational rehabilitation. For example, only eight of 134 severely injured people attended employment rehabilitation centres in Glasgow.[20] Most of those who returned to work did so without employment rehabilitation services, which were then reported not to be geared to the needs of TBI, to be too short and offered too late to be effective.[27] Poor vocational outcome has led to the development of specialist brain injury vocational rehabilitation programmes.

Vocational rehabilitation after brain injury

2.4 Positive outcomes have been reported for specialist brain injury vocational programmes in the USA with around two-thirds returning to employment using various models of vocational rehabilitation.[29–32] Evidence from Israel and the USA indicates long-term benefits from their specialist vocational rehabilitation programmes.[33,34]

2.5 The New York University Head Trauma Program adds vocational elements to core brain injury rehabilitation with three phases:

- intensive core remedial interventions (five hours per day, four days per week for 20 weeks, focusing on cognitive remediation, self-awareness and social skills)
- guided voluntary occupational trials (up to nine months, mostly in the university medical centre complex) including monitoring of competence, productivity and interpersonal appropriateness
- assistance in finding suitable vocational placements.

Of 94 people with very severe injuries, 56% were in competitive work and 23% in sheltered work at six-month follow-up, with outcome holding up well at three years.[29] However, it is important to note that the selection criteria excluded those with a prior head injury, significant psychiatric history or drug or alcohol abuse.

2.6 A 'coordinated model' of service delivery in Mayo Medical Center, Minnesota, seeks to integrate medical and vocational services via a brain injury vocational coordinator based in the medical centre. A nurse coordinator directs the person through rehabilitation and refers those with vocational issues to the vocational coordinator, who links with existing community and vocational services. Key elements include on-the-job evaluation, support, education to employers, follow-up and ongoing support. The model therefore involves a brain injury vocational coordinator in addition to both brain injury and vocational rehabilitation. Early reported results were encouraging: 70% were placed by one year (mainly in community based employment, 37% of placements with previous employers) with 100% retention at early (three-month) follow-up.[31]

2.7 An alternative is the supported placement model developed at Virginia Medical College, characterised by one-to-one on-site training, counselling and support by a job coach across four phases of intervention:[35]

- *Job placement*: matching job needs to abilities/potential; encouraging employer communication with client; encouraging parent or caretaker communications; establishing travel arrangements or providing travel training; and analysing the job environment to verify all potential obstacles that may arise.
- *Job site training and advocacy*: behavioural training of skills (eg skills acquisition, time-keeping, reducing inappropriate behaviour and communication training) and advocacy on behalf of the client (eg orientation to workplace, communication with co-workers, communication with parents and care workers and counselling the client about work behaviours).
- *Ongoing assessment*: evaluation from both the supervisor and client.
- *Job retention and 'follow along'*: regular on-site visits, phone calls, reviews of supervisor evaluations, client progress reports and parent/caretaker evaluations.

The job coach provides vocational counselling and help with job search, job applications, advocacy, interviews, travel, induction, job analysis, skills training and co-working. Of 43 people with severe injuries, over 70% were competitively placed in employment at six months after an average of 290 hours of intervention at a cost of $6,000–12,000 per person in 1993.[30] A breakdown of interventions and costs is provided for 73 clients who required an average 245 hours of intervention over an average of 18 weeks to achieve job stabilisation plus an average of 2.24 hours per week of 'extended services' to enhance job retention over the first year, at a total average cost of $10,189.[34]

2.8 A detailed cost-benefit analysis is reported for a specialist Work Reentry Program at Sharp Memorial Rehabilitation Center in San Diego. This programme combines elements of work rehabilitation (simulated work samples, work hardening, work placements, vocational counselling and job seeking/keeping skills) with supported placements (including on-site job coaching and an off-site adjustment/support group. Total operational costs over five years were $4,377 per person but, taking into account taxes paid and savings in state benefits, the average payback period was just 20 months for individuals who otherwise were likely to have faced a lifetime of unemployment and dependency on public assistance.[32]

2.9 Although there are currently very few developed specialist brain injury vocational programmes in the UK, positive outcomes have been reported both in the NHS (eg Working Out Programme, Aylesbury)[36] and in the voluntary sector (eg Momentum (formerly Rehab Scotland) and Rehab UK):

The Working Out programme is run by the Community Head Injury Service, Vale of Aylesbury Primary Care Trust, with joint working with Jobcentre Plus through a specialist work preparation contract. The programme was developed with R&D funding from the Department of Health and Employment Service (London & South-East) for those unable to return to previous employment. The programme comprises four interlinked phases of vocational assessment, work preparation, voluntary work trials and long-term supported work placements. For those taken onto the programme since 1997, outcomes are as follows:[36]

- paid employment/vocational training: 67%
- permitted work/voluntary work/adult education: 18%
- referral for further rehabilitation/other treatment: 6%
- unoccupied: 0%
- did not complete programme: 9%.

In the R&D project vocational outcomes were well maintained at one- and two-year follow-up.[37,38]

Momentum currently have four centres in Scotland (Aberdeen, Glasgow, Irvine and Galashiels) and Rehab UK three in England (Birmingham, London and Newcastle). These programmes also include a Jobcentre Plus Work Preparation contract. The Rehab UK programmes include the following modules: assessment and vocational planning; work preparation; and job placement and follow-up support. Reported outcomes for 2002 were as follows: paid competitive employment 41%; education and training 15%; voluntary work 18%; discharge to other services 12%; client withdrew 9%; discharged for other reasons 5% (courtesy of Rehab UK, 2003).

2.10 Specialist vocational rehabilitation programmes in the UK need to be seen in the context of available brain injury and vocational rehabilitation services, which are described in the Sections that follow.

3 NHS brain injury services

Acute care

3.1 Many clients with brain injury are treated within general hospitals. The more severely injured are likely to be transferred to specialist neuroscience services for neurosurgical intervention and care before returning to a general hospital. Some general hospitals have arrangements for follow-up of clients with brain injury, but many have no such provision and are not in a position to provide specialist brain injury assessment or advice about return to work. Some of the more severely injured will receive a period of specialist post-acute neurological inpatient rehabilitation and may receive some advice about return to work. Once discharged back into the community, specialist assessment and rehabilitation services are very patchy. Some clients will continue to be seen for rehabilitation in hospital outpatient departments or through hospital outreach teams, some will be referred to specialist brain injury teams/case managers, others to specialist neurorehabilitation or to local generic rehabilitation services.

Core brain injury rehabilitation

3.2 Brain injury services provide specialist assessment and rehabilitation programmes to promote optimal independence and participation. This requires input from an interdisciplinary team (typically including medicine, neuropsychology, nursing, occupational therapy, physiotherapy, speech and language therapy), in liaison with acute services, the primary care team, social services and a range of community services. Core brain injury rehabilitation typically focuses initially on the promotion of optimal independence through the provision of assistive devices and interventions to address difficulties in the following areas:

- symptom management
- mobility and motor skills
- sensory function
- personal and domestic independence
- communication and social skills
- cognitive function
- behavioural/emotional control.

3.3 Some brain injury services also provide ongoing rehabilitation to promote optimal community reintegration through interventions, advice and support to assist with return to work, education, driving, leisure and social life, psychological adjustment, and personal, family and sexual relationships. Provision for specialist education, advice, support and counselling for family and friends are sometimes provided. However, community rehabilitation services are currently very patchy, with provision focusing on physical disability and few services specialising in interventions which address cognitive and behavioural difficulties.[39] Therefore many people with brain injury currently do not receive the community rehabilitation and long-term support that they require.

Vocational assessment and rehabilitation

3.4 A brain injury assessment commonly includes assessments which may identify vocational restrictions and rehabilitation programmes which directly or indirectly enhance vocational potential. For clients for whom a return to work is anticipated, brain injury rehabilitation may include interventions that seek specifically to enhance prospects of a successful return to work. This might include, for example, interventions to promote recovery of skills or develop coping strategies necessary for a return to work, building up work tolerance on simulated work tasks, or retraining on tasks related to, or drawn directly from, the person's own job.

3.5 Interventions that focus explicitly on enhancing prospects of return to work are viewed as a vital component of brain injury rehabilitation. However, current NHS funding and/or service level agreements do not allow for such provision to be routinely available and the capacity of brain injury services to extend into the early stages of the vocational rehabilitation process is currently very patchy. The British Society of Rehabilitation Medicine[11] notes that 'The NHS has largely lost the culture and skills of facilitating employment as a key element of effective health care', and that 'Currently, rehabilitation services in the NHS are predominantly focussed on promoting independence in personal daily life and enabling people to leave hospital rather than a return to productive work'. Only a very small number of services have therefore developed specialist brain injury vocational rehabilitation programmes (eg the Working Out Programme, Community Head Injury Service, Aylesbury). However, a few other specialist vocational programmes have recently been developed in the NHS (eg the Wolfson Neurorehabilitation Centre in London; the STAR programme at Whitchurch Hospital in Cardiff).

3.6 A recent survey has been conducted of vocational rehabilitation services available to people with acquired brain injury in the UK. A summary of this survey, a list of identified vocational rehabilitation services and a map of their locations are provided in Appendix 3. (There are likely to be a small number of vocational services that cater for people with acquired brain injury in the UK that were not cited in the survey (eg the Working Life Project in Liverpool).) Although 62% of neurological rehabilitation services report that they address vocational issues as part of their programme, only 8% reportedly provide specialist vocational rehabilitation (just six identified programmes in the NHS), although 80% report that they refer people with brain injury to vocational services.

Among the services identified in the survey, some may be regarded as specialist brain injury vocational programmes, some are brain injury services with a vocational element within their overall programme and some are generic vocational, educational or training providers that accept people with brain injury. Few of these services are currently able to meet the full range of vocational needs after brain injury identified in these guidelines. It is therefore vital to check, before referral, that a listed service is able to meet the specific needs of the individual. There also remain many areas of the country in which people with acquired brain injury do not currently have access to any specialist vocational rehabilitation services at all.

3.7 Where NHS brain injury services address vocational needs, this is most commonly undertaken by a clinical neuropsychologist and/or occupational therapist:[40]

Clinical neuropsychologists are clinical psychologists who have specialised in working with people with neurological illness or injury. They routinely: undertake assessments of cognitive function (eg general intellect, attention, information processing, perception, memory/learning, and executive function), and behaviour, emotion and social skills; devise rehabilitation

programmes to address related difficulties; and provide advice about return to work, education and training. (Neuropsychological assessments may also be undertaken late post-injury for legal purposes in claims for compensation for those injured in road traffic accidents.)

Occupational therapists have to be qualified and state registered with the Health Professionals Council. They seek to maximise functional independence through assessment and treatment of personal and domestic activities of daily living and difficulties with occupational skills. In brain injury rehabilitation this will often include assessment and treatment of cognitive, motor and social skills and pre-vocational rehabilitation activities. (A number of occupational therapists work as brain injury case managers in the NHS or in private practice, assessing and coordinating general care or sometimes specifically assisting with return to work.)

3.8 Within NHS brain injury services, the clinical neuropsychologist, consultant in rehabilitation medicine or occupational therapist will often provide advice about return to work, including liaison with occupational health services, and may contact the employer on the client's behalf. In some services, the neuropsychologist or occupational therapist (or brain injury case manager) may visit the workplace to provide advice and support and negotiate a return to former employment 'under special conditions'.[27] With the exception of a few specialist vocational programmes, NHS services do not currently have the resources or experience to provide ongoing support in the workplace, and any such support is likely to be time-limited. However, some brain injury services have developed partnerships with vocational providers in the independent or voluntary sector (eg Northumberland Brain Injury Service and Rehab UK), or with educational establishments providing courses for people with brain injury (eg Royal Leamington Spa Rehabilitation Hospital and Warwickshire College).

3.9 In Northern Ireland, the four Health Boards fund eight specific brain injury vocational rehabilitation programmes provided by the Cedar Foundation – two in the Western Board, two in the Eastern Board, three in the Southern Board and one in the Northern Board (see Appendix 7). The vocational programmes are closely linked to the relevant community brain injury teams who are the sole referrers. Each programme is provided by two staff and caters for a maximum of 20 participants at any time. The programmes include core components of vocational assessment, vocational rehabilitation and vocational case management to support a person in work tasters and work placements.

3.10 Follow-up by brain injury services may identify emergent difficulties for those who have returned to work, or include further advice about return to work or occupational needs for those who have not, as yet, returned to work or training. A referral may therefore be made to the local disability employment advisor or contact made with occupational health services at the follow-up stage, if this was not made earlier in recovery.

4 Occupational health services

4.1 The provision of occupational health services in the UK is geographically variable. Most large employers have in-house occupational health services. The service may be provided by an occupational health physician, either full-time or part-time, by occupational health nurses or by a combination of both. Only a small minority of small and medium size enterprises (SMEs) have such provision and may rely on the advice of the employee's GP. Employers can purchase occupational health services from commercial providers and increasingly they are accessing occupational health services from NHS Plus providers. NHS Plus is a service provided by the NHS specifically for SMEs, accessed via the NHS Plus website (www.nhsplus.nhs.uk).

4.2 The role of an occupational health practitioner is to provide impartial advice to both the employee and the employer about the prospects for and the process of return to work following ill health, the management of health issues at work, and advice about reasonable adjustments to the working environment.

5 Jobcentre Plus services

Jobcentre Plus

5.1 **Jobcentre Plus** is a service for all people of working age who are looking for work or claiming benefits. The reconfigured service brings together the former Employment Service, which was responsible for job centres and specialist disability services, with those parts of the Benefit Agency that provided services for people of working age. Jobcentre Plus 'gives help and advice on jobs and training for people who can work and the right financial help for those who cannot'. Specialist Jobcentre Plus services for people with disabilities can be accessed via a disability employment advisor.

5.2 **Disability employment advisors** (DEAs) are specialist advisers who undertake key skills training in disability and employment, within three months of taking up post. All DEAs work towards a National Vocational Qualification (NVQ) (Level 3) in Guidance during their first year in post and, as part of their ongoing development, they attend specific awareness workshops delivered by work psychologists. DEAs provide specialist advice and support to disabled people, both those who are recently disabled and those whose disability or health condition has deteriorated and who need employment advice. They provide support (often working closely with work psychologists) to disabled people who are either having difficulty in getting a job or who are in employment but concerned about losing their job because of their disability, including referral and monitoring of progress on Access to Work, Work Preparation or WORKSTEP programmes, as required (see below). DEAs will conduct an assessment interview and may refer the client on for an employment assessment by a work psychologist.

5.3 **Work psychologists** (WPs) have (or are supported towards) a recognised post-graduate qualification in occupational psychology and are supervised to gain British Psychological Society Chartership and membership of the Division of Occupational Psychology. They also undertake further in-service training programmes on core/'harder to help' client groups, including a specific course on brain injury with a practice guide.[41] A key aspect of their work is to undertake employment assessments to enable clients to identify an appropriate and realistic job goal, including training or development needs (eg work preparation), which will enable the client to progress towards work. They work closely with DEAs to identify appropriate work preparation provision that will meet the work-related needs of the client. With DEAs, they undertake interventions with employers to help retain disabled/disadvantaged people in work. They also provide coaching, mentoring and upskilling of DEAs.

Government-funded programmes

5.4 Following client assessment, Jobcentre Plus staff have access to a number of government-funded programmes to assist return to work including those listed below (see also www.jobcentreplus.gov.uk).

5.5 **Access to Work** (AtW) 'provides advice and practical support to disabled people and their employers to help overcome work related obstacles resulting from a disability'. As well as giving advice and information to disabled people and employers, AtW pays a grant through Jobcentre Plus towards any extra employment costs that result from a disability. This covers a percentage

(up to 100%) of the total costs of approved support, depending on length of employment, what support is needed and whether the person is an employee or self-employed. AtW might help pay for:

- communicator support at interview, which meets the full cost of hiring an interpreter to remove barriers to communication at interview
- a support worker, which allows the applicant to use the services of a helper; types of support might include reading to a visually impaired person, communicating for a hearing-impaired person via sign language, providing specialist coaching for a person with learning difficulties, or helping a person with care needs
- specialist aids and equipment to help a disabled person to function in the workplace
- adaptations to premises or to existing equipment
- help with the additional costs of travel to work, or in work for people who are unable to use public transport.

AtW support may be accessed via the DEA/job broker (para 5.9) or directly by a client to regional AtW Business Centres.

5.6 The **Job Introduction Scheme** (JIS) seeks to assist those with a disability in starting a new job through provision of a weekly grant paid to the employer to help towards wages or other employment costs, for example additional training. The job may be full time or part time but must be expected to last for at least six months after the JIS grant ends. JIS is paid for the first six weeks of employment but may, in exceptional circumstances with the agreement of the DEA, be extended to 13 weeks. Application for a JIS grant must be made through the DEA before starting a job.

5.7 **Work Preparation** is an individually tailored programme designed to help people with a disability or health condition to return to work after a period of sickness or unemployment, run under contract by Work Preparation providers (see Appendix 4). Jobcentre Plus recognises brain injury as a specialist area and the provision of specialist brain injury vocational programmes is supported by the development of a National Framework for Contracting for Brain Injury Work Preparation (see Appendix 5). This specifies the required elements of a specialist brain injury Work Preparation programme including job-finding behaviour development needs, occupational decision-making needs, and job-keeping behaviour development needs. Most Jobcentre Plus regions now have contracts with specialist brain injury Work Preparation providers (see Appendix 6). Such programmes are occasionally NHS based (eg Working Out Programme in Aylesbury; Star Project in Cardiff), but most are in the independent or voluntary sector. The largest specialist providers are Rehab UK in England (Birmingham, London, Newcastle) and Momentum in Scotland (Aberdeen, Glasgow and Kirkcaldy). It should be noted that Work Preparation programmes are provided for clients who are 'likely to be capable of entering work or training by the end of the programme'.

5.8 **WORKSTEP** is the current supported employment programme, introduced in 2001, through which a provider offers support (eg placement monitoring, job coaching) and a plan for progression in the workplace (and may also provide a grant of an agreed amount to the employer). WORKSTEP seeks to provide supported job opportunities for people with disabilities 'who face more complex employment barriers to getting and keeping a job, and who can work effectively with the right support. It seeks to enable eligible people to realise their full potential to work within a commercial environment, giving them, whenever possible, an

opportunity to progress into open employment.' WORKSTEP providers include large generic providers (eg Remploy, Shaw Trust), local providers and local authorities.

5.9 **New Deal for Disabled People** (NDDP) seeks to help people with an incapacity, illness or disability return to work. It is delivered alongside other Jobcentre Plus initiatives. A range of different organisations deliver the NDDP via 'job brokers' who are able to:

- give advice about how to get a job
- help with matching client skills and abilities to employers' needs
- advise on training
- provide support when a client starts work.

The programme is voluntary and the help provided is free. Some clients with brain injury may seek help through this route but need to be referred to one of the above programmes via the DEA.

5.10 **Permitted Work.** Many clients with brain injury will not be able to return to paid employment, even with the benefit of specialist vocational services. Whilst not therefore suitable for the above programmes, some may undertake 'Permitted Work' (which replaces 'Therapeutic Earnings'). This allows a client on incapacity benefit, income support, severe disablement allowance, national insurance credits, income support, housing benefit or council tax benefit to earn a modest additional income to help them ease their way back into employment. The current Permitted Work rules (as of July 2003) allow a person receiving Incapacity Benefits to:

- work for less than 16 hours per week and earn up to £67.50 for up to 26 weeks, with a 26-week extension for those working with a personal adviser, job broker or DEA, where it is agreed that progress is being made towards work of 16 hours or more (Permitted Work Higher Limit); *or*
- work for up to £67.50 per week for an unlimited period if they are working in a sheltered workshop, as part of a hospital treatment programme or in open employment with ongoing link to a professional case worker (eg NHS or social services key worker), who provides reasonable supervision over the work (Supported Permitted Work); *or*
- work for no more than £20 per week for an unlimited period (Permitted Work Lower Limit).

5.11 **Linking Rules for people starting work.** When a person stops claiming benefits to start work, but then stops work and re-claims benefit, Linking Rules may allow a return to previous benefits on the same terms as before. The *eight-week rule* allows a person to link two periods of incapacity separated by a gap of eight weeks or less. The *52-week rule* allows a person to return to incapacity benefit or severe disablement allowance at the same rate if they become incapable of work again within 52 weeks, subject to specific conditions. The *two-year rule* may allow a person to re-qualify for the higher short-term rate or long-term incapacity benefit or severe disablement benefit if they have a break in their claim of less than two years whilst on certain training courses.

Employment services in Northern Ireland

5.12 In Northern Ireland the Department for Employment and Learning (DEL) has a network of 35 Job and Benefit Offices/Jobcentres, where individuals can access 'Jobpoints', which provide computerised information about job vacancies. Programmes are largely delivered by independent organisations.

The Disablement Advisory Service (DAS) is part of DEL and via a team of specialists (eg DEA) provides guidance, training, assessment and placing services for people with disabilities who wish to obtain or retain employment. These services are provided through the network of Jobcentres. DAS also provides a range of key programmes including the Job Introduction Scheme, Access to Work (NI), Employment Support, and New Deal for Disabled People (NDDP). NDDP provides one-to-one personal advice and support to help people on health-related benefits find and retain jobs. Options include help with jobsearch skills, pre-employment training, approved work and Disabled Persons' Employment Subsidy. Further information on the services provided by DAS can be found on the website: www.delni.gov.uk/das.

Contact details for the brain injury vocational rehabilitation programmes provided by the Cedar Foundation in Northern Ireland (para 3.9) are listed in Appendix 7.

6 Occupational/educational provision

6.1 Those unable to return to work or training may be interested in undertaking some voluntary work, in attending a sheltered workshop or other occupational provision (for example, a Headway House), or in enrolling in a further education course.

Local council provision

6.2 Social services departments could play a crucial role in complementing the rehabilitation and supportive work of health and voluntary services, both in helping people with brain injury achieve independence and in supporting their carers.[42] However, within social services the needs of people with brain injury are mostly addressed by physical disability services, which are often not appropriate. Recent inspections of eight local councils found both that 'generally speaking, services for people with acquired brain injury were under-resourced, under-developed and inappropriate to their needs, abilities and age' and that 'Statutory agencies were generally poor at identifying the specific needs of brain injured people and recognising them as a discrete group of service users'.[43]

6.3 With respect to vocational rehabilitation, evidence from inspections confirmed that corporate responsibility for Welfare to Work and Joint Investment Plans had given disabled people increased access to education and training and ultimately to employment as well.[43] However, a recent survey of provision for adults with acquired brain injury, completed by 78 of the 149 Social Services Departments in England, found that only a minority provide for specialist advice in relation to vocational rehabilitation and employment and, whilst a third reported an informal agreement or contract with Rehab UK, only 8% have special arrangements in place for adults with acquired brain injury within their Welfare to Work scheme.[44]

6.4 With respect to occupational provision, it was also found that day services for disabled people in almost all councils inspected offered limited opportunities for meaningful activities, particularly for younger disabled adults, although it was noted that some councils had started to re-shape services or develop new ones.[43] As such, even where the 'hidden' needs of people with brain injury are identified, it is common for there to be no suitable occupational provision available. Many are therefore placed in a sheltered workshop or day centre designed for other client groups (eg mental health or learning disability). Some specialist brain injury occupational/leisure provision is provided by Headway, the brain injury association, but this is not universally available and statutory funding for Headway services is currently very patchy.

Headway services

6.5 Local branches and groups of Headway fulfil a vital role in providing occupational, leisure and social activities. This is typically focused within a 'Headway House', of which there are currently 64 in the UK.

6.6 Within these centres, Headway staff and volunteers, often with input and support from brain injury therapists, provide a range of rehabilitation, leisure and social activities for people

with brain injury on a one-to-one or group basis. Some centres and branches also offer opportunities to develop independent living skills. Whilst the scope and number of activities vary across Headway House centres, the activities might include, for example, information technology, creative writing, poetry, pottery, art, gardening, woodwork, exercise and relaxation activities, cognitive exercises, group work and projects. Some clients are also supported by Headway staff in participating in local educational courses, and some have been helped to return to work or take up other employment.

Further education

6.7 Further education courses may be of considerable benefit to those unable to return to work or training. They may provide an opportunity to develop work-related skills (eg organisational skills, communication skills, ability to follow instructions, time-keeping etc), or to boost self-confidence (eg through developing computer skills) prior to progressing to a voluntary work or Permitted Work placement. Whilst a few colleges of further education (eg Evesham, Warwick) have developed specialist pre-vocational courses for those with brain injury, clients in other colleges may be helped to access mainstream courses with appropriate liaison and support. Many colleges have an integration or diversity officer for students with disabilities and/or a learning support department.

7 Proposed inter-agency framework

The proposed inter-agency framework for vocational assessment and rehabilitation after brain injury is outlined below and illustrated in Fig 1. This is followed by guidelines for accessing currently available services (Section 8).

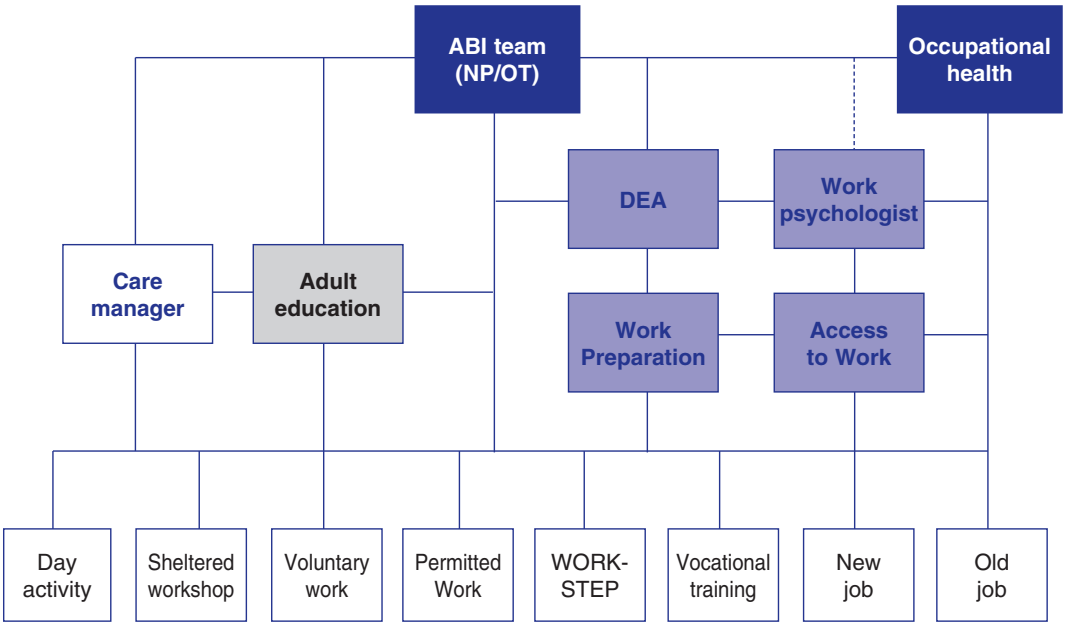

Fig 1 Brain injury vocational rehabilitation service links. ABI = acquired brain injury; NP = neuropsychologist; OT = occupational therapist; DEA = disability employment advisor.

7.1 **Return to previous employment**: those able to return to previous employment should be assessed and advised by relevant health professionals, with the advice and support of Jobcentre Plus services sought via the disability employment advisor (DEA) where there is a requirement for ongoing support, significant adjustments to the job or provision through Access to Work (see Guidelines, paras 8.1–9).

(It is noted that under the Disability Discrimination Act 1995 employers have a responsibility to make reasonable adjustments if their employment arrangements or premises substantially disadvantage a disabled employee or disabled applicant. Employers may therefore take action independently of the advice of statutory services.)

7.2 **Employment assessment:** those unable to return to previous work should be referred for an employment assessment undertaken by a suitably qualified professional with experience of brain injury and the process of vocational rehabilitation (see Guidelines, paras 8.10–15).

(Within Jobcentre Plus, after initial assessment by the DEA, such an assessment may be undertaken by the Jobcentre Plus work psychologist, by a suitably qualified psychologist in independent practice or by the specialist brain injury Work Preparation provider, in accordance with the National Framework for Contracting for Brain Injury Work Preparation (see Appendix 5).)

7.3 **Vocational rehabilitation:** those requiring a period of vocational (as distinct from core brain injury) rehabilitation prior to a return to work should be referred to a specialist brain injury vocational rehabilitation programme. This may be accessed via Jobcentre Plus (in the case of a specialist brain injury Work Preparation provider), or through a direct referral to a specialist vocational programme where this is covered by NHS Service Level Agreements or other contractual agreements (see Guidelines, paras 8.16–23).

(Where there is no specialist provision available, it may be appropriate to refer to a generic Work Preparation programme, provided that there are satisfactory arrangements for external monitoring and support of the programme and for staff training on the nature and effects of brain injury – see para 8.16.)

7.4 **WORKSTEP** (**supported placement programme**): those requiring a supported placement should be referred via Jobcentre Plus (or directly) to a WORKSTEP provider. WORKSTEP providers accepting clients with brain injury need access to training/support on the nature/effects of brain injury (see Guidelines, paras 8.24–26).

7.5 **Occupational provision:** for those unable to return to employment, responsibility for provision of suitable alternative occupational provision should rest with the NHS and local councils, working with independent and voluntary providers and educational establishments (see Guidelines, paras 8.27–30).

8 The guidelines

Return to previous employment, education or training

8.1 Assessments and reviews of the health rehabilitation needs of people with acquired brain injury should routinely include questions about occupational status and, when appropriate, identification of current occupational aspirations and needs.

(People with acquired brain injury or their relatives may have questions or concerns about work, education or training from early on in hospital, through rehabilitation to many years later in the community. This may include questions or concerns about fitness to return to work (including fitness to drive), the process of return, recommended work adjustments, available support programmes, and issues such as sick leave, benefit entitlements and legal rights.)

When questions or concerns about return to work, education or training are raised NHS staff should either address these directly, if this falls within their area or expertise and their agreed remit; or refer on to relevant staff (eg medical consultant, neuropsychologist, occupational therapist etc) or other agencies (eg occupational health, Jobcentre Plus etc), as appropriate.

8.2 Those seeking to return to previous employment, higher education or vocational training after brain injury should routinely be referred for a neuropsychological assessment and/or occupational therapy assessment by suitably qualified staff experienced in the effects of brain injury, who should liaise with other health professionals (eg consultant in rehabilitation medicine, physiotherapist, speech and language therapist), as appropriate. This assessment should seek to determine prospects for or readiness to return to work, higher education or training and also to identify any related rehabilitation needs.

Assessment of readiness to return to work, education or training should take into account the client's personal and family circumstances, as well as evaluation of required motor, sensory and cognitive skills and behavioural/emotional control. The assessment should normally include consultation with a close relative.

8.3 Those with identified vocational rehabilitation needs should be provided with interventions to promote optimal recovery and management of difficulties likely to limit the prospects of a successful return to work, education or training. This might include one or more of the following:

- education about difficulties likely to affect work or study
- development of skills/behaviours necessary for work or study
- restoring work-related routines (time-keeping, travel, money management etc)
- building up attention, work/study tolerance and stamina
- extending coping strategies for use in the workplace or for study
- work on material drawn from, or relevant to, the person's work or study.

Where there is doubt as to the ability of a client to cope with a supervised and graded return to work, the neuropsychologist or occupational therapist (or other staff member, as appropriate) should, with the client's consent, consult with the relevant occupational health service, disability employment advisor (DEA), Jobcentre Plus work psychologist or specialist brain injury vocational service provider to discuss the appropriate action.

8.4 Prior to a return to previous employment, higher education or vocational training, clients should be given explicit verbal and written advice about the appropriate timing and gradual build-up of hours and responsibilities at work by the neuropsychologist and/or occupational therapist, who should seek the client's consent to make contact with the employer, education or training provider to discuss needs prior to return.[13] This should include close liaison with the relevant occupational health service, when available. Where an employer does not have access to occupational health advice this may be obtained via the NHS Plus website (www.nhsplus.nhs.uk).

Information disclosed to an employer or occupational health should be discussed and agreed in advance with the client. It is good practice to offer the client the opportunity to read and comment on draft written submissions prior to disclosure.

8.5 Plans for a return to work, education or training should take into account the client's personal and family circumstances, as well as evaluation of the required motor, sensory and cognitive skills and behavioural/emotional control, and should, whenever possible, be discussed with a close relative as well as the client.

a A return-to-work plan agreed with the client, employer and occupational health (when involved) might include one or more of the following:
   - graded return (supervised and gradual build-up of duties/hours)
   - informal return/voluntary trial basis initially
   - short-term restrictions to duties/hours
   - short-term flexibility (eg frequent breaks, variable hours, additional days off)
   - advice/support on implementing strategies in the workplace
   - job coaching in the workplace
   - additional support from colleagues in the workplace
   - off-site support (eg from brain injury rehabilitation team).

b A return-to-study plan agreed with the client and education provider or learning support department might include one or more of the following:
   - graded return to studies (supervised build-up of hours)
   - adjustments to course (eg deferment of specific modules etc)
   - learning support equipment (eg computer, tape recorder etc)
   - individual learning support
   - examination support (eg additional time, prompt notes, separate room)
   - additional general support from personal tutor.

8.6 Following a return to previous work, higher education or training, progress should be reviewed by the neuropsychologist and/or occupational therapist (or other staff member, as appropriate), providing further advice and support, as required.

Such a review should include feedback from both the client and the employer (ie supervisor, manager and/or work colleague, as appropriate) about how the client is managing the requirements of their job. When appropriate, feedback should also be sought from a relative or close friend about how coping with the job may be affecting the client's personal, family, leisure and social life and about any consequent impact upon the family.

8.7 If it becomes apparent that long-term adjustments or support are required in the workplace, the Jobcentre Plus DEA or work psychologist (and occupational health service, if involved) should be consulted to discuss the appropriate action:

a When physical adaptations to workplace, specialist equipment, aids or assistance with travel to work are required, a client may benefit from support through Access to Work via the DEA (or direct to an Access to Work Business Centre).

(As previously noted, under the Disability Discrimination Act 1995 employers have a responsibility to make reasonable adjustment if their employment arrangements or premises substantially disadvantage a disabled employee or a disabled applicant, and an employer may take action independently of the advice of statutory services.)

b When a client requires significant changes to work duties, ongoing advice or support in the workplace, a referral should normally be made to the DEA with a view to employment assessment and possible 'job retention' intervention, in liaison with occupational health, if involved.

Such intervention should be undertaken or overseen by a suitably trained work psychologist experienced in assessing the effects of brain injury or one who is supervised by an experienced practitioner. Where no suitably experienced local work psychologist is available it may be necessary to refer on for assessment by a practitioner from another area or by a specialist brain injury practitioner with appropriate vocational expertise.

8.8 When brain injury services refer a client to the DEA, they should:

a Provide summary information and explanation about the brain injury and its effects and about the rehabilitation input received to date.

b Whenever possible, and as agreed with the client, attend the interview with the DEA to assist the client in explaining about their work-related difficulties and to contribute to the development of an agreed joint plan of action.

8.9 It is common for clients with acquired brain injury not to appreciate the extent and implications of their difficulties, and recommendations about return to work, education or training may not be accepted at the time. It is therefore essential both to review progress and to leave the door open to clients to seek further advice and support, as and when they experience difficulties at any time after their return.

Vocational/employment assessment (see definitions, paras 1.19–21)

8.10 A client considered to be capable of employment but who has been unable to return to previous employment or training (or who has been unsuccessful in attempts to do so) should be referred for a specialist assessment by a suitably qualified professional with brain injury and vocational expertise, accessed either via the DEA or directly through the NHS or independent sector where this is covered by a local NHS Service Level Agreement or other contractual agreement.

When accessed via the DEA, this assessment will be undertaken by a suitably trained and experienced psychologist, who may be the local Jobcentre Plus work psychologist, an independent psychologist or the psychologist from a specialist brain injury provider (in accordance with the National Framework for Contracting for Brain Injury Work Preparation, Appendix 5).

8.11 As part of the vocational and/or employment assessment, the DEA, Jobcentre Plus work psychologist, independent practitioner or Work Preparation provider should be provided with

copies of relevant clinical reports and/or liaise directly with the neuropsychologist and/or occupational therapist (and other members of brain injury services, as appropriate), subject to the prior consent of the client, to obtain a full understanding of the effects of the brain injury (National Framework for Contracting for Brain Injury Work Preparation, Appendix 5).

It is vital that relevant background clinical information is shared across agencies. If brain injury professionals have concerns about the risk of misunderstanding of clinical information they should liaise directly with relevant staff, supply additional information by way of clarification or attend the assessment, as appropriate.

When a client has not been seen previously for brain injury assessment, the DEA, work psychologist or specialist provider should consider whether to refer on for a core brain injury assessment (either directly to the relevant brain injury service or via the GP), prior to undertaking a specialist vocational and/or employment assessment.

8.12 Vocational assessment after brain injury should normally include:[37,45]

- vocational interview with the client including educational history, vocational qualifications, employment history, medical history (including brain injury and other relevant conditions), past rehabilitation, current effects (eg physical, sensory, cognitive, behavioural, emotional and family/social), any employment post-injury (including the client's feedback) and current vocational interests and aspirations
- interview, whenever possible, with a close relative to assist the client: in providing a full history; in describing their needs; and in identifying any personal or family circumstances that need to be taken into consideration in future recommendations
  (Relatives should, whenever possible, be provided with the opportunity of a separate interview so that they may speak freely about the effects of the injury and needs of the client and family without risk of embarrassing or upsetting the client.)
- formal testing (eg neuropsychological, occupational therapy, work psychology) of work-related skills (eg cognitive, sensory, motor and educational skills)
- vocational ratings of work attitude, performance and behaviour (eg Functional Assessment Inventory,[46] Work Personality Profile[47]) based on observation or other feedback or reports from employers of current or recent work performance
- psychological adjustment (ie emotional state and behaviour) as expressed either in the workplace or on work-related activities.

(See also National Framework for Contracting of Brain Injury Work Preparation – Appendix 5.)

8.13 When a DEA, work psychologist or other practitioner identifies outstanding core brain injury rehabilitation needs, the client should be referred, either direct to the relevant brain injury service or via the GP, for (re-)assessment and/or intervention.

8.14 Vocational and/or employment assessment should also be available to children with brain injury on leaving school or college to assist them in making informed vocational choices (in consultation with vocational guidance, when appropriate) and/or to identify any vocational rehabilitation and support needs.

8.15 Vocational and/or employment re-assessment may be required when there has been a significant change in need or when the person is open to other avenues of support.

Vocational rehabilitation/Work Preparation programmes

8.16 When an assessment identifies a need for a period of vocational rehabilitation prior to return to the workplace the client should be referred under contract by the DEA to a specialist brain injury Work Preparation provider, or direct to a brain injury vocational rehabilitation programme under a Service Level Agreement in the NHS or other contractual arrangement with independent vocational providers.

If a referral is made to a generic Work Preparation provider (in the absence of a local specialist provider), the brain injury needs of the client should be clearly identified and the agreed objectives, programme and progress monitored by a DEA with access to a work psychologist experienced in working with clients with brain injury, by a specialist Work Preparation provider or by a brain injury neuropsychologist or occupational therapist.

8.17 Specialist brain injury vocational rehabilitation programmes need flexibility to prepare clients for a return to the workplace. This should include the capacity to reinforce and build on past brain injury rehabilitation through provision of, or access to, the following components:[37]

- education and discussion about acquired brain injury and return to work
- strategies to manage cognitive and other difficulties in the workplace
- access to psychological therapy
- graded work-related activities
- vocational counselling to identify a suitable job
- assisted job selection, search, application, interviews etc
- voluntary work trials
- supported work placements.

8.18 In setting up a voluntary work trial, arrangements with providers need to ensure:

- that the requirements of the job match the skills of the client
- that the needs of the client are communicated clearly to the employer
- that health and safety training and insurance cover is provided by the employer
- that there is provision for on-site job coaching, when required
- that the client is guided and supported in adapting strategies to the workplace
- that the trial is monitored closely through contact with the client and the employer
- that the trial does not impact negatively on either the person or their relatives.

8.19 In setting up long-term work placements the provider should, whenever possible, and in addition to the above, make provision for ongoing placement monitoring for at least six months to respond to any emergent difficulties, and follow up thereafter to establish the long-term viability of the placement. This should include feedback from the client and the employer and, when appropriate, feedback from a relative or close friend about any negative impact of the job either upon the client's personal, leisure and social life or upon the family.

8.20 A specialist brain injury Work Preparation programme under contract with Jobcentre Plus is required to provide individual programmes designed to meet vocational needs after brain injury within two major elements (National Framework for Contracting of Brain Injury Work Preparation – see Appendix 5):

- Element A – job-finding behaviour development needs and some occupational decision-making needs.

- Element B – job-keeping behaviour development needs including both pre-employment and post-employment support.

Once the client has been seen for assessment by a specialist brain injury provider, the specific Work Preparation objectives will need to be reviewed with the DEA.

It should be noted that Work Preparation programmes are for clients who are 'likely to be capable of entering work or training by the end of the programme'.

8.21 Within a vocational rehabilitation programme, it may be necessary to include elements of brain injury rehabilitation to address or revisit the management of specific difficulties likely to obstruct return to work, particularly in the context of narrow and/or time limited core rehabilitation early in recovery. When such interventions are work focused they may fall within the scope of a Jobcentre Plus Work Preparation contract. However, when a need for core brain injury rehabilitation is identified, consideration should be given to a referral to a brain injury service (either direct or via the GP) for further assessment/intervention.

Whilst it may be possible to undertake some core brain injury input in parallel with a work preparation programme, on other occasions Work Preparation may need to be put on hold until this work has been completed. When the required input is considered to be core brain injury rehabilitation and not specifically work focussed this would not be funded under a Jobcentre Plus Work Preparation contract and should be provided by the NHS. It is noted, however, that currently long-term health needs frequently go unmet after brain injury.

8.22 All providers of brain injury vocational rehabilitation need effective working links with local brain injury services and Jobcentre Plus and should include relevant brain injury and vocational rehabilitation/placement expertise.[37]

- Where the programme is provided by NHS or independent brain injury services there will be a need to add work assessment/placement expertise.
- Where the programme is provided by an independent vocational provider there will be a need to add brain injury expertise.
- Where programmes are provided by social services there will be a need to include brain injury, work assessment and placement expertise.

8.23 Both specialist and generic Work Preparation providers who accept clients with brain injury should ensure that staff are provided with specialist training in the nature and effects of brain injury and their management.[37]

WORKSTEP – supported employment programme

8.24 For clients with brain injury who require a supported placement to allow for long-term support and/or reduced productivity in the workplace, it is recommended that they be referred to the DEA for assessment of suitability for a WORKSTEP programme (para 5.8), in consultation with the work psychologist (see paras 8.10–15).

8.25 When a client is taken onto the WORKSTEP programme, this should include regular on-site placement support for the client and the employer from the providing agent, in consultation with the DEA. Short-term job coaching input may also be required (for example, to break down and learn the components of the job).

Provision should also be made for access to advice/support from the local work psychologist or brain injury Work Preparation provider (if previously involved). As noted, it is important, with the client's consent, to seek feedback from a relative or close friend about any negative impact of a supported placement, either upon the client's personal, leisure and social life or upon the family.

When a need for specialist brain injury assessment/advice is identified a referral should be made to the local brain injury or neurorehabilitation service (see para 8.21), either directly or via the GP.

8.26 WORKSTEP sponsors accepting referrals of clients with brain injury need to have effective working links with local brain injury services and provide staff with specific training in the nature and effects of brain injury.[37]

Occupational/educational provision

8.27 Those unable to return to paid employment will often need guidance and ongoing support from their local brain injury service (or other occupational therapist with experience of brain injury) in exploring and securing alternative occupational or educational opportunities (eg voluntary work, Permitted Work, sheltered workshop, further education, or other occupational provision), in liaison with social services, Headway or other provider as appropriate.

8.28 People with brain injury attending occupational or educational placements will require access to ongoing monitoring and review as some provision (eg further education) will be time limited and clients' needs often change over time.

8.29 Occupational therapists (and other staff as appropriate) from brain injury services need to work with local councils, colleges of further education and voluntary agencies to review and develop occupational and educational opportunities appropriate to the needs of people with brain injury.

8.30 Providers of occupational and educational opportunities will need ongoing access to brain injury training and ongoing guidance and support from brain injury services regarding the needs of individual clients including provision for joint assessment and reviews, when appropriate.

9 Implementation of the inter-agency guidelines

9.1 Under-developed NHS brain injury services, shortage of specialist brain injury vocational rehabilitation (including work preparation programmes) and suitable occupational/educational provision and a lack of joint working across agencies mean that many people with brain injury do not currently have the opportunity to achieve their optimal occupational outcome.

9.2 It is recommended that local NHS brain injury services, Jobcentre Plus, local councils and vocational providers (eg Work Preparation, WORKSTEP, further education and other occupational providers) undertake a joint review of services available to people with brain injury and develop local protocols, drawing on this framework and guidelines. This should seek both to ensure timely access to appropriate vocational services and occupational provision and also to identify current gaps in local provision. (A proposed breakdown of responsibilities for vocational assessment, rehabilitation and on-site support across NHS, Jobcentre Plus, social services and vocational providers is given in Table 1, overleaf.)

It might be appropriate for this review to be undertaken under the umbrella of local Welfare to Work Joint Investment Plans, which have to date tended not to make any special arrangements for people with brain injury.[44]

9.3 It is recommended that key staff from relevant agencies establish ongoing service links (for example, between the brain injury neuropsychologist and/or occupational therapist and the Jobcentre Plus DEA and/or work psychologist) to discuss and review the complex vocational needs of individuals with acquired brain injury.

9.4 A joint approach to increasing awareness of vocational needs across all agencies and to the development of specialist skills training for all providers of vocational assessment and rehabilitation for people with brain injury is recommended. (Joint NHS/Jobcentre Plus brain injury training is currently under discussion within the Jobcentre Plus Brain Injury Work Psychology Regional Leads Group.)

9.5 The inter-agency framework and guidelines are intended to facilitate liaison between agencies and access to available vocational assessment and rehabilitation services for people with brain injury. However, there is a need to review the future provision of such services. Although there are various national initiatives (such as Job Retention and Rehabilitation Pilots and Incapacity Benefit Pilot Projects), these do not focus specifically on brain injury. Given the complex nature of brain injury needs, it is vital that vocational assessment and rehabilitation services are not developed in isolation but rather as one vital component of the required network of brain injury services within an integrated, holistic approach. The National Service Framework for Long Term Conditions provides an ideal opportunity to review the future provision of services to meet the complex occupational needs of people with acquired brain injury.

Table 1 Vocational rehabilitation after brain injury: recommended responsibilities

	Vocational rehabilitation pathway		Assessment	Work preparation	Placement support
1a	*Previous post*	Return – full-time normal duties	NP/OT (*et al*)* + OH		
1b		Graded return – normal duties	NP/OT (*et al*)* + OH		
1c		Graded return – restricted duties	NP/OT + OH or DEA/WP		NP/OT or DEA/WP
1d		Graded return with support/equipment	NP/OT > DEA/WP		NP/OT, DEA/WP or W/step
2a	*Alternative post*	Same employer – new post	NP/OT or DEA/WP		NP/OT or DEA/WP
2b		New employer – new post	DEA > WP or BI WPP		DEA/WP
2c		New post – supported placement – WORKSTEP	DEA > WP		WORKSTEP sponsor
2d		Vocational re-training > new type of post	DEA > WP or BI WPP		DEA/WP / Training agency
3a	*Work preparation*	Work preparation > open employment	DEA > WP or BI WPP	BI WPP or Gen WPP	BI WPP or Gen WPP
3b		Work preparation > vocational re-training	DEA > WP or BI WPP	BI WPP or Gen WPP	> Training agency
3c		Work preparation > supported placement	DEA > WP or BI WPP	BI WPP or Gen WPP	> WORKSTEP sponsor
3d		Work preparation > Permitted Work	DEA > WP or BI WPP	BI WPP or Gen WPP	BI WPP or OT/(NP)
3e		Work preparation > voluntary work	DEA > WP or BI WPP	BI WPP or Gen WPP	> OT/(NP)
4a	*Pre-vocational education*	Pre-vocational educational course	OT / FE College		OT / FE College
5a	*Occupational provision*	Voluntary work	OT		OT
5b		Sheltered workshop	OT > SSD > Provider		OT
5c		Occupational activity / Headway House	OT > SSD / Headway		OT

BI WPP = Brain injury Work Preparation provider; DEA = disability employment advisor; FE College = College of further education; Gen WPP = generic Work Preparation provider; NP = Neuropsychologist; OH = occupational health; OT = occupational therapist ; SSD = social services department; WP = work psychologist; W/step = WORKSTEP provider.
*Medical assessment or assessment by other members of the brain injury team, as appropriate.

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Appendix 1A

Inter-Agency Advisory Group membership (2003/4)

Inter-Agency Advisory Group members

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Appendix 1B

Guideline development process

The guidelines have been developed in accordance with the principles laid down by the AGREE Collaboration (Appraisal of Guidelines for Research and Evaluation).

The guideline development process	
Scope and purpose	
Overall objective of the guidelines	To improve vocational assessment and rehabilitation for adults with acquired brain injury (ABI), thereby increasing their opportunity to participate in work, education and other vocational activities.
The patient group covered:	Adults, primarily of working age, with acquired brain injury (ABI) due to trauma, stroke, anoxia, infection or other causes.
Target audience:	The guidelines are targeted primarily towards professionals and other staff who work in services providing vocational rehabilitation or supported employment for people with ABI. These include: ● doctors and health/social care professionals ● providers and purchasers of vocational rehabilitation and employment support services ● staff working in vocational support services provided by local councils, independent, charitable or voluntary organisations.
Clinical areas covered:	The guidelines provide a framework for integrated working practice between staff in the various agencies involved, in order to maximise vocational opportunities for people with ABI. Areas covered include: ● return to previous employment, education or training ● assessment of vocational/employment potential ● vocational rehabilitation and preparation for work ● graded engagement in work-supported employment ● supporting alternative educational/occupational provision.
Stakeholder involvement	
The Inter-Agency Guideline Development Group (IGDG) (n = 14):	A wide range of professionals experienced in the vocational rehabilitation of people with ABI including: ● health and social care professionals ● representatives of Jobcentre Plus and the Department for Work and Pensions ● staff from educational services and from independent providers of vocational rehabilitation and supported employment services. Further contributors included an organisation which represents brain injured people as well as direct consultation with services users.
Funding	Publication was jointly funded with grants from the Department of Health and the Department for Work and Pensions
Conflicts of interest	In their professional roles all members of the group were directly involved in the purchase or provision of vocational services. No personal conflicts of interest were identified.
Rigour of development	
Evidence gathering and review process	A systematic review of the research evidence has been undertaken and will be reported separately. Although there is substantial evidence to support the overall effectiveness and cost benefits of vocational rehabilitation in ABI, there were virtually no research studies specifically addressing the recommendations in these guidelines.
Links between evidence and recommendations	In view of the above, all recommendations are graded at the level of 'expert consensus' (C) among the IGDG of individuals with specific experience in this specialist field.
Piloting and peer review	The draft guidelines were submitted for independent review by the BSRM prior to publication.
Plans for update	The guidelines will be reviewed and updated at 3-yearly intervals by a group convened by the BSRM, subject to the availability of funding.
Tools for application	The guidelines are accompanied by a service map and directory of currently available vocational rehabilitation services which cater for adults with ABI, either as part of a general rehabilitation programme, or in targeted specialist vocational rehabilitation (Appendix 3).

Appendix 2

Classification of severity of traumatic brain injury

Table 2 Classification of severity of traumatic brain injury.

Severity	Glasgow Coma Scale	Length of unconsciousness	Post-traumatic amnesia
Mild	13–15	<15 min	<1 hour
Moderate	9–12	15 min – 6 hours	1–24 hours
Severe	3–8	>6 hours*	1–7 days
Very severe	N/a	*	1–4 weeks
Extremely severe	N/a	*	>4 weeks

*NB: As many patients in extended coma are sedated and electively ventilated, it is often not possible to determine the duration of unconsciousness.
From Ref 48.

Appendix 3

Survey of vocational rehabilitation services available to people with acquired brain injury in the UK*

In order to identify the existing services in the UK for vocational rehabilitation (VR) following acquired brain injury (ABI), a questionnaire was circulated to all consultant members of the British Society of Rehabilitation Medicine (BSRM). The questionnaire was designed to identify services that provide specialist vocational rehabilitation,‡ as opposed to those which just address vocational issues as part of a general rehabilitation programme, so respondents were specifically asked to distinguish between these two types of service. They were also asked about referral patterns and ease of accessibility to specialist VR services.

Of 240 BSRM consultant members, 194 were identified as running neurological rehabilitation services, of which 165 (85%) responded to the questionnaire. Of these, 97 provided rehabilitation for working age adults following acquired brain injuries (principally traumatic), and this group was taken as the sample for analysis.

The majority of these providers (61%) treated between 15 and 40 patients per year, and 60 (62%) addressed vocational issues as part of their general rehabilitation programme. Only eight (8%) of these respondents actually provided specialist vocational rehabilitation (six within the NHS, two outside the NHS), but 78 (80%) referred patients on to specialist VR services.

Respondents were asked to name the specialist services to which they referred, and from these nominations a list of specialist vocation rehabilitation services was identified which are available for people with acquired brain injury – see Table 3.

- Some of these services (such as Momentum, Rehab UK, the Working Out programme in Aylesbury) cater specifically for brain injured people, providing specialist vocational rehabilitation in close collaboration with Jobcentre Plus etc to get people back into paid employment.
- Others (such as St Loyes, Remploy, Kynixa) provide more generally for people with disabilities, which may include ABI.
- A third group (such as the Brain Injury Rehabilitation Trust, Papworth, and the Leonard Cheshire Foundation) provide more supported vocational rehabilitation for people requiring a sheltered working environment. Some are specific to ABI, others are more general.

Figure 2 illustrates the distribution of these services across the UK. It can be seen that this is patchy, with clusters of services around the Fife region of Scotland, and in the North, Midlands and London area of England – but with notable gaps in the South-West and in North Wales.

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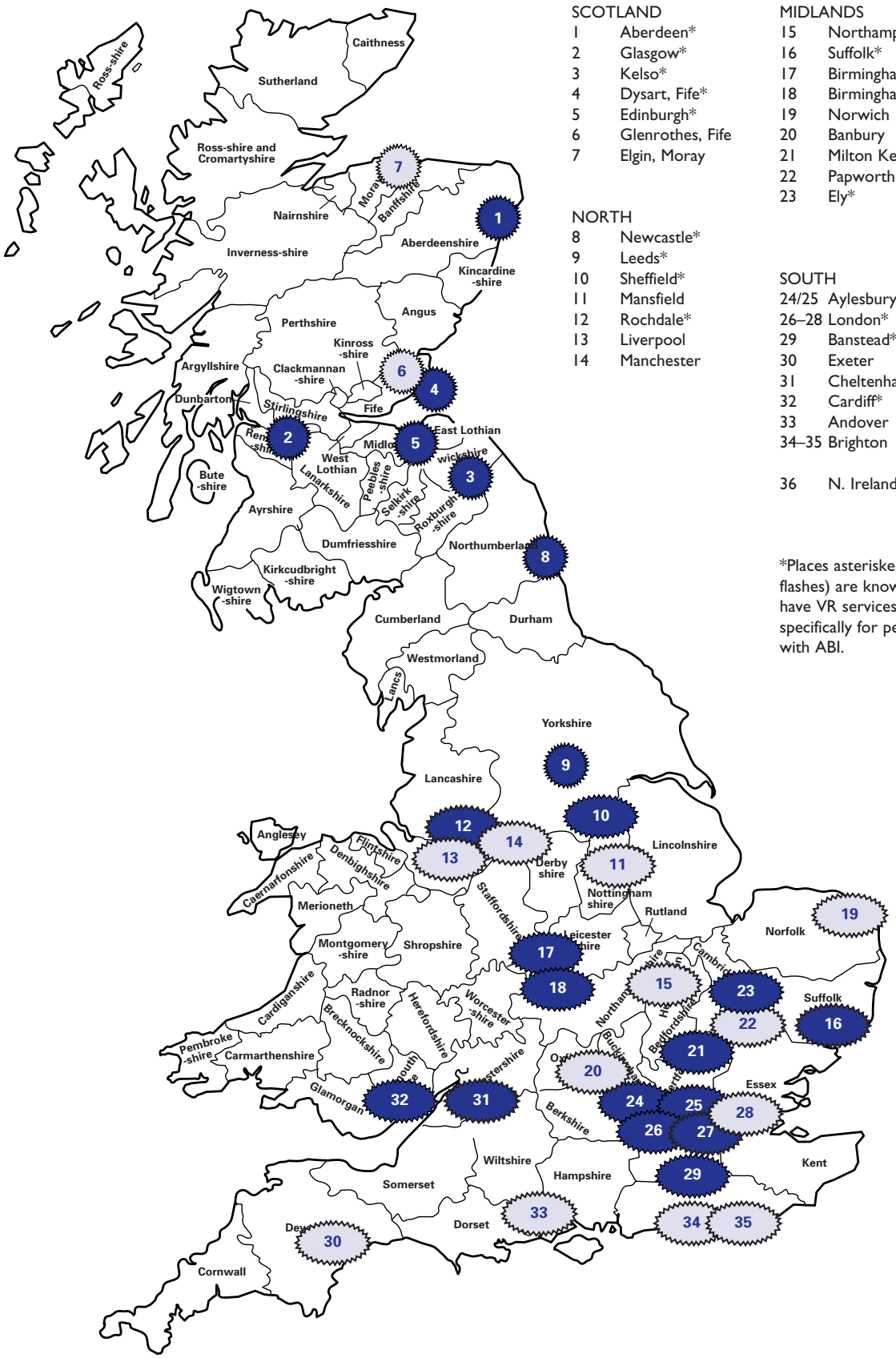
* The authors of the survey were:
Dr Pradeep Deshpande, Consultant in Rehabilitation Medicine, The Wolfson Rehabilitation Unit, Wimbledon, London
Professor Lynne Turner-Stokes, Herbert Dunhill Professor of Rehabilitation, King's College London.

‡ For the purpose of this questionnaire, a specialist vocational rehabilitation was defined as a service which actively addresses retraining of work-related skills, liaison with employers or local employment schemes as the *major focus* of the programme, such that patients are referred to the service specifically for this purpose.



SCOTLAND
1 Aberdeen*
2 Glasgow*
3 Kelso*
4 Dysart, Fife*
5 Edinburgh*
6 Glenrothes, Fife
7 Elgin, Moray

NORTH
8 Newcastle*
9 Leeds*
10 Sheffield*
11 Mansfield
12 Rochdale*
13 Liverpool
14 Manchester

MIDLANDS
15 Northampton
16 Suffolk*
17 Birmingham*
18 Birmingham*
19 Norwich
20 Banbury
21 Milton Keynes*
22 Papworth
23 Ely*

SOUTH
24/25 Aylesbury*
26–28 London*
29 Banstead*
30 Exeter
31 Cheltenham*
32 Cardiff*
33 Andover
34–35 Brighton

36 N. Ireland*

*Places asterisked (darker flashes) are known to have VR services catering specifically for people with ABI.

Fig 2 Vocational rehabilitation services in the UK which are available for people with acquired brain injury.

However, even where services are present, capacity is an undeniable problem. Very few services are specifically geared to provide VR for brain-injured adults, and so precise figures for annual throughput for this group were hard to obtain. However, estimates from this preliminary survey suggest that the total capacity from these services is in the order of 200–250 places per year in mainland Britain, which is less than 10% of the estimated number requiring such services annually in the UK. Northern Ireland fares rather better with up to 130 places per year provided by the Cedar Foundation.

The major limitations to referral for specialist VR were reported to be:

- accessibility (transport is often a significant issue for brain injured people)
- funding – especially since the limited availability of supported employment facilities means that long-term employability can often not be guaranteed.

Table 3 List and contact details for vocational rehabilitation services catering for people with acquired brain injuries in the UK (Deshpande and Turner-Stokes). Services marked with an asterisk* specialise specifically in vocational rehabilitation for people with ABI. ID column shows numbers on map, Fig 2.
It is vital to check, before referral, that a listed service continues to operate and is able to meet the special needs of the individual.

ID	Service provider	Location	Funding source
1	Momentum*	Pathways Aberdeen, South Wing, Migvie House, 23 North Silver Street, Aberdeen AB10 1RJ Tel: 01224 625580 Fax: 01224 625581 Email: info.pathwaysaberdeen@momentumscotland.org	Independent
2	Momentum*	Pathways Glasgow, 7th Floor, Savoy Tower, Renfrew Street, Glasgow G2 3BZ Tel: 0141 3540200 Fax: 0140 3540201 www.momentumscotland.org	Independent
3	Momentum*	Momentum, Unit 5, Abbotsford Court, Business Centre, Kelso TD5 7BQ Tel: 01573 229730 Fax: 01573 229729 Email: info.integrateborders@momentumscotland.org	Independent
4	Momentum*	Job Centre Plus initiative, Office Building, 5-21 Alexander Street, Dysart, Fife KY1 2XX Tel/Fax: 01592 654618 Email: eddie.king@momentumscotland.org	Independent
5	Moving into Work*	Headway House, Astley Ainslie Hospital, Canaan Lane, Edinburgh EH9 2HL Tel: 0131 5379116/9557 Fax: 0131 4469681 Email: sdinheadarp@ednet.co.uk	Charity/Statutory
6	Facet	Fife Arts & Crafts Enterprise Training, Unit 12, Whitehill, Industrial Estate, Glenrothes, Fife Tel: 01592 415877 Fax: 01592 415876 Email: andrew.parry@smtp5.fife.org.uk	Statutory

Continued

Table 3 List and contact details for vocational rehabilitation services catering for people with acquired brain injuries in the UK (Deshpande and Turner-Stokes). Services marked with an asterisk* specialise specifically in vocational rehabilitation for people with ABI. – *continued*

ID	Service provider	Location	Funding source
7	Leonard Cheshire	Leonard Cheshire / Scottish Union of Supported Employment (SUSE), Unit 15, Elgin Business Centre, Maisondieu Road, Elgin, Moray IV30 1RH Tel/fax: 01343 569358 Email: employment@scotland.leonard-cheshire.org.uk	Charity
8	Rehab UK*	Tyne and Wear Brain Injury Centre, Melbourne House, Melbourne Street, Newcastle-Upon-Tyne NE1 2JQ Tel: 0191 2320234 Fax 0191 2304307 Email: info@rehabuk.org	Charity
9	Brain Injury Rehabilitation Trust (BIRT)*	Daniel Yorath House, 1 Shaw Close, Leeds LS25 2HA Tel: 0113 2873871 Fax: 0113 2873278 Email: dyh@birt.co.uk	Charity
10	SHIRC*	Sheffield Head Injury Rehab Centre, Albert Terrace Road, Sheffield S6 3EB Tel: 0114 2737451 Fax: 0114 2761223	Statutory
11	Portland College	Portland College, Nottingham Road, Mansfield, Nottinghamshire NG18 4TJ Tel: 01623 499111 Fax: 01623 499133 Email: college@portland.ac.uk	Statutory
12	Ways to Work*	2, Champness Hall, Drake Street, Rochdale OL6 1PB Tel: 01706 525200 Fax: 01706 525222	Independent
13	MENCAP	MENCAP Pathway, 9 Cavendish House, Brighton Road, Waterloo, Liverpool L22 5NG Tel: 0151 9289200 Fax: 0151 9289204 Email: shirley.meehan@mencap.org.uk	Charity
14	Fourways, Assessment and Rehabilitation Unit	Wigan Council, Fourways, Cleworth Hall Lane, Tyldesley, Manchester M29 8NT Tel: 01942 870841 Fax: 01942 875958	Statutory
15	Workbridge	Workbridge Enterprises Ltd, The Old Laundry, Bedford Road, Northampton NN4 7AD Tel: 01604 621801 Fax: 01604620805	Charity
16	John Grooms*	ICANHO, Suffolk Brain Injury Rehabilitation Centre, Chilton Way, Stowmarket, Suffolk IP14 1SZ Tel: 01449 776102 Fax: 01449 776100 Email: enquires@johngrooms.org.uk	Statutory

Continued

Table 3 List and contact details for vocational rehabilitation services catering for people with acquired brain injuries in the UK (Deshpande and Turner-Stokes). Services marked with an asterisk* specialise specifically in vocational rehabilitation for people with ABI. – *continued*

ID	Service provider	Location	Funding source
17	Rehab UK*	Birmingham Brain Injury Centre, Borough Buildings, 58–72 John Bright Street, Birmingham B1 1BN Tel: 0121 6163900 Fax: 0121 6163909 Website: www.rehabuk.org	Charity
18	Brain Injury Rehabilitation Trust (BIRT)*	West Heath House, 54 Ivyhouse Road, West Heath, Birmingham B38 8JW Tel: 0121 4590909 Fax: 0121 4596418 Email: b.i.r.t@btconnect.com	Charity
19	Meridian East	Meridian East, Work Preparation Centre, 4/5 Mariot Close, Trading Estate, Norwich NR2 4UX Tel: 01603 677559 Fax: 01603 667525	Charity
20	Remploy	Interwork, Spencer House, Britania Road, Banbury, Oxfordshire OX16 5DP Tel: 0845 6015878 Email: interwork.osc@remploy.co.uk	Statutory
21	Brain Injury Rehabilitation Trust (BIRT)*	Thomas Edward Mitton House, 37 Belvoir Avenue, Emerson Valley, Milton Keynes MK4 2JA Tel: 01908 504778 Fax: 01908 505103 Email: tem@birt.co.uk	Charity
22	Papworth	The Papworth Vocational Rehabilitation Programme, Papworth Trust, Papworth Everard, Cambridge CB3 8RG Tel: 01480 830341 Fax: 01480 830781 Website: www.papworth.org.uk	Charity/ independent
23	Oliver Zangwill Centre*	The Oliver Zangwill Centre, Princess of Wales Hospital, Lynn Road, Cambridge, Ely CB6 1DN Tel: 01353 652165 Website: www.ozc.nhs.uk	Independent/ with statutory funding
24	Working Out Programme*	Community Head Injury Service, Vale of Aylesbury Primary Care Trust, Camborne Centre, Jansel Square, Aylesbury, Buckinghamshire HP21 7ET Tel: 01296 337760 Fax: 01296 337743	Statutory
25	Brain Injury Rehabilitation Trust (BIRT)*	Kent House, 1, Haslerig Close, Aylesbury, Bucks Tel: 01296 330101 Fax: 01296 394580 Email: kh@birt.co.uk	Charity
26	Rehab UK*	London Brain Injury Centre, 21 St Thomas Street, London SE1 9RY Tel: 0207 378 0505 Fax: 0207 403 4219 Website: www.rehabuk.org	Charity

Continued

Table 3 List and contact details for vocational rehabilitation services catering for people with acquired brain injuries in the UK (Deshpande and Turner-Stokes). Services marked with an asterisk* specialise specifically in vocational rehabilitation for people with ABI. – *continued*

ID	Service provider	Location	Funding source
27	The Wolfson Centre*	The Wolfson Neurorehabilitation Unit, Copse Hill, Wimbledon, London SW20 0NQ Tel: 0208 266 6511 Fax: 0208 9449927 Website: www.st-georges.org.uk	Statutory
28	Kynixa	Park House, 111 Uxbridge Road, Ealing, London W5 5LB Tel: 0208 832 3797 Fax: 0208 8323785 Website: www.kynixa.co.uk	Independent
29	Queen Elizabeth Foundation*	Brain Injury Centre, Banstead Place, Park Road, Banstead, Surrey SM7 3EE Tel: 01737 356222 Fax: 01737 359467 Website: www.qefd.org/braininjury/vocationalrehabprog.htm	Charity
30	St Loye's College	St. Loye's Foundation, Topsham Road, Exeter, Devon EX26EP Tel: 01392 286286 Fax: 01392 420889 Website: www.stloyes.co.uk	Charity
31	National Star Centre*	Ullenwood Manor, Cheltenham, Gloucestershire GL53 9QU Tel: 01242 527631 Fax: 01242 222234 Website: www.natstar.ac.uk	Statutory
32	STAR Project*	STAR Project, Whitchurch Hospital, Park Road, Cardiff CF14 7XB Tel: 02920 693191 Fax: 02920 621273 Website: www.natstar.ac.uk	Statutory
33	ENHAM	ENHAM, Learning and Employment, Alamein, Andover, Hampshire SP11 6JS Tel: 01264 345817 Fax: 01264 333638 Email: info@enham.co.uk	Statutory
34	Workability	4th floor, Hanover House, 118 Queens Road, Brighton BN1 3XG Tel: 01273 324343 Fax: 01273 327722	European Social Fund
35	LENS	Learning Employment New Start Service, Globe House, 3 Morley Street, Brighton BN2 9RA Tel: 01273 682357 Fax: 01273 676151 Email: shirley.vousden@southdowns.nhs.uk	Statutory
36	The Cedar Foundation*	The Cedar Foundation Training & Resource Centre, Galgorm Industrial Estate, Fenathy Road, Ballymena BT42 1AQ, Northern Ireland Tel: 02825 659111 Fax: 02825 630942 Manager's mobile: 07764 764093 Website: www.cedar-foundation.org	Statutory

Appendix 4

Work Preparation (employment rehabilitation) A brief description (from Jobcentre Plus)

Work Preparation is an individually tailored, work-focused programme which enables disabled people to address barriers associated with their disability and prepare to access the labour market with the confidence necessary to achieve and sustain their job goal.

The client's individual needs are identified during an assessment organised through specialist disability services. Although each client has specific needs, the *broad areas* which are addressed during the Work Preparation programmes can be grouped according to the need to develop in one or more of the following areas:

- occupational decision-making
- job-finding behaviours
- job-keeping behaviours.

Work Preparation is a highly flexible programme, open to benefit recipients (incapacity or unemployment related benefits) and non-benefit recipients who satisfy the following criteria:

- They have a disability that complies with the Jobcentre Plus definition (related to the DDA definition).
- They have established job goals but also meet at least one of the three client needs criteria (above) where no other provision is able to effectively address the need(s).
- They are fit enough to participate in the programme.
- They are likely to be capable of entering work or training by the end of the programme.

Work Preparation is delivered though contracted providers from the private, voluntary and public sectors, some of whom also deliver WORKSTEP and other Jobcentre Plus programmes. They are paid by Disability Services to arrange individually tailored programmes, to achieve goals which have been agreed by disability employment advisers (DEAs) and their clients.

There are currently around 400 Work Preparation contracts, nationally.

The vast majority of Work Preparation programmes take the form of short unpaid work placements, arranged by the providers with obliging local companies within the client's preferred occupational sector.

Training is not a core element of Work Preparation, but it may include job-specific instruction which is necessary for a client to perform the tasks of the job.

Work Preparation is being managed and delivered in increasingly effective ways. In addition to general Work Preparation programmes, in recent years specialised programmes (and pilots) have also emerged, aimed at providing intensive dedicated help to clients with severe disabilities and associated problems. These include specific programmes for traumatic brain injuries, back pain, dyslexia, learning disabilities, mental health and group-based programmes to build confidence and motivation.

Participation in the programme can last for a matter of hours, on an increasing hours basis up to full time, or for a number of weeks, depending on the individual's needs. The *average* length of participation is six weeks and does not usually exceed 13 weeks. However, the average length of some impairment-specific programmes is longer than this; for example the average length of a brain injury programme is 18.6 weeks.

Some clients are entitled to a Rehabilitation Allowance of £38 per week. All participants receive travel expenses.

The annual budget for the programme for the last three years has been around £11 million.

Approximately 10,000 people participate in the programme each year.

Residential Work Preparation is also available for visually impaired clients through five centres on a national basis where there is no local provision to meet the particular needs of these clients.

Jobcentre Plus

Appendix 5

National Framework for Contracting of Brain Injury Work Preparation (from Jobcentre Plus)

The framework

1 The framework outlined below should be used by Jobcentre Plus Disability Service (DS) regions/countries when tendering for brain injury Work Preparation provision. Adherence to the principles and structure of the framework will achieve consistency in approach nationally, whilst still allowing for flexibility in the provision to enable it to meet a wide range of clients' needs and build on relevant internal and external service delivery opportunities.

2 A separate funding model supports the framework.

3 The framework is grounded on the principles that DS should contract for a programme that:

- is tailored to meet the needs of the individual
- is clearly focused only on Work Preparation, including elements essential to the achievement of job goals agreed with the disability employment adviser (DEA) (such as anger/anxiety management in relation to working)
- *will not, in principle,* include any aspects of 'fundamental' rehabilitation that are applicable to managing either generally, or in a non-work context, in the community (such as acute medical care, lifestyle, diet management, exercise).*

Features of the framework

4 The key features of the proposed framework model are set out below.

Individualised assessment

4.1 There should be a preliminary work-focused assessment that is sufficiently thorough to provide the basis of an individualised plan for the Work Preparation programme.

4.2 This assessment process should be managed by a suitably qualified and experienced psychologist. The psychologist should have appropriate brain injury training/experience and the assessment process should evaluate clients' work attitudes, behaviour and performance and their psychological adjustment expressed in the workplace. Wherever possible, the assessment process should include clinical observations from family and brain injury rehabilitation services (if early post-injury), or feedback from past jobs or recent work placements (if late post-injury), in addition to appropriate

* The programme will be highly individualised and flexible enough, however, to allow for the inclusion of occasional elements of 'fundamental' rehabilitation, on a short ad hoc basis, only where it will be essential to the achievement of an individual's job goal. In such cases the input must be:
(a) in response to a particular issue arising
(b) presented in a work context (eg diet management to enable individuals to sustain themselves during a period at work).

neuropsychological and other formal psychological assessments. Job goals should be discussed and agreed in partnership with the DEA after completion of specialised assessment arrangements.

4.3 Three options for delivery of this assessment service should be considered, in the following order of preference:

i assessment by a suitably qualified and experienced Disability Service work psychologist (WP)

ii assessment procured externally from a suitably qualified and experience psychologist who is independent of providers of brain injury Work Preparation (where there is sufficient competition in the local market)

iii assessment by the brain injury Work Preparation provider's suitably qualified and experienced psychologist.

4.4 The resulting assessment report must enable the DEA to produce a valid and individualised action plan of objectives agreed with their client. It will then be up to the Work Preparation provider to draw up and deliver an individualised programme based on meeting the objectives set out in the action plan.

4.5 If the assessment process has been managed by someone other than the brain injury Work Preparation provider, individual providers should be able to reserve the right to refuse a client onto their programme if they consider the client unsuitable or not yet ready.

4.6 In this instance, case managers (DEAs) and providers should seek to identify and refer, where appropriate, to suitable alternative provision.

Individualised programme

4.7 Individual programmes will comprise two main elements:

- *Element A: a job-finding development programme:* to meet job-finding behaviour development needs and some occupational decision-making needs.
- *Element B: a job-keeping development programme*: to meet job-keeping behaviour development needs and some occupational decision-making needs.

4.8 Element B will comprise two sub-elements B1 and B2. B1 will include pre-employment support and B2 will include aftercare retention support which, it will be expected, will be required in a significant proportion of cases.

4.9 Programme Elements A and B will each have a modular structure to enable delivery to be tailored to meet the needs of the individual.

4.10 Some client needs (eg cognitive techniques, interpersonal skills, travel management) may be best met as part of both Element A and Element B.

4.11 The following are examples of the types of needs which may be covered in Elements A and B, and serve as guidance for providers when drawing up a Work Preparation programme:

Element A programme (*to meet job-finding behaviour development needs and some occupational decision-making* needs); delivered mainly in-house by providers.

- introduction (discussion of action plan, goals)
- exploration of occupational choices (eg skills, interests, strengths, implications of brain injury for employment)
- confidence building in employability
- disability awareness (eg effects of disability in workplace, disability disclosure)
- work expectations (communication at work, time-keeping, absenteeism)
- management of uncomfortable pressure at work (either as a consequence of the injury itself or in dealing with work colleagues)
- job-finding behaviours, including completion of a CV
- interpersonal/communication skills in relation to work requirements
- anger management
- work-related travel management
- cognitive techniques required for working (attention, concentration, memory, planning, problem-solving and decision-making)
- vocational adjustment and/or psychological therapy (primarily focused on work)
- exposure to work simulation (including information technology tasks) as a preliminary to work placement to assess use of cognitive strategies, planning, organisational skills and response to instruction (but not for vocational training purposes).

Element B programme (*to meet job-keeping behaviour development needs);* delivered mainly through work placements.

Element B1 (pre-employment support):

- introduction (if appropriate)
- work placement preparation (introduction to appropriate model of on-site support (including job coaching) dependent on particular need/purpose of placement; as appropriate, identification of how strategies are transferred to the workplace)
- practical experience of a job with appropriate model of on-site support (including job coaching) dependent on particular need (to test and develop ability, motivation, physical stamina/fatigue levels, time management, sustainability of behaviour – in relation to the job)
- work attitude and behaviour
- occupational decision-making
- communication for job-keeping
- cognitive techniques required for a specific job (attention and concentration, memory, planning, problem-solving and decision-making)
- communication/interpersonal skills in the workplace
- anger management
- work-related travel management.

NB: Some clients may not require any of the programme Element A, but instead their entire programme will consist of Element B1. In all cases DS will expect that Element B1 will form the greater part of the client's overall programme.

Element B2 (post-employment support):

- client/employer interviews
- identification of barriers/risks
- remedial action planning
- provision of appropriate on-site support (including job coaching)

NB: Element B2 relates only to ad hoc, responsive support which is unlikely to feature under Access to Work due to the unpredictable and intermittent nature of the problems arising.

Programme length

5.1 The framework recognises that clients will require varying lengths of programmes, dependent on individual needs.

5.2 Taking into account Jobcentre Plus and provider views on Work Preparation client needs, programme delivery patterns and outcomes, and clarification of the scope of brain injury work preparation, we are setting a guideline for average length of individualised brain injury work preparation programmes of 18 weeks, with Element A ranging from 4 to 8 weeks; and Element B1 ranging from 6 to 18 weeks.

5.3 In addition, an allowance for element B2 (job retention support) will be built in to each individual's programme. This will be equivalent to three days (0.6 of a week) per client and will work on the principle that around up to 80% clients may require this support, and when they do, the average amount of support needed will be around four days in total (full-time equivalent). In effect, therefore, the amount of retention support has been averaged out and included in each client's programme.

5.4 This raises the total programme length average to 18.6 weeks.

5.5 The average figure and range figures are full-time equivalents. The length of the Work Preparation programme in terms of elapsed time may be considerably longer than these average or range figures if the programme is delivered on a part-time or partial part-time basis. For example, an average length Work Preparation programme delivered on a part-time basis (2.5 days a week) may last 36 weeks.

5.6 Data will be gathered on the distribution of individualised programmes within the clarified scope of brain injury Work Preparation from contracts issued on the basis of the framework and the value of the full-time equivalent average length will be reviewed at national level after 18 months of use.

Outcomes

6 The programme must be clearly focused on the achievement of work-related outcomes. Action plans and objectives, therefore, will reflect this by being specific, measurable, achievable, realistic and time-bound.

Monitoring the programme

7 It will be vital that effective monitoring of programmes takes place to ensure that they are effective and are individualised to clients' needs. It is proposed that DEAs are made fully aware of the framework. It will then be important for them to work as closely as possible with occupational psychologists in drawing up action plans to enable them to monitor the delivery of the programme effectively, and determine whether a client has achieved the objectives set out in the action plan. In some regions/countries DS may wish the OPs to be involved in monitoring the programme.

7.1 In cases where Element B2 (job retention support) is delivered, DEAs will be required to complete a retention stencil. This will allow the DEA to track the client's progress and provide disability services and Head Office with valuable monitoring information on programme delivery.

8 It is proposed that disability services conduct effective quarterly reviews of programme quality, duration, patterns, and outcomes.

Jobcentre Plus
Updated 29 September 2003

Appendix 6

Brain injury Work Preparation providers
(from Jobcentre Plus)

Region	Specialist TBI contractor	Jobcentre Plus Work Preparation contact
North East	Rehab UK Melbourne House, Melbourne Street, Newcastle upon Tyne NE1 2JQ Jonathan Wade Tel: 0191 2320234	Chris Whalen Tel: 0191 2114375 Jobcentre Plus, Regional Disability Services Disability Service Team, 4th Floor New Croft House, Market Street East, Newcastle-Upon-Tyne NE1 6HQ
Yorkshire & Humberside		Rod Greenwood Tel: 0113 215 5229 Jobcentre Plus, Regional Disability Services, Dysons Chambers, 12–14 Briggate, Leeds LS1 6EP
East Midlands		John Adamson Tel: 0115 989 5794 Jobcentre Plus, Regional Office Newtown House, 46 Maid Marion Way, Nottingham NG1 6GG
London	Rehab UK London Brain Injury Vocation Centre, 21 St Thomas Street, London SE1 9RY Julie Lansdale Tel: 0207 378 0505	Raymond Paget Tel: 0207 211 4074 Disability Service Team, 236 Grays Inn Road, London WC1X 8HL
East of England	Rehab UK London Brain Injury Vocation Centre, 21 St Thomas Street, London SE1 9RY Julie Lansdale Tel: 0207 378 0505 Queen Elizabeth's Foundation, Brain Injury Centre, Banstead Place, Park Road, Banstead, Surrey SM7 3EE Tony Hart Tel: 01737 356222	Rob Mayhew Tel: 01727 773361/07971996164 Disability Service Team, 38–44 The Forum, Stevanage, Herts SG2 1EZ
South East	Vale of Aylesbury PCT, Camborne Centre, Jansel Square, Aylesbury HP21 7ET Andy Tyerman Tel: 01296 337760	Jackie King Tel: 01634 495570 Jobcentre Plus, Brook House 9–11 The Brook, Chatham, Kent ME4 4LA

Region	Specialist TBI contractor	Jobcentre Plus Work Preparation contact
South West	*Jobcentre Plus work psychologists in South West Region have close non-contractual links with the Head Injury Therapy Unit at Frenchay Hospital and work jointly with health service professionals in the vocational rehabilitation of patients.* Contact: Fari Haynes Tel: 01454 848595	Margaret Stuchbury (Plymouth) Tel: 01752 615713 Disability Service Team, Eagleswood Business Park, Woodlands Lane Crown Way, Bristol B12 4EU
Wales	'The Star Project' Neuropsychological Unit, Whitchurch Hospital, Whitchurch, Cardiff Wendy Griffiths Tel: 02920 336330	Martyn Lewis Tel: 02920 380997 Regional Office, Companies House, Crown Way, Maindy, Cardiff CF14 3UW
West Midlands	Rehab UK Borough Buildings, 55–72 John Bright Street, Birmingham B1 1BN James Weir Tel: 0121 616 3900	Alan Williams Tel: 0121 452 5504 Regional Disability Services, 2 Duchess Place, Hagley Road, Birmingham B16 8NS
Scotland	EDU (Dundee City Council) Department of Personnel & Management Services, Employment Disability Unit, Dunsinane Avenue, DUNDEE DD2 3QN Gary Smith Tel: 01382 828180 Intowork Norton Park, 57 Albion Road, EDINBURGH EH7 5QY Neill Harvey-Smith Tel: 0131 4752600 Momentum Scotland 6th Floor, Savoy Tower, 77 Renfrew Street, GLASGOW G2 3BZ Steve Black Tel: 0141 354 0200 Momentum Scotland Office Building, 5/21 Alexander Street, DYSART, Kirkcaldy KY11 2XX Eddie King Tel: 01592 654618 Momentum Scotland South Wing, Migvie House, 23 North Silver Street, ABERDEEN AB10 1RJ Dorothy Strachan Tel: 01224 625580	Pat Meikle Tel: 0131 221 4346 Disability Service Team, Argyle House, 3 Lady Lawson Street, Edinburgh EH3 9SD

Region	Specialist TBI contractor	Jobcentre Plus Work Preparation contact
North West	Ways to Work, 2-14, Champness Hall, Drake St, Rochdale OL61PB. Karen Royle Tel: 01706 525200 MENCAP Pathway, 8 Canedish House, Brighton Road, Waterloo, Liverpool L22 5NG Shirley Meehan Tel: 0151928 9200	Dave Knight Tel: 01204 516 483 Regional Disability Services, 2nd Floor, Blackhorse Street, Bolton BL1 1SX

Appendix 7

Brain injury vocational programmes provided by the Cedar Foundation in Northern Ireland

The Cedar Foundation

The Cedar Foundation Training & Resource Centre, Galgorm Industrial Estate, Ballymena BT42 1AQ, Northern Ireland. Website: www.cedar-foundation.org

Contact: Elaine Armstrong (Brain Injury Services Manager)
Tel: [028] 2565 9111
Mobile: 077 6476 4093
Fax: [028] 2563 0942
E-mail: e.armstrong@cedar-foundation.org

Western Health and Social Services Board

Sperrin Lakeland Brain Injury Services
Email: bisenniskillen@cedar-foundation.org

Foyle Brain Injury Services
Email: bisfoyle@cedar-foundation.org

Southern Health and Social Services Board

Newry & Mourne Brain Injury Services
Email: bessbrook@cedar-foundation.org

Armagh & Dungannon Brain Injury Services
Email: bisa&d@cedar-foundation.org

Craigavon & Banbridge Brain Injury Services
Email: bisc&b@cedar-foundation.org

Eastern Health and Social Services Board

Down Lisburn Brain Injury Services
E-mail: bislisburn@cedar-foundation.org

Belfast & UCHT Brain Injury Services
Email: bisbelfast@cedar-foundation.org

Northern Health and Social Services Board

The Cedar Foundation Training & Resource Centre
Email: tsn@cedar-foundation.org